

# Peninsula Grammar School

## Anaphylaxis Management Procedure

### 1. Introduction

Peninsula Grammar School (the **School** or **PGS**) is committed to providing a safe environment for students and recognises the importance of understanding the risk of anaphylaxis, how to take exercise preventative measures and executing emergency treatment when a student experiences an anaphylactic reaction. This is in line with the requirements set out by *Ministerial Order No 706 – Anaphylaxis in Victorian Schools and School Boarding Premises* and section 4.3.1(6)(c) of the *Education and Training Reform Act 2006* (the **Act**).

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school-aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, certain insect stings and medications.

### 2. Purpose

This procedure outlines practical instructions and guidance on to how to take preventative measures to minimise the risk of an anaphylactic reaction, recognise signs and symptoms of anaphylaxis and execute emergency treatment for a student.

### 3. Scope

This procedure applies to students, including boarders and international students, and staff across the School and is applicable to all activities and locations where children are under the supervision or care of the School, including its boarding premises and environments.

This procedure is underpinned by the School's Anaphylaxis Management Policy (the **Policy**), and both are accessible on the School intranet (Zenith) for staff to understand how to take prompt and appropriate action when an incident occurs.

### 4. Students at risk of Anaphylaxis reactions

A complete and up-to-date list of students at risk of anaphylactic reactions is kept at the School Health Centre and the names, photographs and specific allergies of each of these students are displayed in student at risk folders. This information is also recorded on their student profile on Zenith.

### 5. Individual Anaphylaxis Management Plan (IAMP)

An Individual Anaphylaxis Management Plan (**IAMP**) must be completed for each student diagnosed at risk of allergies. An IAMP is available for download at the ASCIA [website](#).

### 6. ASCIA Action Plan

An Australian Society of Clinical Immunology and Allergy (ASCIA) Action Plan for Anaphylaxis (**ASCIA Action Plan**) is an emergency response plan for severe allergic reactions (anaphylaxis). They must be completed by parents/carers for a student with anaphylaxis, in consultation with their child's medical/health practitioner and provided to the School. An ASCIA Action Plan is available for download at the ASCIA [website](#).

## 7. IAMP & ASCIA Action Plan Locations

### List of students at risk of anaphylactic reactions

A complete and up-to-date list of students at risk of anaphylactic reactions is kept at the School Health Centre and the names, photograph, specific allergies of each student and their IAMP and ASCIA are displayed in student at risk folders at the:

- Early Childhood Centre (ECC Reception Area)
- DB Clarke Centre (Staffroom)
- Perry Building (Staffroom)
- Pennell Centre (Pre-Senior School)
- Administration Building Staffroom
- Zammit Centre (Staffroom ZC203)
- the Tuckshop
- the Commons Cafe (Zammit Centre)
- Boarding - Jaffray House (Staffroom)
- the School Health Centre

During school and boarding-related activities off-site, excursions, camps and special events conducted, organised or attended by the School, these plans are located on Operoo.

## 8. Emergency Response to Anaphylaxis Incident

In the event of an anaphylactic reaction, responders must:

1. Administer first-aid (general use EpiPen) and provide ongoing care to the affected person
2. Call 000 for the Ambulance
3. Call Ext: 888 for School Health Support
4. Call Ext: 666 to notify Senior Executive

The primary responsibility of the First Responder is to the affected person. Where possible, further other staff responders should make calls to 000 (Emergency Services), Ext 888 (School Health) and Ext 666 (Critical Incident Response Team).

In circumstances where a student who ordinarily self-administers their adrenaline auto-injector is not physically able to do so, staff must administer the adrenaline auto-injector and call 000.

School Health will conduct a review following a student experiencing an anaphylactic reaction and report to the Principal or their nominee.

These emergency response actions are consistent with the School's *Anaphylaxis Management Plan* and the School's *Emergency Management Plan* which are available on Zenith/Intranet.

## 9. General Use Adrenaline Auto-Injectors (EpiPen) Locations

General use Adrenaline Auto-injectors can be found each of the main student buildings, and some are located in a white box which is identifiable with a green medical symbol (+) and the word EpiPen®.

