

ANAPHYLAXIS MANAGEMENT POLICY

Oberon Primary School



Oberon Primary School will fully comply with the Ministerial Order 706 and the associated guidelines.

1. BACKGROUND

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), cows' milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

Minimising the risk of anaphylaxis in schools is achieved by,

- a) knowing which students are at risk,
- b) having an awareness of the triggers (allergens) for each at-risk student and
- c) prevention of exposure to those triggers.

Adrenaline administered through an *EpiPen*[®], or its equivalent, to the muscle of the outer thigh is the most effective first aid treatment of anaphylaxis. An ambulance **must** also be called at the first signs of an anaphylactic reaction (dial **000**).

2. MISSION STATEMENT (i.e. POLICY STATEMENT)

1. Oberon Primary School is committed to providing (as far as practicable) a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the school life.
2. Oberon PS recognises that effective partnerships between the school and the parents/guardians of children at risk of anaphylaxis are essential; particularly in during the development of risk-minimisation and management strategies for their child.
3. The Principal or a nominee, will ensure each staff member has adequate knowledge of allergies, and anaphylaxis. In addition, the Principal or nominee will ensure that each staff member understands the school's anaphylaxis policy and procedures, in relation to anaphylaxis management and emergency response.
4. Oberon Primary School will strive to raise awareness of anaphylaxis and its prevention in the school community.

N.B. The key reference and support for Oberon Primary School, regarding anaphylaxis, is the Department of Education and Early Childhood Development (DEECD) *Anaphylaxis Guidelines*.

<http://www.education.vic.gov.au/school/principals/health/pages/anaphylaxischools.aspx#link66>

3.0 IMPLEMENTATION

In order for Oberon Primary School to provide (as far as practicable) a safe and supportive environment, in which students at risk of anaphylaxis can participate equally in all aspects of the school life, individual management and action plans must be in place, as well as school management, communication and emergency response plans. Oberon Primary School's policies regarding these plans are outlined below.

3.1 INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS — includes (ASCIA) Action Plan.

The Principal and First-Aid Officer, in consultation with parents/guardians will ensure an *Individual Anaphylaxis Management Plan* is developed for every student who has been diagnosed by a medical practitioner as being 'at risk' of anaphylaxis. For students who are new to the school, an *Individual Anaphylaxis Management Plan (IAMP)* will be written as soon as possible following the student's enrolment. The *IAMP* **must be submitted prior** to the student's commencement at Oberon PS. Students who have been diagnosed by a medical practitioner as being 'at risk' of anaphylaxis are not permitted to attend Oberon PS until their *Individual Anaphylaxis Management Plan (IAMP)* has been provided to the Principal or a nominee. School Staff will implement and monitor the student's *Individual Anaphylaxis Management Plan*.

The *Individual Anaphylaxis Management Plan* (see **Appendix 1, page 8**) **must set out the following:**

1. Information regarding the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies (based on a written diagnoses from a medical practitioner).
2. Strategies to minimise the risk of exposure to known allergens whilst the student is under the care and supervision of school staff
 - a. in-school and; and
 - b. out-of-school.
3. The name of the person(s) responsible for implementing the strategies.
4. The type of medication the student requires (e.g. *EpiPen*[®]) and the storage location of this medication (e.g. precise location in the school's sick bay).
5. The student's emergency contact details.
6. An Australasian Society of Clinical Immunology and Allergy (ASCIA) **Action Plan** with student photo attached.

Parents/Guardians responsibilities

It is a compulsory requirement for parents/guardians of students at risk of anaphylaxis to:

- Provide Oberon PS with an Individual Anaphylaxis Action Plan (that is, the Australasian Society of Clinical Immunology and Allergy (ASCI) Action Plan), which has been signed by the student's medical practitioner. This needs to be updated every 12 months or earlier if their child's condition changes or they have an anaphylactic reaction.
- Inform the school in writing if their child's medical condition changes, in-so-far as it relates to allergy and the potential for anaphylactic reaction and provide an updated ASCIA Action Plan; and
- Provide the School with an adrenaline autoinjector that is current for their child (i.e. not expired). The adrenaline autoinjector has a 12 month expiration period. It is the responsibility of the parents/guardians to replace the *EpiPen*[®] (or other adrenaline autoinjector) before it has expired or after it has been used. This adrenaline autoinjector must have a pharmacy label particular to their child.

