

Anaphylaxis Policy

Purpose

Ministerial Order 706 sets out the anaphylaxis-management requirements that The Knox School follows as a minimum standard for school registration under Part IV of the *Education and Training Reform Act 2006* (Vic).

The School is committed to complying with Ministerial Order 706, and this policy seeks to, so far as practicable, provide a safe and supportive environment in which students at risk of Anaphylaxis can participate equally in all aspects of schooling.

This policy is to be read in conjunction with the School's first aid and emergency response policies, as well as its Anaphylaxis Communication Plan.

What is Anaphylaxis?

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school-aged children are nuts, egg, cow's milk, fish and shellfish, wheat, soy, sesame seeds, latex, some insect stings and medications. A severe allergic reaction can develop within minutes of exposure to the allergen, and recovery is dependent on appropriate training and management of this medical emergency.

The key to prevention is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. This requires communication and partnerships between parents/guardians and the School to ensure that certain foods or known and potential allergens are kept away from the student while they are in the care of the School.

Adrenaline given through an adrenaline auto-injector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

Application

This policy applies to parents of students, the Board, the Principal, School staff, volunteers, contractors and other authorised personnel of the School required to perform functions on the School's premises or at events or activities held in connection with the School (including those occurring off-site).

This policy aims to:

- Comply with Ministerial Order 706 and the associated guidelines on Anaphylaxis managed, published and amended by the Department of Education and Training from time to time.
- Provide, as far as practicable, a safe and supportive environment in which students at risk of Anaphylaxis can participate equally in all aspects of the school program and experiences.
- Minimise the risk of an anaphylactic reaction occurring while a student is in the care of the School.

- Ensure that staff members (and especially those with a duty of care to the School's students) have adequate knowledge about allergies, anaphylaxis and the School's procedures for responding to an anaphylactic reaction.
- Raise awareness about Anaphylaxis and this policy within the School and in the School community.
- Engage with parents of students at risk of Anaphylaxis to assessing risks, developing risk minimisation and prevention strategies and Individual Anaphylaxis Management Plans (**IAMP**) for specific students.

Prevention Strategies

The School will comply with Ministerial Order 706 and associated guidelines in its prevention and management of Anaphylaxis, to minimise the risk of an anaphylactic reaction.

Such strategies will include:

- Implementing IAMP's for affected students.
- Purchasing of adrenaline auto-injectors for general use.
- Communicating about Anaphylaxis, with regard to the School's Anaphylaxis Communication Plan.
- Training appropriate staff in Anaphylaxis management.
- Maintaining 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.
- Ensuring the above list is readily accessible to staff and is displayed in various locations across the School (including in hard copy folders and on information boards).
- Completing an Annual Risk Management Checklist.
- Strongly encouraging secondary school age students at risk of Anaphylaxis to be responsible and educated in the identification and management of their allergies.

Prevention strategies by the Principal:

The Principal will use prevention strategies to minimise the risk of an anaphylactic reaction. Such strategies will include:

- Ensuring that an IAMP is developed, in consultation with the student's parents and a medical practitioner, for any student who has been diagnosed as being at risk of Anaphylaxis.
- Ensuring that school staff who conduct classes that students at risk of anaphylaxis attend, and any further staff that the Principal identifies (based on an assessment of the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the School), are trained and briefed at least twice per calendar year in accordance with the requirements in clause 12 of Ministerial Order 706.
- Ensuring sufficient trained relevant staff members are available to supervise students at risk of allergy and Anaphylaxis during and outside of normal class activities (eg at sports activities, excursions and camps).
- Arranging the purchase of additional adrenaline auto-injectors for general use and as a back-up to those supplied by parents/guardians and to ensure all medications and plans are within expiry date and that medicines are stored appropriately.

- Ensuring that a communication plan is developed to provide information to all staff, casual relief teachers, students and parents about Anaphylaxis and this policy.
- Ensuring that this policy is available for all parents, including regular communication via School newsletters and/or posters to communicate information and maintain awareness. Parents of the student diagnosed at risk of Anaphylaxis will be provided with a copy of this policy. A notice is displayed prominently stating that a student diagnosed at risk of Anaphylaxis is being educated at the School.
- Assuming responsibility for completing an Annual Risk Management Checklist.

