Allergy Awareness and Anaphylaxis Management Policy and Procedure

PURPOSE

Ballarat Grammar is committed to providing a safe learning environment for all our students including but not limited to boarding and international and exchange students to minimise the risk of allergen exposure. It is our policy:

- To provide, as far as practicable, a safe and supportive School and Boarding 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.
- To comply with Ministerial Order No. 706 – Anaphylaxis Management in Victorian Schools and School Boarding Premises.
- To comply with guidelines related to anaphylaxis management in schools as published and amended by the Department of Education from time to time
- 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.

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.

SCOPE

This procedure applies to all students, staff, contractors, volunteers and families across all year levels and settings and extends to the Centre of Early Education (CEEd).

POLICY STATEMENT

Ballarat Grammar is committed to providing a safe environment for all students, including those with life-threatening allergies. In the case of anaphylaxis, staff will respond promptly and effectively in accordance with ASCIA Anaphylaxis Action Plans. The school will maintain readily accessible emergency medication, such as adrenaline auto-injectors, and ensure all relevant staff are trained annually in recognising and responding to anaphylactic reactions. We are dedicated to promoting awareness, prevention and a rapid response to protect the health and safety of our students.

DEFINITIONS

Term	Definition
Adrenaline Autoinjector	An intramuscular injection device containing a single dose of adrenaline designed to be administered by people who are not medically trained. Used adrenaline autoinjectors should be placed in a hard plastic container or similar and given to the paramedics or placed in a rigid sharp's 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. Often, food needs to be ingested to cause a severe allergic reaction (anaphylaxis) however, measures should be in place for individuals to avoid touching or being exposed to 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 autoinjector containing a single fixed dose of adrenaline. Ballarat Grammar uses EpiPen as the generic autoinjector devices available around the School however some people with anaphylaxis may have an Anapen 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 strength 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. This is generally for students under 5. • 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 strength 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.
Jext®	A standard autoinjector similar in function to the EpiPen
Neffy®	A non-invasive nasal spray option reducing needle anxiety. It requires a firm press on the plunger to deliver adrenaline.
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.

GUIDELINES

Allergies

Allergies occur when the immune system reacts to substances (allergens) in the environment which are usually considered harmless. Common allergens include, but are not limited to:

Foods	Insect Bites	Medications	Latex
• Peanuts and nuts • Shellfish and fish • Milk • Egg.	• Bees • Wasps • Jumper ants.	• Antibiotics • Aspirin.	• Rubber gloves • Balloons • Band-Aids • Swimming caps.

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening.

Being Allergy Aware

- Given the number of foods to which an individual may be allergic to, it is not possible to remove all allergens. It is better for the Ballarat Grammar community to be 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:
  - It is impractical to implement and enforce.
  - There is no evidence of effectiveness.
  - It does not encourage the development of strategies for avoidance in the wider Ballarat Grammar community.

- 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 (CEEd-Year 6) do not include nut spreads in sandwiches or products containing nuts in their lunch box.

Emergency Response to Anaphylactic Reactions

- Ballarat Grammar maintains a complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction.
- During a normal school day Anaphylaxis Management Plans and ASCIA Action Plans are located within all school building sites and within the health center, staff rooms, boarding house and gymnasiums.

Safe Work Practices

- Ballarat Grammar has developed the following work practices and procedures to increase allergy awareness:
  - Identification of Students at Risk.
  - Parents/carers are requested to notify the school of all medical conditions including allergies. Refer to our *Medical Records (Student) Policy*.
  - Students who are identified as suffering from severe allergies that may cause anaphylaxis are considered high risk and are managed through our Anaphylaxis Management procedures, as outlined below.
  - 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.
  - Any request for an allergen free meal is clearly identified using the Catering Request Form or Junior School Lunch Order process.
  - If the School is preparing an allergen-free meal, they ensure the following occurs:
    - Allergen free meals must be made prior to other meals to minimise cross contamination.
    - The label must include the person's name and their food allergy or dietary requirement.
    - Food Handlers must be advised that allergen-free meals are being prepared.
    - A designated area must be allocated to the production of the allergen-free food for the duration of the preparation stages.

