



Purpose

To explain to Hester Hornbrook Academy parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensuresthat Hester Hornbrook Academy is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management as published and amended by the Department of Education and Training from time to time.

Scope

This policy applies to:

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

Policy

HHA works together to support the delivery of programs and services in predictable, transparent and healing oriented ways. Our guidelines uphold the dignity, wellbeing, connectedness and self-determination of people and communities.

HHA is a Child safe organisation and child safety is at the forefront of our program delivery. Our guidelines ensure that Child Safety is a primary part of everyday thinking and practice. All employees and volunteers have an obligation to ensure we keep children safe from harm and abuse.

School Statement

Hester Hornbrook Academy will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training. HHA will fully comply with guidelines related to anaphylaxis management in schools as published by the Department of Education and Training.

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.

Symptoms

Signs and symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts





· tingling in the mouth.

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

- difficult/noisy breathing
- swelling of tongue
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- student appears pale or floppy
- abdominal pain and/or vomiting.

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen, but can appear within a few minutes.

Treatment

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans:

All students at Hester Hornbrook Academy who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the Principal of Hester Hornbrook Academy is responsible for developing a plan in consultation with the student's parents/carers.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrols at Hester Hornbrook Academy and where possible, before the student's first day.

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a
 copy to the school as soon as practicable immediately inform the school in writing if there is a
 relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for
 Anaphylaxis
- provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis when that penis provided to the school and each time it is reviewed
- provide the school with a current adrenaline autoinjector for the student that has not expired
- participate in annual reviews of the student's plan.

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has
- information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner
- strategies to minimise the risk of exposure to known allergens while the student is under the care





or supervision of school staff, 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 risk minimisation strategies, which have been identified in the Plan
- information about where the student's medication will be stored
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

Review and updates to Individual Anaphylaxis Management Plans

A student's Individual Anaphylaxis Management Plan will be reviewed and updated on an annual basis in consultation with the student's parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

- as soon as practicable after the student has an anaphylactic reaction at school
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

Our school may also consider updating a student's Individual Anaphylaxis Management Plan if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

Location of plans and adrenaline autoinjectors:

Locations of plans at Hester Hornbrook Academy during on site activities include:

- Sunshine Campus Administration Office and First Aid Room
- City Campus First Aid Station
- Prahran Campus First Aid Station
- Online HHA All Staff Team, Documents, General, First Aid at HHA, Student Medical Management Plans.

For when students will not keep their adrenaline autoinjectors on their person:

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the campuses applicable to the student:

- The First Aid Room- Sunshine Campus
- o The First Aid Station -City Campus
- The First aid Station Prahran Campus
- Online HHA All Staff Team, Documents, General, First Aid at HHA, Student Medical Management Plans

Together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.





For when students will keep their adrenaline autoinjectors on their person:

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the campuses applicable to the student:

- The First Aid Room- Sunshine Campus
- The First Aid Station -City Campus
- The First aid Station Prahran Campus
- Online HHA All Staff Teams, Documents, General, First Aid at HHA, Student Medical Management Plans

Students are encouraged to keep their adrenalineautoinjectors on their person. Adrenaline autoinjectors for general use are available at the above listed First Aid Room /First Aid Station's and are labelled "general use".

For where some students keep their adrenaline autoinjectors on their person and others store them elsewhere:

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the campuses applicable to the student:

- The First Aid Room- Sunshine Campus
- The First Aid Station -City Campus
- The First aid Station Prahran Campus
- Online HHA All Staff Teams, Documents, General, First Aid at HHA, Student Medical Management Plans

Whilst some students keep their adrenaline autoinjector on their person, medication for those that do not will be stored and labelled with their name at the above listed First Aid Room/Stations, together with adrenaline autoinjectors for general use.

During off site or out of school activities including on excursions, school camps and at special events conducted ,organised or attended by the school, individual anaphylaxis management plans and ASCIA Action Plans will be located with the supervising staff members or the designated first aid staff member/s attending the activity with the excursion /camps first aid kit.

Adrenaline autoinjectors for general use:

Hester Hornbrook Academy will maintain a supply of adrenaline autoinjector(s) for general use, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first time reaction at school.

Adrenaline autoinjectors for general use will be stored at:





The First Aid Room- Sunshine Campus

The First Aid Station -City Campus

The First Aid Station – Prahran Campus

HEAT Kitchens – Sunshine and Prahran

and labelled "general use".

