

# St Charles Borromeo Anaphylaxis Policy



MELBOURNE  
ARCHDIOCESE  
CATHOLIC SCHOOLS



St Charles Borromeo is a school which operates with the consent of the Catholic Archbishop of Melbourne and is owned, operated and governed by Melbourne Archdiocese Catholic Schools (MACS).

## Purpose

St Charles Borromeo seeks to provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis are provided with reasonable adjustments. The school seeks to facilitate the safe participation of all students in the educational experiences offered by the school. Where students are known to be at risk of anaphylaxis, St Charles Borromeo requires parents/guardians/carers to provide relevant information to enable them to carry out their duty of care obligations. St Charles Borromeo requires the active engagement of parents/guardians/carers in the provision of up to date to Anaphylaxis Management Plans (ASCI Action Plan) that comply with Ministerial Order 706 St Charles Borromeo's processes reflect the associated guidelines published by the Victorian government to support implementation of Ministerial Order 706 in all Victorian schools.

The Victorian guidelines on anaphylaxis management include information on anaphylaxis including:

- legal obligations of schools in relation to anaphylaxis
- School Anaphylaxis Management Policy
- staff training
- Individual Anaphylaxis Management Plans
- risk minimisation and prevention strategies
- school management and emergency responses
- adrenaline autoinjectors for general use
- Communication Plan
- Risk Management Checklist

## Scope

This policy applies to:

- all staff, including casual relief staff and volunteers
- all students who have been diagnosed as at risk of anaphylaxis or who may require emergency treatment for anaphylactic reaction
- parents/guardians/carers of students who have been diagnosed as at risk of anaphylaxis or who may require emergency treatment for anaphylactic reaction

## Definitions and terms

**The Act** is the Education and Training Reform Act 2006 (Vic).

**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, lupin and certain insect stings (particularly bee stings).

**ASCI** is an acronym, short for Australasian Society of Clinical Immunology and Allergy, the peak professional body of clinical immunology and allergy in Australia and New Zealand.

**ASCIA Action Plan** is the plan that is a nationally recognised action plan for anaphylaxis developed by ASCIA. These [plans](#) are device specific; that is, they list the student's prescribed adrenaline autoinjector (e.g. EpiPen®, EpiPen® Jr, Anapen® or Anapen Jr®) and must be completed by the student's medical practitioner. Should a different adrenaline autoinjector become available in Australia, then a different ASCIA Action Plan specific to that device would be developed. This plan is one of the components of the student's Individual Anaphylaxis Management Plan.

**Autoinjector** is an adrenaline autoinjector device, approved for use by the Australian Government Therapeutic Goods Administration, which can be used to administer a single pre-measured dose of adrenaline to those experiencing a severe allergic reaction (anaphylaxis).

**The Department** is the Victorian Department of Education and Training.

**The Guidelines** are the Anaphylaxis Guidelines – A resource for managing severe allergies in Victorian schools, published by the Department of Education and Training for use by all schools in Victoria and updated from time to time.

**Online training course** is the ASCIA Anaphylaxis e-training for Victorian Schools approved by the Secretary pursuant to clause 5.5.4 of Ministerial Order 706.

**Ministerial Order 706** is Ministerial Order 706: Anaphylaxis Management in Victorian Schools which outlines legislated requirements for schools and key inclusions for their Anaphylaxis Management Policy.

## Procedures

St Charles Borromeo will engage with the parents/carers of students at risk of anaphylaxis to develop risk minimisation strategies and management strategies. The principal will also take reasonable steps to ensure each staff member has adequate knowledge about allergies, anaphylaxis and the school's expectations in responding to an anaphylactic reaction. The principal will purchase additional adrenaline autoinjectors for general use. They will decide on the type or brand of adrenaline autoinjector that is purchased for general use. These will be stored in the sick bay/first aid room and/or in the school's portable first aid kit as required.

As reflected in Ministerial Order 706 and the school's enrolment agreement, parents/guardians/carers are required to provide the school with up to date medical information to enable the school to carry out its duty of care. Parents/guardians/carers are responsible for the provision of an updated Individual Action Plan (ASCIA Action Plan) signed by the treating medical practitioner together with a recent photo of their child and any medications and autoinjectors referenced in the plan and recommended for administration. Parents/guardians/carers are also responsible for replacing the recommended medication and/or autoinjectors prior to their expiry date. The principal will ensure the storage and display of completed ASCIA Action Plans to facilitate access for staff e.g. in staff working areas, sick bay and class teacher manuals. Parents/guardians/carers must participate in an annual Program Support Group meeting to revise their child's anaphylaxis management plan and update the plan based on medical advice.

