

	<h1>Oakleigh Grammar</h1>	
Policy Document Name	Anaphylaxis Management	
Date Ratified by The Board of Management	November 2023	
Date for Review	September 2026	

1. School Statement

Oakleigh Grammar will comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department of Education from time to time.

In the event of an anaphylactic reaction, the school's first aid and emergency response procedures and the student's Individual Anaphylaxis Management Plan must be followed.

2. Definition

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnership between the school and parents is important in ensuring that certain foods or items are eliminated or minimised while at school.

Adrenaline given through an EpiPen® auto-injector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

3. Purpose

- 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 the student's schooling;
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community;
- To engage with parents / carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student; and
- To ensure that staff members have adequate knowledge about allergies, anaphylaxis and the school's policies and procedures in responding to an anaphylactic reaction.

4. Individual Management Plan

The Principal will ensure that an individual management plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a Medical Practitioner as being at risk of anaphylaxis.

The individual anaphylaxis management plan will be in place as soon as practicable after the student enrolls and where possible before their first day of school.

a. The individual management plan will set out the following:

- Information about the student's medical condition that relates to an allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a written diagnosis from a Medical Practitioner);
- Strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or 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 of the person(s) responsible for implementing the strategies;
- Information on where the student's medication will be stored;
- The student's emergency contact details; and
- An Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan in colour.

b. School Staff will then implement and monitor the student's Individual Anaphylaxis Management Plan.

The student's Individual Anaphylaxis Management Plan will be reviewed by school staff, in consultation with the student's Parents /carers 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 the student has an anaphylactic reaction at School.
- When the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (e.g. class parties, elective subjects, cultural days, fetes, incursions).

c. It is the responsibility of the parent to:

- Provide the ASCIA Action Plan in colour, signed by the medical practitioner.
- Inform the School in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan;
- Provide an up to date photo for the ASCIA Action Plan when that Plan is provided to the School and when it is reviewed; and
- Provide the School with an adrenaline auto-injector EpiPen® that is current and not expired for their child.
- Provide any other medication necessary for the emergency management of anaphylaxis for their child.
- Provide an updated ASCIA annually or at a date determined by the medical practitioner.

d. It is the responsibility of the school to:

- Have an anaphylaxis policy in place;
- Liaise with parents at the start of an academic year and when deemed necessary to ensure that the students individual action plan is current;
- Follow information contained in the student's Anaphylaxis Plan;
- For staff to be able to recognise and respond to an anaphylactic reaction; and
- In the event of a reaction follow the procedures in the students' ASCIA Action plan, the school's first aid and emergency response procedures.
- Display copies of the ASCIA Action plan in the staff work room, canteen, first aid rooms, and copies given to the relevant Heads of Schools and teachers.

5. Adrenaline Auto-injectors for General Use

The Principal will ensure that the School has purchased adrenaline auto-injector(s) for General Use, and as a backup to those supplied by Parents.

The Principal will determine the number of additional adrenaline auto-injector(s) required. In doing so, the Principal will take into account the following relevant considerations:

- The number of students enrolled at the School who have been diagnosed as being at risk of anaphylaxis;
- The accessibility of adrenaline auto-injectors that have been provided by Parents of students who have been diagnosed as being at risk of anaphylaxis;
- The availability and sufficient supply of adrenaline auto-injectors for general use in specified locations at the School, at excursions, camps and special events conducted or organised by the School;
- The adrenaline auto-injectors for general use have a limited life, usually expiring within 12-18 months, and will need to be replaced at the School's expense, either at the time of use or expiry, whichever is first.

6. Storage of EpiPens

A student with an ASCIA Action Plan should have an EpiPen® adrenaline auto-injector at school. When expiry date is reached, the EpiPen® must be replaced immediately. EpiPen® adrenaline auto-injector are to be kept:

- Student's EpiPen® are located the First Aid Officer's office in a designated area with students Action plan. Action plans are also on display in the staff work area.
- Spare EpiPen® in the first aid office, Gymnasium in red bag labelled as emergency EpiPen®
- Spare EpiPen in the food technology room.
- Some students may carry their own EpiPen as discussed and identified with parents/carers and Principal.

7. Prevention Strategies

Risk minimisation for anaphylaxis is everyone's responsibility: the School Principal and all the staff, parents, students and the broader school community. School staff are reminded that they have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. Students' Anaphylaxis Management Plans will be kept, in the First Aid office, with the student's EpiPen, in the classroom medical folder, and in a pack for excursions.

