

 CREST EDUCATION POLICY	TITLE	CREST ANAPHYLAXIS POLICY		
	VERSION	13/2026		
	LOCATION	MEDICAL		
	ISSUE DATE	APRIL 2026		
	REVIEW DATE	APRIL 2027		
	REVIEWED BY	CREST Nurse Team Leader	RATIFIED BY	Executive Principal
PURPOSE	To provide policy and procedure direction to all staff, students, parents and volunteers of the Educational Precinct.			
BACKGROUND	CREST Education seeks to establish and maintain high level professional standards in relation to all activities within the Educational Precinct. This policy is in accordance with the CREST Education 'Vision', 'Mission', 'Philosophy' and 'Key Commitments' documents as published and in line with CREST Board Policy.			
POLICY STATEMENT	This policy complies with Ministerial Order 706 and the Anaphylaxis Guidelines – A resource for managing severe allergies in Victorian Schools. (<i>Updated June 2020 – as published and amended by the DEECD from time to time</i>).			
RELATED DOCUMENTS	CREST First Aid Policy CREST Asthma Policy CREST Anaphylaxis Communication Plan CREST Emergency Management Plan CREST Medication Policy Ministerial Order 706 www.education.vic.gov.au/College/teachers/health/pages/anaphylaxisschl.aspx . www.allergyfacts.org.au/component/virtuemart/			

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.

CREST Education comprises of Hillcrest Christian College, Rivercrest Christian College, the CREST Senior Learning Centre and the Ayr Hill Equestrian Centre. In this document, each is referred to individually and collectively as 'the College' with the location of each/any being the 'Educational Precinct'.

Purpose

The purpose of this policy is to explain and articulate to parents, carers, staff and students of the College, the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis, including how the College approaches maintaining a safe environment for these students.

This policy is designed to ensure that the College is compliant with Ministerial Order 706 ('Ministerial Order') and the Department's guidelines for anaphylaxis management.

Policy

The College will always fully comply with the Ministerial Order and the associated guidelines published by the Department of Education and Training.

Communication Plan

This policy will be available on the College's website, so that parents and other members of the College community can easily access information about anaphylaxis management procedures.

The parents and carers of students who are currently enrolled at the College and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy by the College Nurse Team when the Individual Anaphylaxis Management Plan is received. This policy is also located on our Parent Policy page via CREST Connect.

This policy will be communicated to all staff through the CREST Connect portal and is reinforced in twice-yearly anaphylaxis briefings and training sessions.

The Executive Principal is responsible for ensuring that all relevant staff, including casual relief staff, contractors and volunteers are aware of this policy and the College's procedures for anaphylaxis management. Casual relief staff, contractors and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a briefing on this policy, their role in responding to an anaphylactic reaction and where required, the identity of students at risk.

The Executive Principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Ministerial Order.

What is Anaphylaxis?

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

Symptoms

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

Symptoms can include:

- **For Mild to Moderate Reactions**
 - Swelling of the lips, face and eyes,
 - Hives or welts,
 - Tingling in the mouth,
 - Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy).

- **For Severe Reactions**
 - Difficult/noisy breathing,
 - Swelling of tongue or throat,
 - Difficulty talking and/or hoarse voice,
 - Wheeze or persistent cough,
 - Persistent dizziness or collapse,
 - Student appears pale or floppy,
 - Abdominal pain and/or vomiting (insect allergy).

Treatment

First Aid treatment is administered by adrenaline given through either:

- an adrenaline autoinjector (such as EpiPen, Anapen or Jext) into the middle of the outer thigh or
- an adrenaline nasal spray device (Neffy) for anaphylaxis.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline autoinjector or nasal spray device for use in an emergency.

These adrenaline devices are designed so that anyone can use them in an emergency.

ANAPHYLAXIS MANAGEMENT

Individual Anaphylaxis Management Plans

All students at the College who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction and have a current ASCIA Action Plan must have an Individual Anaphylaxis Management Plan.

