



# Newlands Primary School

## ANAPHYLAXIS MANAGEMENT POLICY

### RATIONALE

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication. The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school. Adrenaline given through an EpiPen® autoinjector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

### PURPOSE

- To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the students schooling.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community
- To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis, and the school's policy and procedures in responding to an anaphylactic reaction.
- This policy supports Newlands Primary School's context which is underpinned by the DEECD Anaphylaxis Guidelines

### IMPLEMENTATION

The Principal will ensure that parents of students, who have been diagnosed by a medical practitioner as being at risk of anaphylaxis, understand that their medical practitioner must provide an up-to-date individual anaphylaxis management plan to the school as early as possible.

The individual anaphylaxis management plan will be in place as soon as practicable after the student enrolls, and if possible, prior to the student starting school.

The individual anaphylaxis management plan will set out the following:

- Information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy or allergies the student has (based on a 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 name, address and phone number of the student's parents and an emergency contact details; and
- An ASCIA Action Plan The red and blue 'ASCIA Action Plan for Anaphylaxis' is the recognised form of emergency procedure plans that is provided by medical practitioners to parents when a child is diagnosed as being at risk of anaphylaxis.
- Refer to Appendix for a copy of NPS Individual Management Plan Template

### **Staff**

School Staff will then implement and monitor the student's Individual Anaphylaxis Management Plan. The Student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents in all the following circumstances:

- annually;
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
- as soon as practicable after the student has an anaphylactic reaction at School; and
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg: class parties, elective subjects, cultural days, fetes, incursions).

### **Families/Guardians**

It is the responsibility of the parent to:

- provide the ASCIA Action Plan;
- inform the school if their child's medical condition changes, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant provide an updated ASCIA Action Plan;
- provide an up to date photo for the ASCIA Action Plan when the plan is provided to the school and when it is reviewed;
- provide the School with an Adreanine Autoinjector that is current and not expired for their child.

## **PREVENTION STRATEGIES**

Individual Anaphylaxis Management Plans and ASCIA Action Plans will be placed in:

- The students' classroom;
- The Anaphylaxis Folder in the Sick Bay;
- The Anaphylaxis records in the AP Office;
- The Student's Medication bag
- Before and After School care.

Individual Anaphylaxis Management Plans for Camp will accompany Camp First Aid packs/Excursions First Aid packs.

The playground / yard duty first aid bag will contain a current photo of all students with anaphylaxis, the allergy, and the required action.

The School will maintain 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;

### **Classroom including specialists,**

- Every teacher will receive individual anaphylactic management plans (including photographs) for all anaphylactic children in their grade level. If the child goes to different maths groups or literacy groups (or specialists) this allows for all staff to be aware of potential hazards.
- Individual management plans will be placed in all classroom rolls and displayed in all specialist rooms. Specialists will have the names of all children who have Anaphylaxis.

***Classes that have a student with an allergic reaction will receive a note asking families/carers to avoid bringing food that contain specific ingredients.***

### **CRTs**

- Photocopies of anaphylaxis management plans are placed in classroom rolls.
- The Grade level coordinator will draw attention to any child who is at risk of anaphylaxis.
- Specialist teachers have a booklet with the names of all anaphylactic children.

### **Minimising exposure**

- Children are expected to eat their play lunch and lunch in the classroom.
- There will be regular communication with parents via the newsletter and notes sent home reminding them that nuts are not banned however, they should exercise caution when preparing lunches and snacks.

### In Classrooms:

1. Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom (located in the teacher's Attendance Roll). The ASCIA Action Plan is displayed near the classroom door and 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. 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).
5. Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
6. Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
7. A designated staff member (Assistant Principal) 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.