Raising Peer Awareness

- Peer support and understanding is important for the student at risk of allergies, in particular anaphylaxis.
- Staff can raise awareness through fact sheets or posters displayed in hallways, canteens and classrooms or in class lessons.
- Class teachers can discuss the topic with students in class, with a few simple key messages:
  - Always take food allergies seriously – severe allergies are no joke.
  - Don't share your food with friends who have food allergies or pressure them to eat food that they are allergic to.
  - Not everyone has allergies – discuss common symptoms.
  - Wash your hands before and after eating.
  - Know what your friends are allergic to.
  - If a schoolmate becomes sick, get help immediately.
  - Be respectful of a schoolmate's medical kit.

- 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.

Bullying Prevention

- 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.
- 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.
- 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 Procedures*.

Raising General School Community Awareness

- 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.
- These steps include providing information about our allergy awareness strategy to the broader School community through newsletters, fact sheets, posters and other publications.

Adrenaline Autoinjectors for General Use

- The Health Centre Manager is responsible for arranging for the purchase of additional adrenaline autoinjector(s) for general use and as back up to those supplied by parents.
- The Health Centre Manager will determine the number and type of adrenaline autoinjector(s) for general use to purchase and in doing so consider all of the following:
    - The number of students enrolled at the school that have been diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction.
    - The accessibility of adrenaline autoinjectors that have been provided by parents.
    - The availability of a sufficient supply of adrenaline autoinjectors for general use in specified locations at the school, including in the school yard, and at excursions, camps and special events conducted, organised or attended by the school.
    - That adrenaline 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 is first.
    - The Health Centre Manager is responsible for maintaining accurate records of EpiPen locations and ensuring that a map detailing these locations is accessible on Nexus and in all reception areas.
    - All adrenaline autoinjectors are to be stored in insulated red bags to remain easily identifiable.
    - The Health Centre Manager is responsible for ensuring age and weight appropriate adrenaline autoinjectors are available (EpiPen Jnr green label under <=20kgs and EpiPen yellow label over >=20kgs)

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

- 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.
- 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.
- 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.

Staff Responsibility

- All staff must be allergy aware and actively promote Ballarat Grammar as an allergy aware school.

- All staff must adhere to the School's processes including but not limited to training, receipt of goods, storage, preparation and transport.
- In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the Ballarat Grammar first aid and emergency response procedures and the student's ASCIA Action Plan.

Signage

Allergy awareness plans to be posted in the staffroom and in other prominent locations around the school. Where confidentiality is a concern, these plans should be compiled in alphabetical order (by surname) in accessible red folders.

Risk Management Checklist

The Principal completes an annual Risk Management Checklist to monitor our obligations, as published and amended by the Department from time to time.

MANDATORY TRAINING REQUIREMENTS

All staff (student facing and non-student facing), are required to complete the ASCIA Anaphylaxis e-training for Victorian Schools every two years to meet the School's anaphylaxis training requirements. In addition to the online module, staff must complete a practical competency assessment with the Health Centre Team to demonstrate the correct use of an adrenaline auto-injector device. Educators working within the CEEd are not required to complete this module, as their required first aid module (HLTAID012 – Provide First Aid in an Education and Care Setting) includes 22578VIC – Course in First Aid Management of Anaphylaxis within the course.

In addition, and in accordance with Ministerial Order 706, all staff, including CEEd staff, are also required to participate in twice-yearly anaphylaxis briefings. These briefings are delivered through CompliSpace using the School's internal anaphylaxis module and are mandatory in addition to the ASCIA e-training. The content of the briefings must be reviewed and updated annually to ensure it reflects current students diagnosed as at risk of anaphylaxis, relevant risk minimisation strategies, and current School procedures.

REVIEW

Ballarat Grammar is committed to the continuous review and improvement of all its operations, including this procedure. It is the responsibility of the Health Centre Manager to regularly monitor and review the effectiveness of the Allergy Awareness and Anaphylaxis Management Procedure to ensure they are working in practice and revise the document when required and after any related significant incident.

