



## **Anaphylaxis Policy**

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### **School Statement:**

Mordialloc College complies with Ministerial Order 706 and the associated guidelines published and amended by the Department of Education and Early Childhood Development from time to time.

### **Rationale:**

This policy has been developed to provide a set of operational guidelines for managing severe allergies and anaphylaxis within the student population and staff.

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

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to those triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school.

Adrenaline given through an adrenaline auto injector (EpiPen® and Anapen®300) to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

### **Aims:**

- 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 student's schooling
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community
- To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction

### **Individual Anaphylaxis Management Plan**

- An individual management plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis
- The individual anaphylaxis management plan will be in place as soon as practicable after the student enrolls and where possible before their first day of school
- The individual anaphylaxis management plan will contain:

1. Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner)
  2. Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out of school settings
  3. The name of the person/s responsible for implementing the strategies
  4. Information on where the student's medication will be stored
  5. The student's emergency contact details
  6. Emergency procedures plan (ASCIA Action Plan), provided by the parent, that sets out the emergency procedures to be taken in the event of an allergic reaction (signed by the medical practitioner) and includes a current photo
- School staff will implement and monitor the student's Individual Anaphylaxis Management Plan
  - The student's individual management plan will be reviewed, in consultation with the student's parents/carers:
    1. Annually;
    2. If the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
    3. As soon as practicable after the student has an anaphylactic reaction at school; and
    4. 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).

### **Parent/guardian Responsibilities**

It is the responsibility of the parents to:

- Provide the ASCIA Action Plan;
- Inform the school in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan;
- Provide an up to date photo for the ASCIA Action Plan when that plan is provided to the school and when it is reviewed; and
- Provide the school with an adrenaline auto injector that is current and not expired for their child.
- Participate in yearly reviews of their child's Individual Anaphylaxis Management Plan

### **School Responsibilities**

- Develop a risk minimisation plan in consultation with the families of the child/ren at risk of anaphylaxis to reduce the possibility of an anaphylactic reaction
- Ensure children with an allergy who are diagnosed at risk of an anaphylactic reaction have an anaphylaxis medical management action plan that is required upon enrolment
- Ensure ASCIA Action Plans are updated annually and signed by a medical practitioner
- Ensure that all relieving staff are aware of the anaphylaxis medical management action plan and the location of EpiPen<sup>®</sup>/Anapen kits
- Ensure that no child who has been prescribed an EpiPen<sup>®</sup>/Anapen is permitted to attend the school without that EpiPen within the expiry date

- Encourage ongoing communication between families and staff regarding the child's allergies, the anaphylaxis policy and its implementation
- Provide parents with information about resources and support for managing allergies and anaphylaxis
- Display the Anaphylaxis Management Policy
- Ensure that staff who conduct classes for students who are at risk of anaphylaxis and any further school staff that the Principal identifies, based on assessment of the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the school, have completed a recognised anaphylaxis management training and regularly practice EpiPen®/Anapen administration which is recorded annually
- Ensure all staff who are subject to training requirements have successfully completed a face-to-face anaphylaxis management training course in the three years prior or an online anaphylaxis management training course in the two years prior. Ensure that relevant school staff are briefed at least twice per calendar year with the first one to be held at the beginning of the school year, by a staff member who has completed current anaphylaxis management training in the previous 2 years on:
  - The school's Anaphylaxis Policy;
  - The causes, symptoms and treatment of anaphylaxis;
  - The identities of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and where their medication is located;
  - How to use an adrenaline auto injector, including hands-on practise with a trainer adrenaline auto injector;
  - The school's general first aid and emergency procedures; and
  - The location of, and access to, adrenaline auto injecting devices that have been provided by parents or purchased by the school for general use
- Allocate time, such as during staff meetings, to discuss, practise and review the school's Anaphylaxis Management Policy. Practice using the trainer adrenaline auto injectors as a group and undertake drills to test effectiveness of the school's general first aid procedures
- If for any reason training and briefing has not occurred for relevant staff, the Principal must develop an interim plan in consultation with the parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction, and training occur as soon as possible thereafter
- Ensure that the school develops, implements and reviews its school Anaphylaxis Management Policy in accordance with the Order and these Guidelines
- Actively seek information to identify students with severe life-threatening allergies or those who have been diagnosed as being at risk of anaphylaxis, either at enrolment or at the time of diagnosis (whichever is earlier)
- Ensure that parents provide an ASCIA Action Plan, which has been signed by the student's Medical Practitioner and contains an up-to-date photograph of the student
- Ensure that an Individual Anaphylaxis Management Plan is developed in consultation with the student's parents for any student who has been diagnosed by a Medical Practitioner with a medical condition relating to allergy and the potential for anaphylactic reaction, where the school has been notified of that diagnosis. This includes ensuring the documentation of practical strategies for activities in both in-school and out-of-school settings to minimise the risk of exposure to allergens, and nomination of staff that are responsible for implementation of those strategies. The risk minimisation plan should be customised to the particular student for participation in normal school activities (e.g. during cooking and art classes) and at external events (e.g. swimming sports, camps, excursions and interstate/overseas trips). Ensure students' Individual Anaphylaxis Management Plans are communicated to staff
- If using an external canteen provider, be satisfied that that the provider can demonstrate satisfactory training in the area of anaphylaxis and its implications for food handling practices. This includes careful label reading, and an understanding of the major food allergens that trigger anaphylaxis and cross-contamination issues specific to food allergies

