



## **POLICY STATEMENT:**

Ballarat Grammar is committed to providing a safe learning environment for all our students and in particular to minimise the risk of allergen exposure. It is our policy:

- To provide, as far as practicable, a safe and supportive environment in which students at risk of allergies can participate equally in all aspects of the student's schooling;
- To raise awareness about allergies and the School's allergy and anaphylaxis management in the school community;
- To engage with parents/guardians of each student at risk of allergies when assessing risks and developing risk minimisation strategies for the student; and
- To ensure that staff have knowledge about allergies, anaphylaxis and the School's guidelines and procedures in responding to an anaphylactic reaction.

Anaphylaxis is a severe and life-threatening allergic reaction. Allergies, particularly food allergies are common in children. The most common causes of allergic reaction in young children are foods, bee or other insect stings, and some medications. A reaction can develop within minutes of exposure to the allergen and young children may not be able to identify or communicate the symptoms of anaphylaxis. With planning and training, many reactions can be prevented, however when a reaction occurs, good planning, training and communication can ensure the reaction is treated effectively by using an adrenaline injector (EpiPen® or Anapen®).

In a School that is open to the general community and provides accommodation to its students through its boarding facilities, it is not possible to achieve a completely allergen-free environment. A range of procedures and risk minimisation strategies, including strategies to minimise exposure to known allergens, can reduce the risk of allergic reactions including anaphylaxis.

For effective implementation of this policy, it must be integrated into philosophy, practices and plans to be the business of everyone employed or educated at the School.

## **DETAIL:**

### **Definitions:**

**Adrenaline injector-** An intramuscular injection device containing a single dose of adrenaline designed to be administered by people who are not medically trained. Two brands of adrenaline injectors are currently available in Australia:

- EpiPen®
- Anapen®

As EpiPen® and Anapen® products have different administration techniques, only one brand should be prescribed per individual and their ASCIA Action Plan for Anaphylaxis must be specific for the brand they have been prescribed. Staff should know how to administer both brands of adrenaline injectors. Used adrenaline injectors should be placed in a hard plastic container or similar and given to the paramedics or placed in a rigid sharps disposal unit or another rigid container if a sharps container is not available.

**Allergen-** A substance that can cause an allergic reaction.

**Allergy-** An immune system response to something in the environment which is usually harmless, e.g.: food, pollen, dust mite. These can be ingested, inhaled, injected or absorbed. Almost always, food needs to be ingested to cause a severe allergic reaction(anaphylaxis) however, measures should be in place for students to avoid touching food they are allergic to.





**Allergic reaction-** A reaction to an allergen. Common signs and symptoms include one or more of the following:

- Mild to moderate signs and symptoms:
  - Hives or welts;
  - Tingling mouth;
  - Swelling of the face, lips and/or eyes;
  - Abdominal pain, vomiting and/or diarrhoea are mild to moderate symptoms; however, these are **severe** reactions to insects.
- Signs and symptoms of anaphylaxis are:
  - Difficult/noisy breathing;
  - Swelling of the tongue;
  - Swelling/tightness in the throat;
  - Difficulty talking and/or hoarse voice;
  - Wheeze or persistent cough;
  - Persistent dizziness or collapse (young children may be pale or floppy).

**Anapen®-** A type of adrenaline injector containing a single fixed dose of adrenaline.

Three strengths are available: an Anapen® 250 and an Anapen® 300 and Anapen® 500, and each is prescribed according to an individual's weight:

- The Anapen® 150 is recommended for an individual weighing 7.5–20kg.
- An Anapen® 300 is recommended for use when an individual weighs more than 20kg.
- An Anapen® 500 may be prescribed for individuals over 50kg.

The student's ASCIA Action Plan for Anaphylaxis must be specific for the brand they have been prescribed.

**Anaphylaxis-** A severe, rapid and potentially life-threatening allergic reaction that affects normal functioning of the major body systems, particularly the respiratory (breathing) and/or circulation systems.

**Anaphylaxis management training-** Training that includes recognition of allergic reactions, strategies for risk minimisation and risk management, procedures for emergency treatment and facilitates practise in the administration of treatment using an adrenaline autoinjector trainer. Approved training is listed on the ACECQA website.

