

ANAPHYLAXIS MANAGEMENT POLICY

AL SIRAAT COLLEGE INC

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AL SIRAAT
COLLEGE

Anaphylaxis is a severe and sudden allergic reaction when a person is exposed to an allergen. The most common allergens in College-aged children are eggs, peanuts, tree nuts (e.g. Cashews), cow's milk, fish and shellfish, wheat, soy, certain insect stings and medications.

1 AIM

The aim of this policy is to:

- minimise the risk of an anaphylactic reaction occurring while the child/student is in the care of Al Siraat College.
- ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an EpiPen.
- raise the service community's awareness of anaphylaxis and its management through education and policy implementation.

2 SCOPE

Anaphylaxis is a serious health issue for a percentage of the population and our College recognises the key to preventing an anaphylactic reaction by a student is knowledge, awareness and planning.

On 14 July 2008, the Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008 came into effect amending the Children's Services Act 1996 and the Education and Training Reform Act 2006 requiring that all licensed children's services and Colleges have an anaphylaxis management policy in place.

Ministerial Order 706 -- Anaphylaxis Management in Victorian Colleges outlines points that Colleges need to ensure are included in their Anaphylaxis Management Policy. Ministerial Order 706 comes into effect on 22 April 2014 and repeals Ministerial Order 90.

Al Siraat College will comply with Ministerial Order 706 Anaphylaxis-- Anaphylaxis Management in Colleges and will comply with guidelines related to anaphylaxis management in Colleges as published and amended by the Department of Education from time to time.

3 POLICY

Al Siraat College strongly believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility. The college is committed to:

- provide, as far as practicable, a safe and healthy environment in which children at risk of anaphylaxis can participate equally in all aspects of the children's program and experiences.
- raise awareness about allergies and anaphylaxis amongst the service community and children in attendance.
- actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child.
- ensure each staff member and other relevant adults have adequate knowledge of allergies, anaphylaxis and emergency procedures.
- facilitate communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

4 DEFINITIONS

Allergen: A substance that can cause an allergic reaction.

Allergy: An immune system response to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens.

Allergic reaction: A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around the mouth, abdominal pain, vomiting and/or diarrhea, facial swelling, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse (child pale or floppy), or cessation of breathing.

Ambulance contact card: A card that the service has completed, which contains all the information that the Ambulance Service will request when phoned on 000. An example of this is the card that can be obtained from the Metropolitan Ambulance Service and once completed by the service it should be kept by the telephone from which the 000 phone call will be made.

Anaphylaxis: A severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly breathing or circulation systems.

Anaphylaxis medical management action plan: a medical management plan prepared and signed by a Registered Medical Practitioner providing the child's name and allergies, a photograph of the child and clear instructions on treating an anaphylactic episode. An example of this is the Australian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.

Anaphylaxis management training: accredited anaphylaxis management training that has been recognised by the Secretary of the Department of Education and Early Childhood Development and includes strategies for anaphylaxis management, recognition of allergic reactions, risk minimisation strategies, emergency treatment and practice with a trainer adrenaline auto-injection device such as the EpiPen trainer.

Adrenaline auto-injection device: A device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered. There is a range of commercial devices including the EpiPen.

Adrenaline auto-injection device training: training in the administration of adrenaline via an auto-injection device such as an EpiPen provided by allergy nurse educators or other qualified professionals such as doctors, first aid trainers, through accredited training such as the e-anaphylaxis online training that will be signed off by the College anaphylaxis supervisor.

Children at risk of anaphylaxis: those children whose allergies have been medically diagnosed and who are at risk of anaphylaxis.

EpiPen: This is one form of an auto-injection device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered.

Intolerance: Often confused with allergy, intolerance is a reproducible reaction to a substance that is not due to the immune system.

No food sharing: The practice where the child at risk of anaphylaxis eats only that food that is supplied or permitted by the parent/guardian, and does not share food with, or accept other food from any other person.

Nominated staff member: A staff member nominated to be the liaison between parents/guardians of a child at risk of anaphylaxis and the licensee. This person also checks the adrenaline auto-injection device such as a current, the auto--injection device, and leads staff practice sessions after all staff have undertaken anaphylaxis management training.

