

Lowther Hall

ANGLICAN GRAMMAR SCHOOL

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Anaphylaxis Policy

Date of last review:

Review cycle:

Review and approval responsibility:

Category:

VRQA required:

Locations:

January 2024

Annual

Executive & School Council

Medical

Yes

O:Drive, LowtherLink; Website &
BoardPro



1. DEFINITIONS

Adrenaline auto injector

An adrenaline auto injector device, approved for use by the Commonwealth Government Therapeutic Goods Administration, which can be used to administer a single pre-measured dose of adrenaline to those experiencing a severe allergic reaction (anaphylaxis). These may include Anapen® EpiPen® or EpiPen® Jr.

Adrenaline auto injector for general use

A 'back up' or 'unassigned' adrenaline auto injector purchased by the School.

Allergy & Anaphylaxis Australia (A&AA)

A national non-profit organisation that raises awareness of allergy and anaphylaxis in the Australian community. A range of items including children's books and training resources are available from the online store on the Allergy & Anaphylaxis Australia website. A free online curriculum resource is also available.

Anaphylaxis

A serious, rapid-onset, allergic reaction that may cause death. Severe anaphylaxis is characterised by life-threatening upper airway obstruction.

Anaphylaxis kit

A prepared collection of items in a container or bag which assists a person managing an anaphylactic reaction. Details of specific kit contents can be found in **Appendix 1**.

Anaphylaxis management training course

A course in anaphylaxis management training that is either:

- accredited as a VET accredited course in accordance with Part 3 of the National Vocational Education and Training Regulator Act 2011 (Cth) that includes a competency check in the administration of an adrenaline auto injector;
- accredited under Chapter 4 of the Act by the Victorian Registration and Qualifications Authority that includes a competency check in the administration of an adrenaline auto injector, or;
- endorsed and delivered by a tertiary level specialist allergy service within a tertiary level academic teaching hospital that includes a competency check in the administration of an adrenaline auto injector.

ASCIA

Australasian Society of Clinical Immunology and Allergy, the peak professional body of clinical immunology and allergy in Australia and New Zealand.

ASCIA Action Plan for Anaphylaxis or Allergy (Appendices 2 and 3)

A nationally recognised action plan for anaphylaxis developed by ASCIA. These plans are device-specific; that is, they list the student's prescribed adrenaline auto injector (for example, Anapen®, EpiPen® or EpiPen® Jr) and must be completed by the student's medical practitioner. This plan is one of the components of the student's individual anaphylaxis management plan.

Communication Plan (Appendix 4)

A plan developed by the School which provides information to all school staff, students, parents and caregivers about anaphylaxis and the School's Anaphylaxis Policy.

EpiPen®

A specific brand of auto injectable device that delivers the drug epinephrine. It is a device approved for the use by the Commonwealth Government Therapeutic Goods Administration, which can be used to administer a single premeasured dose of adrenaline to those experiencing a severe allergic reaction or anaphylaxis.

Executive Team

The Principal, Business Manager, Deputy Principal – Head of Senior School, Director of Human Resources and Strategic Operations, Head of Raymond House, Head of Blinkbonnie House.

First Aid Officer

A staff member who has regular duties dispensing First Aid to students when onsite at Lowther Hall, either relieving in the Health Centre or in the specific area of the School in which they are located (for example Raymond House and Blinkbonnie House Reception).

Guidelines

Anaphylaxis Guidelines. A resource for managing severe allergies in Victorian schools, published by the Department of Education and Training from time to time.

Idiopathic

Arising spontaneously or without known cause.

Individual anaphylaxis (or allergic reaction) action plan (Appendices 2 & 3)

An individual plan for each student at risk of anaphylaxis, developed in consultation with the student's parents. The individual anaphylaxis management plan includes the ASCIA Action Plan which describes the student's allergies, symptoms, and the emergency response to administer the student's adrenaline auto injector should the student display symptoms of an anaphylactic reaction. The individual anaphylaxis management plan also importantly includes age-appropriate strategies to reduce the risk of an allergic reaction occurring.

2. CONTEXT

2.1 Legislative context

2.1.1 *Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008 (Vic)*

On 14 July 2008, the Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008 came into effect amending the Children's Services Act 1996 and the Education and Training Reform Act 2006 requiring that all licensed children's services and schools have an anaphylaxis management policy in place.

2.1.2 Ministerial Order 706

Revised Ministerial Order 706 came into effect on 3 December 2015.

Under Ministerial Order 706 — Anaphylaxis Management in Victorian schools (the Order), schools are required to develop a school-level Anaphylaxis Policy.

The Order sets out the minimum requirements for anaphylaxis management training in schools and the Guidelines provide further detail on training requirements.

Under the Order school staff must undertake training in anaphylaxis management if they:

- conduct classes attended by students with a medical condition relating to allergy and the potential for anaphylactic reaction, or
- are specifically identified and requested to do so by the Principal, based on the Principal's assessment of the risk of an anaphylactic reaction occurring while a student is under that staff member's care, authority or supervision.

Schools are encouraged to consider whether volunteers at the School and regular casual relief teachers should also undertake training.

The Order states that these school staff must:

- successfully complete an anaphylaxis management training course (either online in the last 2 years or face-to-face in the last 3 years) and
- participate in the school's twice yearly briefings conducted by the School Anaphylaxis Supervisor or another member of staff nominated by the Principal who has completed an approved anaphylaxis management training course in the past 2 years.

2.2 School context

2.2.1 Students

At Lowther Hall the safety and wellbeing of students who are at risk of anaphylaxis is a shared responsibility between home and school. We are committed to:

- Providing, as far as practicable, a safe and healthy environment in which students at risk of anaphylaxis can participate equally in all aspects of the programs and experiences the School provides.
- Ensuring that an individual anaphylaxis management plan is developed for any student diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction, the School Principal is responsible for this and also responsible for completing an annual Risk Management checklist.
- Raising awareness about allergies and anaphylaxis amongst the students and wider school community.
- Actively involving the parents/guardians of each student at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their daughter.
- Ensuring each staff member and other relevant adults have adequate knowledge of allergies, anaphylaxis and emergency procedures.
- Ensuring that school staff who are subject to training requirements in accordance with clause 12.1 of Ministerial Order No. 706 have completed a face-to-face anaphylaxis management training course in the three years prior or an online anaphylaxis management course in the two years prior.
- Facilitating communication to ensure the safety and wellbeing of students at risk of anaphylaxis.

2.2.2 Staff

The School is also committed to providing a safe workplace for employees and to this end, when the School is aware that a staff member is at risk of anaphylaxis, the School will:

- Provide, as far as practicable, a safe and healthy environment in which staff at risk of anaphylaxis can complete their work.
- Ensure each staff member and other relevant adults have adequate knowledge of allergies, anaphylaxis and emergency procedures.
- Facilitate communication (within the context of Privacy considerations) to ensure the safety and wellbeing of staff at risk of anaphylaxis.
- The School's responsibility to staff in terms of anaphylaxis is limited by a staff member's willingness to share their personal medical details.

3. SCOPE

This policy applies when a student diagnosed as being at risk of anaphylaxis by a qualified medical practitioner is enrolled at the School. It applies to students enrolled at the School, their parents/guardians and carers, staff and licensees. It also applies to other relevant members of the school community, such as volunteers and visiting specialists as well as staff (as per the constraints above).