**ASCIA Action Plan for Anaphylaxis/Allergic Reactions-** A standardised emergency response management plan for anaphylaxis prepared and signed by the student's treating, registered medical or nurse practitioner that provides the student's name and confirmed allergies, a recent photograph of the student, a description of the prescribed anaphylaxis medication for that student and clear instructions on treating an anaphylactic episode. The plan must be specific for the brand of adrenaline injector prescribed for each student. Examples of plans specific to different adrenaline injector brands are available for download on the Australasian Society of Clinical Immunology and Allergy (ASCIA) website:

<https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>

**EpiPen®-** A type of adrenaline injector containing a single fixed dose of adrenaline which is delivered via a spring-activated needle that is concealed until administration is required. Two strengths are available: an EpiPen® and an EpiPen Jr®, and each is prescribed according to an individual's weight:

- The EpiPen Jr® is recommended for an individual weighing 10–20kg.
- An EpiPen® is recommended for use when an individual weighs more than 20kg.

The student's ASCIA Action Plan for anaphylaxis must be specific for the brand they have been prescribed.

**Intolerance-** Often confused with allergy, intolerance is an adverse reaction to ingested foods or chemicals experienced by the body but not involving the immune system.

**No food sharing-** A practice in which a student at risk of anaphylaxis only eats food that is supplied/permitted by their parents/guardians and does not share food with, or accept food from, any other person.





## Part 1- Allergies

- Allergies occur when the immune system reacts to substances (allergens) in the environment, which are usually harmless. Common allergens include, but are not limited to:
  - Foods-
    - 1.1.1. Peanuts and nuts;
    - 1.1.2. Shellfish and fish;
    - 1.1.3. Milk; or
    - 1.1.4. Egg.
  - Insect bites-
    - 1.2.1. Bees;
    - 1.2.2. Wasps; or
    - 1.2.3. Jumper ants.
  - Medications-
    - 1.3.1. Antibiotics; or
    - 1.3.2. Aspirin.
  - Latex-
    - 1.4.1. Rubber gloves;
    - 1.4.2. Balloons; or
    - 1.4.3. Swimming caps.
- Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening.

## Part 2- Being Allergy Aware

- Given the number of foods to which a student may be allergic to, it is not possible to remove all allergens. It is better for the Ballarat Grammar community to become aware of the risks associated with allergies and for the School to implement practical, age-appropriate strategies to minimise exposure to known allergens.
- At Ballarat Grammar we do not promote that we either 'ban nuts' or are 'nut-free'. Promoting a school as 'nut-free' is not recommended for the following reasons:
  - 2.1 It is impractical to implement and enforce;
  - 2.2 There is no evidence of effectiveness;
  - 2.3 It does not encourage the development of strategies for avoidance in the wider Ballarat Grammar community; and
  - 2.4 It may encourage complacency about risk minimisation strategies (for teachers, students and parents/guardians) if a food is banned.
- The School considers that being 'allergy aware' is a more appropriate term.
- Whilst the School does not claim to be 'nut-free', minimising exposure to particular foods such as peanuts and tree nuts can reduce the level of risk. This can include removing nut spreads and products containing nuts from the school canteen but does not include removing products that 'may contain traces' of peanuts and tree nuts.
- The School may also choose to request that parents/guardians of classmates of a young student (CEEEd-Year 6) do not include nut spreads in sandwiches or products containing nuts in their lunch box.

## Part 3- Safe Work Practices

- Ballarat Grammar has developed the following work practices and procedures to increase allergy awareness:
  - 1.1. Identification of Students at Risk.
  - 1.2. Parents/carers are requested to notify the school of all medical conditions including allergies. Refer to our *Medical Records (Student) Policy*.
  - 1.3. Students who are identified as suffering from severe allergies that may cause anaphylactic shock are considered high risk and are managed through our Anaphylaxis Management procedures, as outlined in this policy below.





- 1.4. All Chefs/Cooks, Approved Supervisors and Approved Food Handlers are trained during their induction process and receive ongoing on the job training in preparing menus that are responsive to allergy requirements.
- 1.5. Any request for an allergen free meal is clearly identified using the Catering Request Form or Junior School Lunch order form.
- 1.6. If the School is preparing an allergen-free meal, they ensure the following occurs:
  - 1.6.1. Allergen free meals must be made prior to other meals to minimise cross contamination;
  - 1.6.2. The label must include the person's name and their food allergy or dietary requirement;
  - 1.6.3. Food Handlers must be advised that allergen-free meals are being prepared;
  - 1.6.4. A designated area must be allocated to the production of the allergen-free food for the duration of the preparation stages.