Students with food allergies should never be given food from an outside source that has not been fully investigated and approved by the parent.

Name of environment/area: General	
Risk identified	Actions required to minimise the risk
School Policy Communication	<ul style="list-style-type: none"> • Sending out an information sheet to the parent community on severe allergy and the risk of anaphylaxis. • Alert parents to strategies that the school, pre-school or childcare service has in place and the need for their child to not share food and to wash hands after eating.
Name of Environment/area: Part-time educators, casual relief teachers	
Risk identified	Actions required to minimise the risk
<p>All educators need to know the identities of children at risk of anaphylaxis and should be aware of the anaphylaxis management plan at the school, preschool or childcare service.</p> <p>Some casual staff may not have received training in anaphylaxis management and emergency treatment. This needs to be considered when a teacher is chosen for a class with a child at risk of anaphylaxis and if this teacher is on playground/yard duty.</p>	<p>Suggestions to minimise the risk:</p> <ul style="list-style-type: none"> • Casual staff, who work at the School regularly, should be included in anaphylaxis training sessions. • Schools should have interim educational tools such as adrenaline autoinjector training devices and access to 'how to administer' videos available to all staff. • A free online training course for school and childcare staff is available from the ASCIA website (www.allergy.org.au). This course can also be undertaken as refresher training. ASCIA anaphylaxis e-training for childcare is ACECQA approved.
Name of Environment/area: Fundraising events/special events/cultural days	
Risk identified	Actions required to minimise the risk
<ul style="list-style-type: none"> • Accidental exposure, cross contamination • After hours auto injector access 	<ul style="list-style-type: none"> • Identify children with food allergy when planning any fundraisers, cultural days or stalls for fair/fete days, breakfast mornings etc.

	<ul style="list-style-type: none"> • Notices may need to be sent to parent community discouraging specific food products (eg. nuts) where appropriate. • Where food is for sale, a list of ingredients should be available for each food. • Where there's a function involving food on or off the school premises a risk assessment must be submitted. eg. activities such as disco/picnics, formals.
Name of environment/area: Classroom	
Risk identified	Actions required to minimise the risk
Risk of exposure to an allergen during class time/activity	<ul style="list-style-type: none"> • Teachers are to make themselves aware of the students that are anaphylactic. Plans are in staff room, first aid rooms, of the anaphylactic child and teachers are trained in emergency management of anaphylaxis. • Teachers are asked to call main reception on 9569 6128 if any emergency occurs, or send a student to the first aid office if a child is unwell. First Aid phone extension is 102 office/143 room. Staff should avoid eating foods that are the allergens in the classroom. • All Casual Relief Teaching Staff (CRT's) have a copy of the Student Medical Booklet in their CRT folder. The folder is also clearly labelled with a sticker that reads to 'call main reception for first aid assistance on 9569 6128 if a student is unwell. <p>Food rewards</p> <ul style="list-style-type: none"> • Food rewards should be discouraged and non-food rewards encouraged. • If food rewards are being used, parents or guardians should be given the opportunity to provide a clearly labelled 'treat box' for their child. <p>Class parties or birthday celebrations</p> <ul style="list-style-type: none"> • Discuss these activities with the parents or guardians of the child with allergy well in advance.

	<ul style="list-style-type: none"> • Suggest that a notice is sent home to all parents prior to the event, discouraging specific food products (e.g. nuts) where appropriate. • Teacher may ask the parent to attend the party as a 'parent helper'. • Child at risk of anaphylaxis should not share food brought in by other children. Ideally they should bring their own food. • Child can participate in spontaneous birthday celebrations by parents supplying a 'treat box' or safe cupcakes stored in the freezer in a labelled sealed container.
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Name of Environment/area: Buses/Public transport/Planes

Risk identified	Actions required to minimise the risk
Reaction to allergen on or before the bus, train or plane trip	<ul style="list-style-type: none"> • Students at risk of anaphylaxis should carry their own EpiPen in their school bag to and from school on public transport. • All drivers will carry mobile phones • The schools bus drivers should be aware of all students at risk of anaphylaxis and their action plans, as well as be trained in emergency management of anaphylaxis. • Excursions, camps and travel as part of school activity are also to have anaphylaxis details with them on transport.