4. PURPOSE

The aims of this policy are to:

- Minimise the risk of an anaphylactic reaction occurring while a student is in the care of the School and, to the extent possible, when a staff member is involved in school activities.
- Equip staff members to respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an auto injector when prescribed.
- Raise the school community's awareness of anaphylaxis and its management through education and policy implementation.
- Outline the risk minimisation and prevention strategies to which the School adheres.
- Ensure that the School fully complies with Ministerial Order 706 and the associated Guidelines published and amended by the Department of Education and Early Childhood Development.
- Ensure that Lowther Hall fully complies with the Victorian Registration & Qualifications Authority Anaphylaxis Management guidelines.

5. CAUSES

Anaphylaxis is most commonly caused by food allergies. Any food can cause an allergic reaction; however, nine foods cause 90% of reactions in Australia, these are:

- Peanuts
- Tree nuts (e.g. hazelnuts, cashews, almonds)
- Egg
- Cow's milk
- Wheat
- Soybean
- Fish
- Shellfish
- Sesame

Some other causes of anaphylaxis include (but are not limited to):

- Insect stings and bites
- Medications
- Latex
- Soy

Where the cause of anaphylaxis is unknown, it is listed as idiopathic.

6. SIGNS AND SYMPTOMS

6.1 Signs and symptoms of allergy

Signs of mild to moderate allergic reaction may include (but are not limited to) the following:

- swelling of the lips, face and eyes
- hives or welts
- tingly mouth
- abdominal pain and/or vomiting (signs of a severe allergic reaction to insects).

6.2 Signs and symptoms of anaphylaxis

Signs of anaphylaxis (severe allergic reaction) may include (but are not limited to) any 1 of the following:

- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or a hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- pale and floppy (young children)
- abdominal pain and/or vomiting (signs of a severe allergic reaction to insects).

7. TREATMENT

7.1 Treatment of allergies

Allergies may be treated with antihistamine which is usually given orally.

7.2 Treatment of anaphylaxis

Adrenaline given as an injection using an auto injector into the outer mid-thigh muscle is the most effective first aid treatment for anaphylaxis.

8. RESPONSIBILITIES

8.1 Responsibilities of the School

Under Ministerial Order 706, the School has many responsibilities. These are ultimately overseen by the Principal, but are delegated across other members of staff as set out in the sections below.

8.1.1 Responsibilities of the Principal and Executive Team

The Principal and the Executive Team will:

- Ensure all staff, and in particular those who conduct classes that students who are at risk of anaphylaxis attend, undertake full anaphylaxis training in accordance with clause 12.1 of Ministerial Order No.706 as part of their annual First Aid certification.
- Ensure all staff (and especially those responsible for the student/s at risk of anaphylaxis as identified by the Principal, based on an assessment of the risk of an anaphylactic reaction occurring while the student is under the care or supervision of the School) attend anaphylaxis briefings and refresher training sessions biannually in accordance with clause 12.1 of Ministerial Order No.706. The first such briefing should occur at the beginning of the year and the second at the beginning of Term 3.
- Ensure that briefings and refresher training sessions are delivered by the School nurse or their delegate, who must hold a valid Anaphylaxis Management Certificate.
- Ensure that all relieving staff, casual relief teachers and other staff identified by the Principal based on risk assessment, are aware of symptoms of an anaphylactic reaction, the students at risk of anaphylaxis, the relevant students' allergies, anaphylaxis action plans and auto injector kits.
- Ensure that all students, as appropriate for their age, are aware of symptoms of an anaphylactic reaction and the processes that should be followed as set out in Section 9.

- In the event that a relieving staff member is not trained in anaphylaxis management, the School will ensure at least one staff member trained in anaphylaxis management is present at the School and that staff member is aware that they are responsible for the administration of an Auto injector in an emergency. The Principal must develop an interim plan and consult with parents if training or briefing has not occurred as required. Training and briefing are required to occur as soon as possible after an interim plan is developed.
- If this is not possible parents/guardians must be informed of this situation before a student at risk of anaphylaxis is left at the School
- Ensure that when a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care or supervision of the school outside normal class activities, including the school grounds, at camps and excursions or at special events conducted, organised or attended by the School, that there is a sufficient number of school staff present who have been trained in accordance with clause 12.1 of Ministerial Order No.706
- Maintain process to ensure that no student who has been prescribed an Auto injector is permitted to attend the School or its programs without that Auto injector.
- Ensure ambulance contact cards are located at each Reception telephone.
- Ensure that responsibilities of the School Nurse (as outlined in section 8.1.2) are fulfilled.
- In consultation with the School Nurse, determine the number and type of autoinjectors to be purchased for general use according to the following 4 factors:
 - The number of students enrolled at the School who have been diagnosed with medical conditions that relate to allergy and the potential for anaphylactic reaction.
 - The accessibility to autoinjectors that have been provided by parents
 - The availability of a sufficient supply of adrenaline autoinjectors for general use in specified locations at the School, including in the School grounds and at excursions, camps and special events organised, attended or conducted by the School.
 - That adrenaline autoinjectors have a limited life, usually expire within 12 months and need to be replaced at the time of use or at expiry.
- Oversee enrolment processes for students at risk of Anaphylaxis as outlined in **Appendix 5**.
- Oversee the Communication Plan outlined in **Appendix 4**.
- Raise student and staff awareness throughout the School as outlined in **Appendix 6**.
- Comply with the procedures outlined in Section 9.
- Further develop, maintain and update this Anaphylaxis Policy when required and also annually.

8.1.2 Responsibilities of the School Nurse

8.1.2.1 Responsibilities of the School Nurse regarding students at risk of anaphylaxis

The School Nurse will:

- Liaise with the Director of Admissions and Heads of School to ensure that for each student diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction, ensure that the Individual Anaphylaxis Management Plan is in place as soon as practicable after the student enrolls and, where possible, before the student's first day of attendance at the School.
- Conduct an assessment of the potential for accidental exposure to allergens while students at risk of anaphylaxis are in the care of the School and develop a risk minimisation plan in consultation with staff and the families of each student/s.
- Encourage ongoing communication between parents/guardians, doctor and staff regarding the current status of the student's allergies, this policy and its implementation.
- If the student has anaphylaxis, ask the parents/guardians to provide a medical management plan signed by a Doctor

- Ensure that parents/guardians provide an anaphylaxis action plan signed by the student's Doctor and a complete Adrenaline auto injector kit while the student is present at the School, and ensure that the kit is clearly labelled with the students' name on the outside
- Ensure that the appropriate adrenaline auto injector kit for each student at risk of anaphylaxis is available to a trained adult on excursions that this student attends. Relevant staff must have completed an anaphylaxis management training course in the last 3 years.
- Sight each Senior School student's personal auto injector at the point at which the backup auto injector is handed in and check expiry dates of each.
- Review each student's Individual Anaphylaxis Management Plan in consultation with the student's parents or caregivers in all of the following circumstances:
 - Annually.
 - If the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes.
 - As soon as practicable after a student has anaphylactic reaction at school.
 - When a student is to participate in an off-site activity such as a camp, excursion or special event conducted, organised or attended by the School. This will be achieved through the completion of the consent process via Consent2Go.