In the event of a current *EpiPen*[®] (or other adrenaline autoinjector) not being given to the school, the school will be unable to provide the best possible outcome for the child in the event of an anaphylactic reaction. Therefore, students who have been diagnosed by a medical practitioner as being 'at risk' of anaphylaxis are **not permitted to attend Oberon PS until an adrenaline autoinjector (e.g. *EpiPen*[®]) has been provided to the Principal or a nominee**. If a student (at risk of anaphylaxis) attends school, without their own *EpiPen*[®] (or other adrenaline autoinjector) being lodged at the school, the student's parent/guardian will be asked to collect their child from school and return them only when they have provided an adrenaline autoinjector to the school. It is not the school's responsibility to supply adrenaline autoinjectors to individual students.

- Students at risk of anaphylaxis will have a risk assessment/management plan completed by staff prior to an excursion, camp or other off-site activity. This plan will be given to the parents/guardians who will be required to check the details of the plan, make any amendments, sign the plan and return it to the school, prior to the commencement of the activity. (The date of return to be given by the teacher organising the activity.)

2.2 THE SCHOOL'S ANAPHYLAXIS MANAGEMENT PLAN

Oberon Primary School's Management Plan can be seen as incorporating several sub-plans: i.e. The Communication Plan (see below), The Risk Management Plan (see below) and The Emergency Response Plan (Appendix 3 – page 15). Oberon Primary School's policies regarding these plans are outlined below.

In addition, the Principal is responsible for ensuring that a review of the school's *Risk Management of Anaphylaxis Checklist* is completed annually (see Appendix 4 – page 20).

3.2.1 Communication Plan – Information and Awareness

- The Principal or nominee will be responsible for ensuring a Communication Plan is developed that provides all staff, students and parents/guardians with information about anaphylaxis and the school's anaphylaxis management policy.
- Photo identification of students at risk of anaphylaxis, along with a copy of their ASCIA Action Plan, and information noting the location of their adrenaline autoinjector (e.g. *EpiPen*®) will be displayed in appropriate staff areas and placed in the canteen and other relevant areas.
- The communication plan must include how to respond to a student showing signs of anaphylaxis when they are:
 - a) in a classroom,
 - b) in the school yard,
 - c) on school excursions,
 - d) on school camp and
 - e) at special event days.

2.2.1.1 The Communication Plan – Sharing information

With Staff

- This plan will be emailed to all staff. This plan must be read by all Oberon Primary School staff to ensure they are aware of their responsibilities regarding the management of an anaphylactic reaction within the school.
- A copy of this plan will be available in the staff-room, alongside photos of each student at risk of anaphylaxis.
- A copy of this plan will be kept in classrooms; by the telephone.
- The Principal or nominee will ensure casual relief staff (i.e. CRTs) are made aware of the students at risk of anaphylaxis, and what those students are allergic to. These CRTs will be given a copy of the Communication Plan to read and will be informed of the role they would play in responding to an anaphylactic reaction.
- New staff members will be provided with adequate anaphylaxis information as part of their induction process.
- All staff will be briefed at the beginning of each semester by a staff member (who has up to date anaphylaxis management training) on:
 - 1. the school's anaphylaxis management policy
 - 2. the causes, symptoms and treatment of anaphylaxis
 - 3. the identities of students diagnosed at risk of anaphylaxis and the location of their medication
 - 4. the correct use of an adrenaline autoinjector (e.g. *EpiPen*®)
 - 5. the school's first aid and emergency response procedures

Sharing information with classmates and families

- Articles in the school newsletter will illustrate the severity of anaphylaxis and potential allergens, to ensure whole-school awareness.
- Students will be reminded that they are not to share food.
- Classmates will be informed of the anaphylaxis plan for students in their classroom, and will be told what they may be asked to do in the event of a reaction.
- All classroom teachers will explain the emergency card procedure to students in the event of an emergency in their classroom or playground.

Sharing information with the school community

- General information about anaphylaxis will be published in the school newsletter at least once per semester.
- The *Anaphylaxis Management Policy and Communication Plan* will be published on the school website.

2.2.2 The Risk Management Plan

Teachers will keep copy of the student's *Individual Anaphylaxis Management Plan* and their *ASCIA Action Plan* in the classroom.