## Part 4- Raising Peer Awareness

1. Peer support and understanding is important for the student at risk of allergies (in particular anaphylaxis).
2. Staff can raise awareness through fact sheets or posters displayed in hallways, canteens and classrooms or in class lessons.
3. Class teachers can discuss the topic with students in class, with a few simple key messages:
  - 3.1 Always take food allergies seriously – severe allergies are no joke;
  - 3.2 Don't share your food with friends who have food allergies or pressure them to eat food that they are allergic to;
  - 3.3 Not everyone has allergies – discuss common symptoms;
  - 3.4 Wash your hands before and after eating;
  - 3.5 Know what your friends are allergic to;
  - 3.6 If a schoolmate becomes sick, get help immediately; and
  - 3.7 Be respectful of a schoolmate's medical kit.
4. It is important to be aware that some parents/guardians may not wish their child's identity to be disclosed to the wider school community, this may also apply to the student themselves. It is therefore recommended that this be discussed with the student and their parents/guardians.

## Part 5- Bullying Prevention

1. A student at risk of allergies can have an increased risk of bullying in the form of teasing, tricking a student into eating a particular food or threatening a student with the substance that they are allergic to, such as peanuts.
2. Ballarat Grammar seeks to address this issue through raising peer awareness so that the students involved in such behaviour are aware of the seriousness of allergic reactions.
3. Any attempt to harm a student at risk of anaphylaxis with an allergen is treated as a serious and dangerous incident and treated accordingly under the School's *Bullying Prevention and Intervention Policy*.

## Part 6- Raising General School Community Awareness

1. Ballarat Grammar takes active steps to raise awareness about allergies and anaphylaxis in the school community so that parents/guardians of all students have an increased understanding.
2. These steps include providing information about our allergy awareness strategy to the broader School community through newsletters, fact sheets, posters and other publications.

## Part 7- Developing Strong Communications with Parents/Guardians of High-Risk Students

1. Parents/guardians of a student who is at risk of allergies (in particular anaphylaxis) may experience high levels of anxiety about sending their child to school.
2. It is important to encourage an open and cooperative relationship with parents/guardians so that they feel confident that appropriate risk minimisation strategies are in place.





3. In addition to implementing risk minimisation strategies, the anxiety that parents/guardians and the student may feel can be considerably reduced by keeping them informed of the increased education, awareness and support from the Ballarat Grammar community.

## **Part 8- Anaphylaxis Communication and Management Plans**

1. Education about serious allergies/anaphylaxis in the School Community:
  - 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.
  - 1.2. 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 via the School's online learning platform and will cover:
    - 1.2.1. The School's anaphylaxis management policy;
    - 1.2.2. The causes, symptoms and treatment of anaphylaxis;
    - 1.2.3. The identities of students diagnosed at risk of anaphylaxis and where their medication is located;
    - 1.2.4. How to use an autoinjector, including hands on practise with a trainer autoinjector; and
    - 1.2.5. The School's first aid and emergency response procedures.
  - 1.3. The Deputy Head overseeing the Health Centre is responsible for ensuring that the School complies with any guidelines that the Department of Education publishes and/or amends relating to anaphylaxis management.
  - 1.4. 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.
  - 1.5. 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.
  - 1.6. 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.
  - 1.7. 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.
  - 1.8. 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.
2. Anaphylaxis Management Plans:
  - 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.
  - 2.2. These plans will be reviewed and updated annually (at the commencement of the year) or, if the following circumstances occur:
    - 2.2.1. A student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction changes;
    - 2.2.2. As soon as is practicable after a student has an anaphylactic reaction at school; and
    - 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.



