Anaphylaxis Management Policy

Purpose:	To fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Victorian Government, Department of Education. To define management procedures that are implemented to identify and monitor students who have pre-existing medical conditions.
Scope:	All Staff & Parents/Guardians
Implemented by:	Principal
Approved by:	Fitra Board
Effective from:	January 2024
Review due:	December 2025

This policy is to be used in conjunction with the school's First Aid Policy. However, due to the seriousness of a diagnosis of anaphylaxis, this policy is to be used as the first reference for responding to an anaphylactic reaction.

The **First Aid Officer** referred to in this policy is the Staff member appointed by the Principal to act in that capacity. For the avoidance of doubt, all full time staff are expected to be able to administer first aid and respond to an anaphylactic event, not just the First Aid Officer. The First Aid Officer is the person given specific additional responsibilities under both this policy and the First Aid Policy.

Individual Anaphylaxis Management Plans

The Principal will ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents/guardians, for any student who has been diagnosed by a Medical Practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrols, and where possible before their first day of 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/allergies the student has (based on a written diagnosis from a Medical Practitioner);

- strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of school staff, for in-school and out-of-school settings including in the classroom, during snack & meal times, 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;

- the student's emergency contact details; and

- an ASCIA (Australasian Society of Clinical Immunology & Allergy) Action Plan.

In addition to the above, the following information will be recorded in the *Students with Anaphylaxis Spreadsheet*:

- Information on the student's with anaphylaxis
- Information on where the student's medication and epipens are stored
- Information on Medication and Epipen Expiry
- Information on when Individual Anaphylaxis management plans need to be reviewed

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/guardians in all of 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 camps and excursions, or at special events conducted, organised or attended by the school (e.g. Charity Fete, Class parties).

It is the responsibility of the parents/guardians to:

- provide the ASCIA Action Plan;

- inform the school in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan;

- provide an up to date photo for the ASCIA Action Plan when that Plan is provided to the school and when it is reviewed; and

- provide the school with an Adrenaline Autoinjector that is current and not expired, for their child.

Prevention Strategies

At Fitra, the Principal will ensure the following strategies are put into place to minimise the risk of an anaphylactic reaction by a student that has a diagnosed allergy:

Staff Induction

Managing the anaphylaxis risk in the school will be included as a standard module to be covered as part of a staff member's induction before they start working. This will include identifying those students who have anaphylaxis management plans in place. Such induction will also apply to regular casual relief teachers, specialist teachers and regular volunteers.

Casual Relief Teachers

In the event that the school requires a casual relief teacher at short notice for a class that has a student with anaphylaxis, and this teacher has not received training in anaphylaxis management, the following procedures will be followed:

- The staff member present at school on the day should clearly inform the relief teacher about the students who have an individual anaphylaxis management plan, where the ASICA Action Plans are located and where the adrenaline autoinjector is located.
- The school will have an educational adrenaline autoinjector training device on site, and the relief teacher will be given instruction on how to administer an adrenaline autoinjector and be able to practise using the training device.
- If the casual relief teacher will be providing services over a longer period of time they will be expected to complete online training course for Anaphylaxis Management available from the ASCIA website (https://etrainingvic.allergy.org.au/login/index.php).

Meals & Snacks

- Fitra will have strict monitoring of food made available to students through the school.
- When a student requiring an Individual Anaphylaxis Management Plan or otherwise suffers from a food allergy enrols at the school, the following procedures will be followed regarding meals & snacks:
    - Food available at the school will be reviewed with the child's parents/guardians to identify what (if any) food items available at the school may pose a risk to their child. If

necessary, the food items will be changed to remove any high risk ingredients.

- The students name, photo and list of any highly allergenic ingredients will be prominently displayed in the kitchen.
- If an allergen is known to be extremely high risk for a student, notices will be sent out to other parents/guardians to avoid sending food with that allergen for school events like class parties, eid events, etc.
- Children will be reminded to wash their hands thoroughly before and after eating.
- Closely monitor those children with anaphylaxis risk during meal times. Particularly, those that aren't developmentally ready to look after themselves.

