



## ANAPHYLAXIS POLICY

---

### PURPOSE

To explain to parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that the school is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

### SCOPE

This policy applies to:

- all staff, including casual relief staff and volunteers
- all students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction, and their parents and carers.

**Signs and symptoms of a mild to moderate allergic reactions can include:**

- swelling of the lips, face and eyes
- hives or welts
- tingling in the mouth

**Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:**

- difficult/noisy breathing
- swelling of tongue
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- student appears pale or floppy
- abdominal pain and/or vomiting

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

### POLICY

#### School Statement

Altona Primary School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

#### Anaphylaxis

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

#### *Symptoms*

Signs and symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- tingling in the mouth.



## ANAPHYLAXIS POLICY

---

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

- difficult/noisy breathing
- swelling of tongue
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- student appears pale or floppy
- abdominal pain and/or vomiting.

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

### *Treatment*

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

### *Individual Anaphylaxis Management Plans*

All students at Altona Primary School who are diagnosed as being at risk of suffering from an anaphylactic reaction by a medical practitioner **must** have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the principal of Altona Primary School is responsible for developing a plan in consultation with the student's parents/carers.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrolls at Altona Primary School and where possible, before the student's first day.

### **Parents and carers must:**

- obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable;
- immediately inform the school in writing if there is a relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis;
- provide an up to date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed;
- provide the school with a current adrenaline autoinjector for the student that has not expired;
- participate in annual reviews of the student's Plan.

### **Each student's Individual Anaphylaxis Management Plan must include:**

- information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has;
- information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner;



## ANAPHYLAXIS POLICY

---

- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, 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 risk minimisation strategies which have been identified in the Plan;
- information about where the student's medication will be stored
- the student's emergency contact details;
- a current ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

### Review and updates to Individual Anaphylaxis Plans

A student's Individual Anaphylaxis Plan will be reviewed and updated on an annual basis in consultation with the student's parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

- as soon as practicable after the student has an anaphylactic reaction at school;
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
- when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

Our school may also consider updating a student's Individual Anaphylaxis Management Plan if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

### Location of plans and adrenaline autoinjectors

Depending on the age of the students at Altona Primary School who are at risk of anaphylaxis, the severity of their allergies and the content of their plan, some students may keep their adrenaline autoinjector on their person, rather than in a designated location. Copies of the plans are available in the First Aid Room and relevant classrooms and areas of the school, plans are easily accessible by school staff on campus in the event of an incident.

If students **do not** keep their adrenaline autoinjectors on their person:

- A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the First Aid Room together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.

When students keep their adrenaline autoinjectors on their person:

- A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in the First Aid Room. Students are encouraged to keep their adrenaline autoinjectors on their person. Adrenaline autoinjectors for general use are available in the First Aid Room and are labelled "general use".

### Risk Minimisation Strategies

Altona Primary School has risk minimisation strategies in place to reduce the possibility of a student suffering from an anaphylactic reaction at school. We will consider strategies for all school activities, including:

- during classroom activities (including class rotations, specialist and elective classes);
- between classes and other breaks;



## ANAPHYLAXIS POLICY

---

- in kitchens (where applicable);
- during recess and lunchtimes;
- before and after school;
- camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions).

To reduce the risk of a student suffering from an anaphylactic reaction at Altona Primary School, we have put in place risk management strategies. Altona Primary School will adopt the following strategies (depending on the age of students and types of allergies that they may suffer from):

- Plan ahead for special class activities or special occasions such as excursions, incursions, sport days, camps and parties. Work with parents/carers to provide appropriate food for the student;
- 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;
- Be careful of the risk of cross-contamination when preparing, handling and displaying food;
- Ensure that tables and surfaces are wiped down regularly and that students wash their hands after handling food;
- Students are discouraged from sharing food;
- Year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays;
- A general use EpiPen will be stored in the first aid room for ease of access;
- Raise student and school community awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers;
- Inform parents if classroom teachers will provide food and ensure every effort is made to avoid foods containing allergens;
- Remind parents to only provide food for their child
- Effective communication to staff and families
- Develop Risk Management Plans for all events based on identified risks for anaphylactic students

### Adrenaline Autoinjectors for General Use

Altona Primary School will maintain a supply of adrenaline autoinjector(s) for *general use*, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first time reaction at school. Adrenaline autoinjectors for general use will be stored at the First Aid Room and labelled "*general use*."