- 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.
- 2.4. An individual anaphylaxis management plan will set out the following:
  - 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);
  - 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;
  - 2.4.3. The name of the person/s responsible for implementing the strategies;
  - 2.4.4. Information on where the student's medication will be stored;
  - 2.4.5. The student's emergency contact details; and
  - 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.
- 2.5. Parents of students with allergies are required to provide medical information so that the school has a current, preferably coloured, ASCIA plan for each student, that outlines Emergency Procedures Plan (anaphylaxis/allergy action plan) providing appropriate emergency procedures, signed and dated by a doctor, which is to be reviewed:
  - 2.5.1. Every 12-18 months when a new prescription is obtained;
  - 2.5.2. If the student's medical condition changes; and
  - 2.5.3. Immediately after a student has had an anaphylactic reaction at school.
- 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:
  - 2.6.1. Inform the School if their child's medical condition changes and, if relevant, provide an updated emergency procedures plan;
  - 2.6.2. Supply the autoinjectors and other required medication and ensuring that the medication has not expired; and
  - 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.
- 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.
- 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.
- 2.9. In the Junior School, autoinjectors are stored in the Junior School sickbay. In the Middle and Senior Schools, 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).
- 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.



- 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.
- 2.12. The purchase of surplus autoinjectors will be made by the Headmaster's delegate (the Health Centre Manager) having considered:
  - 2.12.1. The number of students enrolled at risk of anaphylaxis;
  - 2.12.2. The accessibility of adrenaline autoinjectors supplied by parents;
  - 2.12.3. The availability of a sufficient supply of autoinjectors for general use in specified locations at the School, including the school yard, at excursions, camps and special events conducted, organised or attended by the School and
  - 2.12.4. 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.

## Part 9- Anaphylaxis Management Procedures

### 1. Junior School Procedure:

- 1.1. 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 mobile phone at all times to facilitate communication with emergency services in the event of any emergency.
- 1.2. 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 a mobile phone.
- 1.3. The return of both the student assigned autoinjectors and Anaphylaxis Management Plans following the activity or excursion is the responsibility of the supervising teacher.
- 1.4. 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.
- 1.5. Parents/Guardians are responsible for the provision of both an 'in date' autoinjector and Anaphylaxis Plan on an annual basis.
- 1.6. 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.
- 1.7. 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.
- 1.8. Students 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.
- 1.9. All procedures and action taken should be completed in conjunction with any advice from the Health Centre, the School's First Aid policy, completed training and the Emergency Response Manual for the relevant area.

### 2. Middle and Senior Schools Procedure:

- 2.1. 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 mobile phone at all times to facilitate communication with emergency services in the event of any emergency.





- 2.2. 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 a mobile phone.
- 2.3. 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.
- 2.4. Parents/Guardians are responsible for the provision of both an 'in date' autoinjector and Anaphylaxis Plan on an annual basis.
- 2.5. 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.
- 2.6. Middle and Senior 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.
- 2.7. Students 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.
- 2.8. All procedures and action taken should be completed in conjunction with any advice from the Health Centre, the School's First Aid policy, completed training and the Emergency Response Manual for the relevant area.
3. Boarding House Procedure:
  - 3.1. 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 mobile phone at all times to facilitate communication with emergency services in the event of any emergency.
  - 3.2. 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 a mobile phone.
  - 3.3. 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.
  - 3.4. Generic autoinjectors are located in multiple locations within the boarding precinct and all boarding staff are expected to familiarise themselves with these locations.
  - 3.5. Parents/Guardians are responsible for the provision of both an 'in date' autoinjector and Anaphylaxis Plan on an annual basis.
  - 3.6. 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.
  - 3.7. 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.
  - 3.8. Students 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.
  - 3.9. All procedures and action taken should be completed in conjunction with any advice from the Health Centre, the School's First Aid policy, completed training and the Emergency Response Manual for the relevant area.





