ANAPHYLAXIS POLICY

Help for non-English speakers

If you need help to understand the information in this policy, please contact the school office.

PURPOSE

To explain to Myrtleford P12 College parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that Myrtleford P12 College is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

SCOPE

This policy applies to:

- all staff, including casual relief staff and volunteers
- all students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction, and their parents and carers.

POLICY

School Statement

Myrtleford P12 College will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education.

Anaphylaxis

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school-aged children are nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

Symptoms

Signs and symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- tingling in the mouth.

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

- difficult/noisy breathing

- swelling of tongue
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- student appears pale or floppy
- abdominal pain and/or vomiting.

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen but can appear within a few minutes.

Treatment

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

All students at Myrtleford P12 College who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the Principal of Myrtleford P12 College is responsible for developing a plan in consultation with the student's parents/carers.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrols at Myrtleford P12 College and where possible, before the student's first day.

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- immediately inform the school in writing if there is a relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
- provide the school with a current adrenaline autoinjector for the student that has not expired.
- participate in annual reviews of the student's Plan.

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has
- information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
- the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the Plan
- information about where the student's medication will be stored
- the student's emergency contact details

- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

Review and updates to Individual Anaphylaxis Management Plans

A student's Individual Anaphylaxis Management Plan will be reviewed and updated on an annual basis in consultation with the student's parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

- as soon as practicable after the student has an anaphylactic reaction at school
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

Our school may also consider updating a student's Individual Anaphylaxis Management Plan if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

Location of plans and adrenaline autoinjectors

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in the *SLC Staffroom and in the Main Office*. Whilst some students keep their adrenaline autoinjector on their person, medication for those that do not will be stored and labelled with their name at either the SLC Staffroom, the Main Office, or wherever directed by the student's Individual Anaphylaxis Management Plan (whichever is more appropriate for the student at risk). Adrenaline autoinjectors for general use will also be stored at both the *SLC Staffroom and the Main Office.*

In addition, a copy of each ASCIA Action Plan for students at risk of anaphylaxis will be stored in the canteen, the cooking classroom, the Science Laboratory Prep Room, the Art Room and staff areas of buildings throughout the school.

Risk Minimisation Strategies

Classrooms	
1.	Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan for Anaphylaxis is easily accessible even if the adrenaline autoinjector is kept in another location.
2.	Liaise with parents about food-related activities well ahead of time.
3.	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. Alternative treat boxes should be clearly labelled and only handled by the student.
4.	Never give food from outside sources to a student who is at risk of anaphylaxis.
5.	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.
6.	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.

7.	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, latex products, food-based experiments).
8.	Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
9.	Children with food allergy need special care when doing food technology. An appointment should be organised with the student's parents prior to the student undertaking this subject.
10.	Have regular discussions with students about the importance of washing hands, eating their own food, and not sharing food.
11.	A designated staff member will inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and adrenaline autoinjector, the school's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. i.e. seeking a trained staff member.
12.	Liaise with parents prior to class parties and birthday celebration activities. Send notices home discouraging specific foods. Students at risk of anaphylaxis should not share food brought in by another student. Parent may be invited to attend the event as appropriate.

Canteens	
1.	Canteen staff (whether internal or external) will be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. Helpful resources for food services available at: www.allergyfacts.org.au
2.	Canteen staff, including volunteers, are briefed about students at risk of anaphylaxis and, where the Principal determines in accordance with clause 12.1.2 of the Order, these individuals have up to date training in an anaphylaxis management training course as soon as practical after a student enrols.
3.	Display a copy of the student's ASCIA Action Plan for Anaphylaxis in the canteen as a reminder to canteen staff and volunteers.
4.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
5.	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.
6.	Make sure that tables and surfaces are wiped down with warm soapy water regularly.
7.	Be wary of contamination of other foods when preparing, handling, or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.

Yard

1.	School staff, as deemed appropriate by the Principal, are to be trained in the administration of the adrenaline autoinjector (i.e. EpiPen®) and be able to respond quickly to an allergic reaction if needed.
2.	The adrenaline autoinjector and each student's individual ASCIA Action Plan for Anaphylaxis must be easily accessible from the yard, and staff should be aware of their exact location. (**Remember that an anaphylactic reaction can occur in as little as a few minutes**). Where appropriate, an adrenaline autoinjector may be carried in the school's yard duty bag.
3.	Myrtleford P12 College has an emergency response procedure 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. All staff on yard duty will be aware of the school's emergency response procedures and how to notify the general office of an anaphylactic reaction in the yard.
4.	Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.
5.	Keep lawns and clover mowed and outdoor bins covered.
6.	Students should keep drinks and food covered while outdoors.