GOVERNANCE DOCUMENT RESPONSIBILITIES AND COMMUNICATIONS

All documentation within the Governance Framework will be communicated throughout the School including, but not limited to, internal communications such as Nexus posts, staff emails, staff inductions and documentation distribution.

Document Owners are responsible for identifying and managing information-related risks and issues for their assigned information entities and for escalating these to Approval Authorities accordingly. Owners of Governance Documents are accountable for their respective procedures, manuals and work instructions in alignment with their position descriptions.

Office Use Only

Document Control / History	
Document Code	CGS-009 Allergy Awareness and Anaphylaxis Management Policy and Procedure
Approval Authority	Principal
Document Owner / Responsible Officer	Health Centre Manager
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Supporting Documents
• CGS-028 First Aid Procedure • SSS-031 Asthma Policy • SSS-039 Health Centre Policy

Student Lifecycle / Pillars / Values / IDEALS / IB PYP Attributes					
Student Lifecycle	**Student Lifecycle Subsection**	**Pillars**	**Values**	**IDEALS**	**IB PYP Attributes**
• Student Recruitment • Delivery of Education Programs • Graduation & Community	• Marketing & Advertising • Enrolments & Offers • Finance • Teaching & Learning • Assessment • Experiences • Careers / Work Experience • Graduation • Old Grammarians / Alumni	• Governance & Leadership • Legislative & Regulatory Compliance • Complaints & Compliments • People & Culture • Finance • Community Engagement / Foundation • Property & Maintenance	• Integrity • Aspiration • Courage • Compassion • Responsibility • Hope	• Internationalism • Democracy • Environmentalism • Adventure • Leadership • Service	• Inquirers • Knowledgeable • Thinkers • Communicators • Principled • Open Minded • Caring • Risk Takers • Balanced • Reflective

Legislative Context
• Education & Training Reform Act 2006 (Vic) Education and Training Reform Act 2006 | legislation.vic.gov.au • Education & Care Service National Law Act 2010 Education and Care Services National Law Act 2010 | legislation.vic.gov.au • Education & Training Reform Regulations 2017 (Vic) Education and Training Reform Regulations 2017 | legislation.vic.gov.au • Education Services for Overseas Students (ESOS) Act 2000 Federal Register of Legislation - Education Services for Overseas Students Act 2000 • Ministerial Order 706 (Vic) Ministerial Order No. 706 – Anaphylaxis Management in Victorian Schools and School Boarding Premises • National Code of Practice for Providers of Education & Training to Overseas Students 2018 (National Code 2018) Federal Register of Legislation • National Quality Framework (NQF) National Quality Framework | ACECQA • National Code of Practice for Providers of Education and Training to Overseas Students 2018 • National Quality Standard (NQS) National Quality Standard | ACECQA • VRQA Minimum Standards - Standards and guidelines for schools | vrqa.vic.gov.au

Regulatory Context				
VRQA	**CRICOS / National Code / ESOS Act**	**ACECQA / Department of Education**	**International Baccalaureate**	**Other**
• VRQA Minimum Standards – s3		• National Quality Framework (NQF) –	• Student Wellbeing and safe learning environment –	

• Ministerial Order 706 (Vic) – s 6-12 • Education & Training Reform Act 2006 (Vic) - Part 2.5		QA2; Regs 90, 91, 136, 137 • ACECQA – National Regulations 90, 91, 168	Standards & Practices: Culture 1.1, Learning 3.2	