Prevention strategies by the School Nurse:

- Liaising with parents of any student who has been diagnosed by a medical practitioner as being at risk of Anaphylaxis with regard to the student's medical diagnosis and recording details of allergies.
- Ensuring that an IAMP is developed, in consultation with the student's parents and medical practitioner.
- Ensuring the student's details are included in the list of all students who have IAMP's at the School.
- Ensuring the student's IAMP and adrenaline auto-injector are placed in the appropriate locations to alert and remind staff at the School.
- Ensuring the appropriate storage of adrenaline auto-injectors (either students' own, or those purchased for general use) at the School and that none have expired.
- Arranging for Anaphylaxis training of relevant staff members to meet the requirements of Ministerial Order 706 and keeping up-to-date records of their training, ensuring that no relevant staff member's training has expired.
- Arranging for staff briefings on Anaphylaxis each semester.
- Responding to calls for assistance from staff members during an episode of suspected Anaphylaxis and following this policy, and the School's emergency management procedures.

Prevention strategies by relevant Staff Members:

- Attending Anaphylaxis briefing sessions given each semester (being twice yearly) by the School Nurse. If staff are unable to attend, they are required to meet with the Nurse at another time for the same briefing.
- Attending Anaphylaxis training sessions when requested to by the School Nurse, including for extra-curricular activities, off-site events, camps and excursions.
- Rendering assistance to any staff member, student or member of the School community during an episode of suspected Anaphylaxis as per this policy and the School's emergency management procedures.
- Understanding that 'duty of care' is non-delegable.
- Ensuring own knowledge of students who IAMP's at the School and being especially aware of those students when they are in the classroom or School yard.
- Ensure own familiarity with administration of an adrenaline auto-injector in accordance with authorised training (which addresses the use of EpiPens).

Prevention strategies by Parents:

Parents of any student who has been diagnosed by a medical practitioner as being at risk of Anaphylaxis will:

- Communicate their child's allergies and risk of Anaphylaxis to the School at the earliest opportunity, preferably prior to, or on enrolment. This information is requested during the enrolment process.
- Continue to communicate with the School and provide up to date information about their child's medical condition or changes to their IAMP (including by reviewing and updating their child's medical information when completing permission forms for excursions and off-site events).
- Provide the School with an IAMP in ASCIA format, signed by the registered medical practitioner, giving written consent to use an adrenaline auto-injector in line with the IAMP.
- Provide the Principal or their delegate in writing as soon as possible if their child's medical condition (in so far as it relates to allergy and the potential for anaphylactic reaction), changes and if relevant, provide an updated IAMP.
- Assist staff by offering information and answering any questions regarding their child's condition.
- If required, ensure that an IAMP is developed in consultation with the School Nurse.
- Participate in a review by the School, in consultation with the student's parents, of their child's IAMP every 12 months or more frequently if the student:
 - Experiences a change to their medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction.
 - Suffers an anaphylactic reaction at School (in which case the review must occur as soon as practicable after the reaction).
 - Is to participate in an off-site activity such as a camp or excursion, or a special event conducted, authorised or attended by the School.
- Provide the School with a current and unexpired adrenaline auto-injector (the School's preference is an EpiPen) for their child.
- Provide a replacement adrenaline auto-injector to School before expiry of the last.
- Provide an up-to-date photo for their child's IAMP when the IAMP is provided to the School.
- Communicate all relevant information and concerns to staff, for example, any matter relating to the health of their student.
- Read, be familiar with and comply with this policy.
- Understand the reasons why any student who has been prescribed an adrenaline auto-injection device such as an EpiPen® is not permitted to attend the School or its activities without that device and the device from home if required.
- Ensure an adrenaline auto-injector for use is available at home and can be used for overnight excursions or camps in addition to the adrenaline auto-injector held at School.
- Ensure their child has suitable arrangements to manage Anaphylaxis when travelling to and from School. It is the responsibility of the parents to notify the School if travel arrangements to and from the School change between reviews of their child's IAMP.