### During Class Eating Time:

1. Students who have been identified as having food that may contain ingredients that may trigger an anaphylactic reaction will be asked to eat in another area deemed appropriate by the teacher. (This may include another room that has a student who does not suffer from anaphylaxis)
2. The student is then assisted to wash their hands and face, the teacher will dispose of wrappers appropriately.
3. The classroom teacher will contact parents informing them that a child with Anaphylaxis is in their room and be referred to our Anaphylaxis policy.
4. **Food banning is not recommended by the department. Instead, a 'no-sharing' with the students with food allergy approach is recommended for food, utensils and food containers.**

### In the Yard:

1. If the School has a student who is at risk of anaphylaxis, School Staff on yard duty must be trained in the administration of the Adrenaline Autoinjector (i.e. EpiPen®/ Anapen®) to be able to respond quickly to an anaphylactic reaction if needed.
2. The Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location.
3. The School has a Communication Plan in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard.

### **Excursions:**

1. If the School has a student at risk of anaphylaxis, 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. The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis will be stored in the Excursion bag with School Staff.
4. For each excursion, 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 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.
5. Parents may wish to accompany their child on excursions. This should be discussed with Parents as another strategy for supporting the student who is at risk of anaphylaxis.

### **Camps:**

1. Prior to engaging a camp owner/operator's services the School must 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 School will 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.
3. School Staff will 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. An Anaphylaxis Management Plan for Camp will be developed with the parents.
4. 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.
5. Prior to the camp taking place School Staff will consult with the student's Parents to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
6. School Staff participating in the camp will 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.
7. The School will take 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.
8. The School will purchase an Adrenaline Autoinjector for General Use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.

## **SCHOOL MANAGEMENT and EMERGENCY RESPONSE**

In the event of an anaphylactic reaction, the Emergency Response Procedures as stated below must be followed, together with the School's general first aid and the student's ASCIA Action Plan.

When a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care or supervision of the School, outside of normal class activities, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the School, the Principal must ensure that there are sufficient number of School Staff present who have been trained in accordance with the DEECD guidelines and as detailed below in this policy.

### **EMERGENCY RESPONSE PROCEDURE**

In the case of an ANAPHYLACTIC attack in the yard:

#### ***In the case where a student cannot be transitioned to the first aid office***

- Lay the child down.
- Do not allow them to stand or walk. If breathing is difficult, allow them to sit.
- Teacher is to contact office by phone (teachers will have their own phone on them), first aid staff member is to collect auto-injector and deliver to teacher.
- and
- Other Staff Member on yard duty is to be sent with an emergency card and verbal message to the office to obtain assistance.
- Once communication has been made with the First Aid staff member and the EpiPen is on its way to the location of the child/teacher in the yard, the yard duty teacher should call 000 as soon as they can. Emergency services will assist the teacher over the phone.
- For an insect allergy, flick out the sting, if it is visible.
- The Adrenaline auto-injector should be delivered without delay and the ASCIA Action Plan followed (noting time delivered).
- The child's parents/guardians to be contacted by leadership.
- If another Adrenaline auto-injector is available, a further Adrenaline dose may be given if there is no response after five minutes (unassigned school epiPen).
- Available teacher removes students from area to minimise risk of injury.
- Wait until emergency services arrive.
- Information updated on Learning Management System.

***\*Each yard duty bag contains laminated emergency cards with the names and photographs of Anaphylactic students***

In the case of an ANAPHYLACTIC attack in classroom:

#### ***In the case where a student cannot be transitioned to the first aid office***

- Lay the child down.
- Do not allow them to stand or walk. If breathing is difficult, allow them to sit.

- Teacher is to contact office by phone (teachers will have their own phone on them), first aid staff member is to collect auto-injector and deliver to teacher.
- and
- Staff Member in area (ES or Staff) is to be sent with an emergency card and verbal message to the office to obtain assistance.
- Office staff will locate the student's assigned Adrenaline auto-injector from first aid room and will take it to the teacher.
- Once communication has been made with the First Aid staff member and the epipen is on its way to the location of the child/teacher in the yard, the yard duty teacher should call 000 as soon as they can. Emergency services will assist the teacher over the phone.
- The Adrenaline auto-injector should be delivered without delay and the ASCIA Action Plan followed (noting time delivered).
- The child's parents/guardians to be contacted by leadership.
- If another Adrenaline auto-injector is available, a further Adrenaline dose may be given if there is no response after five minutes (unassigned epipen).
- Available teacher removes students from area to minimise risk of injury.
- Wait until emergency services arrive.
- Information updated on Learning Management System.