Name of Environment/area: Canteen

Risk identified	Actions required to minimise the risk
Risk of exposure to an allergen in the canteen	<ul style="list-style-type: none"> • Canteen will display ASCIA action plans with photos. • All items that are known allergens are clearly identified and labelled and listed. • Opportunity for parents to contact the canteen at any time and especially at the commencement of the school year, to check the products and talk to the Canteen Manager • Staff (including volunteer helpers) educated on food handling procedures and risk of cross contamination of foods • Restriction on who serves children with food allergy when they go to the canteen.

	<ul style="list-style-type: none"> • Encourage parents or guardians of children with allergy to visit the canteen/childcare kitchen to view products available. • Students with a food allergy should pre order their food from the canteen.
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Name of environment/area: Specialist classes Food Technology/Art room/Science	
Risk identified	Actions required to minimise the risk
<p>Risk of exposure to an allergen in the food technology /science/music or art areas</p>	<p>Cooking/food technology</p> <ul style="list-style-type: none"> • Engage parents or guardians and older children in discussions prior to cooking sessions and activities using food. • Food Technology staff will have a copy of all ASCIA plans in their office. They are all trained in emergency management of anaphylaxis. • The food technology teacher is to request the details of all students allergic to a food item, at the commencement of the year and any new student into the class. They will then talk with the student and the parents to establish the risk management and what products will be cooked in food technology. • Spare Epipen® is in the Food Technology room. • Teachers to call main reception on 9569 6128 and send a student in the event of an emergency occurring, stating situation and requesting assistance. • Food technology teachers are to request a listing of all students with food allergies, and they will liaise with the Head of School and the parents of these students regarding the curriculum. • Ensure all cooking utensils in hospitality are washed and cleaned thoroughly after use. • Have regular discussions with all students and staff about the importance of washing hands, eating their own food and not sharing food. • Food is not to be shared in or out of classroom, or during recess or lunch <p>Science classroom/experiments</p> <ul style="list-style-type: none"> • Engage parents in discussion prior to experiments containing food or food products. • The Science teacher is to request the details of all students allergic to a food item, at the commencement

	<p>of the year. They will then talk with the student and the parents to establish the risk management and what products will be used within the science curriculum.</p> <ul style="list-style-type: none"> • Ensure all equipment and work areas are cleaned thoroughly after use. <p>Music</p> <ul style="list-style-type: none"> • There should be no sharing of wind instruments. (eg. recorders) • Teacher should discuss with the parent or guardian about providing the child's own instrument/s where appropriate. • Staff will have a copy of all ASCIA plans. They are all trained in emergency management of anaphylaxis. <p>Art classes</p> <ul style="list-style-type: none"> • Ensure containers used by students at risk of anaphylaxis do not contain allergens. (eg. egg white or yolk on an egg carton) • Activities such as face painting or mask making (when moulded on the face of the child), should be discussed with parents prior to the event, as products used may contain food allergens such as peanut, tree nut, milk or egg. • Care should to be taken with play dough etc. Check that nut oils have not been used in their manufacture. Discuss options with parents or guardians of wheat allergic children. If unable to use the play dough, provide an alternative material for the child to use. <p>Class rotations</p> <ul style="list-style-type: none"> • All teachers will need to consider children at risk of anaphylaxis when planning rotational activities for year level, even if they do not currently have a child enrolled who is at risk, in their class. • Heads of School will liaise with the staff and School first aid officer to collate list of students with anaphylaxis.
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Name of environment/area: School Yard	
Risk identified	Actions required to minimise the risk
Risk of exposure to an allergen at lunchtime or recess, before & after School	<ul style="list-style-type: none"> • Staff are clearly identifiable in fluoro yellow vests. They also carry their phones to contact other staff members or the office whilst on yard duty. • Spare EpiPen is located in the first aid room, gymnasium, & food technology room. • All ASCIA plans are in the Staff room with anaphylactic students EpiPen® & first aid rooms.