PENNELL CENTRE - FOOD TECH	Kitchen area S5
ECC	Office
CLARKE CENTRE	Staff room
PERFORMING ARTS CENTRE	Inside AED cabinet
ADMINISTRATION BUILDING	Staff room
ADT BUILDING (K BLOCK)	Outside K18

SCIENCE BUILDING (Q BLOCK)	Q15
DLS (R BLOCK)	R11
PENNELL CENTRE (S BLOCK)	S7
VCE SCIENCE BUILDING (P BLOCK)	Staff room and PS2 Chemistry Studio
YEAR 10 BUILDING (V BLOCK)	Foyer
PERRY BUILDING	Staff room
DETMOLD PAVILION	Downstairs
SENIOR PE CENTRE	Inside AED cabinet
JUNIOR GYMNASIUM	Inside AED cabinet
JAFFRAY HOUSE	Staff room
SCHOOL HEALTH CENTRE	Treatment room
ZAMMIT CENTRE	ZC203 English staff room near <i>The Commons</i>
H.A MACDONALD PAVILION	Inside AED cabinet
ALATUS	ICT Service Desk

## 10. Anaphylaxis First-Aid Kits & Storage

Anaphylaxis First-Aid Kits include:

- Are in-date (checked and replaced as needed by School Health)
- Adrenaline Auto-Injectors (EpiPens) for general or additional use if needed in an emergency

### School excursions or special event days away from the School

The student's Anaphylaxis Kit is in the following area:

- Early Childhood Centre (ECC) - the student's Anaphylaxis Kit is to travel with the student's supervising teacher
- Years 2- 6 - the student's Anaphylaxis Kit is to travel with the student's supervising teacher or First Aid teacher if one is appointed unless, by agreement with the parent, the student carries the Anaphylaxis Kit with them
- Years 7-12 – the student's Anaphylaxis Kit is to travel with the student in the student's school bag
- Boarding House - the student's Anaphylaxis Kit is to travel with the student in the student's school bag
- A general use Adrenaline Auto-Injector can be found in the First Aid kit accompanying the supervising staff member when a student with diagnosed anaphylaxis participates in the activity.

### School camps and tours

- Parents are required to supply two in-date adrenaline auto-injectors (one kit)
- The student's ASCIA Action Plan should be attached by the parents to the student medical form.
- Years 2- 6 - the student's Anaphylaxis Kit is to travel with the student's supervising First Aid teacher, by agreement with the parent, the student carries their Anaphylaxis Kit with them.
- Years 7-12 – the student's Anaphylaxis Kit is to travel with the student in the student's school bag.
- Boarding Houses - the student's Anaphylaxis Kit is to travel with the student in the student's bag.
- A general use Adrenaline Auto-injector can be found in the First Aid kit accompanying the supervising staff member when a student with diagnosed anaphylaxis participates in the activity.
- The supervising teacher must ensure that the First Aid kit has a general use Adrenaline Auto-injector for each student who has been diagnosed with anaphylaxis when they take a student away from school.

## **11. Communication Plan**

### Staff

Throughout the calendar year, staff are required to attend two Anaphylaxis briefings, delivered by the School's anaphylaxis supervisor or another member of staff nominated by the Principal.

The first session will be held at the beginning of the school year. The session will cover:

- the School's Anaphylaxis Management 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 School's general first-aid and emergency response procedures; and
- the location of, and access to, adrenaline autoinjectors that have been provide by parents or purchased by the school for general use.

A staff member who is absent from the briefing will ensure they participate in a make-up briefing session as scheduled by the school.

### New staff

New employees to the School will receive the above briefing at their New Employee Induction Session, or, where appropriate, be provided an individual briefing by a member of School Health.