ASCIA Plan templates can be obtained from <https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>.

When notified of an anaphylaxis diagnosis, the Executive Principal of the 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 the College, ideally and where possible the Anaphylaxis Management Plan should be in place before the student's first day.

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 College staff, including in the College yard, at camps and excursions, or at special events conducted, organized or attended by the College.
- 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/Nurse Practitioner.

Parents/Guardian Responsibilities:

- Obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the College as soon as practicable.
- Immediately inform the College 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 College and each time it is reviewed, if a College photo is not available.
- Provide the College with a current adrenaline auto-injector or nasal spray device for the student that has not expired.
- Participate in annual reviews of the student's Plan.

Review and updates to Individual Anaphylaxis Management Plans

All students' 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 College.
- 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.

The College 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 College.

Location of Plans and Adrenaline Autoinjectors/Nasal Spray Devices

A copy of each student's Individual Anaphylaxis Management Plan will be stored in the Health Centre or the Intervention Room depending on the campus (as set out in the table below), with the copy of the ASCIA Action plan. Adrenaline autoinjectors/Nasal spray devices must be clearly labelled with the student's name and stored in the Health Centre or Intervention Room depending in the campus (as set out in the table below).

College / Section	Location of Student ASCIA Action Plan and adrenaline autoinjectors
Hillcrest Christian College	Primary Students – Intervention Room Secondary Students – Health Centre
Rivercrest Christian College	Primary Years – in the Health Centre Middle Years – in the Health Centre
Senior Learning Centre	Senior Secondary – in the Health Centre

Please note: Spare Adrenaline autoinjectors/Nasal spray devices for emergencies are also located in each of the locations set out in the table above.

Excursions/Visits Outside Campus

Copies of the Individual Anaphylaxis Management Plan and the corresponding ASCIA Action plan will be made available to go on camps, excursions and any other activity where students leave campus.

Students deemed mature enough by parents and staff will keep their adrenaline autoinjector on their person while on camps and excursions.

If the student is not mature enough, the assigned First Aid attendant will be responsible for carrying the adrenaline autoinjector/Nasal spray devices.

RISK MINIMISATION STRATEGIES

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

While on-site

Classrooms:

- The Head of Campus, Daily Organiser or delegate will inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Autoinjector/Nasal spray device, the College's Anaphylaxis Policy, and each individual person's responsibility in managing an incident, i.e. seeking a trained staff member.
- College teachers will liaise with parents about food-related activities ahead of time.
- College teachers will use non-food treats where possible. If food treats are used in class, parents of students with food allergies, are recommended to provide a treat box with alternative treats for their child. Treat boxes must be clearly labelled and will only be handled by the student.
- When planning a class celebration, the organiser will talk to the caterer regarding food preparation/handling, and present food allergies to ensure that the food provided will meet the dietary requirements of the students/staff. If not satisfied, other options will be considered in consultation with Parents, which may include that Parents supply food for their child.
- College teachers will have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
- When preparing food for the class, College staff and teachers will ensure all cooking utensils, preparation dishes, plates, knives and forks, etc. are washed and cleaned thoroughly after preparing food and cooking.
- College teachers will notify other parents of children who are in class with a student at risk of significant anaphylaxis that certain foods should not be brought to school/excursions/events/camps.

- College teachers, will be required to observe packaging labels and consider the following rules when supplying food treats in class:
 - Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.
 - Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
 - Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).

College Cafes:

- Café staff (whether internal or external) must be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices. Café staff must be able to demonstrate their knowledge, including but not limited to demonstrating their knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergies and label reading, etc.
- Café Staff must read and refer to:
 - 'Safe Food Handling' in the College Policy and Advisory Guide, available at: www.education.vic.gov.au/College/ExecutivePrincipals/spag/governance/pages/foodhandling.aspx; and
 - www.allergyfacts.org.au/component/virtuemart/ for other relevant resources.
- Café staff, including volunteers, must be briefed about students at risk of anaphylaxis.
- If the Executive Principal determines, in accordance with clause 12.1.2 of the Ministerial Order, Café staff must obtain an up to date training in an Anaphylaxis Management Training Course from a registered training organisation, as soon as practical after a student enrolls.
- Must display each student's name and photo in the café, as a reminder to all staff, including College staff, of the student's allergy(s).
- Products labelled 'may contain traces of nuts' must not be served to students allergic to nuts.
- Cafes must provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.
- Café Staff must make sure that tables and surfaces are wiped down with warm soapy water regularly.
- The College recognises that "Food Bans" are not practical or recommended. The College's position is to promote and enforce a 'no-sharing' with the students with food allergy approach is across the College for food, utensils, and food containers. However, College communities can agree to not stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds, etc.), including chocolate/hazelnut spreads.
- Must not use potentially contaminated utensils to prepare food for students that have food allergies. For example, Café staff must be wary of contamination of other foods when preparing, handling, or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis peanuts.

Yard:

- College staff that are rostered to yard duty will be suitably trained in the administration of the Adrenaline Autoinjectors and Nasal spray device in order to be able to respond quickly to an anaphylactic reaction in the yard, if needed.
- The Adrenaline Autoinjector/Nasal spray device and each student's ASCIA Action Plan will be easily accessible from the yard. College staff are aware of their exact location.
- College staff must carry a radio and phone when on yard duty to ensure that the student's medical information and medication can be retrieved quickly, if a reaction occurs in the yard, and that the office/nursing staff can be notified.
- College staff on yard duty must be able to identify, by face, those students at risk of anaphylaxis – cards are attached to the yard duty bag with the student's photo and allergens listed.
- Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. College Staff should liaise with parents to encourage students to wear light or dark, rather than bright coloured clothing, as well as closed shoes and long-sleeved garments when outdoors.
- The College will, as far as reasonably practicable, keep lawns and clover mowed and outdoor bins covered.
- Students should be encouraged to keep drinks and food covered while outdoors.

Special Events (e.g. sporting events, incursions, class parties, etc.):

- Staff supervising a special event must be trained in the administration of an Adrenaline Autoinjector/Nasal spray device to be able to respond quickly to an anaphylactic reaction if required.
- College staff must avoid, as far as reasonably practicable, using food in activities or games, including as rewards.
- For special occasions, College Staff should consult parents in advance to either develop an alternative food menu or request the parents send a meal for the student.
- Parents are informed of College events via Consent 2 Go. The notification will inform parents about foods that may cause allergic reactions in students at risk of anaphylaxis and to be mindful of this when packing treats for their child. Any equipment containing latex e.g. party balloons should not be used if any student is allergic to latex.

Guidelines for minimizing the risks for out-of-College settings are:

Travel to and from College by Bus

- College Staff should consult with parents of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimization and prevention strategies and processes are in place to address an anaphylactic reaction should it occur on the way to and from College on the bus. This includes the availability and administration of an Adrenaline Autoinjector/Nasal spray device.

Field Trips / Excursions / Sporting Events:

- Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector/Nasal spray device and be able to respond quickly to an anaphylactic reaction if required.
- A College Staff member or team of College Staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector/Nasal spray device must accompany any student at risk of anaphylaxis on field trips or excursions.
- College Staff must, as far as reasonably practicable, avoid using food containing known allergens in cooking, art, activities, or games, including as rewards.
- The Adrenaline Autoinjector/Nasal spray device and a copy of the Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis for each student at risk of anaphylaxis should be easily accessible and College Staff must be aware of their exact location while off-site with students. A mobile phone must be taken on the excursion/sporting event. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.
- For each off-campus activity, a risk assessment must be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of the excursion and the corresponding staff-student ratio.
- All College Staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
- The College should consult parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the parents provide a meal (if required).
- Prior to the excursion taking place, College Staff should consult with the student's parents and Medical Practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the excursion activity.
- For younger students who have anaphylaxis, their Adrenaline Autoinjector/Nasal spray device and Action Plan for Anaphylaxis should be carried by the staff member in charge of their group. However, the College may consider allowing students, particularly adolescents, to carry their Adrenaline Autoinjector/Nasal spray device on the excursion/event. All College Staff members still have a duty of care towards the student even if they do carry their own Adrenaline Autoinjector/Nasal spray device.
- A generic Adrenaline Autoinjector device will be in the College first aid kit, in case of emergencies.
- Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors.
- College staff should consider the potential exposure to allergens when consuming food on buses, including as part of their risk assessment.

