



Ringwood Secondary College

Anaphylaxis Management Policy

Version No: 3

Date: April 2017

Committee: Policy and Education

Background

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 (eg cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect bites 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 Adrenaline Autoinjector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

School Statement

The College will comply with Ministerial Order No 706: Anaphylaxis Management in Victorian Schools; and guidelines related to anaphylaxis management in schools as published and amended by the Department from time to time.

Individual Anaphylaxis Management Plans

The Principal is responsible for ensuring that an individual management plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for an anaphylactic reaction, where the school has been notified of that diagnosis.

The Individual Anaphylaxis Management Plan must be in place as soon as practicable after the student enrolls and where possible before the student's first day of attendance at school.

The Individual Anaphylaxis Management Plan will set out the following:

- Information about the 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 written diagnosis from a medical practitioner);
- Strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including in the school yard, at camps and excursions or at special events conducted, organised or attended by the School.
- The name of the person/s responsible for implementing the strategies.
- Information on where the student's medication will be stored.
- The student's emergency contact details
- An ASCIA Action Plan, provided by the parent, that:
 - Sets out the emergency procedures to be taken in the event of an allergic reaction;
 - Is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan; and
 - Includes an up-to-date photograph of the student.

School Staff will then implement and monitor the student's Individual Anaphylaxis Management Plan.

The student's individual management plan will be reviewed, in conjunction with the student's parents/carers 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 a 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 College

It is the responsibility of the parent to:

- Provide an 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; and
- Provide the school with an Adrenaline Auto injector that is current and not expired for their child.

Prevention Strategies

Prevention strategies (located on pages 8-13) and risk minimisation that the School has for all relevant in-school and out-of-school setting cover:

- during classroom activities (including class rotations, specialist and elective classes);
- between classes and other breaks;
- in canteens;
- during recess and lunchtimes;
- before and after school; and
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

School Management and Emergency Response

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

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 is located on Compass and the staffroom noticeboard.

A copy of the student's Individual Anaphylaxis Management Plan is kept in the First Aid Centre. The ASCIA Action Plan is stored with the Adrenaline Autoinjectors located in the First Aid Centre on the bench next to the sink in a blue case labelled 'ANAPHYLAXIS RESPONSE KIT'. Each student has a labelled ziplock bag with medication and Action Plan inside.

A copy of each student's Individual Management Plan and their ASCIA Action Plan is stored with an additional Adrenaline Autoinjector in a blue case labelled 'ANAPHYLAXIS RESPONSE KIT' in the following locations:

- General Office
- Food and Technology Assistants food preparation area
- Performing Arts Centre office
- Ringwood Training (RT) office
- Library

Separate Emergency Action Plans, which include a Communication Plan, have been produced to list the steps to follow if a student has an anaphylactic reaction. Emergency Action Plans are found on pages 16-19 for :

- First Aid response
- Staff response in the classroom or schoolyard
- Office staff response
- General excursion response

An Individual Anaphylaxis Plan that includes an Emergency Action Plan and an additional Adrenaline Autoinjector will be included in the First Aid kit on camps. A student who has a condition that relates to allergy and the potential for anaphylactic reaction should take their own Adrenaline Autoinjector as well.

Adrenaline Autoinjectors for General Use

The Principal will ensure additional Adrenaline Autoinjectors will be purchased for general use to be used as a back-up to those supplied by Parents.

The Principal will determine the number of additional Adrenaline Autoinjector(s) required. In doing so, the Principal 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
- in the school yard, and at excursions, camps and special events conducted or organised by the School; and
- the Adrenaline Autoinjectors for general use have a limited life, usually expiring within 12-18 months. The Adrenaline Autoinjectors will be checked each Term by the school nurse to determine if replacements should be purchased.

Communication Plan

The Principal is responsible for ensuring that a communication plan is developed to provide information to all school staff, students and parents about anaphylaxis and the School's Anaphylaxis Management Policy.

Staff

The Communication Plan including procedures to be followed when responding to an anaphylactic reaction of a student in various settings is included in the Emergency Action Plans (see section on School Management and Emergency Response).

A complete and up-to-date list of students, their photograph and their allergy is located:

- On the First Aid noticeboard in the staffroom
- In the Food Technology classroom
- In the canteen

All staff will be briefed twice a year by a staff member who has up-to-date anaphylaxis management training on:

- The School's Anaphylaxis Management Policy
- The causes, symptoms and treatment of anaphylaxis
- The identities of students diagnosed at risk of anaphylaxis and where their medication is located
- How to use an auto adrenaline injecting device
- The school's first aid and emergency response procedures

Volunteers and casual relief staff

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 will be informed of procedures in the Handbook produced by the Daily Organiser/s.

