

Anaphylaxis Management Policy and Communication Plan

- All of Brighton Grammar School's policies are intended to be up to date and be consistent with all relevant laws.
- Employees are expected to comply with all applicable policies.
- Various parts of the policies require managers and staff to exercise discretion, and the policies are not intended to be applied in a legalistic or prescriptive manner.
- These policies may be varied by Brighton Grammar School from time to time, at its absolute discretion.
- Brighton Grammar School is fully committed to the protection of children and young people during all School activities and environments both within and outside of School hours.
- This is a whole of school policy and there may, from time to time, be variations in different parts of the School. In such circumstances, advice will be issued by the relevant Head of School.

Purpose

It is the intention of Brighton Grammar School (BGS, the School) 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 School life. In achieving this, the School will fully comply with Ministerial Order No.706: Anaphylaxis Management in Victorian schools and school boarding premises (M0706) and all guidelines related to anaphylaxis management in schools or school boarding premises as published and amended by the Department from time to time.

Brighton Grammar School understands that it cannot guarantee an allergen-free environment, even with policies in place. The School is responsible for taking reasonable steps to prevent harm, and supports students with both mild and severe allergies, including those at risk of anaphylaxis.

Application

- This Anaphylaxis Management Policy and Communication Plan (this policy) is applicable to the whole School, excluding the ELC.
- The ELC maintains an Anaphylaxis Policy that aligns with the expectations of the Children's Services Act 1996 (Vic) and Children's Services Regulations 2009.
- This policy does not apply to activities on campus that are offered by providers other than Brighton Grammar School including OSH Club and Share Community Campus Providers.
- All emergency procedures within this plan apply to all students across all areas of the School. They are applicable for all activities that are conducted by the school whether onsite during normal activities or offsite during school organised events, excursions, or camps.
- All staff including casual staff, relief teachers, nominated sport coaches, and fixed term contractors will be educated on the school's approach to anaphylaxis management during the induction program relevant to their role at the school.

- This policy (inclusive of the Communication Plan contained within), will be available in agreed locations around the School.
- This policy is applicable to all School Staff (staff). It will be made available to them via the intranet. “Staff” is defined as all permanent full-time, permanent part-time, casual or relief staff, noting that training requirements are as documented in the Staff Training section.
- This policy is applicable to all students and parents/guardians. It will be made available to all students and parents/guardians via the BGS website. “Parent/Guardian” is used to mean the adult(s) who have parental responsibility for the enrolled student.

Roles and Responsibilities

The Principal (or nominated delegate) will:

- Ensure that the school develops, implements, and routinely reviews this policy in accordance with Ministerial Order No. 706 and guidelines.
- Actively seek information to identify students with severe life-threatening allergies or those who have been diagnosed as being at risk of anaphylaxis, either at the time of enrolment or at the time of diagnosis (whichever is earlier).
- Ensure that parents/carers supply an ASCIA Action Plan for Anaphylaxis annually which has been completed and signed by the student’s medical practitioner and has an up- to date photograph of the student.
- Ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student’s parents, for any student who has been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction, where the school has been notified of that diagnosis.
- Ensure students’ Individual Anaphylaxis Management Plans are in place and communicated to all relevant staff as soon as practical after the student enrolls at the school and where possible before the student’s first day of attendance at that school.
- Ensure that parents/carers provide the school with an Adrenaline Autoinjector for their child that is not out of date and a replacement Adrenaline Autoinjector is supplied when asked.
- Ensure that a proper Communication Plan(s) is/are developed, to provide information to all school staff, students and parents about anaphylaxis and the school’s Anaphylaxis Management Policy.
- Ensure there are procedures in place for supplying information to casual relief staff about students who are at risk of anaphylaxis, and their role in responding to an anaphylactic reaction of a student in their care.
- Ensure that relevant school staff have successfully completed an approved Anaphylaxis Management training course and that their accreditation is current.
- Ensure that school staff who are appointed as Anaphylaxis Supervisor(s) are appropriately trained in conducting autoinjector competency checks and that their accreditation is current.
- Ensure that all school staff are briefed at least twice a year by the Anaphylaxis Supervisor (or other appropriately trained member of the school staff).
- Give time, such as during staff meetings, to discuss, practice and review this policy and related procedures and guidelines, as necessary.
- When a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care or supervision of school staff outside of normal activities, including at camps and excursions, or at special events conducted, organised or attended by the school, ensure that there is a sufficient number of staff present who have been trained in accordance with clause 12 of M0706.
- Encourage regular and ongoing communication between parents and school staff about the status of the student’s allergies, the school’s policies, and their implementation.