Appendix A – Responsibilities within CEEd

Responsibilities **R indicates legislation requirement**	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators, and all other staff	Parents/guardians	Contractors, volunteers, and students
Ensuring that an anaphylaxis policy, which meets legislative requirements *(Regulation 90)* and includes a medical management plan *(refer to Definitions)*, risk minimisation plan *(refer to Definitions))* and communication plan *(refer to Definitions)*, is developed and displayed at the service, and all plans are reviewed annually	**R**	√			
Providing approved anaphylaxis management training *(refer to Sources)* to staff as required under the *National Regulations*	**R**	√			
Ensuring that at least one ECT/educator with current (within the previous 3 years) approved anaphylaxis management training *(refer to Definitions)* is in attendance and immediately available at all times the service is in operation *(Regulations 136, 137)*	**R**	√			
Ensuring that all ECT/educators approved first aid qualifications, anaphylaxis management training *(refer to Sources)* and emergency asthma management training are current (within the previous 3 years), meet the requirements of the National Act *(Section 169(4))* and National Regulations *(Regulation 137)*, and are approved by ACECQA *(refer to Sources)*	**R**	√			
Providing opportunities for ECT/Educators to undertake food allergen management training *(refer to Sources)*	√	√			
Develop an anaphylaxis emergency response plan which follows the ASCIA Action Plan *(refer to Attachment 4)* 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 ECT/educators and staff are aware of the procedures for first aid treatment for anaphylaxis *(refer to Attachment 4)*	**R**	√	√		
Ensuring all staff, parents/guardians, contractors, volunteers and students are provided with and have read the *Anaphylaxis and Allergic Reactions Policy*	**R**	√			
Ensuring that staff undertake ASCIA anaphylaxis refresher e-training *(refer to Sources)* practice administration of treatment for anaphylaxis using an adrenaline injector trainer *(refer to Definitions)* twice a year, and that participation is documented on the staff record	√	√			
Ensuring the details of approved anaphylaxis management training *(refer to Definitions)* are included on the staff record *(refer to Definitions)*, including details of training in the use of an adrenaline injectors *(refer to Definitions) (Regulations 145,146, 147)*	**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	**R**	√		√	

child in the event of an emergency *(Regulation 161)*, and that this authorisation is kept in the enrolment record for each child					
Ensuring that parents/guardians or a person authorised in the child's enrolment record provide written authorisation for excursions outside the service premises *(Regulation 102) (refer to Excursions and Service Events Policy)*	**R**	√	√	√	
Identifying children at risk of anaphylaxis during the enrolment process and informing staff	√	√	√		
In the case of a child having their first anaphylaxis whilst at the service, the general use adrenaline injector should be given to the child immediately, and an ambulance called. If the general use adrenaline injector is not available, staff will follow the ASCIA First Aid Plan *(refer to Attachment 4)* including calling an ambulance	√	√	√		√
Following appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill or is involved in a medical emergency or an incident at the service that results in injury or trauma *(Regulation 87)*	**R**	√	√		√
Displaying a notice prominently at the service stating that a child diagnosed as at risk of anaphylaxis is being cared for and/or educated by the service *(Regulation 173(2)(f))*	**R**	√			
Ensuring the enrolment checklist for children diagnosed as at risk of anaphylaxis is completed	**R**	√			
Ensuring that before the child begins orientation and attending the service, the parents have provided a medical management plan *(refer to Definitions)*, a risk minimisation and communication plan has been developed, and authorisation for any medication and medical treatment has been obtained	**R**	√		√	
Ensuring an ASCIA Action Plan for Anaphylaxis/ ASCIA Action Plan for Allergic Reactions completed in the child's doctor or nurse practitioner is provided by the parents are included in the child's individual anaphylaxis health care plan	**R**	√	√		
Ensuring medical management plan *(refer to Definitions)*, risk minimisation plan *(refer to Definitions)* and communications plan *(refer to Definitions)* are developed for each child at the service who has been medically diagnosed as at risk of anaphylaxis, in consultation with that child's parents/guardians and with a registered medical practitioner and is reviewed annually	**R**	√	√		
Ensuring individualised anaphylaxis care plans are reviewed when a child'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 children 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 *(Regulation 162)*	**R**	√	√		
Ensuring an individualised anaphylaxis care plan is developed in consultation with the parents/guardians for each child	√	√	√		
Compiling a list of children 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 children 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 children at risk of anaphylaxis provide an unused, in-date adrenaline injector if prescribed at all times their child is attending the service. Where this is not provided, children will be unable to attend the service	√	√	√	√	√

