

Management of Students at Risk of Anaphylaxis

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1 Introduction

1.1 As a registered school in Victoria, Mastery Schools Victoria (**MSV** or the **School**) must:

- (a) comply with the Victorian Registration and Qualifications Authority Guidelines to the [Minimum Standards and Requirements for School](#)

[Registration](#), and the requirements of the *Education and Training Reform Act 2006* (Vic) (the **ETR Act**) and the *Education and Training Reform Regulations 2017* (Vic).

- (b) develop an anaphylaxis management policy, where the school knows or ought to reasonably know, that a student enrolled at the school has been diagnosed as being at risk of anaphylaxis.
 - (c) meet the requirements of Ministerial Order No. 706: Anaphylaxis Management in Victorian schools (**Ministerial Order 706**) which prescribes specific matters that MSV must have in this anaphylaxis management policy for the purposes of section 4.3.1 (6)(c) of the ETR Act.
- 1.2 MSV is committed to providing a safe learning environment for all our students and complying with Ministerial Order No. 706, and the Department of Education and Training's Anaphylaxis Guidelines as amended by the Department from time to time.
- 1.3 MSV recognises that, while policies and procedures to reduce the risk of an allergic reaction can be developed and maintained, they cannot achieve a completely allergen-free environment.

2 Purpose

- 2.1 The purpose of this policy is to outline MSV's policy on anaphylaxis, and to:
- (a) provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of schooling;
 - (b) raise awareness of food and insect allergy and the risk of anaphylaxis and MSV's anaphylaxis management policy in the school community;
 - (c) engage with parents/guardians/care-givers of each student at risk of anaphylaxis when assessing risks and developing risk minimisation strategies for the student;
 - (d) ensure that staff members are appropriately trained to respond to an anaphylactic reaction by initiating appropriate treatment, including administering an adrenaline autoinjector; and
 - (e) comply with Ministerial Order 706 and associated guidelines related to anaphylaxis management in schools.

3 Scope

- 3.1 This Policy applies to all employees, volunteers, Board members, and contractors of MSV.
- 3.2 This policy follows:
- (a) the authority provided in the Victorian Anaphylaxis Guidelines: A resource for managing severe allergies in Victorian Colleges published by the Victorian Department of Education, and

(b) Ministerial Order 706.

3.3 The School will comply with Ministerial Order 706 and any guidelines related to anaphylaxis management in schools or school boarding premises as published and amended by the Victorian Department Education and Training from time to time.

4 Guiding principles

4.1 It is critical that staff can recognise an allergic reaction and a potential anaphylaxis risk and treat it appropriately in an emergency.

4.2 MSV is committed to:

- (a) providing, as far as practical, a safe and healthy environment in which students at risk of anaphylaxis can participate equally in all aspects of their courses and programs;
- (b) raising awareness about allergies and anaphylaxis amongst the MSV community;
- (c) actively involving the relevant MSV staff and the parents/guardians/care-givers of student at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies;
- (d) ensuring that all MSV staff have access to ongoing training and information regarding allergies, anaphylaxis and emergency procedures; and
- (e) facilitating communication to ensure the safety and wellbeing of students at risk of anaphylaxis.

5 The hazard: Anaphylaxis

5.1 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 students are peanuts, cow's milk, egg, tree nuts (e.g. cashews and walnuts), wheat, soy, sesame and certain insect bites and stings (particularly bees, wasps, ants and ticks).

5.2 The key to prevention of anaphylaxis in school is knowledge of students who have been diagnosed as at risk, awareness of allergies and prevention of exposure to those triggers that cause allergic reactions.

5.3 Partnerships between MSV and parents/guardians/care-givers are important in helping students avoid exposure as well as age-appropriate education for students.

5.4 Adrenaline given through an adrenaline (epinephrine) autoinjector (such as an EpiPen® or EpiPen® Jr) into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis. Adrenaline autoinjectors are designed for use by laypeople.

- 5.5 It is important to remember that minimisation strategies to help reduce the risk of anaphylaxis are everyone's responsibility, including the principal and all MSV staff, parents/guardians/care-givers, students and the broader school community.