The Principal is responsible for arranging the purchase of adrenaline autoinjectors for general use, and will consider:

- the number of students enrolled at Hester Hornbrook Academy at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors supplied by parents
- the availability of a sufficient supply of autoinjectors for general use in different locations at the stod as well as at camps, excursions and events
- the limited life span of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors to be replaced when used or prior to expiry.

Risk Minimisation Strategies:

HHA 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. The development and implementation of prevention strategies to minimise the risk of incidents of anaphylaxis is an important step in satisfying this duty of care.

If HHA has a student who is at risk of anaphylaxis, supervising staff will be trained in the administration of the Adrenaline Auto-injector (i.e. EpiPen ®).

All HHA Staff will be familiar with this Policy, the names of any students attending their site that are at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Autoinjector (i.e. EpiPen ®) and each person's responsibility in managing an anaphylaxis incident, e.g. seeking a trained staff member.

Precautions that HHA Staff will take in specific settings are listed below.

Peanuts and nuts are the most common trigger for an anaphylactic reaction or fatality due to food-induced anaphylaxis. It is recommended that school activities don't place pressure on students to try foods, whether they contain a known allergen or not. Blanket banning of nuts or other foods associated with anaphylaxis and allergies is not recommended because:

- it can create complacency amongst staff and students
- it cannot eliminate the presence of all allergens.

To reduce the risk of a student suffering from an anaphylactic reaction at Hester Hornbrook Academy, we have put in place the following strategies:

- staff and students are regularly reminded to wash their hands after eating;
- students are discouraged from sharing food





- garbage bins at school are to remain covered with lids to reduce the risk of attracting insects
- gloves must be worn when picking up papers or rubbish
- school chef and kitchen staff are trained in appropriate food handling to reduce the risk of crosscontamination
- Class groups will be informed of allergens that must be avoided in advance, distribute or birthdays
- a general use EpiPen will be stored at the Campus First Aid Room/Station, and in HEAT Kitchens Sunshine and Prahran.
- Planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, appropriate number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending.

During all activities (onsite and offsite), including usual classroom activities

- In the event of an anaphylaxis emergency, HHA's emergency response procedures, general first aid procedures, and the student's ASCIA Action Plan must be followed. Ensuring this is complied with is the responsibility of the HHA Principal.
- If HHA has a student at risk of anaphylaxis, sufficient staff supervising students will be trained in the administration of an Adrenaline Auto-injector (i.e. EpiPen ®) and be able to respond to an anaphylactic reaction if required. Ensuring this is complied with is the responsibility of the HHA Principal.
- Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom.
- Be sure the ASCIA Action Plan is easily accessible even if the Adrenaline Auto-injector is kept in another location.
- Liaise with parents about food-related activities ahead of time.
- Use non-food treats where possible, but if food treats are used in class it is recommended that Parents/Guardian/Carers of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
- Never give food from outside sources to a student who is at risk of anaphylaxis.
- Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.
- 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 milk or egg allergy and so forth.
- Be aware of the possibility of hidden allergens when using recycled materials (egg cartons, peanut butter jars).
- Ensure all cooking and preparation utensils etc. are washed and cleaned thoroughly after use.
- Remind students about the importance of washing hands, eating their own food and not sharing food.

Outside of class time (including between classes and before and after school)

- Each student's Adrenaline Auto-injector (i.e. EpiPen ®) and Individual Anaphylaxis Management Plan will be easily accessible from outside, and HHA Staff will be aware of their exact location for an immediate response. See- Locations Of Plans and Adrenalin Auto Injectors
- A Communication Plan will be in place to enable quick access to the student's medical information and medication if a reaction occurs outside.
- HHA Supervising Staff will carry walkie talkies or mobile phones.





- All HHA Staff will be aware of HHA's Emergency Response Procedures.
- HHA Supervising Staff will be able to identify, by face, students who are at risk of anaphylaxis.
- Students with anaphylactic responses to insects will be encouraged to stay away from water or flowering plants and be encouraged to wear closed shoes, long-sleeved garments and avoid wearing bright colours when outdoors.
- HHA will keep lawns and clover mowed and outdoor bins covered.
- HHA Staff and students will be encouraged to have drinks and food covered while outdoors.