	<ul style="list-style-type: none"> • All staff are trained in Anaphylaxis Emergency Management • All staff have been briefed on the students that are at risk of anaphylaxis <p>Litter Duty</p> <ul style="list-style-type: none"> • Non-rubbish collecting duties are encouraged. • Students at risk of insect sting anaphylaxis should be excused from this duty due to increased risk of allergen contact. • Students at risk of food allergy anaphylaxis should either be excluded or provided with gloves or an instrument to pick up the rubbish to avoid skin contact with potential allergens. <p>Sunscreen</p> <ul style="list-style-type: none"> • Parents of children at risk of anaphylaxis should be informed that sunscreen is offered to children. They may want to provide their own as some sunscreens may contain nut oils. <p>School Gardens</p> <ul style="list-style-type: none"> • The cultivation of nut bearing crops and trees is a potential source of exposure to nut allergens. • As school gardens are considered part of the educational program, peanuts and tree nuts should be excluded from future garden plantings in future. • The presence and removal of existing nut trees should be considered as part of a risk assessment. • Consider all risks garden planning/developing, in order to reduce the risk of exposure.
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Name of environment/area: Incursions (on- site activities)/Class pets, pet visitors, school farmyard incursions/egg hatching activity

Risk identified	Actions required to minimise the risk
Exposure to allergen through incursions, class pets or animal or egg hatching activities	<p>Teaching staff will liaise with parents in regards to any incursion or calls activity involving allergen risks</p> <p>Activities involving food products</p> <ul style="list-style-type: none"> • Prior discussion with parents if incursions/on-site activities include any food activities. <p>Animals/pets</p> <ul style="list-style-type: none"> • Be aware that some animal feed contains food allergens. (eg. nuts in birdseed and cow feed, milk and egg in dog food, fish in fish food) • Have a strategy to reduce risk of the children with egg allergy coming into contact with raw egg if there are chickens in the farmyard incursion that enables them to still participate.

	<ul style="list-style-type: none"> • Exposure to animals such as domestic dogs, cats, rabbits, rats, mice, guinea pigs and horses may trigger contact rashes, allergic rhinitis (hay fever) and sometimes asthma. • Severe allergic reactions are rare but may occur, and are of potential relevance with activities such as 'show and tell', or visits to farms or zoos. Importantly, animal feed may sometimes contain food allergens (eg. nuts in birdseed and cow feed, milk and egg in dog food, fish in fish food) • If a child has an egg allergy, they may still wish to participate in activities such as hatching chickens in class, with close supervision and washing of their hands following handling of chickens.
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Name of environment/area: Excursions

Risk identified	Actions required to minimise the risk
Risk of exposure to an allergen on an excursion/special events	<ul style="list-style-type: none"> • When an excursion is being organised, staff are advised to check the Student medical booklet/first aid staff (well in advance) to see if they are taking a student who is at risk of anaphylaxis and note the confirmed allergens. Risk at that particular excursion is then assessed. Complete risk assessment. • A copy of the Student medical booklet will need to be taken by staff on all excursions. • Staff will take a spare adrenaline auto-injector EpiPen on excursions. • Staff will check and/or collect the student has their EpiPen before going on the excursion. • All staff are trained in Anaphylaxis emergency management • All staff have been briefed on the students that are at risk of anaphylaxis • Comply with excursion and first aid procedures • Carry mobile phones. Prior to event, check that mobile phone reception is available and if not, consider other forms of emergency communication (eg. walkie talkie, satellite phone). • Consider increased supervision depending on the size of the excursion/sporting event (eg. if students are split into groups at large venue such as a zoo or at large sports venue for a sports carnival). • Consider adding a reminder to all parents regarding children with allergies on the excursion/sports form and

	<p>encourage parents not to send in specific foods in lunches (eg. foods containing nuts).</p> <ul style="list-style-type: none"> • Discourage eating on buses. • Check if excursion includes a food related activity, if so discuss with the parent or guardian. • Ensure that all staff are aware of the location of the emergency medical kit containing the adrenaline auto-injector and ASCIA action plan for anaphylaxis and ensure the child at risk of anaphylaxis is in the care of the person carrying the adrenaline auto-injector. • Check that Senior School and Middle School aged students who should be carrying their adrenaline auto-injector (as agreed in the health care plan if applicable) has their adrenaline auto-injector with them.
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Name of environment/area: Camps

Risk identified	Actions required to minimise the risk
<p>Risk of exposure to an allergen on a camp</p>	<ul style="list-style-type: none"> • When a camp is being organised, camp coordinator and staff organising camp are advised to check the Student medical booklet/ first aid staff to see if they are taking a student who is at risk of anaphylaxis and note the confirmed allergens. Once this is established the camps coordinator will then complete a risk assessment of the camp. This will be undertaken four weeks prior to camp. Complete risk assessment. • Camp coordinator will then make contact with the parents to work through the risk management steps for the camp. • Camp coordinator will then make contact with the camp to work through the risk management steps, menu and emergency response for the camp. • All staff will take a copy of the Student medical booklet. • For all overnight or longer camps, the parents must fill in a separate medical form. • Staff will check that the student has their EpiPen in their bag before going on the camp. Staff will also take the students own EpiPen and a copy of the action plan. • Spare Epipen will be stored in a central location for all staff to access whilst at camp. • All staff attending are trained in Anaphylaxis Emergency Management. • All staff have been briefed on the students that are at risk of anaphylaxis. • Comply with camp and first aid procedures.