Classroom

- Photos of students with Individual Anaphylaxis Management Plans will be displayed clearly in the First Aid Area and Kitchen.
- A copy of the student's ASICA Action Plan will be kept in the First Aid Cabinets whose locations are known by all staff, and accessible from all classrooms.
- The Adrenaline Autoinjector will be kept in the First Aid Cabinets
- Teachers will take precautions to never give food from outside sources or treats from other children in the class to a student with anaphylaxis unless it is confirmed as not having any known allergens.
- Teachers will have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
- Teachers will be aware of the possibility of hidden allergens in food and other substances used in cooking, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).

Outdoors

- A staff member who has been trained in the administration of the Adrenaline Autoinjector will be available to respond to an outdoor anaphylactic reaction, at all times.

- The Adrenaline Autoinjectors, Individual Anaphylaxis Management Plans & ASICA Action Plan for Anaphylaxis will be kept in the First Aid Cabinets, which are easily accessible from the outdoor play areas.
- All staff must be able to identify, by face, those students at risk of anaphylaxis. Casual Relief teachers will be shown photographs identifying students diagnosed at risk of anaphylaxis and other medical conditions.
- Lawns will be kept mowed

Special Events and Out-of-School Settings

The Principal will ensure that parents/guardians with children who are on Individual Anaphylaxis

Management Plans are consulted in order to determine a plan to minimise the risk of anaphylaxis while travelling to and from school by bus, and during excursions and camps, which may include some or all of the following procedures:

- Teachers organising/attending excursions, camps or other out of school events (including sporting events) will plan an emergency response procedure prior to the event. This should outline the roles and responsibilities of teachers attending, if an anaphylaxis reaction occurs.
- A staff member who has been trained in the administration of the Adrenaline Autoinjector will accompany the group at all times and carry with him/her the student's ASCIA Action Plan and Autoinjector
- A risk assessment will be undertaken of the venue and possible exposure to the allergen
- Parents/guardians should be encouraged to provide two adrenaline autoinjectors along with the ASCIA Action Plan for Anaphylaxis and any other required medications whilst a child is on camp. The second adrenaline autoinjector should be returned to the parents/guardian on returning from camp.
- Clear advice will be communicated to all parents/guardians prior to camp regarding what foods are not allowed to be brought on camp depending on the needs of the children with allergies.
- School staff need to communicate to students about food for the duration of the camp.
- Teachers should also communicate directly with the catering staff and discuss food options/menu, food brands, cross contamination risks to determine the safest food choices for the student.
- Parents/guardians may prefer to provide all child's food for the duration of the camp. If this is the case, storage and heating of food needs to be organised

School Management

The established procedures including emergency response procedures, general first aid procedures and the student's ASCIA Action Plan must be followed during an anaphylactic emergency.

The procedures listed below are established and known by all staff in relation to students who may experience an anaphylactic reaction to an allergen.

- Each student will have an Individual Anaphylaxis Management Plan, including an up-to-date photo, developed in conjunction with parents/guardians and on the basis of a written diagnosis from a medical practitioner (this plan will be reviewed annually, if a student's medical condition insofar as it relates to allergy and the potential for an anaphylactic reaction changes, after an anaphylactic response or when the student is to participate in camps, excursions or special events)

- All staff members will be able to identify, by face, any student who has an Individual Anaphylaxis Management Plan

- All staff (including those that may not work directly with the student) will be briefed upon enrolment and thereafter, twice-annually, regarding the student's Individual Anaphylaxis

Management Plan, the response strategies that it contains, and the location of the Adrenaline Autoinjector (this will also include training in how to recognise and respond to an anaphylactic reaction, and how to administer an Adrenaline Autoinjector)

- The Principal will appoint one of the full time staff members to be the First Aid Officer, who will be responsible for monitoring the expiry date of the Adrenaline Autoinjectors supplied by a family and any additional Adrenaline Autoinjectors supplied by the school

- The Principal will ensure that all teachers maintain current anaphylaxis management training at all times (i.e. in the last twelve months)

- All staff will know their responsibilities in relation to risk minimisation for class activities, excursions and camps

- All occurrences of an allergic reaction which require the administration of first aid, including use of an Adrenaline Autoinjector will be recorded in the school's Accident, Incident & Hazard Alerts Register.

