



## POLICY STATEMENT:

It appears that the incidence of severe allergic reactions is increasing generally in the community. Ballarat Grammar is implementing this allergy policy to ensure that students and staff are made familiar with some common serious allergies and are informed on how to manage an allergic reaction, in particular, anaphylaxis. It is a requirement of all Victorian schools that an anaphylaxis management policy is in place for every school with students at risk of anaphylaxis and Ballarat Grammar is committed to complying with the relevant Ministerial Order and anaphylaxis management guidelines.

## DETAIL:

Reactions usually begin within minutes of exposure and can progress rapidly at any time over a period of up to two hours. A student at risk of anaphylaxis will often recognise the early symptoms of an allergic reaction before any other signs are observable.

Anaphylaxis is a severe and sudden allergic reaction that can be life-threatening. It occurs when a susceptible person is exposed to an allergen or trigger, the common ones being:

- Foods (for example peanuts and nuts, shellfish and fish, milk, egg)
- Insect bites (such as bees, wasps, jumper ants)
- Medications (for example antibiotics, aspirin)
- Latex (rubber gloves, balloons, swimming caps)

Mild to Moderate Allergic Reaction Symptoms:

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (These are signs of severe allergic reaction to insects)

Anaphylaxis (severe allergic reaction). Any ONE of the following:

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficult talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

Although death is rare, an anaphylactic reaction always requires an emergency response. Prompt treatment with injected adrenaline is required to halt progression and can be lifesaving. Fortunately, anaphylactic reactions are usually preventable by implementing strategies for avoiding allergens.

## Definitions:

**Adrenaline Auto-injecting Device ‘Autoinjector’** - means a device used to deliver a measured dose of adrenaline/epinephrine via intramuscular injection (injection into the muscle). In Australia the following autoinjectors are available:

- *EpiPen® Junior* – for individuals under 20kgs in weight
- *EpiPen®* – for individuals over 20kgs in weight
- *Anapen® 150* – for individuals under 20kgs in weight
- *Anapen® 300* – for individuals over 20kgs in weight
- *Anapen® 500* – for individuals over 50kgs in weight



**School/school grounds-** refers to all campuses of Ballarat Grammar including the main campus at Forest Street and the Mount Rowan campus, as well as the boarding precinct at Forest Street.

## Audit Policy

Ballarat Grammar cannot guarantee a completely allergen free environment; however, we endeavor to be an “Allergy Aware” school. The School’s policy is aimed at minimizing the risk of anaphylaxis through:

1. Greater awareness and education of serious allergies in the School community;
2. Effective communication between families and the School, including developing anaphylaxis management plans for students with serious allergies;
3. Training of staff to respond appropriately in an emergency, and
4. Having strategies in place to reduce exposure to allergens.

This policy applies to all students, staff and parents at Ballarat Grammar, and co-operation is required to ensure a safe environment for at risk students.

## PROCEDURE:

### 1. COMMUNICATION PLAN

#### 1.1 EDUCATION ABOUT SERIOUS ALLERGIES/ANAPHYLAXIS IN THE SCHOOL COMMUNITY:

- 1.1.1 The Headmaster of the School is responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the School’s anaphylaxis policy.
- 1.1.2 The Deputy Head overseeing the Health Centre is responsible for ensuring that, as per Ministerial Order 706, all staff have undergone full accredited anaphylaxis training course, every three years and in addition, undertake an anaphylaxis update presentation at least twice a year (the first to be held at the beginning of the school year) conducted by a suitably trained person. This training will be conducted as part of Whole Staff Day Professional learning program at Ballarat Grammar Forest Street campus, or the designated location for Staff Day training and will cover:
  - 1.1.2.1 The School’s anaphylaxis management policy;
  - 1.1.2.2 The causes, symptoms and treatment of anaphylaxis;
  - 1.1.2.3 The identities of students diagnosed at risk of anaphylaxis and where their medication is located;
  - 1.1.2.4 How to use an autoinjector, including hands on practise with a trainer autoinjector; and
  - 1.1.2.5 The School’s first aid and emergency response procedures.
- 1.1.3 Information is provided on the web pages, in the School Planner, in documents provided to all current families and to new families as part of the enrolment procedures, and also in the Bulletin, on School policy on managing serious allergies.
- 1.1.4 All staff who teach, are on supervision duty, accompany excursions and School camps, or who supervise sporting events, have training in anaphylaxis management and are provided with appropriate medical details of the children in their care.
- 1.1.5 Coordinators of volunteers and casual relief staff advise them of students at risk and their role in responding to an anaphylactic reaction by a student. The staff of the Health Centre co-ordinate the provision of this information.
- 1.1.6 It is the parent’s responsibility to educate their affected child in the self-management of their food allergy, including allergy avoidance and how and when to inform an adult if they need help.
- 1.1.7 Training Plan – for any members of staff who are unable to complete formal training, in consultation with the parents of any affected student with a medical condition that relates to



allergy and the possibility for anaphylactic reaction the Headmaster's delegate will develop an interim plan. In addition to this interim plan, suitably qualified staff will be within reasonable access including on excursions, camps and other outdoor activities. Training will be provided as soon as possible thereafter.