Food at school

While Oberon PS does not ban nuts or nut products (or any other allergens) children are encouraged not to bring peanuts or tree nuts to school (or products made from them, such as peanut butter and muesli bars with nuts). It must be noted that Oberon PS has students who are anaphylactic, a condition that can cause death.

- Where it is known that students have brought nut products or other foods to which a student in the class is anaphylactic, the teacher will take all precautions to minimise risk.
- Oberon PS has a strict policy of not sharing food and reminds children that they should wash their hands after eating.
- Food is not used as treats or rewards in classrooms.
- Food such as cakes or other foods may be sent to school to celebrate birthdays, however, a full list of ingredients needs to be provided.
- On special occasions when food is freely available, teachers will ensure that a safe environment is maintained for all students.
- Products labelled 'may contain traces of nuts' will not be served to students allergic to nuts. Products labelled 'may contain milk or egg' will not be served to students with milk or egg allergy and so forth.
- Teachers will ensure all cooking utensils, preparation dishes, plates, and knives and forks etc. are washed and cleaned thoroughly after preparation of food and cooking.
- Teachers and students will be made 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).

- Prior to commencing units of work that involve cooking, teachers will discuss the individual needs of the students at risk with parents/guardians.
- The names and photos of students at risk of anaphylaxis will be displayed in the canteen as a reminder to those preparing food.
- Parents/Guardians who have any concerns or require clarification are urged to speak to the classroom teacher.

In the Yard or outside at special events

- Yard duty staff must be able to identify, by face, those students at risk of anaphylaxis.
- All staff on yard duty must be aware of the school's *Emergency Response Plan* (detailed in Appendix 3 – page 15).
- All yard duty staff must carry emergency cards in yard-duty bags, walkie talkies or yard-duty mobile phones.
- Oberon PS must have sufficient staff on yard duty (or at a special event) who are trained in the administration of adrenaline autoinjectors (i.e. EpiPen®/ Anapen®) and are able to respond quickly to an anaphylactic reaction if needed.
- Adrenaline autoinjectors and each student's *Individual Anaphylaxis Management Plan* must be easily accessible from the yard, and staff must be aware of their exact location.
- Students with anaphylactic responses to insects will be encouraged to stay away from water or flowering plants.
- Lawns and clover will be kept mowed and outdoor bins covered.
- Students will be encouraged to keep drinks and food covered while outdoors.
- Party balloons or latex gloves will not be used if any student is allergic to latex.
- For each field trip, excursion etc., a risk assessment must be undertaken for each student attending who is at risk of anaphylaxis.
- Parents may accompany their child on field trips and/or excursions. This is seen as another strategy for supporting the student who is at risk of anaphylaxis.
- Prior to the excursion taking place school staff will consult with the student's parents and medical practitioner (if necessary) to review the student's *Individual Anaphylaxis Management Plan* to ensure that it is up to date and relevant to the particular excursion activity.

Excursions and School Camps

Oberon Primary School is committed to providing (as far as practicable) a safe and supportive school camp/excursion environment, in which students at risk of anaphylaxis can participate equally. In order to meet this commitment school staff will follow the set of guidelines laid out in Appendix 2 (page 13): Risk Management (School Camps).

- For each excursion or camp a risk assessment must be undertaken for each student attending who is at risk of anaphylaxis.
- Parents may accompany their child on excursions or camps. This is seen as another strategy for supporting the student who is at risk of anaphylaxis.
- Prior to the excursion/camp taking place school staff will consult with the student's parents and medical practitioner (if necessary) to review the student's *Individual Anaphylaxis Management Plan* to ensure that it is up to date and relevant to the particular excursion/camp activity.

Staff Training (to assist anaphylaxis risk management)

- Teachers and other school staff who work with students who are at risk of anaphylaxis must have up-to-date training in anaphylaxis first-aid and management.
- The Principal must ensure that there is a sufficient number of staff, with up-to-date training in anaphylaxis first-aid and management, present on excursions, camps and other special event days.
- The Principal or nominee will identify the school staff to be trained in anaphylaxis first-aid and management, based on a risk assessment.
- Training will be provided to these staff as soon as practicable after the student enrolls. Wherever possible, training will take place before the student's first day at school. Where this is not possible, an interim plan will be developed in consultation with the student's parents/guardians.
- A designated staff member will inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's *Individual Anaphylaxis Management Plan* and Adrenaline Auto-injector, the *School's Anaphylaxis Management Policy*, and each individual person's responsibility in managing an incident (i.e. seeking a trained staff member).