Adrenaline auto-injectors

It is acknowledged that early administration of adrenaline is paramount in the management of Anaphylaxis. According, the School notes the following:

- The Principal is responsible for the purchase of additional adrenaline auto-injector(s) for general use and as a back-up to those supplied by parents. In doing so, the Principal will have regard to:
 - The number of students enrolled at the School who have been diagnosed with a medical condition relating to allergy and the potential for Anaphylaxis.
 - The accessibility of adrenaline auto-injectors that have been provided by parents.
 - The fact that adrenaline auto-injectors have a limited life (typically within 12-18 months) and those stored for general use will need to be replaced at the School's expense, either at the time of use or expiry, whichever is first.
 - The availability of a sufficient supply of adrenaline auto-injectors for general use in specified locations at each of the School's campuses and also in the School yard and at excursions, camps and special events conducted, organised or attended by the School.
- With regard to the factors above, the Principal will authorise that the School purchase at least one adrenaline auto-injector for general use as a back up to the one supplied by parents for each student diagnosed with Anaphylaxis, plus a minimum of one additional adrenaline auto-injector for general use for each campus if, to the School's knowledge, there is no student at the campus diagnosed with a medical condition relating to allergy or Anaphylaxis.

An adrenaline auto-injector database is maintained and monitored by the School's Nurses and ensures the replacement of auto-injectors after use or before the expiry date.

Staff Training Procedure

All staff have a responsibility to participate in the risk management and care of students at risk of Anaphylaxis. This includes educating the School community and maintaining awareness of Anaphylaxis and allergic reactions

The School will ensure that all staff in contact with students have training to manage a serious allergic or anaphylactic reaction in accordance with Ministerial Order 706.

The School has elected to manage staff training in two ways:

- All staff in contact with students will continue to be trained in the First Aid Management of Anaphylaxis 22578VIC with an external Registered Training Organisation. This training is valid for 3 years, with briefing twice a year.

A complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for an anaphylactic reaction is located in:

- The Health Centre.
- Yard duty clipboards.
- Staff common rooms
- Staff areas in common areas for students (eg. Library, Canteen, Sport Centre, Music area).
- Emergency Epipen Cupboard (with copy of Action Plan)

- The School's electronic attendance rolls for each teaching period. This includes information regarding serious student medical conditions, including Anaphylaxis. Casual teaching staff have access to these rolls.

In addition, staff will participate in a briefing, to occur twice per calendar year on:

- The School's Anaphylaxis Policy.
- The causes, symptoms and treatment of Anaphylaxis
- 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.
- How to use an adrenaline auto-injector, including hands on practice with a trainer adrenaline auto-injector device.
- The School's general first aid and emergency response procedures (including use of hand held radio to contact the School Nurse or Reception to raise the alarm).
- The location of, and access to, adrenaline auto-injectors that have been provided by parents or purchased by the School for general use.
- Discussion around School regarding specific scenarios and Anaphylaxis management.

The briefing must be conducted by a staff member who has successfully completed an Anaphylaxis Management Training Course in the last 2 years.

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.

If for any reason, training or briefings have not occurred in the intended timeframe:

- The School must develop an interim plan in consultation with the parents of any affected student with a medical condition that relates to an allergy and the potential for anaphylactic reaction. Training will be provided to relevant staff as soon as practicable and where possible, before the student attends School.
- The relevant staff who have missed the training or briefing are required to meet with the Nurse at another time for the same briefing.
- Relevant staff must also have a meeting with a member of the Leadership Team to ensure their workload does not involve them being the only direct supervisor of a student who is at risk of anaphylaxis.

Individual Anaphylaxis Management Plans

The IAMP will be in place for any student at risk of Anaphylaxis when the student enrolls and where possible before their first day of school. The IAMP will be in a format approved by the ASCIA and will set out the following:

- Information about the student including:
 - o Name.
 - o Date of birth.
 - o Recent photograph of the student.
 - o List of potential allergens.