Emergency Response

A complete and up-to-date list of students at risk of anaphylaxis, Individual Anaphylaxis Management Plans and ASCIA Action Plans will be kept in the First Aid Area and First Aid Cabinets along with the school's Adrenaline Autoinjectors.

When a student is participating in off-site activities, a copy of their Individual Anaphylaxis Management Plan and ASCIA Action Plan, along with their personal Adrenaline Autoinjectors will accompany the group at all times. The supervising teacher will be responsible for ensuring that both the plans and the Adrenaline Autoinjector remain in close proximity of the student for easy access should an incident occur.

In addition to the above, the supervising teacher will also carry an extra Adrenaline Auto injectors, located in the excursion first aid bag that is taken by school groups on excursions and other offsite activities. In addition, there will be Adrenaline Autoinjectors that will remain in the First Aid Area and First Aid Cabinets at the school.

Self-Administration of the Adrenaline Autoinjector

During the development of the student's Individual Anaphylaxis Management Plan, the decision will be made whether a student will carry their own Adrenaline Autoinjector. It is important to note that students who ordinarily self-administer their Adrenaline Autoinjector may not physically be able to do so due to the effects of the reaction, and in such situations, school staff will administer the Adrenaline Autoinjector to the student.

If a student self-administers an Adrenaline Autoinjector, one school staff member should supervise and monitor the student, and another Staff member should contact an ambulance.

Even if a student carries their own Adrenaline Autoinjector, the school will keep a second Adrenaline

Autoinjector (provided by the parent/guardian) on-site in an easily accessible, unlocked location in the First Aid Cabinets and First Aid Area.

Responding to an Incident

Where possible, only school staff with training in the administration of the Adrenaline Autoinjector will administer the student's Adrenaline Autoinjector. However, as it is imperative that an Adrenaline Autoinjector is administered as soon as possible after an anaphylactic reaction, the Adrenaline Autoinjector may be administered by any person following the instructions in the student's ASCIA Action Plan.

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

If the incident occurs within the school environment, a student messenger or available adult will be sent to raise the alarm which triggers getting the Adrenaline Autoinjector to the child and other emergency response protocols:

- Execution of the student's Individual Anaphylaxis Management Plan
- Nominated staff member phoning for an ambulance
- Another staff member waiting for the ambulance at the designated school entrance

An out-of-school incident will follow the process documented in the Individual Anaphylaxis Management Plan which has been developed specifically for the environment following the pre-attendance risk assessment.

A school staff member will remain with the student experiencing an anaphylactic response, at all times.

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

How to administer an EpiPen®	
1	Remove from plastic container.
2	Form a fist around EpiPen® and pull off the blue safety cap.
3	Place orange end against the student's outer mid-thigh (with or without clothing).
4	Push down hard until a click is heard or felt and hold in place for 3 seconds.
5	Remove EpiPen®.
7	Massage injection site for 10 seconds.

8	Note the time you administered the EpiPen®.
9	The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

How to administer an AnaPen®	
1	Remove from box container and check the expiry date.
2	Remove black needle shield.
3	Form a fist around Anapen® and remember to have your thumb in reach of the red button, then remove grey safety cap.
4	Place needle end against the student's outer mid-thigh.
5	Press the red button with your thumb so it clicks and hold it for 10 seconds.
6	Replace needle shield and note the time you administered the Anapen®.
7	The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

If an Adrenaline Autoinjector is administered, the school must	
1.	**Immediately** call an ambulance (000).
2.	Lay the student flat and elevate their legs. Do not allow the student to stand or walk. If breathing is difficult for them, allow them to sit but not to stand.
3.	Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a worsening condition. Ask another member of the school staff to move other students away and reassure them elsewhere.
4.	In the situation where there is no improvement or **severe symptoms** progress (as described in the ASCIA Action Plan), a second injection (of the same dosage) may be

	administered after five minutes, if a second autoinjector is available (such as the Adrenaline Autoinjector for General Use).
5.	**Then** contact the student's emergency contacts.
6.	**Later**, enact the school's critical incident management plan.

