

## POLICIES AND PROCEDURES

<b>Policy Name</b>	<b>Anaphylaxis Management Policy</b>
<b>Reviewed and Approved by:</b>	Executive, Health Centre Board approval: 27 May 2026
<b>Review</b>	<b>Last Review:</b> September 2019, March 2021, Dec 2021, Feb 2022, May 2023, April 2024, Feb 2025, Mar 2026 <b>Next Review:</b> Mar 2027

### 1. Statement of Context

Yarra Valley Grammar will provide staff, students, parents, and carers with a clear and comprehensive explanation of the processes and procedures implemented to support students identified as being at risk of anaphylaxis. This policy ensures that the School maintains compliance with Ministerial Order 706 and adheres to the Department of Education Anaphylaxis Management Guidelines.

### 2. Scope

This policy applies to:

- all staff, including casual relief staff and cafe operators
- all students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction and their parents and carers.

### 3. Reference Points / Background Papers

- Ministerial Order 706 - Anaphylaxis Management in Victorian Schools
- Ministerial Order 90 – Anaphylaxis Management in Schools (repealed, April 2014)
- Education and Training Reform Act 2006
- Student Individual Anaphylaxis Management Plans (IAMPs)
- Australasian Society of Clinical Immunology and Allergy (ASCIA)
- Anaphylaxis Guidelines for Victorian Schools
- [www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx](http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx)
- Royal Children’s Hospital Anaphylaxis Advisory Line 1300 725 911
- Department of Education (DET) Annual Anaphylaxis Risk Management Checklist
- Children’s Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008
- ISV and VRQA Guidelines
- Yarra Valley Grammar First Aid Policy

## POLICIES AND PROCEDURES

### 4. Policy Aims

- To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of schooling.
- To raise awareness about anaphylaxis and Yarra Valley Grammar's Anaphylaxis Management Policy in the School community.
- To develop and follow risk minimisation strategies that reduce the likelihood of students coming into contact with their known allergens.
- To ensure all staff members are trained to respond appropriately if a student has an anaphylactic reaction and are familiar with the School's emergency response procedures.

### 5. Policy Details

#### 5.1. Anaphylaxis

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school-aged children are nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

This policy specifically refers to allergic reactions that have the potential to cause anaphylaxis. In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the student's ASCIA Anaphylaxis Action Plan.

#### 5.2. Adrenaline Auto-injectors for General Use

Adrenaline administration is the first aid treatment for anaphylaxis. Individuals identified as being at risk of an anaphylactic reaction are prescribed an adrenaline device, to be used in accordance with their ASCIA Plan.

The School will purchase sufficient adrenaline auto-injector(s) devices for general use and as a back-up to those supplied by parents, taking into consideration the number of students enrolled that have the potential for a reaction or a first-time reaction. The adrenaline auto-injectors devices will be easily accessible and will be replaced at the School's expense, either at the time of use or expiry, whichever is first.

There are currently 4 adrenaline devices approved by the Therapeutic Goods Administration for use in Australia. All devices can be used when provided by families for students, however, the

## POLICIES AND PROCEDURES

Principal or allocated staff member can only use some of the adrenaline auto-injector devices for general use.

### 5.3. Individual Anaphylaxis Management Plans

The School Nurse, as the Principal's delegate will be responsible for developing an Individual Anaphylaxis Management Plan (IAMP) for each student diagnosed as being at risk of anaphylaxis. The IAMP will be developed in consultation with the student's parent/carer and be in place as soon as practicable after the student enrolls and, where possible, before the student's first day of school. The IAMPs are stored on the offsite activities system and the School online portal for ease of access.

The IAMP contains:

- information about the student's allergies and the potential for anaphylactic reaction, including the type of allergies the student has
- strategies to minimise the risk of exposure to notified allergens while the student is under the supervision of school staff (for in-school and out-of-school settings including in the school yard, at camps and excursions or at special events conducted, organised or attended by the School)
- the name(s) of the person(s) responsible for implementing the strategies
- information on where the student's medication is stored
- the student's emergency contact details
- an approved ASCIA Action Plan, provided by the parent and signed and dated by the attending medical practitioner, which sets out the emergency procedures to be taken in the event of an emergency reaction, and includes a current coloured photograph of the student.

Student IAMPs must be reviewed, in consultation with the student's parents/carers in the following circumstances:

- annually
- if a student's medical condition changes insofar as it relates to allergy and the potential for anaphylactic reaction
- as soon as practicable after a student has an anaphylactic reaction at School

### 5.4. Location of ASCIA Plans and Adrenaline Devices

A copy of each student's Individual Anaphylaxis Management Plan is stored with their ASCIA Action Plan for Anaphylaxis at the corresponding Health Centre, together with the student's adrenaline device.

