BAIRNSDALE CHRISTIAN COMMUNITY SCHOOL INC.

Anaphylaxis Management Policy

INTRODUCTION

Bairnsdale Christian Community School is committed to providing a caring environment for all of its students and staff members. Managing anaphylaxis is part of the care we provide. We do this in service to God, the creator of all and of each child. Each child is precious to Him and so we need to do whatever we can to care for them. We also see our role as caregivers in loco parentis- in the place of the parents and see the school as an extension of the home. Managing anaphylaxis then is part of the care we provide, aiming to have a safe and positive learning environment.
This policy seeks to set out the processes and procedures by which the School attends to and manages the needs of students suffering from anaphylaxis.

Bairnsdale Christian Community School seeks to comply with Ministerial Order 706 and the Anaphylaxis Guidelines relater to anaphylaxis management as published and amended from time to time.

This policy should be read in conjunction with Anaphylaxis Guidelines for Victorian Schools produced by the Victorian Government. This is located in the School's First Aid room.

RATIONALE

Bairnsdale Christian Community School is committed to providing a caring environment for all of its students and staff members. Students need to feel that they will be properly cared for and promptly attended to when they are injured in the School for whatever reason.
Anaphylaxis is severe, rapidly progressive allergic reaction to certain food items, some medications and insect bites/stings. The most common allergens are nuts, eggs, cow's milk and bee or other insect stings, and some medications.
It is potentially life-threatening, however, severe life-threatening allergic reactions are uncommon and deaths are rare. Due to the potential for deaths to occur, however, anaphylaxis must be regarded as a medical emergency requiring a rapid response.

Signs and symptoms of anaphylaxis include hives/rash, tingling in or around the mouth, abdominal pain, vomiting or diarrhoea, swelling of the tongue, lips or face, persistent cough or wheeze, difficulty/noisy breathing or swallowing, difficulty talking and/or hoarse voice persistent dizziness or collapse, or cessation of breathing.

AIM

- To provide a safe, caring and healthy school environment that takes into consideration the needs of all students, including those who may suffer from anaphylaxis.
- To administer First Aid to students in a timely and effective manner.
- To keep the parents of children receiving treatment informed of the level of treatment administered and severity of the attack.

- To ensure key staff are suitably trained and to keep a register of Staff trained to administer treatment for an Anaphylaxis attack.
- To ensure there is immediate access to medication such as adrenaline auto-injectors and asthma puffers throughout the school.
- To ensure that clear and visible guidelines are posted to aid in the treatment of and Anaphylaxis /Asthma event.

IMPLEMENTATION GUIDELINES

- The Principal will take steps to ensure that known allergens are avoided and/or minimised in order to prevent an attack from occuring.
- Generic and individual Action plans for the management of Anaphylaxis are located in the First Aid room/ Staff Room and with all adrenaline auto-injectors located in the school.
- An Allergy, Asthma & Medical conditions Register is compiled by the receptionist by examining enrolment information, emergency information forms and any information received from parents and is regularly updated and circulated, confidentially, to staff only. In addition, a list of students 'at risk' with accompanying photographs and management plans is kept in the Staff Information folder in the Staffroom and for use by teachers during yard duties.
- Each student identified and diagnosed as being at risk of an anaphylactic reaction will have an individual management plan prepared by the School in consultation with the child's parents. This management plan will contain the following information and will be in place as soon as practically possible after the child enrols or before they commence if possible. See Appendix 1 for a template.
    - 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);
    - 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;
    - the name of the person(s) responsible for implementing the strategies;
    - information on where the student's medication will be stored;
    - the student's emergency contact details; and
    - an ASCIA Action Plan.
- Children diagnosed as at risk of an anaphylactic reaction will be required to have an Action Plan prepared in conjunction with their medical practitioner. This must be kept in a clearly accessible place as well as alongside of their particular medication. (See Appendix 2).
- Annual training will be made available to staff. In the event that a child diagnosed as at risk of an anaphylactic reaction is enrolled in the school key staff will be required to undergo twice yearly briefings.
- An annual Risk management assessment will be carried out in order to minimise and if possible eliminate allergy triggers. (See Appendix 3)
- Research has shown that peanuts and nuts in general are the most common trigger for an anaphylactic reaction, accordingly the use of peanuts, nuts and nut based products in all school activities will be minimised and eliminated if practicable.