## Part 10- Anaphylaxis Management Strategies

1. Staff Action in Emergency Management of Serious Allergies including the use of an Auto-injector:
  - 1.1. 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.
  - 1.2. 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.
  - 1.3. The student's individual Allergy Management Plan will document the action required. Any student with an identified anaphylactic reaction will have their Action Plan documented in the anaphylactic area of the medical details section on the School database and noted in "Public Medical Alert".
  - 1.4. 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.
  - 1.5. 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.**
  - 1.6. All staff are trained in the use of an autoinjector and in the signs and symptoms of allergic reactions.
2. Staff Action in the event of Anaphylaxis
  - 2.1. During School Hours:
    - 2.1.1. 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.
    - 2.1.2. 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.
    - 2.1.3. Staff are to remain with affected student at least until Health Centre staff attend, or until ambulance arrives, if off campus.
    - 2.1.4. Staff are to follow directives given by Health Centre staff or ambulance personnel.
    - 2.1.5. Attending staff or Health Centre staff are to complete an *Accident / Incident or Near Miss Form online* as soon as practical following the event.
  - 2.2. Out of School Hours:
    - 2.2.1. As above but no Health Centre call or attendance, call to be straight to ambulance services.
    - 2.2.2. In the event of suspected or confirmed student anaphylaxis, staff are to contact the relevant emergency service ambulance (000) immediately.
    - 2.2.3. Ambulance services will provide short-term guidance and attend in person as soon as possible.
    - 2.2.4. Staff are to remain with affected student until ambulance services attend.
    - 2.2.5. Staff are to follow directives given by ambulance services personnel.
    - 2.2.6. Attending staff are to complete an *Accident / Incident or Near Miss Form online* as soon as practical following the event.
    - 2.2.7. The submission of an Anaphylactic event on an Incident Report will be reviewed initially by the Risk Management Committee.
3. Strategies to Reduce Exposure to Allergens:
  - 3.1. The checklist below (Annexure A) will be audited annually during the policy review.
  - 3.2. 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.



- 3.3. 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.
- 3.4. 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.
- 3.5. Provoking a student with a known allergy will be regarded with the utmost seriousness according to the *Behavioural Expectations* policy and the *Bullying Prevention and Intervention* policy and could result in immediate suspension.
- 3.6. 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.

### **Part 11- Staff Responsibility**

1. All workers must be allergy aware and actively promote Ballarat Grammar as an allergy aware school.
2. All staff must adhere to the School's processes including but not limited to training, receipt of goods, storage, preparation, completing the Allergen Declaration Cards, service and transport.

### **Part 12- Signage**

1. Allergy awareness signage is posted in the staffroom and in other locations around the school.

### **Part 13- Implementation**

1. This policy is implemented through a combination of:
  - 1.1 Ballarat Grammar premises inspections (to identify wasp and beehives);
  - 1.2 Staff training and supervision;
  - 1.3 Maintenance of medical records;
  - 1.4 Effective incident notification procedures;
  - 1.5 Effective communication procedures with the student's parents/guardians; and
  - 1.6 Effective communication procedures with the broader school community.

### **Part 14- Review**

1. Ballarat Grammar is committed to the continuous review and improvement of all its operations, including this policy.
2. It is the responsibility of the Health Centre Manager to regularly monitor and review the effectiveness of the Allergy Awareness and Anaphylaxis Management Policy to ensure it is working in practice and revise the policy when required.

### **Part 15- Breach of Policy**

1. All staff employed by Ballarat Grammar are expected to enact all policies in support of student and community learning, health, safety and wellbeing.





**Annexure A**

<b>Risk</b>	<b>Strategy</b>
<b>Trigger food in canteen and dining room. (e.g. peanut butter)</b>	<ul style="list-style-type: none"><li>• Identify foods that contain or are likely to contain common trigger substances (i.e. nuts) and replace them with other nutritious foods.</li><li>• Clearly label foods that may contain nuts.</li><li>• Parents are requested to liaise with the canteen supervisor.</li><li>• A crystal report is available on Synergetic (“student anaphylaxis list”) which lists all students with identified anaphylaxis (including their photographs).</li><li>• Canteen and kitchen staff are to be given a list of anaphylactic students.</li></ul>
<b>Planned class parties</b>	<ul style="list-style-type: none"><li>• 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</li></ul>
<b>Insect bite allergies</b>	<ul style="list-style-type: none"><li>• Ensure all students wear shoes at all times, except when in the swimming pool complex.</li></ul>
<b>Medication allergies</b>  <b>Student taking other student’s medication</b>	<ul style="list-style-type: none"><li>• Inform school community of policy about administration of medications and monitor implementation of policy to minimise students bringing unauthorized medications.</li><li>• Educate students and peers about medication allergies and the importance of taking medication prescribed only for them.</li><li>• Encourage affected students to wear medic alert bracelets or necklaces and implement effective procedures for administering prescribed medications at school.</li></ul>
<b>Latex allergies</b>	<ul style="list-style-type: none"><li>• 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.</li></ul>
<b>Science, crafts, cooking class</b>	<ul style="list-style-type: none"><li>• 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).</li></ul>
<b>Camps, excursions</b>	<ul style="list-style-type: none"><li>• 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.</li></ul>