	<ul style="list-style-type: none">• School's emergency response procedures should clearly outline roles and responsibilities of the teachers in policing prevention strategies and their roles and responsibilities in the event of an anaphylactic reaction.• All teachers attending the camp should carry laminated emergency cards, detailing the location of the camp and correct procedure for calling ambulance, advising the call centre that a life threatening allergic reaction has occurred and adrenaline is required.• Staff should demonstrate correct administration of adrenaline auto-injectors using training devices (EpiPen®) prior to camp.• Consider contacting local emergency services and hospital prior to camp and advise that xx children are in attendance at xx location on xx date including child/ren at risk of anaphylaxis. Ascertain location of closest hospital, ability of ambulance to get to campsite area (eg. consider locked gates in remote areas).• Confirm mobile phone network coverage for standard mobile phones prior to camp. If no access to mobile phone network, alternative needs to be discussed and arranged.• Parents or guardians should be encouraged to provide two adrenaline auto-injectors along with the ASCIA Action plan for anaphylaxis and any other required medications whilst the child is on the camp. The second adrenaline auto-injector should be returned to the parent/guardian on returning from camp.• Teacher in charge to liaise with first aid officer to take spare auto injector.• Clear advice should be communicated to all parents or guardians prior to camp regarding what foods are not allowed.• Parents or guardians of children at risk of anaphylaxis and school staff need to communicate about food for the duration of the camp.• Parents or guardians should also communicate directly with the catering staff and discuss food options/menu, food brands, cross contamination risks to determine the safest food choices for their child.• Parents or guardians may prefer to provide all children's food for the duration of the camp. This is the safest option. If this is the case, storage and heating of food needs to be organised.
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	<ul style="list-style-type: none"> • Discussions by school staff and parents or guardians with the operators of the camp facility should be undertaken well in advance of camp. Example of topics that need to be discussed would be: • Possibility of removal of nuts from menu for the duration of the camp (if nut allergic child attending camp). • Creation of strategies to help reduce the risk of an allergic reaction where the allergen cannot be removed (eg. egg, milk, wheat). A decision may be made to remove Pavlova as an option for dessert if an egg allergic child is attending for example. • Awareness of cross contamination of allergens in general (eg. during storage, preparation and serving of food). • Discussion of the menu for the duration of the camp including morning and afternoon teas and suppers. • Games and activities should not involve the use of peanut or tree nut products or any other known allergens. • Camp organisers need to consider domestic activities that they assign to children on camp. It is safer to have the child with food allergy set tables, for example, rather than clear plates and clean up.
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Name of environment/area: Bees/wasps/stinging ants/ticks

Risk identified	Actions required to minimise the risk
Risk of exposure to an allergen through bites and stings and ticks	<p>Bees/wasps/ stinging ants</p> <ul style="list-style-type: none"> • Have honey bee and wasp nests removed by a professional. • Cover garbage receptacles that may attract stinging insects. • When purchasing plants for an existing or new garden, consider those less likely to attract bees and wasps. • Specify play areas that are lower risk and encourage the student and their peers to play in these areas (eg. away from garden beds or garbage storage areas). • Ensure students wear appropriate clothing and covered shoes when outdoors. • Be aware of bees in pools, around water and in grassed or garden areas. • Educate children to avoid drinking from open drink containers, particularly those containing sweet drinks that may attract stinging insects.