- Ensure that the student’s Individual Anaphylaxis Management Plan and Communication Plan are reviewed in consultation with parents.
 - annually at the beginning of each school year.
 - when the student’s medical condition changes.
 - as soon as practical after a student has an anaphylactic reaction at school; and ○ whenever a student is to take part in an off-site activity such as camps or excursions or at special events conducted, organised, or attended by the school.
- Ensure the Risk Management Checklist for anaphylaxis is completed and reviewed annually.
- Arrange for the purchase of additional adrenaline autoinjector(s) for general use and as back up to those supplied by parents.

Management of Students Diagnosed as At Risk of Anaphylaxis

1. Individual Anaphylaxis Management Plans

In accordance with Part C Clause 7 of MO706, the Headmaster will ensure that Heads of School or Heads of House oversee the development of Individual Anaphylaxis Management Plans for any student who has been diagnosed by a Medical Practitioner as having a medical condition that relates to allergy and is at risk of anaphylaxis, where the school has been notified of that diagnosis. The development of each Plan is led by a Student Health Officer in consultation with the student’s parents/guardians.

The Individual Anaphylaxis Management Plan will be implemented as soon as practicable after the student enrolls, and where possible before their first day of school, which will be monitored by the Student Health Officer.

The Individual Anaphylaxis Management Plan will set out the following:

- Information about the student’s medical condition that relates to allergies and the risk of anaphylaxis, 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 staff. This includes in-school and out-of-school settings including in the school yard, at Outdoor Education trips and excursions, or at special events conducted, organised or attended by the School;
- The name of the person(s) responsible for implementing the strategies identified in the Plan;
- Information on where the student’s medication will be stored;
- The student’s emergency contact details; and
- The student’s ASCIA Action Plan for Anaphylaxis (ASCIA Action Plan), as provided by their parent/guardian.

The student’s Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student’s parents/guardians in all of the following circumstances:

- Annually;
- If the student’s medical condition that relates to allergies and the risk of anaphylaxis changes;
- As soon as practicable after the student has an anaphylaxis episode at School; and
- When the student is to participate in an off-site activity, such as Outdoor Education trips and excursions, or at special events conducted, organised or attended by the School (e.g. class parties, elective subjects, cultural days, fetes, incursions).

Parents/Guardians Responsibilities

It is the responsibility of the parents/guardians to:

- Provide the School with a current, in-date ASCIA Action Plan for the student, signed by a Medical Practitioner;

- Inform the School in writing if the student's medical condition (insofar as it relates to allergies and the risk of anaphylaxis) changes and where relevant, provide an updated ASCIA Action Plan;
- Provide an up-to-date photo of the student for the ASCIA Action Plan when that Plan is provided to the School and each time it is reviewed;
- Provide the School with an adrenaline auto-injector and other relevant medication for the student, which must be current and not expired;
- For excursions, camps or overseas trips, provide 2 adrenaline auto-injectors to the teacher in charge; and
- Participate in annual reviews of the student's Individual Anaphylaxis Management Plan.

Student Health Officer Responsibilities

It is the responsibility of the Student Health Officers to:

- Attend (where possible) all medical emergencies;
- Develop, implement and monitor students' Individual Anaphylaxis Management Plans, in consultation with the student's parents/guardians and the Head of School or Head of House;
- Ensure First Aid room checks are completed regularly;
- Ensure first aid kits are checked regularly, and stocked to include adrenaline auto-injectors where required;
- Check (with appropriate frequency) that general use adrenaline auto-injectors and student adrenaline auto-injectors are in date and have not been used or damaged;
- Ensure ASCIA Action Plans have been provided for every student at risk of anaphylaxis, and that these are up-to-date and displayed in designated staff areas;
- Store each student's personal adrenaline auto-injector and ASCIA Action Plan in a clearly marked and easily accessible container;
- Provide student medical summaries to the Teacher-in-Charge for any off-campus activities;
- Order and purchase new adrenaline auto-injectors as required;
- Maintain an accurate medical student database; and
Produce and maintain a complete and up-to-date list of students identified as being at risk of anaphylaxis;
- Ensure Individual Anaphylaxis Management Plans are uploaded to Synergetic for staff access.

