HAMILTON (GRAY ST) PRIMARY SCHOOL STATEMENT

Hamilton (Gray St) Primary School will fully comply with Ministerial Order 706 regarding Anaphylaxis Management in Schools and the associated Guidelines published and amended by the Department from time to time.

Individual Anaphylaxis Management Plans

The Principal will 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 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.

School Staff will then implement and monitor the student’s Individual Anaphylaxis Management Plan.

**Individual Anaphylaxis Management Plan**

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<tr>
<td>1.</td>
<td>Will include information about the student’s medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a written diagnosis from a Medical Practitioner);</td>
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<tr>
<td>2.</td>
<td>Strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of School Staff, for in-school and out-of-school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the School;</td>
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<td>3.</td>
<td>The name of the person(s) responsible for implementing the strategies;</td>
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<td>4.</td>
<td>Information on where the student’s medication will be stored;</td>
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<td>5.</td>
<td>The student’s emergency contact details; and</td>
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<td>7.</td>
<td>The student’s Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student’s Parents in all of the following circumstances:</td>
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<td>8.</td>
<td>Annually;</td>
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<td>9.</td>
<td>If the student’s medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;</td>
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<td>10.</td>
<td>As soon as practicable after the student has an anaphylactic reaction at School; and</td>
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<td>11.</td>
<td>When the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions).</td>
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Parents Responsibility

1. Provide the ASCIA Action Plan;

2. 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;

3. To provide an updated ASCIA Action Plan when it is due for review and Hamilton (Gray St) Primary School will provide a photo update.

4. Provide the School with an Adrenaline Autoinjector that is current and not expired for their child.

Prevention Strategies

Classrooms

1. Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan is easily accessible even if the Adrenaline Autoinjector is kept in another location.

2. Liaise with Parents about food-related activities ahead of time.

3. Use non-food treats where possible, but if food treats are used in class it is recommended that parents of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.

4. Never give food from outside sources to a student who is at risk of anaphylaxis.

5. Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.

6. Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled ‘may contain milk or egg’ should not be served to students with milk or egg allergy and so forth.

7. Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).

8. Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.

9. Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.

10. A designated staff member should inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student’s Individual Anaphylaxis Management Plan and Adrenaline Autoinjector, the School’s Anaphylaxis Management Policy, and each individual person’s responsibility in managing an incident. ie seeking a trained staff member.
## Yard

1. If a School has a student who is at risk of anaphylaxis, sufficient School Staff on yard duty must be trained in the administration of the Adrenaline Autoinjector (i.e. EpiPen®/ Anapen®) to be able to respond quickly to an anaphylactic reaction if needed.

2. The Adrenaline Autoinjector and each student’s Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location. *(Remember that an anaphylactic reaction can occur in as little as a few minutes).*

3. Schools must have a Communication Plan in place so the student’s medical information and medication can be retrieved quickly if a reaction occurs in the yard. This may include options of all yard duty staff carrying emergency cards. All staff on yard duty must be 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.

4. Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.

5. Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. School Staff should liaise with Parents to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.

6. Keep lawns and clover mowed and outdoor bins covered.

7. Students should keep drinks and food covered while outdoors.

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

1. If a School has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.

2. School Staff should avoid using food in activities or games, including as rewards.

3. For special occasions, School Staff should consult Parents in advance to either develop an alternative food menu or request the Parents to send a meal for the student.

4. Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at School or at a special School event.

5. Party balloons should not be used if any student is allergic to latex.
### Travel to and from School by bus

1. School Staff should consult with Parents of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur on the way to and from School on the bus. This includes the availability and administration of an Adrenaline Autoinjector. The Adrenaline Autoinjector and ASCIA Action Plan for Anaphylaxis must be with the student even if this child is deemed too young to carry an Adrenaline Autoinjector on their person at School.

### Field trips/excursions/sporting events

1. If a School has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector and be able to respond quickly to an anaphylactic reaction if required.

2. A School Staff member or team of School Staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions.

3. School Staff should avoid using food in activities or games, including as rewards.

4. The Adrenaline Autoinjector 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.

5. 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 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.

6. 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).

7. Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with Parents as another strategy for supporting the student who is at risk of anaphylaxis.