### 5.5. Prevention Strategies

The School has in place prevention strategies to minimise the risk of an anaphylactic reaction, including:

## POLICIES AND PROCEDURES

- having a complete and up to date list of students identified as having a medical condition related to allergy and the potential for an anaphylactic reaction. This is communicated and available to all staff via the School Portal, the offsite activities system, Synergetic and at the six-monthly anaphylaxis briefings
- detailed Individual Anaphylaxis Management Plans (IAMPs) and ASCIA Action Plans for affected students located on the offsite activities system and online School portal
- the purchase, storage and accessibility of general use adrenaline auto-injector devices managed by the Nurses at the Early Learning Centre/Junior and Secondary School Health Centres, with generic junior and adult auto-injector devices located in specified locations around the School
- a School Communication Plan including direct communication between the Health Centre and parents regarding annual reviews of IAMPs
- training of staff in Anaphylaxis Management
- completion of an Annual Risk Management Checklist.

Further, detailed guidance including prevention strategies during normal school activities, and off-site or out of school activities is set out in Appendix A of this policy.

To minimise the risk of anaphylaxis, parents of enrolled students will:

- communicate their child's allergies and risk of anaphylaxis to the School at the earliest opportunity, preferably on enrolment
- provide the student's ASCIA Action Plan with a current photo
- update the student's medical details on the offsite activities system if there are any changes to their condition and if relevant, provide an updated ASCIA Action Plan
- provide the School with an in-date adrenaline device
- participate in yearly reviews of the student's IAMP.

### 5.6. School Management and Emergency Response Procedures

In the event of an anaphylactic reaction of a student, the School will follow the School Management and Emergency Response Procedures (Appendix B). The Anaphylaxis Emergency Flow Chart (Appendix C) and the student's ASCIA Action Plan.

The School Nurse, as the Principal's delegate, will ensure that when a student at risk of anaphylaxis is participating in off-site school activities, the attending staff have been trained in anaphylaxis management.

Middle and Senior School students are to bring their own adrenaline devices to School on the day of the Athletics and Swimming Carnivals. The parents/carers of those students will be contacted prior to these events to serve as a reminder and align with the student's IAMP.

### 5.7. School Communication Plan

## POLICIES AND PROCEDURES

The Principal or their delegate, will ensure that information is communicated to all staff (including casual staff), students, parents and relevant volunteers about anaphylaxis and this policy and the School's emergency response procedures. This will include information about what strategies can be used to respond to a student having an anaphylactic reaction during normal school activities including in the classroom, in the school yard, in all school buildings and during off-site or out of school activities, such as on camps, excursions and special event days conducted, organised or attended by the School.

The Principal or their delegate, will ensure that casual relief staff and volunteers are informed of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction by a student in their care.

The Principal or their delegate, will ensure that all School staff are trained in anaphylaxis management and briefed twice per calendar year by a staff member who has completed the Anaphylaxis Verifiers course (Anaphylaxis Supervisor).

### 5.8. Training Staff on Anaphylaxis Management

The following School staff must be trained and briefed on anaphylaxis management:

- two staff members trained as Anaphylaxis Supervisors (Health Centre Staff)
- those who conduct classes, field trips, excursion, events, camps, sporting and other activities attended by students with a medical condition relating to allergy and the potential for anaphylactic reaction
- any further School staff or those in an educational support role that the Principal identifies, based on an assessment of the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the School.

The School staff identified above must:

- Have successfully completed an accredited Anaphylaxis Management Training Course
- Participate in a briefing by the designated Anaphylaxis Supervisor to occur twice each calendar year, with the first briefing to be held at the beginning of the school year. The briefing will include but is not limited to:
  - ✓ the School Anaphylaxis Management Policy
  - ✓ the causes, symptoms and treatment of anaphylaxis
  - ✓ the identities of the students with a medical condition that relates to allergy and the potential for anaphylactic reaction and where their medication is located
  - ✓ information about the location, storage and accessibility of Adrenaline devices provided by the parents or purchased by the School for general use
  - ✓ the School's Anaphylaxis Emergency Response Procedures (Appendix B)
  - ✓ details of ASCIA Action Plans and where they are located within the school and during out of school activities or out-of-hours activities such as school excursions, camps and special events conducted, organised or attended by the School
  - ✓ any other current or specified anaphylaxis issues
  - ✓ how communication with staff, students and parents will occur in accordance with the School's Communications Plan

## POLICIES AND PROCEDURES

### 5.9. Annual Risk Management Checklist

The Principal, or their delegate, will complete an annual Anaphylaxis Risk Management Checklist to monitor its obligations, provided by the Victorian Registration & Qualifications Authority (VRQA). This checklist is kept in the Health Centre records.