Communication plan: A plan that forms part of the policy outlining how the service will communicate with parents and staff in relation to the policy and how parents and staff will be informed about risk minimisation plans and emergency procedures when a child diagnosed at risk of anaphylaxis is enrolled in the service.

Risk minimisation: The implementation of a range of strategies to reduce the risk of an allergic reaction including removing, as far as is practicable, the major sources of the allergen from the service, educating parents and children about food allergies and washing hands after meals.

Risk minimisation plan: A plan specific to the service that specifies each child's allergies, the ways that each child at risk of anaphylaxis could be accidentally exposed to the allergen while in the care of the service, practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan should be developed by families of children at risk of anaphylaxis and staff at the College and will be reviewed at least annually, but always upon the enrolment or diagnosis of each child who is at risk of anaphylaxis. A sample risk minimisation plan is outlined in Schedule 3 of this document.

Service community: all adults who are connected to the children's service.

Treat box: A container provided by the parent/guardian that contains treats, for example, foods that are safe for the child at risk of anaphylaxis and used at parties when other children are having their treats. Non--food rewards, for example stickers, stamps and so on are to be encouraged for all children as one strategy to help reduce the risk of an allergic reaction.

5 COLLEGE MANAGEMENT AND EMERGENCY RESPONSE

The college's Anaphylaxis Management Policy includes procedures for emergency response to anaphylactic reactions that consist of the following:

- a complete and up to date list of students identified having anaphylaxis as medical condition that relates to allergies and the potential for anaphylactic reaction.
- Details of Individual Anaphylaxis Management Plans and ASCIA Action Plans and the locations where these are located. The action plans are located:
 - in the homegroup classroom-at the front of the medical bag where Epipen is stored
 - in CRT folders
 - in the health centre
 - in the canteen
 - in all staff rooms
 - in first aid bags used on excursions and camps
 - in yard duty bags
- The staff are aware of the accessibility of Adrenaline Autoinjectors via a detailed map available on the LMS (SEQTA).
- Regular communication with College Staff, students and parents to occur in accordance with the communication plan.

6 ADRENALINE AUTOINJECTORS FOR GENERAL USE

The Principal (or delegate) will purchase additional Adrenaline Autoinjector(s) for General Use (purchased by the first aid officer of the College) and as a back up to those supplied by parents. When determining the number and type of additional Adrenaline Autoinjector(s) to be purchased for general use, the Principal (or delegate) will consider all of the following:

- a) the number of students enrolled at the College that have been diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction;
- b) the accessibility of Adrenaline Autoinjectors that have been provided by parents;
- c) the availability of a sufficient supply of Adrenaline Autoinjectors for general use in specified locations at the college, including in the college yard, and at excursions, camps and special events conducted, organised or attended by the college.

In addition, that Adrenaline Autoinjectors have a limited life, usually expire within 12-18 months, and will need to be replaced at the College's expense, either at the time of use or expiry, whichever is first.

7 REGULAR REVIEW OF ADRENALINE AUTOINJECTORS

Al Siraat College is committed to undertake regular reviews of students' Adrenaline Autoinjectors, and those for general use. When undertaking a review, the following factors will be checked:

- Adrenaline Autoinjectors are:
 - stored correctly and be able to be accessed quickly, because, in some cases, exposure to an allergen can lead to an anaphylactic reaction in as little as five minutes;
 - stored in an unlocked cupboards in relevant buildings away from direct light and heat.
 - stored in the homegroup room in a medical bag in an unlocked cupboard that also contains the individual ASCIA plan for any student diagnosed with anaphylaxis.
 - clearly labelled with the student's name, or for general use; and signed in and out when taken from its usual place, e.g. for camps or excursions.
- All College Staff know where Adrenaline Autoinjectors are located.

8 ROLES AND RESPONSIBILITIES

The role and responsibilities of the Principal (or delegate):

The Principal (or delegate) has overall responsibility for implementing the College's Anaphylaxis Management Policy. It is the responsibility of the Principal (or delegate) to:

- Actively seek information to identify students with severe life--threatening allergies or those who have been diagnosed as being at risk of anaphylaxis, either at enrolment or at the time of diagnosis (whichever is earlier). Conduct a risk assessment of the potential for accidental exposure to allergens while the student is in the care of the College.
- Request that parents provide an ASCIA Action Plan (Appendix 1) that has been signed by the student's medical practitioner and has an up to date photograph of the student. Obtain parental consent to display photo.