Students

Students will be briefed on anaphylaxis, likely triggers and how they can support students who have a medical condition that relates to allergy and the potential for anaphylactic reaction. Key messages to be conveyed are:

Student messages about anaphylaxis	
1.	Always take food allergies seriously – severe allergies are no joke.
2.	Don't share your food with friends who have food allergies.
3.	Wash your hands after eating.
4.	Know what your friends are allergic to.
5.	If a school friend becomes sick, get help immediately even if the friend does not want to.
6.	Be respectful of a school friend's Adrenaline Autoinjector.
7.	Don't pressure your friends to eat food that they are allergic to.

Source: Be a MATE kit, published by Anaphylaxis & Allergy Australia.

Fact sheets or posters will be displayed in locations around the school and on Compass.

Parents

Parents of a child who has a medical condition that could lead to an anaphylactic reaction will be contacted by the First Aid Centre to develop an Individual Anaphylaxis Management Plan upon enrolment.

Parents will be sent a new Anaphylaxis form each December and asked to return this signed by their Doctor for the start of the new school year. The covering letter will include details of the expiry date of any medication currently held.

All Expiry dates are checked at the start of each term and parents notified if a replacement will be required.

Raising school community awareness

Newsletter articles will be published during the year to raise awareness about anaphylaxis in the school community so there is increased understanding of the condition.

An information sheet on Anaphylaxis will be included in the Enrolment package given to families when they have been offered a place at the College.

Staff Training

The following School Staff must 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.

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:
 - o the School's Anaphylaxis Management Policy;
 - o the causes, symptoms and treatment of anaphylaxis;
 - o 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;
 - o how to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector device;
 - o the School's general first aid and emergency response procedures; and
 - o the location of, and access to, Adrenaline Autoinjectors 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 with a medical condition that relates to allergy and the potential for anaphylactic reaction. 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, there is a sufficient number of School Staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.

Evaluation

This Policy will be reviewed regularly, and as relevant circumstances change.

Prevention Strategies

Classrooms

1. A copy of the student's Individual Anaphylaxis Management Plan is kept in the First Aid Centre. The ASCIA Action Plan is stored with the Adrenaline Autoinjectors located on the bench next to the sink in the First Aid Centre in a blue case labelled 'ANAPHYLAXIS RESPONSE KIT'. Each student has a labelled ziplock bag with medication and Action Plan inside.

Copies of each student's Individual Anaphylaxis Management Plan and their ASCIA Action Plan are also stored in the following locations in a blue case labelled 'ANAPHYLAXIS RESPONSE KIT' with an additional Adrenaline Autoinjector.

- General Office
- Food and Technology Assistants food preparation area
- Performing Arts Centre office
- Ringwood Trade Training Facility (RT) office
- Library

2. Liaise with Parents about food-related activities ahead of time for Food Technology classes.
3. Never give food from outside sources to a student who is at risk of anaphylaxis.
4. Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
5. 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).
6. Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
7. Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
8. A designated staff member should inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Autoinjector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. ie seeking a trained staff member.

Canteens

1. Canteen staff (whether internal or external) should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. Refer to:
 - 'Safe Food Handling' in the School Policy and Advisory Guide, available at: <http://www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx>Helpful resources for food services:
<http://www.allergyfacts.org.au/component/virtuemart/>

2	Canteen staff, including volunteers, should be briefed about students at risk of anaphylaxis and, where the Principal determines in accordance with clause 12.1.2 of the Order, have up to date training in an Anaphylaxis Management Training Course as soon as practical after a student enrolls.
3	Display the student's name and photo in the canteen as a reminder to School Staff.
4	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
5	Canteens should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.
6	Make sure that tables and surfaces are wiped down with warm soapy water regularly.
7	Food banning is not generally recommended. Instead, a 'no-sharing' with the students with food allergy approach is recommended for food, utensils and food containers. However, school communities can agree to not stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds, etc.), including chocolate/hazelnut spreads.
8	Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.

Yard	
1	If a School has a student who is at risk of anaphylaxis, sufficient School Staff on yard duty must be trained in the administration of the Adrenaline Autoinjector (i.e. EpiPen®) to be able to respond quickly to an anaphylactic reaction if needed.
2	<p>The Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan are easily accessible from the First Aid Centre. The ASCIA Action Plan is stored with the Adrenaline Autoinjectors located on the bench next to the sink in a blue case labelled 'ANAPHYLAXIS RESPONSE KIT'. Each student has a labelled ziplock bag with medication and Action Plan inside. Copies of each student's Individual Anaphylaxis Management Plan and their ASCIA Action Plan are also stored in the following locations in a blue case labelled 'ANAPHYLAXIS RESPONSE KIT' with an additional Adrenaline Autoinjector.</p> <ul style="list-style-type: none"> • General Office • Food and Technology Assistants food preparation area • Performing Arts Centre office • Ringwood Trade Training Facility (RT) office • Library <p>(Remember that an anaphylactic reaction can occur in as little as a few minutes).</p>
3	Schools must have a Communication Plan in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. This may include options of all yard duty staff carrying emergency cards in yard-duty bags, walkie talkies or yard-duty mobile phones. All staff on yard duty must be aware of the School's Emergency Response Procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.
4	Photos of students, their names and triggers for an anaphylactic reaction are located on the noticeboard in the Staffroom.