### Casual relief staff and volunteers

Volunteers and casual relief staff who may be responsible for the supervision of students at risk of anaphylaxis will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the appropriate role below:

- School Nurses / Health Centre
- Head of Junior School (including ECC), or their Nominee
- Daily Organiser for Years K – 6, or their Nominee
- Daily Organiser for Years 7 – 12, or their Nominee
- Head of Boarding, or their Nominee

Due to the limited role scope and engagement of casual relief staff, contractors and volunteers by the School, these personnel may not be trained in managing students at risk of anaphylaxis. Whilst First-Aid and Anaphylaxis trained personnel preferred, where such individuals do not hold a current training qualification, they will be supported by other trained School staff. In line with the School Health Management Policy, most staff at School and boarding premises are trained in First-Aid.

### Students

Information about Anaphylaxis (i.e. posters and/or fact sheets) is available at the School for display across in liaison by School Health and the respective Heads of School and Head of Boarding.

School and boarding staff will communicate the topic with students with emphasis on these key messages:

1. Always take food allergies seriously
2. Do not share your food with friends who have food allergies
3. Wash your hands after eating
4. Know what your friends are allergic to
5. If a school friend becomes sick, get help immediately
6. Be respectful of a school friend's Adrenaline Auto-Injector
7. Never pressure your friends to eat food that they are allergic to.

A student at risk of anaphylaxis may not want to be singled out or be seen to be treated differently. Bullying of students at risk of anaphylaxis can occur in the form of teasing, tricking a student into eating a particular food or threatening a student with substances that they are allergic to, such as peanuts. Where this occurs, talk to the students involved so they are aware of the seriousness of an anaphylactic reaction.

Any attempt to harm a student diagnosed at risk of anaphylaxis is to be treated as a serious incident and treated accordingly.

### Parents/Carers

School Health will contact the parents/carers of each child with known anaphylaxis during Term 1, to update the student's IAMP.

The student's IAMP will also be reviewed by School Health:

- annually, or
- if the student's allergy and the potential for an anaphylactic reaction changes, or
- as soon as practicable after the student has an anaphylactic reaction at School.

Where a student with a known anaphylactic condition, is in a homestay arrangement, prior to the placement, the homestay provider will need to demonstrate their training, and will be supported by the School to respond appropriately in case of an anaphylactic reaction.



### General School Community Awareness

School Health Services will display anaphylaxis awareness posters in designated staff rooms. All school and boarding staff access to a photo list of all students who are known to suffer from anaphylaxis and their Individual Anaphylaxis Management Plan. The photo list of students is located on the School's staff intranet, Zenith, under the 'Emergencies' tile.

## 12. Prevention Strategies

The School recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a student having an anaphylactic reaction, including strategies to minimise the presence of allergens. Across the School, these strategies include:

Classroom	Responsible
1. Keep a copy of the student's ASCIA Action Plan in the classroom.	School Nurse and Teacher/s
2. All students at risk of Anaphylaxis should have an in date EpiPen, ASCIA Action Plan for Anaphylaxis and any other medication they require in school at all times.	Parent
3. Liaise with parents about food related activities ahead of time.	Teacher
4. Use non-food treats where possible, but if food treats are used in the classroom, it is recommended that parents provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.	Teacher/Parent
5. Never give food from outside sources to a student who is at risk of anaphylaxis.	Teacher
6. Be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons, cereal boxes). Remind all students to not share food they have cooked with others at school including during morning tea and lunch. Inform parents in discussion prior to experiments containing foods.	Teacher
7. Activities such as face painting or mask making should be notified to parents prior to the event, as products used may contain food allergens. Care should be taken with play dough etc. Check that nut oils have not been used in their manufacture. Discuss options with parents of wheat allergic students. Provide alternative material/s for the student to use where practicable to do so.	Teacher/Parent
8. Reinforce to students about the importance of washing hands, eating their own food and not sharing food. Tables should be wiped down after consumption of food.	Teacher/Parent
9. A designated staff member should inform casual relief teachers of students at risk of anaphylaxis, preventative strategies in place and the school's emergency procedures.	Daily Organiser/Teacher
10. Parents should be informed in advance about foods that may cause anaphylactic reactions in students and requested to avoid them in food brought from home or when preparing food for school-related activities (e.g. cake and food stalls).	Teacher/Parent
11. Music classes: There should be no sharing of wind instruments (e.g. recorders). Parents should provide the student's own instrument where appropriate.	Teacher/Parent