The First Aid Officer is responsible for arranging the purchase of adrenaline auto-injectors for *general use*, and will consider:

- the number of students enrolled at Altona Primary School at risk of anaphylaxis.
- the accessibility of adrenaline auto-injectors supplied by parents;
- the availability of a sufficient supply of auto-adrenaline injectors for *general use* in different locations at the school, as well as at camps, excursions and events;
- the limited life span of adrenaline auto-injectors, and the need for *general use* adrenaline auto-injectors to be replaced when used or prior to expiry.

The First Aid Manager (Principal Class Nominee) is responsible for checking this process has been completed.



## ANAPHYLAXIS POLICY

### Individual Student Adrenaline autoinjectors

The First Aid Officer is responsible for identified individual- use auto-injectors including:

- accessibility of adrenaline auto-injectors supplied by parents
- the limited life span of adrenaline auto-injectors, and the need for *individual use* adrenaline auto-injectors to be replaced when used or prior to expiry which requires communication with families.

The First Aid Manager (Principal Class Nominee) is responsible for checking this process has been completed.

### Emergency Response

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 procedures, emergency response procedures and the student's Individual Anaphylaxis Management Plan.

The First Aid Officer will maintain a complete and up to date register of students identified as being at risk of anaphylaxis including Individual Action Plans and Autoinjectors. All information is recorded electronically (google drive). Individual Action Plans and Autoinjectors are located in the First Aid Room. For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

Step	Action
1.	<ul style="list-style-type: none"><li>- Lay the person flat</li><li>- Do not allow them to stand or walk</li><li>- If breathing is difficult, allow them to sit</li><li>- Be calm and reassuring</li><li>- Do not leave them alone</li><li>- Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored in the First Aid Room</li><li>- If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5</li></ul>
2.	<p>Administer an EpiPen or EpiPen Jr (if the student is under 20kg)</p> <ul style="list-style-type: none"><li>- Remove from plastic container</li><li>- Form a fist around the EpiPen and pull off the blue safety release (cap)</li><li>- Place orange end against the student's outer mid-thigh (with or without clothing)</li><li>- Push down hard until a click is heard or felt and hold in place for 3 seconds</li><li>- Remove EpiPen</li><li>- Note the time the EpiPen is administered</li><li>- Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration</li></ul>
3.	Call an ambulance (000)
4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.
5.	Contact the student's emergency contacts.



## ANAPHYLAXIS POLICY

**Note:** If a student appears to be having a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2-5 as above.

**Note:** If in doubt, it is better to use an adrenaline autoinjector than not use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful and potentially life threatening than over treatment of a mild to moderate allergic reaction. Refer to page 41 of the [Anaphylaxis Guidelines](#)

### Communication Plan

This policy will be available on Altona Primary School's website so that parents and other members of the school community can easily access information about anaphylaxis management procedures. The parents and carers of students who are enrolled at Altona Primary School and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

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

The Altona Primary School Anaphylaxis Communication Plan is to be read in conjunction with the school's Anaphylaxis Policy and the Action Plan for Anaphylaxis.

The principal (or nominee) is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Departments' *Anaphylaxis Guidelines*.

### Staff training

The principal (or nominee) will ensure that the following school staff are appropriately trained in anaphylaxis management:

- All school staff who conduct classes attended by students who are at risk of anaphylaxis
- All school staff including classroom teachers, specialist teachers, educational support staff, administrative staff and leadership staff

Staff who are required to undertake training must have completed:

- an approved face-to-face anaphylaxis management training course in the last three years 22300VIC Course in First Aid Management of Anaphylaxis and/or
- an approved online anaphylaxis management training course in the last two years ASCIA e-training Course

Note: for details about approved staff training modules, refer to chapter 5 of the [Anaphylaxis Guidelines](#)

Staff training certificates are retained on a school data base.

Staff are also required to attend a briefing on anaphylaxis management and this policy, at least twice per year (with the first briefing to be held at the beginning of the school year), facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years.

Altona Primary School trained Anaphylaxis Supervisors will conduct each briefing and will address:

- this policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located



## ANAPHYLAXIS POLICY

---

- how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

When a new student enrolls at Altona Primary School who is at risk of anaphylaxis, the principal will develop an interim plan in consultation with the student's parents and ensure that appropriate staff are trained and briefed as soon as possible.

The principal (or nominee) will ensure that while students at risk of anaphylaxis are 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 event days, there is a sufficient number of school staff present who have been trained in anaphylaxis management.