2.2.3 The Emergency Response Plan (Plan is detailed in Appendix 3 – page 15)

- The Principal or nominee will be responsible for developing the procedures related to responding to an anaphylactic reaction at school or off-site.
- The Emergency Response Plan (i.e. the emergency procedures) must be reviewed after a student has had an anaphylactic reaction at school or on a school camp, excursion or other special event. Revisions must be made where necessary. The Emergency Response Plan must also be review (and updated if required) every 12 months. The Principal or nominee is responsible for conducting this review.
- The school's Emergency Response Plan and the student's ASCIA action plan will be followed when responding to an anaphylactic reaction.

Evaluation

This policy will be reviewed and ratified at the start of each school year.

This policy was last ratified by the Oberon Primary School Council on: 9/05/2017

NEXT REVIEW DATE: February 2018

Policy prepared by Genefor Walker-Smith & Jess O'Brien — October 2015

Policy History

Policy prepared by Genefor Walker-Smith and Jess O'Brien — October 2015

Ratified by OPS Council:

- 09/05/2017
- 27/03/2018
- 14/05/2019

APPENDIX 1 – Individual Anaphylaxis Management Plan (IAMP)

Copied directly from the Education Department website

<http://www.education.vic.gov.au/school/principals/health/pages/anaphylaxischools.aspx#link14>

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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ENVIRONMENT

To be completed by Principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

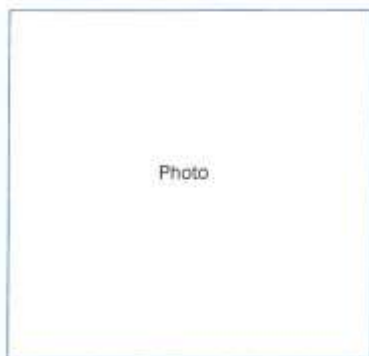
Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

(Continues on next page)

For use with EpiPen® Adrenaline Autoinjectors

Name: _____
 Date of birth: _____



Confirmed allergens: _____

Asthma Yes No

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by: _____

Dr: _____

Signed: _____

Date: _____

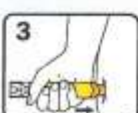
How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.



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 10 seconds.
 REMOVE EpiPen®. Massage injection site for 10 seconds.

Instructions are also on the device label and at:
www.allergy.org.au/anaphylaxis

© ASCIA 2014. This plan was developed by ASCIA

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr
- Give other medications (if prescribed)
- Dose:
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.
- 2 Give EpiPen® or EpiPen® Jr
- 3 Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)
- 4 Phone family/emergency contact
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally.
 If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

EpiPen® is generally prescribed for adults and children over 5 years.

EpiPen® Jr is generally prescribed for children aged 1-5 years.

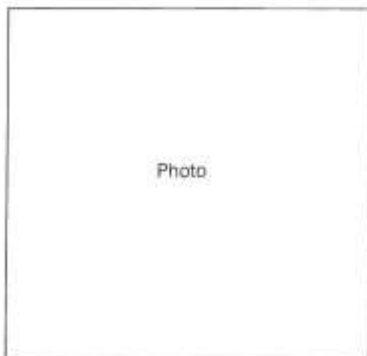
*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information _____

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.

For use with Anapen® Adrenaline Autoinjectors

Name: _____
 Date of birth: _____



Confirmed allergens: _____

Asthma Yes No

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by: _____

Dr: _____

Signed: _____

Date: _____

How to give Anapen®



PULL OFF BLACK NEEDLE SHIELD.



PULL OFF GREY SAFETY CAP from red button.



PLACE NEEDLE END FIRMLY against outer mid-thigh at 90° angle (with or without clothing).



PRESS RED BUTTON so it clicks and hold for 10 seconds. REMOVE Anapen® and DO NOT touch needle. Massage injection site for 30 seconds.

Instructions are also on the device label and at:
www.allergy.org.au/anaphylaxis

© ASCIA 2014. This plan was developed by ASCIA.