If a student has a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, the school staff should follow the school's first aid procedures, which will include immediately contacting an ambulance using ooo, locating and administering an Adrenaline Autoinjector for General Use, and documenting the incident in the Accident, Incident & First Aid Register.

An anaphylactic reaction can be a very traumatic experience for the student, others witnessing the reaction, and Parents/Guardians. In the event of an anaphylactic reaction, students and school staff may benefit from post-incident debriefing, provided by the Principal, or counselling provided by a psychologist.

Post-incident Review

After an anaphylactic reaction has taken place for a student while in the school's care, the following review processes will take place.

1.	The Adrenaline Autoinjector must be replaced by the parent/guardian as soon as possible.
2.	In the meantime, the Principal will ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector being provided.
3.	If the Adrenaline Autoinjector for General Use has been used this will be replaced as soon as possible.
4.	In the meantime, the Principal should ensure that there is an interim plan in place should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector for General Use being provided.
5.	The student's Individual Anaphylaxis Management Plan will be reviewed in consultation with the student's Parents/Guardians.
6.	The school's Anaphylaxis Management Policy will be reviewed to ensure that it adequately responds to anaphylactic reactions by students who are in the care of school staff.

Adrenaline Autoinjectors for General Use

The Principal will purchase Adrenaline Autoinjector(s) for General Use (purchased by the school) and as a back up to those supplied by parents/guardians.

The Principal will determine the number of additional Adrenaline Autoinjector(s) required. In doing so, will take into account the following relevant considerations:

- the number of students enrolled at the School who have been diagnosed as being at risk of anaphylaxis;
- the accessibility of Adrenaline Autoinjectors that have been provided by Parents of students who have been diagnosed as being at risk of anaphylaxis;
- the availability and sufficient supply of Adrenaline Autoinjectors for General Use in specified locations at the school, including outdoor areas, and at excursions, camps and special events conducted or organised by the school; and
- the Adrenaline Autoinjectors for General Use, which have a limited life (usually expiring within 12-18 months), will be monitored by the First Aid Officer and will be replaced at the school's expense, either at the time of use or expiry, whichever is first.

Communication Plan

As part of the Communication Plan, the Principal will ensure that a meeting is held involving the Principal, parents/guardians and teachers at the school who will be working with the student who is the subject of the Individual Anaphylaxis Management Plan, prior to the student starting at the school. The Principal will ensure that all parties are clear about all elements of the plan, possible triggers and signs of an anaphylactic response, location of the Adrenaline Autoinjector and agreed response and follow-up procedures. Parents/guardians are required to advise the school immediately of any change to the information that is discussed and agreed at the meeting which will then be disseminated, in writing, to all staff.

The Principal is responsible for ensuring that a Communication Plan is developed to provide information to all school staff, students and Parents/Guardians about anaphylaxis and the school's Anaphylaxis Management Policy.

The Communication Plan includes strategies for advising school staff, students and parents/guardians about how to respond to an anaphylactic reaction of a student in various environments including:

- during normal school activities including in the classroom and in the school grounds; and
- during off-site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the school.

The Communication Plan will include procedures to inform volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction by a student in their care including:

- upon arrival at the school, the Principal (or their delegate) will inform volunteers and casual relief staff of any student at the school with an Individual Anaphylaxis Management Plan.