Ensuring that the child's ASCIA Action Plan for anaphylaxis is specific to the brand of adrenaline injector prescribed by the child's medical or nurse practitioner	√	√	√		
Following the child'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 inaccessible to children, and away from direct sources of heat, sunlight and cold	**R**	√	√		√
Ensuring adequate provision and maintenance of adrenaline injector kits *(refer to Definitions)*	**R**	√	√	√	√
Ensuring the expiry date of adrenaline injectors (prescribed and general use) are checked regularly (quarterly) and replaced when required	**R**	√	√		√
Ensuring that ECT/educators/staff who accompany children at risk of anaphylaxis outside the service carry a fully equipped adrenaline injector kit *(refer to Definitions)* along with the ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions, for each child diagnosed as at risk of anaphylaxis	**R**	√			
Ensuring that medication is administered in accordance with *Regulations 95 and 96*	**R**	√	√		√
Ensuring that emergency services and parents/guardians of a child are notified by phone as soon as is practicable if an adrenaline injector has been administered to a child in an anaphylaxis emergency without authorisation from a parent/guardian or authorised nominee *(Regulation 94)*	**R**	√	√		√
Ensuring that a medication record is kept that includes all details required by *(Regulation 92(3)* for each child 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 child in the case of an emergency *(Regulation 93 (2))*	**R**	√	√		√
Ensuring that children at risk of anaphylaxis are not discriminated against in any way	**R**	√	√		√
Ensuring that children 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 children, including children diagnosed as at risk of anaphylaxis	**R**	√	√		√
Immediately communicating any concerns with parents/guardians regarding the management of children diagnosed as at risk of anaphylaxis attending the service	**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 child may have been at risk	**R**	√			
Displaying the Australasian Society of Clinical Immunology and Allergy (ASCIA) *(refer to Sources)* First Aid Plan for Anaphylaxis poster in key locations at the service	√	√			
Displaying Ambulance Victoria's AV How to Call Card *(refer to Definitions)* 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 children enrolled at the service, where appropriate	√	√			
Providing age-appropriate education to all children 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 ECT/educators and staff who manage an anaphylaxis and for the child who experienced the anaphylaxis and any witnesses	√	√	√		√

Appendix B – Anaphylaxis Communication and Management Plans

	Actions	Responsibility	Steps
A	Education about serious allergies / anaphylaxis in the School community	• Principal • Head of Student Safety and Wellbeing	• The Principal of the School and the Head of Student Safety and Wellbeing 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. This communication plan will include strategies for advising school staff, students and parents about how to respond to an anaphylactic reaction: ○ During normal school activities including in the classroom, in the school yard, in school buildings and sites including gymnasiums and halls. ○ during off-site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the school.
			• The Principal and the Head of Student Safety and Wellbeing, overseeing the Health Centre is responsible for ensuring that, as per Ministerial Order 706, all staff, including school staff who conduct classes that students who are at risk of anaphylaxis attend and any further school staff that the principal identifies, based on an assessment of the risk of an anaphylactic reaction occurring while the student is under the care or supervision of the school, 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: • The School's anaphylaxis management procedures • The causes, symptoms and treatment of anaphylaxis • The identities of students diagnosed at risk of anaphylaxis and where their medication is located • How to use an autoinjector, including hands on practise with a trainer autoinjector; and • The School's first aid and emergency response procedures. • The location of, and access to, adrenaline autoinjectors that have been provided by the parents or purchased by the school for general use.
			• Training Plan – for any members of staff who are unable to complete formal training, an interim plan will be developed, and training will be provided as soon as possible thereafter. • Additionally, suitably qualified staff will be within reasonable access including on excursions, camps and other outdoor activities.
			• The Principal and the Head of Student Safety and Wellbeing 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.
			• Ensure information is provided in a range of formats and areas including web pages, school planners, enrolment documentation, and School newsletters.
			• Ensure 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.
		• Volunteer Supervisors • Casual Staff Supervisors	• Ensure that volunteers and casual relief staff are advised of students at risk and their role in responding to an anaphylactic reaction by a student.
		• Parents / Guardians	• Provide education to their child in the self-management of their food allergy, including allergy avoidance and how and when to inform an adult if they need help.
B	Anaphylaxis Management Plans	• Principal & the Head of Student Safety and Wellbeing • Health Centre Manager	• The Principal and the Head of Student Safety and Wellbeing 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. This will be conducted for each 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. • When a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school, the Principal will ensure that there is a sufficient number of school staff present who have been trained in anaphylaxis management.
		• Parents / Guardians • Health Centre Manager	• ASCIA plans will be reviewed and updated annually (at the commencement of the year) or, if the following circumstances occur: • A student's allergy and the potential for anaphylactic reaction changes. • As soon as is practicable after a student has an anaphylactic reaction at school. • 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.
		• Parents / Guardians • Health Centre Manager	• An individual anaphylaxis management plan will be in place as soon as practicable after the student enrols, and where possible before the student's first day at school and will be available through Synergetic. • The individual anaphylaxis management plan will set out the following:

			○ Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner). ○ Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, including camps, excursions and any special events conducted, organised or attended by the School. ○ The name of the person/s responsible for implementing the strategies. ○ Information on where the student's medication will be stored. ○ The student's emergency contact details. ○ 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.
		• Parents / Guardians	• 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. Health Centre Manager will review the student's Individual Anaphylaxis Management Plan in consultation with the student's parents in all of the following circumstances: • annually • If the student's medical condition changes. • Immediately after a student has had an anaphylactic reaction at school. • 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.
		• Parents / Guardians	• 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 (with one on their persons at all times), and at least one autoinjector for Junior School students, and an Anaphylaxis Action Plan for the School, available from Australasian Society of Clinical Immunology and Allergy (ASCIA) • (This plan should be printed in colour were possible). It is the responsibility of the parent/guardian to: • Inform the School in writing if their child's medical condition changes and, if relevant provide an updated ASCIA Action Plan. • Supply the autoinjectors and other required medication and ensuring that the medication is current and has not expired.

			• Provide an up-to-date photo for the emergency procedures plan when that plan is provided to the School and when it is reviewed by the student's health professions and families annually.
		• Health Centre Manager	• The Health Centre will contact parents of all anaphylactic students to alert them a month prior to when their child's/children's autoinjectors, antihistamine or Ventolin inhaler expire. • 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.
		• Parents / Guardians • Health Centre Manager • Students	• In the Junior School, autoinjectors are stored in the Junior School treatment room. • 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 including the Rintel, 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).
		• Students	• 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.
		• Health Centre Manager	• At the beginning of each year the Health Centre Manager has the delegated authority by the Principal to review the numbers of students within the School and boarding premises who have an individual anaphylaxis management plan and based on these numbers, purchase the required number of surplus autoinjectors.
		• Health Centre Manager	• The purchase of surplus autoinjectors will be made by the Principal's delegate (the Health Centre Manager) having considered: • The number of students enrolled at risk of anaphylaxis. • The accessibility of adrenaline autoinjectors supplied by parents. • The availability of a sufficient supply of autoinjectors for general use in specified locations at the School, including the school yard, boarding house, at excursions, camps and special events conducted, organised or attended by the School.

			• 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.

Appendix C – Junior School Procedure

	Actions	Responsibility	Steps
A	For all off-campus activities and excursions	• Supervising staff	• 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.
		• Supervising staff	• The return of both the student assigned autoinjectors and Anaphylaxis Management Plans following the activity or excursion is the responsibility of the supervising teacher.
		• Physical Education Teaching Staff	• 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.
		• Parents / Guardians	• Parents/Guardians are responsible for the provision of both an 'in date' autoinjector and Anaphylaxis Plan. • 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.
		• All Junior School Staff	• 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.
		• Students • Staff	• 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.
		• Whole School Community	• 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. • This policy is integrated with Ballarat Grammar's general first aid and emergency response procedures.