6 Definitions

- 6.1 **Adrenaline autoinjector** means an adrenaline autoinjector device, approved for use by the Commonwealth Government Therapeutic Goods Administration, which can be used to administer a single premeasured dose of adrenaline to those experiencing a severe allergic reaction or anaphylaxis.
- 6.2 **Adrenaline autoinjector for general use** means a 'back up' or 'unassigned' adrenaline autoinjector.
- 6.3 **Anaphylaxis management training course** includes:
- (a) a course in anaphylaxis management training that is accredited as a VET accredited course in accordance with Part 3 of the National Vocational Education and Training Regulator Act 2011 (Cth) that includes a competency check in the administration of an adrenaline autoinjector;
 - (b) a course in anaphylaxis management training accredited under ETR Act by the VRQA that includes a competency check in the administration of an adrenaline autoinjector;
 - (c) a course in anaphylaxis management endorsed and delivered by a tertiary level specialist allergy service within a tertiary level academic teaching hospital that includes a competency check in the administration of an adrenaline autoinjector; and
 - (d) any other course approved by the Department for the purpose of Ministerial Order 706 as published by the Department of Education.
- 6.4 **Department** means the Victorian Department of Education and Training.
- 6.5 **ETR Act** means the *Education and Training Reform Act 2006 (Vic)*.
- 6.6 **medical practitioner** means a registered medical practitioner within the meaning of the Health Professions Registration Act 2005, but excludes a person registered as a non-practicing health practitioner.
- 6.7 **Ministerial Order 706** means Ministerial Order No.706: Anaphylaxis Management in Victorian schools and school boarding premises.
- 6.8 **online anaphylaxis management training course** means the course, developed by the Australasian Society of Clinical Immunology and Allergy (ASCIA), and approved by the Secretary pursuant to clause 5.5.4 of this Order, at the time of the making of this Order called ASCIA Anaphylaxis eTraining for Victorian Schools.

- 6.9 **parent** in relation to a child means any person who has parental responsibility for ‘major long term issues’ as defined in the *Family Law Act 1975* (Cth) or has been granted ‘guardianship’ for the child pursuant to the *Children, Youth and Families Act 2005* or other state welfare legislation. This includes guardians and carers.
- 6.10 **school staff** means any person employed or engaged at a school who:
- (a) is required to be registered under the ETR Act to undertake duties as a teacher within the meaning of that Part;
 - (b) is in an educational support role, including a teacher’s aide, in respect of a student with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
 - (c) the principal determines should comply with the school’s anaphylaxis management policy.
- 6.11 **VRQA** means the Victorian Registration and Qualifications Authority.

7 Duty of Care

- 7.1 MSV has a duty of care to put in place strategies to manage students at risk of anaphylaxis while they are at MSV, in the school environment and/or engaged in school-related activities.
- 7.2 When a student is diagnosed as being at risk of anaphylaxis, the exercise of MSV’s duty of care requires the development of an Individual Anaphylaxis Management Plan, which includes an ASCIA Action Plan for Anaphylaxis (emergency response plan) and risk minimisation strategies.

8 Safe Work Practices

- 8.1 MSV has developed the following work practices and procedures for managing the risk of anaphylaxis:
- (a) Individual Anaphylaxis Management Plans;
 - (b) Adrenaline Autoinjectors – Purchase, Storage and Use;
 - (c) Communication Plan;
 - (d) Emergency Response Procedures;
 - (e) Staff Training;
 - (f) Risk Management and Minimisation Plan;
 - (g) Risk Management checklist; and
 - (h) Anaphylaxis Management Procedure.

9 Risk Management Checklist

- 9.1 The Principal (or their delegate) must complete an annual Risk Management Checklist, included in the Anaphylaxis Guidelines for Victorian Schools, to

monitor MSV's obligations. Accessed here:
<https://www2.education.vic.gov.au/pal/anaphylaxis/resources>

- 9.2 When completing the Risk Management Checklist, the Principal must check the Department of Education and Training's Anaphylaxis Management in Schools page to ensure they use the latest version of the Risk Management Checklist.