- the student will be clearly identified to the volunteer or casual relief staff member, via photo or introduction
- the Principal (or their delegate) will show the volunteer or casual relief staff the location of the Individual Anaphylaxis Management Plan and the location of the Adrenaline Autoinjector
- the Principal (or their delegate) will ensure the volunteer or casual relief staff clearly understands all the elements of the Individual Anaphylaxis Management Plan, their role in the in responding to an anaphylactic student in their care and the staff members available on the day who are trained in the use of the Adrenaline Autoinjector.

It is the responsibility of the Principal to ensure that all school staff who conduct classes for students with an Individual Anaphylaxis Management Plan are:

- trained; and
- briefed at least twice per calendar year by a Staff Member who has undergone anaphylaxis training in the previous 12 months.

It is also the Principal's responsibility to raise awareness amongst all staff regarding anaphylaxis and the school's Anaphylaxis Management Policy, twice yearly.
Teachers can raise student awareness of the risks of anaphylaxis by talking with students about taking food allergies seriously, not sharing food with friends who have food allergies, know what their friends are allergic to, and know to get help immediately if their friend becomes sick. These discussions must be held sensitively as students at risk of anaphylaxis may not want to be singled out and may be at greater risk of bullying and harassment.

Refer to Appendix 1 - Communication Plan.

Staff Training

School staff that conduct classes for a student with an Individual Anaphylaxis Management Plan, and other staff members identified via a risk assessment by the Principal, must have successfully completed an Anaphylaxis Management Training Course in the last three years (one of 22099VIC, 22300VIC or 10313NAT) or an online anaphylaxis management training course course provided by ASICA in the two years prior ; and participate in a twice-yearly briefing, the first of which will be held at the beginning of a school year, on:

- the school's Anaphylaxis Management Policy;
- causes, symptoms and treatment of anaphylaxis;
- the identities of students at risk of anaphylaxis, details of their medical condition and where their medication is located;
- 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; and
- the location of, and access to, Adrenaline Autoinjectors that have been provided by parents/guardians or purchased by the school for general use.

The briefing must be conducted by a member of the school staff who has current anaphylaxis training i.e. has successfully completed an Anaphylaxis Management Training Course in the previous 12 months.

In the event that the relevant training has not occurred for a member of the school staff who has a child in their class at risk of anaphylaxis, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents/guardians of any affected student. Training will be provided to relevant school staff as soon as practicable after the student enrols, and preferably before the student's first day at school.

Annual Risk Management Checklist

The Principal will complete an annual anaphylaxis Risk Management Checklist to monitor the School's compliance with Ministerial Order 706 and the associated Guidelines.

Annual Review

This policy will be reviewed annually.

Related Documentation

Individual Anaphylaxis Management Plan template

Accident, Incident & First Aid Register

DEECD Annual Anaphylaxis Risk Management Checklist

Students with Anaphylaxis Spreadsheet

Medication and Epipen Register

Related Policies

- First Aid Policy
- Critical Incident Plan
- Duty of Care Policy

Appendix 1 - Communication Plan

RAISING STAFF AWARENESS

All staff to undertake etraining and demonstration, to be updated every two years.
https://etrainingvic.allergy.org.au/login/index.php

Staff briefings will be held twice yearly to include information contained in the Department of Education's recommended Anaphylaxis briefing presentation (accessible at: https://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx).

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 Anaphylaxis Management Plan.

The Principal will ensure that all regular casual relief teachers (CRTs), all specialist teachers, staff and regular volunteers are inducted in the school's Anaphylaxis Management Policy, which includes identifying those students that have Individual Anaphylaxis Management Plans in place.All other CRTs and volunteers who come on short notice will be informed by a staff member who is present on the day of students who have Individual Anaphylaxis Management Plans, where the ASICA Action Plans are located, where the adrenaline autoinjector is located. Such individuals will also have the opportunity to practice administering the adrenaline autoinjector using the training device. Further to allow for effective outdoor supervision, CRTs will be given a photograph booklet identifying students diagnosed at risk of anaphylaxis and other medical conditions.