8.1.2.2 Responsibilities of the School Nurse regarding facilities and equipment

The School Nurse will:

- Purchase and maintain additional back up Auto injector for General Use.
- In consultation with the Principal, determine the number and type of autoinjectors to be purchased for general use according to the following 4 factors:
 - The number of students enrolled at the School who have been diagnosed with medical conditions that relate to allergy and the potential for anaphylactic reaction.
 - The accessibility to autoinjectors that have been provided by parents
 - The availability of a sufficient supply of adrenaline autoinjectors for general use in specified locations at the School, including in the School grounds and at excursions, camps and special events organised, attended or conducted by the School.
 - That adrenaline autoinjectors have a limited life, usually expire within 12 months and need to be replaced at the time of use or at expiry.
- Maintain and update all back up Auto injectors held in the Health Centre, either at time of use or expiry, whichever comes first.
- Support staff in charge of other First Aid areas to maintain and update all back up Auto injectors held in their area
- Maintain and update, either at time of use or expiry, whichever comes first, all back up Auto injectors held in the following locations:
 - Raymond House Reception emergency evacuation box
 - Automatic External Defibrillator (AED) green boxes located in the Blinkbonnie House, Raymond House and Senior School Reception
 - Automatic External Defibrillator (AED) green box located in the Cultural Centre.
- Ensure that every student's individual auto injector supplied by the student has a black marker stored with it.
- Ensure spare auto injectors in the Health Centre on the shelf next to the student individual auto injectors are clearly marked SPARE EMERGENCY AUTO INECTORS.
- Ensure spare auto injectors are taken to all excursions, camps and sporting events where there are girls attending with anaphylaxis.
- Ensure processes and procedures are in place to reduce the risk of one student's individual auto injector is never administered to another student.

- Display an ASCIA generic poster called Action plan for Anaphylaxis in key locations at the School - including the Kindergarten, Food Studies Kitchen and classroom, all staff rooms and the Health Centre and other First Aid treatment areas.
- Display photos of students who have an anaphylaxis plan in each area of the School in staff social areas and workrooms. {Photos should be displayed without the associated plan attached}.
- Ensure copies of Individual Anaphylaxis Management Plans are in a folder in each classroom of students in Years K – 6.
- Ensure copies of Individual Anaphylaxis Management Plans are in a folder of each Year Level Coordinator office from Years 7 – 12.
- Ensure copies of Individual Anaphylaxis Management Plans are in a folder are at Senior School Reception for all students in Years 7 to 12.
- Ensure copies of all Individual Anaphylaxis Management Plans for participating students, and an ASCIA Action Plan are carried with the First Aid Kit accompanying students during any offsite activity special even or camp.
- Ensure that Food Studies staff are updated with any new student food intolerances

8.1.2.3 Responsibilities of the School Nurse regarding to staff training

The School Nurse will:

- Ensure that staff briefings and refresher sessions cover:
 - The School's Anaphylaxis Policy.
 - The causes, symptoms and treatment of anaphylaxis.
 - The identities of students at risk of anaphylaxis, their medication and where the medication is located;
 - How to use an auto injector (including practising with a "trainer" injector).
 - The School's general First Aid and Emergency response procedures, and the locations and access to Auto injector that parents have provided and also the school back up Auto injector.
- Ensure that the Auto injector kits are stored in locations that are known to all staff, including relief staff and casual relief teachers; easily accessible to adults [not locked]; inaccessible to students and away from direct sources of heat.

8.1.2.4 General responsibilities of the School Nurse

The School Nurse will:

- Adhere to risk management and prevention strategies.
- Comply with the procedures outlined in Section 9.
- Support procedures outlined in the appendices.

8.1.3 Responsibilities of First Aid Officers

8.1.3.1 Responsibilities of First Aid Officers in relation to students

First Aid Officers have the same responsibilities as the School Nurse as outlined in section 8.1.2.1 above, in so far as they apply to their own area of the School or in the absence of the School Nurse.

8.1.3.2 Responsibilities of First Aid Officers regarding facilities and equipment

First Aid Officers are responsible for supporting the School Nurse to fulfil the responsibilities set out in section 8.1.2.2 above.

8.1.3.3 General responsibilities of First Aid Officers

First Aid Officers will:

- Adhere to risk management and prevention strategies.
- Comply with the procedures outlined in Section 9.

8.1.4 Responsibilities of all staff

All Lowther Hall staff must:

- Comply with the procedures outlined in Section 9.
- Ensure that students at risk of anaphylaxis are included in all activities.
- Ensure that every student at risk of anaphylaxis has their auto injector provided by their parent, available for the specific out of hours activity and present with them.
- Follow the student's anaphylaxis action plan in the event of an allergic reaction, which may progress to anaphylaxis
- For students in K – 6, ensure that there is no trading or sharing of food, food utensils and containers.
- Comply with requirements in section 8.1.6 if undertaking activities with students involving food.
- Comply with requirements in section 8.1.8 if organising camps or activities involving students at risk of anaphylaxis.
- All staff, and in particular those who conduct classes that students who are at risk of anaphylaxis attend, undertake full anaphylaxis training in accordance with clause 12.1 of Ministerial Order No.706 as part of their annual First Aid certification.
- All staff (and especially those responsible for the student/s at risk of anaphylaxis as identified by the Principal, based on an assessment of the risk of an anaphylactic reaction occurring while the student is under the care or supervision of the School) must attend anaphylaxis briefings and refresher training sessions biannually in accordance with clause 12.1 of Ministerial Order No.706. The first such briefing should occur at the beginning of the year and the second at the beginning of Term 3. They must have successfully completed a face-to-face anaphylaxis training course in the three years prior OR and online anaphylaxis management course in the two years prior to fulfil their legal obligations, but must attend the sessions more regularly, as set out in this Policy, in order to fulfil their obligations as a Lowther Hall staff member.

8.1.5 Responsibilities of Kindergarten staff

In addition to the responsibilities outlined in section 8.1.4, all Kindergarten staff must:

- Ensure tables and bench tops are washed down after students have eaten.
- Ensure hand washing for all students upon arrival at the School, before and after eating.
- Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular students.
- Discuss the use of foods in activities with parents/guardians of relevant students
- Use foods consistently with the risk minimisation plan.
- Where food is brought from home to the school, all parents/guardians will be asked not to send food containing specified allergens or ingredients as determined in the risk minimisation plan and to list ingredients.

8.1.6 Responsibilities of Lowther Hall staff teaching Food Studies, preparing food for students or undertaking activities with students involving food.

Staff teaching Food Studies, preparing food for students or undertaking activities with students involving food will:

- Stay abreast of students at risk of anaphylaxis and be familiar with their specific management plans.
- Ensure specialist food preparation areas have photos of students at risk of anaphylaxis.