Onsite food services - Tuck Shop, Commons Café and Pavilion	Responsible
1. Staff should be briefed about students at risk of anaphylaxis.	Shop/Café staff
2. Products that "may contain traces of nuts" should not be served to students known to be allergic to nuts.	Shop/Café staff
3. Be wary of contamination of other foods when preparing, handling or displaying food.	Shop/Café staff

4. Make sure that tables and surfaces are wiped down regularly.	Shop/Café staff
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School Yard / Grounds	Responsible
1. The EpiPen should be easily accessible from the yard. Staff in designated areas should carry a communication device to notify School Health / Office of a reaction.	School Nurse/Teacher
2. Teachers should not leave a student who is experiencing an anaphylactic reaction unattended – the teacher must direct another person to bring the EpiPen.	Teacher
3. Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. Students should wear closed shoes and long-sleeved garments when outdoors.	Parent/Student
4. Consideration should be given to plants and sources of water in the playground so that the student can avoid them without being unfairly limited. Keep lawns and clover mowed and outdoor bins covered.	Facilities Team
5. Ensure students who suffer from Cold Urticaria (Anaphylaxis to Cold) should not be outside without appropriate clothing at all times to prevent a reaction to cold weather.	Teacher/Parent/Student

Special Events including Sports events, incursions and class parties etc.	Responsible
1. For special occasions, class teachers should consult parents in advance to either develop an alternative food menu, or request the parents to send a meal for the student. Students at risk of Anaphylaxis should not share food with other children.	Teacher / Parent
2. A notice should be sent home to all parents prior to the event, discouraging specific food products (e.g. nuts) where appropriate.	Teacher
3. Students can participate in spontaneous birthday celebrations by parents supplying 'treat box' or safe cupcakes stored in the freezer in a labelled sealed container	Parent
4. Staff must know where the EpiPen is located and how to access it if required.	School Health/Teacher
5. Party balloons should not be used if a student is allergic to latex.	Teacher
6. Latex swimming caps should not be used if a student is allergic to latex. Silicone caps may be used.	Teacher

Field Trips and Excursions	Responsible
1. The student's EpiPen, ASCIA Action Plan and a mobile phone must be taken on all excursions. Ensure the child at risk of anaphylaxis is in the care of the person carrying the EpiPen.	Teacher / Parent
2. A staff member who has been trained in the recognition of anaphylaxis and the administration of the EpiPen must accompany the student on excursions. Ensure all staff are aware of the location of the emergency medical kit containing the EpiPen, ASCIA Action Plan for Anaphylaxis and any other required medication.  All staff present during the field trip or excursion need to be aware if there is a student at risk of anaphylaxis.	Staff drafting the Risk Assessment, attending Teaching Staff and School Health
3. The school should consult parents in advance to discuss issues that may arise, to develop an alternative food menu or request the parent to send a meal (if required).	Teacher/Parent
4. Consider the potential exposure to allergens when consuming food on buses.	Teacher

5. Parents should provide two EpiPens along with the ASCIA Action Plan for Anaphylaxis and any other required medication whilst the child is on excursion.	Parent
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Camp and remote settings	Responsible
1. Camps must be advised in advance of any students with food allergies. Risk minimisation strategies must be included in the Camp/Excursion Risk Assessment.	Safety Manager / Teacher
2. Staff should liaise with parents to develop alternative menus or allow students to bring their own meals.	Teacher/Parent
3. A staff member who have been trained in the recognition of anaphylaxis and the administration of the EpiPen must accompany the student on camp. However, all staff present need to be aware if there is a student at risk of anaphylaxis.	School Health
4. Be aware of local emergency services in the area and how to access them. Liaise with them before the camp. Ascertain location of local hospital. Confirm mobile phone coverage for standard mobile phones prior to camp.	Safety Manager / Teacher
5. The EpiPen should remain close to the student and staff must be aware of its location at all times. Ensure the child at risk of anaphylaxis is in the care of the person carrying the EpiPen.	Parent / Teacher
6. Cooking, art and craft and games should not involve the use of known allergens.	Teacher/Student
7. Consider the potential exposure to allergens when consuming food on buses and in cabins.	Teacher
8. Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.	Teacher
9. Parents should provide two EpiPens along with the ASCIA Action Plan for Anaphylaxis and any other required medication whilst the child is on camp.	Student, Parent