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help
- Locate Anapen® 300 or Anapen® 150
- Give other medications (if prescribed)
- Dose:
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.
- 2 Give Anapen® 300 or Anapen® 150
- 3 Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)
- 4 Phone family/emergency contact
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally. If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

Anapen® 300 is generally prescribed for adults and children over 5 years.

Anapen® 150 is generally prescribed for children aged 1-5 years.

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information _____

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.

This 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 (e.g. 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:

APPENDIX 2 – Risk Management (School Camps)

- Prior to engaging a camp owner/operator's services the School must make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the school, then the school will use an alternative service provider.
- 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.
- Schools must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
- Schools must 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.
- School staff should consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation 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.**
- If the school 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 for providing food for those students.
- Use of substances containing allergens should be avoided where possible.
- 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, *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.
- Prior to the camp taking place school staff should consult with the student's parents to review the student's *Individual Anaphylaxis Management Plan* to ensure that it is up to date and relevant to the circumstances of the particular camp.
 - School staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all school staff participating in the camp are clear about their roles and responsibilities.
 - Contact local emergency services and hospitals well prior to the camp. Advise full medical conditions of students at risk, location of camp and location of any off camp activities. Ensure contact details of emergency services are distributed to all School Staff as part of the emergency response procedures developed for the camp.

- An adrenaline autoinjector will be available for general use on a school camp, even if there is no student at risk of anaphylaxis: it will be a back-up device in the event of an emergency.
- The adrenaline autoinjector should remain close to the student and school staff must be aware of its location at all times.
- The adrenaline autoinjector should be carried in the school first aid kit.
- 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.
- Consider the potential exposure to allergens when consuming food on buses and in cabins.

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APPENDIX 3 – Emergency Response Plan

What to do when a student (or other person in the school) has a suspected anaphylactic reaction.

In the classroom

- Teacher will phone office for assistance and adrenaline autoinjector
- Teacher will send all classmates into neighbouring classroom
- Teacher will stay with student and offer support and comfort

- On receipt of phone call office staff will:
 1. Direct one staff member to phone 000 immediately and request a MICA ambulance. That staff member must stay on the line and take the phone to the classroom.
 2. Direct a second staff member to deliver the adrenaline autoinjector (e.g. EpiPen) to the teacher in classroom.
 3. Make announcement for first-aid trained staff to attend the classroom immediately.
 4. Inform Principal of the situation
 5. Phone parents/emergency contacts of student

- **Class teacher to follow the child's individual anaphylaxis plan and inject student with adrenaline autoinjector**
- First aid trained staff are to provide support to teacher and student. They will continue to liaise with ambulance officers via telephone.
- Principal to await ambulance and direct to classroom on arrival.
- Principal determines who accompanies student in the ambulance if parents are not available.
- Principal to debrief to classmates after student departs in ambulance.
- Principal to debrief teachers before they return to their class.
- Principal notifies DEECD Emergency Management
- All staff to meet the following day to review procedures and make any necessary changes.

In the school yard

- Yard duty teacher stays with student offering support and comfort. Do not remove student from area.
- Yard duty teacher to send responsible student to office with anaphylaxis card, identifying student in danger.
- Yard duty teacher sends another student to locate second yard duty teacher.
- Second yard duty teacher to manage area and clear onlookers.
- On receipt of student card at office:
 1. Staff member to phone 000 immediately using a mobile phone, stipulate a MICA vehicle is to attend the scene, office member to stay online and deliver mobile phone to scene.
 2. First Aid officer to locate adrenaline autoinjector and deliver to scene immediately.
 3. Office staff to inform Principal of the situation.
 4. Office staff to ring bell and make announcement for all students to return to their classrooms.
 5. Office staff to phone student's Parents/Emergency Contacts.

- First aid officer or yard duty teacher to follow anaphylaxis plan and **use adrenaline autoinjector on student immediately.**
- First aid officer to continue liaising with ambulance officers via telephone.
- Principal to await ambulance and direct to playground area on arrival.
- Principal determines who accompanies student in ambulance if parents/guardians are not available.
- Principal to provide debrief with yard duty teachers once student departs in ambulance.
- Principal to debrief to classmates after student departs in ambulance.
- Principal to notify DEECD Emergency management.
- All staff to meet the following day to review procedures and make any necessary changes.

At School Event—including Phys. Ed.