- Be able to demonstrate satisfactory training in food allergen management and its implications on food handling practices, including knowledge of the major food allergen management and its implication on food handling practices.
- Analyse all products used in accordance with the FSANZ food packaging and labelling standards.
- Have knowledge of the major food allergens triggering anaphylaxis, cross contamination issues and label reading.
- Follow practical applications in class to minimise student exposure to allergens (see **Appendix 7**)
- Substitute ingredients as necessary as per the substitution list set out in **Appendix 8**
- Use a risk minimisation plan to inform all food purchases
- Implement appropriate Allergy Aware Curriculum as per **Appendix 9**
- Ensure that products labelled 'may contain traces of nuts' are not served to students allergic to nuts.
- Make sure that tables and surfaces are wiped down with warm soapy water regularly.
- Ensure all cooking utensils, preparation dishes, plates, knives and forks etc. are washed and cleaned thoroughly after preparation of food and cooking.
- When preparing food for a student, ensure that it has been prepared according to the parent's instructions
- Follow procedures at the start of each class to ensure students have auto-injectors and that they are placed in the appropriate place at the front of the classroom.

8.1.7 Responsibilities of the Canteen operator and canteen staff

Canteen staff must:

- Stay abreast of students at risk of anaphylaxis and be familiar with their specific management plans.
- Ensure specialist food preparation areas have photos of students at risk of anaphylaxis.
- Be able to demonstrate satisfactory training in food allergen management and its implications on food handling practices, including knowledge of the major food allergen management and its implication on food handling practices.
- Have knowledge of the major food allergens triggering anaphylaxis, cross contamination issues and label reading.
- Use a risk minimisation plan to inform all food purchases.
- Ensure that products labelled 'may contain traces of nuts' are not served to students allergic to nuts.
- Provide a range of healthy meals and products that exclude peanuts or other nut products in the ingredient list or 'may contain...' statement.

8.1.8 Responsibilities of staff organising camps, sporting activities and other offsite or after-hours activities

In addition to the responsibilities outlined in the previous sections, staff responsible for camps and other offsite or after-hours activities must also:

- Complete risk management documentation and the associated briefing for staff, including reference to anaphylaxis.
- Ensure that all staff involved are aware of any student/s at risk of anaphylaxis.
- Confirm availability of auto injectors for relevant students as per the process set out in **Appendix 10**. If backup auto injectors need to be removed from the Health Centre, they must be signed out.
- Confirm access to the ASCIA Action Plans for relevant students.
- Ensure relevant Senior School students have an auto injector with them.
- Confirm that all staff involved are clear about the emergency procedure to be followed in the event of an anaphylactic reaction.
- Monitor and reduce potential exposure to allergens throughout the experience, including during bus travel.
- Advise any third party providers (including but not limited to camp staff) who are providing or preparing food, of any students with anaphylaxis.

- In the case of camps, satisfy themselves that the camp cook can demonstrate satisfactory training in food allergen management and its implications for food handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergies and label reading.
- Where relevant, liaise with parents/guardians to develop alternative menus or allow students to bring their own meals.
- Be aware of local emergency services in the area and how to access them
- Return back up autoinjectors to Health Centre following the camp, offsite or after-hours activity

8.1.9 Responsibilities of the Director of Admissions

- Ask all parents/guardians as part of the enrolment procedure, prior to their daughter's attendance at the School, whether the student has anaphylaxis and document this information on the student's enrolment record.
- For each student diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction, ensure that the Individual Anaphylaxis Management Plan is in place as soon as practicable after the student enrolls and, where possible, before the student's first day of attendance at the School.

8.2 Responsibilities of parents and carers of students at risk of anaphylaxis

Parents and carers of students at risk of anaphylaxis are required to:

- Inform staff, either on enrolment or on diagnosis, of their daughter's risk of anaphylaxis.
- Read and comply with this policy.
- Ensure communication between parents/guardians and the student's doctor regarding the current status of the student's allergies and communicate this information to the School in a timely manner.
- Assist staff by offering information and answering any questions regarding their daughter's allergies.
- Update the student's anaphylaxis management plan immediately following an anaphylactic reaction and provide updated plan to the School.
- Provide the School with an anaphylaxis action plan prior to enrolment or immediately on diagnosis as at risk of anaphylaxis. This plan must:
 - Be an ASCIA Action Plan for Anaphylaxis provided by a Medical Practitioner.
 - Be signed by the student's doctor.
 - Be in colour if possible.
 - Contain a current photo of the student.
 - Clearly state the student's allergies, risk minimisation/prevention strategies, names of people responsible for implementing risk minimisation/prevention strategies, storage of medication and the student and parent emergency contact details.
 - Provide staff with written consent updated annually to use the auto injector in line with this action plan.
 - it must (ASCIA Action Plan must be colour and contain a current photo of the student).
- Notify the staff of any changes to their daughter's allergy status in writing and provide a new ASCIA anaphylaxis action plan in accordance with these changes, including an updated photo if necessary.
- Ensure that anaphylaxis management plan is updated when a student is participating in an offsite excursion or special even organised or attended by the School.
- Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the student.
- Provide the School with an appropriate and in date auto injector kit, clearly labelled with the student's name on the outside.
- Provide food for their daughter as appropriate.
- Ensure their daughter understands the expectations regarding food and food sharing.
- Ensure that Senior School students have an auto injector with them each day at school.
- Regularly check the auto injector expiry date (School Nurse will also issue reminders when expiry date of auto injector is 1 month from expiry) and ensure the School has an in date autoinjector for the student.

- Comply with the School's policy that no child who has been prescribed an auto injector is permitted to attend the School or its programs without that auto injector.
- Adhere to the risk management and prevention strategies.

Failure to comply with these requirements may jeopardise the ongoing enrolment of the student.

8.3 Responsibilities of students at risk of anaphylaxis

- All students at risk of anaphylaxis should only eat food that has been specifically prepared for them.
- Senior school students (Years 7-12) are required to carry their own auto injector in their school bag in an insulated container clearly marked with their name and a copy of their Individual Anaphylaxis Management Plan for travel to and from school, sport and excursions. This is in addition to the Adrenaline auto injector which remains in the Health Centre for emergency use by the School and is not to be taken out of the Health Centre by the student.
- Students are responsible for taking their student individual anaphylaxis kit to all food technology classes.

9. PROCEDURES FOR MANAGING AN ANAPHYLACTIC REACTION

9.1 Managing an anaphylactic reaction onsite during school hours.

The following procedure should be followed in the event that a person has an anaphylactic reaction onsite during school hours.

- Stay with person having the reaction.
- Check for danger and eliminate if necessary.
- Send for help (send another staff member or student to nearest Reception area and ask for message to get to school nurse and for ambulance to be called).
- If time and circumstances permit, consult student's Anaphylaxis Plan.
- Use auto injector (There is an autoinjector in the Health Centre for each student. Senior School students should have their auto injector with them or accessible in their locker.)
- Note time of use of auto injector. If possible, write on the auto injector with black marker.
- In the case of a student, ensure parents or caregivers are contacted.
- If a parent is not available when the ambulance arrives to transport the student to hospital after having an anaphylactic reaction, where possible, a staff member may travel in the ambulance with the child to hospital.
- Check whether the School Nurse needs assistance to complete and accident report form (available on LowtherLink).
- Liaise with Head of School regarding any need to debrief students.
- Consider follow up with student/family the next day.

9.2 Managing an anaphylactic reaction onsite outside school hours

The following procedure should be followed in the event that a person has an anaphylactic reaction onsite outside school hours.