- Ensure that parents provide the school with an adrenaline auto injector for their child that is not out-of-date and a replacement adrenaline auto injector when requested to do so
- Ensure that a Communication Plan is developed to provide information to all school staff, students and parents about anaphylaxis and the school's Anaphylaxis Management Policy
- Ensure there are procedures in place for providing volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction by a student in their care. Encourage ongoing communication between parents and school staff about the current status of the student's allergies, the school's policies and their implementation
- Ensure that the student's Individual Anaphylaxis Management Plan is reviewed in consultation with parents annually, when the student's medical condition changes, as soon as practical after a student has an anaphylactic reaction at school, and whenever a student is to participate in an off-site activity such as camps or excursions or at special events conducted, organised or attended by the school
- Ensure the Risk Management Checklist for anaphylaxis is completed annually
- Arrange to purchase and maintain an appropriate number of adrenaline auto injectors for general use to be part of the school's first aid kit

### **Prevention Strategies**

A Risk Management Checklist will be undertaken annually by the school to monitor potential risks during all school activities that could lead to anaphylaxis.

Statistics show that peanuts and nuts are the most common trigger for an anaphylactic reaction and fatality due to food anaphylaxis. To minimise the risk of a first time reaction to peanuts and nuts, the use of peanuts, nuts, peanut butter or other peanut or nut products during in-school and out-of-school activities is discouraged. School activities do not place pressure on students to try foods, whether they contain a known allergen or not.

The school's Anaphylaxis Policy must state that when a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care or supervision of the school outside normal class activities, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school, the Principal must ensure that there are a sufficient number of school staff present who have been trained in accordance with Chapter 12.

### **Classrooms**

Prevention strategies in a classroom are:

- A copy of the student's Individual Anaphylaxis Management Plan are displayed in the staff work areas and year level offices. The ASCIA Action Plan is easily accessible even if the adrenaline auto injector is kept in another location
- Food-related activities are discussed with parents ahead of time
- Non-food treats encouraged in class rather than food treats and food from outside sources are never given to a student who is at risk of anaphylaxis
- Products containing allergens are not to be given to students with high risk allergies
- Classrooms are closely monitored for hidden allergens in food and other substances e.g. Food technology, science and art classes

- All cooking utensils, preparation dishes, plates, and knives and forks etc. are washed and cleaned thoroughly after preparation of food and cooking

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.

### **Canteen**

Prevention strategies for the canteen are:

- Canteen staff (whether internal or external) are 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 and label reading
- Canteen staff, including volunteers, are briefed about students at risk of anaphylaxis and, where the Principal determines in accordance with clause 12.1.2 of the Order, have up to date training in an Anaphylaxis Management Training Course as soon as practical after a student enrolls
- The student's name and photo is displayed in the canteen as a reminder to school staff
- Products labelled 'may contain nuts/dairy/or other allergen' are not served to students allergic to nuts/dairy or other allergens. A range of products free from nuts and dairy is available at the canteen
- Tables and surfaces are wiped down with warm soapy water regularly and practices are in place to prevent contamination by other foods when preparing, handling or displaying food

### **Yard**

Prevention strategies for Yard Duty are:

- Sufficient school staff on yard duty must be trained in the administration of the adrenaline auto injector (i.e. EpiPen®/ Anapen®) to be able to respond quickly to an anaphylactic reaction if needed
- The adrenaline auto injector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location
- A Communication Plan is in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. All staff on yard duty are aware of the school's Emergency Response Procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard
- Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis
- Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants

### **Special events – sports days, class parties, incursions**

Prevention strategies for special events (Incursions) are:

- Sufficient school staff supervising the special event must be trained in the administration of an adrenaline auto injector to be able to respond quickly to an anaphylactic reaction if required

- For special occasions, school staff consult parents in advance to either develop an alternative food menu or request the parents to send a meal for the student

### **Field trips/excursions/sporting events**

Prevention strategies for field trips/excursions/sporting events out of school are:

- A school staff member or team of school staff trained in the recognition of anaphylaxis and the administration of the adrenaline auto injector will accompany any student at risk of anaphylaxis on field trips or excursions
- The adrenaline auto injector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis should be easily accessible and school staff must be aware of their exact location
- For each field trip, excursion etc., a risk assessment should 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 corresponding staff-student ratio
- All school 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 school 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)
- Two staff members are required to attend an excursion if there is an anaphylactic student. An ES staff member could be used; does not need to be a second teacher.