Appendix D – Middle and Senior School Procedure

	Actions	Responsibility	Steps
A	For all off-campus activities and excursions, including sport	• Students	• Students are required to always take and carry their own autoinjector and Anaphylaxis Plan.
		• Supervising staff	• 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 always carry a mobile phone to facilitate communication with emergency services in the event of any emergency. • For all off-campus activities, supervising staff are required to ensure that they carry a first aid kit with them, with an emergency generic autoinjector included.
		• Supervising staff	• 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.
		• Supervising staff	• 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.
		• Parents / Guardians	• Parents/Guardians are responsible for the provision of both an 'in date' autoinjector and Anaphylaxis Plan. • 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.
		• All Middle / Senior School Staff	• 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.
		• Students • Staff	• 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.
		• Whole School Community	• 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.

Appendix E – Boarding Procedure

	Actions	Responsibility	Steps
A	For all off-campus activities and excursions, including sport	• Students	• Students are required to always take and carry their own autoinjector and Anaphylaxis Plan.
		• Supervising Staff	• 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 always carry a mobile phone to facilitate communication with emergency services in the event of any emergency. • For all off-campus activities, supervising staff are required to ensure that they carry a first aid kit with them, with an emergency generic autoinjector included.
		• Supervising Staff	• 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.
		• Supervising Staff	• 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. • Generic autoinjectors are located in multiple locations within the boarding precinct and all boarding staff are expected to familiarise themselves with these locations.
		• Parents / Guardians	• Parents/Guardians are responsible for the provision of both an 'in date' autoinjector and Anaphylaxis Plan on an annual basis. • 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.
		• All Boarding Staff	• 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
		• Students • Staff	• 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.
		• Whole School Community	• 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 in line with Ministerial Order 706 and the Emergency Response Manual for the relevant area.

Appendix F – CEEd Procedure

	Actions	Responsibility	Steps
A	All students attending CEEd	• Parents / Guardians	• Allergies and anaphylaxis are noted on enrolment forms prior to admission.
		• Parents / Guardians	• ASCIA Action Plan provided to the CEEd by parents of students with allergies and anaphylaxis.
		• CEEd Administrator	• Enrolment forms are collated, and an alert for identified children with allergies, anaphylaxis or asthma is created along with a daily summary of all children identified with an alert for CEEd staff.
			• ASCIA plans displayed in rooms where child with allergy or anaphylaxis is located. • Bag included with ASCIA Action plan and medication placed in room (red bags for anaphylaxis). Bag is labelled with child's name and group summary of alert.
			• Copies of alerts and summary including days of attendance are located in the following areas: • CEEd Front Desk • Child's program/room • Head of Early Years Office • Staff Room • Emergency box • For all diet related allergies and anaphylaxis, copies of the alert are placed in the CEEd kitchen with a daily summary for the Chef.
			• Daily pages including all children with an alert attending the CEEd are provided to staff summarising each day – an alert is provided for all children with allergies, anaphylaxis. or asthma or other medical conditions.
			• A copy of the child's ASCIA Action Plan is stored in the child's digital file.
		• Health Centre Manager	• A copy of the child's ASCIA Action Plan is stored in the Health Centre record.
		• Parents / Guardians	• Parents/Guardians are responsible for the provision of both an 'in date' autoinjector and Anaphylaxis Plan on an annual basis or if any changes occur with regard to the child's condition.

Appendix G – Anaphylaxis Management Strategies

	Actions	Responsibility	Steps
A	Staff Action in Emergency Management of Serious Allergies including the use of an Autoinjector	• Supervising Staff	• 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. • All staff, including boarding staff are required to have completed an online anaphylaxis management training course within two years. • 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. • 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 students medical record in Synergetic. • 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. • It is a school requirement that staff who take students off campus for any reason e.g. excursions (including boarding excursions), sporting activities have up-to-date medical information for all students in attendance, including contact details for parents/guardians. 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. • All staff are trained in the use of an autoinjector and in the signs and symptoms of allergic reactions.
B	Staff Action in the event of Anaphylaxis – during School hours	• Supervising Staff	• In the event of a suspected or confirmed student anaphylaxis incident, staff must follow the student's Anaphylaxis Management Plan and then contact the Health Centre on (852) internal or 5338 0852 (external) immediately. • 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 or post autoinjector administration. • Staff are to remain with affected student at least until Health Centre staff attend, or until ambulance arrives, if off campus. • Staff are to follow directives given by Health Centre staff or ambulance personnel.

