

St Andrew's Catholic Primary School

Medical Management-

POLICY 4.11

PREAMBLE:

"Pastoral Care endeavours to discern the life needs of students and provide them with every opportunity to value themselves and to experience well-being. The provision of pastoral programs represents a specific and planned means of achieving this ideal. Such provision ought to include programs for health and personal safety. Drug awareness programs should also be included in a school's pastoral curriculum."

CECV Policy 1.14, Pastoral Care of Students in Catholic Schools

RATIONALE:

At St Andrew's we acknowledge that students have a diverse range of conditions that require the administration of First Aid and Medication. As a part of our duty of care, staff are required to respond to, and follow guidelines to maintain the health and safety of the students and staff.

This policy encompasses:

- First Aid Policy
- Medication Policy
- Asthma Policy
- Critical Incidents Policy
- Anaphylaxis Policy

In implementing the Medical Management policy, we draw from the Victorian Essential Learning Standards (VELS) strand of '*Physical, Personal and Social Learning*'. Particular reference is made to the domain of '*Health and Physical Education*':

The provision of health knowledge develops an understanding of the importance of personal and community actions in promoting health. Knowledge about the factors that promote and protect the physical, social, mental and emotional health of individuals, families and communities is developed.

First Aid

Rationale:

- All students have the right to feel safe and well, and know that they will be attended to with due care when in need of first aid.

Aims:

- To administer first aid to students when in need in a competent and timely manner.
- To communicate student's health problems to parents when considered necessary.
- To provide supplies and facilities to cater for the administering of first aid.
- To maintain a sufficient number of staff members trained with a level 2 First Aid Certificate.

Implementation:

- A sufficient number of staff to be trained to a level 2 First Aid Certificate, and with up-to-date CPR qualifications.
- A First Aid room is available for use at all times. A comprehensive supply of basic first aid materials will be stored in the First Aid room.
- First aid kits will also be available as required for excursions, sport events and camps.
- Supervision of the First Aid Room will form part of the daily yard duty roster. Any students in the First Aid Room will be supervised by a staff member at all times.
- All injuries or illnesses that occur during class time will be initially managed by the classroom teacher and referred to the administration staff if necessary who will then take responsibility for treatment. All injuries or illnesses that occur during recess or lunch break, will be dealt with initially by a teacher on yard duty and referred to the teacher on duty in the First Aid Room if required.
- Minor injuries only will be treated by the teacher on yard duty. The staff member on yard duty will provide the student with a *Green Card* from the Yard Duty Bag if a student is to be referred to the First Aid Room. A *Red Card* will be sent to the office if the teacher has an urgent medical matter outside that requires assistance from additional staff members.
- Each staff member on duty also has a mobile phone with them which they can make contact with the either the Principal or Deputy Principal and in their absence the designated leader on that day.
- If a student is injured or is feeling unwell during class time the teacher is to contact the administration staff via the intercom to inform them that a student is being sent, with a partner, for first aid. If the student is feeling unwell and has been sent to the office, the teacher is indicating that the student is not well enough to remain in the classroom and his/her parents should be contacted.
- A register (computerized) located in the First Aid Room will be kept of all injuries or illnesses experienced by students that require first aid.

- Each classroom teacher will have a supply of basic first aid equipment, including a supply of protective disposable gloves, that will be available for use by staff.
- Any student with injuries involving blood must have the wound covered as soon as is possible and keep covered at all times.
- No medication will be administered to students without the express written permission of parents or guardians.
- Parents of all students who receive first aid will receive a completed form indicating the nature of the injury, any treatment given, and the name of the teacher providing the first aid. For more serious injuries/illnesses, the parents/guardians must be contacted by the staff member on first aid or the administration staff so that professional treatment may be organised. Any injuries to a child's head, face, neck or back must be reported to parents/guardian.
- Any student who is collected from school by parents/guardians as a result of an injury and requires treatment by a doctor/hospital or ambulance officer as a result of an injury, or has an injury to the head, face, neck or back, or where a teacher considers the injury to be greater than "minor" will be reported to the Principal. The Principal will ensure that the Catholic Church Insurance Record is completed.
- Parents who collect students from school for any reason (other than emergency) must sign the student out of the school in a register maintained in the school office.
- All teachers have the authority to call an ambulance immediately in an emergency. If the situation and time permit, a teacher may confer with others before deciding on an appropriate course of action.
- All school camps will have at least 1 Level 2 first aid trained staff member at all times.
- A comprehensive first aid kit will accompany all camps, along with a mobile phone.
- All students attending camps or excursions will have provided a signed medical form providing medical details and giving teachers permission to contact a doctor or ambulance should instances arise where their child requires treatment. Copies of the signed medical forms to be taken on camps and excursions, as well as kept at school.
- All students, especially those with a documented asthma management plan, will have access to Ventolin and a spacer at all times.
- A member of staff is to be responsible for the purchase and maintenance of first aid supplies, first aid kits, ice packs and the general upkeep of the first aid room.
- At the commencement of each year, requests for updated first aid information will be sent home including requests for any asthma management plans, high priority medical forms, and reminders to parents of the policies and practices used by the school to manage first aid, illnesses and medications throughout the year.
- General organisational matters relating to first aid will be communicated to staff at the beginning of each year. Revisions of recommended procedures for administering asthma medication will also be given at that time.
- It is recommended that all students have personal accident insurance and ambulance cover.

