

SHOLEM ALEICHEM COLLEGE

Anaphylaxis Management Policy

Source of Obligation

The Education and Training Reform Act 2006 (Vic) (Act) (s 4.3.1 (6)(c)) requires all schools to develop an anaphylaxis management policy, in cases where the school knows or ought to reasonably know, that a student enrolled at the school has been diagnosed as being at risk of anaphylaxis.

Anaphylaxis Management in Victorian schools and school boarding premises (Ministerial Order No. 706) prescribes specific matters that schools applying for registration and registered schools in Victoria must contain in their anaphylaxis management policy for the purposes of section 4.3.1 (6)(c) of the Act.

The Hazard – Anaphylaxis

Anaphylaxis is the most severe form of allergic reaction. Individuals can have a mild, moderate or severe allergic reaction. Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life-threatening. The most common allergies in school-aged children are peanuts, cow's milk, egg, tree nuts (e.g. cashews and walnuts), wheat, soy, sesame and certain insect bites and stings (particularly bees, wasps, ants and ticks).

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

Partnerships between the College and parents/guardians are important in helping students avoid exposure, as well as age-appropriate education for students.

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

It is important to remember that minimisation strategies to help reduce the risk of anaphylaxis are everyone's responsibility, including the Principal and all College staff, parents/guardians, students and the broader College community.

Statement of commitment

Sholem Aleichem College is committed to providing a safe learning environment for all our students and complying with Ministerial Order No. 706: Anaphylaxis Management in Victorian schools and school boarding premises, and the Department of Education and Training's Anaphylaxis Guidelines (DET Guidelines) as amended by the Department from time to time.

The College recognises that while policies and procedures to reduce the risk of an allergic reaction can be developed and maintained, they cannot achieve a completely allergen-free environment. It is critical that staff can recognise an allergic reaction and a potential anaphylaxis risk and treat it appropriately in an emergency.

It is the College's policy to:

- provide, as far as practicable, a safe and supportive environment in which students and staff at risk of anaphylaxis can participate equally in all aspects of schooling
- raise awareness of food and insect allergy and the risk of anaphylaxis and the College's anaphylaxis management policy in the College community

- engage with parents/guardians of each student at risk of anaphylaxis when assessing risks and developing risk minimisation strategies for the student
- ensure that staff have knowledge about allergies, can recognise an allergic reaction including anaphylaxis and understand the College's policy, guidelines and emergency procedures in responding to anaphylaxis.

Our Duty of Care

The College has a common law duty of care to put in place strategies to manage students at risk of anaphylaxis while they are at the College and engaged in College-related activities.

When a student is diagnosed as being at risk of anaphylaxis, the exercise of the College's duty of care requires the development of an Individual Anaphylaxis Management Plan, which includes an Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan for Anaphylaxis <https://allergy.org.au/hp/ascia-plans-action-and-treatment/> (emergency response plan) and risk minimisation strategies.

Key Definitions

Adrenaline Autoinjector

An adrenaline autoinjector device, approved for use by the Commonwealth Government Therapeutic Goods Administration, which can be used to administer a single pre-measured dose of adrenaline to those experiencing a severe allergic reaction (anaphylaxis). These may include EpiPen® or EpiPen® Jr.

Anaphylaxis Management Training Course

This means a course in anaphylaxis management training:

- that is a VET accredited course in accordance with Part 3 of the National Vocational Education and Training Regulator Act 2011 (Cth) that includes a competency check in the administration of an Adrenaline Autoinjector
- accredited under Chapter 4 of the Act by the Victorian Registration and Qualifications Authority that includes a competency check in the administration of an Adrenaline Autoinjector
- endorsed and delivered by a tertiary level specialist allergy service within a tertiary level academic teaching hospital that includes a competency check in the administration of an Adrenaline Autoinjector; or
- any other course approved for the purposes of the Ministerial Order, including an Online Training Course.

ASCIA

ASCIA is the peak professional body of clinical immunology and allergy in Australia and New Zealand.

ASCIA Action Plan for Anaphylaxis

This plan is a nationally recognised action plan for anaphylaxis developed by ASCIA. These plans are device-specific; that is, they list the student's prescribed adrenaline autoinjector (EpiPen® or EpiPen® Jr) and must be completed by the student's medical practitioner. Should a different Adrenaline Autoinjector become available in Australia, then a different ASCIA Action Plan specific to that device would be developed. This plan is one of the components of the student's Individual Anaphylaxis Management Plan.

Communication Plan

A plan developed by Sholem Aleichem College which provides information to all school staff, students and parents about anaphylaxis and this Policy.

Individual Anaphylaxis Management Plan

An individual plan for each student at risk of anaphylaxis, developed in consultation with the student's parents and the relevant medical practitioner. The Individual Anaphylaxis Management

Plan includes the ASCIA Action Plan which describes the student's allergies, symptoms, and the emergency response to administer the student's adrenaline autoinjector should the student display symptoms of an anaphylactic reaction. The Individual Anaphylaxis Management Plan also importantly includes age-appropriate strategies to reduce the risk of an allergic reaction occurring.

Online Training Course

Means the course called ASCIA Anaphylaxis e-training for Victorian Schools.

