Anaphylaxis Management Policy

Purpose

Anaphylaxis is the most severe form of allergic reaction. Individuals can have a mild, moderate or severe allergic reaction. Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life-threatening. The most common allergies in school-aged children are peanuts, cow's milk, egg, tree nuts (e.g. cashews and walnuts), soy, sesame, seafood and certain insect bites and strings (particularly bees, wasps, ants and ticks). Administering Adrenaline (Auto-Injector or Nasal spray) and removing the trigger e.g. bee sting, is the most effective First Aid treatment for anaphylaxis.

The key to minimisation of anaphylaxis risk at Clyde Grammar is knowledge of those students who have been diagnosed at risk, awareness of triggers/allergens, and prevention, where possible, of exposure to those triggers.

This policy details the approaches taken by the School to manage the risk of an anaphylactic reaction and aims to:

- Provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the students' School.
- Engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- Ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the School's policy and procedures in responding to an anaphylactic reaction.

Ministerial Order 706: Anaphylaxis in Victoria Schools

Clyde Grammar is committed to complying with Ministerial Order No. 706: Anaphylaxis Management in Victorian Schools, and the Department of Education Anaphylaxis Guidelines as amended by the Department from time to time.

Individual Anaphylaxis Management Plans

The Principal, through the School First Aid Officer, will ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents/carers and the student's Medical Practitioner, for each student who has been diagnosed by a Medical Practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Management Plan must be in place as soon as practicable after the student has enrolled and, where possible, before the first day of school. Where this is unable to be achieved an interim Individual Anaphylaxis Management Plan must be developed.

An Individual Anaphylaxis Management Plan must contain the following:

- Information about student allergies.
- Locally relevant risk minimisation/prevention strategies.
- Information on where the student's medication will be stored.
- The student's emergency contact details.
- A copy of the students Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan which sets out the emergency procedures to be taken in the event of an allergic

reaction. The ASCIA Action Plan must be signed by a Medical Practitioner treating the student as at the date the plan was signed.

Parents/carers are encouraged to have the student's Individual Anaphylaxis Management Plan reviewed annually, however, review is required by the School in the following circumstances:

- The student's medical condition, insofar as it relates to the allergy and potential for anaphylactic reaction, changes; and/or
- The student has had an anaphylactic reaction at School.

It is the responsibility of the parent/carer to:

- Provide the ASCIA Action Plan.
- Inform the School if a student's medical condition changes, and to provide an updated ASCIA Action Plan.
- Provide an up-to-date photo of a student for the ASCIA Action Plan; and
- Provide the School with an Adrenaline Device for their child that is not expired.

Identification of Students

A list of at-risk students and their Individual Anaphylaxis Management Plan and ASCIA Action Plan is kept in the Sick Bay. Names, photographs and specific allergies of students are included on the staff noticeboard in the Staff Room and circulated via email to all staff annually, or as information is updated.

Where permission is provided, and it is deemed appropriate, the student's name, photo and allergies may be displayed in other locations around the School, for example, the student's classroom.

Students Adrenaline Devices

At School, all student Adrenaline Devices are located in the student's classroom.

Where a student attends a camp or excursion, their Adrenaline Device is taken with the student.

General Use Adrenaline Devices

The Principal is responsible for arranging the purchase of additional Adrenaline Devices for general use as a backup to those supplied by parents/carers. The purchase of additional Adrenaline Devices is informed by:

- The number of students enrolled at risk of anaphylaxis.
- The accessibility of Adrenaline Devices supplied by parents/carers.
- The availability of a sufficient supply of Adrenaline Devices for general use in specified locations at the School, including the school yard, on excursions, camps and special events organised or attended by the School; and
- Adrenaline Devices have a limited life, usually expiring within 12-18 months, and will need to be replaced either at the time of use or expiry, whichever comes first.

General use devices can be found in each main student building, together with Sick Bay, as identified on the School map at Appendix A.

First aid kits that accompany students to off-site activities, such as camps and excursions, also contain an Adrenaline Device.

A register of all School owned general use Adrenaline Devices, their location and expiry date is maintained by the School First Aid Officer. Periodic review of the register and individual Adrenaline Devices by the School First Aid Officer is carried out to ensure that they are in date, are not discoloured, and do not have any substances floating in them.

Emergency Response

Symptoms of mild or moderate allergic reactions include, but are not limited to:

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

Symptoms of a significant allergic reaction include, but are not limited to:

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

In situations where a student with diagnosed anaphylaxis appears to be having an anaphylactic reaction, staff will refer to the student's ASCIA Action Plan.

In situations where a student has not previously been diagnosed with an allergy but appears to be having an anaphylactic reaction staff will:

- Administer a general use Adrenaline Device.
- Immediately call an ambulance (000 or mobile 112).
- Commence First Aid measures.
- Contact the School First Aid Officer/Sick Bay.
- Contact the student's emergency contact.

Post Emergency Review

Following an anaphylactic reaction at School the School First Aid Officer will undertake a review/debrief with parents/carers to ensure the student's Individual Anaphylaxis Management Plan is up to date and any additional preventative strategies are implemented.

Communication Plan

Advice for School staff, students and parents/carers about how to respond to an anaphylactic reaction are included within this policy. This policy is made publicly available and communicated to the Clyde Grammar community periodically.

Staff Training

All teaching staff must undertake an accredited anaphylaxis training management course in the three years prior; or an online anaphylaxis management training course (and verified by a staff member who has completed an accredited course in Verifying the Correct use of Adrenaline Auto-Injector Devices) in the two years prior and an accredited online training module on administration of Adrenaline Nasal Devices. In addition, all teaching staff must participate in an anaphylaxis briefing twice per calendar year, with the first occurring at the beginning of the year. This briefing is provided by the School First Aid Officer, or an appropriately trained delegate (trained within the previous three years), and will cover:

- The School's Anaphylaxis Management Policy.
- The causes, symptoms and treatments of anaphylaxis.
- The identities of students at risk of anaphylaxis, the details of their medical condition, and where their medication is located.
- How to use an Adrenaline Device.
- The School's general first aid and emergency response procedures; and
- The location of, and access to, Adrenaline Devices that have been provided by parents/carers and/or purchased by the School for general use.

Where training or briefing requirements have not yet occurred in accordance with this policy an interim briefing will occur until such a time as formal training and briefing can occur.

Prevention Strategies

For each student at risk of anaphylaxis, a list of prevention strategies to be undertaken by the School will be put in place. These strategies cover the following:

- Class activities.
- Food events (e.g. lunch orders, morning teas).
- Recess/Lunch time.
- Before and After School.
- Special events, such as sporting events, incursions & excursions.

These prevention strategies will be tailored, where possible, to individual needs.

Annual Risk Management Checklist

The School will complete a Risk Management Checklist annually to monitor its obligations, as published and amended by the Department of Education, from time to time.

Review

This policy is to be reviewed, approved and endorsed annually, as a minimum.

Last approved June 2026.

Next review June 2027.

KEY

- R — Reception - all visitors must check in
- Traffic Flow
- Pedestrian Flow
- General Parking
- Staff Parking
- Overflow Parking
- First Aid Kit (Asthma + EpiPen) & Automated External Defibrillator
- Evacuation Assembly Point
- Construction Zone **NO ENTRY**

CLYDE GRAMMAR

LEGEND

1 Administration
2 Primary Centre