Special Events including excursions, incursions and sports

- If HHA has a student at risk of anaphylaxis, sufficient staff supervising a special event will be trained in the administration of an Adrenaline Auto-injector (i.e. EpiPen ®) and be able to respond to an anaphylactic reaction if required.
- An HHA Staff member trained in the recognition of anaphylaxis and the administration of the Adrenaline Auto-injector (i.e. EpiPen ®) will accompany any student at risk of anaphylaxis on offsite trips or excursions.
- Each student's Adrenaline Auto-injector (i.e. EpiPen ®) and Individual Anaphylaxis Management Plan will be easily accessible, and HHA Staff will be aware of their exact location for an immediate response. See-Locations Of Plans and Adrenalin Auto Injectors
- HHA will ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur while travelling on an excursion bus. This includes the availability and administration of an Adrenaline Auto-injector (i.e. EpiPen®/®) and a copy of the student's Individual Anaphylaxis Management Plan.
- For each excursion etc an assessment of risk will be undertaken for each individual student attending who is at risk of anaphylaxis. Some factors considered will be the number of anaphylactic students attending, the nature/structure of the excursion, staff-student ratios, size of the venue and distance from medical assistance.
- HHA Supervising Staff will be able to identify anaphylactic students at risk of anaphylaxis by face.
- Prior to an excursion taking place, teachers will consult with the student's Parents/Guardians/Carers to confirm that the student's Individual Anaphylaxis Management Plan is up to date and relevant to the particular excursion.
- HHA Staff will avoid using food in activities or games, including as rewards.

Camps and remote settings

- In the event of an anaphylaxis emergency at a camp or remote setting, the HHA or remote site's emergency response procedures, general first aid procedures, and the student's ASCIA Action Plan must be followed. Ensuring this is complied with is the responsibility of the HHA Principal.
- If HHA has a student at risk of anaphylaxis, sufficient staff supervising a camp will be trained in the administration of an Adrenaline Auto-injector (i.e. EpiPen®/®) and be able to respond to an anaphylactic reaction if required. Ensuring this is complied with is the responsibility of the HHA Principal.
- Prior to booking a camp, HHA Staff will confirm that the camp owner/operator can provide food that is safe for anaphylactic students. If not, an alternative venue will be sought.





- Staff cooking for students whilst on camp must demonstrate satisfactory training in food allergen management and food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
- HHA Staff will not sign any written disclaimer or statement from a camp provider that indicates
 they are unable to provide food which is safe for students at risk of anaphylaxis. The duty of care
 to protect students from reasonably foreseeable injury cannot be delegated.
- The HHA Principal is responsible for ensuring that a risk assessment is conducted and a risk
 management strategy is developed for students at risk of anaphylaxis in consultation with
 Parents/Guardian/Carers of students at risk of anaphylaxis and the camp provider prior to the
 camp. A risk management strategy will identify the processes in place to address an anaphylactic
 reaction should it occur.
- Use of substances containing allergens will be avoided, particularly in cooking or art and craft games.
- A student's Adrenaline Auto-injector (i.e. EpiPen®/), Individual Anaphylaxis Management Plan and ASCIA Action Plan and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.
- Prior to the camp, HHA Staff should consult with the student's Parents/Guardians/Carers to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the camp activities.
- HHA Staff participating in the camp will be clear about their roles and responsibilities in the event
 of an anaphylactic reaction, and ensure the camp provider has appropriate emergency response
 procedures in place.
- HHA Staff will contact local emergency services and hospitals prior to the camp. They will advise
 the full medical conditions of students at risk, the location of the camp and the location of any
 off-camp activities. The will ensure contact details of emergency services are distributed to all
 Staff as part of the emergency response procedures developed for the camp.
- HHA Staff will always take a back-up Adrenaline Auto-injector (i.e. EpiPen®/®) for General Use on a camp.
- The Adrenaline Auto-injector (i.e. EpiPen®/®) for General Use will be carried in the first aid kit; however, students at risk may carry their own Adrenaline Auto-injector on camp.
- Students with anaphylactic responses to insects will be encouraged to always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
- As no HHA Sites have a canteen, the suggested precautions for canteens have not been included.