### **Camps and Remote Settings**

Prevention strategies for camps and remote settings are:

- Prior to engaging a camp owner/operator's services the school liaises with the provider as to whether it can provide food that is safe for anaphylactic students
- 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
- 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
- The student's adrenaline auto injector, 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
- Schools should 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 participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction

- Schools should consider purchasing an adrenaline auto injector for general use to be kept in the first aid kit and including this as part of the Emergency Response Procedures
- The adrenaline auto injector should remain close to the student and school staff must be aware of its location at all times
- 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
- Consideration towards potential exposure to allergens when consuming food on buses and in cabins is given

### **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, schools should involve parents in discussions regarding risk management well in advance.

Prevention strategies for overseas travel are:

Investigate the potential risks at all stages of the overseas travel such as:

- Travel to and from the airport/port
- Travel to and from Australia (via aeroplane, ship etc.)
- Various accommodation venues
- All towns and other locations to be visited
- Sourcing safe foods at all of these locations; and
- Risks 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 reaction
  - Whether the other students will wash their hands when handling food

Assess where each of these risks can be managed using minimisation strategies such as the following:

- Translation 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 emergency contact details, and
- Sourcing the ability to purchase additional auto injectors

Record travel insurance details, including contact details of the insurer. Determine how any costs associated with medication, treatment and/or alteration to travel plans as a result of an anaphylactic reaction can be paid.

Plan for appropriate supervision of students at risk of anaphylaxis at all times, including that:

- There are sufficient school staff attending the excursion who have successfully completed the Anaphylaxis Management Training Course
- 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 school should re-assess its Emergency Response Procedures, and if necessary adapt it to the particular circumstances of the overseas trip. Keep a record of relevant information such as the following:

- 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
- Possession of a mobile phone or other communication device that would enable the school staff to contact emergency services in the overseas country if assistance is required

### **Work Experience**

- Schools should involve parents, the student and the employer in discussions regarding risk management prior to a student at risk of anaphylaxis attending work experience. Staff must be shown the ASCIA Action Plan for Anaphylaxis and how to use the adrenaline auto injector in case the work experience student shows signs of an allergic reaction whilst at work experience.

### **Storage of adrenaline auto injectors**

- Adrenaline auto injectors for individual students, or for general use, be stored correctly and be able to be accessed quickly, because, in some cases, exposure to an allergen can lead to an anaphylactic reaction in as little as five minutes.
- Adrenaline auto injectors be stored in an unlocked, easily accessible place away from direct light and heat but not in a refrigerator or freezer.
- Each adrenaline auto injector be clearly labelled with the student's name and be stored with a copy of the student's ASCIA Action Plan.
- An adrenaline auto injector for general use be clearly labelled and distinguishable from those for students at risk of anaphylaxis; Trainer adrenaline auto injectors (which do not contain adrenaline or a needle) are not stored in the same location due to the risk of confusion.



- Adrenaline auto Injectors are signed in and out when taken from their usual place, e.g. for camps or excursions.

School are also encouraged to arrange for a designated school staff member (e.g. school nurse, first aid co-ordinator) to conduct regular reviews of the adrenaline auto injectors to ensure they are not out of date.

### **Implementation:**

As part of the Anaphylaxis Policy, Mordialloc College has a Communication Plan. A Communication Plan outlines how the relevant information about the children with allergies and anaphylaxis will be dispersed to staff, families, school community and volunteers who we deem should know about the anaphylaxis policy and procedures of the school.

### **Evaluation:**

- Records to be kept in student files and copies held by the school
- Annual confidential discussions with parents regarding their son's or daughter's anaphylaxis individual management plan by the First Aid Coordinator. Secondary consultation by a Division 1 Nurse may be utilised
- Recording of the professional learning and training of staff by the Assistant Principal

*Victorian government schools are child safe environments. Our school actively promotes the safety and wellbeing of all students and all of our school staff are committed to protecting students from abuse or harm in the school environment in accordance with their legal obligations including the Child Safe Standards. The school's Child Safe policy and Code of Conduct are available on the school's website.*

### **Review Cycle**

This policy was last reviewed in **February 2020** and is scheduled for review on **March 2021**.