**Annexure B**

<p><b>RESPONSIBILITIES</b></p> <p><b>R indicates legislation requirement</b></p>	<p>Approved provider and persons with management or control</p>	<p>Nominated supervisor and persons in day-to-day charge</p>	<p>Early childhood teacher, educators and all other staff</p>	<p>Parents/guardians</p>	<p>Contractors, volunteers and students</p>
Ensuring that an anaphylaxis policy, which meets legislative requirements and includes a risk minimisation plan and communication plan, is developed and displayed at the service, and reviewed annually	R	√			
Providing approved anaphylaxis management training to staff as required under the <i>National Regulations</i>	R	√			
Ensuring that at least one staff member with current approved anaphylaxis management training is in attendance and immediately available at all times the School is in operation	R	√			
Ensuring that all staff have approved first aid qualifications, anaphylaxis management training and emergency asthma management training that are current, meet the requirements of the National Act ( <i>Section 169(4)</i> ) and National Regulations ( <i>Regulation 137</i> ), and are approved by ACECQA	R	√			
Providing opportunities for staff to undertake food allergen management training	√	√			
Develop an anaphylaxis emergency response plan which follows the ASCIA Action Plan and identifies staff roles and responsibilities in an anaphylaxis emergency. Emergency response plans should be practised at least once a year. Separate emergency response plans must be developed for any off-site activities.	√	√	√		√
Ensuring staff are aware of the procedures for first aid treatment for anaphylaxis	R	√	√		
Ensuring all staff, parents/guardians, contractors, volunteers and students are provided with and have read the <i>Dealing with Medical Conditions Policy</i>	R	√			
Ensuring that staff undertake ASCIA anaphylaxis refresher e-training practice administration of treatment for anaphylaxis using an adrenaline auto-injector trainer twice a year, and that participation is documented on the staff record	R	√			
Ensuring the details of approved anaphylaxis management training are included on the staff record including details of training in the use of an adrenaline auto-injectors	R	√	√		
Ensuring that parents/guardians or a person authorised in the enrolment record provide written consent to the medical treatment or ambulance transportation of a student in the event of an emergency, and that this authorisation is kept in the enrolment record for each student	R	√		√	
Ensuring that parents/guardians or a person authorised in the student's enrolment record provide written authorisation for excursions outside the School's premises	R	√	√	√	
Identifying students at risk of anaphylaxis during the enrolment process and informing staff	√	√	√		
In the case of a student having their first anaphylaxis whilst at the service, the general use adrenaline auto-injector should be given to the student immediately, and an ambulance called. If the general use adrenaline auto-	√	√	√		√