- o Family and emergency contact details.
 - o Name and signature of medical practitioner who prepared or was involved in the preparation of the IAMP.
 - o Medications prescribed to the student and any comorbidities (e.g. Asthma).
- A risk assessment with strategies implemented 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 names of the people responsible for implementing these strategies.
 - Information on where the student's medication will be stored.

The red and blue ASCIA Action Plan for Anaphylaxis can be downloaded the ASCIA website as required to ensure the most recent version is used.

IAMP's are to be followed during an Anaphylaxis emergency, and are to be reviewed and updated by the student's medical practitioner when:

- The current adrenaline auto-injector held for the student expires (usually within 12 -15 months).
- Any changes to conditions.

Risk Assessment and Risk Minimisation Strategies and Procedure

The key to prevention of Anaphylaxis is the identification of triggers or allergen and avoiding them. Factors to consider are:

- Allergen.
- Age of student.
- Severity of allergy based on information from the parent and medical practitioner.
- Activities of the student.
- Facilities and the general school environment.

IAMP's will be reviewed along with risk assessment, risk minimisation and prevention strategies for all School activities including:

- Classrooms, specialist and elective classes.
- Class parties, sports day, camps, excursions, incursions, fetes, cultural days etc.
- Between classes, recess, lunchtime, playground, library.
- When using the canteen.
- Before and after School, after hours School care, journey to and from School.

Parents, teachers, sport coaches, bus drivers and canteen staff will be included in these risk assessments. For external activities and camps relevant external staff will be consulted.

Food Bans

Foods will not be banned at the School as compliance cannot be enforced or guaranteed. However, to minimise the risk of exposure to the most common allergen, products using peanuts or peanut products will not be used at School.

The School also utilises the following strategies:

- Age appropriate strategies will be implemented, for example close supervision of young anaphylactic students during meal times.
- Parents will be asked to avoid providing nut products for their child to eat at School whether or not a student with nut allergy is enrolled in order to promote awareness. This is because nuts are the most common trigger for Anaphylaxis.
- Banning foods does not eliminate the presence of allergens. Many allergens are very difficult to eliminate (eg. egg, wheat, dairy).

Classrooms, Specialist and Elective Classes

In classrooms, the following strategies will be adopted by the School:

- Student IAMP's and any accompanying information will be easily accessible.

For Junior School students, to year 3 if they are at risk of Anaphylaxis. Adrenaline auto-injectors will be stored with the student's IAMP on designated hooks behind the door of the Camp Australia Room, which is also easily accessible to Out of Hours Care Staff.

Adrenaline auto-injectors for students Year 4 and up are kept in The Health Centre

- Adrenaline auto-injectors for general use are located in several locations in easily accessed and frequently used areas of the School along with copies of IAMP's for every student at risk of Anaphylaxis.
- Parents will be consulted about food-related activities ahead of time.
- Food treats are not permitted. Non-food treats may be used where possible/suitable.
- Food from outside sources will never be given to a student who is at risk of Anaphylaxis.
- Food in the class will not contain the substance to which the student is allergic.
- Products labelled 'may contain traces of nuts' will not be served to students allergic to nuts. Products labelled 'may contain milk or egg' will not be served to students with milk or egg allergy and so forth.
- Staff will 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).
- The School will ensure that all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
- Regular discussions will be had with students about the importance of washing hands, eating their own food and not sharing food.
- A designated staff member will inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of Anaphylaxis, the location of each student's IAMP and adrenaline auto-injector, this policy, and each individual person's responsibility in managing an incident (ie. seeking a trained staff member).

Class Parties, Sports day, Camps, Excursions, Incursions, Fetes, Cultural days etc

In response to special events (as described above), the following strategies will be adopted by the School:

- Sufficient appropriately trained staff will supervise such events. All staff at the School who have direct contact with students are trained to administer an adrenaline auto-injector and respond quickly to an anaphylactic reaction according to Ministerial Order 706.
- School staff will not use food in activities or games, including as rewards.
- For special occasions, School staff will consult parents in advance to either develop an alternative food menu or request the parents to send a meal for the student.
- Parents of other students will be informed in advance about foods that may cause allergic reactions in students at risk of Anaphylaxis and asked that they avoid providing students with treats whilst they are at School or at a special School event.
- Party balloons will not be used if any student is allergic to latex.