## **APPENDIX 1 Communication Plan**

### **Communication Plan:**

#### **Mordialloc College Staff**

To ensure effective communication to staff, Mordialloc College will:

- Display student's Anaphylaxis Action Plans around school canteen, staff room, reception, sick bay and in year level coordinator areas and staff work areas
- Encourage on-going communication with families regarding the current status of children's allergies
- Inform all staff of the names of anaphylactic students, location and expiry dates of adrenaline auto injectors
- All staff will be briefed once a semester by a staff member who has up to date anaphylaxis management training on:
  - The school's anaphylaxis management policy
  - The causes, symptoms and treatment of anaphylaxis
  - The identification of students diagnosed at risk of anaphylaxis and where their medication is located
  - How to use an auto adrenaline injecting device
  - The school's first aid and emergency responses

As part of the school orientation, new staff, casual relief teachers and volunteers (where necessary) will be informed of:

- Individual children's allergies and anaphylaxis
- The location of each child's auto-injection device kit and the location of the anaphylaxis medical management action plan
- Emergency medical procedures

To ensure effective education of students at Mordialloc College, a presentation to students during a year level assembly in Term 1 of each year will occur.

**General school community:**

An annual article will be placed in the school newsletter including information on anaphylaxis, recognition that there are anaphylactic students present at the school and acknowledgement that the school has an anaphylaxis policy for the community to view.

## **APPENDIX 2**

### **ANAPHYLAXIS SCHOOL EMERGENCY RESPONSE PLAN**

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

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

#### First-time reactions

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

This should include:

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

#### **Storage and accessibility of adrenaline autoinjectors**

At Mordialloc College:

- Personal student adrenaline autoinjectors are located in the Anaphylaxis Emergency response kit located in the General office
- General purpose adrenaline autoinjectors are located in the Anaphylaxis Emergency response kits located in the General office, Discovery Centre, PAC, Food Tech and PE staffroom
- Individual Anaphylaxis Management Plans and ASCIA Action plans are located in the Anaphylaxis Emergency response kits located in the General office and also in the PE staffroom and the Lab Technician's office in the Discovery Centre

#### **HOW THE ALARM WILL BE RAISED IF AN ALLERGIC REACTION OCCURS**

##### **A) In the classroom**

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

- That 000 HAS been contacted

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

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

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

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

#### **B) In the school grounds**

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

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

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

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

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

#### **C) At sporting activities**

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

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

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

**D) On excursions & camps**

- The teacher in charge of the excursion/camp will make sure that the student's personal adrenaline auto injector is taken in the first aid kit to the excursion venue for any student whose medical form indicates they are at risk of anaphylaxis
- The teacher in charge of the excursion/camp will be responsible for notifying an ambulance and administering treatment with the adrenaline auto injector, keeping the student safe by staying with the student, monitoring their breathing and keeping them as calm as possible, until the ambulance arrives
- The second staff member will be responsible for notifying the school of the situation
- Staff will follow all instructions given to them by the 000 operator and this may require putting the mobile phone on speaker whilst carrying out these instructions.

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

**WHO WILL CALL THE AMBULANCE (Dial 000)?**

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

**WHO WILL BE SENT TO COLLECT THE ADRENALINE AUTO INJECTOR?**

**A) In the classroom and in the school grounds**

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

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

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

- The teacher in charge of the sports team /activity will make sure that the students personal adrenaline auto injector and ASCIA Action Plan plus a general purpose adrenaline auto injector (where possible) is taken in the first aid kit to the sporting venue for any student whose medical form indicates they are at risk of anaphylaxis OR
- The teacher in charge of the sports team / activity will send two reliable students to the office. One student or member of staff retrieves the student's personal adrenaline auto injector and ASCIA Action Plan and brings them both to the teacher supervising the student ASAP. The other student stays and informs an office staff member of:
  - The name of the student
  - The location of the student and the staff member with them
  - That 000 HAS been contacted
- As a backup, the teacher in charge should also send two other students to each of the nearest locations where a general purpose adrenaline auto injector is stored and if required, one student will remain behind and inform a staff member of:
  - The name of the student
  - The location of the student and the staff member with them
  - That 000 HAS been contacted

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

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

## **WHO IS RESPONSIBLE FOR TAKING ADRENALINE AUTO INJECTOR TO STUDENT?**

### **A) In the classroom**

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

### **B) In the school grounds**

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

### **C) At Sporting activities**

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

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

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

- The student's family will be responsible for providing the adrenaline auto injector from home for the student who is diagnosed as anaphylactic (this is different to the one that is kept at school)

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

**THE ROLE OF OFFICE STAFF IN AN EVENT WHERE A member of the college needs attention for suspected anaphylaxis**

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

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

**POST INCIDENT SUPPORT**

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

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

*Review*

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

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