Staff Responsibilities

It is the responsibility of staff to undertake the following:

- Successfully complete the required ASCIA Anaphylaxis e-training course followed by a competency check by a School Anaphylaxis Supervisor (verifier) within 30 days of completing of the online component;
- Participate in twice per year briefing (with the first briefing to be held at the beginning of the school year) conducted by a School Anaphylaxis Supervisor (verifier);
- Read and acknowledge this Anaphylaxis Management Policy and Communication Plan;
- Understand the causes, symptoms and treatment of anaphylaxis;
- Be able to identify students with a medical condition that relates to an allergy or the risk of anaphylaxis, and where their medication is located;
- Competently use an adrenaline auto-injector, including hands on practice (using an adrenaline auto-injector training device);
- Understand the School's general first aid and emergency response procedures; and
- Know the location of, and how to access, adrenaline auto-injectors that have been provided by parents/guardians or purchased by the School for general use.
- Know the location of, and how to access Individual Anaphylaxis Management Plans on Synergetic

School Management of Anaphylaxis

1. Prevention and Risk Minimisation Strategies

In accordance with Part D Clause 8 of M0706, the School 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 / cafeterias;
- During recess and lunchtimes;
- Before and after school; and
- At special events including incursions, sports, cultural days, fetes or class parties, excursions and Outdoor Education trips.

Each Individual Anaphylaxis Management Plan will include locally developed prevention strategies personalised to the student, to minimise risk of an anaphylactic response. General BGS risk minimisation strategies are outlined as follows:

In classrooms	
1.	Copy of the student’s Individual Anaphylaxis Management Plan kept in the relevant campus’ first aid room and uploaded to Synergetic.
2.	Liaise with parents/guardians about food-related activities ahead of time
3.	Use non-food treats where possible, but if food treats are used it is recommended that the parents/guardians provide a treat box
4.	Never give food from outside sources to a student who is at risk of anaphylaxis
5.	Treats for other students in class should not contain the substances to which the student is allergic
6.	Products labelled ‘may contain traces of nuts’ should not be served to students allergic to nuts. Products labelled ‘may contains milk or egg’ should not be served to students with milk or egg allergy, and so forth.
7.	Awareness of possible hidden allergens in food and other substances used in cooking, food technology, science and art classes
8.	Ensure all cooking utensils, preparation dishes, plates and knives/forks etc. are washed and cleaned thoroughly after preparation of food and cooking
9.	Regular discussions with students about the importance of washing hands, eating their own food and not sharing food
10.	The Head of School/Student Health Officer should inform relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student’s Individual Anaphylaxis Management Plan and adrenaline auto-injectors, the School’s Anaphylaxis Management Policy and Communication Plan and each person’s responsibility in managing an incident
In first aid rooms	
1.	Latex free gloves
2.	Contain 2 general use adrenaline auto-injectors in each first aid room (plus one Junior EpiPen in Junior School).
3.	Individual ASCIA Action Plans are readily available and up-to-date
4.	Individual adrenaline auto-injectors are appropriately labelled and kept and in date
5.	First aid kits containing adrenaline auto-injectors are checked and in date