### **School Camp/Excursions.**

**Prior to any school camp/excursion: Parents will be fully informed of the relevant considerations such as:**

- the remoteness of the camp (distance to nearest hospital)
- mobile telephone coverage (In some locations, coverage is not reliable)
- the School will inform the camp of any students with anaphylaxis to ensure that appropriate arrangements are made for students participating at camp
- the auto Adrenaline injecting device will accompany students at risk of anaphylaxis to all excursions, sports events and camps
- the injecting device will be kept within close proximity of the student

In the case of an ANAPHYLACTIC attack during a school excursion/camp:

#### ***In the case where a student cannot be transitioned to the first aid office***

- Lay the child down.
- Do not allow them to stand or walk. If breathing is difficult, allow them to sit.
- The Adrenaline auto-injector should be delivered without delay and the ASCIA Action Plan followed (noting time delivered)
- The child's teacher must remain with the child and call 000 on their mobile phone.
- An adult is to be sent with an emergency card and verbal message to the Excursion/Camp Staff if possible.
- The school is to be notified.
- The child's parents/guardians to be contacted by leadership.
- Wait for emergency services to arrive.
- Information updated on Learning Management System.

***\*The Excursion/Camps bag contains laminated cards with the names and photographs of Anaphylactic students which include emergency contact details.***

## **REVIEW PROCEDURE**

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

- The Adrenaline Autoinjector must be replaced by the Parent as soon as possible and the Principal shall ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector being provided;
- If the Adrenaline for General Use has been used this should be replaced as soon as possible and the Principal should ensure there is an interim plan in place should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector for General Use being provided;
- The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's parents;
- The School's Anaphylaxis Management Policy should be reviewed to ensure that it adequately responds to anaphylactic reactions by students who are in the care of School staff.

## **Labelling/Storing:**

- Medication will be stored in accordance with the student's Individual Anaphylaxis Management Plan and the student's Anaphylaxis Action Plan
- Medication should always remain readily available for the student in case required
- A copy of the Individual Anaphylaxis Management Plan, complete with a current photo of the student, will be stored with the medication
- Parents/Carers are to be wholly responsible for recording the expiry date of medications placed at the school and will be responsible for the timely replacement of the said medication
- Nominated staff members will check the expiry date on school's medications each term

## **COMMUNICATION PLAN**

The principal will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the school's anaphylaxis management policy/plan.

The communication plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in classroom, in the school yard, on school excursions and special event days.

The CRT coordinator (or designated person) will ensure CRTs are informed of students at risk and what their role is in responding to an anaphylactic reaction by a student in their care.

This includes:

- being alerted to the relevant anaphylaxis information in class rolls, and
- if replacing a specialist teacher, having access to the specialist timetable, which identifies classes with anaphylactic students.

All staff will be briefed once each semester by a staff member with up-to-date anaphylaxis management training) on

- the school's anaphylaxis management policy
- the causes, symptoms and treatment of anaphylaxis
- the students diagnosed at risk of anaphylaxis and the location of medication
- the correct use of the auto Adrenaline injecting device
- the school's first aid and emergency response procedures

### **Staff training**

The following school staff will be appropriately trained:

- School staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
- Any further school staff that are determined by the Principal based on a risk assessment
- A risk assessment tool is available from DEECD Health Support Planning Policy Note: A video has been developed and may be viewed as part of updating staff.  
<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx>.

The identified school staff will undertake the following training:

- An Anaphylaxis Management Training Course in the three years prior; and
- Participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year) on:
  - the School's Anaphylaxis Management 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 the medication is located;
  - how to use an Adrenaline Autoinjector, including hands on practice with a trainer Adrenaline Autoinjector device;
  - the School's general first aid and emergency response procedures; and
  - the location of, and access to, Adrenaline Autoinjector that have been provided by parents or purchased by the School for general use.

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

In the event that the relevant training and briefing has not occurred, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents of any affected student.