- Ensure that parents provide the student's EpiPen® or Anapen® and that it is not out of date.
- Ensure that 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, that there is a sufficient number of school staff present who have been trained in accordance with clause 12.
- Ensure staff are informed and trained in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen® or Anapen®.
- Develop a communication plan to provide information to all college staff, students and parents about anaphylaxis and the school's anaphylaxis management policy.
- Ensure that there are procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response.
- Liaise with the College Health Centre Officer for anaphylaxis checklist and follow up.
- Allocate time, to discuss, practice and review the College's management strategies for students at risk of anaphylaxis. Practice using the trainer EpiPen® and Anapen® regularly.
- Encourage ongoing communication between parents/carers and staff about the status of the student's allergies, the College's policies and their implementation.
- Review Individual Student's Management Plan annually with parents/carers, or whenever the students' circumstances change. The Individual Student Anaphylaxis Management Plan must include:
 - information about the medical condition that relates to the allergy and the potential for anaphylactic reaction, including the type of allergy or allergies the student has (based on a written diagnosis from a medical practitioner) is included in the Individual Anaphylaxis Management Plan.
 - strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of school staff, for setting in and out of school, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school.
 - an action plan for anaphylaxis in a format approved by the ASCIA (ASCIA Action Plan), provided by the parent.
- The Individual Student Anaphylaxis Management Plan must be reviewed in consultation with the student's parents if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes.
- Ensure the Risk Management Checklist for anaphylaxis is completed annually.
- Ensure Al Siraat College Staff members are briefed at least twice a year on:
 - the College's Anaphylaxis Management Policy.
 - the causes, symptoms and treatment of anaphylaxis.
 - the identities of students diagnosed at risk of anaphylaxis and the location of their medication.

- using an Adrenaline Autoinjector, including hands-on practice with a trainer Adrenaline Autoinjector (which does not contain adrenaline).
- The college's general first aid and emergency procedures; and
- the location of Adrenaline Auto injecting devices that have been purchased by the College for General Use.
- Ensure that relevant College Staff have successfully completed the e-anaphylaxis training and have been assessed for correct usage or auto injector use within 30 days by the Anaphylaxis supervisor

Role and responsibilities of College Staff

Al Siraat Staff members have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. This includes administrators, canteen staff, casual relief staff, specialist staff, sessional teachers and volunteers. Al Siraat College staff members are committed to:

- Know and understand the College Anaphylaxis Management Policy.
- Know the identity of students who are at risk of anaphylaxis.
- Understand the causes, symptoms, and treatment of anaphylaxis.
- Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector.
- Know where to find a copy of each student's Individual Anaphylaxis Management Plan quickly and follow it in the event of an allergic reaction.
- Know where students' Adrenaline Autoinjectors and the Adrenaline Autoinjectors for General Use are kept.
- Plan 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 College, or away from College. Work with Parents to provide appropriate food for their child if the food the College/class is providing may present a risk for him or her.
- Avoid the use of food treats in class or as rewards, as these may contain hidden allergens. Work with Parents to provide appropriate treats for students at risk of anaphylaxis.
- Know and follow the prevention and risk minimisation strategies in the student's Individual Anaphylaxis Management Plan.
- Raise student awareness about severe allergies and the importance of their role in fostering a college environment that is safe and supportive for their peers.

Role and responsibilities of First aid Coordinators and College Health Centre Officers

At Al Siraat College the Health Centre Officers, Head of Secondary and Primary Colleges along with First Aid Coordinators will support the Principal and other College Staff to implement the College's Anaphylaxis Management Policy. They will:

- Work with the Principal to develop, implement and review the College's Anaphylaxis Management Policy.

- Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector (i.e. EpiPen®)
- Keep up-to-date information of students at risk of anaphylaxis.
- Keep a register of Adrenaline Autoinjectors as they are 'in' and 'out' from the central storage point. For instance, when they have been taken on excursions, camps etc.
- Ensure that the student's ASCIA Action Plan matches the student's supplied Adrenaline Autoinjectors.
- Inform parents that the Adrenaline Autoinjector needs to be replaced a month prior to the expiry date.
- Work with College Staff to conduct regular risk prevention, minimisation, assessment and management strategies.
- Work with College Staff to develop strategies to raise their own, students and College community awareness about severe allergies.
- Provide or arrange post-incident support (e.g. counselling) to students and College Staff, if appropriate.