Roles and Responsibilities

Principal

The DET Guidelines set out the role and responsibilities of the Principal. The Principal will:

- ensure that the College develops, implements and annually reviews this Policy in accordance with Ministerial Order No. 706 and the DET Guidelines
- 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 the time of enrolment or at the time of diagnosis (whichever is earlier)
- ensure that parents/carers provide an ASCIA Action Plan for Anaphylaxis which has been completed and signed by the student's medical practitioner and contains an up-to-date photograph of the student
- ensure that an Individual Anaphylaxis Management Plan is developed in consultation with the student's parents/carers for any student that has been diagnosed by a medical practitioner with a medical condition relating to allergy and the potential for an anaphylactic reaction, where the College has been notified of that diagnosis
- ensure that an interim Individual Anaphylaxis Management Plan is developed for a student where:
 - the College has not been notified of a student's potential for anaphylaxis, but there is reason to believe that the student is at risk (e.g. where the parents/guardians have not told the school about any allergies, but the student mentions it in class); or
 - a student's adrenaline autoinjector has been used or lost and not yet replaced; or
 - a student's autoinjector is identified as out of date or cloudy/ discoloured; or
 - relevant training has not occurred for a member of staff who has a child in their class at risk of anaphylaxis. Where such training has not occurred, the Principal will ensure that training of the staff member will occur as soon as possible thereafter.
- ensure students' Individual Anaphylaxis Management Plans are appropriately communicated to all relevant staff
- ensure that any food providers and all its employees can demonstrate satisfactory training in the area of food allergy and anaphylaxis and its implications for food-handling practices
- ensure that parents/carers provide the College with two Adrenaline Autoinjectors for their child, for which the expiry date is at least 6 months in the future, and a replacement Adrenaline Autoinjector when requested to do so
- ensure that an appropriate Communication Plan is developed and carried out
- ensure there are procedures in place for providing information to College volunteers and casual relief staff about students who are at risk of anaphylaxis, and their role in responding to an anaphylactic reaction of a student in their care
- ensure that relevant College staff have successfully completed an approved Anaphylaxis Management Training Course in the 3 years prior or an online anaphylaxis management training course in the two years prior and that their accreditation is current
- ensure that College staff who are appointed as Anaphylaxis Supervisor(s) are appropriately trained in conducting autoinjector competency checks and that their accreditation is current, and that they have also successfully completed an approved Anaphylaxis Management Training Course in the 3 years prior or an online anaphylaxis management training course in the two years prior
- ensure that all College staff are briefed at least twice a year by the Anaphylaxis Supervisor (or other appropriately trained member of the College staff), with the first briefing to occur at the start of each year
- allocate time, such as during staff meetings, to discuss, practise and review this Policy

- encourage regular and ongoing communication between parents and College staff about the current status of the student's allergies, the College's policies and their implementation
- ensure that the student's Individual Anaphylaxis Management Plan is reviewed in consultation with parents
 - annually at the beginning of each school year
 - when the student's medical condition changes
 - as soon as practicable after a student has an anaphylactic reaction at school
 - whenever a student is to participate in an off-site activity such as camps or excursions or at special events conducted, organised or attended by the College
- ensure that, where students at risk are under the care or supervision of the school outside of normal class activities, there is a sufficient number of appropriately trained staff present
- ensure the Risk Management Checklist for anaphylaxis is completed by the Principal and reviewed annually to monitor obligations, as published and amended by the Department from time to time
- arrange to purchase and maintain an appropriate number of Adrenaline Autoinjectors for general use, stored with a copy of the general ASCIA Action Plan for Anaphylaxis (orange).

College Anaphylaxis Supervisor

Sholem Aleichem College has appointed the following staff members as its Anaphylaxis Supervisors:

Rod Hill (Sports teacher) and Con Roubos (Assistant Principal)

Section 9 of the DET Guidelines sets out the role and responsibilities of the College Anaphylaxis Supervisors.

Anaphylaxis Supervisors must:

- work with the Principal to develop, implement and regularly review this Policy
- work with the Principal to plan and implement future training sessions for staff
- obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector
- confirm with First Aid Officer that all Adrenaline Autoinjector devices are up to date
- verify the correct use of Adrenaline Autoinjector (trainer) devices by College staff undertaking an Online Training Course and through completion of the School Anaphylaxis Supervisor Checklist
- advise staff on a regular basis/ via the staff communication portal of the locations of the Adrenaline Autoinjectors for access in an emergency
- provide access to the Adrenaline Autoinjector (trainer) device for practice by College staff
- send reminders to staff or information to new staff about anaphylaxis training requirements and liaise with the Principal to maintain records of training undertaken by staff at the College
- lead the twice-yearly anaphylaxis briefing
- develop College-specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency requiring anaphylaxis treatment, for example,
 - i) if a bee sting occurs on College grounds and the allergic student is conscious
 - ii) an allergic reaction where the student has collapsed on College grounds and the student is not conscious
- keep an up-to-date register of students at risk of anaphylaxis
- keep a register of Adrenaline Autoinjectors, including a record of when they are 'in' and 'out' from the central storage point (for instance, when they have been taken on excursions, camps etc)
- work with the Principal, parents/carers and students to develop, implement and review each Individual Anaphylaxis Management Plan in accordance with this Policy
- provide advice and guidance to College staff about anaphylaxis management in the College, and undertake regular risk identification and implement appropriate minimisation strategies
- work with College staff to develop strategies to raise their own, students and College community awareness about severe allergies
- work closely with the First Aid Officer after an incident and review processes and procedures were followed and Autoinjector Devices replaced
- provide or arrange post-incident support (e.g. counselling) to students and College staff, if appropriate.