Camps and Remote Settings:

- Prior to engaging a camp owner/operator's services the College must make enquiries as to whether the service provider can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the College, then the College should consider using an alternative service provider. In addition, if the College has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should also consider alternative means of providing food for those students.
- The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. This shall include providing the College with an up-to-date Safe Food Handling course and Anaphylaxis Management Training Course (if the executive principal deems it necessary).
- The College will not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. The College and its staff have a duty of care to protect students in their care from reasonably foreseeable injury, and this duty cannot be delegated to any third party.
- The College will conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with Parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
- As part of preparing for the off-site event, the organiser must, in addition to the preceding risk assessment process:
 - Prior to the camp taking place College Staff should consult with the student's Parents to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the camp.
 - The College's first aid kit is checked to ensure that the generic Adrenaline Autoinjector is in date and copies of the Individual Anaphylaxis Management Plans and ASCIA Action Plans are located with the first aid kit.
 - Plan and communicate to all attending College staff participating in the camp, the roles and responsibilities in the event of an anaphylactic reaction, including how the College Staff will participate in the Camp's emergency response plan.
 - Check the emergency response procedures that the camp provider has in place and ensure that these are sufficient in the event of an anaphylactic reaction.
 - Ensure contact details of emergency services and local hospitals are distributed to all College Staff (including students depending on the type of camp) as part of the emergency response procedures developed for the camp.
- College Staff will consult with Parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimization and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.
- Use of substances containing allergens should be avoided, as far as reasonably practicable.
- Camps should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts.
- The student's Adrenaline Autoinjector/Nasal spray device, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.
- College Staff will ensure that the relevant Adrenaline Autoinjector/Nasal spray device remains in close proximity to the student, and College Staff must always be aware of its location.
- The College will include an Adrenaline Autoinjector for General Use in the first aid kit and including this as part of the Emergency Response Procedures even if there is no student at risk of anaphylaxis, as a back-up device in the event of an emergency.
- The Adrenaline Autoinjector should be carried in the College first aid kit; however, the College may consider allowing students, particularly adolescents, to carry their own Adrenaline Autoinjector/Nasal spray device on camp. All College Staff members still have a duty of care towards the student even if they do carry their own Adrenaline Autoinjector/ nasal spray device.
- Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.

- Cooking and art and craft games should not involve the use of known allergens.
- College Staff must consider the potential exposure to allergens when consuming food on buses and in cabins.

Overseas Travel:

- Review and consider the strategies listed under “Field Trips/Excursions/Sporting Events” and “Camps and Remote Settings”. Where an excursion or camp is occurring overseas, Colleges should involve Parents in discussions regarding risk management well in advance.
- Investigate and consider minimisation strategies for the potential risks at all stages of the overseas travel such as:
 - Travel to and from the airport/seaport,
 - Travel to and from Australia (via aeroplane, ship, etc.),
 - Accommodation venues,
 - All locations to be visited,
 - Sourcing safe foods at all these locations,
 - Risk of cross contamination, including:
 - Exposure to the foods of the other students,
 - Hidden allergens in foods,
 - Whether the table and surfaces that the student may use will be adequately cleaned to prevent a reaction,
 - Whether the other students will wash their hands when handling food.
- Assess where each of these risks can be managed using minimization strategies such as the following:
 - Carrying different language translations of the student’s Individual Anaphylaxis Management Plan and ASCIA Action Plan.
 - Sourcing of safe foods at all stages.
 - Obtaining the names, address and contact details of the nearest hospital and Medical Practitioners at each location that may be visited.
 - Obtaining local emergency contact details.
 - Sourcing the ability to purchase additional adrenaline autoinjectors/nasal spray devices.
 - Record details of travel insurance, including contact details for the insurer.
 - Determine how any costs associated with medication, treatment and/or alteration to the travel plans as a result of anaphylactic reaction can be paid.
- Plan for appropriate supervision of students at risk of anaphylaxis always, including that:
 - There are sufficient College Staff attending the excursion who have been trained.
 - There is an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are taking medication and eating food.
 - There will be capacity for adequate supervision of any affected student(s) requiring medical treatment, and that adequate supervision of other students will be available
 - Staff/student ratios should be maintained during the trip, including in the event of an emergency where the students may need to be separated.
- The College should reassess its Emergency Response Procedures, and if necessary, adapt it to the circumstances of the overseas trip.
- As part of the Emergency Response Plan created for the travel, the following records must be kept:
 - Dates of travel,
 - Name of airline, and relevant contact details,
 - Itinerary detailing the proposed destinations, flight information and the duration of the stay in each location,
 - Hotel addresses and telephone numbers,
 - Proposed means of travel within the overseas country,
 - List of students and each of their medical conditions, medication, and other treatment (if any),
 - Emergency contact details of hospitals, ambulances, and Medical Practitioners in each location
 - Details of travel insurance,
 - Plans to respond to any foreseeable emergency including who will be responsible for the implementation of each part of the plans, and
 - Possession of a mobile phone or other communication device that would enable the College Staff to contact emergency services in the overseas country if assistance is required.

Work Experience / Placement

- Colleges should involve Parents, the student, and the employer in discussions regarding risk management

prior to a student at risk of anaphylaxis attending work experience/placement.

- If a student at risk of an anaphylaxis reaction is placed in a workplace, the staff at that workplace must be shown the ASCIA Action Plan for Anaphylaxis and how to use the Adrenaline Autoinjector/Nasal spray device in case the work experience/placement student shows signs of an allergic reaction whilst at the work experience/placement.

Spare Adrenaline Autoinjectors for General Use

The College will maintain a supply of adrenaline autoinjectors for general use / emergencies.

The adrenaline autoinjectors may be used as a back-up to those provided by parents and carers for specific students in emergencies, and for students who may suffer from a first-time reaction at the College.

Spare adrenaline autoinjectors are located as indicated in the table.

College/Section	Location of Adrenaline Autoinjector
Hillcrest Christian College	<p>Epi-pen Jr ELC Kitchen x2 Health Centre x1</p> <p>Epi-pen Primary & Secondary Staffrooms Health Centre Library Food Technology Performing Arts Theatre Ayr Hill Equestrian Centre Café Primary MPC</p>
Rivercrest Christian College – Primary Years	<p>Epi-pen Jr ELC Heath Centre Focus Building Year 2 Building</p> <p>Epi-pen MPC Main Admin Building PYP Staffroom Library Health Centre</p>
Rivercrest Christian College – Middle Years	<p>Epi-pen Sick Bay Discovery Centre PE Building PE Toolbox</p>
Senior Learning Centre	<p>Epi-pen Health Centre Reception STEAM Modules</p>
Equestrian Centre/Ayre Hill	Manager's Office Wall

The Executive Principal is responsible for ensuring nursing staff arrange the purchase of adrenaline autoinjectors for general use and that nursing staff are given the responsibility of ensuring all adrenaline autoinjectors/ nasal sprays are always in date, and will consider:

- The number of students enrolled at the 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 difference locations at the College,

as well as at camps, excursions, and events, and

- 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 / TREATING ANAPHYLAXIS

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the College's general first aid procedures, emergency response procedures and the student's Individual Anaphylaxis Action Plan.

The Emergency Response should also be followed in the event of a student having an anaphylactic reaction, or suspected anaphylactic reaction, for the first time. For first time reactions, call **Triple 000** before administering adrenaline.