8. Prior to the excursion taking place School Staff should consult with the student's Parents and Medical Practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.
### Camps and remote settings

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<tr>
<td>1.</td>
<td>Prior to engaging a camp owner/operator’s services the School should 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 should consider using an alternative service provider.</td>
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<td>2.</td>
<td>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.</td>
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<td>3.</td>
<td>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.</td>
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<td>4.</td>
<td>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.</td>
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<td>5.</td>
<td>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.</td>
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<td>6.</td>
<td>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.</td>
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<td>7.</td>
<td>Use of substances containing allergens should be avoided where possible.</td>
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<td>8.</td>
<td>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.</td>
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<td>9.</td>
<td>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.</td>
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<tr>
<td>10.</td>
<td>Prior to the camp taking place School Staff should consult with the student’s Parents to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.</td>
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<tr>
<td>11.</td>
<td>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.</td>
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</tbody>
</table>
12. 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.

13. Schools should consider taking an Adrenaline Autoinjector for General Use on a school camp, even if there is no student at risk of anaphylaxis, as a back up device in the event of an emergency.

14. Schools should consider purchasing an Adrenaline Autoinjector for General Use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.

15. The Adrenaline Autoinjector should remain close to the student and School Staff must be aware of its location at all times.

16. The Adrenaline Autoinjector should be carried in the school first aid kit; however, Schools can consider allowing students, particularly adolescents, to carry their Adrenaline Autoinjector on camp. Remember that all School Staff members still have a duty of care towards the student even if they do carry their own Adrenaline Autoinjector.

17. 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.

18. Cooking and art and craft games should not involve the use of known allergens.

19. Consider the potential exposure to allergens when consuming food on buses and in cabins.

School Management and Emergency Response

**APPENDIX A** is a complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction.

Individual Anaphylaxis Management Plans and ASCIA Action Plans will be located;
- in the child’s classroom;
- in First Aid Room;
- in Staff Room;
- With Adrenaline Autoinjectors on school excursions, on school camps and at special events conducted, organised or attended by the school.

Storage and accessibility of Adrenaline Autoinjectors

1. The Adrenaline Autoinjectors for each student will be stored in the staffroom which is a secure and easily accessible location.

2. Each Adrenaline Autoinjector is clearly labelled with the student’s name and is stored with a copy of the student’s ASCIA Action Plan.

3. Adrenaline Autoinjector for General Use are clearly labelled and distinguishable from those for students at risk of anaphylaxis.

4. The Trainer Adrenaline Autoinjectors (which do not contain adrenaline or a needle) is stored in the administration office to avoid risk of confusion.
The School’s Anaphylaxis Management 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 of 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 OF Anaphylaxis Guidelines.

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

Emergency Response

It is important for Schools to have in place first aid and emergency response procedures that allow staff to react quickly if an anaphylactic reaction occurs, for both in-school and out-of-school settings. Drills to test the effectiveness of these procedures should be undertaken.

Self-administration of the Adrenaline Autoinjector

The decision whether a student can carry their own Adrenaline Autoinjector should be made when developing the student’s Individual Anaphylaxis Management Plan, in consultation with the student, the student’s Parents and the student’s Medical Practitioner.

It is important to note that students who ordinarily self-administer their Adrenaline Autoinjector may not physically be able to self-administer due to the effects of a reaction. In relation to these circumstances, School Staff must administer an Adrenaline Autoinjector to the student, in line with their duty of care for that student.

If a student self-administers an Adrenaline Autoinjector, one member of the School Staff member should supervise and monitor the student, and another member of the School Staff should contact an ambulance (on emergency number 000/112).

If a student carries their own Adrenaline Autoinjector, it may be prudent to keep a second Adrenaline Autoinjector (provided by the Parent) on-site in an easily accessible, unlocked location that is known to all School Staff.

Responding to an incident

Where possible, only School Staff with training in the administration of the Adrenaline Autoinjector should administer the student's Adrenaline Autoinjector. However, it is imperative that an Adrenaline Autoinjector is administered as soon as possible after an anaphylactic reaction. Therefore, if necessary, the Adrenaline Autoinjector is designed to be administered by any person following the instructions in the student’s ASCIA Action Plan.

It is important that in responding to an incident, the student does not stand and is not moved unless in further danger (e.g. the anaphylactic reaction was caused by a bee sting and the bee hive is close by).