Special events (e.g. sporting events, incursions, class parties, etc.)	
1.	Sufficient school staff supervising the special event must be trained in the administration of an adrenaline autoinjector to be able to respond quickly to an anaphylactic reaction if required.
2.	Myrtleford P12 College staff should avoid using food in activities or games, including as rewards.
3.	For special events involving food, school staff should consult parents in advance to either develop an alternative food menu or request the parents to send a meal for the student.
4.	Parents of other students should 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 school or at a special school event.
5.	Party balloons will not be used if any student is allergic to latex.
6.	If students from other schools are participating in an event at Myrtleford P12 College, staff will assess the need to request information from the participating schools about any students who will be attending the event who are at risk of anaphylaxis. Agree on strategies to minimise the risk of a reaction while the student is visiting the school. This should include a discussion of the specific roles and responsibilities of the host and visiting school. Students at risk of anaphylaxis should bring their own adrenaline autoinjector with them to events outside their own school.

Out-of-school settings

Travel to and from school by school bus	
1.	Myrtleford P12 College staff will consult with parents of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation strategies are in place to manage an anaphylactic reaction should it occur on the way to or from school on the bus. This includes the availability and administration of an adrenaline autoinjector. The adrenaline autoinjector and ASCIA Action Plan for Anaphylaxis must be with the student on the bus even if this child is deemed too young to carry an adrenaline autoinjector on their person at school.

Field trips/excursions/sporting events

1.	Sufficient school staff supervising the special event must be trained in the administration of an adrenaline autoinjector and be able to respond quickly to an anaphylactic reaction if required.
2.	A school staff member or team of school staff trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions.
3.	School staff should avoid using food in activities or games, including as rewards.
4.	The adrenaline autoinjector and a copy of the individual ASCIA Action Plan for Anaphylaxis for each student at risk of anaphylaxis should be easily accessible and school staff must be aware of their exact location.
5.	For each field trip, excursion etc, a risk assessment will be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio. All school staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
6.	Myrtleford P12 College will consult parents of anaphylactic students in advance to discuss issues that may arise, for example to develop an alternative food menu or request the parents provide a special meal (if required).
7.	Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with parents as another strategy for supporting the student who is at risk of anaphylaxis.
8.	Prior to the excursion taking place school staff will consult with the student's parents and medical practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the excursion activity.
9.	If the field trip, excursion or special event is being held at another school then that school will be notified ahead of time that a student at risk of anaphylaxis will be attending, and appropriate risk minimisation strategies discussed ahead of time so that the roles and responsibilities of the host and visiting school are clear. Students at risk of anaphylaxis should take their own adrenaline autoinjector with them to events being held at other schools.
10.	Supervising staff will have access to a mobile phone for use in the case of emergency. If phone reception is inadequate, alternate methods of communication (e.g. walkie talkie, satellite phone) will be available

Camps and remote settings	
1.	Prior to engaging a camp owner/operator's services Myrtleford P12 College will make enquiries as to whether the operator can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation in writing to the school, then the school should strongly consider using an alternative service provider. This is a reasonable step for a school to take in discharging its duty of care to students at risk of anaphylaxis.

	If Myrtleford P12 College has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should raise these concerns in writing with the camp owner/operator and consider alternative means for providing food for those students.
2.	The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
3.	Schools must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury, and this duty cannot be delegated to any third party.
4.	Myrtleford P12 College is to conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis while they are on camp. This should be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp's commencement.
5.	Myrtleford P12 College staff will consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate procedures are in place to manage an anaphylactic reaction should it occur. **If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken for the school to adequately discharge its non-delegable duty of care.** Consideration is to be given to the parent accompanying the student at risk on the camp/excursion).
6.	A school staff member or team of school staff trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector must accompany any student at risk of anaphylaxis on camps.
7.	Use of substances containing known allergens should be avoided altogether where possible.
8.	Camps should be strongly discouraged from stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts. If eggs are to be used there must be suitable alternatives provided for any student known to be allergic to eggs.
9.	Prior to the camp taking place, Myrtleford P12 College will consult with the student's parents to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the camp.
10.	The student's adrenaline autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone **must** be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone. All staff attending camp must familiarise themselves with the students' Individual Anaphylaxis Management Plans AND plan emergency response procedures for anaphylaxis prior to camp and be clear about their roles and responsibilities in the event of an anaphylactic reaction.
11.	Contact local emergency services and hospitals well before the camp to provide details of any medical conditions of students, location of camp and location of any off-camp activities. Ensure contact details of emergency services are distributed to all school staff as part of the emergency response procedures developed for the camp.

