

ANAPHYLAXIS MANAGEMENT POLICY and INDIVIDUAL MANAGEMENT PLAN PROCESSES



Help for non-English speakers:

If you need help to understand the information in this policy please contact: 9428 8955

RATIONALE:

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

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school. Adrenaline given through an Adrenaline Autoinjector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

The school will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

PURPOSE:

To explain to Melbourne Girls' 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 Melbourne Girls' 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

Melbourne Girls' 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 Melbourne Girls' 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 Melbourne Girls' 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 enrolls at Melbourne Girls' 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 at the General Administration 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 the General Office and First Aid, together with adrenaline autoinjectors for general use.

Risk Minimisation Strategies

To reduce the risk of a student suffering from an anaphylactic reaction at Melbourne Girls' College, we have put in place the following strategies:

- staff and students are regularly reminded to wash their hands after eating;
- students are discouraged from sharing food
- garbage bins at school are to remain covered with lids to reduce the risk of attracting insects
- gloves must be worn when picking up papers or rubbish in the playground;
- school canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination
- a general use EpiPen will be stored at the Front Office, PE Office, Food Technology Office and Rowing Office for ease of access.
- Planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, appropriate number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending.

Adrenaline autoinjectors for general use

Melbourne Girls' College will maintain a supply of adrenaline autoinjector(s) 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 at the Front Office, PE Office, Food Technology Office and Rowing Office and 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 Melbourne Girls' 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.

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 the First Aid Attendant and stored at First Aid and circulated throughout the school as needed for events. 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.	<ul style="list-style-type: none"> • 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 at General Office and First Aid • 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) <ul style="list-style-type: none"> • 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
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.

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.

[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.

Communication Plan

This policy will be available on Melbourne Girls' Colleges website so that parents and other members of the school community can easily access information about Melbourne Girls' Colleges anaphylaxis management procedures.

All staff will complete the anaphylaxis online training modules each year.

The principal is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and Melbourne Girls' Colleges procedures for anaphylaxis management. 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 all school staff are appropriately trained in anaphylaxis management:

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.

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. 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
- 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, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

When a new student enrolls at Melbourne Girls' 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.

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.

LINKS:

DET Anaphylaxis Policy

<https://www.education.vic.gov.au/school/principals/spag/health/Pages/anaphylaxis.aspx>

DET Anaphylaxis Management in Schools

<https://www.education.vic.gov.au/school/teachers/health/pages/anaphylaxischl.aspx>

Australasian Society of Clinical Immunisation and Allergy

<https://www.allergy.org.au/>

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ASCIA Anaphylaxis Travel Plan

<https://www.allergy.org.au/hp/anaphylaxis/ascia-travel-plan-anaphylaxis>

ASCIA Anaphylaxis Training eModule

<https://www.allergy.org.au/patients/anaphylaxis-e-training-schools-and-childcare>

EIPEN training video

<https://www.youtube.com/watch?v=yisK5OeJHTE>

Royal Children's Hospital

https://www.rch.org.au/allergy/about_us/Allergy_and_Immunology/

REVIEW PROCESS:

Policy last reviewed	May 2025
Approved by	Principal
Next scheduled review date	Each year - May 2026

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.

Individual Anaphylaxis Management Plan

This plan is to be completed by the Principal or nominee on the basis of information from the student's medical practitioner (ASCIA Action Plan for Anaphylaxis) provided by the Parent.

It is the Parents' responsibility to provide the School with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's Medical Practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.

School		Phone	
Student			
DOB		Year level	
Severely allergic to:			
Other health conditions			
Medication at school			
EMERGENCY CONTACT DETAILS (PARENT)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
EMERGENCY CONTACT DETAILS (ALTERNATE)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
Medical practitioner contact	Name		
	Phone		
Emergency care to be provided at school			
Storage for Adrenaline Autoinjector (device specific) (EpiPen®/Anapen®)			

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The Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):

- ◆ annually;
- ◆ if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes ;
- ◆ as soon as practicable after the student has an anaphylactic reaction at School; and
- ◆ when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions).