Emergency Response

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school's general first aid procedures, emergency response procedures and the student's Individual ASCIA Action Plan.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the staff member in charge of the First Aid across Hester Hornbrook Academy, and stored at

- Campus First Aid Rooms and Stations
- Administration Office Sunshine





 Online- HHA All Staff Teams, Documents, General, First Aid at HHA, Student Medical Management Plans

For camps, excursions and special events, a designated staff member will be responsible formaintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

Step	Action
1.	 Lay the person flat Do not allow them to stand or walk If breathing is difficult, allow them to sit Be calm and reassuring Do not leave them alone
2.	 Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored at: Campus First Aid Room/Stations Administration Office Sunshine OR online - Look to HHA All Staff Teams, Documents, General, First Aid at HHA, Student Medical Management Plans If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5
3.	Administer an EpiPen or EpiPen Jr (if the student is under 20kg) Remove from plastic container Form a fist around the EpiPen and pull off the blue safety release (cap) Place orange end against the student's outer mid-thigh (with or without clothing) Push down hard until a click is heard or felt and hold in place for 3 seconds Remove EpiPen Note the time the EpiPen is administered Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration
4.	Call an ambulance (000)
5.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.
6.	Contact the student's emergency contacts.

If a student appears to be having a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2-5 as above.

Communication Plan:

This plan will be available on Hester Hornbrook Academy Website and as Appendix 1 so that parents and other members of the school community can easily access information about anaphylaxis management





procedures. The parents and carers of students who are enrolled at Hester Hornbrook Academy and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

The Principal is responsible for ensuring that all relevant staff, including casual relief staff, andvolunteers are aware of this plan and Hester Hornbrook Academy's procedures for anaphylaxis management. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this plan, their role in responding to an anaphylactic reaction and where required, the identity of students at risk.

The Principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's <u>Anaphylaxis Guidelines</u>.

Staff training:

The Principal will ensure that the following school staff are appropriately trained in anaphylaxis management in accordance with clause 12.1

- School staff who conduct classes attended by students who are at risk of anaphylaxis
- School staff who conduct specialist classes such as PE staff, Admin staff, first aidersand any other member of school staff as required by the Principal based on a risk assessment.

All Staff who are required to undertake training must have completed:

- Australasian Society of Clinical Immunology and Allergy ASCIA e-training every 2 years
- Followed by an assessment of a person's competency in the administration of an adrenaline autoinjector by a nominated staff member who has completed Verifying the Correct Use of Adrenaline Injector Devices 22579VIC every 3 years
- Or by completing the 22578VIC or 110710NAT course every 3 years

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year (with the first briefing to be held at the beginning of the school year), facilitated by a staff member who has successfully completed an Anaphylaxis Supervisor course 22579VIC every 3 years. The briefing will address:

- this policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located
- how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

Upon enrolment, a new student at Hester Hornbrook Academy who is at risk of anaphylaxis, the Principal will developan interim plan in consultation with the student's parents and ensure that appropriate staff are trained andbriefed as soon as possible.

A record of staff training courses and briefings will be maintained in staff files in the General Office and maintained and recorded by office staff.

The Principal will ensure that while students at risk of anaphylaxis are under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special event days, there is a sufficient number of school staff present who have been trained in





anaphylaxis management.



Supporting Material

Appendix 1:

Anaphylaxis Communication Plan

This plan should be read in conjunction with the HHA Anaphylaxis Management Policy.

1. Purpose and Responsibility

- The purpose of this Anaphylaxis Communication Plan is to clearly outline how HHA will communicate its anaphylaxis commitments, procedures and risk management strategies to all staff, students, parents/guardians/carers and the HHA community.
- The responsibility for writing, updating and ensuring compliance with this plan rests with the HHA Principal.
- 2. How to Respond to an Anaphylaxis Incident

In the event of an Anaphylactic reaction during normal school activities including in the classrooms, in and around school buildings and sites including gymnasiums:

Step box 1

- Lay the person flat
- Do not allow them to stand or walk
- If breathing is difficult, allow them to sit
- Be calm and reassuring
- Do not leave them alone

Step box 2

- Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored at:
- Campus First Aid Room/Stations
- Administration Office Sunshine
- OR online Look to HHA All Staff Teams, Documents, General, First Aid at HHA, Student Medical Management Plans
- If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow step boxes 3 to 6

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Step box 3

Administer an EpiPen or EpiPen Jr (if the student is under 20kg)

- Remove from plastic container
- Form a fist around the EpiPen and pull off the blue safety release (cap)
- Place orange end against the student's outer mid-thigh (with or without clothing)
- Push down hard until a click is heard or felt and hold in place for 3 seconds
- Remove EpiPen
- Note the time the EpiPen is administered
- Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration

Step box 4

Call an ambulance (000)

Step Box 5

If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.