### 1. Individual Anaphylaxis Management Plans

The principal will ensure that all students who have been diagnosed by a medical practitioner as being at risk of anaphylaxis have an Individual Anaphylaxis Management Plan developed in consultation with the student's parents/guardians/carers. These plans will be updated:

- annually
- when the student's medical condition changes
- as soon as possible after a student has an anaphylactic reaction at school
- when a student is to participate in an off-site excursion or special event organised or attended by the school.

St Charles Borromeo will require the plan to be in place as soon as practicable after the student is enrolled and where possible before their first day of school. An interim management plan will be put into place for a student who is diagnosed with anaphylaxis after enrolment at the school until the Plan is developed. The principal or delegate will develop an interim plan in consultation with parents. Training and a briefing will occur as soon as possible after the interim plan is developed.

The Individual Anaphylaxis Management Plan will comply with Ministerial Order 706 and record:

- student allergies
- locally relevant risk minimisation and prevention strategies
- names of people responsible for implementing risk minimisation and prevention strategies
- storage of medication
- student emergency contact details
- student ASCIA Action Plans

The student's Individual Anaphylaxis Management Plan will be reviewed by the principal or their delegate, in consultation with the student's parents, 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).

## 2. Risk minimisation and prevention strategies

The principal will ensure that risk minimisation and prevention strategies are in place for all relevant in-school and out-of-school settings which include (but are not limited to) the following:

- during classroom activities (including class rotations, specialist and elective classes)
- between classes and other breaks
- in canteens
- during recess and lunchtimes
- before and after school where supervision is provided (excluding OSHC)
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

St Charles Borromeo will not ban certain types of foods (e.g. nuts) as it is not practicable to do so, and is not a strategy recommended by the Department or the Royal Children's Hospital. However, the school will avoid the use of nut based products in all school activities, request that parents do not send those items to school if at all possible; that the canteen eliminate or reduce the likelihood of such allergens, and the school will reinforce the rules about not sharing and not eating foods provided from home. The principal will ensure that the canteen provider and its employees can demonstrate satisfactory training in the area of food allergy and anaphylaxis and its implications for food-handling practices.

The principal will regularly review the risk minimisation strategies outlined in *Risk minimisation strategies for schools* in light of information provided by parents related to the risk of anaphylaxis.

## 3. Register of students at risk of anaphylactic reactions

The principal will nominate a staff member to maintain an up-to-date register of students at risk of anaphylactic reaction. This information will be shared with all staff and accessible to all staff in an emergency.

## 4. Location of the Plans, storage and accessibility of autoinjectors

The location of individual anaphylaxis management plans and ASCIA plans during on-site normal school activities and during off-site activities will be known to staff so they are accessible in an emergency.

It is the responsibility of the principal to purchase autoinjectors for the school for general use:

- as a back-up to autoinjectors that are provided for individual students by parents, in case there is a need for an autoinjector for another patient who has not previously been diagnosed at risk of anaphylaxis.

The principal determines the number of additional autoinjector(s) required. In doing so, the principal should 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, including those with an ASCIA Action Plan for allergic reactions (they are potentially at risk of anaphylaxis)
- the accessibility of autoinjectors (and the type) that have been provided by parents of students who have been diagnosed as being at risk of anaphylaxis
- the availability and sufficient supply of autoinjectors for general use in specified locations at the school including in the school yard, and at excursions, camps and special events conducted, organised or attended by the school
- that autoinjectors for general use have a limited life, and will usually expire 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.

The principal will need to determine the type of autoinjector to purchase for general use. In doing so, it is important to note the following:

- autoinjectors available in Australia are EpiPen<sup>®</sup>, EpiPen Jr<sup>®</sup>, Anapen 500<sup>®</sup>, Anapen 300<sup>®</sup> and Anapen Jr<sup>®</sup>
- autoinjectors are designed so that anyone can use them in an emergency
- adrenaline autoinjectors for general use are available for purchase at any chemist; no prescription is necessary
- schools case use either the EpiPen<sup>®</sup> or the Anapen<sup>®</sup> on any student suspected to be experiencing an anaphylactic reaction, regardless of the device prescribed in their ASCIA Action Plan.

### 4.1 When to use an Autoinjector for general use

Autoinjectors for general use will be used when:

- a student's prescribed autoinjector does not work, is misplaced, out of date or has already been used
- when instructed by a medical officer after calling 000
- first time reaction to be treated with adrenaline before calling 000.