	Completed by	Course	When	Cost borne by	Valid for
1	All BGS staff	<i>Course in First Aid Management of Anaphylaxis 22303Vic</i>	December Staff Day	School	3 years
		Briefing to be held by School nominated Anaphylaxis Supervisor	Twice per calendar year		6 months
2	New or absent BGS Staff	<i>Course in First Aid Management of Anaphylaxis 22303Vic</i>	Semester 1	School	3 years

## 1.2 ANAPHYLAXIS MANAGEMENT PLANS:

- 1.2.1 The Deputy Head overseeing the Health Centre, together with the Health Centre Manager are responsible for ensuring that based on a student's ASCIA plan, an individual anaphylaxis management plan is developed for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis. Health Centre staff will communicate with parents of each child and ensure the appropriate notifications are registered on Nexus and Synergetic.
- 1.2.2 These plans will be reviewed and updated annually (at the commencement of the year) or, if the following circumstances occur:
  - 1.2.2.1 A student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction changes;
  - 1.2.2.2 As soon as is practicable after a student has an anaphylactic reaction at school; and
  - 1.2.2.3 When a 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.
- 1.2.3 An individual anaphylaxis management plan will be in place as soon as practicable after the student enrolls, and where possible before the student's first day at school and will be available through synergetic.
- 1.2.4 An individual anaphylaxis management plan will set out the following:
  - 1.2.4.1 Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner);
  - 1.2.4.2 Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, including camps, excursions and any special events conducted, organised or attended by the School;
  - 1.2.4.3 The name of the person/s responsible for implementing the strategies;
  - 1.2.4.4 Information on where the student's medication will be stored;
  - 1.2.4.5 The student's emergency contact details; and
  - 1.2.4.6 An action plan for anaphylaxis in a format approved by the ASCIA (referred to as an ASCIA Action Plan), provided by the parent or guardian.
- 1.2.5 Parents of children with allergies are required to provide medical information so that the school has a current, preferably coloured, ASCIA plan for each child, that outlines Emergency Procedures Plan (anaphylaxis/allergy action plan) providing appropriate emergency procedures, signed and dated by a doctor, which is to be reviewed:
  - 1.2.5.1 Every 12-18 months when a new prescription is obtained;
  - 1.2.5.2 If the student's medical condition changes; and
  - 1.2.5.3 Immediately after a student has had an anaphylactic reaction at school.
- 1.2.6 It is a mandatory requirement of attendance at Ballarat Grammar that the parents of any student who has been identified as at risk of anaphylaxis and prescribed an autoinjector must provide at least two autoinjectors for Middle and Senior School students, and at least one



autoinjector for Junior School students, and an Anaphylaxis Action Plan for the School, available from [www.allergy.org.au](http://www.allergy.org.au). (This plan should be printed in colour where possible). It is the responsibility of the parent/guardian to:

- 1.2.6.1 Inform the School if their child's medical condition changes and, if relevant, provide an updated emergency procedures plan;
  - 1.2.6.2 Supply the autoinjectors and other required medication and ensuring that the medication has not expired; and
  - 1.2.6.3 Provide an up to date photo for the emergency procedures plan when that plan is provided to the School and when it is reviewed.
- 1.2.7 At the commencement of each term, the Health Centre will contact parents of all anaphylactic students to alert them to the date on which their child's/children's autoinjectors and Anaphylaxis Management Plans fall out of date. Parents will ensure their child's/children's injectors and Anaphylaxis Management Plan are always in date.
- 1.2.8 Student's ASCIA plans will be displayed in a prominent location of the corresponding staffroom and each students' medical condition is indicated with a ▲ on Nexus.
- 1.2.9 In the Junior School, autoinjectors are stored in the Junior School sickbay. In the Senior School, one autoinjector is to be carried by the student **at all times** and an extra, assigned, autoinjector is to be kept in the Health Centre. Another generic autoinjector is carried at all times by the Health Nurse and is available for emergency situations on campus. There are also a number of generic autoinjectors purchased by the Health Centre placed strategically in major sections around the School including in the Year 4 Centre, the CEEd, the WCPA, the Boat Shed, the Dining Hall, sporting facilities, Reception areas, and in all Boarding Houses. Boarding students will also have an additional, assigned, autoinjectors in the boarding house. It is the responsibility of parents to ensure that students carry autoinjectors in such a way as to keep the medications safe whilst at the same time available in an emergency. (The School autoinjector should NEVER be relied on in place of the autoinjector carried by the student).
- 1.2.10 Students who are found not to have their assigned autoinjector on their persons will be sent home or back to the boarding house as appropriate.
- 1.2.11 At the beginning of each year the Health Centre Manager has the delegated authority by the Headmaster to review the numbers of students within the School who have an individual anaphylaxis management plan and based on these numbers, purchase the required number of surplus autoinjectors.
- 1.2.11.1 The purchase of surplus autoinjectors will be made by the Headmaster's delegate (the Health Centre Manager) having considered:
    - 1.2.11.1.1 The number of students enrolled at risk of anaphylaxis;
    - 1.2.11.1.2 The accessibility of adrenaline autoinjectors supplied by parents;
    - 1.2.11.1.3 The availability of a sufficient supply of autoinjectors for general use in specified locations at the sShool, including the school yard, at excursions, camps and special events conducted, organised or attended by the school and
    - 1.2.11.1.4 That autoinjectors have a limited life, 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 comes first.

### 1.3 Junior School Procedure

- 1.3.1 For all off-campus activities and excursions, staff are required to collect from the Junior School Sick Bay, and carry, any anaphylactic student's autoinjector and Anaphylaxis Management Plan at all times. **Supervising staff are also required to collect and carry a Junior School First Aid kit as well as a generic autoinjector.** For all off-campus activities, staff are also required to carry a school mobile phone at all times to facilitate communication with emergency services in the event of any emergency.





- 1.3.2 The staff member overseeing the activity carries the responsibility of ensuring the provision of the assigned student autoinjector, the student Anaphylaxis Plan, the appropriate First Aid Kit and the School mobile phone.
- 1.3.3 The return of both the student assigned autoinjectors and Anaphylaxis Management Plans following the activity or excursion is the responsibility of the supervising teacher.
- 1.3.4 For Junior School Physical Education classes, teaching staff will be required to carry one of the School 'bum bag' First Aid Kits and collect a generic autoinjector.
- 1.3.5 School parents are responsible for the provision of both an 'in date' autoinjector and Anaphylaxis Plan on an annual basis.
- 1.3.6 Parents are advised that students with severe allergies have their photos and anaphylaxis plans displayed in the staff room, on Nexus and on the School data base (Synergetic) as a reference point for teaching staff to ensure they can provide the best possible care in cases of emergency.
- 1.3.7 Junior School staff are required to make themselves familiar with the photographs of students with severe allergies as displayed in the staff room, and on Synergetic.
- 1.3.8 Children who are highly allergic to any allergens are at risk of anaphylaxis if exposed. Those who have had a previous anaphylactic reaction are at increased risk. If an exposure to an allergen is thought to have occurred and the student feels unwell in any way, the Student Action Plan will be followed including any appropriate emergency measures such as hospitalisation and the parents will be notified.

#### 1.4 Senior School procedure

- 1.4.1 For all off-campus activities and excursions, including sport, students are required to take and carry their own autoinjector and Anaphylaxis Plan at all times. **For all off-campus activities, supervising staff are required to carry a student's back-up assigned autoinjector, which is obtained from the Health Centre prior to departure for the activity by the supervising or overseeing staff member.** For all off-campus activities, staff are required to carry a school mobile phone at all times to facilitate communication with emergency services in the event of any emergency.
- 1.4.2 The staff member overseeing the activity carries the responsibility of ensuring the provision of the assigned student autoinjector and student Anaphylaxis Plan, the Health Centre assigned student autoinjector and student Anaphylaxis Plan, the appropriate (for the activity) First Aid Kit and the School mobile phone.
- 1.4.3 The return of both the Health Centre-held student assigned autoinjector and Anaphylaxis Management Plans following the activity or excursion is the responsibility of the supervising teacher.
- 1.4.4 School parents are responsible for the provision of both an 'in date' autoinjector and Anaphylaxis Plan on an annual basis.
- 1.4.5 Parents are advised that students with severe allergies have their photos and anaphylaxis plans displayed in the staff rooms, on Nexus and on the School data base (Synergetic) as a reference point for teaching staff to ensure they can provide the best possible care in cases of emergency.
- 1.4.6 Senior and Junior School staff are required to make themselves familiar with the photographs of students with severe allergies as displayed in the staff room, and on Synergetic.
- 1.4.7 Children who are highly allergic to any allergens are at risk of anaphylaxis if exposed. Those who have had a previous anaphylactic reaction are at increased risk. If an exposure to an allergen is thought to have occurred and the student feels unwell in any way, the Student Action Plan will be followed including any appropriate emergency measures such as hospitalisation and the parents will be notified.