RAISING STUDENT AWARENESS

Classroom education and discussions during Morning Meetings and meal times will reinforce the importance of:

- Hand washing
- Raising peer group awareness of serious allergic reactions and peer needs in relation to people with severe medical allergies and those at risk of anaphylaxis.

WORKING WITH PARENTS/GUARDIANS

Parents/guardians are required to:

- Provide the school with an emergency procedures plan (ASCIA Action Plan) which includes a current colour photo of their child
- Inform the school in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant provide an updated ASCIA Action Plan
- Supply the school with their child's adrenaline auto-injector and ensure it has not expired

Parents/guardians are encouraged to:

- Supply a second adrenaline auto-injector for the student to carry at all times while at school and while travelling to and from school.

A meeting will be held with parents/guardians at the end of the school year to review their child's Individual Anaphylaxis Management Plan.

EMERGENCY RESPONSE
RESPONDING TO AN ANAPHYLACTIC REACTION IN THE SCHOOLYARD

- Lay the child down. Do not allow him/her to stand or walk. If breathing is difficult, allow him/her to sit.
- For an insect allergy, flick out the sting, if it is visible.
- Administer the child's personal adrenaline auto-injector, if the child is carrying it.
- The teacher on duty must stay with the student and either use his/her mobile phone to dial 000 (or 112 for mobiles).
- A student or available adult is to be sent with a verbal message to the office to obtain assistance.
- Another member of staff will locate the student's assigned adrenaline auto-injector from one of the First Aid Cabinets or get an unassigned adrenaline auto-injector, and take it to the student.
- The adrenaline auto-injector should be delivered without delay and the ASCIA Action Plan followed (noting time delivered).
- The child's parents/guardians should be contacted.
- If another adrenaline auto-injector is available, a further adrenaline dose may be given if there is no response after five minutes.

RESPONDING TO AN ANAPHYLACTIC REACTION IN THE CLASSROOM

- Lay the child down. Do not allow him/her to stand or walk. If breathing is difficult, allow him to sit.
- For an insect allergy, flick out the sting, if it is visible.
- The child's teacher must remain with the child and call 000 on his/her mobile phone or the class telephone (if available).
- A student or available adult is to be sent with a verbal message to the office to obtain assistance.
- Another member of staff will locate the student's assigned adrenaline auto-injector from one of the First Aid Cabinets or get an unassigned adrenaline auto-injector, and take it to the student.

- The adrenaline auto-injector should be delivered without delay and the ASCIA Action Plan followed (noting time delivered).
- The child's parents/guardians should be contacted.
- If another adrenaline auto-injector is available, a further adrenaline dose may be given if there is no response after five minutes.

RESPONDING TO AN ANAPHYLACTIC REACTION ON SCHOOL TRIPS OR EXCURSIONS

The staff 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 process documented in the Individual Anaphylaxis Management Plan which has been developed specifically for the environment following pre-attendance risk assessment is followed. The adrenaline auto-injector is also to be administered promptly following instructions in the student's ASCIA Action Plan.

Staff must be mindful that they still have a duty of care to the student, even if the student is carrying his own adrenaline auto- injector.

RESPONDING TO AN ANAPHYLACTIC REACTION AT A SPORTING OR OTHER SPECIAL EVENT

All staff responsible for a group/class/team of students should be aware of any serious medical conditions of students in their groups.

Students at risk of anaphylaxis must carry their adrenaline auto- injector(s), antihistamine and ASCIA Action Plans to any event they attend.

Staff in charge of students at risk of anaphylaxis should carry a fully charged mobile phone.

Adrenaline auto-injector(s) must remain close to the student; i.e., in the centrally located first aid kit, or in a first aid bag carried by the student/teacher in charge if the student is participating in a small group activity.

Staff must be aware that they still have a duty of care to the student, even if the student is carrying his own adrenaline auto-injector.

It is important to be aware that during an anaphylactic emergency students' thought processes may be adversely affected, and they may be uncooperative or unable to administer their own devices.

In the event of an anaphylactic reaction, staff members must follow the ASCIA Action Plan for anaphylaxis.