Staff

Section 9 of the DET Guidelines sets out the role and responsibilities of the College staff.

The College staff must:

- know and understand the requirements of this Policy
- know the identity of students who are at risk of anaphylaxis, know their faces and if possible, what their specific allergies are
- understand the causes, symptoms, and treatment of anaphylaxis
- undertake 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 ASCIA Action Plan for Anaphylaxis quickly, and follow it in the event of an allergic reaction
- know the College's general first aid and emergency response procedures, and understand their role in relation to responding to an anaphylactic reaction
- know where students' adrenaline autoinjectors and the adrenaline autoinjectors for general use are kept
- know and follow the risk minimisation strategies in the student's Individual Anaphylaxis Management Plan
- plan 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), to avoid or minimise exposure of at-risk students to anaphylactic triggers either at the College, or away from the College
- avoid the use of food treats in class or as rewards, as these may contain allergens
- work with parents/carers to provide appropriate treats for students at risk of anaphylaxis, or appropriate food for their child if the food the College/class is providing may present an allergy risk
- be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes
- be aware of the risk of cross-contamination when preparing, handling and displaying food
- make sure that tables and surfaces are wiped down regularly and that students wash their hands before and after handling food
- raise student awareness about allergies and anaphylaxis, and the importance of each student's role in fostering a College environment that is safe and supportive for their peers.

Parents/Carers

Section 9 of the DET Guidelines sets out the role and responsibilities of the parents/carers of a student at risk of anaphylaxis.

Parents/carers are required to :

- inform the College in writing, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed as being at risk of anaphylaxis
obtain and provide the College with an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner that details:- their condition
- any medications to be administered
- any other relevant emergency procedures
- immediately inform College staff in writing of any changes to the student's medical condition and if necessary, obtain and provide an updated ASCIA Action Plan for Anaphylaxis
- provide the College with an up-to-date photo for the student's ASCIA Action Plan for Anaphylaxis when the plan is reviewed
- meet with and assist the College to develop the student's Individual Anaphylaxis Management Plan, including risk minimisation and management strategies
- provide the College with two Adrenaline Autoinjectors for which the expiry date is at least 6 months in the future 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 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 College staff, assist in identifying and/or providing alternative food options for the student when needed
- inform the College in writing of any changes to the student's emergency contact details
- participate in reviews of the student's Individual Anaphylaxis Management Plan.

Signage

ASCIA Action Plans are posted in the staffroom and first aid room with first aid procedures.

Implementation

This Policy is implemented through a combination of:

- College premises inspections (to identify wasp nests and beehives)
- staff training and supervision
- maintenance of medical records
- effective incident notification procedures
- effective communication procedures with the student's parents/carers
- initiation of corrective actions where necessary.

Safe Work Practices

Sholem Aleichem College has developed the following work practices and procedures for managing anaphylactic shock:

- 1.1 Individual Anaphylaxis Management Plans
- 1.2 Adrenaline Autoinjectors – Purchase, Storage and Use
- 1.3 Communication Plan
- 1.4 Emergency Response Procedures
- 1.5 Risk Minimisation Strategies
- 1.6 Risk Management Checklist
- 1.7 Anaphylaxis Training and Briefings

1.1 Individual Anaphylaxis Management Plans

Identification of Students at Risk

Parents/carers are requested to notify the College of all medical conditions including allergies. Students who are identified as suffering from severe allergies that may cause anaphylaxis are considered high risk. For each of these students an Individual Anaphylaxis Management Plan are developed and regularly reviewed and updated.

Sholem Aleichem College maintains a complete and up to date list of students identifying as having a medical condition that relates to allergy and the potential for anaphylactic reaction. It is the responsibility of Receptionist to keep this list up-to-date. The list is kept in the Receptions database, Emergency Management Plan Handbook and with the child's teacher.

Preparing an Individual Anaphylaxis Management Plan

Where the College has been notified, the Principal will be responsible for developing an Individual Anaphylaxis Management Plan in consultation with the student's parents/carers, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Management Plan should be in place as soon as practicable after the student is enrolled, and where possible before their first day at the College.

Preparing an Interim Individual Anaphylaxis Management Plan

The Principal or College Anaphylaxis Supervisor should develop an Interim Individual Anaphylaxis Management Plan for the student where:

- the College has not been notified of a student's potential for anaphylaxis, but there is reason to believe that the student is at risk (e.g. where the parents/guardians have not told the College about any allergies, but the student mentions it in class); or
- a student's adrenaline autoinjector has been used or lost and not yet replaced; or
- a student's adrenaline autoinjector is identified as out of date or cloudy/discooured; or
- relevant training has not occurred for a member of staff who has a child in their class at risk of anaphylaxis.

As soon as practicable, the Principal or College Anaphylaxis Supervisor should put the Interim Individual Anaphylaxis Management Plan in place and take steps to consult with the student's parents and prepare an Individual Anaphylaxis Management Plan if necessary.