## 1.5 Boarding House procedure

- 1.5.1 For all off-campus activities and excursions, including sport, students are required to take and carry their own autoinjector and Anaphylaxis Plan at all times. **For all off-campus activities, supervising staff are required to carry a student's back-up assigned autoinjector, which is obtained from the Health Centre prior to departure for the activity by the supervising or overseeing staff member.** For all off-campus activities, staff are required to carry a school mobile phone at all times to facilitate communication with emergency services in the event of any emergency.
- 1.5.2 The staff member overseeing the activity carries the responsibility of ensuring the provision of the assigned student autoinjector and student Anaphylaxis Plan, the Health Centre assigned student autoinjector and student Anaphylaxis Plan, the appropriate (for the activity) First Aid Kit and the School mobile phone.
- 1.5.3 The return of both the Health Centre-held student assigned autoinjector and Anaphylaxis Management Plans following the activity or excursion is the responsibility of the supervising teacher.
- 1.5.4 Generic autoinjectors are located in multiple locations within the boarding precinct and all boarding staff are expected to familiarise themselves with these locations.
- 1.5.5 School parents are responsible for the provision of both an 'in date' autoinjector and Anaphylaxis Plan on an annual basis.
- 1.5.6 Parents are advised that students with severe allergies have their photos and anaphylaxis plans displayed in the staff rooms, on Nexus and on the School data base (Synergetic) as a reference point for teaching staff to ensure they can provide the best possible care in cases of emergency.
- 1.5.7 Boarding staff are required to make themselves familiar with the photographs of students with severe allergies as displayed in the relevant area of the boarding house, and on Synergetic.
- 1.5.8 Children who are highly allergic to any allergens are at risk of anaphylaxis if exposed. Those who have had a previous anaphylactic reaction are at increased risk. If an exposure to an allergen is thought to have occurred and the student feels unwell in any way, the Student Action Plan will be followed including any appropriate emergency measures such as hospitalisation and the parents will be notified.

## 2 ANAPYLAXIS MANAGEMENT STRATEGIES

### 2.2 STAFF ACTION IN EMERGENCY MANAGEMENT OF SERIOUS ALLERGIES INCLUDING THE USE OF AN AUTOINJECTOR:

- 2.2.1 As a part of the duty of care owed to students, teachers are required to administer first aid when necessary and within the limits of their skill, expertise and training.
- 2.2.2 In the case of anaphylaxis this includes following the student's Action Plan and administering an autoinjector if necessary. It should be noted that a teacher's duty of care is greater than that of an ordinary citizen in that a teacher is obliged to assist an injured student, while an ordinary citizen may choose to do nothing.
- 2.2.3 The student's individual Allergy Management Plan will document the action required. Any student with an identified anaphylactic reaction will have his/her Action Plan documented in the anaphylactic area of the medical details section on the School database and noted in "Public Medical Alert".
- 2.2.4 The names of students who are at risk of severe allergy and the nature of these allergies, are individually recorded on class lists on Nexus and Synergetic and are prominently displayed in respective Staffrooms and Boarding Houses.
- 2.2.5 It is a school requirement that **staff who take students off campus for any reason e.g. excursions, sporting activities print out a "Confidential Student Medical Alert with Contacts" Synergetic Report. This is to be taken with them and kept secure. Staff are to ensure that**





**students have their autoinjectors and Anaphylaxis Management Action Plans with them before leaving and any students who does not, cannot attend the activity.**

- 2.2.6 All staff are trained in the use of an autoinjector and in the signs and symptoms of allergic reactions.