- Classroom teacher to liaise with any teacher in charge of the 'at risk' student. Staff member will be made aware of the student's anaphylaxis plan.
- Teacher-in-charge to phone office for assistance
- Teacher-in-charge to send all classmates to neighbouring classroom
- Teacher to stay with student and offer support and comfort
- On receipt of phone call office staff will:
 1. Direct one staff member to phone 000 immediately and request a MICA ambulance. That staff member must stay on the line and take the phone to the classroom.
 2. Direct a second staff member to deliver the adrenaline autoinjector (e.g. EpiPen) to the teacher in classroom.
 3. Make announcement for first-aid trained staff to attend the classroom/area immediately.
 4. Inform Principal of the situation
 5. Phone parents/emergency contacts of student

- Teacher to follow student's Anaphylaxis Plan and **inject student using the adrenaline autoinjector**.
- First Aid officer to provide support for teacher and student whilst continuing to liaise with ambulance offices via telephone.
- Principal to await ambulance and direct to "at risk" student on arrival.
- Principal determines who accompanies student in ambulance if parents/guardians are not available.
- Principal to provide debrief with classmates once student departs on ambulance.
- Principal to provide debrief with teacher-in-charge before they return to the classroom.
- Principal to notify DEECD Emergency Management.
- All staff to meet the following day to review procedures and make any necessary changes.

Excursions

Excursions must be staffed to ensure teacher/student ratio can be maintained in the event of a student having an anaphylactic reaction.

Travel by bus

- Excursion planning is undertaken by the Principal and staff to ensure first aid procedures are followed and that clear roles/responsibilities are outlined in case of an anaphylactic reaction.
- Parent/guardian of the 'at risk' student should be given the opportunity to attend.
- Before the excursion, the classroom teacher and first aid officer is to liaise with all staff attending the excursion to ensure they are aware of the 'at risk' student and are familiar with the student's anaphylaxis plan.
- Staff attending the excursion are to be aware of the location of the adrenaline autoinjector.
- In the event of a student having a suspected anaphylactic reaction, the bus driver must stop bus in a safe location and ring 000 (at the direction of a school staff member). Driver is to provide location information and stipulate a MICA unit attend. Driver to stay online and hand phone to school staff.
- Staff to position at risk student comfortably, follow anaphylaxis plan and **administer adrenaline using the adrenaline autoinjector**.
- Staff to liaise with ambulance via phone.
- Remaining staff members are to clear students from scene. If safe to do so, students can alight the bus, but must remain in close proximity to the bus and must be supervised by school staff.
- Supervising teacher is to phone school/Principal to notify them of the situation.
- If the at risk student's parents/guardians are not attending the excursion, they will be contacted by the Principal.
- Staff to provide debrief to students once the ambulance departs.
- Principal to notify DEECD Emergency Management.
- Principal to provide debrief with teachers once the return to school.
- All staff involved to meet the following day to review procedures and make any necessary adjustments to the plan.

On Location

- Parent of student, first aid officer or supervising teacher is to carry bag containing anaphylaxis plan and AID.
- Staff member to phone 000 and stipulate that a MICA unit attend the scene. Stay online.
- Parent or staff member to position student comfortably and follow anaphylaxis plan, administer adrenaline using the adrenaline autoinjector.
- Other staff to move and supervise remaining students away from the scene. Activities can continue if safe to do so.
- Staff to phone school and notify Principal of situation.

- If the at risk student's parents/guardians are not on excursion they will be contacted by the Principal.
- Staff member is to accompany student in ambulance if parent/guardian is not available.
- Staff to provide debrief to group once ambulance departs.
- Principal to notify DEECD Emergency Management.
- Principal to provide debrief with teachers once they arrive back at school.
- All staff involved, to meet the following day to review procedures and make any necessary adjustments to the plan.

School Camp

When planning the camp the Principal and staff must develop a *First Aid Procedures Plan* that nominates clear roles and responsibilities in the event of an anaphylactic reaction. The parent/guardian of the student should be given the opportunity to attend. The camp needs to be staffed to ensure the correct student/teacher ratio is maintained in the event of a reaction.