Role and responsibilities of Parents of a student at risk of anaphylaxis

Parents have an important role in working with Al Siraat College to minimise the risk of anaphylaxis for our students. Al Siraat Parent community must follow the following key obligations under the Order to assist the College actively:

- Inform the College in writing, either at enrolment or at diagnosis, of the student's allergies, and whether the student has been diagnosed at the time as being at risk of anaphylaxis.
- Obtain an ASCIA Action Plan from the student's Medical Practitioner that details their condition, and any medications to be administered, and other emergency procedures and provide this to the College.
 - Ensure information about the medical condition that relates to the allergy and the potential for anaphylactic reaction, including the type of allergy or allergies the student has (based on a written diagnosis from a medical practitioner) is included in the ASCIA plan.
- Inform the college in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant provide an updated ASCIA Action Plan.
- Provide the College with an up-to-date photo for the student's ASCIA Action Plan and when the plan is reviewed.
- Meet with and assist the College to develop the student's Individual Anaphylaxis Management Plan, including risk management strategies.
- Provide the College with an Adrenaline Autoinjector and any other medications that are current and not expired.

- Replace the student's Adrenaline Autoinjector and any other medication as needed, before their expiry date or when used.
- Assist Al Siraat College Staff in planning and preparation for the student prior to camps, field trips, incursions, excursions or special events (e.g. class parties, cultural days, fetes or sport days).
- If requested by class teacher or other Staff member, assist in identifying and/or providing alternative food options for the student when needed.
- Inform College Staff in writing of any changes to the student's emergency contact details.

Training and Emergency Response

- Al Siraat College policy ensures that each staff member is informed (twice a year) and trained every two years with anaphylaxis training.
- Teachers and other College staff who conduct classes which students at risk of anaphylaxis attend or give instruction to students who are at risk of anaphylaxis, must have up to date training in an anaphylaxis management training course.
- 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 must also have up to date training in an anaphylaxis management training course.
- At other times while the student is under the care or supervision of the College, including excursions, yard duty, camps and special event days, the College ensures that there is enough staff present who have up to date training in an anaphylaxis management training course.
- Wherever possible, training will take place at staff induction. Where this is not possible, an interim plan will be developed in consultation with the parents.
- The College's first aid procedures and student's emergency procedures plan (ASCIA Action Plan) must be followed in responding to an anaphylactic reaction.

9 PREVENTION STRATEGIES

Al Siraat College must ensure to implement the following risk minimisation and prevention strategies for all relevant in-College and out-of-College settings:

- During classroom activities (including class rotations, specialist and elective classes):
 - Liaise with Parents about food--related activities ahead of time.
 - Use non--food treats where possible, but if food treats are used in class, it is recommended that Parents of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
 - Never give food from outside sources to a student who is at risk of anaphylaxis.

- Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non--food treats where possible.
- Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
- Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, Science and Art classes (e.g. egg or milk cartons, empty peanut butter jars). Teachers will be updated with the information via email or welfare staff meetings on regular basis.
- Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
- The Daily Organiser must inform casual relief teachers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Autoinjector.
- Copy of the student's individual Anaphylaxis action plan must be placed in the classroom. ASCIA plan will be available in the staff rooms, administration building, student services office, in canteen and the extra Adrenalin Autoinjectors are kept in the Health Centre, Canteen and other buildings as per the Evacuation map in the LMS.
- Between classes and other breaks, during recess and lunchtimes:
 - Staff on yard duty must be trained in the administration of the Adrenaline Autoinjector (i.e. EpiPen®) to be able to respond quickly to an anaphylactic reaction if needed.
 - The Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location.
 - Al Siraat College has a Communication Plan in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. This includes: all yard duty staff carrying emergency cards in yard--duty bags, and most of the staff members are trained in anaphylaxis management training. All staff on yard duty must be aware of the College's Emergency Response Procedures and to notify the student services office of an Anaphylactic reaction in the yard.
 - Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis. To ensure this Al Siraat College is committed to provide picture cards to the relevant staff members.
 - Students with anaphylactic responses to insects are encouraged to stay away from water or flowering plants.
 - Keep lawns and clover mowed and outdoor bins covered.
 - Students are advised to keep drinks and food covered while outdoors.
- In canteens:

- Canteen staff must be able to demonstrate satisfactory training in food allergen management and its implications on food--handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross--contamination issues specific to food allergy, label reading, etc.
- Canteen staff must hold a current Food Handling Certificate from a registered training organisation in accordance with relevant Victorian food safety laws and regulations.
- Display the student's name and photo in the canteen as a reminder to College Staff.
- Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
- Canteens should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.
- Prepare students who have anaphylactic reactions food first each day and place in a separate bag for distribution to their classroom.
- Labels for online orders will have an asterix next to a student with anaphylaxis so canteen staff can clearly identify students with anaphylaxis.
- Duty of care-before and after school:
 - College Staff are reminded that they have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable.
- Special events including incursions, sports, cultural days, fetes or class parties, excursions and camps:
 - 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 (or delegate) must ensure that there is a sufficient number of school staff present who have been trained in accordance with clause 12.
 - College Staff should avoid using food in activities or games, including as rewards.
 - For special occasions, College Staff must consult Parents in advance to either develop an alternative food menu or request the Parents to send a meal for the student.
 - Parents of other students will be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at college or at a special College event.

10 RESPONDING TO AN INCIDENT

Where possible, only College Staff with training in the administration of the Adrenaline Autoinjector should administer the student's Adrenaline Autoinjector. However, it is imperative that an Adrenaline Autoinjector is administered as soon as possible after an anaphylactic reaction. Therefore, if necessary, the Adrenaline Autoinjector is designed to be administered by any person following the instructions in the student's ASCIA Action Plan.

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school's general first aid and emergency response procedures and the student's ASCIA Action Plan.

It is important that in responding to an incident, the student does not stand and is not moved unless in further danger (e.g. the anaphylactic reaction was caused by a bee sting and the beehive is close by).

Onsite College Environment

- Homegroup classrooms contain Individual A4 student medical bags that have the ASCIA plan on the front clear pocket and the autoinjector/relevant medication inside the bag.
- General use autoinjectors are located in several key areas around the college-refer to LMS emergency map for details.
- Yard duty bags contain laminated cards of students (with photos) of all students who have a medical condition that relates to allergies and the potential for anaphylactic reaction.
- Follow the College's first aid policy:
 - Assess the situation to ensure it is safe to provide first aid.
 - Call for a First Aid Officer if necessary.
 - Provide appropriate First Aid treatment based on the injury or illness. Ensure management plans are followed for asthma, anaphylaxis, diabetes and other serious illnesses.
 - Contact emergency services (000) if required.
 - Notify parents/guardians as soon as possible for serious injuries.
 - Notify the Principal or delegate of a critical incident

Offsite College Environments

- Excursions and Camps --- every camp and excursion requires a risk assessment for each individual student attending, who is at risk of anaphylaxis. Therefore, emergency procedures will be changed accordingly. It is imperative that the process also addresses:
 - the location of Adrenaline Autoinjectors
 - process to get the Adrenaline Autoinjector to a student; and
 - Any staff member with the teacher's mutual consent will call for an ambulance response, including giving detailed location address. E.g. Camp address/GPS location.
- Individual student classroom medical bags containing autoinjector & ASCIA anaphylaxis management plan must accompany student on any excursion or camp.
- First aid bag from Health Centre containing general use auto injector must be taken to any excursion and/or camp (as per the Excursion procedure and per excursion departure form checklist).
- An up-to-date list of students with medical conditions attending an excursion or camp will be provided by the Health Centre Officer before departure.
- All ASCIA plans and Individual student anaphylaxis management plans will be provided to each staff member accompanying students on camp.
- Follow the College's first aid policy:
 - Assess the situation to ensure it is safe to provide first aid.

- Call for a First Aid Officer if necessary.
- Provide appropriate First Aid treatment based on the injury or illness. Ensure management plans are followed for asthma, anaphylaxis, diabetes and other serious illnesses.
- Contact emergency services (000) if required.
- Notify parents/guardians as soon as possible for serious injuries.
- Notify the Principal or delegate of a critical incident

11 STUDENTS AT RISK OF ANAPHYLAXIS

A member of Al Siraat Staff must remain with the student who is displaying symptoms of anaphylaxis at all times.