The template Individual Anaphylaxis Management Plan included in the Anaphylaxis Guidelines for Victorian Schools should be used to complete a student's Interim Individual Anaphylaxis Management Plan.

Plan Contents

Individual Anaphylaxis Management Plans must include the following:

- information on the type of allergy the student has, information about the medical condition and the potential for anaphylactic reaction
- strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of the College staff, for settings in and out of school, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the College
- name of the person responsible for implementing the plan
- where the student's medication will be stored
- emergency contact details of the student
- the ASCIA Action Plan for Anaphylaxis

As much information as possible should be included. For example, if a student is allergic to nuts, the types of nuts must be listed and/or if a student is allergic to eggs: raw/cooked/the yolk?

Review of Plan

Each student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents/carers:

- annually, and as applicable
- if the student's condition changes
- immediately after the student has an anaphylactic reaction
- when student participation in an off-site activity or special event is required.

Responsibilities in Relation to Plan

The Anaphylaxis Supervisor will work with the Principal, parents/carers and students to develop, implement and review each Individual Anaphylaxis Management Plan to:

- ensure that the student's emergency contact details are up-to-date
- ensure that the student's ASCIA Action Plan for Anaphylaxis matches the student's supplied Adrenaline Autoinjectors
- regularly check that the student's Adrenaline Autoinjectors are not out of date, such as at the beginning or end of each term, and record this information in the register of adrenaline autoinjectors
- inform parents/carers in writing that an Adrenaline Autoinjector needs to be replaced one month prior to its expiry date, and follow up with parents/carers if the autoinjector is not replaced

- ensure that the student's Adrenaline Autoinjectors are stored correctly (at room temperature and away from light) in an unlocked, easily accessible place
- ensure that a copy of each student's ASCIA Action Plan for Anaphylaxis is stored with that student's Adrenaline Autoinjector.

Location of Plan

Individual Anaphylaxis Management Plans are kept in the First aid room and in the students' Classroom.

Examples of ASCIA Action Plans for Anaphylaxis are available from the ASCIA website <https://allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>

Interactions Between the Plan and this Policy

School responsibility

Ensure an up to date school Anaphylaxis Management Policy including:

- statement of school compliance,
- prevention strategies,
- first aid and emergency response procedures,
- purchase of backup adrenaline autoinjectors,
- communication plan,
- procedures for training school staff,
- risk management checklist.

School AND family responsibility

Individual management plan

Family responsibility

ASCIA Action Plan for Anaphylaxis

Consultation with medical professionals

1.2 Adrenaline Autoinjectors – Purchase, Storage and Use

Adrenaline Autoinjectors for General Use

In accordance with their responsibilities set out in this policy the Principal purchases Adrenaline Autoinjectors for general use.

Adrenaline Autoinjectors for general use refer to back-up or unassigned Adrenaline Autoinjectors and they are additional to the prescribed Adrenaline Autoinjectors for individuals provided by parents/carers. These Adrenaline Autoinjectors are not a substitute for individuals at high risk of anaphylaxis having their own prescribed auto-injectors.

General use Adrenaline Autoinjectors are used when:

- a student's prescribed Autoinjector does not work, is misplaced, out of date or has already been used
- a student is having a suspected first-time anaphylactic reaction and does not have a medical diagnosis for anaphylaxis
- when instructed by a medical officer after calling 000.

The number and type of Adrenaline Autoinjectors are purchased considering:

- the number of students enrolled who have been diagnosed as being at risk of anaphylaxis
- the accessibility of Adrenaline Autoinjectors that have been provided by parents/carers
- the availability of a sufficient supply of Adrenaline Auto-injectors for general use in specified locations at the College (e.g. College yard, at excursions, camps and special events)

- that Adrenaline Autoinjectors have a limited life, usually expire within 12-18 months, and will need to be replaced either at the time of use or expiry, whichever is first
- that currently the only Adrenaline Autoinjector available in Australia is EpiPen®
- that children under 20 kilograms are prescribed a smaller dosage of adrenaline, through an EpiPen® Jr
- Adrenaline Autoinjectors are designed so that anyone can use them in an emergency.

Even when there are no students enrolled with a diagnosed risk of anaphylaxis, the Principal will purchase an autoinjector for general use for students who may experience their first anaphylactic reaction while at the College.

Storage and Location of Adrenaline Autoinjectors

All Adrenaline Autoinjectors and medication must be stored according to a student's ASCIA Action Plan for Anaphylaxis and checked regularly to ensure that they have not expired, become discoloured or sediment is visible.

Adrenaline Autoinjectors and other medication must be stored in various locations which are easily accessible to staff but not accessible to students. A copy of the student's ASCIA Action Plan for Anaphylaxis must also be stored with their medical kit.

The following procedures will be followed for storage of Adrenaline Autoinjectors:

- Adrenaline Autoinjectors for individual students, or for general use, are stored correctly and able to be accessed quickly
- Adrenaline Autoinjectors are stored in an unlocked, easily accessible place away from direct light and heat but not in a refrigerator or freezer
- each Adrenaline Autoinjector is clearly labelled with the student's name and stored with a copy of the student's ASCIA Action Plan for Anaphylaxis
- an Adrenaline Autoinjector for general use will be clearly labelled and distinguishable from those for students at risk of anaphylaxis and stored with a general ASCIA Action Plan for Anaphylaxis (orange)
- Adrenaline Autoinjector trainer devices (which do not contain adrenaline or a needle) are not stored in the same location due to the risk of confusion.