In-School Environment

Classrooms - Schools may use classroom phones/personal mobile phones to raise the alarm that a reaction has occurred. Some Schools may decide to utilise an emergency card system (laminated card stating anaphylaxis emergency), whereby students go to the nearest teacher, office or other predetermined point to raise an alarm which triggers getting an Adrenaline Autoinjector to the child and other emergency response protocols.

Yard - Schools may use mobile phones, walkie talkies or a card system whilst on yard duty. Consideration needs to be given to the size of the campus, the number and age of students at risk, where first aiders will be stationed during lunch breaks etc.

In addition to planning ‘how’ to get an Adrenaline Autoinjector to a student, plans need to be in place for:

- a nominated staff member to call ambulance; and
- a nominated staff member to wait for ambulance at a designated school entrance.
Out-of School Environments
Excursions and Camps - Each individual camp and excursion requires risk assessment for each individual student attending who is at risk of anaphylaxis. Therefore emergency procedures will vary accordingly. A team of School Staff trained in anaphylaxis need to attend each event, and appropriate methods of communication need to be discussed, depending on the size of excursion/camp/venue. It is imperative that the process also addresses:
- the location of Adrenaline Autoinjectors i.e. who will be carrying them. Is there a second medical kit? Who has it?;
- ‘how’ to get the Adrenaline Autoinjector to a student; and
- ‘who’ will call for ambulance response, including giving detailed location address. e.g. Melway reference if city excursion, and best access point or camp address/GPS location.

Students at risk of anaphylaxis
A member of the School Staff should remain with the student who is displaying symptoms of anaphylaxis at all times. As per instructions on the ASCIA Action Plan:

‘Lay the person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.’

A member of the School Staff should immediately locate the student's Adrenaline Autoinjector and the student's Individual Anaphylaxis Management Plan, which includes the student's ASCIA Action Plan.

The Adrenaline Autoinjector should then be administered following the instructions in the student's ASCIA Action Plan.

### How to administer an EpiPen®

1. Remove from plastic container.
2. Form a fist around EpiPen® and pull off the blue safety cap.
3. Place orange end against the student's outer mid-thigh (with or without clothing).
4. Push down hard until a click is heard or felt and hold in place for 10 seconds.
5. Remove EpiPen®.
6. Massage injection site for 10 seconds.
7. Note the time you administered the EpiPen®.
8. The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

### How to administer an AnaPen®

1. Remove from box container and check the expiry date.
2. Remove black needle shield.
3. Form a fist around Anapen® and remember to have your thumb in reach of the red button, then remove grey safety cap.
4. Place needle end against the student's outer mid-thigh.
5. Press the red button with your thumb so it clicks and hold it for 10 seconds.
6. Replace needle shield and note the time you administered the Anapen®.
6. For independent schools - later, enact your school's emergency and critical incident management plan.

**If an Adrenaline Autoinjector is administered, the School must**

1. **Immediately** call an ambulance (000/112).

2. Lay the student flat and elevate their legs. Do not allow the student to stand or walk. If breathing is difficult for them, allow them to sit but not to stand.

3. Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a worsening condition. Ask another member of the School Staff to move other students away and reassure them elsewhere.

4. 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 Autoinjector for General Use).

5. Then contact the student's emergency contacts.

6. For government and Catholic schools - later, contact Security Services Unit, Department of Education and Early Childhood Development 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).

7. For independent schools - later, enact your school’s emergency and critical incident management plan.

**Always call an ambulance as soon as possible (000)**

When using a standard phone call 000 (triple zero) for an ambulance.

If you are using a GSM digital mobile phone which is out of range of your service provider, displays a message indicating emergency calls only, or does not have a SIM card, call 112.

**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 Autoinjector for General Use.

**Post-incident support**

An anaphylactic reaction can be a very traumatic experience for the student, others witnessing the reaction, and Parents. In the event of an anaphylactic reaction, students and School Staff may benefit from post-incident counselling, provided by the school nurse, guidance officer, student welfare coordinator or School psychologist.

**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.

7. The used autoinjector must be handed to the ambulance paramedics along with the time of administration.
1. The Adrenaline Autoinjector must be replaced by the Parent as soon as possible.

2. 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 Autoinjector being provided.

3. If the Adrenaline Autoinjector for General Use has been used this should be replaced as soon as possible.

4. 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 Autoinjector for General Use being provided.

5. The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's Parents.

6. 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.