In the event that a student experiences a suspected anaphylactic reaction:

- The supervising staff member is to send a responsible student to the first aid officer to get the 'at risk' student's anaphylactic plan and adrenaline autoinjector.
- Staff member to phone 000 and stipulate that a MICA unit must attend the scene. Staff member to stay on the line and liaise with ambulance.
- Staff member to position student comfortably, follow anaphylaxis plan and **administer adrenaline using the adrenaline autoinjector.**
- Other staff members to move and supervise students away from the scene. Activities can continue if safe to do so.
- Other staff members to phone school and notify Principal of the situation.
- If the at risk student's parent/guardian are not attending camp, they will be notified by the Principal.
- Staff member to accompany student in ambulance if parent/guardian is not available.
- Staff to provide debrief to group once ambulance departs.
- Principal to notify DEECD Emergency Management.
- Principal to provide debrief with teachers once they return from the camp.
- All staff involved to meet the following day to review procedures and make any necessary adjustments to the plan.

APPENDIX 4 – Risk Management Checklist – to be completed annually, by Principal

School Name:	
Date of Review:	
Who completed this checklist?	Name:
	Position:
Review given to:	Name
	Position
Comments:	
General Information	
1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an adrenaline autoinjector?	
2. How many of these students carry their adrenaline autoinjector on their person?	
3. Have any students ever had an allergic reaction requiring medical intervention at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, how many times?	
4. Have any students ever had an anaphylactic reaction at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many students?	
b. If Yes, how many times	
5. Has a staff member been required to administer an adrenaline autoinjector to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, how many times?	
6. Was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 1: Individual Anaphylaxis Management Plans

7. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an adrenaline autoinjector have an Individual Anaphylaxis Management Plan and ASCIA Action Plan completed and signed by a prescribed medical practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?	
a. During classroom activities, including elective classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In canteens or during lunch or snack times	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Before and after School, in the school yard and during breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. For special events, such as sports days, class parties and extra-curricular activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. For excursions and camps	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do all students who carry an adrenaline autoinjector on their person have a copy of their ASCIA Action Plan kept at the school (provided by the parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are they kept?	
11. Does the ASCIA Action Plan include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2: Storage and Accessibility of Adrenaline Auto-injectors

12. Where are the student(s) adrenaline autoinjectors stored?	
13. Do all School Staff know where the school's adrenaline autoinjectors for general use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are the adrenaline autoinjectors stored at room temperature (not refrigerated)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No

16. Is the storage unlocked and accessible to school staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are the adrenaline autoinjectors easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Is a copy of student's Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) kept together with the student's adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis? Who?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Are there adrenaline autoinjectors which are currently in the possession of the school and which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Has the school signed up to EpiClub or ANA-alert (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Do all school staff know where the adrenaline autoinjectors and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Has the school purchased adrenaline autoinjector(s) for general use, and have they been placed in the school's first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Where are these first aid kits located?	
26. Is the adrenaline autoinjector for general use clearly labelled as the 'general use' adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 3: Prevention Strategies	
28. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No

29. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Have all school staff who conduct classes with students with a medical condition that relates to allergy and the potential for anaphylactic reaction successfully completed an Anaphylaxis Management Training Course in the three years prior and participated in a twice yearly briefing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Are there always sufficient school staff members on yard duty who have successfully completed an Anaphylaxis Management Training Course in the three years prior?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4: School Management and Emergency Response	
32. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Do school staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you developed Emergency Response Procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In all School buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the School?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Is there a designated person who will be sent to collect the student's adrenaline autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Have you checked how long it will take to get to the adrenaline autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) to a student from various areas of the school including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No

38. On excursions or other out of school events is there a plan for who is responsible for ensuring the adrenaline autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the adrenaline autoinjector for general use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Who will make these arrangements during excursions?	
40. Who will make these arrangements during camps?	
41. Who will make these arrangements during sporting activities?	
42. Is there a process for post incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Have all school staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction and any other staff identified by the Principal, been briefed on:	
a. The School's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students with a medical condition that relates to allergy and the potential for an anaphylactic reaction, and who are prescribed an adrenaline autoinjector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an adrenaline autoinjector, including hands on practise with a trainer adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the adrenaline auto-injector(s) for general use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4: Communication Plan	
44. Is there a Communication Plan in place to provide information about anaphylaxis and the School's policies?	
a. To School Staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To Parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No

e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
45. Is there a process for distributing this information to the relevant school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	
46. How is this information kept up to date?	
47. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
48. What are they?	