Boarding premises	Responsible
1. Boarding staff will be trained in First-Aid and anaphylaxis	Human Resources and Head of Boarding
2. Keep a copy of the student's ASCIA Action Plan the Boarding House Staffroom	School Nurse and Head of Boarding
3. All students at risk of Anaphylaxis should have an in date EpiPen, ASCIA Action Plan for Anaphylaxis and any other medication accessible to them and administered by School staff, at all times.	Boarding Staff and School Nurse
4. The student's EpiPen, ASCIA Action Plan and a mobile phone must be taken on all excursions. Ensure the child at risk of anaphylaxis is in the care of the person carrying the EpiPen.	Boarding Staff and School Nurse
5. Boarding and onsite kitchen staff, involved in food preparation and handling will be briefed about students at risk of anaphylaxis.	Boarding and Kitchen Staff
6. Products that "may contain traces of nuts" should not be served to students known to be allergic to nuts.	Boarding and Kitchen Staff
7. Be wary of contamination of other foods when preparing, handling or displaying food.	Boarding, Kitchen Staff and Students
8. Make sure that tables and surfaces are wiped down regularly.	Boarding and Kitchen Staff



9. Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food. Tables should be wiped down after consumption of food.	Boarding Staff and Students
10. Consider the potential exposure to allergens if students seek to consume food in common areas and shared rooms	Boarding Staff and Students

### 13. Responsibilities

To adhere to Policy requirements, the responsibilities for the following roles are:

School Principal Responsibilities	Nominee/s
1. Develop, implement and review the School's Anaphylaxis Management Policy.	Chief Operating Officer
2. Develop a communication plan to provide information to all staff, students and parents/carers about anaphylaxis and the School's Anaphylaxis Management Policy.	Chief Operating Officer
3. Ensure the Annual Risk Management Checklist is completed annually.	Chief Operating Officer
4. When using an external food provider to ensure that the provider can demonstrate satisfactory training in anaphylaxis and major food allergens that trigger anaphylaxis.	Chief Operating Officer
5. Allocate time during Staff Meeting or Staff Conference Days to educate and reinforce the School's Anaphylaxis Management Policy. Practice using the trainer adrenaline Auto-injectors as a group.	Chief Operating Officer / Executive Deputy Principal
6. Ensure that all school staff are briefed at least twice a year by a staff member from School Health who has up-to-date anaphylaxis management training on: <ul style="list-style-type: none"> <li>The School's Anaphylaxis Management Policy</li> <li>The causes, symptoms and treatment of anaphylaxis</li> <li>The identities of students diagnosed at risk and location of their medication</li> <li>How to use an Adrenaline auto-injecting device, including hands-on-practice with a trainer adrenaline Auto-injecting device (which does not contain adrenaline)</li> <li>The School's First Aid and emergency procedures.</li> </ul>	Chief Operating Officer & School Health
7. Encourage ongoing communication between parents/carers and staff about the current status of the student's allergies, the school's policies and their implementation.	Chief Operating Officer, School Health & Heads of School
8. Actively seek information to identify students with severe life- threatening allergies or those who have been diagnosed as at risk of anaphylaxis, at enrolment or at the time of diagnoses (whichever is earlier).	School Health
9. Ensure that the student's Anaphylaxis Management Plan is reviewed in consultation with parents <u>annually</u> and when the student's medical condition changes and reviewed immediately after a student has an anaphylactic reaction.	School Health