5	Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants.
6	Keep lawns and clover mowed and outdoor bins covered.
7	Students should keep drinks and food covered while outdoors.

Special events (e.g. sporting events, incursions, class parties, etc.)

1	If a School has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.
2	School Staff should give careful consideration to the food used in activities or games, including as rewards.
3	For special occasions, School Staff should consult Parents in advance to either develop an alternative food menu or request the Parents to send a meal for the student.
4	Party balloons should not be used if any student is allergic to latex.

Out-of-school settings

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

Field trips/excursions/sporting events

1	If a School has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector and be able to respond quickly to an anaphylactic reaction if required.
2	A School Staff member or team of School Staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions.
3	School Staff should give careful consideration to food used in activities or games, including as rewards.
4	The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis should be easily accessible and School Staff must be aware of their exact location. Students are asked to carry their own personal Adrenaline Autoinjector. Staff should take a spare Adrenaline Autoinjector plus the student's management plan.

5	<p>For each field trip, excursion etc, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.</p> <p>All School Staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.</p>
6	The School should consult Parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the Parents provide a meal (if required).
7	Prior to the excursion taking place School Staff should consult with the student's Parents and Medical Practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.

Camps and remote setting

1	Prior to engaging a camp owner/operator's services the School should make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the School, then the School should consider using an alternative service provider.
2	The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
3	Schools must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
4	Schools should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with Parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
5	School Staff should consult with Parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.
6	If the School has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should also consider alternative means for providing food for those students.
7	Use of substances containing allergens should be avoided where possible.
8	Camps should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts.
9	The student's Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, eg. a satellite phone.

10	Prior to the camp taking place School Staff should consult with the student's Parents to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp. Individual plans prepared.
11	School Staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all School Staff participating in the camp are clear about their roles and responsibilities.
12	Ensure contact details of local emergency services and hospitals are distributed to all School Staff as part of the emergency response procedures developed for the camp.
13	Schools should consider taking an Adrenaline Autoinjector for General Use on a school camp, even if there is no student at risk of anaphylaxis, as a back up device in the event of an emergency.
14	Schools should consider purchasing an Adrenaline Autoinjector for General Use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.
15	The Adrenaline Autoinjector should remain close to the student and School Staff must be aware of its location at all times.
16	The Adrenaline Autoinjector should be carried in the school first aid kit; however, Schools can consider allowing students, particularly adolescents, to carry their Adrenaline Autoinjector on camp. Remember that all School Staff members still have a duty of care towards the student even if they do carry their own Adrenaline Autoinjector.
17	Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
18	Cooking and art and craft games should not involve the use of known allergens.
19	Consider the potential exposure to allergens when consuming food on buses and in cabins.

Overseas Travel	
1	Review and consider the strategies listed under 'Field Trips/Excursions/Sporting Events' and 'Camps and Remote Settings'. Where an excursion or camp is occurring overseas, Schools should involve Parents in discussions regarding risk management well in advance.
2	Investigate the potential risks at all stages of the overseas travel such as: <ul style="list-style-type: none"> • 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 locations; and • risks of cross contamination, including - <ul style="list-style-type: none"> ◦ 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; and ◦ whether the other students will wash their hands when handling food.
3	Assess where each of these risks can be managed using minimisation strategies such as the following: <ul style="list-style-type: none"> • translation of the student's Individual Anaphylaxis Management Plan and ASCIA Action Plan;

	<ul style="list-style-type: none"> • 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; and • sourcing the ability to purchase additional autoinjectors.
4	Record details of travel insurance, including contact details for the insurer. Determine how any costs associated with medication, treatment and/or alteration to the travel plans as a result of an anaphylactic reaction can be paid.
5	<p>Plan for appropriate supervision of students at risk of anaphylaxis at all times, including that:</p> <ul style="list-style-type: none"> • there are sufficient School Staff attending the excursion who have been trained in accordance with Chapter 12; • there is an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are taking medication and eating food; • 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; and • staff/student ratios should be maintained during the trip, including in the event of an emergency where the students may need to be separated.
6	<p>The School should re-assess its Emergency Response Procedures, and if necessary adapt it to the particular circumstances of the overseas trip. Keep a record of relevant information such as the following:</p> <ul style="list-style-type: none"> • 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 or other communication device that would enable the School Staff to contact emergency services in the overseas country if assistance is required.