*Note: the Royal Children's Hospital help desk advises that you do not require permission or advice, this only delays the administration of adrenaline – if in doubt, give autoinjector as per ASCIA Action Plans.*

## 5. Emergency response to anaphylactic reaction

In an emergency anaphylaxis situation the student's ASCIA Action Plan, the emergency response procedures in this policy and general first aid procedures of the school must be followed.

The principal must ensure that when a student at risk of an anaphylactic reaction is under the care or supervision of the school outside normal class activities, such as in the school yard, on camps or

excursions or at special events conducted, organised or attended by the school, there are sufficient staff present who have been trained in accordance with Ministerial Order 706.

Details of the location of Individual Anaphylaxis Management Plans and ASCIA Plans within the school, during excursions, camps and special events conducted, organised or attended by the school must be communicated to staff.

All staff are to be familiar with the location and storage and accessibility of autoinjectors in the school, including those for general use.

The principal must determine how appropriate communication with school staff, students and parents is to occur in event of an emergency about anaphylaxis.

Copies of the emergency procedures are prominently displayed in the relevant places in the school, for example, first aid room, classrooms and in/around other school facilities, including the canteen.

## 6. Staff training

In compliance with Ministerial Order 706, it is recommended that all Victorian school staff undertake one of three accredited training options.

Option 1. All school staff complete the online ASCIA Anaphylaxis e-training for Victorian Schools and have their competency in using an autoinjector tested by the school Anaphylaxis Supervisor in person within 30 days of completing the course. The school Anaphylaxis Supervisor will have completed Course in Verifying the Correct Use of Adrenaline Injector Devices 22579VIC – at no cost for Victorian Catholic schools from HERO HQ. Staff are required to complete the ACSIA online training every two years.

Option 2. School staff undertake face-to-face training Course in First Aid Management of Anaphylaxis 22578VIC. Accredited for three years.

Option 3. School staff undertake face-to-face training Course in Allergy and Anaphylaxis Awareness 10710NAT. Accredited for three years.

St Charles Borromeo will require all staff to participate in training to manage an anaphylaxis incident. The training should take place as soon as practicable after a student at risk of anaphylaxis enrolls and, where possible, before the student's first day at school.

Staff will undertake training to manage an anaphylaxis incident if they:

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

St Charles Borromeo will consider where appropriate whether casual relief teachers and volunteers should also undertake training.

St Charles Borromeo staff will:

- successfully complete an approved anaphylaxis management training course in compliance with Ministerial Order 706
- participate in the school's twice yearly briefings conducted by the school's anaphylaxis supervisor or another person nominated by the principal, who has completed an approved anaphylaxis management training program in the past two years.

A range of training programs are available and the principal will determine an appropriate anaphylaxis training strategy and implement this for staff. The principal will ensure that staff are adequately trained and that a sufficient number of staff are trained in the management of anaphylaxis noting that this may change from time to time dependant on the number of students with ASCIA plans.

The principal will identify two staff per school to become School Anaphylaxis Supervisors. A key role will be to undertake competency checks on all staff who have successfully completed the ASCIA online training course. To qualify as a School Anaphylaxis Supervisor, the nominated staff members will need to complete an accredited short course that teaches them how to conduct a competency check on those who have completed the online training course e.g. Course in Verifying the Correct Use of Adrenaline Injector Devices 22579VIC. At the end of the online training course, participants who have passed the assessment module will be issued a certificate which needs to be signed by the School Anaphylaxis Supervisor to indicate that the participant has demonstrated their competency in using an adrenaline autoinjector device.

School staff who complete the online training course will be required to repeat that training and the adrenaline autoinjector competency assessment every two years.

Hero HQ has been contracted by the Catholic Education Commission of Victoria to deliver training in the Course in Verifying the Use of Adrenaline Injector Devices 22579VIC at no cost to Catholic schools. Training in this course is current for three years.

St Charles Borromeo notes that Course in First Aid Management of Anaphylaxis 22578VIC and Course in Allergy and Anaphylaxis Awareness 10710NAT are face-to-face courses that comply with the training requirements outlined in Ministerial Order 706. School staff who have completed these courses will have met the anaphylaxis training requirements for the documented period of time.

## 6.1 Twice Yearly Staff Briefing

The principal will ensure that twice yearly anaphylaxis management briefings are conducted, with one briefing held at the start of the year. The briefing will be conducted by the Anaphylaxis Supervisor or another staff member who has completed an Anaphylaxis Management Course in the previous two years. The school will use the Anaphylaxis Management Briefing Template provided by the Department of Education for use in Victorian schools.