In canteens / cafeterias	
1.	Cafeteria contractor staff to be trained in food allergen management and its implications on food handling practices
2.	Cafeteria contractor staff are briefed about students at risk of anaphylaxis and where the Headmaster determines, have up to date training in anaphylaxis
3.	Display the student's name and photo in the cafeteria as a reminder to staff (one poster of this detail)
4.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts
5.	Cafeteria provides a range of healthy meals/products that exclude peanuts or other nut products in the ingredient list
6.	Tables and surfaces are wiped down regularly
7.	No-sharing of food approach is adopted
8.	Awareness of contamination of other foods when preparing, handling or displaying food
Outdoors onsite, including in yards, playgrounds and gardens	
1.	Sufficient supervision of a student who is at risk of anaphylaxis by a staff member who has current training in the administration of adrenaline auto-injectors
2.	Adrenaline auto-injectors and Individual ASCIA Action Plans are easily accessible from the school grounds
3.	A plan is in place for staff on duty so medical information can be retrieved quickly and all staff are aware how to inform the Student Health Officer if an anaphylactic reaction occurs during recess or lunch time
4.	Staff on duty can identify those students at risk of anaphylaxis
5.	Students with severe allergies to insects are encouraged to stay away from water or flowering plants
6.	Lawns are regularly mowed and bins are covered
7.	Students are to keep drinks and food covered while outdoors
At special events (incl. sporting events, incursions, class parties)	
1.	Sufficient staff who have up to date training in the administration of an adrenaline auto-injector are supervising students
2.	Avoid using food in activities or games
3.	Consult parents/guardians in advance for special events to either develop an alternative food menu or request the parent to send a meal for the student at risk
4.	Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk and request that they avoid providing students with treats whilst they are at a special school event
5.	Party balloons are not to be used if a student is allergic to latex

When conducting off-site School events / programs, the below risk minimisation and prevention strategies are implemented. It is the responsibility of the Teacher-In-Charge of the out of school event to ensure that all relevant medical information, medicines and equipment are available and that all supervisors and staff members are familiar with those students at risk of anaphylaxis.

Excursions/Programs/Tours/ Sporting Events/Remote Settings	
1.	A risk assessment of an out of school event or program must be completed and a risk management strategy developed for students (in consultation with parents/guardians and camp operators) at risk of anaphylaxis prior to departure. Staff in charge should consult with parents/guardians of students at risk to ensure appropriate risk minimisation strategies are in place
2.	All staff will have current training in administering adrenaline auto-injectors
3.	Appropriate communication methods must be in place. If there is no mobile phone access, alternative methods e.g. Satellite phone will be considered.
4.	Each student's 2 adrenaline auto-injectors, Individual Anaphylaxis Management Plan and ASCIA Action Plan are to be taken.
5.	Identify the location of the adrenaline auto-injectors i.e. Who will carry it, how will it be delivered to the student. Adrenaline auto-injectors should remain close to the students and staff must be aware of its location at all times
6.	Individual Anaphylaxis Management Plans, ASCIA Action Plans and adrenaline auto-injectors are to be easily accessible and staff must be aware of their location
7.	BGS attempts to only use program providers/operator services who can provide food that is safe for students at risk of anaphylaxis
8.	Staff in charge should consult parents/guardians of anaphylactic students in advance to discuss issues that might arise, to develop an alternative food menu or request the parent provide a meal (if required)
9.	Review the student's Individual Anaphylaxis Management Plan prior to departure to ensure that it is up to date and relevant to the particular out of school event or program
10.	Medical summaries of all students attending given to staff member in charge of student group (remote settings and international travel should have print outs of medical summaries).
11.	First aid kits each containing a general use adrenaline auto-injector to be supplied to each student group
12.	The School will consider alternative means of providing food for at risk students if there are concerns about whether food provided on an out of school event or program will be safe for students at risk of anaphylaxis
13.	The use of substances containing allergens should be avoided where possible
14.	Students at risk of anaphylaxis to insects should wear closed shoes and long-sleeved garments when outdoors and are encouraged to stay away from water and flowering plants
15.	Consider exposure to allergens when consuming food during travel on bus/plane/etc. and whilst in cabins/tents/dormitories/etc.
16.	Cooking and art and craft games should not involve the use of known allergens
Overseas Travel	
1.	Strategies used are similar to those for out of school events
2.	Investigate potential risks at all stages of the overseas travel: <ul style="list-style-type: none"> • Travel to/from airport/port • Travel to/from Australia • Protocols for taking an adrenaline auto-injector onto an aircraft • Various accommodation venues • All towns and venues visited • Sourcing safe food Risk of cross contamination including: <ul style="list-style-type: none"> • Exposure to food of other students • Hidden allergens