Lay the person flat unless breathing is difficult. Elevate their upper body slightly if breathing is difficult.

Another member of the College Staff must immediately locate the student's Adrenaline Autoinjector and the student's Individual Anaphylaxis Management Plan, which includes the student's ASCIA Action Plan to assist the teacher and student.

The Adrenaline Autoinjector can then be administered following the instructions in the student's ASCIA Action Plan.

How to administer an EpiPen®	
1.	Remove from plastic container.
2.	Check expiry date and that liquid is still clear in EpiPen®
3.	Form a fist around EpiPen® and pull off the blue safety cap.
4.	Place orange end against the student's outer mid---thigh (with or without Clothing).
5.	Push down hard until a click is heard or felt and hold in place for 3 seconds.
6.	Remove EpiPen®.
7.	Note the time you administered the EpiPen®.
8.	The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

ALWAYS CALL AN AMBULANCE AS SOON AS POSSIBLE (000)

When using a standard phone call 000 (triple zero) for an ambulance.

First---time reactions

If a student has a severe allergic reaction but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, the College Staff must follow the College's first aid procedures. The staff will be trained on regular basis.

This should include immediately contacting an ambulance using 000.

It may also include locating and administering an Adrenaline Autoinjector for General Use.

Post---incident support

An anaphylactic reaction can be a very traumatic experience for the student, others witnessing the reaction, and Parents. In the event of an anaphylactic reaction, students and Al Siraat Staff may be referred to college counselling for post incident counselling, provided by the College Health Centre Officer or Head of Secondary or College counsellor.

Review

After an anaphylactic reaction has taken place that has involved a student in the Al Siraat College's care and supervision, the following review processes will take place:

- The Parent must replace the Adrenaline Autoinjector as soon as possible.
- In the meantime, the Principal (or delegate) will ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector being provided.
- If the Adrenaline Autoinjector for General Use has been used this should be replaced as soon as possible.
- The student's Individual Anaphylaxis Management Plan will be reviewed in consultation with the student's Parents.
- The College's Anaphylaxis Management Policy will be reviewed to ensure that the procedure adequately responded to anaphylactic reactions to the students who are in the care of College Staff.

Annual Risk Management Checklist

The Principal (or delegate) will complete an annual Risk Management Checklist supported by the Health Centre Attendant and/or Head of Primary and Secondary as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations.

12 COMMUNICATION PLAN

- This policy will be available on the Al Siraat College Learning Management System so that parents, students and staff can easily access information about the anaphylaxis management procedures.
- The principal or delegate will be responsible for ensuring that the following key aspects of the communication plan are implemented to provide information to all staff, students and parents about anaphylaxis, including access to the College's anaphylaxis management policy:
 - The College will keep regularly updated Confidential Medical Alert records for all students with Anaphylaxis, asthma, diabetes and other critical medical conditions in every yard duty bag.
 - Medication with a copy of the individual ASCIA anaphylaxis plan on the front of the A4 medical bag will be kept in the homegroup classroom.
 - Copies of the students with anaphylaxis (with photos) will be available for Casual Relief Teacher's (CRT) in the CRT folder and on the LMS.