Between Classes, Recess, Lunchtime, Playground, Library

Outside of class time, the following strategies will be adopted by the School:

- All Staff on yard duty are trained in the administration of the adrenaline auto-injector (eg. EpiPen) to be able to respond quickly to an anaphylactic reaction if needed.
- The adrenaline auto-injectors for general use and each student's IAMP are easily accessible from all areas of the School, and staff are aware of their exact location. Adrenaline auto-injectors for general use can be used whilst the students own adrenaline auto-injector is collected from the Health Centre.
- All yard duty staff will carry a walkie talkie to allow cross communication in accordance with The Knox School Emergency Response Procedures.
- Efforts will be made to select plants for the School grounds to reduce the most allergenic pollens and avoid those which attract bees.
- Lawns and oval will be mowed regularly.
- Closed shoes are to be worn at all times.
- Bins will be emptied regularly to reduce wasp numbers.
- Students will be reminded to be cautious when eating food or drinking outside by covering drinks or avoiding eating outside.

Canteen

The following strategies are adopted with regard to the School canteen:

- The School sub- contracts an external company to provide food options at recess and lunchtime. Canteen staff receive 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. through the Food Safety Program administered by the Department of Health of the State of Victoria.
- Canteen staff, are briefed about students at risk of Anaphylaxis.
- Images of students at risk of Anaphylaxis are displayed in the canteen as a reminder to School staff.

- The School canteen provides a range of healthy meals and products that exclude peanut or other nut products in the ingredient list.
- Tables and surfaces are wiped down with hot soapy water regularly.
- 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.
- Canteen staff are aware of and avoid contamination of other foods when preparing, handling or displaying food.

Out-of-school settings

Travel to and from School by bus

- The School Nurse will 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 if used. This includes the availability and administration of an adrenaline auto-injector. The Adrenaline auto-injector and IAMP for Anaphylaxis must be with the student, even if the student is deemed too young to carry an adrenaline auto-injector on their person at School.
- It is the responsibility of the parents to notify the School if travel arrangements to and from School change between reviews of their child's IAMP.

Excursions, Sporting Events.

The following strategies are adopted with regard to excursions and sporting events:

- Sufficient staff supervising the special event will be trained in the administration of an adrenaline auto-injector and be able to respond quickly to an anaphylactic reaction if required.
- All teaching staff and sport coaches are appropriately trained according to Ministerial Order 706.
- Staff will avoid using food in activities or games, including as rewards.
- The adrenaline auto-injector and a copy of the IAMP for each student at risk of Anaphylaxis will be easily accessible and School staff will be aware of their exact location
- For each field trip, excursion etc, a risk assessment will be undertaken for each individual student attending who is at risk of Anaphylaxis. Regard will be had to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, the distance from medical assistance, the structure of excursion and corresponding staff-student ratio, and any other relevant factors.
- All staff present during the field trip or excursion will be aware of the identity of any students attending who are at risk of Anaphylaxis and be able to identify them by face.
- The School will consult the parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request that parents provide a meal (if required).
- 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.
- Prior to the excursion taking place, staff should consult with the student's parents and medical practitioner (if necessary) to review the student's IAMP to ensure that it is up to date and relevant to the particular excursion activity.

Camps and Remote Settings

The following strategies are adopted with regard to camps and remote settings:

- The School engages only camp services who can provide food that is safe for anaphylactic students.
- The camp cook will 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.
- The School understands that its duty of care cannot be delegated to a third party (eg. camp owner) and will not sign any written disclaimer or statement from a third party that indicates that the owner/operator is unable to provide food which is safe for students at risk of Anaphylaxis.
- The School will conduct a risk assessment and develop a risk management strategy for students at risk of Anaphylaxis. The camp will not proceed until appropriate risk minimization, prevention strategies and processes to address an anaphylactic reaction are in place. This should be developed in consultation with parents of students at risk of Anaphylaxis and camp owners or other third parties prior to the camp dates.
- Alternative food will be provided if the School has any concerns at all regarding the safety of food supplied by the camp/ service. Camps who do not stock nut products will be used. Products that may contain 'traces of nuts' may be served, but not to students who are known to be allergic to nuts.
- The student's adrenaline auto-injector, IAMP and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered (e.g. a satellite phone).
- Prior to the camp taking place the School Nurse will consult with the student's parents to review the student's IAMP to ensure that it is up to date and relevant to the circumstances of the camp.
- On arrival at the camp, emergency response procedures will be reviewed with staff and the camp provider to ensure that they are sufficient in the event of an anaphylactic reaction. All staff participating in the camp are to be clear about their roles and responsibilities.
- Local emergency services and hospital facilities will be determined prior to the camp. Consideration will be given to alerting such services of the proposed camp and to advise full medical conditions of students at risk, location of camp and location of any off camp activities. Contact details of emergency services are distributed to all staff as part of the emergency response procedures developed for the camp.
- Students at risk of Anaphylaxis will be required to provide their adrenaline auto-injector from home as well as the adrenaline auto-injector held at School for the camp. The adrenaline auto-injector from home must be checked by the organising teacher for that it is suitable for use (correct dose, within expiry date and not cloudy) before departure. At least one spare adrenaline auto-injector will be provided for general use by the School- even if there is no student at risk of Anaphylaxis attending. This will form part of the First Aid Kit.
- Adrenaline auto-injectors will be kept close to the student at risk and all staff will know their location at all times. It may be appropriate for older students to carry their own, but staff must check and know this is the case and its exact location. Duty of care responsibilities are the same whether or not the student carries their own adrenaline auto-injector.
- Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.

- Cooking and art and craft games should not involve the use of known allergens (eg. egg cartons in case of egg allergy).
- Consider the potential exposure to allergens when consuming food on buses and in cabins.

Overseas Excursions

In response to overseas excursions, the School reviews and considers the strategies suggested for out of School settings. Where an excursion is planned for overseas, parents will be involved in discussions regarding risk management well in advance.

The School will also investigate the potential risks at all stages of the overseas travel such as:

- Travel to and from the airport/port.
- Travel to and from Australia (via aeroplane, ship etc).
- Various accommodation venues.
- All towns and other locations to be visited.
- Sourcing safe foods at all of these location and risks of cross contamination, including exposure to the foods of the other students
- Hidden allergens in foods.
- Whether the table and surfaces that the student may use will be adequate cleaned to prevent a reaction.
- Whether the other students will wash their hands when handling food.

The School will assess whether each of these risks can be managed using minimisation strategies such as the following:

- Translating of the student's IAMP and ASCIA Action Plan into the local language.
- Sourcing of safe foods at all stages.
- Obtaining the names, address and contact details of the nearest hospital and medical practitioners at each location that may be visited.
- Obtaining emergency contact details.
- Sourcing the ability to purchase additional adrenaline auto-injectors.
- Recording details of travel insurance, including contact details for the insurer.
- Determining how any costs associated with medication, treatment and/or alteration to the travel plans as a result of an anaphylactic reaction can be paid.
- Planning for appropriate supervision of students at risk of Anaphylaxis at all times, including by ensuring that:
 - o There are sufficient staff attending the excursion who have been trained in accordance with Ministerial Order 706.
 - o There is an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are taking medication and eating food.

- o There will be capacity for adequate supervision of any affected student(s) requiring medical treatment, and that adequate supervision of other students will be available.
- o Staff/student ratios should be maintained during the trip, including in the event of (any) emergency where the students may need to be separated.

An emergency response procedure will be adapted to the circumstances of the excursion with consideration to the following:

- Dates of travel.
- Name of airline, and relevant contact details.
- Itinerary detailing the proposed destinations, flight information and the duration of the stay in each location.
- Hotel addresses and telephone numbers.
- Proposed means of travel within the overseas country.
- List of students and each of their medical conditions, medication and other treatment (if any).
- Emergency contact details of hospitals, ambulances, and medical practitioners in each location.
- Details of travel insurance.
- Plans to respond to any foreseeable emergency including who will be responsible for the implementation of each part of the plans.
- Possession of a mobile phone that would enable the staff to contact emergency services in the overseas country if assistance is required.