Step Box 6

Contact HHA Principal and the student's emergency contacts.

In the event of an Anaphylactic reaction during off site or out of school activities including excursions, school camps, and at special events conducted, organised or attended by the school: Respond as per above using Step box 2A as per below:

Step Box 2A

- Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored at:
- Carried with Supervising Excursion Staff member or First Aid staff member with Camps/Excursions First Aid kit.
- OR if access to online Look to HHA All Staff Teams, Documents, General, First Aid at HHA, Student Medical Management Plans
- If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5

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Raising Staff Awareness

- HHA Staff must be briefed at least twice per year by a staff member who has successfully completed every 3 years Verifying the Correct Use of Adrenaline Injector Devices 22579VIC
- The HHA Principal is responsible for ensuring that all casual relief staff, volunteers and new HHA
 Staff (including administration and office staff, sessional teachers, contractors and specialist
 teachers) are briefed about what is contained in the HHA Anaphylaxis Management Policy and their
 role in responding to an anaphylactic reaction by a student in their care before they supervise
 students at risk of anaphylaxis.

Raising Student Awareness

- HHA Staff must raise student awareness about the potential for anaphylactic reactions through posters and fact sheets displayed in public areas of HHA Sites, and through class discussions, focussed on these key messages:
 - Always take food allergies seriously severe allergies are no joke.
 - Don't share your food with friends who have food allergies.

Wash your hands after eating.

- Know what your friends are allergic to.
- If a friend becomes sick, get help immediately even if the friend does not want to.
- Be respectful of a friend's Adrenaline Auto-injector (i.e. EpiPen ®).
- Don't pressure your friends to eat food that they are allergic to.
- HHA Staff must be made aware that bullying of students at risk of anaphylaxis can occur in the form of teasing, tricking a student into eating a particular food or threatening a student with the substance that they are allergic to, such as peanuts. HHA Staff will talk to the students involved so they are aware of the seriousness of an anaphylactic reaction. Any attempt to harm a student diagnosed at risk of anaphylaxis will be treated as a serious and dangerous incident and dealt with in line with the HHA Bullying & Harassment Policy.

Working with Parents/Guardians/Carers of Students at Risk of Anaphylaxis

- HHA are aware of the particular anxieties parents/guardians/carers of students at risk of anaphylaxis might face in sending the student to HHA.
- To mitigate this, HHA Staff will ensure they have an open and cooperative relationship with these parents/guardians/carers so that they can feel confident that appropriate management strategies are in place.
- This anxiety will be further mitigated by increased education, awareness and support from the HHA community.
 - At the time of enrolment or (if later) diagnosis, all staff members will familiarise themselves
 with the medical needs of the student with anaphylaxis. It is expected that parents will advise
 the school without delay when a student is diagnosed by a medical practitioner as being at

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risk of anaphylaxis. An Australian Society of Clinical Immunology and Allergy (ASCIA) anaphylaxis Action Plan will be developed for each student affected by their medical practitioner, and placed in the First Aid Room/Station, Administration Office Sunshine, Online- HHA All Staff Teams, Documents, General, First Aid at HHA, Student Medical Management Plans

Raising HHA Community Awareness

- HHA Community awareness about anaphylaxis will be raised through inclusion of the HHA
 Anaphylaxis Management Policy on the HHA website, and regular inclusion of anaphylaxis
 issues in the HHA newsletter.
- This awareness can take the form of information sheets such as those published on the Royal Children's Hospital website here:
 www.rch.org.au/allergy/parent information sheets/Parent Information Sheets/

Individual Anaphylaxis Action Plans (ASCIA)

A student's Individual Anaphylaxis Action Plan will be in place as soon as practicable after the student enrols and where possible before their first day of school.

This should include:

- Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner);
- Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out-of-school settings including camps and excursions;
- The name of the person/s responsible for implementing the strategies;
- The student's emergency contact details; and
- Information on where the student's medication will be stored.

