Kolbe Catholic College Anaphylaxis Procedures

1. Introduction

Kolbe Catholic College is a school which operates with the consent of the Catholic Archbishop of Melbourne and is owned, operated and governed by Melbourne Archdiocese Catholic Schools Ltd (MACS).

2. Purpose

This procedure ensures that, as far as practicable, a safe and supportive environment is provided where students at risk of anaphylaxis are provided with reasonable adjustments to participate in school programs and activities in compliance with Ministerial Order 706.

3. Scope

This procedure applies at Kolbe Catholic College.

This procedure applies to:

- all campuses of Kolbe Catholic College.
- staff, including volunteers and casual relief staff.
- all students who have been diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction, where the school has been notified of that diagnosis, or who may require emergency treatment for anaphylactic reaction.
- the Parent (a person who has parental responsibility for a child, including a biological parent or another person who has been granted parental responsibility by a court order. The term is also used to refer to carers where permanent care, foster care or kinship arrangements are in place) of students who have been diagnosed as at risk of anaphylaxis or who may require emergency treatment for anaphylactic reaction.

4. Communication with Parents

4.1. The Principal engages with the Parent of students who are at risk of anaphylaxis to develop risk minimisation strategies and management strategies. The Principal will also take reasonable steps to ensure each staff member has adequate knowledge of allergies, anaphylaxis, and the school's expectations in responding to anaphylactic reaction.

4.2. The Principal requires that the Parent provides up to date medical information and an updated Individual Action Plan (ASCIA Action Plan for Anaphylaxis) signed by the treating medical practitioner together with:

- a recent photo of their child and
- any medications and auto-injectors referenced in the plan and recommended for administration.

4.3. The Parent is requested to provide this information:

- annually
- prior to camps and excursions
- if the child has an anaphylaxis reaction at school, and
- if the child's medical condition changes since the information was provided.

4.4. The Principal's nominee is to engage with the Parent where updated documentation or medication is required in line with the school's communication plan.

4.5. Please note the ASCIA Travel Plan for People at Risk of Anaphylaxis requires completion by a registered medical practitioner for domestic or overseas travel.

5. Individual anaphylaxis management plans (IAMP)

5.1. The Principal is responsible for ensuring that all students who have been diagnosed by a medical practitioner as having a medical condition that relates to allergies and the potential for anaphylactic reaction have an Individual Anaphylaxis Management Plan (IAMP) developed in consultation with the student's Parent.

5.2. The school requires the IAMP to be in place as soon as practicable after the student is enrolled and where possible before their first day of school. If for any reason training and a briefing has not yet occurred, an interim management plan, developed in consultation with the Parent, will be put into place for a student who is diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction, and training must occur as soon as possible thereafter. The IAMP will comply with Ministerial Order 706 and record:

- student allergies
- locally relevant risk minimisation and prevention strategies
- names of people responsible for implementing risk minimisation and prevention strategies
- storage of medication
- student emergency contact details
- student ASCIA Action Plans.

5.3. The student's IAMP will be reviewed by the Principal or nominated staff member, in consultation with the student's Parent, in all the following circumstances:

- annually
- if the student's medical condition changes as it relates to allergy and the potential for anaphylactic reaction.
- as soon as practicable after the student has an anaphylactic reaction at school.
- 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 (e.g. class parties, elective subjects, cultural days, fetes, incursions).

  Refer to the Individual Anaphylaxis Management Plan Template.

Refer to the Supporting documents section for the ASCIA Action Plan for Anaphylaxis to apply for each student diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction.

6. Location of Individual Anaphylaxis Management Plans and ASCIA Action Plans

6.1. The first aid officer maintains an up-to-date register of students at risk of anaphylactic reaction as nominated by the Principal. The register can be found in the First Aid room.

6.2. The first aid officer communicates to staff the details of the location of student Individual Anaphylaxis Management Plans and ASCIA Action Plans within the school, during excursions, camps and special events conducted, organised or attended by the school. Please note the ASCIA Travel Plan for People at Risk of Anaphylaxis requires completion by a registered medical practitioner for domestic or overseas travel.