Work Experience

The School will involve parents, the student and the employer in discussions regarding risk management prior to a student at risk of Anaphylaxis attending work experience. Staff must be shown the student's IAMP and be trained to use an adrenaline auto-injector, in case the student shows signs of an allergic reaction whilst at work experience.

Storage of adrenaline auto-injectors (both students own and those for general use)

The following procedures will be followed for storage of adrenaline auto-injectors by the School:

- Adrenaline auto-injectors for individual students, or for general use, are stored correctly and able to be accessed quickly.
- Adrenaline auto-injectors are stored in an unlocked, easily accessible place away from direct light and heat, but not in a refrigerator or freezer.
- Each adrenaline auto-injector is clearly labelled with the student's name and stored with a copy of the student's IAMP.
- Adrenaline auto-injectors for general use will be clearly labelled and distinguishable from those for students at risk of anaphylaxis and stored with a general ASCIA Action Plan for Anaphylaxis (Orange).
- Adrenaline auto-injector trainer devices (which do not contain adrenaline or a needle) are not stored in the same location as the adrenaline auto-injector which must be used in an emergency (containing adrenaline and a needle) due to the risk of confusion.

- Whenever adrenaline auto-injectors for general use are taken and returned to/from their usual location, such as for camps, excursions or off-site activities, this must be clearly recorded showing date, time and person taking or returning the adrenaline auto-injector for general use with the IAMP for Anaphylaxis for general use.
- During off-site activities, adrenaline auto-injectors will be carried in the School's first aid kit; however, School staff can consider allowing students, particularly senior students with known allergies or risks of Anaphylaxis, to carry their own adrenaline auto-injector. Staff are made aware that they still have a duty of care towards the student even if they do carry their own adrenaline auto-injector.
- Adrenaline auto-injectors for general use are stored in 8 locations around the School, along with ventolin and a spacer, antihistamines to treat mild to moderate allergic reaction, and copies of the IAMP for each student at risk. These locations are as follows:
 - Founders Building Teachers Office.
 - Junior School Office.
 - Hospitality Centre.
 - Senior College Office.
 - Sport Centre Office.
 - School Canteen (Pavilion).
 - Library staff kitchen.
 - Main Reception with Defibrillator.
- Each adrenaline auto-injector for general use (purchased by the School) is labelled 'spare' and stored with an orange ASCIA Action Plan for general use.
- For students in Year 4-12, their adrenaline auto-injector, IAMP and prescribed antihistamine (if applicable) is kept in a labelled pocket and bag in an unlocked cupboard in the Health Centre.
- For students in Junior School (Prep to Year 3), their adrenaline auto-injector, IAMP and prescribed antihistamine (if applicable) is stored in the Camp Australia room in separate, named, insulated bags on personalised hooks, where they are accessible to Out of Hours Child Care staff.
- Pre-prep students their adrenaline auto injector is stored in their room.
- Adrenaline auto-injectors and IAMP's for both personal and general use are reviewed monthly by the School Nurse and records maintained. Records are kept in the Health Centre.
- Parents are reminded in writing at least 1 month prior to expiry of their child's School adrenaline auto-injectors to arrange a replacement, review the IAMP with a medical practitioner, update a risk assessment and ensure all student data on record at School is correct.

In the event that a student's School adrenaline auto-injector expires and a replacement is not provided by parents within the required timeframe, the Head of School will be notified by the School Nurse and a management plan will be discussed.

Anaphylaxis Emergency Response Procedure

Staff will follow The Knox School Emergency Response Procedure for Medical Emergencies and if applicable, the student's IAMP (including an ASCIA Action Plan).