Work Experience	
1	<p>Schools should 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 ASCIA Action Plan for Anaphylaxis and how to use the Adrenaline Autoinjector in case the work experience student shows signs of an allergic reaction whilst at work experience.</p> <p>It is important to note that it is not recommended that banning of food or other products is used as a risk minimisation and prevention strategy. The reasons for this are as follows:</p> <ul style="list-style-type: none"> • it can create complacency among staff and students; • it does not eliminate the presence of hidden allergens; and • it is difficult to "ban" all triggers (allergens) because these are not necessarily limited to peanuts and nuts. Triggers and common allergens can also include eggs, dairy, soy, wheat, sesame, seeds, fish and shellfish.

RINGWOOD SECONDARY COLLEGE

FIRST AID EMERGENCY RESPONSE PLAN

POSSIBLE/ACTUAL

Significant illness or injury



TAKE CONTROL OF SCENE

Ensure safety of self, casualty and others



ASSESS CASUALTY

Manage immediate life threats

Check response, airway, breathing, circulation (RABC) and bleeding



CALL FOR FIRST AID ASSISTANCE

Ring ext 111

or

Send student to First Aid with message

Information needed:

Room no or location and main problem.



IF NO-ONE IN FIRST AID

Student to take message IMMEDIATELY
to General Office

Office will call for trained staff to attend.



FIRST AID STAFF WILL ASSESS CASUALTY ON ARRIVAL

and call 000 for ambulance if required

Request students - no mobile phone
calls/sms until situation settles and
no photos

Outside school hours the teacher in charge is responsible for management of casualty.
If serious, or in doubt, call Ambulance, explain situation.

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RINGWOOD SECONDARY COLLEGE

ANAPHYLAXIS EMERGENCY RESPONSE PLAN – STAFF

POSSIBLE ANAPHYLAXIS EMERGENCY



REMAIN WITH STUDENT



CALL FOR FIRST AID ASSISTANCE

- Ring ext 111
or
- Send student to First Aid with message

Information needed:

Room number or exact location and student's name if known.
State "anaphylaxis emergency"



IF NO ONE IN FIRST AID

- then student to take message
IMMEDIATELY to General Office

Office will call for trained staff to attend



CALL 000 FOR AMBULANCE

- **only** if assistance is delayed or student's condition deteriorates
- First Aid staff will call ambulance after assessment and emergency treatment

Inform ambulance of access point to College and send student/staff member to direct paramedic to your location.
Inform Office of situation.



CONTINUE

- To support student and monitor condition until assistance arrives

Anaphylaxis response kit (blue bag) contains all students medication, individual action plans and PPEs. It is located on the bench near the sink in First Aid. Responders to take the entire kit to the incident location.

Generic EpiPens (RSC spares) located in Home Economics, Library, PAC, RTTF and General Office.

April 2017

RINGWOOD SECONDARY COLLEGE

ANAPHYLAXIS EMERGENCY RESPONSE PLAN FOR EXCURSIONS

POSSIBLE ANAPHYLAXIS EMERGENCY



ASSESS SITUATION

- Call for assistance/support from other staff and ensure safety for other students.



LOCATE ADRENALINE AUTOINJECTORS (EPIPENS) AND HAVE READY



FOLLOW STUDENTS ASCIA ACTION PLAN



CALL 000 FOR AMBULANCE

State "Anaphylaxis Emergency"



CONTACT PARENTS WHEN ABLE



INFORM RSC



ENSURE CARE FOR SELF AND REST OF GROUP



CONTINUE/ABORT EXCURSION AS APPROPRIATE

Request to students - no mobile phone calls/sms until situation settles and **no photos**

Staff member will need to accompany student to hospital and remain until parent arrives.

Consider emotional support for self and students on return to RSC.

April 2017

RINGWOOD SECONDARY COLLEGE

ANAPHYLAXIS EMERGENCY RESPONSE PLAN – OFFICE

REPORT OF ANAPHYLAXIS EMERGENCY



Confirm location

Note number call came from
or
Keep student with you for return message

RING FOR FIRST AID ASSISTANCE EXT 111



IF NO RESPONSE MAKE URGENT ANNOUNCEMENT



Announcement

"EpiPen needed in room..../location. Any available trained staff to attend via Sickbay"

RING 000 AMBULANCE



Message

"Possible anaphylaxis emergency, staff now in attendance, information update in few minutes"

SEND MESSAGE TO THOSE ATTENDING STUDENT

via student messenger or phone

Message

"Assistance has been called for"

If ambulance has been called then staff attending must
"confirm students condition/status with 000/ambulance as soon as possible"

Anaphylaxis response kit (blue bag) contains all students medication, individual action plans and PPEs. It is located on the bench near the sink in First Aid. Responders to take the entire kit to the incident location.

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