12.	Assess the need to take an adrenaline autoinjector for general use on a school camp (even if there is no student who is identified as being at risk of anaphylaxis) as a back-up device in the event of an emergency.
13.	Myrtleford P12 College has purchased an adrenaline autoinjector for general use to be kept in the first aid kit and to be included as part of the emergency response procedures.
14.	Each student's adrenaline autoinjector should remain close to the student, and school staff must always be aware of its location.
15.	The adrenaline autoinjector will be carried in the school first aid kit; however, consideration to allow students, particularly adolescents, to carry their adrenaline autoinjector on camp will be made. Remember that all school staff members still have a duty of care towards the student even if they do carry their own adrenaline autoinjector.
16.	Students with allergies 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.
17.	Cooking and art and craft games should not involve the use of known allergens.
18.	Consider the potential exposure to allergens when consuming food on buses and in cabins.

Overseas travel	
1.	Review and consider the strategies listed under "Field Trips/Excursions/Sporting Events" and "Camps and Remote Settings". Where an excursion or camp is occurring overseas, schools should involve parents in discussions regarding risk management well in advance.
2.	Investigate the potential risks at all stages of the overseas travel such as: travel to and from the airport/port travel to and from Australia (via aeroplane, ship etc) accommodation venues all towns and other locations to be visited sourcing safe foods at all locations risks of cross contamination, including: • exposure to the foods of the other students • hidden allergens in foods • whether the table and surfaces that the student may use will be adequately cleaned to prevent a reaction • whether the other students will be able to wash their hands when handling food.
3.	Assess where each of these risks can be managed using minimisation strategies such as the following: translation of the student's Individual Anaphylaxis Management Plan and ASCIA Action Plan for Anaphylaxis into the local language sourcing of safe foods at all stages obtaining the names, address and contact details of the nearest hospital and medical practitioners at each location that may be visited obtaining emergency contact details determine the ability to purchase additional autoinjectors.

4.	Record details of student travel insurance, including contact details for the insurer. Determine how any costs associated with medication, treatment and/or alteration to the travel plans because of an anaphylactic reaction will be paid.
5.	Always plan for the appropriate supervision of students at risk of anaphylaxis, including that: • there are sufficient school staff attending the excursion who have been trained in accordance with section 12 of the Ministerial Order • there is an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are taking medication, eating food, or being otherwise exposed to potential allergens • there will be capacity for adequate supervision of any affected student(s) requiring medical treatment, and that adequate supervision of the other students will be available • staff/student ratios should be maintained during the trip, including in the event of an emergency where the students may need to be separated.
6.	The school should re-assess its emergency response procedures, and if necessary, adapt them to the circumstances of the overseas trip. Keep a record of relevant information such as the following: • dates of travel • name of airline, and relevant contact details • itinerary detailing the proposed destinations, flight information and the duration of the stay in each location • hotel addresses and telephone numbers • proposed means of travel within the overseas country • list of students and each of their medical conditions, medication, and other treatment (if any) • emergency contact details of hospitals, ambulances, and medical practitioners in each location • details of travel insurance • plans to respond to any foreseeable emergency including who will be responsible for the implementation of each part of the plans • possession of a mobile phone or other communication device that would enable the school staff to contact emergency services in the overseas country if assistance is required.

Work experience	
1.	Myrtleford P12 College staff will involve parents, the student, and the work experience employer in discussions regarding risk management **prior** to a student at risk of anaphylaxis attending work experience. The employer and relevant staff must be shown the ASCIA Action Plan for Anaphylaxis and how to use the adrenaline autoinjector in case the work experience student shows signs of an allergic reaction whilst at work experience. It may be helpful for the teacher and the student to do a site visit before the student begins placement.

Adrenaline autoinjectors for general use

Myrtleford P12 College will maintain a supply of 2 adult and 2 child dose adrenaline autoinjectors for general use, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first-time reaction at school.

Adrenaline autoinjectors for general use will be stored in the *SLC staffroom and in the Main Office* and be labelled "general use".

The Principal is responsible for arranging the purchase of adrenaline autoinjectors for general use, and will consider:

- the number of students enrolled at Myrtleford P12 College at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors supplied by parents
- the availability of a sufficient supply of autoinjectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors to be replaced when used or prior to expiry
- the weight of the students at risk of anaphylaxis to determine the correct dosage of adrenaline autoinjector/s to purchase.