Whenever Adrenaline Autoinjectors are taken and returned to/from their usual location, such as for camps and excursions, this must be clearly recorded.

Sholem Aleichem College maintains Adrenaline Autoinjectors and other relevant medication in the following location/s:

First Aid Room and Students' Classroom.

All staff are made aware of these locations during their biannual briefings.

Review of Adrenaline Autoinjectors

The College will undertake regular reviews of students' Adrenaline Autoinjectors and those for general use, are checked regularly to ensure the requirements of this Policy are being met.

If the Supervisor or Receptionist identifies any Adrenaline Autoinjectors which are out of date or cloudy/discoloured, they should:

- immediately send a written reminder to the student's parent/carer to replace the Adrenaline Autoinjector as soon as possible (and follow this up if no response is received from the parent/carer or if no replacement Adrenaline Autoinjector is provided)
- advise the Principal that an Adrenaline Autoinjector needs to be replaced
- work with the Principal to prepare an interim Individual Anaphylaxis Management Plan pending receipt of the replacement Adrenaline Autoinjector.

1.3 Communication Plan

This plan should be read in conjunction with the School's Anaphylaxis Policy. It relates to the prevention and management of anaphylactic events at School or outside School on School related activities.

At the time of enrolment or (if later) diagnosis, the Anaphylaxis Supervisor, child's teacher and Receptionist will familiarize themselves with the medical needs of a student with anaphylaxis. It is expected that parents will advise the school without delay when a student is diagnosed by a medical practitioner as being at risk of anaphylaxis.

An Anaphylaxis Communication Plan will be developed and placed in the First Aid Room and in the student's classroom.

Sholem Aleichem's Anaphylaxis Policy and Communication Plan will be published on the College's Community App.

Individual Anaphylaxis Management Plans

The individual anaphylaxis management plan will be in place as soon as practicable after the student enrolls and where possible before their first day of school. This should include:

- Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner)
- Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out-of-school settings including camps and excursions.
- The name of the person/s responsible for implementing the strategies.
- The student's emergency contact details.
- Information on where the student's medication will be stored.

Location of EpiPens® and Student Photo's

A current up to date photo and EpiPen® will be provided by the parent. The EpiPen® will be located in the following locations: First Aid Room and student's classroom.

Relieving/ Volunteer / Sport or other Activities Staff

Anaphylaxis information will be provided to all Relieving/Volunteer staff regarding students, and this will be provided by the First Aid Coordinator or Director of Activities at the beginning of the applicable season. This information will be an Action Plan for Anaphylaxis which will contain the student's photo; name and date of birth, allergens to be avoided, contact details and the action required if the student has a mild or serious reaction.

Responding to an Anaphylactic Reaction

Classrooms

In the event of an anaphylactic reaction in the classroom, the teacher is to immediately implement the student's emergency procedures plan. A reliable student should be sent to Reception to bring the EpiPen® and to alert the First Aid Coordinator. The teacher is to stay with the student who is experiencing the reaction.

All subject teachers and staff having contact with a Student with Anaphylaxis will have completed an accredited Anaphylaxis Course and regular refresher training.

Yard

Teachers should not leave a student who is experiencing an anaphylactic reaction unattended. The teacher must direct a reliable student to bring the EpiPen® or contact the Reception desk so that they may alert the School's First Aid Coordinator.

Special Event Days, Excursions and Camps

Prior to leaving the School for any event, excursion or camp the teacher in charge will consult with the First Aid Coordinator to identify any student with Anaphylaxis. The Anaphylaxis Supervisor will provide a medical summary identifying the student's anaphylaxis symptoms and the known allergens which may affect him and information regarding any other medical issues.

In the event of an anaphylactic reaction away from school the teacher is to immediately implement the student's emergency procedure plan, call an ambulance, and then notify the school. The Principal should be notified without delay. The Principal will arrange for parents or guardians to be notified.

Post-incident Action

It is expected that after an incident has occurred and has been resolved, that staff members involved will engage in the following activities:

- Completion of an Incident / Accident Report form including full details of the event and what occurred;
- Collection of the student's personal effects (if he is transported by ambulance and does not have them) for return to School;
- Debrief with students directly involved as witnesses to the event;
- Debrief of staff involved;
- Communication with the Principal as appropriate regarding the particulars of the incident, actions taken and outcomes;
- Principal to discuss with parents (as soon as possible) what occurred and ask them to seek medical advice on how it may be prevented in future;
- Principal and Anaphylaxis Supervisor to review the student's individual management plan;
- Implement updated risk prevention strategies (where applicable).

Administration of an EpiPen®:

- Lay person flat, do not stand or walk. If breathing is difficult allow to sit.
- Give EpiPen® (or EpiPen® Jnr if under 20kgs).
- Phone ambulance (call 000).
- Contact family or emergency contact.
- A further adrenalin does may be given if there is no response after 5 minutes (use a non-prescription adrenalin auto injector if required).
- Note the time of administration and advise paramedics when they arrive.
- Hand the paramedics the used adrenalin auto injector(s).
- If in doubt of how to use an EpiPen®, use an adrenalin auto injector.