	<ul style="list-style-type: none"> Children with food and insect allergy should not be asked to pick up litter by hand. Where possible, these types of duties should not put them at increased risk of an allergic reaction. <p>Ticks</p> <p>Strategies to reduce the risk of tick exposure have been recently published. When walking or working in areas where ticks are endemic:</p> <ul style="list-style-type: none"> Wear long sleeved shirts and long pants. Tuck pants into long socks and wear a wide brimmed hat. Wear light coloured clothing, which makes it easier to see ticks. Use insect repellent to skin and clothing when walking in areas where ticks are found, particularly ones containing DEET such as Tropical RID®, Tropical Aerogard®, Bushmans® or Picaridin (OFF!®). Brush clothes to remove ticks before coming inside. Undress and check for ticks daily, checking carefully on the neck and scalp. <p>Anaphylaxis to tick bites usually occurs when the tick is disturbed, such as with scratching the bite, with attempts at deliberate removal or after application of irritant chemicals such as kerosene. If a tick bite is suspected, the tick should not be removed, but rather killed by use of an ether-containing spray to freeze dry the tick to prevent it from injecting more allergen-containing saliva. Ether-containing aerosol sprays are currently recommended for killing the tick. Aerostart® or other ether- containing sprays such as Wart-Off Freeze® and similar such as Elastoplast Cold Spray® and WartSTOP®. It should be noted that Aerostart® is not registered for use in humans and that all these products are flammable but there is long-term experience with these products, which have been shown to be very effective in treating those with serious tick allergies.</p> <p>Further information is available from: www.allergy.org.au/patients/insect-allergy-bites-and-stings/tick-allergy and www.tiara.org.au</p>
Name of Environment/area: Latex	
Risk identified	Actions required to minimise the risk
Risk of exposure to latex	<ul style="list-style-type: none"> Latex allergy is relatively rare in children, but where such individuals are identified non-latex gloves (eg. sick bay,

	<p>first aid kits, canteens, kitchens) should be made available.</p> <ul style="list-style-type: none"> • Consideration may also need to be made for non-latex swimming caps if a school specific swimming cap must be worn (eg. interschool sports carnivals). • Non-latex balloons should also be considered when there is a child enrolled with latex allergy.
Name of Environment/area: Medications	
Risk identified	Actions required to minimise the risk
Risk of exposure to a medication allergen	<ul style="list-style-type: none"> • Severe allergic reactions to medications are relatively rare in young children outside of the hospital setting. Nonetheless, documentation regarding known or suspected medication allergy should be recorded by the school/childcare on enrolment. • Any medication administered in the school setting should be undertaken in accordance with school and education and children’s services department guidelines and with the written permission of parents or guardians. • Students across the School need to be reminded that they should not share medications (eg. for period pain or headaches).
Name of Environment/area: Out of School hours care (OSHC)	
Risk identified	Actions required to minimise the risk
Risk of exposure to an allergen during OSHC	<ul style="list-style-type: none"> • OSHC services will have an adrenaline auto-injector for general use in the first aid kit. • Children at risk of anaphylaxis with a prescribed adrenaline auto-injector should have their adrenaline auto-injector with them when they attend OSHC. The practicalities of this should be discussed with the parent/guardian, particularly for younger children. • The service will also need to consider how to ensure easy access to a child’s adrenaline auto-injector whilst they are in OSHC, as well as ensuring that the child’s adrenaline auto-injector goes home with them and or remains at school • Menu options should be discussed with the parent/guardian of the child with food allergy. • Parents/guardians should be encouraged to provide a clearly labelled supply of safe snacks and treats for their child in the OSHC program. • Hand washing incorporated into program • All food areas should be cleaned effectively • Follow schools Anaphylaxis policy

8. Communication Plan

The Principal will be responsible for ensuring that a communication plan is developed to provide information to all school staff, students and parents about anaphylaxis and the school's anaphylaxis management policy.

The communication plan will include information about what steps will be taken to respond to an anaphylaxis reaction:

- During normal school activities in a classroom, in the schoolyard, in all school buildings and sites including the gymnasium and halls.
- During off-site or out of school activities, including excursions, school camps, and at special events/days conducted, organised or attended by the school.

The Principal will implement procedures to inform volunteers and casual relief staff of students with a medical condition that relates to the allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction of a student in their care.

9. Staff Training and Emergency Response

Teachers and other school staff who conduct classes that students at risk of anaphylaxis attend, or give instruction to students at risk of anaphylaxis must have up to date training in an anaphylaxis management training course.

All school staff will be trained with - *ASCIA Anaphylaxis e-training for Victorian Schools* followed by a competency check by the School Anaphylaxis Supervisor. This course is provided by ASCIA, is free for all Victorian schools and valid for two years.

The principal will ensure that two staff per school or per campus will be trained as the School Anaphylaxis Supervisor - *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC*. This course is provided by the Asthma Foundation, is free to government schools and is valid for three years.

First aid courses do **not** meet the anaphylaxis training requirements under the ministerial order 706.