If a student experiences an anaphylactic reaction at College or during a College activity, College 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, may recline 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/Nasal spray device and the student's Individual Anaphylaxis Action Plan (or the school's spare adrenaline autoinjector) stored at: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><u>Hillcrest:</u> Primary Intervention Room Health Centre</td> <td style="text-align: center;"><u>Rivercrest:</u> PYP – Health Centre MYP Sickbay</td> <td style="text-align: center;"><u>SLC:</u> Health Centre</td> <td style="text-align: center;"><u>Equestrian</u> <u>Centre</u> Manager's Office Wall</td> </tr> </table> <ul style="list-style-type: none"> If the student's plan is not immediately available, or they appear to be experiencing a first-time reaction, follow steps 2 to 5 	<u>Hillcrest:</u> Primary Intervention Room Health Centre	<u>Rivercrest:</u> PYP – Health Centre MYP Sickbay	<u>SLC:</u> Health Centre	<u>Equestrian</u> <u>Centre</u> Manager's Office Wall
<u>Hillcrest:</u> Primary Intervention Room Health Centre	<u>Rivercrest:</u> PYP – Health Centre MYP Sickbay	<u>SLC:</u> Health Centre	<u>Equestrian</u> <u>Centre</u> Manager's Office Wall		
2.	<ul style="list-style-type: none"> Lay the person flat and do not move them If breathing is difficult may recline Do not allow them to stand or walk If student is under 20kg: Administer an Adrenaline Autoinjector or Adrenaline Autoinjector Jr. If student is over 20kg: Administer an Adrenaline Autoinjector or Adrenaline Autoinjector. Follow the administration instructions on the adrenaline autoinjector device Note the time the Adrenaline Autoinjector is administered Retain the used Adrenaline Autoinjector to be handed to ambulance paramedics along with the time of administration 				
3.	<ul style="list-style-type: none"> Call an ambulance (000). 				
4.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> Do not move the student Contact the students' emergency contacts 				

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. Refer to page 41 of the Anaphylaxis Guidelines www.education.vic.gov.au/College/teachers/health/pages/anaphylaxisschl.aspx

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the College Nurses and located as follows:

- Hillcrest Christian College** the action plans are stored in display folders and kept in the cupboard behind the nurse's desk. The CRT folders have a list and a copy of each plan at the main reception.
- Rivercrest Christian College:**
 - at the Primary Years Health Centre, the action plans are kept in the year level folders next to the nurse's desk, and in the CRT folders at main reception.
 - at the Middle Years Health Centre and are kept in the year level folders in the cupboard above the sink, and the CRT folders at main reception.

- **SLC**
 - at the Health Centre- folder on the desk next to the computer, and CRT folders at reception.
- At the Colleges, relevant documentation is stored in Synergetic under Docman as a digital copy and emailed to the relevant teacher at the start of a year, and as new plans arrive.
- Consent 2 Go is updated as new plans arrive and can be access by staff while on excursions, sports activities, camps etc.

For camps, excursions and special events, the event organiser or their nominee will be responsible for maintaining a list of students at risk of anaphylaxis attending the camp, excursion, and special events, together with their Individual Anaphylaxis Action Plans and adrenaline autoinjectors/ nasal spray device, where appropriate.

Emergency Procedure for Off-site or out of school activities

- College Staff/Volunteers attending the activity must be trained in the administration of the Adrenaline Autoinjector/Nasal spray device and be able to respond quickly to an anaphylactic reaction if required.
- The student’s Adrenaline Autoinjector/Nasal spray device and Anaphylaxis Action Plan must be easily available, and all attending staff must know where it is located.
- The staff member organising the activity will ensure that there is an adult at the activity who is trained in the administration of the Adrenaline Autoinjector/Nasal spray device.
- Senior students who will be in small groups as part of the activity, will receive an education session before the event on the signs and symptoms of anaphylaxis and how to administer the Adrenaline Autoinjector /Nasal spray device.
- Students on the day of the activity will have contact details for the staff and emergency services.
- Staff are required to carry a first aid kit, with a generic Adrenaline Autoinjector.