### Adrenaline Autoinjectors for General Use

The school will purchase Adrenaline Autoinjectors for General Use and as a back up to those supplied by Parents. The number of Adrenaline Autoinjector(s) purchased will be based on the following relevant considerations:

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<tr>
<th>Adrenaline Autoinjectors for General Use</th>
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<tr>
<td>1. The number of students enrolled at the School who have been diagnosed as being at risk of anaphylaxis;</td>
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<tr>
<td>2. The accessibility of Adrenaline Autoinjectors that have been provided by Parents of students who have been diagnosed as being at risk of anaphylaxis;</td>
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<tr>
<td>3. The availability and sufficient supply of Adrenaline Autoinjectors for General Use in specified locations at the School, including</td>
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<tr>
<td>4. In the school yard, and at excursions, camps and special events conducted or organised by the School; and</td>
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<tr>
<td>5. The Adrenaline Autoinjectors for General Use have a limited life, usually expiring within 12-18 months, and will need to be replaced at the School’s expense, either at the time of use or expiry, whichever is first.</td>
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### Role and responsibilities of Principals – See APPENDIX B

School Principals have overall responsibility for implementing strategies and processes for ensuring a safe and supportive environment for students at risk of anaphylaxis.

### Role and responsibilities of School Staff – See APPENDIX B

All School Staff have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. This includes administrators, casual relief staff, specialist staff, sessional teachers and volunteers.
Role and responsibilities of first aid coordinators and school nurses—See APPENDIX B

The School first aid coordinators should take a lead role in supporting the Principal and other School Staff to implement the School’s Anaphylaxis Management Policy.

Role and responsibilities of Parents of a student at risk of anaphylaxis—See APPENDIX B

Parents have an important role in working with the School to minimise the risk of anaphylaxis.

Communication Plan

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<tr>
<td>1. The Principal is responsible for ensuring 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.</td>
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<tr>
<td>2. School Staff are to be briefed at least twice per year by a staff member who has current anaphylaxis management training. However, it is best practice for a School to brief all School Staff on a regular basis regarding anaphylaxis and the School’s Anaphylaxis Management Policy. In addition, it is recommended that a designated staff member(s) be responsible for briefing all volunteers and casual relief staff, and new School Staff (including administration and office staff, canteen staff, sessional teachers, specialist teachers) of the above information and their role in responding to an anaphylactic reaction by a student in their care.</td>
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<td>3. Peer support is an important element of support for students at risk of anaphylaxis. School Staff can raise awareness in School through fact sheets or posters displayed in hallways, canteens and classrooms. Class teachers can discuss the topic with students in class, with a few simple key messages,</td>
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<tr>
<td>4. Schools should be aware that Parents of a child who is at risk of anaphylaxis may experience considerable anxiety about sending their child to School. It is important to develop an open and cooperative relationship with them so that they can feel confident that appropriate management strategies are in place. Aside from implementing practical prevention strategies in Schools, the anxiety that Parents and students may feel can be considerably reduced by regular communication and increased education, awareness and support from the school community.</td>
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<tr>
<td>5. Schools are encouraged to raise awareness about anaphylaxis in the school community so that there is an increased understanding of the condition. This can be done by providing information in the school newsletter. Parent Information Sheets that promote greater awareness of severe allergies can be downloaded from the Royal Children’s Hospital website at: <a href="http://www.rch.org.au/allergy/parent_information_sheets/Parent_Information_Sheets/">www.rch.org.au/allergy/parent_information_sheets/Parent_Information_Sheets/</a></td>
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Staff Training
The following School Staff will be appropriately trained:

1. School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction; and

2. Any further School Staff that are determined by the Principal.

The identified School Staff will undertake the following training:

- an Anaphylaxis Management Training Course in the three years prior; and
- participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year) on:

1. the School’s Anaphylaxis Management Policy;

2. the causes, symptoms and treatment of anaphylaxis;

3. the identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located;

4. how to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector device;

5. the School’s general first aid and emergency response procedures; and

6. the location of, and access to, Adrenaline Autoinjector that have been provided by Parents or purchased by the School for general use.

The briefing must be conducted by a member of School Staff who has successfully completed an Anaphylaxis Management Training Course in the last 12 months.

In the event that the relevant training and briefing has not occurred, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the Parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction. Training will be provided to relevant School Staff as soon as practicable after the student enrols, and preferably before the student’s first day at School. The Principal will ensure that while the student is under the care or supervision of the School, including excursions, yard duty, camps and special event days, there is a sufficient number of School Staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.