- Stay with person having the reaction.
- Check for danger and eliminate if necessary.
- Send for help if possible (send another staff member or student to nearest Reception area and ask for message to get to school nurse and for ambulance to be called). If help is not available, call an ambulance.
- If time and circumstances permit, consult student's Anaphylaxis Plan.
- Use auto injector (Senior School students should have their auto injector with them. Students in other year levels, have injector brought from relevant First Aid area).
- Note time of use of auto injector. If possible, write on the auto injector with black marker.
- In the case of a student, ensure parents or caregivers are contacted.
- If a parent is not available when the ambulance arrives to transport the student to hospital after having an anaphylactic reaction, where possible, a staff member may travel in the ambulance with the child to hospital.
- Complete and accident report form (available on LowtherLink).
- Liaise with senior member of staff regarding any need to debrief students.
- Consider follow up with student/family the next day.

9.3 Managing an anaphylactic reaction offsite

The following procedure should be followed in the event that a person has an anaphylactic reaction offsite.

- Stay with person having the reaction.
- Check for danger and eliminate if necessary.
- Send for help if possible: ask for ambulance to be called). If help is not available, call an ambulance.
- If time and circumstances permit, consult student's Anaphylaxis Plan.
- Use auto injector (Senior School students should have their auto injector with them. Students in other year levels, have injector brought from relevant First Aid staff member/kit).
- Note time of use of auto injector. If possible, write on the auto injector with black marker.
- Inform School Nurse and relevant Head of School.
- In the case of a student, ensure parents or caregivers are contacted.
- If a parent is not available when the ambulance arrives to transport the student to hospital after having an anaphylactic reaction, where possible, a staff member may travel in the ambulance with the child to hospital.
- Complete and accident report form (available on LowtherLink).
- Liaise with senior member of staff regarding any need to debrief students.
- Consider follow up with student/family the next day.

10. RELATED DOCUMENTS

- Annual Anaphylaxis Checklist (Appendix 11)
- Accident Report Form
- Attendance Policy
- Camps, Excursions and Offsite Activities Policy
- Emergency Evacuation and Lockdown Policy
- Enrolment Policy
- First Aid and Medicine Distribution Policy
- Occupational Health and Safety Policy
- Risk Management Policy

ANAPHYLAXIS KITS

Student Individual Anaphylaxis Kit (Years 7 to 12 only)

- A parent/ caregiver provided adrenaline auto injector, in date
 - An individual Anaphylaxis action plan, renewed every 12 months by GP or specialist
-

Student School Anaphylaxis Kit

Kindergarten- Year 1 (Held in Blinkbonnie House reception)

- A parent/ caregiver provided adrenaline auto injector
- Individual student Anaphylaxis action plan, renewed every 12 months by GP or specialist
- A sharpie texta
- Anti-histamine provided by the parent/ caregiver documented on the action plan

Raymond House: Year 2-6 (Held in Health Centre)

- A parent/ caregiver provided adrenaline auto injector
- Individual student Anaphylaxis action plan, renewed every 12 months by GP or specialist
- A sharpie texta
- Anti-histamine provided by the parent/ caregiver documented on the action plan

Senior School: Year 7-12 (Held by the individual student and in the Health Centre)

- A parent/ caregiver provided adrenaline auto injector
 - Individual student Anaphylaxis action plan, renewed every 12 months by GP or specialist
 - A sharpie texta
 - Anti-histamine provided by the parent/ caregiver documented on the action plan
-

Raymond House Sport Kit


- 1 x Junior adrenaline auto injector
 - 1 x Adult adrenaline auto injector
 - 1 x sharpie texta
 - 1 x General Action plan for Anaphylaxis (front pocket)
 - Anti-histamine medication
-

School supplied Anaphylaxis Kit (General Use)

- 1 x Junior adrenaline auto injector
 - 1 x Adult adrenaline auto injector
 - 1 x sharpie texta
 - 1 x General Action plan for Anaphylaxis (front pocket)
 - Anti-histamine medication
-

Senior School Sport Kit

- 2 x Junior adrenaline auto injector
 - 2 x Adult adrenaline auto injector
 - General Action plan for Anaphylaxis (front pocket)
 - 1 x Sharpie texta
 - Anti-histamine medication
-



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ACTION PLAN FOR Anaphylaxis

Name: _____

Date of birth: _____

Confirmed allergens: _____

Family/emergency contact name(s):
1. _____
Mobile Ph: _____
2. _____
Mobile Ph: _____
Plan prepared by doctor or nurse practitioner (np): _____

The treating doctor or np hereby authorises medications specified on this plan to be given according to the plan, as consented by the patient or parent/guardian.

Whilst this plan does not expire, review is recommended by DD/MM/YY

Signed: _____
Date: _____

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - these are signs of anaphylaxis for insect allergy

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy ☐ seek medical help or ☐ freeze tick and let it drop off
- Stay with person, call for help and locate adrenaline autoinjector
- Give antihistamine (if prescribed) _____
- Phone family/emergency contact






Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

- 1 LAY PERSON FLAT - do NOT allow them to stand or walk**
 - If unconscious or pregnant, place in recovery position - on left side if pregnant, as shown below
 - If breathing is difficult allow them to sit with legs outstretched
 - Hold young children flat, not upright

- 2 GIVE ADRENALINE AUTOINJECTOR**
- 3 Phone ambulance - 000 (AU) or 111 (NZ)**
- 4 Phone family/emergency contact**
- 5 Further adrenaline may be given if no response after 5 minutes**
- 6 Transfer person to hospital for at least 4 hours of observation**

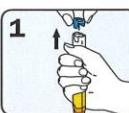
IF IN DOUBT GIVE ADRENALINE AUTOINJECTOR

Commence CPR at any time if person is unresponsive and not breathing normally

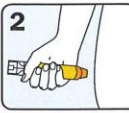
ALWAYS GIVE ADRENALINE AUTOINJECTOR FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: ☐ Y ☐ N

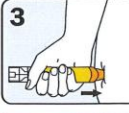
How to give EpiPen®



1 Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



2 Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



3 PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

EpiPen® is prescribed as follows:

- EpiPen® Jr (150 mcg) for children 7.5-20kg
- EpiPen® (300 mcg) for children over 20kg and adults

© ASCIA 2021 This plan was developed as a medical document that can only be completed and signed by the patient's doctor or nurse practitioner and cannot be altered without their permission.

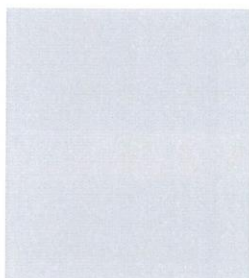


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ACTION PLAN FOR Allergic Reactions

Name: _____

Date of birth: _____



Confirmed allergens: _____

Family/emergency contact name(s):

1. _____

Mobile Ph: _____

2. _____

Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np): _____

The treating doctor or np hereby authorises medications specified on this plan to be given according to the plan, as consented by the patient or parent/guardian, including use of adrenaline if available.