6.2.1. Additional auto-injectors will be stored in the school's first aid room and beside all wall-mounted first aid kits within each building.

6.2.2. For planned excursions, camps and school activities, the teacher in charge must notify the first aid officer of which students and staff will be attending.

6.2.3. It'll then be the responsibility of the first aid officer to review the medical conditions of each attendee. If they have a condition, including anaphylaxis, the appropriate medical kits will be set up and a notification of this will be sent to the teacher in charge.

6.2.4. The teacher in charge will sign out all medical kits and sign them back in, upon completion of the activity.

Refer to Off-site Risk Management Checklist for Schools.

7. Risk minimisation and prevention strategies

The principal ensures that risk minimisation and prevention strategies are in place for all relevant in-school and out-of-school settings which include (but are not limited to) the following:

- during classroom activities (including class rotations, specialist and elective classes)
- between classes and other breaks
- in canteens
- during recess and lunchtimes
- before and after school where supervision is provided
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

Our school does not ban certain types of foods (e.g., nuts) as it is not practicable to do so and is not a strategy recommended by the Department of Education (DE) or the Royal Children's Hospital as it can create complacency amongst staff and students, and it cannot eliminate the presence of all allergens.

However, the school avoids the use of nut-based products in all school activities, requests that the Parent does not send those items to school if possible and the school reinforces the rules about not sharing and not eating foods provided from home.

The Director of Risk, Compliance & Sustainability regularly reviews the risk minimisation strategies outlined in Anaphylaxis Risk Minimisation strategies for our schools considering information provided by the Parent related to the risk of anaphylaxis. Refer to Anaphylaxis Risk Minimisation strategies for our school.

The Principal is responsible for annually completing the Annual Risk Management Checklist for Schools to ensure that compliance with Ministerial Order 706 is maintained. Refer to Annual Anaphylaxis Risk Management Checklist for Schools.

8. Register of students at risk of anaphylactic reactions

The Principal nominates the first aid officer to maintain an up-to-date register of students at risk of anaphylactic reaction. This information is to be shared with all staff and accessible to all staff in an emergency.

Register of students with anaphylaxis:

- The required information will be documented on the students' personalised IAMP and ASCIA plans, stored securely in the first aid office and digitally on Synergetic; under the student's profile.
- Staff will be able to access student IAMP's via the 'Medical Alerts' list, which is displayed on the school's staff intranet.
    - 'Medical Alerts' list is maintained, reviewed every semester and updated as applicable by the first aid officer.

9. Location, storage and accessibility of autoinjectors

It is the responsibility of the Principal to purchase auto-injectors for the school for general use and to ensure they are replaced at time of use or expiry; whichever is first. (Expiry date period is usually within 12–18 months). General use auto-injectors are used as a back-up to auto-injectors that are provided for individual students by the Parent in case there is a need for an auto-injector for another student who has not previously been diagnosed at risk of anaphylaxis.

At both campuses, the auto-injectors are to be stored in the first aid room and at the ground floor entrance of every other building.

- Adrenaline autoinjector devices be stored in a cool dark place at room temperature, which they define as between 15 and 25 degrees Celsius.

- If these temperatures cannot be maintained, ASCIA recommends storing the device in an insulated wallet

School anaphylaxis supervisors are responsible for informing school staff of the location for use in the event of an emergency.

10. When to use an auto-injector for general use

The Principal ensures that auto-injectors for general use will be used under the following circumstances:

- a student's prescribed auto-injector does not work, is misplaced, misfires, has accidentally been discharged, is out of date or has already been used
- a student previously diagnosed with a mild or moderate allergy who was not prescribed an adrenaline injector has their first episode of anaphylaxis
- when instructed by a medical officer after calling 000
- first time reaction to be treated with adrenaline before calling.