Annual Risk Management Checklist
The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations.
APPENDIX “A”

2014 Students with Anaphylaxis
## APPENDIX “B”

### School Management

#### Role and responsibilities of Principals
School Principals have overall responsibility for implementing strategies and processes for ensuring a safe and supportive environment for students at risk of anaphylaxis. To assist Principals in meeting their responsibility, a summary of some of the key obligations under the Order, and suggested prevention strategies, is set out below. This is a guide only, and is not intended to contain an exhaustive list to be relied upon by Principals:

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<td>1.</td>
<td>Ensure that the School develops, implements and reviews its School Anaphylaxis Management Policy in accordance with the Order and these Guidelines.</td>
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<td>2.</td>
<td>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).</td>
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<td>3.</td>
<td>Ensure that Parents provide an ASCIA Action Plan which has been signed by the student's Medical Practitioner and that contains an up-to-date photograph of the student.</td>
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<tr>
<td>4.</td>
<td>Ensure that an Individual Anaphylaxis Management Plan is developed in consultation with the student's Parents for any student that 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 who 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.</td>
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<td>5.</td>
<td>If using an external canteen provider, be satisfied 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.</td>
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<tr>
<td>6.</td>
<td>Ensure that Parents provide the School with an Adrenaline Autoinjector for their child that is not out-of-date and a replacement Adrenaline Autoinjector when requested to do so.</td>
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<td>7.</td>
<td>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.</td>
</tr>
<tr>
<td>8.</td>
<td>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.</td>
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<tr>
<td>9.</td>
<td>Ensure that relevant School Staff have successfully completed an anaphylaxis management training course in the three years prior.</td>
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10. Ensure that relevant School Staff are briefed at least twice a year by a staff member who has completed current anaphylaxis management training on:
   - the School's Anaphylaxis Management Policy;
   - the causes, symptoms and treatment of anaphylaxis;
   - the identities of students diagnosed at risk of anaphylaxis and the location of their medication;
   - how to use an Adrenaline Autoinjector, including hands-on practise with a trainer Adrenaline Autoinjector (which does not contain adrenaline);
   - the School's general first aid and emergency procedures; and
   - the location of Adrenaline Autoinjecting devices that have been purchased by the School for General Use.

11. Allocate time, such as during staff meetings, to discuss, practise and review the School's Anaphylaxis Management Policy. Practise using the trainer Adrenaline Autoinjectors as a group and undertake drills to test effectiveness of the School’s general first aid procedures.

12. Encourage ongoing communication between Parents and School Staff about the current status of the student's allergies, the school's policies and their implementation.

13. 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 practicably 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.

14. Ensure the Risk Management Checklist for anaphylaxis is completed annually.

15. Arrange to purchase and maintain an appropriate number of Adrenaline Autoinjectors for General Use to be part of the School's first aid kit.

**Role and responsibilities of School Staff**

All School Staff have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. This includes administrators, canteen staff, casual relief staff, specialist staff, sessional teachers and volunteers.

To assist School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction attend, and others School Staff where relevant, a summary of some of the key obligations under the Order, and suggested prevention strategies, is set out below. This is a guide only, and is not intended to contain an exhaustive list to be relied upon by School Staff when seeking to discharge their duty of care:

1. Know and understand the School Anaphylaxis Management Policy.

2. Know the identity of students who are at risk of anaphylaxis. Know the students by face.

3. Understand the causes, symptoms, and treatment of anaphylaxis.

4. Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector. Refer to Chapter 12 for more details.

5. Know where to find a copy of each student's Individual Anaphylaxis Management Plan quickly, and follow it in the event of an allergic reaction.
reaction.

6. Know the School's general first aid and emergency response procedures, and understand their role in relation to responding to an anaphylactic reaction.

7. Know where students' Adrenaline Autoinjectors and the Adrenaline Autoinjectors for General Use are kept. (Remember that the Adrenaline Autoinjector is designed so that anyone can administer it in an emergency).


9. Plan ahead for special class activities (e.g. cooking, art and science classes), or special occasions (e.g. excursions, incursions, sport days, camp, cultural days, fetes and parties), either at School, or away from School. Work with Parents to provide appropriate food for their child if the food the School/class is providing may present a risk for him or her.