I have been consulted in the development of this Individual Anaphylaxis Management Plan.

I consent to the risk minimisation strategies proposed.

Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines

Signature of parent:	
Date:	
I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.	
Signature of Principal (or nominee):	
Date:	

ACTION PLAN FOR Anaphylaxis

Name: _____
Date of birth: _____

For use with adrenaline (epinephrine) autoinjectors



Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by medical or nurse practitioner:

I hereby authorise medications specified on this plan to be administered according to the plan

Signed:

Date: _____

Action Plan due for review – date: _____

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

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

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy ☐ seek medical help or ☐ freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

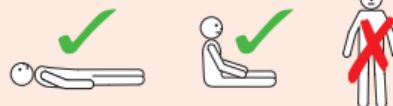
WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- 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 (young children)

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give adrenaline autoinjector

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

4 Phone family/emergency contact

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

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

If in doubt give adrenaline autoinjector

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

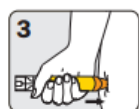
How to give EpiPen® adrenaline (epinephrine) autoinjectors



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and PLACE ORANGE END against 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®

EpiPen® is prescribed for children over 20kg and adults. EpiPen® Jr is prescribed for children 10-20kg

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: ☐ Y ☐ N

- If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this action plan for the person with the allergic reaction.

© ASCIA 2018 This plan was developed as a medical document that can only be completed and signed by the patient's medical or nurse practitioner and cannot be altered without their permission

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

If an adrenaline auto injector is administered, Security Services Unit, Department of Education and Early Childhood Development must be contacted to report the incident on 9589 6266 (available 24 hours a day, 7 days a week). A report will then be lodged on IRIS (Incident Reporting Information System).

First-time reactions

If a student has a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, the school staff should follow the school's first aid procedures.

This should include:

- Immediately contacting an ambulance using 000
- It may also include locating and administering an adrenaline auto injector for general use, as advised by the Ambulance/000 operator

Storage and accessibility of adrenaline autoinjectors

At Melbourne Girls' College:

- Personal student adrenaline autoinjectors are located in the Anaphylaxis Emergency response kit located in the General office
- General purpose adrenaline autoinjectors are located in the Anaphylaxis Emergency response kits located in the General office, First Aid and PE staffroom
- Individual Anaphylaxis Management Plans and ASCIA Action plans are located in the Anaphylaxis Emergency response kits located in the General office, First Aid room, PE office and Rowing Office.

HOW THE ALARM WILL BE RAISED IF AN ALLERGIC REACTION OCCURS

A) In the classroom

- The main classroom teacher will ring 000 from a mobile and send two reliable students to the office. One student or member of staff retrieves the student's personal adrenaline auto injector and ASCIA Action Plan and brings them both to the teacher supervising the student ASAP. The other student stays and informs an office staff member of:
 - The name of the student
 - The location of the student and the staff member with them
 - That 000 has been contacted
- As a backup, the main classroom teacher should also send two other students to each of the nearest locations where a *general purpose* adrenaline auto injector is stored and if required, one student will remain behind and inform a staff member of:
 - The name of the student
 - The location of the student and the staff member with them
 - That 000 has been contacted

This staff member should then ring ahead and inform the office staff of the situation

- The classroom teacher is responsible for administering treatment with the adrenaline auto injector, keeping the student safe by staying with the student, and monitoring their breathing and keeping them as calm as possible until an ambulance arrives

Staff will follow all instructions given to them by the 000 operator and this may require putting the mobile phone on speaker whilst carrying out these instructions.

In the situation where there is no improvement or **severe symptoms** progress (as described in the ASCIA Action Plan), a second injection (of the same dosage) may be administered after five minutes, if a second autoinjector is available (such as the adrenaline auto injector for general use) and as advised by the Ambulance/000 operator.