1.4 Emergency Response Procedures

Generally, the College promotes allergy awareness. If a student suffers an anaphylactic reaction the student will be managed in accordance with the College's emergency response procedures, which sets out how to respond to an incident. Student health incidents which do not require treatment for anaphylaxis are managed through our First Aid Policy.

The procedures set out in the student's ASCIA Action Plan for Anaphylaxis, and the College's emergency response procedures, will be followed when responding to an anaphylactic reaction.

List of Students with Allergy-Related Conditions

Sholem Aleichem College maintains a complete and up to date list of students identifying as having a medical condition that relates to allergy and the potential for anaphylactic reaction. It is the responsibility of Receptionist to keep this list up to date. The list is kept at Receptions database, Emergency Management Plan Handbook and with the child's teacher.

Planning for an Emergency

The College regularly undertakes drills to test the effectiveness of our emergency response procedures, including in responding to an anaphylactic incident.

Common Allergens for which Students May be at Risk of Allergy or Anaphylaxis

Common food allergies include those caused by:

- egg
- milk
- peanuts
- tree nuts
- fish
- shellfish
- soy
- sesame
- wheat
- lupin
- mammalian meat (caused by tick bite exposure)

Other common allergies can be caused by:

- bites and stings
- latex
- certain medications

Signs and Symptoms of a Mild to Moderate Allergic Reaction

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

- swelling of lips, face or eyes
- hives or welts
- tingling mouth
- abdominal pain and vomiting (these are signs of anaphylaxis for insect allergy)

Signs and Symptoms for Anaphylaxis

Signs and symptoms for anaphylaxis may include:

- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- wheeze or persistent cough
- difficulty talking and/or hoarse voice
- persistent dizziness or collapse
- pale and floppy (usually in younger children).

Emergency Response Procedures for Students and Staff at Risk of Anaphylaxis

A member of staff should remain with the student/ staff displaying signs of an anaphylaxis reaction at all times. Another member of College staff should immediately locate the student's adrenaline autoinjector and the student's ASCIA Action Plan for Anaphylaxis. Where possible, only College staff with training in the administration of an adrenaline autoinjector should administer the student's adrenaline autoinjector. However, it is imperative that an adrenaline autoinjector is administered as

soon as signs of anaphylaxis are recognised by any staff member available if trained College staff are unavailable.

For students or staff having anaphylaxis, the following first aid steps should be followed:

1. Lay the student flat and do not allow them to stand or walk. If breathing is difficult, allow the student to sit. The student must not stand or be moved unless they are in danger (for example from bees in a nearby hive).
2. If the student is carrying their adrenaline autoinjector, follow instructions on the ASCIA Action Plan and give the adrenaline autoinjector accordingly.
3. If the student is not carrying their adrenaline autoinjector, but has one in the office or their classroom, there must be a system in place to get the adrenaline autoinjector to the student quickly. An adrenaline autoinjector for general use from one of the College's communal medication locations using the general ASCIA Action Plan for instructions can also be administered.
4. Call an ambulance on triple zero "000". Students should be transported by stretcher to the ambulance in all circumstances even if symptoms appear to have improved or resolved.
5. Alert the student's parents/guardians.
6. Further adrenaline autoinjector doses may be given if no response after five minutes.
7. The student must remain in hospital for at least four hours of observation.

Always give the adrenaline autoinjector first, and then the asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has sudden severe breathing difficulty (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

An incident report form is to be completed by the first aid officer together with the staff member involved in the incident.

Review Procedures

After an anaphylactic reaction has taken place that has involved a student in the College's care and supervision, the College's critical incident review will also include the following procedures:

- the Adrenaline Autoinjector must be replaced as soon as possible, by either the parent/carer or the College if the Adrenaline Autoinjector for general use has been used
- the Principal should ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector being provided
- the student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's parent/carer
- this Policy should be reviewed to ascertain whether there are any issues which require clarification or modification.

1.5 Risk Minimisation Strategies - Anaphylaxis

Sholem Aleichem College may also employ some or all the following risk minimisation strategies that are designed to identify allergens, prevent exposure to them and enhance our response in case of an anaphylactic reaction.

Staff should determine which strategies are appropriate after consideration of factors such as the:

- age of the student at risk
- facilities and activities available at the College
- likelihood of that student's exposure to the relevant allergen/s whilst at school
- general College environment.

Staff should also consult the Risk Minimisation Strategies for schools included in the Anaphylaxis Guidelines for Victorian Schools.

Principal Responsibilities

It is the College's policy that the Principal is to ensure that while the student is under the care of the College, including on excursions, camps, special event days such as sports carnivals, there is a sufficient number of College staff present who have successfully completed an Anaphylaxis Management Training Course.

In the Classroom

In the classroom, teachers should:

- ensure they are aware of the identity of any students who are a high risk of having an anaphylactic reaction
- be familiar with the student's ASCIA Action Plan for Anaphylaxis and have it readily accessible
- be familiar with staff who are trained to deal with an anaphylactic reaction if they are not
- liaise with parents/carers about food related activities ahead of time
- use non-food treats where possible. If food treats are used in class, it is recommended that parents/carers provide a box of safe treats for the student at risk of anaphylaxis
- never give food from outside sources to a student who is at risk of anaphylaxis
- be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons)
- consider whether to have a student's Adrenaline Autoinjector in class, depending on the speed or severity of previous anaphylactic reactions
- have regular discussions with students about the importance of washing hands, eating their own food and not sharing food
- brief casual/relief teachers and provide them with a copy of the student's ASCIA Action Plan for Anaphylaxis.