10.1. Note: if in doubt, give student auto-injector as per ASCIA Action Plans. Please review ASCIA First Aid Plan for Anaphylaxis (ORANGE) and *ASCIA Adrenaline (Epinephrine) Injectors for General Use for further information.*

11. Emergency response to anaphylactic reaction

In an emergency anaphylaxis situation, the student's ASCIA Action Plan, the school's general first aid procedures, Danger ➔ Response ➔ Send for Help ➔ Airway ➔ Breathing ➔ CPR ➔ Defibrillation (DRSABCD), the emergency response procedures in this policy and ASCIA First Aid Plan for Anaphylaxis must be followed.

The Principal must ensure that when a student at risk of an anaphylactic reaction is under the care or supervision of the school outside normal class activities, such as in the school yard, on camps or excursions or at special events conducted, organised or attended by the school, there are sufficient staff present who have been trained in accordance with Ministerial Order 706.

All staff are to be familiar with the location, storage and accessibility of auto-injectors in the school, including those for general use.

The Principal must determine how appropriate communication with school staff, students and the Parent is to occur in the event of an emergency about anaphylaxis.

Copies of the ASCIA First Aid Plan for Anaphylaxis and emergency procedures are prominently displayed in the relevant places in the school, for example, first aid room, classrooms and in/around other school facilities, including the canteen.

12. Staff training

In compliance with Ministerial Order 706, it is recommended that all Victorian school staff undertake one of two accredited training options.

The Principal requires all staff to participate in training to manage an anaphylaxis incident. The training should take place as soon as practicable after a student at risk of anaphylaxis enrols and, where possible, before the student's first day at school.

Staff undertake training to manage an anaphylaxis incident if they:

- conduct classes attended by students with a medical condition related to allergy and the potential for anaphylactic reaction
- are specifically identified and requested to do so by the Principal based on the Principal's assessment of the risk of anaphylactic reaction occurring while a student is under that staff member's care, authority or supervision.

Our school considers, where appropriate, whether casual relief teachers and volunteers should also undertake training.

Our school staff are to:

- successfully complete an approved anaphylaxis management training course in compliance with Ministerial Order 706
- participate in the school's twice yearly briefings conducted by the school's anaphylaxis supervisor or another person nominated by the Principal, who has successfully completed an approved anaphylaxis management training program in the past two years.

A range of training programs are available, and the Principal determines an appropriate anaphylaxis training strategy and implements this for staff. The Principal ensures that staff are adequately trained and that enough staff are trained in the management of anaphylaxis noting that this may change from time to time dependent on the number of students with IAMPs.

All school staff complete the online *ASCIA Anaphylaxis e-training for Victorian Schools* and have their competency in using an auto-injector tested by the school Anaphylaxis Supervisor in person within 30 days of completing the course. Staff are required to complete the ACSIA online training every two years.

At the end of the online training course, participants who have passed the assessment module are issued a certificate which needs to be signed by the school anaphylaxis supervisor to indicate that the participant has demonstrated their competency in using an adrenaline autoinjector device.

School staff who complete the online training course are required to repeat that training and the adrenaline auto-injector competency assessment every two years.

The school Anaphylaxis Supervisor will have completed 22579VIC Course in Verifying the Correct Use of Adrenaline Injector Devices – at no cost for Victorian Catholic schools at the Hero HQ School Booking Portal or email Hero HQ for more information: schools@herohq.com. Training in this course is current for three years.

School staff may wish to undertake face-to-face training 22578VIC Course in First Aid Management of Anaphylaxis. Accredited for three years.

The school notes that 22578VIC Course in First Aid Management of Anaphylaxis is a face-to-face course that complies with the training requirements outlined in Ministerial Order 706. School staff who have completed this course will have met the anaphylaxis training requirements for the documented period.

The school Anaphylaxis Supervisor will have completed 22579VIC Course in Verifying the Correct Use of Adrenaline Injector Devices – at no cost for Victorian Catholic schools at the Hero HQ School Booking Portal or email Hero HQ for more information: schools@herohq.com. Training in this course is current for three years.