10. Avoid the use of food treats in class or as rewards, as these may contain hidden allergens. Consider the alternative strategies provided in this document (see Chapter 8). Work with Parents to provide appropriate treats for students at risk of anaphylaxis.

11. Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.

12. Be aware of the risk of cross-contamination when preparing, handling and displaying food.

13. Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food.

14. Raise student awareness about severe allergies and the importance of their role in fostering a School environment that is safe and supportive for their peers.

**Role and responsibilities of first aid coordinators and school nurses**

If available at the School, first aid coordinators or school nurses should take a lead role in supporting the Principal and other School Staff to implement the School’s Anaphylaxis Management Policy.

Set out below are some suggested areas where first aid coordinators or school nurses may provide assistance and advice. This is a guide only, and is not intended to contain an exhaustive list to be relied upon by first aid coordinators or school nurses.

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<tr>
<td><strong>1.</strong></td>
<td>Work with Principals to develop, implement and review the School’s Anaphylaxis Management Policy.</td>
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<tr>
<td><strong>2.</strong></td>
<td>Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector (i.e. EpiPen®/Anapen®).</td>
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<tr>
<td><strong>3.</strong></td>
<td>Provide or arrange regular training to other School Staff to recognise and respond to anaphylactic reaction, including administration of an Adrenaline Autoinjector.</td>
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<tr>
<td><strong>4.</strong></td>
<td>Keep an up-to-date register of students at risk of anaphylaxis.</td>
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5. Keep a register of Adrenaline Autoinjectors as they are ‘in’ and ‘out’ from the central storage point. For instance when they have been taken on excursions, camps etc.

6. Work with Principals, Parents and students to develop, implement and review each Individual Anaphylaxis Management Plan to:
   - ensure that the student’s emergency contact details are up-to-date;
   - ensure that the student’s ASCIA Action Plan matches the student’s supplied Adrenaline Autoinjector;
   - regularly check that the student’s Adrenaline Autoinjector is not out-of-date, such as at the beginning or end of each term;
   - inform Parents in writing that the Adrenaline Autoinjector needs to be replaced a month prior to the expiry date;
   - ensure that the student’s Adrenaline Autoinjector is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place; and
   - ensure that a copy of the Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) is stored with the student’s Adrenaline Autoinjector.

7. Work with School Staff to conduct regular risk prevention, minimisation, assessment and management strategies.

8. Work with School Staff to develop strategies to raise their own, students and school community awareness about severe allergies.

9. Provide or arrange post-incident support (e.g. counselling) to students and School Staff, if appropriate.

Role and responsibilities of Parents of a student at risk of anaphylaxis

Parents have an important role in working with the School to minimise the risk of anaphylaxis. Set out below is a summary of some of the key obligations for Parents under the Order, and some suggested areas where they may actively assist the School. This is a guide only, and is not intended to contain an exhaustive list to be relied upon by Parents.

1. Inform the School in writing, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed at the time as being at risk of anaphylaxis.

2. Obtain an ASCIA Action Plan from the student's Medical Practitioner that details their condition, and any medications to be administered, and other emergency procedures and provide this to the School.

3. Inform School Staff in writing of any changes to the student’s medical condition and if necessary, provide an updated ASCIA Action Plan.

4. Provide the School with an up to date photo for the student’s ASCIA Action Plan and when the plan is reviewed.

5. Meet with and assist the School to develop the student's Individual Anaphylaxis Management Plan, including risk management strategies.

6. Provide the School with an Adrenaline Autoinjector and any other medications that are current and not expired.

7. Replace the student’s Adrenaline Autoinjector and any other medication as needed, before their expiry date or when used.
8. Assist School Staff in planning and preparation for the student prior to camps, field trips, incursions, excursions or special events (e.g. class parties, cultural days, fetes or sport days).

9. If requested by School Staff, assist in identifying and/or providing alternative food options for the student when needed.

10. Inform School Staff in writing of any changes to the student's emergency contact details.

11. Participate in reviews of the student’s Individual Anaphylaxis Management Plan:
   - when there is a change to the student’s condition;
   - as soon as practicable after the student has an anaphylactic reaction at School;
   - at its annual review; and
   - prior to the student participating in an off-site activity such as camps and excursions, or at special events conducted, organised or attended by the School.

**EVALUATION**

This policy will be reviewed annually in line with DET requirements or earlier as required.