Whilst this plan does not expire, review is recommended by DD/MM/YY

Signed: _____

Date: _____

Note: This ASCIA Action Plan for Allergic Reactions is for people who have allergies but do not have a prescribed adrenaline (epinephrine) injector. For instructions refer to the device label or the ASCIA website www.allergy.org.au/anaphylaxis

Adrenaline injectors are given as follows:

- 150 mcg for children 7.5-20kg
- 300 mcg for children over 20kg and adults
- 300 mcg or 500 mcg for children and adults over 50kg

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Tingling mouth
- Hives or welts
- Abdominal pain, vomiting - these are signs of anaphylaxis for insect allergy

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy ☐ seek medical help or ☐ freeze tick and let it drop off
- Stay with person and call for help
- Give antihistamine (if prescribed) _____
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult or noisy breathing
- Difficulty talking or hoarse voice
- Swelling of tongue
- Persistent dizziness or collapse
- Swelling or tightness in throat
- Pale and floppy (young children)
- Wheeze or persistent cough

ACTION FOR ANAPHYLAXIS

1 LAY PERSON FLAT - do NOT allow them to stand or walk

- If unconscious or pregnant, place in recovery position - on left side if pregnant, as shown below
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



2 GIVE ADRENALINE INJECTOR IF AVAILABLE

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Transfer person to hospital for at least 4 hours of observation

IF IN DOUBT GIVE ADRENALINE INJECTOR

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS GIVE ADRENALINE INJECTOR FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: ☐ Y ☐ N

Note: If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

ANAPHYLAXIS COMMUNICATION PLAN

This Policy sets out how to respond to an anaphylactic reaction in various school-related environments. It is therefore critical that the plan is clearly and regularly communicated to school staff (including casual relief staff), volunteers, students, parents and caregivers.

Staff

The policy, and specifically the procedures set out in Section 9 pertaining to how to respond to an anaphylactic reaction during normal school activities including in the classroom, in the school grounds, in school buildings and sites will be communicated to staff:

- On induction
- Annually

This is the responsibility of the Executive Team.

The Principal will ensure (via the Executive Team) that all staff, and in particular those who conduct classes that students who are at risk of anaphylaxis attend, are aware of the need to undertake full anaphylaxis training in accordance with clause 12.1 of Ministerial Order No.706 as part of their annual First Aid certification. This will be done via email setting out the requirement for training at the end of the year.

The Principal will ensure (via the Executive Team) that all staff (and especially those responsible for the student/s at risk of anaphylaxis as identified by the Principal, based on an assessment of the risk of an anaphylactic reaction occurring while the student is under the care or supervision of the School) are made aware of the need attend anaphylaxis briefings and refresher training sessions biannually in accordance with clause 12.1 of Ministerial Order No.706. This will be done via email setting out the requirement for training at the beginning of the year and the beginning of Term 3.

The Principal will also ensure that such training is completed by staff through the following:

- Personally sighting staff at the training sessions
- Examining the rolls taken at each training session (and from subsequent training sessions for absentees)

Volunteers and casual relief staff

The policy, and specifically the procedures set out in Section 9 pertaining to how to respond to an anaphylactic reaction during normal school activities including in the classroom, in the school grounds, in school buildings and sites and section 8.1.4 pertaining to responsibilities, will be communicated to volunteers and casual relief staff:

- Prior to them undertaking any work with or providing care for any students with a medical condition that relates to allergy and the potential for anaphylactic reaction
- Annually thereafter

This is the responsibility of the respective Heads of School and the Director of Human Resources and Strategic Operations.

All parents

The policy and specifically the procedures set out in Section 9 pertaining to how to respond to an anaphylactic reaction during normal school activities including in the classroom, in the school grounds, in school buildings and sites will be communicated to all parents on enrolment. This is the responsibility of the Director of Admissions.

Parents and caregivers of students at risk of anaphylaxis

The policy and specifically the procedures set out in Section 9 pertaining to how to respond to an anaphylactic reaction during normal school activities including in the classroom, in the school grounds, in school buildings and sites will be communicated to parents and caregivers of students at risk of anaphylaxis (and the students themselves as age appropriate) on enrolment and annually thereafter. This is the responsibility of the School Nurse.

Students

Relevant sections of this Policy and specifically the procedures set out in Section 9 pertaining to how to respond to an anaphylactic reaction during normal school activities including in the classroom, in the school grounds, in school buildings and sites will be communicated to all students, as age appropriate, at least annually through the pastoral and well-being programs. This is the responsibility of the Principal and each Head of School.

The Executive Team will ensure that this policy and the appendices therein are maintained and updated annually.

ENROLMENT CHECKLIST FOR STUDENTS AT RISK OF ANAPHYLAXIS

- ☐ Risk Minimisation Plan completed, including strategies to address the particular needs of each student at risk of anaphylaxis, and this plan is implemented
- ☐ Provide a copy of the Anaphylaxis Policy to the parents of a student at risk
- ☐ All parents/guardians are made aware of the anaphylaxis policy
- ☐ An anaphylaxis action plan for the student is signed by the child's Doctor and is visible to all staff (The anaphylaxis action plan must be colour, no black and white copies with a current photo of the student.)
- ☐ Adrenaline auto injector [within expiry date] is available for use at any time the student is in the care of the school – In the Health Centre.
- ☐ Adrenaline auto injector is stored in a clearly labelled insulated container, in a location easily accessible to adults [not locked away], inaccessible to students and from direct sources of heat
- ☐ If the student is in Senior School, they have their own auto injector in their school bag in an insulated container clearly marked with their name and a copy of their Individual Anaphylaxis Management Plan for travel to and from school, sport and excursions
- ☐ All staff, including relief staff, are aware of each auto injector kit location
- ☐ Staff responsible for the students at risk of anaphylaxis undertake anaphylaxis management training, which includes strategies for anaphylaxis management, recognition of allergic reactions, emergency treatment and practise with an auto injector trainer, and this is reinforced at yearly intervals
- ☐ The school's emergency action plan for the management of anaphylaxis is in place and all staff understand the plan
- ☐ A treat box, provided by the parents, is available for special occasions [if relevant] and is clearly marked as belonging to the student at risk of anaphylaxis
- ☐ Parent/guardian's current contact details are available
- ☐ Information regarding any other medications or medical conditions [for example asthma] is available to staff

.....
Signed

.....
Date

ANAPHYLAXIS AWARENESS RAISING

The Executive Team will work with the School Nurse to raise awareness within the school community about anaphylaxis and the management of it. This will be achieved through:

- Drawing students' attention to the procedures set out in Section 9 (as age appropriate)
- Displaying facts sheets and posters around the School. (Responsibility of School Nurse)
- Developing a LowtherLink article about the School's Anaphylaxis Policy once each year (Responsibility of School Nurse)
- Implementing programs or other measure through which students can be educated about anaphylaxis, risk mitigation strategies and what to do in an emergency, including messages such as:
 - Wash your hands after eating
 - Always take food allergies seriously – severe allergies can put your friend's life at risk!
 - Know what your friends are allergic to
 - Don't share food with your friends
 - Don't pressure your friends to eat food that they are allergic to
 - Be respectful of your schoolmates' auto injector
 - If a schoolmate becomes sick, get help immediately

This is the responsibility of each Head of School.

FOOD STUDIES PRACTICAL APPLICATIONS TO MINIMISE EXPOSURE TO ALLERGENS

All Food Studies staff are aware of and implement the following practical strategies to avoid exposure to medically confirmed allergens and intolerant ingredients.