At other times while the student is under the care or supervision of the School, including excursions, yard duty, camps and special event days, the Principal must ensure that there is a sufficient number of staff present who have up to date training in anaphylaxis management. The Principal in conjunction with the Heads of School will identify the school staff to be trained and ensure that training requirements are met. Training will be provided to those staff preferably at the beginning of the academic year as soon or as practicable after the student enrolls. Wherever possible training will take place before the student's first day at school. In the event that the relevant training and briefing has not occurred, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the Parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction. Training will be provided to relevant School Staff as soon as practicable after the student enrolls, and preferably before the student's first day at School.

The school's first aid procedures and student's emergency procedures plan (ASCIA Action Plan)

and emergency response procedures will be followed in responding to an anaphylactic reaction.

All staff will be updated once a semester (commencing with the start of the school year) by a staff member who has up to date anaphylaxis management training in the last twelve months by the School Anaphylaxis Supervisor on:

- The School's anaphylaxis management policy and where to locate it.
- The causes, symptoms and treatment of anaphylaxis.
- The identities of students with a medical condition that relates to allergy and the potential for an anaphylactic reaction, and where their medication is located.
- How to use an auto adrenaline auto-injector device, including hands on practice with a trainer adrenaline auto-injector.
- The school's general first aid and emergency responses procedures.
- The location of and access to adrenaline auto injectors that have been provided by parents or purchased by the school for general use.

10. Raising Students Awareness

- Student ASCIA action plans will be on display in the school in prominent locations, such as in the first aid rooms, staff room, and canteen alerting them to the risks of anaphylaxis.
- Classroom education from health centre and teaching staff and during year level assembly will reinforce the importance of:
 - Hand washing/hygiene.
 - Not sharing food, and discouraging peanut and tree nut products and other known allergens in all forms being brought into the classroom or school.
 - Raising peer group awareness of serious allergic reactions.
 - Ensuring camp and excursion groups & sporting teams are aware of peer needs in relation to people with severe medical alerts and those at risk of anaphylaxis.

11. Annual Risk Management Checklist

- The Principal will ensure the completion of an annual Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations.

Anaphylaxis is best prevented by knowing and avoiding allergens

- Children can have an anaphylactic reaction when exposed to allergens.
- Oakleigh Grammar seeks to minimize this risk by monitoring products made available to students through our Canteen and asking parents for example to avoid sending peanut butter, nutella, nut bars, any nut products, eggs or known allergens in children's lunch boxes.
- Staff will also be encouraged to refrain from eating or bringing allergens to school, particularly in the classrooms or student learning environments.

Contact details for resources and support

- Australasian Society of Clinical Immunology and Allergy (ASCI), at www.allergy.org.au provide information on allergies. Their sample Anaphylaxis Action Plan can be downloaded from this site. Contact details for Allergists may also be provided.

- Anaphylaxis Australia Inc. at www.allergyfacts.org.au is a non-profit support organisation for families with food anaphylactic children. Items such as storybooks, tapes, auto-injection device trainers and so on are available for sale from the Product Catalogue on this site. Anaphylaxis Australia Inc. provides a telephone support line for information and support to help manage anaphylaxis. Telephone 1300 728 000.
- Royal Children’s Hospital, Department of Allergy, at www.rch.org.au provides information about allergies and the services provided by the hospital. Contact may be made with the Department of Allergy to evaluate a child’s allergies and if necessary, provide an adrenaline auto-injection device prescription, as well as to purchase auto-injection device trainers. Telephone (03) 9345 5701.
- Royal Children’s Hospital Anaphylaxis Advisory Support Line provides information and support about anaphylaxis to school and licensed children’s services staff and parents. Telephone 1300 725 911
- Department of Education and Early Childhood Development website at www.education.vic.gov.au/anaphylaxis provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training.

References

Department of Education and Early Childhood Development

<http://www.education.vic.gov.au/healthwellbeing/health/anaphylaxis.htm>

Australian Society of Clinical Immunology and Allergy

<http://www.allergy.org.au/content/view/10/3/16>

www.allergy.org.au/images/scc/ASCIA_Risk_minimisation_strategies_table_030315.pdf

Relevant Legislation

Children's Services and Education Legislation (Anaphylaxis Management) Amendment Act 2008 (Vic) - 14 July 2008 Ministerial Order 706 Anaphylaxis Management in Schools – minimum standard for school registration under Part 1V of the Education and Training Reform Act.