Anaphylaxis Supervisors

Anaphylaxis supervisors play a key role in undertaking competency checks on all staff who have successfully completed the ASCIA online training course. To qualify as a school anaphylaxis supervisor, the nominated staff members need to complete an accredited short course that teaches them how to conduct a competency check on those who have completed the online training course e.g., 22579VIC Course in Verifying the Correct Use of Adrenaline Injector Devices.

The Principal is to identify two staff per school or for each campus to become school anaphylaxis supervisors.

The school's anaphylaxis supervisors are:

- Caitlyn Kelly and Taylah Hart (first aid officers at St Clare Campus – Greenvale Lakes)
- Melinda Spiteri and Lauren Matthews (first aid officers at St Catherine Campus – Mickleham)

On 1 September 2021, the Anapen adrenaline (epinephrine) auto-injector was introduced into Australia for the treatment of anaphylaxis. Schools will need to ensure relevant staff are trained to use them.

Anaphylaxis supervisors should participate in the Anapen workshop if their school has an enrolled student with an ASCIA Action Plan for Anaphylaxis Red Anapen.

Twice yearly staff briefing

The Principal ensures that twice yearly anaphylaxis management briefings are conducted, with one briefing held at the start of the year. The briefing is to be conducted by the school anaphylaxis supervisor or another staff member who has successfully completed an Anaphylaxis Management Course in the previous two years. The school use the Anaphylaxis Management Briefing Template provided by DE for use in Victorian schools. A facilitator guide and presentation for briefings created by DE is available in the resources section of the procedures.

The briefing includes information about the following:

- the school's legal requirements as outlined in Ministerial Order 706
- the school's anaphylaxis management policy
- causes, signs and symptoms of anaphylaxis and its treatment
- names and pictures of students at risk of anaphylaxis, details of their year level, allergens, medical condition and risk management plans including location of their medication

- relevant anaphylaxis training
- ASCIA Action Plan for Anaphylaxis and how to use an autoinjector, including practising with a trainer autoinjector
- the school's general first aid and emergency responses
- location of and access to auto-injectors that have been provided by the Parent or purchased by the school for general use.

All school staff should be briefed on a regular basis about anaphylaxis and the school's anaphylaxis management policy.

Anaphylaxis briefings will be completed at the beginning of Term 1 and Term 3 of each year. Attendance will be recorded on the staff members' accreditation page on EMS360. These briefings will be recorded and sent to those staff who were absent during the scheduled briefings, with the request being that they view the recording.

13. Anaphylaxis communication plan

The Principal is responsible for ensuring that a communication plan is developed to provide information to all school staff, students and their Parent about anaphylaxis and the school's anaphylaxis management policy.

The communication plan is to be available on the school website and made known to the school community via the school newsletter during Term 1 of each year.

Further communications within the school are as follows:

- Raising staff awareness – arrangements for twice yearly briefing, regular briefings, induction of new staff, CRT staff, etc.
- Raising student awareness – Use of fact sheets, posters with messages about anaphylaxis, peer support, etc.
- Working with parents – developing open, cooperative relationships with parents/guardians/carers, how information will be shared; requesting and updating medical information
- Methods for raising school community awareness – e.g. Newsletter, website, information nights, assemblies

This communication plan includes strategies for advising school staff, students and parents/guardians/carers about how to respond to an anaphylaxis reaction of a student in various environments:

- during normal school activities, including in a classroom, in the school yard, in all school buildings and sites including gymnasiums and halls
- during off-site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the school.

The Communication Plan includes procedures to inform volunteers and casual relief staff of students who are at risk of anaphylaxis and of their role in responding to an anaphylactic reaction experienced by a student in their care.

The Principal and their nominee work with the Parent to support the student's needs. The Principal develops a communication process for when new or updated medical documentation and/or medication is required as part of the annual or triggered reviews. The school staff engaged in this process are to make communication accessible and culturally appropriate.

- A possible process for the schools to adapt could look like the following:

Initial Notification

- At the start of each school year, upon enrolment and/or when a plan is due to expire, the school communicates to the Parent informing them of the need to update their child's medical

management and/or anaphylaxis action plans. It may be helpful to include a timeframe by when the plans are required.