### FURTHER INFORMATION AND RESOURCES

#### Related School Policies

- First Aid Policy
- Administration of Medication Policy
- Asthma Management Policy
- Duty of Care Policy
- Excursions and Camping Policy
- Child Safe Policy

#### Related DET Resources

- School Policy and Advisory Guide
  - o [Anaphylaxis](#)
  - o [Anaphylaxis management in schools](#)
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)

#### Appendix A: First Aid Plan for Anaphylaxis

#### Appendix B: Communication Plan

### EVALUATION AND REVIEW

The Principal will complete the Department's Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis. This policy will be reviewed annually or as necessary due to changes in regulations or circumstances and/or after a significant anaphylactic incident.



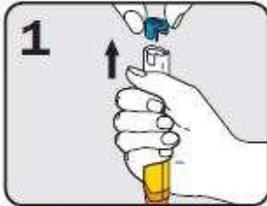
# ANAPHYLAXIS POLICY



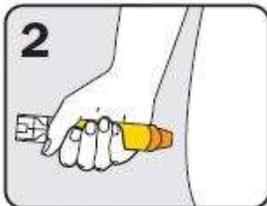
## FIRST AID PLAN FOR Anaphylaxis

For use with **EpiPen®** adrenaline (epinephrine) autoinjectors

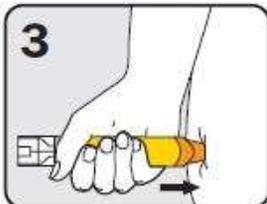
### How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds  
REMOVE EpiPen®

EpiPen® is given as follows:

- EpiPen® Jr (150 mcg) for children 7.5-20kg
- EpiPen® (300 mcg) for children over 20kg and adults

### SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Tingling mouth
- Hives or welts
- Abdominal pain, vomiting - **these are signs of anaphylaxis for insect allergy**

### ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person, call for help and locate adrenaline autoinjector
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

### WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

### ACTION FOR ANAPHYLAXIS

- 1 LAY PERSON FLAT - do NOT allow them to stand or walk
- If unconscious or pregnant, place in recovery position - on left side if pregnant, as shown below
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



- 2 GIVE ADRENALINE AUTOINJECTOR
- 3 Phone ambulance - 000 (AU) or 111 (NZ)
- 4 Phone family/emergency contact
- 5 Further adrenaline may be given if no response after 5 minutes
- 6 Transfer person to hospital for at least 4 hours of observation

### IF IN DOUBT GIVE ADRENALINE AUTOINJECTOR

Commence CPR at any time if person is unresponsive and not breathing normally

**ALWAYS** give adrenaline autoinjector **FIRST**, if someone has **SEVERE AND SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms. **THEN SEEK MEDICAL HELP.**

Note: If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre. Continue to follow this first aid plan for the person with the allergic reaction.

© ASCIA 2021 This document has been developed for use as a poster, or to be stored with general use adrenaline autoinjectors.



## ANAPHYLAXIS POLICY

### APPENDIX 2

#### Altona Primary School Anaphylaxis Communication Plan

This plan is to be read in conjunction with the school's Anaphylaxis Management Policy and Action Plan for Anaphylaxis

#### DIRECTIONS FOR USING EpiPen® (Autoinjector)

- 1) Carefully tilt and slide the **EpiPen®** out of its protective carry tube.
- 2) Check the contents of the **EpiPen®** through the viewing window. Ensure the solution is clear, colourless and sediment free. If the viewing window is obscured and the needle cover is extended, the **EpiPen®** has already fired and cannot be used again.
- 3) Form a fist around the **EpiPen®** with your thumb nearest to the blue safety release.
- 4) Pull off the blue safety release with your other hand.
- 5) Hold the **EpiPen®** at a 90° angle (right angle) to the outer part of the thigh. Hold leg still and place against outer mid-thigh (with or without clothing).
- 6) Push the orange end firmly in until a click is heard or felt. Administer through clothing if necessary. Keep pressing the **EpiPen®** firmly against the thigh and hold in place for 3 seconds.
- 7) Carefully remove the **EpiPen®** from the thigh. The orange needle cover will extend to cover the needle.
- 8) Check the viewing window – it should now be obscured. If it is not obscured, the **EpiPen®** has not fired or worked. If the viewing window is not obscured, repeat steps 3-8 above.
- 9) Note the time **EpiPen®** was given.
- 10) You CANNOT REUSE the **EpiPen®** even though some adrenaline is left inside it.
- 11) Do not tamper with the orange needle cover. Do not replace the blue safety release. Your used **EpiPen®** with extended orange needle cover will not fit back into the carry tube.