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

Appendix H – Risk Mitigation

STRATEGIES TO REDUCE EXPOSURE TO ALLERGENS:

- The list below will be audited annually during the policy review.
- 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.
- A key feature of our risk minimisation strategy is to inform all students of the risks of sharing food. 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.
- 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.
- Provoking a student with a known allergy will be regarded with the utmost seriousness according to the *Behavioural Expectations* guidelines and the *Bullying Prevention and Intervention* procedures and could result in immediate suspension.
- 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.

Risk	Strategy
Trigger food in canteen and dining room. (e.g. peanut butter)	• 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.
Planned class parties	• 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
Insect bite allergies	• Ensure all students wear shoes at all times, except when part of a planned lesson with risk review undertaken.
Medication allergies	• Inform school community of policy about administration of medications and monitor implementation of policy to minimise students bringing unauthorized medications.
Student taking other student's medication	• 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.
Latex allergies	• Arrange for allergic students or staff to avoid use of party balloons and contact with swimming caps and latex gloves if latex allergy in known. • The Health Centre only use non latex gloves.
Science, crafts, cooking class	• 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).
Camps, excursions	• 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.

Appendix I – Easy English Version

WHAT THIS DOCUMENT IS ABOUT:

This procedure helps to keep students with allergies safe at Ballarat Grammar. It explains what staff, students, and families must do to reduce the chance of allergic reactions and what to do in an emergency.

WHAT IS AN ALLERGY?

An allergy happens when the body reacts badly to something that is usually safe, like certain foods, insect stings or medicines.
Some allergies can cause a very serious reaction called anaphylaxis. Anaphylaxis can make it hard to breathe and may be life-threatening. This needs urgent treatment with a medicine called adrenaline, given through an autoinjector (like an EpiPen).

OUR GOAL

- Keep students with allergies safe
- Make sure staff know how to help
- Work with parents and guardians to plan for each student
- Follow all legal rules including Ministerial Order 706

IMPORTANT RULES

1. Food Sharing
   Students with allergies:
- Only eat from home or approved by their parents
- Do not share food with others
2. Be Allergy Aware
   We are not a 'nut-free' school – this is because:
- It's hard to guarantee
- It may give a false sense of safety. Instead, we:
- Ask families not to send food with nuts (especially for younger students).
- Label foods that might contain nuts
- Teach students not to share food and wash their hands after eating

KEEPING STUDENTS SAFE

We work closely with families to:
- Identify students with allergies
- Collect important medical information
- Store and check autoinjectors
- Make sure allergy plans are current and followed

STAFF RESPONSIBILITIES

All staff are trained to:
- Recognise allergic reactions
- Use an adrenaline autoinjector
- Follow each student's Action Plan
- Staff take students medicine and plans on all excursions, camps and events
- Health Centre staff help manage and review each plan

WHAT PARENTS / GUARDIANS MUST DO

- Tell the School about their child's allergy
- Give the School at least:
- Two autoinjectors for Middle / Senior students
- One autoinjector for Junior School students
- Keep all autoinjectors and allergy plans up to date
- Teach their child how to stay safe and speak up

WHAT HAPPENS IN AN EMERGENCY

If a student is having an allergic reaction:

- Staff will follow the student's Action Plan
- Staff will give the autoinjector if needed
- An ambulance will be called
- Staff will stay the student until help arrives
- Staff will report the incident

MEDICATIONS

CEEd students:

- Medication is carried by staff in designated bags
  Junior School students:
- Staff carry the students' medicine in designated bags

Middle / senior students:

- Students must carry their own medicine, with extra kept at school

Boarding students:

- Extra medicine is stored in the boarding house and school locations

AWARENESS

We teach:

- Students:
  how to help friends with allergies
- Staff and volunteers:
  how to act in emergencies
- Families:
  what the school is doing to stay safe