- Schools can attach the Medical Management and Medication Parent handout to explain what documentation the school needs.

Follow-Up Communication

- First aid officer to send reminders via email, phone calls, or school newsletters as the deadline approaches.
- For critical updates, consider direct phone calls or meetings with the Parent to discuss the importance of the information. For a Parent seeking guidance around obtaining documentation, encourage them to contact the Anaphylaxis advisory line on 1300 725 911 or 9345 4235 or email anaphylaxisadviceline@rch.org.au

Escalation if updated information/medication is not obtained

- First aid officer to send a second reminder via the preferred means of communication (e.g. email, school app, letter) to clarify the required medical information. School staff are to make communication accessible and culturally appropriate.
- **Phone Call**: Make a follow-up phone call to the Parent who has not responded. Highlight the potential risks to their child's health and safety if the information is not updated.
- **In-Person Meeting**: If there is still no response, schedule an in-person meeting with the Parent to underscore the importance of the update and to provide additional support or clarification if needed.
- Schools are to inform the Parent of any impact on child's safe participation in school activities without updated medical plans and medication, and work to develop a plan for updating information.
- For further support on seeking required updated information and/or medication, schools can contact their Senior Manager, School Leadership.

Ongoing Communication

- Schedule periodic check-ins with the Parent prior to potential review points to ensure the medical information remains current and encourage the Parent to inform the school of any changes in their child's health status throughout the year.

The Principal ensures that the school staff are adequately trained by completing an approved training course:

- ASCIA e-training every two years together with associated competency checks assessed by suitably trained Anaphylaxis Supervisor who has completed 22579VIC Course in Verifying the Correct Use of Adrenaline Injector Devices, AND
- provision of an in-house briefing for school staff at least twice per calendar year in accordance with Ministerial Order 706, with one briefing at the commencement of the school year.

As best practice, the Principal ensures that staff from both campuses are familiar with one another's procedures, in the case that staff may be allocated to work across both campuses at the same time.

The policy is publicly available and published on the school's website.

14. Definitions

Definitions of standard terms used in this Policy can be found in the Glossary of Terms.

Anaphylaxis

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, lupin and certain insect stings (particularly bee stings).

Anaphylaxis Guidelines (Guidelines)

A resource for managing severe allergies in Victorian schools, published by the Department of Education (DE) for use by all schools in Victoria and updated from time to time.

Australasian Society of Clinical Immunology and Allergy (ASCIA)

The peak professional body of clinical immunology and allergy in Australia and New Zealand.

Autoinjector

An adrenaline autoinjector device, approved for use by the Australian 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).

Ministerial Order 706

Ministerial Order 706: Anaphylaxis Management in Victorian Schools which outlines legislated requirements for schools and key inclusions for their Anaphylaxis Management Policy.

15. Related policies and documents

Supporting documents

Individual Anaphylaxis Management Plan – Template for MACS Schools

Anaphylaxis Risk Minimisation Strategies for Schools – Template for MACS Schools

Emergency Response to Anaphylactic Reaction – Sample – Template for MACS Schools

Anaphylaxis Management Checklist for Off-site Activities – Template for MACS Schools

Annual Anaphylaxis Risk Management Checklist – Template for MACS Schools

Related MACS policies

Anaphylaxis Policy for MACS schools

Duty of Care Policy for MACS schools

Emergency Management Plan

First Aid Policy

Resources

16. Legislation and standards

Department of Education Victoria Anaphylaxis Guidelines

Department of Education Victoria Anaphylaxis Management Briefing presentation

Department of Education Victoria Facilitator guide for anaphylaxis management briefing

ASCIA Action Plans and First Aid Plans for Anaphylaxis or Allergies

ASCIA Action Plans for Anaphylaxis (General, Anapen, Epipen)

ASCIA First Aid Plan for Anaphylaxis (General, Anapen, Epipen, Pictorial)

ASCIA Travel Plan

ASCIA Anaphylaxis e-training for Victorian schools

ASCIA Adrenaline (Epinephrine) Injectors for General Use

Policy information table

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