- Preventions strategies will be reviewed and appropriate strategies implemented in both 'In-school settings' and 'Out-of-school' settings. Appropriate strategies will be determined using those found in Chapter 8 of the Anaphylaxis Guidelines for Victorian Schools available in the First Aid room of the School. (Appendix 4)
- The following points outline some of the strategies aimed at raising awareness about anaphylaxis and providing information about anaphylaxis and the School's Policy:
    - Staff:
        - All staff will undergo an annual briefing on anaphylaxis and the school's policy regarding anaphylaxis management. http://www.education.vic.gov.au/Documents/school/teachers/health/anaphylaxisppt.pptx http://www.education.vic.gov.au/Documents/school/teachers/health/anaphylaxisfacilguide.docx
        - At least 75% of the teaching staff will undergo annual training in anaphylaxis management and the administration of medication.
        - A designated staff member will also brief new staff, casual staff, volunteers, parent helpers and canteen staff.
    - Parents and the school community:
        - Information about anaphylaxis and the school's policy will be disseminated via the School Newsletter and where necessary individual information sheets sent home
    - Students
        - Fact sheets and posters may be posted around the school.
        - Teachers will raise the topic in Health lessons each year and include management behaviours as well as student responses should an incident arise.
    - Chapter 11 of *Anaphylaxis Guidelines for Victorian Schools* contains some useful suggestions to use in communicating with the School community as well as links to various organisations providing useful information.
- Upon the enrolment of a student diagnosed with an anaphylactic condition the School will purchase adrenaline auto-injectors to be kept in the school and with the portable First Aid kit. It will also be assumed that the student will carry a personal adrenaline auto-injector with them at all times.

PROCEDURE

Before and Emergency arises: See chapter 9 of Anaphylaxis Guidelines for Victorian Schools for detailed procedures to be followed by the school leadership, staff and by the parents of children at risk (Appendix 5).

Planning ahead to prepare for an incident:

- Ensure a mechanism exists to raise immediate alarm.
- Become familiar with the list of students 'at risk' kept in the Staff Information folder.
- Ensure teachers, Office staff and even children know where children's individual and the general Auto-injectors and Action plans are located so they can be accessed readily. Have a plan in place as to 'how' to get the Auto-Injector to the student as quickly as possible.

- Designate a staff member, usually the receptionist unless he/she is providing the First Aid. This person should also wait at the main entrance to the school for the ambulance to arrive.
- Nominate a staff member to call the child's parents as soon as is practicable. This may be the same staff member or an additional staff member depending on availability.
- Arrange for another staff member to take charge of the remaining children in a suitable location or classroom.
- In addition, for Out-of-School activities such as camps etc. have risk assessments done with corresponding responses for individual children at risk.
- Ensure trained staff are included 'on staff' for camps, excursions etc.
- Arrange the 'how' for getting emergency treatment while out of school.
- Nominate a person to call an ambulance ensuring they are able to give detailed location instructions.

Emergency procedures for an anaphylactic reaction (See Appendix 6):

- Use whatever means to raise alarm immediately. (phone, mobile phone, red triangle)
- Ensure a trained staff member is located immediately and an adrenaline auto-injector is located and brought to the child.
- Administer the adrenaline as per the relevant Action Plan, either the child's own or the general one. Ensure only staff who have received training administer the adrenaline. (See appendix)
- Call an Ambulance (nominated staff member)
- The remaining class members to be removed to another room in the care of another staff member in order to give the child some privacy.
- Contact the child's parents/emergency contacts.
- The staff member administering the adrenaline should remain with the child at all times until at least parents and Ambulance personnel arrive.
- Follow the School's Critical Incident Management/ Emergency Plans if deemed relevant.