	<ul style="list-style-type: none"> • Table and surfaces are cleaned to prevent reaction • Other students wash their hands when handling food
3.	<p>Assess where each of these risks can be managed using minimisation strategies such as the following;</p> <ul style="list-style-type: none"> • Translation of student's Individual Anaphylaxis Management Plan and ASCIA Action Plan in to relevant language(s) • Sourcing safe food • Obtaining names, address and contact details of the nearest hospital and medical practitioners at each location that may be visited • Obtaining emergency contact details • Sourcing the ability to purchase additional adrenaline auto-injectors
4.	Record details of travel insurance, including contact details for the insurer. Determine how any costs associated with medication, treatment and/or alteration to the travel plans as a result of an anaphylactic reaction can be paid.
5.	<p>Plan for appropriate supervision of students at risk of anaphylaxis at all times including;</p> <ul style="list-style-type: none"> • Sufficient staff who have current training in the administration of an adrenaline auto-injector • Supervision of at-risk students during meal times and when taking medication • Adequate supervision of any affected student(s) requiring medical treatment and other students • Staff/students ratios are maintained, including in the event of an emergency where students may need to be separated
6.	Adapt the Risk Assessment Management Plan (RAMP) if required given local circumstances
7.	<p>Keep records of relevant information;</p> <ul style="list-style-type: none"> • Dates of travel • Name of airline and contact details • Itinerary detailing proposed destinations, flight information and duration of stay • Accommodation addresses and telephone numbers • Proposed means of travel within the overseas country • List of students and each of their medical conditions, medication and other treatment(s) if required • Emergency contact details of hospitals, ambulances and medical practitioners • Travel insurance details • Plans to respond to any foreseeable emergency including who will be responsible for the implementation of each part of the plan • Mobile phone numbers or other communication devices that will enable staff to contact emergency services

2. Management and Emergency Response

The planning and emergency response expectations of Part D Clause 9 of M0706 are met by reading this section in parallel with the Communication Plan section below. As part of comprehensive management and planning, the School will:

- Maintain a complete and up-to-date list of students identified as being at risk of anaphylaxis;
 - This is managed by the Student Health Officers
 - This list is presented during staff briefings
 - The digital student record of each student identified as having a medical condition that relates to allergies and who is at risk of anaphylaxis will contain a health alert (visible via Synergetic and Schoolbox)
- Work with parents/guardians on an ongoing basis;
- Mandate staff training and conduct regular audits and updates to raise staff awareness; and Ensure appropriate education of all students.

Adrenaline auto-injectors are located as detailed in the following table:

Adrenaline Auto-injector Locations		
Location	General Use Adrenaline Auto-injectors	Students' Auto-injectors
Early Learning Centre	<u>ELC Staff Room</u> at entrance on right side wall – Type: JNR + Adult	ELC Class Room of student above sink – JNR
Junior School	<u>First Aid room</u> entrance right hand side Type: JNR + Adult	Junior School First Aid Room on shelf left hand side to entrance
Urwin Centre	<u>First Aid room</u> – Next to sink Type: Adult	Urwin Centre First Aid Room above sink
Rosstrevor	<u>Hall Kitchen</u> – left hand side on shelf Type: Adult <u>Bhive</u> – in office – left hand side on top of metal first aid kit. Type: Adult	N/A
St Andrews End	<u>Senior School First Aid room</u> – right hand side of sink Type: Adult <u>Senior School Reception</u> – left hand side of desk stuck to desk wall Type: Adult <u>Canteen</u> – Pantry, 2 nd shelf from top on left side, at rear Type: Adult <u>Music School</u> Bench behind main reception – orange box Type: Adult <u>Duigan Centre Café</u> – inside AED metal box Type: Adult <u>Food Tech</u> – Front bench – cupboard to right of oven Type: Adult	St Andrew's End First Aid Room
Annandale	<u>First aid room</u> – inside yellow pouch right side of sink Type: Adult	N/A
Pool	Inside metal cabinet left hand side when enter pool area Type: JNR + Adult	N/A
Junior School Gym	Inside <u>gym office</u> in metal box above sink in kitchen area Type: Adult	N/A
BGS Rowing sheds	Yarra River rowing sheds Type: Adult Albert Park rowing sheds Type: Adult	
Off-site: During school excursions, camps and at special events conducted, organised or attended by the School	To be carried by Teacher in Charge	To be carried by staff leading the student's group

Note: Where appropriate (i.e. Secondary School) students may have an adrenaline auto-injector that they carry with them at all times.