injector is not available, staff will follow the ASCIA First Aid Plan including calling an ambulance					
Following appropriate reporting procedures set out in standard operating procedures in the event that a student is ill or is involved in a medical emergency or an incident at the School that results in injury or trauma	R	√	√		√
Displaying a notice prominently at the service stating that a student diagnosed as at risk of anaphylaxis is being cared for and/or educated by the service	R	√			
Ensuring the enrolment checklist for students diagnosed as at risk of anaphylaxis is completed	R	√			
Ensuring an ASCIA Action Plan for Anaphylaxis/ ASCIA Action Plan for Allergic Reactions completed by the student's doctor or nurse practitioner is provided by the parents are included in the student's individual anaphylaxis health care plan	R	√	√		
Ensuring risk management plan and communications plan are developed for each student at the service who has been medically diagnosed as at risk of anaphylaxis, in consultation with that student's parents/guardians and with a registered medical practitioner and is reviewed annually	R	√	√		
Ensuring individualised anaphylaxis care plans are reviewed when a student's allergies change or after exposure to a known allergen while attending the service or before any special activities (such as off-site activities) ensuring that information is up to date and correct, and any new procedures for the special activity are included		√	√		√
Ensuring that all students diagnosed as at risk of anaphylaxis have details of their allergy, their ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions and their risk minimisation plan filed with their enrolment record that is easily accessible to all staff	R	√	√		
Ensuring an individualised anaphylaxis care plan is developed in consultation with the parents/guardians for each student		√	√		
Compiling a list of students at risk of anaphylaxis and placing it in a secure but readily accessible location known to all staff. This should include the ASCIA Action and ASCIA Action Plan for Allergic Reactions Plan for anaphylaxis for each child		√	√		
Ensuring that all staff, including casual and relief staff, are aware of students diagnosed as at risk of anaphylaxis, their signs and symptoms, and the location of their adrenaline injector and ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions	R	√	√		√
Ensuring parents/guardians of all students at risk of anaphylaxis <b>provide an unused, in-date</b> adrenaline injector if prescribed at all times their child is attending the service. Where this is not provided, students will be unable to attend the service		√	√	√	√
Ensuring that the student's ASCIA Action Plan for anaphylaxis is specific to the brand of adrenaline injector prescribed by the student's medical or nurse practitioner		√	√		
Following the student's ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions in the event of an allergic reaction, which may progress to anaphylaxis			√		√
Following the ASCIA Action Plan/ASCIA First Aid Plan consistent with current national recommendations and ensuring all staff are aware of the procedure	R	√	√		√
Ensuring that the adrenaline injector is stored in a location that is known to all staff, including casual and relief staff, is easily accessible to adults both indoors and outdoors (not locked away) but not readily accessible to young children, and away from direct sources of heat, sunlight and cold	R	√	√		√
Ensuring adequate provision and maintenance of adrenaline injector kits	R	√	√	√	√
Ensuring the expiry date of adrenaline auto-injectors (prescribed and general use) are checked regularly (quarterly) and replaced when required	R	√	√		√
Ensuring that staff who accompany children at risk of anaphylaxis outside the service carry a fully equipped adrenaline auto-injector kit along with the ASCIA	R	√			



Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions, for each student diagnosed as at risk of anaphylaxis					
Ensuring that medication is administered in accordance with relevant regulations ( <i>refer to Medication Administration policy and Dealing with Medical Conditions policy</i> )	R	√	√		√
Ensuring that emergency services and parents/guardians of a student are notified by phone as soon as is practicable if an adrenaline auto-injector has been administered to a student in an anaphylaxis emergency without authorisation from a parent/guardian or authorised nominee	R	√	√		√
Ensuring that a medication record is kept that includes all details required by relevant regulations for each student to whom medication is to be administered	R	√	√		√
Ensuring that written notice is given to a parent/guardian as soon as is practicable if medication is administered to a student in the case of an emergency	R	√	√		√
Ensuring that students at risk of anaphylaxis are not discriminated against in any way	R	√	√		√
Ensuring that students at risk of anaphylaxis can participate in all activities safely and to their full potential	R	√	√		√
Ensuring programmed activities and experiences take into consideration the individual needs of all students, including students diagnosed as at risk of anaphylaxis	R	√	√		√
Immediately communicating any concerns with parents/guardians regarding the management of students diagnosed as at risk of anaphylaxis attending the School	R	√	√		√
Responding to complaints and notifying Department of Education, in writing and within 24 hours of any incident or complaint in which the health, safety or wellbeing of a student may have been at risk	R	√			
Displaying the Australasian Society of Clinical Immunology and Allergy (ASCIA) First Aid Plan for Anaphylaxis poster in key locations at the service	√	√			
Displaying Ambulance Victoria's AV How to Call Card near all service telephones	√	√			
Complying with the risk minimisation strategies identified as appropriate and included in individual anaphylaxis health care plans and risk management plans	R	√			
Organising allergy awareness information sessions for parents/guardians of students enrolled at the service, where appropriate	√	√			
Providing age-appropriate education to all students including signs and symptoms of an allergic reaction and what to do if they think their friend is having an allergic reaction.	√	√	√		√
Providing information to the service community about resources and support for managing allergies and anaphylaxis	√	√			
Providing support (including counselling) for staff who manage an anaphylaxis event and for the student who experienced the anaphylaxis and any witnesses	√	√	√		√