10 Individual Anaphylaxis Management Plans

- 10.1 The Principal is responsible for ensuring:
- (a) an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction, where the School has been notified of that diagnosis; and
 - (b) an Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrolls and, where possible, before their first day at MSV.
- 10.2 Anaphylaxis allergy identified at enrolment interview so plan can be implemented as soon as possible,
- 10.3 The Individual Anaphylaxis Management Plan must include:
- (a) information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a written diagnosis from a Medical Practitioner);
 - (b) strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of MSV staff, for in-school and out-of-school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by MSV;
 - (c) the name of the person/s responsible for implementing the strategies;
 - (d) information regarding where the student's medication will be stored;
 - (e) the student's emergency contact details; and
 - (f) an action plan for Anaphylaxis in a format approved by the ASCIA (ASCIA Action Plan), provided by the parent.
- 10.4 Notices of those who are Anaphylaxis and their allergy details are posted at reception behind the desk, in the Principal and Assistant Principal office, in the First Aid Room, and in the staff lunch room.
- 10.5 Each plan will be reviewed, in consultation with the student's parents, at least annually and in the following circumstances:
- (a) if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;

- (b) as soon as practicable after the student has an anaphylactic reaction at school; and
- (c) 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 MSV.

11 Roles and responsibilities

Principal

11.1 The Principal is responsible for ensuring:

- (a) MSV develops, implements and annually reviews this policy in accordance with Ministerial Order 706 and the associated Guidelines;
- (b) MSV actively seeks information to identify students with allergies to food and insects for example, that have not been prescribed an adrenaline autoinjector and those who have been diagnosed as being at risk of anaphylaxis and been prescribed an adrenaline autoinjector, either at enrolment or at the time of diagnosis (whichever is earlier);
- (c) parents/guardians/care-givers provide an ASCIA Action Plan which has been completed and signed by the student's medical practitioner and contains an up-to-date photograph of the student;
- (d) an Individual Anaphylaxis Management Plan is developed in consultation with the student's parents/guardians/care-givers for any student that has been diagnosed by a medical practitioner with a medical condition relating to allergy and the potential for an anaphylaxis, where MSV has been notified of that diagnosis;
- (e) an Interim Individual Anaphylaxis Management Plan is developed for a student where:
 - (i) MSV has not been notified of a student's potential for anaphylaxis, but there is reason to believe that the student is at risk (e.g. where the parents/guardians/care-givers have not told the School about any allergies, but the student mentions it in class); or
 - (ii) a student's adrenaline autoinjector has been used or lost and not yet replaced; or
 - (iii) a student's adrenaline autoinjector is identified as out of date or cloudy/discoloured; or
 - (iv) relevant training has not occurred for a member of staff who has a student in their class at risk of anaphylaxis;
- (f) Students' Individual Anaphylaxis Management Plans are appropriately communicated to all relevant staff;
- (g) Individual Anaphylaxis Management Plans and ASCIA Action Plans are located in the first aid rooms, and on the student file on Compass, so they can be accessed, during normal school activities including in the

classroom, in the school yard, in all school buildings and sites including the halls;

- (h) details of Individual Anaphylaxis Management Plans and ASCIA Action Plans are located on the student file on Compass and provided in hard copy, during off-site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the school;
- (i) any provider of food and all MSV employees can demonstrate satisfactory training in the area of food allergy and anaphylaxis and its implications for food-handling practices;
- (j) parents/guardians/care-givers provide MSV with an adrenaline autoinjector for their student that is not out-of-date and a replacement adrenaline autoinjector when requested;
- (k) an appropriate Communication Plan is developed to provide information to all MSV staff, students and parents/guardians/care-givers about anaphylaxis and this policy;
- (l) there are procedures in place for providing information to MSV volunteers and casual relief staff about students who are at risk of anaphylaxis and their role in recognising an allergic reaction and responding to an allergic reaction, including anaphylaxis, of a student in their care;
- (m) relevant MSV staff have successfully completed an approved anaphylaxis management training course and that their accreditation is current;
- (n) MSV staff who are appointed as school Anaphylaxis Supervisors are appropriately trained in conducting autoinjector competency checks and that their accreditation is current;
- (o) all MSV staff are briefed at least twice a year by a school Anaphylaxis Supervisor (or other appropriately trained member of staff), with the first briefing to occur at the start of each year;
- (p) allocating time, such as during staff meetings, to discuss, practise and review this policy;
- (q) encouraging regular and ongoing communication between parents/guardians/care-givers and MSV staff about the current status of the student's allergies, the school's policies and their implementation;
- (r) students' Individual Anaphylaxis Management Plan is reviewed in consultation with parents/guardians/care-givers annually at the beginning of each school year, when the student's medical condition changes, as soon as practicable after a student has an anaphylaxis at MSV, and whenever a student is to participate in an off-site activity such as camps or excursions or at special events conducted, organised or attended by MSV; and
- (s) arranging to purchase and maintain an appropriate number of adrenaline autoinjectors for general use to be part of MSV's first aid kit,