If a student experiences an anaphylactic reaction at the activity, 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, may recline • 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/Nasal spray device or the school’s general use adrenaline autoinjector, and the student’s Individual Anaphylaxis Action Plan. • 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.	<ul style="list-style-type: none"> • Lay the person flat and do not move them • If breathing is difficult may recline • Do not allow them to stand or walk • If student is under 20kg: Administer an Adrenaline Autoinjector or Adrenaline Autoinjector Jr. • If student is over 20kg: Administer an Adrenaline Autoinjector or Adrenaline Autoinjector. • Follow the administration instructions on the adrenaline autoinjector device • Note the time the Adrenaline Autoinjector is administered • Retain the used Adrenaline Autoinjector to be handed to ambulance paramedics along with the time of administration
3.	<ul style="list-style-type: none"> • Call an ambulance (000).
4.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • Do not move the student • Contact the students’ 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, College staff should follow steps 1-5 as above but must call 000 prior to administering an adrenaline autoinjector.

STAFF TRAINING

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

- College staff who conduct classes attended by students who are at risk of anaphylaxis
- Current College staff as required by the Executive Principal based on a risk assessment

Staff who are required to undertake training must have completed, either:

- 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

The Executive Principal is responsible to ensure that all staff attend a twice yearly briefing on anaphylaxis management and this policy (with the first briefing to be held at the beginning of the College year), facilitated by a staff member who has successfully completed an anaphylaxis management course within the last two years.

The trained supervisors are Simone Van Duyl, Kate Carroll, Cara Eckhardt and Ansa David.

The briefing will address:

- This policy,
- The causes, symptoms and treatments 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 (EpiPen, Anapen, Jext) and a nasal spray device (Neffy), including hands on practice with a training Adrenaline Autoinjector/Nasal spray device twice a year,
- The College's general first aid and emergency response procedures,
- The location of, and access to, adrenaline autoinjectors/nasal spray devices that have been provided by parents or purchased by the College for general use.

When a new student enrolls at the College who is at risk of anaphylaxis, the Executive Principal is responsible to ensure that, in consultation with the student's parents, and an Individual Anaphylaxis Action Plan is developed, and the appropriate staff are trained and briefed as soon as possible.

The Executive Principal is responsible to ensure that while students at risk of anaphylaxis are under the care or supervision of the College outside of normal class activities, including in the College yard, at camps and excursions, or at special event days, there are enough College staff present who have been trained in anaphylaxis management.

Volunteer Training

The Executive Principal is responsible for ensuring that all College volunteers receive a briefing regarding responding to an anaphylactic student as part of the Volunteer Induction Process.

Volunteers will never be given responsibility for supervising students with high-risk health issues.

Annual Risk Management Checklist

The Executive Principal, with assistance of the CREST College Nurse, will complete an annual Risk Management Checklist (Appendix 1).

FURTHER INFORMATION AND RESOURCES

College Policy and Advisory Guide:

- Anaphylaxis:
www.education.vic.gov.au/College/Executive_Principals/spag/health/Pages/anaphylaxis.aspx
- Anaphylaxis Management in Colleges:
www.education.vic.gov.au/College/teachers/health/pages/anaphylaxisschl.aspx
- Allergy & Anaphylaxis Australia, Risk Minimisation Strategies:
<https://edugate.eduweb.vic.gov.au/edulibrary/Colleges/teachers/health/riskminimisation.pdf>
- ASCIA Guidelines, Collegeing and Childcare:
<https://allergyfacts.org.au/allergy-management/Collegeing-childcare>
- Royal Children's Hospital, Allergy and Immunology:
www.rch.org.au/allergy/about_us/Allergy_and_Immunology/

Annual Anaphylaxis Risk Management Checklist

(to be completed at the start of each year)