#### Raising Staff Awareness:

- Accredited anaphylaxis 22099VIC training will be provided to all relevant staff deemed by the school principal and updated every 3 years.
- All staff will participate in a briefing at least twice per calendar year, with the first briefing to be held at the beginning of the school year, on:
  - Altona Primary School's Anaphylaxis Management Policy
  - causes, symptoms and treatment of anaphylaxis
  - prevention strategies in place
  - the identity of students who are at risk of an anaphylactic reaction
  - how to use an **EpiPen®**, including hands on practise with a trainer **EpiPen®**
  - Altona Primary School's first aid and emergency response procedures
  - Location of **EpiPens®**
  - Responding to an anaphylactic reaction (As per Action Plan for Anaphylaxis)
- Casual Relief Teachers (CRT's) will be briefed on:
  - the identity of students who are at risk of an anaphylactic reaction in their care
  - Altona Primary School's first aid and emergency response procedures
  - Location of **EpiPens®**
  - Who can support them in an emergency
  - Information contained in CRT folders

#### Raising Student Awareness:



## ANAPHYLAXIS POLICY

---

- Classroom teachers will raise awareness by discussing key messages with students in class at the commencement of each school year and where appropriate throughout the year.
  - Always take food allergies seriously
  - Don't share your food with friends
  - Wash your hands after eating
  - Know what your friends are allergic to
  - If a school friend becomes sick, get help immediately, even if the friend does not want you to
  - Be respectful of a school friend's Adrenaline Auto-injector (**EpiPen**<sup>®</sup>)

### Working with Parents/Carers:

- Anaphylaxis Action Plan and **EpiPen**<sup>®</sup> must be provided to school on the first day of school commencement by parents for a newly enrolled student.
- Current student(s) must provide their anaphylaxis plan yearly prior to the old plan expiring.
- First Aid Officers will provide a reminder (a month before) to parents as to when the Anaphylaxis Action Plan expires and/ or **EpiPen**<sup>®</sup> expires.
- Classroom teachers will notify families within their grade of a child who is anaphylactic.
- Parent/carers are responsible for:
  - providing the emergency procedures plan (ASCIA Plan);
  - informing the school if their child's condition changes, and if relevant, an updated ASCIA Action Plan;
  - provide an up to date photo when the plan is reviewed;
  - provide the school with an **EpiPen**<sup>®</sup> that is currently in date

### Raising School Community Awareness:

- The Principal and/or Principal's nominee will be responsible for communicating information to all staff, students and parents about anaphylaxis and the school's Anaphylaxis Management Policy through the school newsletter and school website in the form of fact sheets, brochures and electronic links to information.

### Responding to Anaphylactic Reaction in the Classroom:

- Staff member to stay with the student having the reaction at all times.
- The teacher will identify the student as anaphylactic using the Anaphylaxis Action Plan Poster that is displayed in the classroom and he/she will immediately call the office to obtain the student's **EpiPen**<sup>®</sup> and the school's general use **EpiPen**<sup>®</sup>.
- If the teacher is unable to contact the office via phone, a student will be directed to seek assistance from the closest classroom teacher.
- Teacher will inform the office staff of the location, who the student is and if they are calling an ambulance. Teacher will then call an ambulance to obtain assistance.
- The office staff/ES staff / first aid officer will locate the individual anaphylaxis kit for the student, collect the general use **EpiPen**<sup>®</sup> in the first aid room and deliver to the student.
- The adrenaline will be administered according to the identified student's individual action plan, and follow school medical emergency procedure.
- All teachers should be familiar with school medical emergency procedures.
- A different staff member (other than the classroom teacher) will remove remaining students out of the classroom to another class to be supervised.
- Classroom teacher to stay with the child and receive support from additional staff members.
- Leadership to be informed to support incident.
- Student's parents notified as soon as possible.
- DET Incident Support Operations Centre notified.