### 6. **Implications for practice**

The School, the Board and/or the Principal must implement this policy, by ensuring that:

- this policy is endorsed on an annual basis
- copies of this policy are made available to staff members and students/parents, e.g. on the School online portal
- this policy is incorporated into the Board's/Principal's record of current policies
- this policy is incorporated into the School's induction program to ensure that all employees are aware of it, have read and understood it and acknowledge their commitment to comply with it
- periodic training, refresher sessions and competency verification are administered to all staff in accordance with this policy
- employees, contractors, visitors and volunteers ensure they will abide by this policy and assist the School in the implementation of this policy.

## POLICIES AND PROCEDURES

### Appendix A – Prevention Strategies by the School

#### CLASSROOM

- a) Keep the student's IAMP on the school offsite activities system, and the school online portal and ensure that the ASCIA Action Plan is easily accessible even if the Adrenaline device is in another nearby and specified location
- b) Liaise with parents about food-related activities ahead of time
- c) Use non-food treats where possible. If food treats are used it is recommended that parents of students with food allergies provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student
- d) Never give food from outside sources to a student who is at risk of anaphylaxis
- e) Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with that identified allergen
- f) Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes
- g) Ensure that all cooking utensils, preparations dishes, plates, etc., are washed and cleaned thoroughly after preparation of food and cooking
- h) Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food
- i) Ensure a designated staff member will inform casual relief teachers, specialist teachers and volunteers of the names of any student at risk of anaphylaxis, the location of each student's IAMP and Adrenaline device, this Policy, and each individual person's responsibility in managing an incident

#### SCHOOL YARD

- a) Staff that are responsible for yard duty are trained in the administration of the Adrenaline device and are able to respond quickly to an anaphylactic reaction
- b) The Adrenaline device and each student's IAMP are easily accessible from the yard, and staff should be aware of their exact location in the ELC/Junior School Health Centre, Middle/Senior School Health Centre or nearby specified location
- c) Yard duty staff can identify, by face, students at risk of anaphylaxis
- d) Lawns and clovers are mowed and outdoor bins covered
- e) Students keep drinks and food covered.

#### INTERNAL EVENTS (e.g. sporting events, incursions, parties)

- a) Sufficient School staff supervising the special events must be trained in the administration of an Adrenaline device to be able to respond quickly to a reaction
- b) Staff should prepare a risk assessment for the event and avoid using food in activities or games
- c) Staff should consult parents in advance to either develop an alternative food menu or request parents to send a meal for the student

## **POLICIES AND PROCEDURES**

- d) Parents of other students should be informed about foods that may cause allergic reactions to other students and request that they avoid providing their child with treats
- e) Party balloons should not be used if any student is allergic to latex.

### **SATURDAY SPORT**

- a) Sports coaches present at Saturday sport must be trained in the administration of an Adrenaline device and be able to respond quickly to an anaphylactic reaction if required
- b) Students at risk of anaphylaxis must bring their own Adrenaline device to sport; and
- c) For any sport that requires bus transportation, a generic Adrenaline Auto-injector device will be available in the accompanying first aid kit.

### **FIELD TRIPS, EXCURSIONS AND EXTERNAL SPORTING EVENTS**

- a) Sufficient School staff supervising the event must be trained in the administration of an Adrenaline Auto-injector device and be able to respond quickly to an anaphylactic reaction if required
- b) School staff should prepare a risk assessment for the event and avoid using food in activities or games, including as rewards
- c) The Adrenaline Auto-injector device and a copy of the IAMP for each student at risk of anaphylaxis should be easily accessible and School staff must be aware of their exact location throughout the trip, excursion or event
- d) A risk assessment should also be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio
- e) All School staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face
- f) School staff (Health Centre, Teacher in Charge) should consult parents of anaphylactic students in advance to discuss issues that may arise, to develop an alternative food menu, or request the parents provide a meal (if required)
- g) Prior to the excursion taking place, School staff should consult with the student's parents and medical practitioner (if necessary) to review the student's IAMP to ensure that it is up to date and relevant to the excursion activity.

### **CAMPS AND REMOTE SETTINGS**

- a) Prior to engaging a camp owner/operator's services, School staff should make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the School, then the School should consider using an alternative service provider