After the incident:

- 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 the way the incident was handled as well as the policy and procedures. 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.

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.

COMMUNICATION

This policy will be communicated through the following means:

- Annual Information sessions with all staff at the beginning of the year.
- Induction sessions with new staff.
- Parents of children diagnosed with anaphyaxis will be offered a copy of the policy.
- The School Board must approve the policy
- It will be available for perusal in the School's publicly available Policy Folder.

APPENDIX 1: ANAPHYLAXIS MANAGEMENT PLAN

http://www.education.vic.gov.au/Documents/school/teachers/health/anaphylaxismanagementplan.docx

APPENDIX 2: ACTION PLANS

http://www.allergy.org.au/health-professionals/ascia-plans-action-and-treatment

APPENDIX 3: ANNUAL RISK MANAGEMENT CHECKLIST

http://www.education.vic.gov.au/Documents/school/teachers/health/RiskChecklistTemplate.docx

APPENDIX 4: STRATEGIES FOR PREVENTION

In-School Settings

It is recommended that School Staff determine which strategies set out below for various in-school settings are appropriate after consideration of factors such as the age of the student, the facilities and activities available at the School, and the general School environment. Not all strategies will be relevant for each School.

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.

CANTEENS
1. Canteen staff (whether internal or external) 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. Refer to: ▪ 'Safe Food Handling' in the School Policy and Advisory Guide, available at: http://www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx ▪ Helpful resources for food services: http://www.allergyfacts.org.au/component/virtuemart/
2. Canteen staff, including volunteers, should be 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 enrols.
3.	Display the student's name and photo in the canteen as a reminder to School Staff.
4.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
5.	Canteens should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.
6.	Make sure that tables and surfaces are wiped down with warm soapy water regularly.
7.	Food banning is not generally recommended. Instead, a 'no-sharing' with the students with food allergy approach is recommended for food, utensils and food containers. However, school communities can agree to not stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds, etc.), including chocolate/hazelnut spreads.
8.	Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.

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 (ie. 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 in yard-duty bags, walkie talkies or yard-duty mobile phones. 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 (eg. 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.

Out-of-School Settings

It is recommended that School Staff determine which strategies set out below for various out-of-school settings are appropriate after consideration of factors such as the age of the student, the facilities and activities available at the School, and the general School environment. Not all strategies will be relevant for each School.

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
1. 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.
2. 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.
3. 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.
4. 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.
5. 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.*
6. 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.
7. Use of substances containing allergens should be avoided where possible.
8. 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.
9. 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.
10. 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.
11. 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.
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.

APPENDIX 5: SCHOOL MANAGEMENT AND EMERGENCY RESPONSE – BEFORE AN EMERGENCY ARISES

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:

1. Ensure that the School develops, implements and reviews its School Anaphylaxis Management Policy in accordance with the Order and these Guidelines.
2. 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).
3. 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.
4. 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.
5. 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 (eg. during cooking and art classes) and at external events (eg. swimming sports, camps, excursions and interstate/overseas trips). Ensure students' Individual Anaphylaxis Management Plans are communicated to staff.
6. 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.
7. 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.
8. 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.
9. 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.
10. Ensure that relevant School Staff have successfully completed an anaphylaxis management training course in the three years prior.
11. 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.

12. 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.
13. Encourage ongoing communication between Parents and School Staff about the current status of the student's allergies, the school's policies and their implementation.
14. 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.
15. Ensure the Risk Management Checklist for anaphylaxis is completed annually.
16. 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.
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).
8. Know and follow the prevention and risk minimisation strategies in the student's Individual Anaphylaxis Management Plan.
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 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.

APPENDIX 6: EMERGENCY RESPONSE INSTRUCTIONS

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®.
7. The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

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.