Asthma

Purpose

This document includes information on the implementation and operation of a model policy for the best practice management of asthma in Victorian schools. It is recommended that in situations where policy alterations are required, the Principal of the school seeks the advice of The Asthma Foundation of Victoria.

Statement

Asthma is a chronic health condition affecting approximately 10% of Australian children and teenagers. Asthma is one of the most common reasons for child admissions to hospital and missed days of school. Asthma exacerbations can commonly occur while attending schools, particularly in February and May.

In order to meet the duty of care obligations specified by the *School Policy and Advisory Guide* (SPAG) and to ensure the health and wellbeing of all students attending, St. Andrew's Primary School recognises the importance of staff education and the implementation of an asthma policy. The school recognises the importance of involvement and engagement with parents and carers of students and the ability of students to self-manage their asthma where appropriate.

Key points within the SPAG, relevant to an asthma management policy, specify that schools must:

- Obtain an written asthma plan for all students diagnosed with asthma upon enrolment at the school and ensure they are updated at least annually
- Store medical information and medications appropriately
- Ensure that students feel safe and supported at school
- Support student healthcare needs
- Provide and maintain at least two asthma emergency kits, with an extra kit required for every 300 students in a large school
- Ensure that key staff (e.g. School Nurses, First Aid Officers, P.E. and Sport Teachers) undertake Emergency Asthma Management training and that all other staff with a duty of care for students attend a free asthma education session provided by The Asthma Foundation of Victoria.

Scope

- To ensure the whole school community (principals, staff, volunteers, parents and carers and students) are aware of their obligations and the best practice management of asthma in the school setting
- To provide the necessary information to effectively manage episodes of asthma within the school

Responsibilities

The Principal/Senior Management will:

- Provide staff with a copy of the school's asthma management policy and ensure staff are aware of asthma management strategies upon employment at the school
- Provide asthma education and first aid training for staff as required
- Provide parents and carers with a copy of the school's asthma policy upon enrolment of their child
- Identify students with asthma during the enrolment process and provide parents and carers with a written asthma plan completed and signed by the child's medical practitioner
- Where possible, ensure that all students with asthma have a current written asthma plan (must be updated at least annually)
- Ensure a School Camp and Excursion Medical Update Form is completed by parents/carers for off-site activities where possible,
- Ensure the parents and carers of all students with asthma provide reliever medication and a spacer (and a face mask if required) at all times their child attends the school
- Implement an asthma first aid procedure consistent with current national recommendations and all staff are aware of the asthma first aid procedure
- Ensure adequate provision and maintenance of asthma emergency kits for the school and that each asthma emergency kit contains reliever medication, two spacer devices, instructions outlining the first aid procedure and a record form
- Ensure that reliever medications within the asthma emergency kits are replaced regularly and have not expired, and that spacers are replaced after each use
- Facilitate communication between management, staff, parents and carers and students regarding the school's asthma management policy and strategies
- Promptly communicate to parents and carers any concerns regarding asthma and students attending the school
- Identify and minimise, where possible, triggers of asthma symptoms for students
- Ensure that students with asthma are not discriminated against in any way
- Ensure that students with asthma can participate in all activities safely and to their fullest abilities

Staff will:

- Be aware of the school's asthma management policy
- Be aware of the asthma first aid procedure
- Be aware of students with asthma and where their medication and personal spacers are stored
- Attend asthma education and training sessions when required
- Be aware of where to access written asthma plans, School Camp and Excursion Medical Update Forms, and asthma emergency kits
- Identify and minimise, where possible, triggers of asthma symptoms for students
- Ensure that students with asthma are not discriminated against in any way
- Ensure that students with asthma can participate in activities safely and to their fullest abilities
- Promptly communicate to the principal, parents and carers any concerns regarding asthma and students enrolled in the school

Parents and Carers will:

- Inform the school if their child has asthma upon enrolment
- Read the school's asthma management policy
- Provide a signed written asthma plan to the school, and ensure that it is updated at least yearly
- Provide a School Camp or Excursion Medical Update form as required
- Provide the school with their child's reliever medication along with a spacer (required for 'puffer' medication) for all times the child is attending the school, unless the child is carrying the medication and spacer for self-management purposes
- Ensure that if their child is self-managing their asthma correctly the child carries their reliever medication and spacer at all times
- Promptly communicate all medical and health information relevant to their child, to the principal and staff of the school
- Communicate any changes to their child's asthma or any concerns about the health of their child

Students will:

- Immediately inform staff if they experience asthma symptoms
- Inform staff if they have self-administered any asthma medication
- Carry asthma medication and a spacer with them at all times (if self-managing their asthma)