B) In the school grounds

- The teacher on yard duty will ring 000 from a mobile and send two reliable students to the office. One student or member of staff retrieves the student's personal adrenaline auto injector and ASCIA Action Plan and brings them both to the teacher supervising the student ASAP. The other student stays and informs an office staff member of:
 - The name of the student
 - The location of the student and the staff member with them
 - That 000 HAS been contacted
- As a backup, the yard duty teacher should also send two other students to each of the nearest locations where a *general purpose* adrenaline auto injector is stored and if required, one student will remain behind and inform a staff member of:
 - The name of the student
 - The location of the student and the staff member with them
 - That 000 HAS been contacted

This staff member should then ring ahead and inform the office staff of the situation

- The yard duty teacher is responsible for administering treatment with the adrenaline auto injector, keeping the student safe by staying with the student, and monitoring their breathing and keeping them as calm as possible until an ambulance arrives

Staff will follow all instructions given to them by the 000 operator and this may require putting the mobile phone on speaker whilst carrying out these instructions.

In the situation where there is no improvement or **severe symptoms** progress (as described in the ASCIA Action Plan), a second injection (of the same dosage) may be administered after five minutes, if a second auto injector is available (such as the adrenaline auto injector for general use) and as advised by the Ambulance/000 operator.

C) At sporting activities

- The teacher in charge of the sports team will make sure that the student's personal adrenaline auto injector is taken in the first aid kit to the sports venue for any student whose medical form indicates they are at risk of anaphylaxis.
- The teacher in charge of the sporting activity will be responsible for notifying an ambulance and administering treatment with the adrenaline auto injector, keeping the student safe by staying with the student, monitoring their breathing and keeping them as calm as possible, until the ambulance arrives
- The second staff member will be responsible for notifying the school of the situation

Staff will follow all instructions given to them by the 000 operator and this may require putting the mobile phone on speaker whilst carrying out these instructions.

In the situation where there is no improvement or **severe symptoms** progress (as described in the ASCIA Action Plan), a second injection (of the same dosage) may be administered after five minutes, if a second auto injector is available (such as the adrenaline auto injector for general use), as advised by the Ambulance/000 operator.

D) On excursions & camps

- The teacher in charge of the excursion/camp will make sure that the student's personal adrenaline auto injector is taken in the first aid kit to the excursion venue for any student whose medical form indicates they are at risk of anaphylaxis
- The teacher in charge of the excursion/camp will be responsible for notifying an ambulance and administering treatment with the adrenaline auto injector, keeping the student safe by staying with the student, monitoring their breathing and keeping them as calm as possible, until the ambulance arrives
- The second staff member will be responsible for notifying the school of the situation

Staff will follow all instructions given to them by the 000 operator and this may require putting the mobile phone on speaker whilst carrying out these instructions.

In the situation where there is no improvement or **severe symptoms** progress (as described in the ASCIA Action Plan), a second injection (of the same dosage) may be administered after five minutes, if a second autoinjector is available (such as the adrenaline auto injector for general use), as advised by the Ambulance/000 operator.

WHO WILL CALL THE AMBULANCE (Dial 000)?

In the event of a member of the College needing attention for suspected anaphylaxis, the first teacher on the scene is responsible for contacting 000.

WHO WILL BE SENT TO COLLECT THE ADRENALINE AUTO INJECTOR?

A) In the classroom and in the school grounds

- The main classroom teacher will send two reliable students to the office. One student or member of staff retrieves the student's personal adrenaline auto injector and ASCIA Action Plan and brings them both to the teacher supervising the student ASAP. The other student stays and informs an office staff member of:
 - The name of the student
 - The location of the student and the staff member with them
 - That 000 HAS been contacted
- As a backup, the main classroom teacher/yard duty teacher should also send two other students to each of the nearest locations where a *general purpose* adrenaline auto injector is stored and if required, one student will remain behind and inform a staff member of:
 - The name of the student
 - The location of the student and the staff member with them
 - That 000 HAS been contacted

This staff member should then ring ahead and inform the office staff of the situation

B) At Sporting activities (Gym/Ovals in school grounds)

- The teacher in charge of the sports team /activity will make sure that the students personal adrenaline auto injector and ASCIA Action Plan plus a general purpose adrenaline auto injector (where possible) is taken in the first aid kit to the sporting venue for any student whose medical form indicates they are at risk of anaphylaxis **OR**
- The teacher in charge of the sports team / activity will send two reliable students to the office. One student or member of staff retrieves the student's personal adrenaline auto injector and ASCIA