Emergency Response

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 procedures, emergency response procedures and the student's Individual Anaphylaxis Management Plan.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by Office staff and stored in the SLC staffroom and Main Office. For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

Step	Action
1.	• Lay the person flat • Do not allow them to stand or walk • If breathing is difficult, allow them to sit • Be calm and reassuring • Do not leave them alone • Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored in the SLC staffroom and Main Office, or wherever the individual student's adrenaline autoinjector is stored • If the student's plan is not immediately available, or they appear to be experiencing a first-time reaction, follow steps 2 to 5
2.	Administer an EpiPen or EpiPen Jr (if the student is under 20kg) • Remove from plastic container • Form a fist around the EpiPen and pull off the blue safety release (cap)

	• Place orange end against the student's outer mid-thigh (with or without clothing) • Push down hard until a click is heard or felt and hold in place for 3 seconds • Remove EpiPen • Note the time the EpiPen is administered • Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration **OR** Administer an Anapen® 500 • Pull off the black needle shield • Pull off grey safety cap (from the red button) • Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing) • Press red button so it clicks and hold for 3 seconds • Remove Anapen® • Note the time the Anapen is administered • Retain the used Anapen to be handed to ambulance paramedics along with the time of administration
3.	Call an ambulance (000)
4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.
5.	Contact the student's emergency contacts.
6.	The principal or a staff member allocated to do so must contact the Incident Support and Operations Centre (ISOC) on 1800 126 126 to report 'High' or Extreme' severity incidents to report the incident. Incidents assessed as 'Low' or 'Medium' can be reported directly into EduSafe Plus by the principal or their allocated staff member.

If a student appears to be having a severe allergic reaction but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 – 5 as above.

Schools can use either the EpiPen® **or Anapen® on any student** suspected to be experiencing an anaphylactic reaction, regardless of the device prescribed in their ASCIA Action Plan.

Note: If in doubt, it is better to use an adrenaline autoinjector than not use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful and potentially life threatening than over-treatment of a mild to moderate allergic reaction.

Where possible, schools should consider using the correct dose of adrenaline autoinjector depending on the weight of the student. However, in an emergency if there is no other option available, any device should be administered to the student.

Communication Plan

This policy will be available on Myrtleford P12 College's website so that parents and other members of the school community can easily access information about Myrtleford P12 College's anaphylaxis management procedures. The parents and carers of students who are enrolled at Myrtleford P12 College and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

The Principal is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and Myrtleford P12 College's procedures for anaphylaxis management.

When a new student is enrolled and this policy is relevant to them, the entire staff at Myrtleford P12 College will be informed via email, and a copy of the student's ASCIA Action Plan for Anaphylaxis will be provided to the staff directly involved with the student, the canteen and to the cooking classroom.

Student ASCIA Action Plans will be reviewed annually.

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 during their OHS induction.

Primary Casual Relief teachers in the Primary area are provided with a daybook informing them of the location of the identity of students at risk, their ASCIA plans, individual management plans and Adrenaline Injector Pens.

Secondary Casual Relief teachers in the Secondary area will have access to Compass. This platform has a class list, including medical and anaphylaxis alerts, with accompanying copy of the student's Individual Management Plan and ASCIA plan.

The Principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's Anaphylaxis Guidelines.

Staff training

The Principal will ensure that the following school staff are appropriately trained in anaphylaxis management:

- School staff who conduct classes attended by students who are at risk of anaphylaxis
- School staff supervising students at risk outside of school hours e.g. school excursions and camps
- Any other staff that the Principal identifies based on a risk assessment

Staff who are required to undertake training must have completed:

- an approved face-to-face anaphylaxis management training course in the last three years, or
- an approved online anaphylaxis management training course in the last two years.

Myrtleford P12 College uses the following training course: ASCIA eTraining course (with 22579VIC, or 22578VIC).

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year (with the first briefing to be held at the beginning of the school year), facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years.

Myrtleford P12 College will maintain 2 qualified staff members as School Anaphylaxis Supervisors.

Each briefing will address:

- this policy
- the causes, symptoms and treatment of anaphylaxis

- the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located
- discussion on staff anaphylaxis training and renewal
- 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
- the location of adrenaline autoinjector devices that the school has purchased for general use
- how to access on-going support and training

When a new student enrols at Myrtleford P12 College who is at risk of anaphylaxis, the Principal will develop an interim plan in consultation with the student's parents and ensure that appropriate staff are trained and briefed as soon as possible.

A record of staff training courses and briefings will be maintained on the schools training planner.

The Principal will ensure that while students at risk of anaphylaxis are 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 event days, there is a sufficient number of school staff present who have been trained in anaphylaxis management.

The Principal will complete the Department's Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.

FURTHER INFORMATION AND RESOURCES

- The Department's Policy and Advisory Library (PAL):
  - Anaphylaxis
  - Allergies
  - First Aid for Students and Staff
  - Health Care Needs
  - Managing Reporting School Incidents (including emergencies)
  - Medication
- Allergy & Anaphylaxis Australia
- ASCIA Guidelines: Schooling and childcare
- Royal Children's Hospital: Allergy and immunology

POLICY REVIEW AND APPROVAL

Policy last reviewed	19/01/2026
Approved by	Principal
Next scheduled review date	19/01/2027 Mandatory review cycle of 1 year