stored with a copy of the ASCIA Action Plan for Anaphylaxis (Orange) for general use.

Anaphylaxis supervisor

- 11.2 MSV appoints staff for the role of Anaphylaxis Supervisor (this will increase to two when MSV has over 80 students). These staff may include:
- (a) a first aid trained staff;
 - (b) a health and wellbeing coordinator or other health and wellbeing staff, and/or
 - (c) a senior/leading teacher.
- 11.3 The staff member appointed to Anaphylaxis supervisor must complete the ASCIA Anaphylaxis Supervisors (etrainingvic.allergy.org.au) course before being nominated the Anaphylaxis Supervisor.
- 11.4 The Anaphylaxis Supervisor must complete the Anaphylaxis Supervisor Observation Checklist, in conjunction with the Principal and other staff to ensure that responsibilities, training requirements and tasks relating to anaphylaxis are being met by MSV.
- 11.5 Responsibilities of the Supervisor/s include:
- (a) working with the relevant staff to develop, implement and regularly review this policy;
 - (b) working with the relevant staff to develop, implement and regularly review MSV's Anaphylaxis Management Procedure;
 - (c) obtaining regular training on how to recognise and respond to anaphylaxis, including administering an adrenaline autoinjector;
 - (d) verifying the correct use of adrenaline autoinjector (trainer) devices by other staff undertaking online anaphylaxis training through completion of the Anaphylaxis Supervisors' Observation Checklist;
 - (e) providing access to the adrenaline autoinjector (trainer) device for practice by staff;
 - (f) sending reminders to staff or information to new staff about anaphylaxis training requirements and liaising with the principal or their delegate to maintain records of training undertaken by staff at MSV;
 - (g) leading the twice-yearly anaphylaxis briefing;
 - (h) developing school-specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency situation requiring anaphylaxis treatment;
 - (i) organising anaphylaxis drills (not unlike a fire drill) in MSV to practise getting an adrenaline autoinjector to a student requiring it quickly in an emergency keeping an up-to-date register of students at risk of anaphylaxis;

- (j) keeping a register of adrenaline autoinjectors, including a record of when they are 'in' and 'out' from the central storage point. For instance, when they have been taken on excursions, camps etc.;
- (k) working with parents/guardians/care-givers (and students) to develop, implement and review each Individual Anaphylaxis Management Plan in accordance with this policy;
- (l) providing advice and guidance to staff about anaphylaxis management in the School and undertaking regular risk identification and implement appropriate minimisation strategies;
- (m) working with staff to develop strategies to raise their own, students' and MSV community awareness about severe allergies; and
- (n) providing or arranging post-incident support (e.g. counselling) to students and staff, if appropriate.

11.6 In the twice yearly staff briefing, the Anaphylaxis Supervisor must brief staff on:

- (a) this anaphylaxis management policy;
- (b) the causes, symptoms and treatment of anaphylaxis;
- (c) the identities of students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located;
- (d) how to use an adrenaline autoinjector, including hands-on practice with a trainer adrenaline autoinjector;
- (e) the general first aid and emergency response procedures of the provider of school boarding services; and
- (f) the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the provider of school boarding services for general use.