These include:

- communicating with parents where necessary about allergen / intolerance issues
- appropriate briefings and education of all students in all year levels regarding severe allergies and their peers
- A list of students with dietary issues is placed on the front bench at the start of each practical Food class to ensure their dietary needs are adhered to.
- Students with severe allergies may need to work on their own in certain cases.
- Students with severe allergies must not share food with other class members
- having a separate pantry and labelled containers for low allergy ingredients (e.g. wheat free flour/ margarine)
- preparing low allergen foods first (if needed)
- eliminating particular ingredients as required
- negotiating and adapting recipes for students with allergen and intolerances
- student may bring their own ingredients in from home where required
- using clean/separate utensils and preparation surfaces
- having separate margarine/spreads for wheat free students (to reduce contamination)
- having a separate toaster for wheat free/gluten free toast
- sharing food, containers and utensils should not be allowed. This is especially important if food and utensils (e.g. food containers and drink bottles) are brought from home.
- bottles, lunchboxes, other utensils and other drinks bought to class should be clearly labelled with the name of the student for whom they are intended.
- students with severe allergies will work at the bench closest to the prep room and their equipment is kept separate from the rest of the class.
- eating areas and utensils should be thoroughly cleaned with warm soapy water. Utensils should be put through a dishwasher cycle if appropriate, to remove traces of potential allergens. In certain cases, students may be exempt from washing their own dishes if it is deemed a risk.
- all students and staff are expected to wash their hands before and after cooking lessons.
- bench tops should be wiped down, sanitised before and after classes.
- separate tea towels may be provided for students
- all staff understand the necessary measures to prevent cross-contamination during handling, preparation and serving of food
- Food Studies Assistant organises all ingredients separately for anaphylaxis and food intolerant students.

FOOD STUDIES: SUBSTITUTE INGREDIENTS

Allergen / Intolerance	Substitute Ingredient
Dairy / milk	Plant based milks <ul style="list-style-type: none"> • Almond • Rice • Soy • Coconut
Cream	<ul style="list-style-type: none"> • Coconut cream
Yoghurt	<ul style="list-style-type: none"> • Coconut yoghurt
Buttermilk	<ul style="list-style-type: none"> • Non-dairy milk / apple cider vinegar
Butter	<ul style="list-style-type: none"> • Nuttlex /dairy free margarine • Coconut butter/ oil • Macadamia oil
Cheese	<ul style="list-style-type: none"> • Lactose free cheese • Savoury yeast flakes •
Eggs	<ul style="list-style-type: none"> • Chia seeds • Flax seeds • linseeds • Apple puree • Egg replacer • banana
Flour	<ul style="list-style-type: none"> • Gluten free flour • Potato flour/ starch • Coconut flour • Rice flour • Tapioca flour • Besan – chickpea • Quinoa/ Teff/ Buckwheat • Arrowroot • Cornflour • Hemp flour
Nuts	<ul style="list-style-type: none"> • No nuts used in Years 7 & 8 classes • Some flexibility occurs in VCE classes ONLY if there is no other students in this class that have a nut allergy. All cleaning regimes are followed once this cooking has finished

ALLERGY AWARE CURRICULUM

Year Level	Year Level Relevant Allergy Aware Curriculum
7	Modifying set recipes to suit a food intolerance or allergy and cultural restrictions
8	Students research a dietary issue to understand the health implication and then modify recipes to meet the needs of such a dietary issue
9	Adapting cultural foods to suit food allergies, food intolerances and religious requirements.
10	Food trends elective - customer service/ food preparation skills for people with food allergies / intolerances
Year 11 Unit 2	<p>KK / KS relevant to food allergies/ intolerances:</p> <ul style="list-style-type: none"> • study the characteristics of a selected cuisine of influence in Australia, including typical ingredients and meals; flavours and other sensory properties; methods of preparation and serving, including safe handling practices; and associated customs and celebrations • trends in food practices and food subcultures in contemporary Australia, such as emerging food movements and changing social behaviours relating to food • the considerations in the design and adaptation of recipes to suit individuals, households and other groups with differing dietary requirements due to factors such as lifespan stage, activity level, personal food tastes and preferences, medical, cultural and ethical food restrictions, and food intolerances and allergies
Year 12 Unit 3	<ul style="list-style-type: none"> • the physiology of food allergies and intolerances including how allergy and intolerance differ and their respective symptoms and causes and management • explain and justify the substitution of ingredients in the management of food allergies and intolerances
VCE Hospitality	<ul style="list-style-type: none"> • students develop the skills/questions when processing orders of customers with specific dietary requirements. • Students understand the need to follow up with the chef and or kitchen staff to confirm that the correct meal is prepared for the customer • Students prepare coffee and beverages in alternate coloured coffee cups in yellow

PROCESS FOR STAFF COLLECTING MEDICAL KITS FOR CAMPS, SPORTING ACTIVITIES AND OTHER OFFSITE OR AFTER HOURS ACTIVITIES

Blinkbonnie House (Kinder to Year 1)

To be collected from Blinkbonnie House Reception

Adrenaline Auto Injectors (3)

- School supply adrenaline Auto-injector x 2 (1 x Junior adrenaline auto injector, 1 x Adult adrenaline auto injector), Sharpie texta and General Action plan for Anaphylaxis
- Student School Anaphylaxis kit (includes Adrenaline auto injector, sharpie and individual student action plan)

* Note: Sports department hold a kit containing 2 Auto- injectors (1 x adult, 1 x junior)

Ventolin (Salbutamol)

- Individual Student kits held in Blinkbonnie House reception

First Aid Kit

- Contains general first aid items (contents detailed in First Aid policy)
- Spare Ventolin inhaler & spacers
- Medication (paracetamol, ibuprofen, antihistamines)

* The number of First aid kits supplied will vary depending on the type of activity and student numbers

Other Student Medical Kits

- Relevant student medical kits, kept at Blinkbonnie House reception

Raymond House (Years 2 to 6)

To be collected from the Health Centre

Adrenaline Auto Injectors (3)

- School supply adrenaline Auto-injector x 2 (1 x Junior adrenaline auto injector, 1 x Adult adrenaline auto injector), Sharpie texta and General Action plan for Anaphylaxis
- Student School Anaphylaxis kit (includes Adrenaline auto injector, sharpie and individual student action plan)

* Note: Sports department hold a kit containing 2 Auto- injectors (1 x adult, 1 x junior)

Ventolin (Salbutamol)

- Individual Student kits held in The Health Centre

First Aid Kit

- Contains general first aid items (contents detailed in First Aid policy)
- Spare Ventolin inhaler & spacers
- Medication (paracetamol, ibuprofen, antihistamines)

* The number of First aid kits supplied will vary depending on the type of activity and student numbers

Other Student Medical Kits

- Relevant student medical kits, held in The Health Centre

Senior School (Years 7 to 12)

To be collected from The Health Centre

Adrenaline Auto Injectors (3)

- Check student has their in-date pen and Anaphylaxis Action plan
- School supply adrenaline Auto-injector x 2 (1 x Junior adrenaline auto injector, 1 x Adult adrenaline auto injector), Sharpie texta and General Action plan for Anaphylaxis
- Student School Anaphylaxis kit (includes Adrenaline auto injector, sharpie and individual student action plan)

* Note: Sports department hold a School Supply Adrenaline injector kit containing 4 pens (2 Junior, 2 Adults)