In the College Yard

In the College yard:

- a student with anaphylactic responses to insects should wear shoes at all times
- outdoor bins should be kept covered
- a student with anaphylactic responses should keep open drinks (e.g. drinks in cans) covered while outdoors
- staff trained to provide an emergency response to anaphylaxis should be readily available during non-class times (e.g. recess and lunch)
- the general use Adrenaline Autoinjector should be easily accessible
- staff on duty need to be able to communicate that there is an anaphylactic emergency without leaving the child experiencing the reaction unattended.

During On-site Events (e.g. sporting events, in College activities, class parties)

During on-site events:

- class teachers should consult parents/carers in advance to either develop an alternative food menu or request the parents/carers to send a meal for the student
- parents/carers of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis as well as being informed of our Anaphylaxis Management Policy
- party balloons should not be used if a student is allergic to latex
- latex swimming caps and goggles should not be used by a student who is allergic to latex
- staff must know where the Adrenaline Autoinjector is located and how to access it if required
- for sporting events, it may be appropriate to take the student's Adrenaline Autoinjector to the event. Ensure that the Adrenaline Autoinjector is stored in accordance with prescribed temperatures and conditions.

During Off-site College Settings (field trips, excursions)

During field trips and day excursions:

- the student's Adrenaline Autoinjector (two are recommended), Individual Anaphylaxis Management Plan, ASCIA Action Plan for Anaphylaxis and means of contacting emergency assistance must be taken
- one or more staff members who have been trained in the recognition of anaphylaxis and administration of the Adrenaline Autoinjector should accompany the student on field trips or excursions. All staff present during the field trip or excursion need to be aware if there is a student at risk of anaphylaxis
- staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of anaphylaxis
- parents/carers should be consulted in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/carer to send a meal (if required)
- parents/carers may wish to accompany their child on field trips and/or excursions. This should be discussed with parents/carers as another strategy for supporting the student
- consider the potential exposure to allergens when consuming food on buses.

During Off-site College Settings (camps and remote settings)

During College camps and overnight excursions:

- when planning College camps and overnight excursions, risk management plans for students at risk of anaphylaxis should be developed in consultation with parents/carers and camp managers
- camp site/accommodation providers and airlines should be advised in advance of any student at risk of anaphylaxis
- staff should liaise with parents/carers to develop alternative menus or allow students to bring their own meals
- camp providers should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of peanuts/tree nuts may be served, but not to the student who is known to be allergic to peanuts/tree nuts.
- use of other substances containing allergens (e.g. soaps, lotions or sunscreens containing nut oils) should be avoided
- the student's Adrenaline Autoinjector (two are recommended), Individual Anaphylaxis Management Plan, ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp
- a team of staff who have been trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector should accompany the student on camp. However, all staff present need to be aware if there is a student at risk of anaphylaxis
- staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction
- staff should be aware of what local emergency services are in the area and how to access them. Liaise with them before the camp
- the Adrenaline Autoinjector should remain close to the student at risk of anaphylaxis and staff must be aware of its location at all times. It may be carried in the College's first aid kit, although the College can consider allowing students, particularly adolescents, to carry it on their person. Remember, staff still have a duty of care towards the student even if they carry their own Adrenaline Autoinjector
- students with allergies to insect venoms should always wear closed shoes when outdoors
- cooking and art and craft games should not involve the use of known allergens
- consider the potential exposure to allergens when consuming food on buses/airlines and in cabins.

1.6 Risk Management Checklist

(to be completed at the start of each year)

School name:	
Date of review:	
Who completed this checklist?	Name:
	Position: Principal
Review given to:	Name
	Position
Comments:	
General information	
1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an adrenaline autoinjector?	
2. How many of these students carry their adrenaline autoinjector on their person?	
3. Have any students ever had an allergic reaction requiring medical intervention at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?	
4. Have any students ever had an anaphylactic reaction at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many students?	
b. If Yes, how many times?	
5. Has a staff member been required to administer an adrenaline autoinjector to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?	
6. If your school is a government school, was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 1: Training	
7. Have all school staff who conduct classes with students who are at risk of anaphylaxis successfully completed an approved anaphylaxis management training course, either: <ul style="list-style-type: none"> • online training (ASCIA anaphylaxis e-training) within the last 2 years, or • accredited face to face training (22578VIC or 10710NAT) within the last 3 years 	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does your school conduct twice yearly briefings annually? If no, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do all school staff participate in a twice-yearly anaphylaxis briefing? If no, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools: <p>a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen® and Anapen®)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

b. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen® and Anapen®) within 30 days of completing the ASCIA Anaphylaxis e-training for Victorian Schools?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2: Individual Anaphylaxis Management Plans	
11. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an adrenaline autoinjector have an Individual Anaphylaxis Management Plan which includes an ASCIA Action Plan for Anaphylaxis completed and signed by a prescribed medical practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?	
a. During classroom activities, including elective classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In canteens or during lunch or snack times	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Before and after school, in the school yard and during breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. For special events, such as sports days, class parties and extra-curricular activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. For excursions and camps	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do all students who carry an adrenaline autoinjector on their person have a copy of their ASCIA Action Plan for Anaphylaxis kept at the school (provided by the parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are the Action Plans kept?	
15. Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are Individual Management Plans (for students at risk of anaphylaxis) reviewed prior to any off site activities (such as sport, camps or special events), and in consultation with the student's parent/s?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 3: Storage and accessibility of adrenaline autoinjectors	
17. Where are the student(s) adrenaline autoinjectors stored?	
18. Do all school staff know where the school's adrenaline autoinjectors for general use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the adrenaline autoinjectors stored at room temperature (not refrigerated) and out of direct sunlight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is the storage unlocked and accessible to school staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Are the adrenaline autoinjectors easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No

23. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan for Anaphylaxis) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis? Who?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Are there adrenaline autoinjectors which are currently in the possession of the school which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Has the school signed up to EpiClub (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Do all school staff know where the adrenaline autoinjectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Has the school purchased adrenaline autoinjector(s) for general use, and have they been placed in the school's first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Where are these first aid kits located? Do staff know where they are located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4: Risk Minimisation strategies	
33. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you implemented any of the risk minimisation strategies in the Anaphylaxis Guidelines? If yes, list these in the space provided below. If no please explain why not as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 5: School management and emergency response	
36. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Do school staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Have you developed emergency response procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In all school buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No

39. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA Action Plan for Anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Have you checked how long it takes to get an individual's adrenaline autoinjector and corresponding individual ASCIA Action Plan for Anaphylaxis to a student experiencing an anaphylactic reaction from various areas of the school including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. The school canteen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. On excursions or other out of school events is there a plan for who is responsible for ensuring the adrenaline autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the adrenaline autoinjector for general use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Who will make these arrangements during excursions?	
44. Who will make these arrangements during camps?	
45. Who will make these arrangements during sporting activities?	
46. Is there a process for post-incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47. Have all school staff who conduct classes attended by students at risk of anaphylaxis, and any other staff identified by the principal, been briefed by someone familiar with the school and who has completed an approved anaphylaxis management course in the last 2 years on:	
a. The school's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students at risk of anaphylaxis, and who are prescribed an adrenaline autoinjector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the adrenaline autoinjector(s) for general use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 6: Communication Plan	
48. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?	
a. To school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No

b.	To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	To parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49.	Is there a process for distributing this information to the relevant school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a.	What is it?	
50.	How will this information be kept up to date?	
51.	Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52.	What are they?	

1.7 Anaphylaxis Training and Briefings

Staff Training

The following staff members will be appropriately trained in accordance with Ministerial Order No. 706:

- staff who conduct classes attended by students at risk of anaphylaxis
- staff identified by the Principal, based on a risk assessment of an anaphylactic reaction occurring while a student is under the care or supervision of the College
- Anaphylaxis Supervisors

In addition to those staff members identified above, the Anaphylaxis Guidelines for Victorian Schools encourage schools to consider whether volunteers and regular casual relief teachers should also undertake training. It is Sholem Aleichem College's policy that at a minimum, all staff including volunteers and regular casual relief teachers, must complete the Online Training Course.

The staff members identified above must have successfully completed the following training: an Online Training Course at least once every two years.

Online Anaphylaxis Training

Under the online model for anaphylaxis training developed by the Department of Education and Training, it is recommended that all Victorian school staff undertake an Online Training Course, but this remains at the discretion of the College.

The Anaphylaxis Supervisor will undertake a competency check in the administration of an Adrenaline Autoinjector within 30 days of a relevant member of the College staff completing the online training course.

Autoinjector Competency Check Training (for Anaphylaxis supervisors)

Staff members identified as College Anaphylaxis Supervisors must also undertake autoinjector competency check training at least once every three years.

Autoinjector competency check training means the Course in Verifying the Use of Adrenaline Autoinjector Devices 22579VIC.

Anaphylaxis Briefings

All College staff must also participate in anaphylaxis briefings. Briefings must occur twice per year, with the first to be held at the beginning of the school year.

Anaphylaxis briefings are conducted by the Anaphylaxis Supervisor.

The anaphylaxis briefing covers:

- our Anaphylaxis Management policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students with an allergy at risk of an anaphylactic reaction, and where their medication is located
- how to use an Adrenaline Autoinjector, including hands on practice with a trainer Adrenaline Autoinjector
- our general first aid and emergency response procedures
- the location of, and access to, Adrenaline Autoinjectors provided by parents or purchased by the College for general use.

Training Requirements

Staff must successfully complete anaphylaxis training in accordance with this Policy within three years prior to supervising a student at risk.

An interim plan must be developed with parents of any affected student with an allergy at risk of an anaphylactic reaction, if training and briefing is yet to occur. Training must occur as soon as possible after the student is enrolled at the College, and preferably before the student's first day at the College.

It is the College's policy that the Principal is to ensure that while the student is under the care of the College, including on excursions, camps, special event days such as sports carnivals, there is a sufficient number of College staff present who have successfully completed an Anaphylaxis Management Training Course.

Policy review

This policy was updated and endorsed by Council January 2023
Next review date December 2023