- Assemblies, emails and website will be used to raise awareness within the community about anaphylaxis and the need to minimise exposure to potential allergens to increase the overall understanding of the condition.
- The College will communicate the recommendation that blanket banning of certain types of foods (eg: nuts) is not practical and is not a strategy recommended by the Royal Children's Hospital.
- Students with anaphylaxis posters with photos will be posted in all staff rooms around the College.
- College staff will raise awareness in their classrooms through the use of fact sheets, posters and age-appropriate discussions.
- The LMS will be kept up to date with relevant student medical details & alerts.
- All staff at Al Siraat College will receive appropriate training in anaphylaxis management, consistent with the Department's Guidelines which includes the online 'ASCIA Anaphylaxis e-training for Victorian Schools' followed by a competency check by the College Anaphylaxis Supervisors every 2 years minimum.
- All casual staff and regular volunteers who have direct student contact will be required to complete the ASCIA Anaphylaxis e-training for Victorian Schools' before commencing relevant duties.
- All staff will attend a briefing on anaphylaxis management at least twice per calendar year, with the first one to be held at the beginning of the school year, held by a member of school staff who has successfully completed an anaphylaxis management training course referred to in clause 12.2.1 of ministerial order 706 in the three years prior or an online anaphylaxis management course in the two years prior. Each briefing will address:
 - this policy
 - the causes, symptoms and treatment of anaphylaxis
 - the identities of students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located
 - how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector
 - the College's general first aid and emergency response procedures
 - the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the College for general use.
- If for any reason training and briefing has not yet occurred in accordance with clauses 12.2.1 and 12.2.2 of Ministerial Order 706, the principal (or delegate) must develop an interim plan in consultation with the parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction, and training must occur as soon as possible thereafter.
- At other times while the student is under the care or supervision of the College, including excursions, yard duty, camps and special event days, the principal or delegate must ensure that there is a sufficient number of staff present who have up to date training in an anaphylaxis management training course.
- Wherever possible, training will take place during new staff induction.

- The policy will include up-to-date information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, in the college yard, on college excursions, on college camps and special event days.

13 DOCUMENT HISTORY

Date	Author	Version	Change Reference
March-2014	Andrew Houghton	1.0	No previous document
23-09-2020	Leah Hamel	2.0	Separated procedures and responsibilities from policy
15/02/2023	Leah Hamel	2.0	Review/no update necessary
18/11/2024	Leah Hamel	3.0	Amended as per VRQA rectification plan

14 RELATED DOCUMENTS

Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008
Occupational Health and Safety Act 2004

Ministerial Order 706 - Anaphylaxis Management in Victorian Colleges

Education and Training Reform Act 2006

ASC Anaphylaxis Management: Individual Communication Plan

ASC Anaphylaxis Management: Annual Risk Checklist


Al Siraat College First Aid Policy

Al Siraat College Emergency Management Plan

15 APPROVAL AND ADOPTION OF THIS PRIVACY POLICY

Approved and adopted by the College Committee 10 December 2024

Appendix 1



australian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

Photo

Name: _____ Date of birth: DD / MM / YYYY

Confirmed allergen(s): _____

Family/emergency contact(s):

1. _____ Mobile: _____

2. _____ Mobile: _____


Plan prepared by: _____ (doctor or nurse practitioner) who authorises medications to be given, as consented by the parent/guardian, according to this plan.

Signed: _____ Date: DD / MM / YYYY

Antihistamine: _____ Dose: _____


This plan does not expire but review is recommended by: DD / MM / YYYY

How to give EpiPen® adrenaline (epinephrine) device



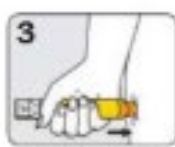
1

Form fist around EpiPen® and PULL OFF **BLUE** SAFETY RELEASE



2


Hold leg still and PLACE **ORANGE** END against outer mid-thigh (with or without clothing)



3

PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds. REMOVE EpiPen®

Instructions are also on device labels. For video instructions scan this QR code.



EpiPen® Jr (150 mcg) is prescribed for children 7.5-20kg

EpiPen® (300 mcg) is prescribed for children over 20kg and adults

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS:

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - these are signs of anaphylaxis for insect allergy

ACTIONS:

- Stay with person, call for help
- Locate adrenaline device
- Give antihistamine - see above
- Phone family/emergency contact
- Insect allergy - flick out sting if visible
- Tick allergy - seek medical help or freeze tick and let it drop off

Mild to moderate allergic reactions may not always occur before anaphylaxis

SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)






Watch for **ANY ONE** of the following signs:

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

ACTIONS FOR ANAPHYLAXIS

1 LAY PERSON FLAT - do NOT allow them to stand or walk

- If unconscious or pregnant, place in recovery position - on left side if pregnant
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright

2 GIVE ADRENALINE DEVICE

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

IF IN DOUBT GIVE ADRENALINE DEVICE

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS GIVE ADRENALINE DEVICE FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication (who may have been exposed to the allergen) has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

If adrenaline is accidentally injected, phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

© ASCIA 2025 This plan is a medical document that can only be completed and signed by the patient's doctor or nurse practitioner and cannot be altered without their permission.