**2.3 STAFF ACTION IN THE EVENT OF ANAPHYLAXIS**

**2.3.1 During School Hours:**

- 2.3.1.1 In the event of suspected or confirmed student anaphylaxis, staff must follow the student's Anaphylaxis Management Plan and then contact the Health Centre on (852) internal or 5338 0852 (external) immediately.
- 2.3.1.2 Health Centre staff will provide short-term guidance, attend in person as soon as possible if event is on campus, and ring for ambulance if/when anaphylaxis is confirmed. If event is off campus, ambulance services are to be called on the suspicion of anaphylaxis.
- 2.3.1.3 Staff are to remain with affected student at least until Health Centre staff attend, or until ambulance arrives, if off campus.
- 2.3.1.4 Staff are to follow directives given by Health Centre staff or ambulance personnel.
- 2.3.1.5 Attending staff or Health Centre staff are to complete an *Accident / Incident or Near Miss Form online* as soon as practical following the event.

**2.3.2 Out of School Hours:**

- 2.3.2.1 As above but no Health Centre call or attendance, call to be straight to ambulance services.
- 2.3.2.2 In the event of suspected or confirmed student anaphylaxis, staff are to contact the relevant emergency service ambulance (000) immediately.
- 2.3.2.3 Ambulance services will provide short-term guidance and attend in person as soon as possible.
- 2.3.2.4 Staff are to remain with affected student until ambulance services attend.
- 2.3.2.5 Staff are to follow directives given by ambulance services personnel.
- 2.3.2.6 Attending staff are to complete an *Accident / Incident or Near Miss Form online* as soon as practical following the event.
- 2.3.2.7 The submission of an Anaphylactic event on an Incident Report will be reviewed initially by the Risk Management Committee.

**2.4 STRATEGIES TO REDUCE EXPOSURE TO ALLERGENS:**

- 2.4.1 The following checklist will be audited annually during the policy review.

- 2.4.1.1 Ballarat Grammar will endeavour to take reasonable measures to minimise the allergen exposure of members of the school community. The School will aim, where possible, to limit allergen exposure to students at school.
- 2.4.1.2 A key feature of our risk minimisation strategy is to inform all students of the risks of sharing lunches. Regular discussions with all classes will emphasise the importance of eating their own food and of not sharing foods, as this poses a significant risk for some students.
- 2.4.1.3 It is generally requested that parents/guardians avoid sending nuts or nut spreads such as Nutella and peanut butter to school in lunchboxes, in particular if a class member has a known nut allergy.
- 2.4.1.4 Provoking a student with a known allergy will be regarded with the utmost seriousness according to the Behavioural Expectations Policy and could result in immediate suspension.
- 2.4.1.5 Other risk minimisation strategies are listed below, and it is requested that all staff, students and families familiarise themselves with the recommendations to make the environment as safe as possible for those in the Grammar family affected with serious allergies.



<b>Risk</b>	<b>Strategy</b>
<b>Trigger food in canteen and dining room. (e.g. peanut butter)</b>	Identify foods that contain or are likely to contain common trigger substances (i.e. nuts) and replace them with other nutritious foods. Clearly label foods that may contain nuts. Parents are requested to liaise with the canteen supervisor. A crystal report is available on Synergetic (“student anaphylaxis list”) which lists all students with identified anaphylaxis (including their photographs). Canteen and kitchen staff are to be given a list of anaphylactic students.
<b>Planned class parties</b>	Advise parents of risk foods ahead of time so that they can provide suitable foods and request that risk foods are avoided. Parents of students with allergy to organise specific foods for their child
<b>Insect bite allergies</b>	Ensure all students wear shoes at all times, except when in the swimming pool complex.
<b>Medication allergies</b>  <b>Student taking other student’s medication</b>	Inform school community of policy about administration of medications and monitor implementation of policy to minimise students bringing unauthorized medications. Educate students and peers about medication allergies and the importance of taking medication prescribed only for them. Encourage affected students to wear medic alert bracelets or necklaces and implement effective procedures for administering prescribed medications at school.
<b>Latex allergies</b>	Arrange for allergic students or staff to avoid use of party balloons and contact with swimming caps and latex gloves if latex allergy is known. The Health Center only use non latex gloves.
<b>Science, crafts, cooking class</b>	Careful planning of cooking and Science classes and removal of risk food items. Craft items can also be risk items (e.g. egg cartons, milk containers, peanut butter jars, cereal boxes).
<b>Camps, excursions</b>	Teachers attending will be notified of any students with allergies and of their specific action plan. The camp facility will be notified about any students with allergies.

**References:**

- Australian Society of Clinical Immunology and Allergy Inc. *Guidelines for Prevention of Food Anaphylactic Reactions in Schools, Preschools and Childcare Centres.*
- BG Staff Handbook.
- Anaphylaxis Guidelines – *A resource for managing severe allergies in Victorian Government Schools* – Nov 2006.
- Grammar Behavioural Expectations Policy