Campus		
Review Date		
Completed By	Name	
	Position	
Submitted To	Name	
	Position	
Comments/Notes		
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?	Yes	No
a. If Yes, how many times?		
4. Have any students ever had an anaphylactic reaction at school?	Yes	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?	Yes	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)?	Yes	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 (22300VIC or 10313NAT) within the last 3 years? 	Yes	No
8. Does your school conduct twice yearly briefings annually? If no, please explain why not, as this is a requirement for school registration.	Yes	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.	Yes No
10. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools: a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)?	Yes No
b. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen®) within 30 days of completing the ASCIA Anaphylaxis e-training for Victorian Schools?	Yes 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?	Yes No
12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	Yes 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	Yes No
b. In canteens or during lunch or snack times	Yes No
c. Before and after school, in the school yard and during breaks	Yes No
d. For special events, such as sports days, class parties and extra-curricular activities	Yes No
e. For excursions and camps	Yes No
f. Other	Yes 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)?	Yes No
a. Where are the Action Plans kept?	
15. Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student?	Yes 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?	Yes 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?	Yes No
19. Are the adrenaline autoinjectors stored at room temperature (not refrigerated) and out of direct sunlight?	Yes No
20. Is the storage safe?	Yes No
21. Is the storage unlocked and accessible to school staff at all times? Comments:	Yes No
22. Are the adrenaline autoinjectors easy to find? Comments:	Yes No
23. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline autoinjector?	Yes 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?	Yes No
25. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis? Who?	Yes No
26. Are there adrenaline autoinjectors which are currently in the possession of the school which have expired?	Yes No
27. Has the school signed up to EpiClub (optional free reminder services)?	Yes 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?	Yes 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)?	Yes No
30. Where are these first aid kits located? Do staff know where they are located?	Yes No
31. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	Yes No
32. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	Yes 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?	Yes No
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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.	Yes	No
35. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	Yes	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?	Yes	No
37. Do school staff know when their training needs to be renewed?	Yes	No
38. Have you developed emergency response procedures for when an allergic reaction occurs?	Yes	No
a. In the classroom?	Yes	No
b. In the school yard?	Yes	No
c. In all school buildings and sites, including gymnasiums and halls?	Yes	No
d. At school camps and excursions?	Yes	No
e. On special event days (such as sports days) conducted, organised or attended by the school?	Yes	No
39. Does your plan include who will call the ambulance?	Yes	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?	Yes	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:	Yes	No
a. The classroom?	Yes	No
b. The school yard?	Yes	No
c. The sports field?	Yes	No
d. The school canteen?	Yes	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?	Yes	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?	Yes	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?	Yes No
b. The causes, symptoms and treatment of anaphylaxis?	Yes No
c. The identities of students at risk of anaphylaxis, and who are prescribed an adrenaline autoinjector, including where their medication is located?	Yes No
d. How to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector?	Yes No
e. The school's general first aid and emergency response procedures for all inschool and out-of-school environments?	Yes No
f. Where the adrenaline autoinjector(s) for general use is kept?	Yes No
g. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	Yes 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?	Yes No
b. To students?	Yes No
c. To parents?	Yes No
d. To volunteers?	Yes No
e. To casual relief staff?	Yes No
49. Is there a process for distributing this information to the relevant school staff?	Yes No
a. What is it?	
50. How will this information 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?	Yes No
52. What are they?	

DIRECTION

That all staff will follow this policy.

EXECUTIVE PRINCIPAL
CREST Education

REVISION STATUS

Date of Revision	Issue Number	Revision Detail	Authorised By
19/09/2024	1	Location of Adrenaline Autoinjectors addition of Café and Primary MPC for Hillcrest and addition of number allocated to HCC ELC	Executive Principal
19/09/2024	2	Trained supervisors changed to include more staff members with the removal of a few names as well.	Executive Principal
23/04/2026	3	Addition of SLC Centre Locations, Primary Change, Staff Name Changes	Executive Principal
April 2026	3	Reviewed by CREST Education Lawyers	Executive Principal