Staff

11.7 The responsibilities of MSV staff include:

- (a) knowing and understanding the requirements of this policy;
- (b) knowing the identity of students who are at risk of anaphylaxis and knowing their face if possible;
- (c) understanding the causes, signs and symptoms, and treatment of anaphylaxis;
- (d) obtaining regular training on how to recognise and respond to an allergic reaction (including anaphylaxis), including administration of an adrenaline autoinjector;
- (e) knowing where to find a copy of each student's ASCIA Action Plan quickly and following it in the event of an allergic reaction;
- (f) knowing MSV 's general first aid and emergency response procedures and understanding their role in relation to responding to anaphylaxis;

- (g) knowing where students' adrenaline autoinjectors and the adrenaline autoinjectors for general use are kept;
- (h) knowing and following the individual risk minimisation strategies in students' Individual Anaphylaxis or Allergic Reactions Management Plan;
- (i) planning ahead for special class activities (e.g. cooking, art and science classes), or special occasions (e.g. excursions, incursions, sport days, camp, cultural days, fetes and parties), either at school, or away from school;
- (j) working with parents to provide appropriate food for students if the food the school/class is providing may present an allergy risk for them;
- (k) avoiding the use of food treats in class or as rewards, as these may contain allergens. If food treats are used, however, work with parents to provide appropriate treats for students at risk of anaphylaxis;
- (l) being aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes;
- (m) being aware of the risk of cross-contamination when preparing, handling and displaying food;
- (n) making sure tables and surfaces are wiped down regularly and that students wash their hands before and after handling food;
- (o) raising student awareness about allergies and anaphylaxis, and the importance of each student's role in fostering a school environment that is safe and supportive for their peers; and
- (p) assist in implementing and monitoring the student's Individual Anaphylaxis Management Plan as appropriate.

Parents

11.8 The responsibilities of parents of students at risk of anaphylaxis include:

- (a) informing MSV in writing, either at enrolment or diagnosis, of the student's allergies, and whether the student has been prescribed an adrenaline autoinjector or not;
- (b) providing MSV with an ASCIA Action Plan from the student's medical practitioner that details their condition, any medications to be administered, and any other relevant emergency procedures;
- (c) immediately informing MSV staff in writing of any changes to the student's medical condition and if necessary, providing an updated ASCIA Action Plan;
- (d) providing MSV with an up-to-date photo for the student's ASCIA Action Plan when the plan is reviewed;
- (e) meeting with and assisting MSV to develop the student's Individual Anaphylaxis or Allergic Reactions Management Plan, including risk minimisation strategies;

- (f) providing MSV with an adrenaline autoinjector and any other medications that are current and not expired;
- (g) replacing the student's adrenaline autoinjector and any other medication as needed before their expiry date or when used;
- (h) assisting MSV staff in planning and preparation for the student prior to camps, incursions, excursions or special events (e.g. class parties, cultural days, fetes or sport days);
- (i) if requested by MSV staff, helping to identify and/or provide alternative food options for the student when needed;
- (j) informing MSV staff in writing of any changes to the student's emergency contact details; and
- (k) participating in reviews of the student's Individual Anaphylaxis or Allergic Reactions Management Plan.

12 Prevention Strategies

12.1 MSV will use prevention strategies to minimise the risk of an anaphylactic reaction, including:

- (a) having a complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for an anaphylactic reaction which is communicated
- (b) to all relevant staff via the school Compass Portal and displayed on all office noticeboards of main buildings;
- (c) having detailed Individual Anaphylaxis Management Plans (IAMPs) and ASCIA Action Plans for affected students located on Compass Portal which will be available to all staff when on camps, field trips, incursions, excursions or special events;
- (d) ensuring that the purchase, storage and accessibility of adrenaline auto-injectors for general use is managed by the First Aid Room, with generic junior and adult auto-injectors that are located in the unlocked first aid kit in the First Aid Room that is next to the reception desk that is manned by an MSV staff member at all times.
- (e) preparing and maintaining a Communication Plan including direct communication between the First Aid Room and parents/guardians/care-givers regarding annual reviews of IAMPs;
- (f) training of staff in Anaphylaxis Management; and
- (g) completion of an Annual Risk Management Checklist by the Principal.