Anaphylaxis documentation is located as detailed in the following table:

Location	Documentation Locations			
	ASCIA First Aid Plan	BGS Anaphylaxis Management Policy and Communication Plan:	Individual Anaphylaxis Management Plans for each student	ASCIA Action Plans for each student
Early Learning Centre	Director's office	Via intranet	ELC Staff Room / Synergetic	ELC Staff Room / Synergetic
Junior School	First Aid room	Via intranet	Junior School First Aid Room / Synergetic	Junior School First Aid Room Junior School Staff Room / Synergetic
Urwin Centre	First Aid room bhive	Via intranet	Urwin Centre First Aid Room / Synergetic	Urwin Centre First Aid Room Urwin Centre Staff Room (Printer room) / Synergetic
Rosstrevor Hall	Kitchen	Via intranet	Synergetic	Synergetic
St Andrews End	Senior School First Aid room Senior School Reception Canteen Music School Duigan centre	Via intranet	St Andrew's End First Aid Room / Synergetic	St Andrew's End First Aid Room St Andrew's End Staff room (Printer room) / Synergetic
BGS Rowing sheds	Yarra River rowing sheds Albert Park rowing sheds	Via intranet	Synergetic	Synergetic
Off-site: During school excursions, camps and at special events conducted, organised or attended by the School		Printed Copy	Printed Copies / Synergetic	Printed Copies / Synergetic

An anaphylactic reaction is an emergency. Immediate emergency response must be undertaken. The Communication Plan section below documents the procedure for "*Responding to an Anaphylactic Reaction*". The School's First Aid and Emergency Management procedures must also be followed, per the First Aid Policy and Emergency Management Plan.

3. Adrenaline Auto-injectors for general use

In accordance with Part D Clause 10 of M0706, the School will purchase spare adrenaline auto-injectors for general use and as a back-up to those supplied by parents/guardians.

The number of spare adrenaline auto-injectors will be determined by the Headmaster or his delegated authority using a risk management approach taking into account the following:

- 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/guardians 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, including (but not limited to): in the school yard, on excursions, on trips and at special events conducted or organised by the School; and
- Adrenaline auto-injectors have a limited life, usually expiring within 12-18 months. Expiry dates will be regularly checked and replaced at the School's expense, either at the time of use, expiry or poor condition, whichever is first.

In addition to the above, the weight range of students in the Junior School suggests that lower dose general use adrenaline autoinjectors should also provided on this site.

4. Communication Plan

This section is expected to meet the requirements of Part D Clause 11 of M0706, by including a comprehensive Communication Plan as part of this Anaphylaxis Management Policy. This Communication Plan is developed to provide information to all school staff, students and parents/guardians about anaphylaxis and the School's Anaphylaxis Management policy.

Awareness

Raising Staff Awareness

All staff are required to:

- Be familiar with this Anaphylaxis Management Policy and Communication Plan
- Complete the training, and attend the briefings, as outlined in the Staff Training section below

All staff in charge of students at risk of anaphylaxis must:

- Read and be familiar with their students' ASCIA Action Plan(s)
- Read and be familiar with their students' Individual Anaphylaxis Management Plan(s)
- Be aware of the location of their students' personal adrenaline auto-injector(s)
- Be aware of the location of the School's general use adrenaline auto-injectors

This policy will additionally be provided to all volunteers and contractors that may interface with students who are at risk of anaphylaxis. This will be provided as part of their induction to work at BGS and on the Sam4Schools Platform. This includes:

- Canteen staff
- Casual Relief Teachers
- Sports coaches

Where applicable they are to be provided with copies of individual students' ASCIA Action Plan(s), Individual Anaphylaxis Management Plans and the School's emergency response procedures.

Raising Student Awareness

This Anaphylaxis Management Policy and Communication Plan is available on the Student LMS to ensure students can access and reference the policy in its entirety, and this Communication Plan section as needed.