Excursions and Camps

- Prior to leaving the school on an excursion (including camp), the classroom teacher will ensure
 that the student with anaphylaxis has an up-to-date ASCIA Action Plan and a current EpiPen.
 The student's EpiPen, ACSIA Action Plan and a spare EpiPen (supplied by parents) will be taken
 to the off-site event.
- In the event of an anaphylactic reaction away from school, the teacher is to immediately implement the student's emergency ASCIA Action Plan, call an ambulance, and then notify the school. The principal and assistant principal should be notified without delay. They will arrange for parents or guardians to be notified and for appropriate reports to be made.

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Post-incident Action

It is expected that after an incident has occurred and has been resolved, that staff members involved will engage in the following activities:

- Completion of an Incident Report in HHA's Risk Management Database (RiskMan) form including full details of the event and what occurred;
- Collection of the student's personal effects (if the student is transported by ambulance and does not have them) for return to school (if required);
- Debrief with students directly involved as witnesses to the event;
- Debrief of staff involved;
- Communication with the Principal and Deputy Principal as appropriate regarding the particulars of the incident, actions taken and outcomes;
- Discuss with parents/guardians/carers (later) what occurred and ask them to seek medical advice on how it may be prevented in future (the Principal or Deputy Principal);
- Review the student's individual management plan (the principal/assistant principal and First Aid Coordinator); and

Implement updated risk prevention strategies (where applicable).

melbourne city mission



HHA Anaphylaxis Policy

Appendix 2

Department of Education (Vic) – Anaphylaxis Annual Risk Management Checklist

Annual risk management checklist

(must be completed by the Principal at the start of each year)

Date of review:		
Who completed this checklist?	Name:	
this checklise.	Position:	
Review given to:	Name	
	Position	
Comments:		
General information		
1. How many curre	ent students have been diagnosed as being at risk of anaphylaxis, and	
	cribed an adrenaline autoinjector?	
have been preso		
have been presonable. 2. How many of the	ribed an adrenaline autoinjector?	☐ Yes ☐ No
 have been presonant. How many of them. Have any student. 	ese students carry their adrenaline autoinjector on their person?	☐ Yes ☐ No
 have been presonant. How many of them. Have any student. a. If Yes, how. 	ese students carry their adrenaline autoinjector on their person? Ints ever had an allergic reaction requiring medical intervention at school?	☐ Yes ☐ No
 have been presonant. How many of them. Have any student. If Yes, how. Have any student. 	ese students carry their adrenaline autoinjector on their person? Ints ever had an allergic reaction requiring medical intervention at school? Intervention at school?	
 have been presonant. How many of them. Have any student. If Yes, how. Have any student. 	ese students carry their adrenaline autoinjector on their person? Its ever had an allergic reaction requiring medical intervention at school?	
have been presonant to the second of the sec	ese students carry their adrenaline autoinjector on their person? Its ever had an allergic reaction requiring medical intervention at school?	
have been presonant to the second of the sec	ese students carry their adrenaline autoinjector on their person? Its ever had an allergic reaction requiring medical intervention at school? Intervention at school?	☐ Yes ☐ No