Training will be provided to relevant School staff as soon as practicable after the student enrolls, and preferably before the student's first day at School.

The Principal will ensure that while the student is under the care or supervision of the School, including excursions, yard duty, camps and special event days, the principal must ensure that there is a sufficient number of School staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.

### **Annual Risk Management Checklist**

The Principal will complete an annual Risk Management Checklist to monitor compliance with the Ministerial Order 706, the DEECD guidelines and their obligations. The annual checklist can be downloaded from

<http://www.education.vic.gov.au/school/teachers/health/pages/anaphylaxischl.aspx>

### References

- Ministerial Order 706
- DEECD Anaphylaxis Policy
- DEECD Health Support Planning Policy

### **EVALUATION**

- This policy will be reviewed every 2 years

This Policy was approved by School Council:

Date:

For more information regarding the legislative requirements of Ministerial Order 706, and its supporting information and resources, see:

- [Anaphylaxis Guidelines for Victorian Schools](#)
- [ASCIA Guidelines – for prevention of food anaphylactic reactions in schools, preschools and childcare centres](#)
- [Anaphylaxis Australia](#)



# Newlands Primary School

## ANAPHYLAXIS COMMUNICATION PLAN

### Raising Staff Awareness

All staff to undertake eTraining and demonstration, to be updated every two years. <https://etrainingvic.allergy.org.au>

Staff briefings will be held twice yearly to include information on:

- The School's anaphylaxis management policy
- Causes, symptoms and treatment of anaphylaxis
- Identity of students diagnosed at risk of anaphylaxis and where medication is stored
- How to use an Adrenaline auto-injector – EpiPen/Anapen
- Discouraging peanut and tree nut products in all forms being brought into the School
- The School's emergency response procedures
- Where lists and photos of students with severe medical conditions are collated

### Location of Medication and Lists

All medication will be placed in the office. It will remain in the office unless being removed for an excursion, camp or for use.

Lists of students who suffer from an allergy ASCIA plan will be displayed in the staffroom, in the office with medication, with the classroom teachers, yard duty bags, specialist teachers and CRT Folders.

ALL STAFF in charge of students at risk of anaphylaxis need to read and be familiar with their student's ASCIA Action Plan and individual management plan.

### Raising Student Awareness

Classroom education during 'Start Up' program, Health and Promotion (Physical Education) and during school assembly will reinforce the importance of:

- Hand washing
- Not sharing food, and discouraging peanut and tree nut products in all forms being brought into the School.
- Raising peer group awareness of serious allergic reactions

### Working with parents

Parents/carers are required to:

- Provide the School with an emergency procedures plan (ASCIA Action Plan) which includes a current colour photo of their child. This will be scanned in original condition into the Learning Management System (SENTRAL).

- Supply the School with their child's Adrenaline autoinjector and ensure it has not expired.
- Work with the School to develop an individual management plan and review it annually.
- Give permission for their child's photo to be displayed in areas around the School.
- Give permission for the school to inform the parent community (No child's name will be mentioned unless allowed)

Parents are encouraged to:

- Supply a second Adrenaline auto-injector for the student to stay in their home classroom.

### Minimising the risks

- Community will be informed that there are students who have allergic reactions through parent information nights/newsletter/specific notes and the possible repercussions.
- Community encouraged to bring food alternatives to school – to minimise risk.
- All parents/carers who have a child with a severe allergy are to follow the Newlands Primary School Anaphylaxis Policy
- First Aid officer is in charge of ensures EpiPen's are in date, stored correctly and Management Plans are correct and current.
- First Aid officer ensure all teachers are knowledgeable on the students who suffer from severe allergies and Emergency Cards/Action Plans are up to date in relevant classrooms and staff room (inc specialists), CRT folders and First Aid bags

Teachers will:

***Supervise all students while they collect their food. Students identified as consuming foods that may be considered a risk will:***

- Be asked to eat in another area deemed appropriate by the teacher.
- Be assisted by the teacher to wash their hands and face. The teacher will dispose of wrappers appropriately.
- Have their parents contacted, informing them of the risk to others associated with particular foods at school.