The briefing will include information about the following:

- the school's legal requirements as outlined in Ministerial Order 706
- the school's anaphylaxis management policy
- causes, signs and symptoms of anaphylaxis and its treatment
- names and pictures of students at risk of anaphylaxis, details of their year level, allergens, medical condition and risk management plans including location of their medication
- relevant anaphylaxis training
- ASCIA Action Plan for Anaphylaxis and how to use an autoinjector, including practising with a trainer autoinjector
- the school's general first aid and emergency responses
- location of and access to autoinjectors that have been provided by parents or purchased by the school for general use.

All school staff should be briefed on a regular basis about anaphylaxis and the school's anaphylaxis management policy.

## 7. Anaphylaxis 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/guardians/carers about anaphylaxis and the school's anaphylaxis management policy.

This communication plan will include strategies for advising school staff, students and parents/guardians/carers about how to respond to an anaphylaxis reaction of a student in various environments:

- during normal school activities, including in a classroom, in the school yard, in all school buildings and sites including gymnasiums and halls
- during off-site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the school.

The Communication Plan will include procedures to inform volunteers and casual relief staff of students who are at risk of anaphylaxis and of their role in responding to an anaphylactic reaction experienced by a student in their care. The principal will ensure that the school staff are adequately trained by completing an approved training course:

- ASCIA e-training every two years together with associated competency checks by suitably trained Anaphylaxis Supervisor that has completed Course in Verifying the Correct Use of Adrenaline Injector Devices 22579VIC, or
- Course in First Aid Management of Anaphylaxis 22578VIC or Course in Allergy and Anaphylaxis Awareness 10710NAT every 3 years.

AND provision of

- an in-house briefing for school staff at least twice per calendar year in accordance with Ministerial Order 706

## 8. Procedures

Schools must provide to staff the actions and procedures to be undertaken in the school to ensure that the requirements of the MACS policy are enacted.

### 1. Register of students with anaphylaxis

- how this information will be recorded, what will be included
- where it is located and
- who will maintain and update the register

### 2. Location, storage and accessibility of autoinjectors

- where the plans and autoinjectors will be located – student and those for general use
- procedures for camps, excursions and special activities

### 3. Emergency Response

- a complete and up-to-date list of students identified at risk of anaphylaxis and where this is located
- details of Individual Anaphylaxis Management Plans and ASCIA action plans and their locations within the school and during off site activities or special events
- location and storage of autoinjectors, including those for general use
- how appropriate communication with staff, students, parents is to occur

#### 4. Staff training

- expectations in the school for training and how this will be done.
- how the records of training will be maintained and by whom.
- who are the anaphylaxis supervisors in the school

#### 5. Communication plan

- outline the practices within the school for the following
- raising staff awareness – arrangements for twice yearly briefing, regular briefings, induction of new staff, CRT staff, etc.
- raising student awareness – Use of fact sheets, posters with messages about anaphylaxis, peer support, etc.
- working with parents – developing open, cooperative relationships with parents/guardians/carers, how information will be shared; requesting and updating medical information
- methods for raising school community awareness – e.g. Newsletter, website, information nights, assemblies

## Annual review

The principal must complete the Annual Anaphylaxis Risk Management Checklist for Schools at the start of each year to monitor their compliance with Ministerial Order 706, The Guidelines and their legal obligations.

## Anaphylaxis Support Resources

[Department of Education Victoria Anaphylaxis Guidelines](#)

[ASCIA Action Plans and First Aid Plans for Anaphylaxis](#)

## Related policies

Asthma Management Policy

Emergency Management Plan

First Aid Policy and Guidelines

Medical Management Policy

Administration of Medication to Students Procedure

## Policy information

<b>Responsible director</b>	Director, Learning and Regional Services
<b>Policy owner</b>	General Manager, Learning Diversity
<b>Approving authority</b>	MACS Executive Director
<b>Assigned board committee</b>	Child Safety and Risk Management Board Committee
<b>Approval date</b>	14 September 2022
<b>Risk Rating</b>	High
<b>Date of next review</b>	April 2023

POLICY DATABASE INFORMATION	
<b>Assigned Framework</b>	Care, Safety and Welfare of Students



<b>Related documents</b>	<p>ASCIA Action Plan for Anaphylaxis</p> <p>Individual Anaphylaxis Management Plan</p> <p>Anaphylaxis Risk Minimisation Strategies for Schools</p> <p>Emergency Response to Anaphylactic Reaction – Sample – Template for Schools</p> <p>Off-site Risk Management Checklist for Schools</p> <p>Annual Anaphylaxis Risk Management Checklist for Schools</p>
<b>Superseded documents</b>	Anaphylaxis Policy – v1.0 – 2021
<b>New policy</b>	