Classroom education to be undertaken by teaching staff as appropriate reinforcing to students the importance of:

- Handwashing
- Not sharing food
- Knowing what their friend/shave allergies to
- Being respectful of a friend's adrenaline auto-injector
- Seeking assistance if a friend becomes unwell
- Being aware of friend's needs in relation to those at risk of anaphylaxis when on trips, excursions or sports

BGS will not tolerate bullying. Any attempt to harm a student diagnosed at risk of anaphylaxis must be treated as a serious and dangerous incident and will be dealt with in line with the school's Anti-Bullying Policy.

Working with Parents/Guardians

Parents/guardians are expected to read and be familiar with this Anaphylaxis Management Policy and Communication Plan, as available on the BGS website. Parents/guardians are required to:

- Provide the School with an up-to-date ASCIA Action Plan with a current photo of their child every 1 - 2 years;
- Provide the School with an in-date adrenaline auto-injector for their child;
- Work with the School to develop an Individual Anaphylaxis Management Plan and review it annually; and
- Notify the School of any changes to parent/guardian contact details, either ongoing or for a limited period (for example, in case of short periods of interim emergency contact arrangements).

Where appropriate (i.e. Secondary School) parents/guardians are encouraged to provide their child with a second adrenaline auto-injector to carry with them at all times.

Emergency Response

The below "*Responding to an Anaphylactic Reaction*" procedure should be followed in the event of a reaction anywhere on site at BGS, inclusive of in the classroom or in the yard / outdoors. This procedure aligns with the steps prescribed in staff training:

- Do not leave the student unattended.
- Lay the student flat, do not stand or walk. If breathing is difficult allow to sit.
- Dial 000 for an ambulance.
- For an insect allergy, flick out the sting if visible.
- Administer the student's personal adrenaline auto-injector if they are carrying it.
- A staff member must stay with the student and use his/her mobile to call the relevant school reception for assistance;
 - Junior School Reception 275 (ELC to contact JS Reception)
 - Urwin Centre 260
 - St Andrew's End Reception 200
- If a phone is not available then a reliable student, or another staff member is to be sent with a verbal message to the closest Reception.
- Reception will contact a Student Health Officer or a staff member who will locate:
 - The student's assigned adrenaline auto-injector;
 - The student's ASCIA Action Plan;
 - The student's Individual Anaphylaxis Management Plan; and
 - One of the School's adrenaline auto-injectors for general use.
- Implement any outstanding steps from the student's ASCIA Action Plan, once received.
- Contact family or emergency contact.
- A further adrenaline auto-injection may be administered if there is no improvement after 5 minutes.

- Note the time of each injection and advise paramedics when they arrive.
- Hand the paramedics the used adrenaline auto-injectors.

School Organised Special Events, Excursions and Programs

Prior to any special events, excursions or programs organised by the School, a risk assessment will be conducted. The teacher in charge will consult with one of the Student Health Officer to verify students identified as being at risk of anaphylaxis. The Student Health Officer will provide a medical summary, inclusive of copies of each student's ASCIA Action Plan and Individual Anaphylaxis Management Plan.

In the event of an anaphylactic reaction away from school the staff member in charge of the student at risk of anaphylaxis is responsible for knowing where the student's adrenaline auto-injector is located, ensuring the student's ASCIA Action Plan is followed and the *Responding to an Anaphylactic Reaction* procedure is implemented. Additionally, the staff member in charge must phone the School, and ensure the Head of School and the Headmaster are notified without delay. The Head of School or Headmaster will arrange for parents/guardians to be notified.

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 a Risk Wizard Incident Report including full details of the event and what occurred.
- Collection of the student's personal effects (if he is transported by ambulance and does not have them) for return to the School and subsequently the parent/guardian.
- Debrief with students directly involved as witnesses to the event.
- Debrief with staff involved.
- Communication with the Head of School or Headmaster as appropriate regarding the particulars of the incident, actions taken and outcomes.
- Head of School or Head of House to discuss with parents/guardians (not immediately) what occurred and ask them to seek medical advice on how it may be prevented in future. Note that an updated ASCIA Action Plan may be required.
- Head of School or Head of House and a Student Health Officer to review the student's Individual Anaphylaxis Management Plan.
- Implement updated risk prevention strategies (where applicable).
- Where required, the School is to notify WorkSafe Victoria on their Incident Notification number 13 23 60

5. Staff Training

In accordance with Part D Clause 12 of M0706, the School recognises the minimum requirement that the following staff be appropriately trained:

- School staff who conduct classes attended by students who are at risk of anaphylaxis
- Any other school staff as determined by the principal to attend

The School has determined, in an abundance of caution, that all student facing permanent (full-time and part-time) members of staff must be appropriately trained. Refer to the BGS Staff Training Certifications Policy.