***During lunch, teachers will supervise all students as they eat their lunch. Students identified as consuming foods that may be considered a risk will:***

- Be asked to eat in another area deemed appropriate by the teacher. (this may include another room that has a student who does not suffer from anaphylaxis)
- Be assisted by the teacher to wash their hands and face. The teacher will dispose of wrappers appropriately.
- Have their parents contacted, informing them of the risk to others associated with particular foods at school.

- If another Adrenaline auto-injector is available, a further Adrenaline dose may be given if there is no response after five minutes (unassigned epipen).
- Available teacher removes students from area to minimise risk of injury.
- Wait until emergency services arrive.

**Food banning is not recommended by the department. Instead, a 'no-sharing' with the students with food allergy approach is recommended for food, utensils and food containers.**

## Emergency Response

### RESPONDING TO AN ANAPHYLACTIC REACTION IN THE SCHOOLYARD

*In the case where a student cannot be transitioned to the first aid office*

- Lay the child down.
- Do not allow them to stand or walk. If breathing is difficult, allow them to sit.
- Teacher is to contact office by phone (teachers will have their own phone on them), first aid staff member is to collect auto-injector and deliver to teacher.  
and
- Staff Member on yard is to be sent with an emergency card and verbal message to the office to obtain assistance.
- For an insect allergy, flick out the sting, if it is visible.
- Once communication has been made with the First Aid staff member and the Epipen is on its way to the location of the child/teacher in the yard, the yard duty teacher should call 000 as soon as they can. Emergency services will assist the teacher over the phone.
- The Adrenaline auto-injector should be delivered without delay and the ASCIA Action Plan followed (noting time delivered).
- The child's parents/guardians to be contacted by leadership.
- If another Adrenaline auto-injector is available, a further Adrenaline dose may be given if there is no response after five minutes (unassigned school epipen).
- Available teacher removes students from area to minimise risk of injury
- Wait until emergency services arrive

### RESPONDING TO AN ANAPHYLACTIC REACTION IN THE CLASSROOM

*In the case where a student cannot be transitioned to the first aid office*

- Lay the child down.
- Do not allow them to stand or walk. If breathing is difficult, allow them to sit.  
Teacher is to contact office by phone (teachers will have their own phone on them), first aid staff member is to collect auto-injector and deliver to teacher.  
and
- Staff Member in area (ES or Staff) is to be sent with an emergency card and verbal message to the office to obtain assistance.
- Office staff will locate the student's assigned Adrenaline auto-injector from first aid room and will take it to the teacher.
- Once communication has been made with the First Aid staff member and the Epipen is on its way to the location of the child/teacher in the classroom, the classroom teacher should call 000 as soon as they can. Emergency services will assist the teacher over the phone.
- The child's teacher will deliver injection and remain with the child.
- The Adrenaline auto-injector should be delivered without delay and the ASCIA Action Plan followed (noting time delivered).
- The child's parents/guardians to be contacted by leadership.

### RESPONDING TO AN ANAPHYLACTIC REACTION ON SCHOOL TRIPS OR EXCURSIONS

The staff member in charge of the person at risk of anaphylaxis is responsible for knowing the location of the Adrenaline auto-injector, and ensuring that in the event of an anaphylactic reaction, the ASCIA Action Plan is followed and the Adrenaline auto-injector is administered promptly.

If it is indicated on a person's medical card that a potentially lifesaving medication may be required during a trip or excursion, and the person does not bring the medication on the day of departure, they will not be permitted to attend the trip or excursion.

*In the case where a student cannot be transitioned to the first aid office*

- Lay the child down.
- Do not allow them to stand or walk. If breathing is difficult, allow them to sit.
- The Adrenaline auto-injector should be delivered without delay and the ASCIA Action Plan followed (noting time delivered)
- The child's teacher must remain with the child and call 000 on their mobile phone.
- An adult is to be sent with an emergency card and verbal message to the Excursion/Camp Staff if possible.
- The school is to be notified.
- The child's parents/guardians to be contacted by leadership.
- Wait for emergency services to arrive.