Ventolin (Salbutamol)

- Check student has their in-date inhaler and action plan

First Aid Kit

- Contains general first aid items
- Spare Ventolin inhaler & spacers
- Medication (paracetamol, ibuprofen, antihistamines)

* The number of First aid kits supplied will vary depending on the type of activity and student numbers

Other Medical Kits

- Relevant student medical kits, held in the Health Centre

ANNUAL RISK MANAGEMENT CHECKLIST

(to be completed at the start of each year)

School name:	Lowther Hall Anglican Grammar School	
Date of review:	01/02/2025	
Who completed this checklist?	Name: Shani Martin RN, MN	
	Position: Health Centre Manager	
Review given to:	Name: Elisabeth Rhodes	
	Position: Principal	
Comments:		
General information		
1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an adrenaline autoinjector?	25	
2. How many of these students carry their adrenaline autoinjector on their person?	14	
3. Have any students ever had an allergic reaction requiring medical intervention at school?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many times?	106	
4. Have any students ever had an anaphylactic reaction at school?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many students?	1	
b. If Yes, how many times	1	
5. Has a staff member been required to administer an adrenaline autoinjector to a student?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many times?	1	
6. If your school is a government school, was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?	N/A	
SECTION 1: Training		
7. Have all school staff who conduct classes with students who are at risk of anaphylaxis successfully completed an approved anaphylaxis management training course, either:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> online training (ASCIA anaphylaxis e-training) within the last 2 years, or accredited face to face training (22578VIC or 10710NAT) within the last 3 years? 		

8. Does your school conduct twice yearly briefings annually? If no, please explain why not, as this is a requirement for school registration.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. Do all school staff participate in a twice yearly anaphylaxis briefing? If no, please explain why not, as this is a requirement for school registration.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen® and Anapen®)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen® and Anapen®) within 30 days of completing the ASCIA Anaphylaxis e-training for Victorian Schools?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2: Individual Anaphylaxis Management Plans	
11. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an adrenaline autoinjector have an Individual Anaphylaxis Management Plan which includes an ASCIA Action Plan for Anaphylaxis completed and signed by a prescribed medical practitioner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?	
a. During classroom activities, including elective classes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. In canteens or during lunch or snack times	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. Before and after school, in the school yard and during breaks	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d. For special events, such as sports days, class parties and extra-curricular activities	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e. For excursions and camps	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Sometimes
f. Other: These strategies are set out in our Anaphylaxis policy.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14. Do all students who carry an adrenaline autoinjector on their person have a copy of their ASCIA Action Plan for Anaphylaxis kept at the school (provided by the parent)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>o Where are the Action Plans kept?</p> <p>- Years K- 6</p> <ul style="list-style-type: none"> • classroom folders • reception • online in student files via Consent2Go • In the Health centre in the individual student medical bags <p>- Senior School 7-12</p> <ul style="list-style-type: none"> • reception folder • Online in student files via Consent2Go • Each Coordinator office • In the Health centre in the individual student medical bags 	

15. Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Are Individual Management Plans (for students at risk of anaphylaxis) reviewed prior to any off site activities (such as sport, camps or special events), and in consultation with the student's parent/s?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 3: Storage and accessibility of adrenaline autoinjectors	
17. Where are the student(s) adrenaline autoinjectors stored? Years K-1 students: <i>Kept at BBH Reception</i> Years 2-6 students: <ul style="list-style-type: none"> <i>Kept in the Health Centre</i> Years 7-12 students: <ul style="list-style-type: none"> <i>Pen #1 Held by the student</i> <i>Pen #2 Health Centre provided by the family.</i> 	
18. Do all school staff know where the school's adrenaline autoinjectors for general use are stored?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the adrenaline autoinjectors stored at room temperature (not refrigerated) and out of direct sunlight?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20. Is the storage safe?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21. Is the storage unlocked and accessible to school staff at all times? <i>Comments: Back up general use pens are also kept in 4 x locations around the school (Defib cabinets)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22. Are the adrenaline autoinjectors easy to find? <i>Comments: Clearly labelled in individual student bags on the Health Centre wall.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline autoinjector?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24. Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan for Anaphylaxis) clearly labelled with the student's names?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis? Who? Shani Martin- Health Centre Manager Catherine Fox- School Nurse Managed by a comprehensive Google Doc	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
26. Are there adrenaline autoinjectors which are currently in the possession of the school which have expired?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27. Has the school signed up to EpiClub (optional free reminder services)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

28. Do all school staff know where the adrenaline autoinjectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
29. Has the school purchased adrenaline autoinjector(s) for general use, and have they been placed in the school's first aid kit(s)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
30. Where are these first aid kits located? <ul style="list-style-type: none"> <i>In the Health centre clearly labelled.</i> <i>In the Defib cabinets around the school</i> Do staff know where they are located?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
31. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
32. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4: Risk Minimisation strategies	
33. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you implemented any of the risk minimisation strategies in the Anaphylaxis Guidelines? If yes, list these in the space provided below. If no please explain why not as this is a requirement for school registration. <ul style="list-style-type: none"> <i>As outlined in the Anaphylaxis Policy</i> 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
35. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 5: School management and emergency response	
36. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
37. Do school staff know when their training needs to be renewed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
38. Have you developed emergency response procedures for when an allergic reaction occurs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. In the class room?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. In all school buildings and sites, including gymnasiums and halls?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. At school camps and excursions?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the school?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
39. Does your plan include who will call the ambulance?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
40. Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA Action Plan for Anaphylaxis?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

41. Have you checked how long it takes to get an individual's adrenaline autoinjector and corresponding individual ASCIA Action Plan for Anaphylaxis to a student experiencing an anaphylactic reaction from various areas of the school including:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. The school canteen?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
42. On excursions or other out of school events is there a plan for who is responsible for ensuring the adrenaline autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the adrenaline autoinjector for general use are correctly stored and available for use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
43. Who will make these arrangements during excursions? <ul style="list-style-type: none"> • <i>Nurse on duty</i> • <i>designated first aider</i> 	
44. Who will make these arrangements during camps? <ul style="list-style-type: none"> • <i>Nurse on duty</i> • <i>designated first aider</i> 	
45. Who will make these arrangements during sporting activities? <ul style="list-style-type: none"> • <i>Nurse on duty</i> • <i>designated first aider</i> 	
46. Is there a process for post-incident support in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
47. Have all school staff who conduct classes attended by students at risk of anaphylaxis, and any other staff identified by the principal, been briefed by someone familiar with the school and who has completed an approved anaphylaxis management course in the last 2 years on:	
a. The school's Anaphylaxis Management Policy?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students at risk of anaphylaxis, and who are prescribed an adrenaline autoinjector, including where their medication is located?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the adrenaline autoinjector(s) for general use is kept?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 6: Communication Plan	
48. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?	
a. To school staff?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. To parents?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
49. Is there a process for distributing this information to the relevant school staff?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it? <ul style="list-style-type: none"> • <i>Current Anaphylaxis policy</i> • <i>Staff inductions</i> • <i>Twice yearly briefing.</i> 	
50. How will this information kept up to date? <ul style="list-style-type: none"> • <i>Annual review conducted by the Executive team.</i> 	
51. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
52. What are they? <ul style="list-style-type: none"> • Assemblies 	