The following training courses are recognised to meet the M0706 requirements:

Course	Provider	Validity
ASCIA Anaphylaxis e-training for Victorian Schools, followed by a competency check by one of the School Anaphylaxis	ASCIA	2 years

Supervisors (verifiers) within 30 days of completion of the online training course		
Course in First Aid Management of Anaphylaxis 22578VIC	Any Registered Training Organisation (RTO)	3 years

Training will be recorded in staff members' personnel file on Synergetic and internally audited for validity.

In accordance with clause 9.3, prior to activities outside of normal class including excursions, trips or camps, the School will conduct a risk assessment to ensure that:

- sufficient number of school staff attend
- all staff attending hold valid training.

The School will nominate a minimum of two staff members to act as School Anaphylaxis Supervisors (verifiers), who will complete the training required to conduct the competency checks noted above. The following training course is recognised to meet the this requirement:

Course	Provider	Validity
Course in Verifying the Correct Use of Adrenaline Auto-injector Devices 22303VIC	Hero HQ	3 years
Course in First Aid Management of Anaphylaxis 22578VIC	Any Registered Training Organisation (RTO)	3 years

In addition to completing the required training listed above, all staff are to participate in a twice-yearly briefing on anaphylaxis management. The first will be held at the beginning of the school year (start of Term 1), the second typically at the start of Term 3. The briefing must be conducted by a School Anaphylaxis Supervisor, who has successfully completed an approved anaphylaxis management training course in the last 2 years. This briefing will include:

- The School's Anaphylaxis Management Policy and Communication Plan;
- The causes, symptoms and treatment of anaphylaxis;
- The identities of students at risk of anaphylaxis, the details of their medical condition, and where their medication is located;
- How to use an adrenaline auto-injector, including practicing with a trainer adrenaline auto-injector;
- The School's general first aid and emergency response procedures;
- The location of, and access to, adrenaline auto-injectors that have been provided by parents/guardians or purchased by the school for general use; and
- Staff training requirements.

If for any reason the above training and briefing have not yet occurred, the Head of School must develop an interim plan in consultation with the parents/guardians of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction. Training and a briefing must occur as soon as possible thereafter.

As at February 2026, Neffy (adrenaline nasal spray) and Jext (adrenaline autoinjector) are newly introduced devices both used for emergency anaphylaxis treatment. School anaphylaxis verifiers must upskill and participate in a 30-minute online Neffy and Jext workshop in Term 1 or Term 2, 2026, unless they have completed the Course in Verifying the Correct Use of Adrenaline Injector Devices (22579VIC) on or after the start of Term 1 2026. The introduction of Neffy and Jext will be reflected in the twice-yearly anaphylaxis management briefing and the School Training and Supervisors Checklist.

6. Annual Risk Management Checklist

In accordance with Part D Clause 13 of M0706, the Headmaster will ensure an annual Risk Management Checklist is completed at the start of each year, to ensure compliance with their obligations. This checklist is available on the Department of Education website: [Anaphylaxis: Resources | VIC.GOV.AU | Policy and Advisory Library](#)



Help for non-English speakers

If you need help to understand this policy, please contact the Director of Students or Head of School

Related Policies and Documents

- First Aid Policy
- Asthma Policy
- Medication Policy
- Food Safety Policy
- Day Excursion Policy
- Overnight and Outdoor Ed Excursion Policy
- Overseas and Interstate Excursion Policy
- Staff Code of Conduct
- Emergency Management Plan
- [Ministerial Order 706](#)
- [Department of Education Anaphylaxis Guidelines for Victorian Schools](#)
- [VROA Minimum Standards for Anaphylaxis Management](#)

This Policy is a controlled document. Any printing of this document is uncontrolled. Please refer to the school portal for the latest version of this policy	
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