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Action Plan and brings them both to the teacher supervising the student ASAP. The other student stays and informs an office staff member of:

- The name of the student
 - The location of the student and the staff member with them
 - That 000 HAS been contacted
- As a backup, the teacher in charge should also send two other students to each of the nearest locations where a *general purpose* adrenaline auto injector is stored and if required, one student will remain behind and inform a staff member of:
- The name of the student
 - The location of the student and the staff member with them
 - That 000 HAS been contacted

This staff member should then ring ahead and inform the office staff of the situation

Note: Staff are expected to take their mobile phone or the school's mobile phone (to be collected from the office prior to yard duty commencing) to their yard duty location or classes held outside e.g. PE lessons.

WHO IS RESPONSIBLE FOR TAKING ADRENALINE AUTO INJECTOR TO STUDENT?

A) In the classroom

- The responsible student or member of staff will deliver the adrenaline auto injector to the teacher supervising the student ASAP

B) In the school grounds

- The responsible student or member of staff will deliver the adrenaline auto injector to the teacher supervising the student ASAP

C) At Sporting activities

- The teacher in charge of the sports team will make sure that an adrenaline auto injector is taken in the first aid kit to the sports venue for any student whose medical form indicates they are at risk of anaphylaxis. A reliable student will be asked to get the adrenaline auto injector from the first aid kit and bring it to the teacher supervising the student

DURING EXCURSIONS/CAMPS WHO IS RESPONSIBLE FOR TAKING AND LOOKING AFTER THE ADRENALINE AUTO INJECTOR?

A) Who will do this on excursions, sports days and school camps?

- The student's family will be responsible for providing the adrenaline auto injector from home for the student who is diagnosed as anaphylactic (this is different to the one that is kept at school)
- The adrenaline auto injector from home will be given to the staff member in charge of the excursion, camp or sports day, and this will be added to the first aid kit for access when needed or if deemed appropriate, kept with the individual student for the entirety of the excursion/camp
- On the morning of the excursion, camp or sports day the staff member in charge of the activity will also collect the school's adrenaline auto injector clearly labelled with the student's name and their ASCIA Action Plan from the front office and this must be kept in the first aid kit for access when needed

THE ROLE OF OFFICE STAFF IN AN EVENT WHERE A MEMBER OF THE COLLEGE NEEDS ATTENTION FOR SUSPECTED ANAPHYLAXIS

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As soon as the office has been notified of a suspected anaphylaxis the following procedure will occur:

- An office staff member will collect the student's ASCIA Action Plan and the student's personal adrenaline auto injector and deliver it to the supervising teacher ASAP, either themselves or through a reliable student
- A first aid trained office staff member will go to the identified location ASAP
- Members of the Principal team will be informed
- The student's details will be printed off and, along with a school mobile phone, will be taken to the student and supervising teacher
- A member of the office will be allocated to meet the ambulance and provide them with directions
- The family will be contacted and informed of the situation

POST INCIDENT SUPPORT

For Staff: - Offered counselling at school level, and monitored via the Director of Wellbeing and SSSO, at DEECD level via Employee Assistance Program Counselling Service

For Student: - Offered counselling at school level, and monitored via the Director of Wellbeing and SSSO, anaphylaxis plan reviewed and evaluated

Review

After an anaphylactic reaction has taken place that has involved a student in the school's care and supervision, it is important that the following review processes take place:

- The adrenaline auto injector must be replaced by the parent on return to school
- In the meantime, the Principal should ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement adrenaline auto injector being provided
- If the adrenaline auto injector for general use has been used this should be replaced as soon as possible
- In the meantime, the Principal should ensure that there is an interim plan in place should another anaphylactic reaction occur prior to the replacement adrenaline auto injector for general use being provided
- The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's parents
- The school's Anaphylaxis Management Policy should be reviewed to ensure that it adequately responds to anaphylactic reactions by students who are in the care of school staff