## POLICIES AND PROCEDURES

- b) The camp chef and culinary staff should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc
- c) School staff must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis
- d) School staff should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates
- e) School staff should consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken
- f) If School staff or parents have concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, they should also consider alternative means for providing food for those students
- g) Use of substances containing allergens should be avoided where possible
- h) Camps should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts
- i) The student's Adrenaline device, IAMP (including the ASCIA Action Plan), and a mobile phone must be taken on camp and always be accessible to School staff. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone
- j) Prior to the camp taking place School staff should consult with the student's parents to review the students IAMP to ensure that it is up to date and relevant to the circumstances of the camp
- k) School staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all school staff participating in the camp are clear about their roles and responsibilities
- l) The School will ensure contact details of emergency services are distributed to all School staff as part of the emergency response procedures developed for the camp
- m) School staff will take a generic Adrenaline Auto-injector device for general use on a school camp first aid kit, even if there is no student at risk of anaphylaxis, as a back-up device in the event of an emergency
- n) The Adrenaline Auto-injector device should remain close to the student and School staff must always be aware of its location
- o) The Adrenaline Auto-injector device should be carried in the school first aid kit, however School staff can consider allowing students, particularly senior students, to



## POLICIES AND PROCEDURES

- carry their Adrenaline device on camp. All School staff members have a duty of care towards the student even if they do carry their own Adrenaline device
- p) Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants
  - q) Cooking and art and craft games should not involve the use of known allergens; and

### OVERSEAS TRAVEL

- a) Review and consider the strategies listed above for field trips, excursions, sporting events, camps and remote settings. Where an excursion or camp is occurring overseas, the School should involve parents in discussions regarding risk management prior to the trip
- b) Investigate the potential risks at all stages of the overseas travel such as:
  - travel to and from the airport
  - travel to and from Australia (via aeroplane, ship etc)
  - various accommodation venues
  - all towns and other locations to be visited
  - sourcing safe foods at these locations; and
  - risks of cross contamination, including -
    - ✓ exposure to the foods of the other students
    - ✓ hidden allergens in foods
    - ✓ whether the table and surfaces that the student may use will be adequately cleaned to prevent a reaction
    - ✓ whether the other students will wash their hands when handling food.
- c) Assess where each of these risks can be managed using minimisation strategies such as the following:
  - translation of the student's IAMP and ASCIA Action Plan
  - sourcing of safe foods at all stages
  - obtaining the names, address and contact details of the nearest hospital and medical practitioners at each location visited
  - obtaining emergency contact details
  - sourcing the ability to purchase additional Adrenaline auto-injector devices
- d) Record details of travel insurance, including contact details for the insurer. Determine how costs associated with medication, treatment and/or alteration to the travel plans, because of an anaphylactic reaction, could be paid
- e) Plan for appropriate supervision of students at risk of anaphylaxis including if
  - there are sufficient School staff attending the excursion who have been trained in anaphylaxis management
  - there is an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are taking medication and eating food
  - there will be capacity for adequate supervision of any affected student(s) requiring medical treatment and that adequate supervision of other students will be available



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## POLICIES AND PROCEDURES

- staff/student ratios should be maintained during the trip, including in the event of an emergency where the students may need to be separated
- f) The School should re-assess its Emergency Response Procedures, and if necessary adapt it to the circumstances of the overseas trip. The School will keep a record of relevant information such as the following:
- dates of travel
  - name of airline, and relevant contact details
  - itinerary detailing the proposed destinations, flight information and the duration of the stay in each location
  - hotel addresses and telephone numbers
  - proposed means of travel within the overseas country
  - list of students and each of their medical conditions, medication and other treatment (if any)
  - emergency contact details of hospitals, ambulances, and medical practitioners in each location
  - details of travel insurance
  - plans to respond to any foreseeable emergency including who will be responsible for the implementation of each part of the plans; and
  - possession of a mobile phone or other communication device that would enable School staff to contact emergency services in the overseas country if assistance is required.

## POLICIES AND PROCEDURES

### Appendix B – School Management and Emergency Response Procedures

#### In the event of an anaphylactic reaction

##### Classroom

- the supervising staff member will administer the Adrenaline device
- note time administered
- the supervising staff member will ring 000 for medical assistance
- the supervising staff member will notify the relevant Health Centre/Reception.

##### School Yard

- the supervising staff member will administer the Adrenaline device
- note time administered
- the supervising staff member will ring 000 for medical assistance
- the supervising staff member will notify the relevant Health Centre/Reception.

##### Sports Event, Camp or Excursion

- the supervising staff member will administer the Adrenaline device
- note time administered
- the supervising staff member will ring 000 for medical assistance
- the supervising staff member will notify Reception during school hours, or the Head of School or another member of the Executive team outside of school hours.

Where possible, only School staff with training in the administration of the Adrenaline device should be administering. However, it is imperative that an Adrenaline device is administered as soon as possible after an anaphylactic reaction. Therefore, if necessary, the Adrenaline Auto-injector device may be administered by any person following the instructions in the student's ASCIA Action Plan.

Refer to Appendix C – Anaphylaxis Emergency Flowchart



## POLICIES AND PROCEDURES

### Appendix C – Anaphylaxis Emergency Flowchart (refer Appendix B for details)

#### ANAPHYLAXIS EMERGENCY FLOW CHART