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:	☐ Yes ☐ No
 online training (ASCIA anaphylaxis e-training) within the last 2 years, or 	
 accredited face to face training (22300VIC or 10313NAT) within the last 3 years 	?
8. Does your school conduct twice yearly briefings annually?	☐ Yes ☐ No
If no, please explain why not, as this is a requirement for school registration.	
9. Do all school staff participate in a twice yearly anaphylaxis briefing?	☐ Yes ☐ No
If no, please explain why not, as this is a requirement for school registration.	
10. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools:	☐ Yes ☐ No
 a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)? 	
b. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen®) within 30 days of completing the ASCIA Anaphylaxis e- training for Victorian Schools?	☐ Yes ☐ 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?	☐ Yes ☐ No
12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	st
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?	of
	☐ Yes ☐ No
a. During classroom activities, including elective classes	
b. In canteens or during lunch or snack times	☐ Yes ☐ No
c. Before and after school, in the school yard and during breaks	☐ Yes ☐ No
d. For special events, such as sports days, class parties and extra-curricular activities	☐ Yes ☐ No
e. For excursions and camps	☐ Yes ☐ No
f. Other	☐ Yes ☐ 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)?	☐ Yes	□ No
	a. Where are the Action Plans kept?		
15.	Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student?	☐ Yes	☐ 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?	☐ Yes	□ No
SEC	TION 3: Storage and accessibility of adrenaline autoinjectors		
17.	Where are the student(s) adrenaline autoinjectors stored?		
18.	Do all school staff know where the school's adrenaline autoinjectors for general use are stored?	☐ Yes	□ No
19.	Are the adrenaline autoinjectors stored at room temperature (not refrigerated) and out of direct sunlight?	☐ Yes	□ No
20.	Is the storage safe?	☐ Yes	□ No
21.	Is the storage unlocked and accessible to school staff at all times?	☐ Yes	☐ No
Con	nments:		
22.	Are the adrenaline autoinjectors easy to find?	☐ Yes	☐ No
Con	nments:		
23.	Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline autoinjector?	☐ Yes	□ 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?	☐ Yes	□ No
25.	Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis?	☐ Yes	□ No
Wh	0?		
26.	Are there adrenaline autoinjectors which are currently in the possession of the school which have expired?	☐ Yes	□ No
27.	Has the school signed up to EpiClub (optional free reminder services)?	☐ Yes	□ 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?	☐ Yes ☐ 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)?	☐ Yes ☐ No
30.	Where are these first aid kits located?	
	Do staff know where they are located?	☐ Yes ☐ No
31.	Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	☐ Yes ☐ No
32.	Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	☐ Yes ☐ No
SEC	TION 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?	☐ Yes ☐ 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.	☐ Yes ☐ No
35.	Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	☐ Yes ☐ No
SEC	TION 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?	☐ Yes ☐ No
37.	Do school staff know when their training needs to be renewed?	☐ Yes ☐ No
38.	Have you developed emergency response procedures for when an allergic reaction occurs?	☐ Yes ☐ No
	a. In the class room?	☐ Yes ☐ No
	b. In the school yard?	☐ Yes ☐ No
	c. In all school buildings and sites, including gymnasiums and halls?	☐ Yes ☐ No
	d. At school camps and excursions?	☐ Yes ☐ No
	e. On special event days (such as sports days) conducted, organised or attended by the school?	☐ Yes ☐ No





39. Does your plan include who will call the ambulance?	☐ Yes ☐ No
40. Is there a designated person who will be sent to collect the student's adrenal autoinjector and individual ASCIA Action Plan for Anaphylaxis?	line
41. Have you checked how long it takes to get an individual's adrenaline autoinje	
corresponding individual ASCIA Action Plan for Anaphylaxis to a student expe anaphylactic reaction from various areas of the school including:	eriencing an
a. The class room?	☐ Yes ☐ No
b. The school yard?	☐ Yes ☐ No
c. The sports field?	☐ Yes ☐ No
d. The school canteen?	☐ Yes ☐ No
42. On excursions or other out of school events is there a plan for who is response ensuring the adrenaline autoinjector(s) and Individual Anaphylaxis Managem (including the ASCIA Action Plan) and the adrenaline autoinjector for general correctly stored and available for use?	nent Plans
43. Who will make these arrangements during excursions?	
44. Who will make these arrangements during camps?	
45. Who will make these arrangements during sporting activities?	
46. Is there a process for post-incident support in place?	☐ Yes ☐ No
47. Have all school staff who conduct classes attended by students at risk of ana any other staff identified by the principal, been briefed by someone familiar school and who has completed an approved anaphylaxis management course years on:	with the
a. The school's Anaphylaxis Management Policy?	☐ Yes ☐ No
b. The causes, symptoms and treatment of anaphylaxis?	☐ Yes ☐ No
c. The identities of students at risk of anaphylaxis, and who are prescribed adrenaline autoinjector, including where their medication is located?	an Yes No
d. How to use an adrenaline autoinjector, including hands on practice with adrenaline autoinjector?	a trainer
e. The school's general first aid and emergency response procedures for all and out-of-school environments?	in-school Yes No
f. Where the adrenaline autoinjector(s) for general use is kept?	☐ Yes ☐ No





g. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	☐ Yes ☐ No
SECTION 6: Communication Plan	
48. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?	e
a. To school staff?	☐ Yes ☐ No
b. To students?	☐ Yes ☐ No
c. To parents?	☐ Yes ☐ No
d. To volunteers?	☐ Yes ☐ No
e. To casual relief staff?	☐ Yes ☐ No
49. Is there a process for distributing this information to the relevant school staff?	☐ Yes ☐ No
a. What is it?	
50. How will this information kept up to date?	
51. Are there strategies in place to increase awareness about severe allergies among studen for all in-school and out-of-school environments?	ts Yes No
52. What are they?	





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