<p>10. Purchase and maintain an appropriate number of Adrenaline Auto-injector devices for the School, its boarding premises and for the general use to be part of the School's First-Aid kit. This includes arranging for the purchase of additional adrenaline autoinjector(s) for general use and as back up to those supplied by parents.</p> <p>The Principal and provider of school boarding services will determine the number and type of adrenaline autoinjector(s) for general use to purchase and in doing so consider the number of students enrolled at the school and number of students boarding at the school boarding premises that have been diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction.</p>	<p>School Health and Head of Boarding</p>
<p>11. The Principal and provider of school boarding services will determine the number and type of adrenaline autoinjector(s) for general use to purchase and in doing so consider the availability of a sufficient supply of adrenaline autoinjectors for general use in specified locations at the school and school boarding premises, including in the school yard, and at excursions, camps and special events conducted, organised or attended by the school and/or school boarding premises</p>	<p>School Health and Head of Boarding</p>
<p>12. Request that parents/carers provide an ASCIA (Australasian Society of Clinical Immunology and Allergy) Action Plan for Anaphylaxis, which has been signed by the student's medical practitioners and that contains an up-to-date photograph of the student.</p>	<p>School Health</p>
<p>13. Contact parents/carers to develop an Individual Anaphylaxis Management Plan (Appendix 1) for the student. This includes documenting practical strategies for in school and out-of-school settings to minimize the risk of exposure to allergens, and nominating staff who are responsible for their implementation. The risk minimization plan should be customized to the particular student, assessing and participating with school activities (e.g. swimming sports, camps, excursions and interstate/overseas trips).</p>	<p>School Health</p>
<p>14. Ensure that parents/carers provide the school with the student's Auto-injector and that it is in date. They are required to provide two for overnight camps, tours, excursions etc.</p>	<p>School Health</p>
<p>15. Ensure there are procedures in place for providing volunteers and casual relief staff with the following information:</p> <p>The School's Anaphylaxis Management Policy, the causes, symptoms and treatment of anaphylaxis, the identities of students at risk of anaphylaxis, their role in responding to an anaphylactic reaction by a student in their care, the location of the students' individual Anaphylaxis Action Plans, the location of adrenaline Auto- injectors for individual students and for general use.</p>	<p>Daily Organisers and Heads of Schools</p>
<p>16. Maintain a register of staff qualifications and expiry dated with regard to anaphylaxis management accreditation.</p>	<p>Human Resources</p>

### School and Boarding Staff Responsibilities

1. Know and understand the School's Anaphylaxis Management Policy.
2. Know the identity of students who are at risk of anaphylaxis.
3. Understand the causes, symptoms, and treatment of anaphylaxis.
4. Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Auto-injector.
5. Keep a copy of each student's ASCIA Action Plan for Anaphylaxis, or know where to find one quickly, and follow it in the event of an allergic reaction.
6. Know the School's First Aid emergency procedures and their role in relation to responding to an anaphylactic reaction.
7. Know where students' Adrenaline Auto-injectors are kept. (Remember that the Adrenalin Auto-injector is designed so that anyone can administer it in an emergency.)
8. Know and follow the prevention and risk minimization strategies in the student's individual Anaphylaxis Management Plan.
9. 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). Work with parents/carers to provide appropriate food for their child if the food the school/class is providing may present a risk.
10. Avoid the use of food treats in class or as rewards, as these may contain hidden allergens. Consider the alternative strategies provided in this document. Work with parents/carers to provide appropriate treats for anaphylactic students.
11. Be aware of the possibility of hidden allergens in foods and traces of allergens when using items such as egg or milk cartons in art or cooking class.
12. Be aware of the risk of cross-contamination when preparing, handling and displaying food.
13. Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food.
14. Raise student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.

### School Health Responsibilities

1. Work with the School Operations to develop, implement and review the School's Anaphylaxis Policy.
2. Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenalin Auto-injector (i.e. EpiPen/Anapen).
3. By organisation of HR or the School Operations, deliver regular training to other staff members to recognize and respond to anaphylactic reaction, including administration of an Adrenaline Auto-injector.
4. Keep an up-to-date register of students at risk of anaphylaxis and in First Aid Folders in staff rooms.
5. Work with the School Operations, parents/carers and students to develop, implement and review each Individual Anaphylaxis Management Plan to:
  - Ensure that student's emergency contact details are up-to-date
  - Ensure that the ASCIA device-specific Action Plan for Anaphylaxis matches the supplied Auto-injector
  - Inform parents/carers by contacting a month prior to the expiry date if the Adrenalin Auto-injector