13 School Management and Emergency Response

13.1 The policy is to be read in conjunction with MSV's first aid and emergency response policies, plans and procedures. In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with MSV's general first aid and emergency response procedures, the

student's ASCIA Action Plan and the Individual Anaphylaxis Risk Management Plans.

- 13.2 Staff can obtain a complete and up-to-date list of students identified as having a medical condition that relates to allergy and has the potential for anaphylactic reaction from on SharePoint in the Health & Safety Management folder.
- 13.3 Details of Individual Anaphylaxis Management Plans and ASCIA Action Plans are located:
 - (a) On the student file on Compass under Health>Medical Action Plans;
 - (b) At reception behind the desk for privacy reasons;
 - (c) Notices are posted in the staff lunchroom and Principal and Assistant Principal offices;
 - (d) During offsite activities, the supervising teacher will receive a folder from the SCAO which will contain all the details of their students health and medical conditions.
- 13.4 Information about the storage and accessibility of adrenaline autoinjectors, including those for general use, is located on SharePoint under the Health & Safety Management folder.
- 13.5 The Principal must ensure there are a sufficient number of staff present who have been trained. This is to include situations where a student with a medical condition that relates to allergy and has the potential for anaphylactic reaction is under the care or supervision of MSV outside of normal class activities, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by MSV.
- 13.6 MSV will ensure the list of students at risk of anaphylaxis is kept up to date. The Anaphylaxis Supervisor is responsible for maintaining the register of students and checking it on at least a monthly basis. Teaching staff are responsible for updating the register and notifying the Anaphylaxis Supervisor as soon as they become aware of a student at risk of anaphylaxis.

14 Adrenaline Autoinjectors for General Use

- 14.1 The Principal will ensure the School purchases adrenaline autoinjectors for general use and as a back-up to those supplied by parents.
- 14.2 The Principal will determine the number of additional adrenaline autoinjectors required. In doing so, the Principal will take into account the following relevant considerations:
 - (a) the number of students enrolled at MSV who have been diagnosed as being at risk of anaphylaxis;
 - (b) the accessibility of adrenaline autoinjectors that have been provided by parents of students who have been diagnosed as being at risk of anaphylaxis;

- (c) the availability and sufficient supply of adrenaline autoinjectors for general use in specified locations at MSV, including in the school yard, and at excursions, camps and special events conducted, organised or attended by MSV;
- (d) the adrenaline autoinjectors for general use have a limited life, usually expiring within 12–18 months and will need to be replaced at MSV's expense, either at the time of use or expiry, whichever is first;
- (e) the location of adrenaline autoinjectors for general use will be documented on location maps which will be displayed in key locations (including the staff room, outside activity spaces, and on classroom doors) and made known to staff.

15 Communication Plan

- 15.1 This policy is communicated to parents/guardians and is available on MSV's website so parents/guardians and other members of the school community can easily access information about the school's anaphylaxis management procedures. The parents and guardians of students who are enrolled at MSV and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.
- 15.2 This policy is provided to staff and volunteers on induction to ensure all staff, including casual relief teachers and volunteers, are aware of this policy and students in their care at risk of anaphylaxis and their role in responding to an anaphylactic reaction of a student in their care. This policy is also available to all staff on the intranet.
- 15.3 The Principal is responsible for:
- (a) ensuring all relevant staff (including casual relief staff, canteen staff and volunteers) are aware of this policy and MSV procedures for anaphylaxis management. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this policy, their role in responding to an anaphylactic reaction and where required, the identity of students at risk.
 - (b) ensuring relevant staff are trained and advised on strategies in anaphylaxis management, and 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 the hall, consistent with the Department's Anaphylaxis Guidelines;
 - (c) ensuring relevant staff are trained and advised on strategies in anaphylaxis management, and about how to respond to an anaphylactic reaction during off-site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the school;
 - (d) informing volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic

reaction and their role in responding to an anaphylactic reaction of a student in their care;

- (e) ensuring the school staff who conduct classes that students who are at risk of anaphylaxis attend and any further school staff 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 are trained in anaphylaxis management; and
- (f) ensuring an appropriate briefing for staff occurs twice a year – one each semester.