In the event of a medical emergency on-site (classroom, School yard, School buildings, gymnasium, hall etc.):

- The staff member first on scene is to assess situation- **Danger Response Airway Breathing Circulation Deadly bleeding or Defibrillation** and apply appropriate first aid.
- If you think student is having an allergic reaction or anaphylactic reaction:
 - Speak with the Nurse on Hand Held Radio (**HHR**) or mobile phone to help with assessment and treatment, and call emergency services as required. If an adrenaline auto-injector is used on the student an ambulance must be called. The HHR radio will notify all other radio holders of the incident, including Reception and the Health Centre. Subject to the circumstances, Reception can call emergency services if required.
 - Check the School's list of students who are identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction (which the Principal is responsible for and the School is required to keep current and up to date). This list includes a photo of the student, their full name, class, and details of their allergy or condition and whether an adrenaline auto-injector has been prescribed (eg. Anaphylaxis, peanuts and nut products, EpiPen). If the student is named on the list, the staff member must have regard to the student's IAMP.
 - If applicable, locate and follow the students IAMP (locations of IAMP's are referred to above).
 - Remain with the student and ensure that they are not left unattended.
- If the student's condition allows, take them to the Health Centre or nearest Emergency EpiPen cupboard. Locate the student's IAMP and administer antihistamine, EpiPen and Ventolin as prescribed and appropriate for symptoms.
- **Monitor the student's condition constantly. Otherwise, lie the student flat (sitting up with support if difficulty breathing) and the Nurse will come to assist.**
- When communicating be specific with your information and provide the name of the student, symptoms, injuries, exact location. This enables the Nurse to bring appropriate equipment to the scene and allows for the Receptionist to notify the Principal and co-ordinate help from available administration staff to direct the ambulance to the scene.
- **Remain in contact with Nurse with the HHR so that the Nurse can locate you and assist.**

Off-site

In the event of an anaphylactic episode at an off-site School event, the supervising staff member will assess situation- **Danger Response Airway Breathing Circulation Deadly bleeding or Defibrillation** and apply appropriate first aid.

The supervising staff member will then call emergency services, administer adrenaline auto-injector and if applicable, follow the student's the IAMP.

Where possible, only School staff with relevant training should administer the student's adrenaline auto-injector. However, it is imperative that an adrenaline auto-injector is administered as soon as possible after an anaphylactic reaction. Therefore, if necessary, the adrenaline auto-injector may be administered by any person following the instructions in the student's IAMP (including ASCIA Action Plan) if applicable.

The School's general first aid and emergency response procedures should also be followed to the extent that it is reasonably practicable to do so off-site.

Checklist

The Principal is responsible for ensuring that the School complete the Annual Risk Management Checklist at the start of each School year to help ensure all aspects of Anaphylaxis management are covered.

Anaphylaxis Communication Plan

The School's Anaphylaxis Communication Plan includes:

- The way in which the School will provide information to all staff, students, parents and the community about Anaphylaxis, including provision of and access to this policy.
- Procedures to inform volunteers, canteen staff and casual relief staff of students with a medical condition that relates to allergy and the potential for an anaphylactic reaction of a student in their care.

Awareness of Anaphylaxis is raised within the School community through the display of fact sheets, posters and direct communication from the School's Health Nurse.

Consequences of a Breach of this Policy

The School emphasises the need to fully comply with the requirements of this policy and associated procedure. Any staff found to be in breach of the requirements of this policy may be subject to disciplinary action, up to and including termination of employment (or engagement, where appropriate). Refer to the Performance Management, Misconduct and Disciplinary Action Policy.

Implications for Practice

The School must properly implement this policy, including by ensuring that this policy is:

- Endorsed on an annual basis.
- Made available to staff members, students and parents, for example, on the School intranet, and in physical form in the staff room or bulletin boards.
- Incorporated into the Board's and Principal's record of current policies.
- Incorporated into the School's induction program to ensure that all staff (including contractors, volunteers, trainees and casual staff) are aware of it, have read and understood it and acknowledge their commitment to comply with its terms.
- Addressed through the provision of periodic training and refresher sessions to all staff.

Policy Name	Anaphylaxis policy		Constructed / Reviewed by:	Russell Kennedy Lawyers / School Nurse
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School Nurse	Principal	March 2024 v.9	March 2024	March 2025