	<p>needs to be replaced</p> <ul style="list-style-type: none"> <li>• Ensure that Adrenaline Auto-injectors are in-date and stored correctly (at room temperature and away from light) in an unlocked, easily accessible place, and that this storage area is appropriately labelled</li> <li>• Ensure that a copy of each individual Anaphylaxis Management Plan is stored with the Student's Anaphylaxis Action Plan.</li> </ul>
6.	Work with staff to conduct regular risk prevention, minimisation, assessment and management structures.
7.	Work with staff to develop strategies to raise school staff, student and community awareness about severe allergies.
8.	Provide or arrange post-incident support (e.g. counselling) to students and staff, if appropriate.

Parent Responsibilities	
1.	Inform the School, either at enrolment or diagnoses, of the student's allergies, and whether the student has been diagnosed at the time as being at risk of anaphylaxis.
2.	Obtain an ASCIA Action Plan for Anaphylaxis 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 School. Inform staff of any changes to the student's medical condition and if necessary, provide an updated ASCIA Action Plan. Provide the School with an up to date photo for the student's ASCIA Action Plan.
3.	Meet with the School to develop the student's Individual Anaphylaxis Management Plan.
4.	Provide the Adrenalin Auto-injector (EpiPen) and any other medications to the school.
5.	Replace the Adrenalin Auto-injector(EpiPen) and any other medication as needed and before their expiry date.
6.	Assist school staff in planning and preparation for the student prior to school camps, field trips, incursions, excursions or special events (e.g. class parties, cultural days, fetes or sports days). Supply alternative food options for the student when needed.
7.	Inform staff of any changes to the student's emergency contact details.
8.	Participate in reviews of the students Individual Anaphylaxis Management Plan: <ul style="list-style-type: none"> <li>•When there is a change to the student's condition</li> <li>•Immediately after the student has an anaphylactic reaction at school</li> <li>•At its annual review.</li> </ul>

#### 14. Annual Risk Management Checklist

The School will complete an [Annual Risk Management Checklist](#) as published by the Department of Education to monitor its compliance with *Ministerial Order 706*.

#### 15. Review

The School will monitor changes in its obligations by the DE and review this procedure and practices annually, to improve anaphylaxis management for the School and its boarding premises.

## 16. Procedure non-compliance

Non-compliance of this procedure by staff may be serious misconduct and can result in disciplinary action, up to and including termination of employment. In some cases, it may be reported to any relevant authority or organisation.

## 17. Further Information

Questions or further information about this procedure should be directed to [medical@pgs.vic.edu.au](mailto:medical@pgs.vic.edu.au).

## 18. Relevant Legislation, Standards and Documents

Ministerial Order No. 706 - Anaphylaxis in Victorian Schools and School Boarding Premises  
Children's Services and Education Legislation Amendments (Anaphylaxis Management) Act 2008  
Education and Training Reform Act 2006 (Vic)  
Education and Training Reform Regulations 2007 (Vic)  
Peninsula Grammar School – Emergency Management Plan  
Peninsula Grammar School – Anaphylaxis Management Policy  
Peninsula Grammar School – School Health Management Policy

### Document Control

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Document Type	<input checked="" type="checkbox"/> Policy	<input type="checkbox"/> Procedure	<input type="checkbox"/> Other	
Document Scope	<input checked="" type="checkbox"/> Staff	<input checked="" type="checkbox"/> Student	<input checked="" type="checkbox"/> Parent/Community	
Document Authoriser	Principal			
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Implementation	Senior Executive			
Data classification	<input checked="" type="checkbox"/> Internal	<input type="checkbox"/> Public	<input type="checkbox"/> Confidential	<input type="checkbox"/> Other
Access	<input checked="" type="checkbox"/> Staff	<input checked="" type="checkbox"/> Student	<input checked="" type="checkbox"/> Parent/Community	<input type="checkbox"/> Public
Published Location(s)	<input checked="" type="checkbox"/> Operational	<input checked="" type="checkbox"/> Zenith	<input type="checkbox"/> Website	<input type="checkbox"/> Other