16 Staff Training

16.1 It is the responsibility of the Principal to ensure all MSV staff are:

- (a) aware of training obligations and provided with training opportunities; and
- (b) briefed at least twice per calendar year.

16.2 The following staff will be expected to have current, accredited Anaphylaxis Training and will be provided with ongoing training opportunities:

- (a) staff who are responsible for the care of students with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
- (b) any further staff 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 MSV.

16.3 The identified staff will:

- (a) be expected to have undertaken a face-to-face Anaphylaxis Management Training Course in the three years prior; or
- (b) an online anaphylaxis management training course in the two years prior; and
- (c) be obliged to attend a briefing twice per calendar year (with the first briefing to be held at the beginning of the school year) by a member of staff who has successfully completed Anaphylaxis Management Training Course in the two years prior on:
 - (i) MSV's anaphylaxis management policy and procedures;
 - (ii) the causes, symptoms and treatment of anaphylaxis;
 - (iii) the identities of students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located;
 - (iv) how to use an adrenaline autoinjector, including hands on practise with a trainer;
 - (v) MSV's general first aid and emergency response procedures; and

- (vi) the location of, and access to, adrenaline autoinjectors that have been provided by parents/guardians/care-givers or purchased by MSV for general use.
- 16.4 MSV accepts the following Anaphylaxis training courses:
- (a) Online training — Australasian Society of Clinical Immunology and Allergy (ASCI) Anaphylaxis e-training for Victorian Schools. To complete this training, the staff member will also be required to show the school anaphylaxis supervisor that they are able to appropriately and competently use an adrenaline autoinjector. This capability must be tested within 30 days of completion of the online training course.
 - (b) Course in Verifying the Correct Use of Adrenaline Injector Devices 22579VIC.
- 16.5 If the relevant training and briefing has not occurred, the Principal must develop an interim plan in consultation with the parents/guardians/care-givers of any affected student with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and training must occur as soon as possible thereafter.
- 16.6 The Principal will ensure that, while the student is under the care of supervision of MSV, including excursion, yard duty, camps and special event days, there is a sufficient number of MSV staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.

17 Location of Autoinjectors and Signage

- 17.1 Adrenaline autoinjectors for students with anaphylaxis are located in the unlocked first aid kit in the First Aid Room that is next to the reception desk that is always manned by an MSV staff member.
- 17.2 Copies of the ASCIA Action Plans are posted in the staff room and are located with first aid procedures as well as being in each student's medical kit with their adrenaline autoinjector/s.
- 17.3 With permission from parents/guardians/care-givers and students, it may be appropriate to have a student's name, photo and the food/insect they are allergic to, displayed in other locations around MSV.
- 17.4 During offsite or out of school activities including on excursions, school camps and at special events conducted, organised or attended by MSV, Individual Anaphylaxis Management Plans and ASCIA Action Plans can be located by staff on the Compass Portal. The Compass Portal easily identifies medical requirements through specific dedicated icons on the student profile home page, with the plans located within the profile.

18 Anaphylaxis Management Procedure

18.1 To supplement this policy and help protect students at risk of Anaphylaxis from accidental exposure to food or other allergens, MSV has implemented the Anaphylaxis Management Procedure.

19 Implementation

19.1 This policy is implemented through a combination of:

- (a) school premises inspections (to identify wasp and beehives);
- (b) staff training and supervision;
- (c) maintenance of student medical records;
- (d) effective incident notification procedures;
- (e) effective communication with the student at risk and their parent/guardian/care-giver;
- (f) completion of annual risk management checklist;
- (g) effective communication procedures with the school community including all students' parents/guardians/care-givers; and
- (h) initiation of corrective actions where necessary.

20 Discipline for breach of policy

Where a staff member breaches this policy, MSV may take disciplinary action.

21 Review

A review of this Policy shall be conducted every two years. The Board is responsible for ensuring this Policy is reviewed and updated.

22 Related documents

Student Record of Medical Condition Form

Anaphylaxis Management and Minimisation Plan

First Aid Policy and Procedure

Anaphylaxis Supervisors' Observation Checklist

Ministerial Order No 706 Anaphylaxis Management in Victorian Schools