## ANAPHYLAXIS POLICY

---

### Responding to Anaphylactic Reaction in the School Yard:

- Staff member to stay with the student in crisis at all times.
- The teacher will identify the student as anaphylactic using the Anaphylaxis Alert Card in the yard duty bag and he/she will immediately radio through or call the office to obtain the student's **EpiPen**<sup>®</sup> and the school's general use **EpiPen**<sup>®</sup>.
- If the teacher is unable to contact the office via phone or walkie talkie, a student will be directed to the office for immediate staff assistance.
- Teacher will inform the office staff of the location, who the student is and if they are calling an ambulance. Teacher will then call an ambulance to obtain assistance.
- The office staff/ES staff / first aid officer will locate the individual anaphylaxis kit for the student, collect the general use **EpiPen**<sup>®</sup> in the first aid room and deliver to the student.
- The adrenaline will be administered according to the identified student's individual action plan, and follow school medical emergency procedure.
- All teachers on yard duty are expected to help out if an incident occurs.
- All teachers should be familiar with school medical emergency procedures.
- Staff not attending to the student in crisis to remove all other students away from that play area.
- Leadership to be informed to support incident.
- Student's parents notified as soon as possible.
- DET Incident Support Operations Centre informed.

### Responding to Anaphylactic Reaction on Special Event Days onsite:

- Teacher/adult to stay with the student in crisis at all times.
- If the teacher/adult is unable to contact the office via phone or walkie talkie, a student or other adult will be directed to the office for immediate staff assistance.
- Teacher/adult will inform the office staff of the location, who the student is and if they are calling an ambulance. Teacher/adult will then call an ambulance to obtain assistance.
- The office staff/ES staff / first aid officer will locate the individual anaphylaxis kit for the student, collect the general use **EpiPen**<sup>®</sup> in the first aid room and deliver to the student.
- The adrenaline will be administered according to the identified student's individual action plan and follow school medical emergency procedure. Ambulance will be called as soon as possible before/after **EpiPen**<sup>®</sup> is administered.
- All available staff are expected to help out if an incident occurs.
- All teachers should be familiar with school medical emergency procedures.
- Staff not attending to the student in crisis to remove all other students away from the area.
- Leadership to be informed to support incident.
- Student's parents notified as soon as possible.
- DET Incident Support Operations Centre informed.

### Responding to Anaphylactic Reaction on an Excursion:

- The teacher in charge of the student(s) with anaphylaxis is responsible for their medication and for knowing the student's action plan. The student's **EpiPen**<sup>®</sup> will be signed out from the first aid room before leaving the school. The teacher is also responsible for returning the **EpiPen**<sup>®</sup> to the first aid room and signing it in upon arrival back to school.
- All teachers attending the excursion should be aware of all students attending who are anaphylactic.



## ANAPHYLAXIS POLICY

- All teachers involved in excursions should be familiar with the external medical emergency procedure.
- **EpiPen®** should be administered according to the student's individual action plan. Ambulance will be called as soon as possible before/after **EpiPen®** is administered.
- Leadership to be informed.
- Student's parents notified as soon as possible.
- DET Incident Support Operations Centre informed.

### Responding to Anaphylactic Reaction on Special Event Days offsite i.e. Sport Days:

- The teacher in charge of student's medication will collect and sign out the student's **EpiPen®** from the first aid room before leaving the school grounds. The teacher is also responsible for returning the **EpiPen®** to the first aid room and signing it in upon arrival back to school.
- A First Aid area is the identified location for **EpiPen®**, all students and teachers will be made aware of this location.
- The **EpiPen®** will be administered according to the student's individual action plan and follow the school external medical emergency procedure. Ambulance will be called as soon as possible before/after **EpiPen®** is administered.
- Leadership to be informed.
- Student's parents notified as soon as possible.
- DET Incident Support Operations Centre informed.

### Responding to Anaphylactic Reaction on School Camp:

- The teacher in charge of the student's medication will ensure that the student's **EpiPen®** is accessible to the student at all times. Student's **EpiPen®** will be collected and signed out from the first aid room before leaving the school. The teacher is also responsible for returning the **EpiPen®** to the first aid room and signing it in upon arrival back to school.
- Parent's will provide a second back up **EpiPen®** which will be in close proximity to the student at all times.
- All teachers involved in school camp should be familiar with all anaphylactic students, the location of their medication/Action Plan and the school external medical procedure.
- A staff member or the teacher in charge of medication is responsible for ensuring the **EpiPen®** is delivered to the student and administered according to the student's individual action plan.
- The ambulance should be called as soon as possible before/after **EpiPen®** has been administered.
- Leadership to be informed.
- Student's parents notified as soon as possible.
- DET Incident Support Operations Centre informed.