Asthma First Aid

Follow the written first aid instructions on the student's Asthma Action/Care Plan. If no specific and signed instructions are available, the instructions are unclear, or the person does

not have an Asthma Action/Care Plan, **begin the first aid procedure immediately (as authorised by the Department of Education and Early Childhood Development).**

Call emergency assistance to attend (000) IF:

- **the person's asthma symptoms are severe**
- **the person suddenly stops breathing**
- **the person's asthma symptoms continue to worsen**
- **there is no Asthma Action/Care Plan for the person**
- **blue/grey reliever medication is not available**
- **you are unsure what is causing the breathing difficulty**

Recognising an asthma attack

Mild	Moderate	Severe
Talk in sentences	Shortened sentences	Few words per breath
Cough	Persistent cough	Persistent cough
Soft wheeze	Loud wheeze	Wheeze may be absent
Minor difficulty breathing	Difficulty breathing	Gasping for breath/distress
Tightness in chest		Pale, sweaty, blue lips
Young children may complain of a "sore tummy"		Muscle exertion

Aid



Remember: **Shake, 1 puff, 4 breaths**

3 Wait 4 minutes

- If there is no improvement, give **4 more puffs** as above



4 If there is still no improvement call emergency assistance (DIAL 000)*

- Say 'ambulance' and that someone is having an asthma attack
- Keep giving **4 puffs** every **4 minutes** until emergency assistance arrives

*If calling Triple Zero (000) does not work on your mobile phone, try 112



Call emergency assistance immediately (DIAL 000)

- If the person is not breathing
 - If the person's asthma suddenly becomes worse, or is not improving
 - If the person is having an asthma attack and a puffer is not available
 - If you are not sure if it's asthma
- Blue reliever medication is unlikely to harm, even if the person does not have asthma**



To find out more contact your local Asthma Foundation
1800 645 130 | asthmaaustralia.org.au

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Asthma Emergency Kits

Asthma Emergency Kits should contain:

- Reliever medication
- X2 small volume spacer device
- Record form and Asthma First Aid instruction card

Please note that it is a recommendation of The Asthma Foundation of Victoria that spacers and face masks are single-person use only³. It is essential to have at least two spacers (and two face masks if necessary) contained in each first aid kit and that spacers and face masks are replaced each time they are used.

Further Reading and Resources

Forms mentioned in this policy are available to download free of charge from the Resources section of The Asthma Foundation of Victoria website at www.asthma.org.au

Related Legislation

School Policy and Advisory Guide, Department of Education and Early Childhood Development (2011), www.education.vic.gov.au/management/governance/spag/default.htm

Australian Guidelines for the Prevention and Control of Infection in Healthcare (2010), National Health and Medical Research

Council, www.nhmrc.gov.au/_files_nhmrc/publications/attachments/cd33_infection_control_healthcare_0.pdf

Policy considered and accepted by the Principal:

Policy considered and accepted by staff:

Policy considered and accepted by parent/carer representative body:

Dated:

Medication

RATIONALE:

At St Andrew's School it is essential that accurate and uniform procedures regarding the storage, documentation and administration of medication be maintained. Students suffer conditions that require the administration of medication of which there are a number of categories:

- ❑ Those who suffer Life Threatening Medical Conditions
- ❑ Those who require medication on an on-going basis.
- ❑ Those who suffer conditions requiring medication on a needs basis, eg. asthma.

AIMS:

- ❑ It is essential that all medication is safely stored, labelled and accurately administered.
- ❑ When administering medication, accurate records need to be maintained.
- ❑ All staff must be aware of children who suffer from life threatening medical conditions.
- ❑ A database needs to be maintained and updated on a yearly basis on all students to ensure that staff have current detailed information.

IMPLEMENTATION:

Annually every child will be issued with a St Andrew's School Emergency Form. Upon updating the information, families will be required to return the forms to the school so that any changes can be entered on each child's data base. This is to occur at the beginning of each school year within the first week of school resuming. With the information gained from this form the following will occur:

- ❑ Each classroom teacher will be issued with a class list of names detailing those students who have medical conditions. This list is to be placed in the front cover of the class Attendance Register.
- ❑ The medical conditions folder will be updated. Specialist and administration staff will be issued with their own copies.
- ❑ At the beginning of each school year families will be issued with a copy of an Administration of Medication Form. Further copies are available from the school office and from the school website.
- ❑ When students are carrying prescribed medication to be administered during the day the school will be notified in writing on the school Medication Form by the parent/guardian, prior to staff administering medication. All medication is to be in the original container/packet to eliminate any discrepancies. Medication form is located in appendix.

Note:

- Medication may never be administered to a student unless the details are completed by the child's parent/guardian on an Administration of Medication Form. Medication (other than asthma medication) will be kept in the First Aid Room and the administration of medication will be carried out supervised by the Principal or Deputy Principal. They will be responsible for 'signing off' that the medication has been taken as prescribed. Where children require medication on an on-going basis, the guardians must complete a copy of the Administration of Medication Form in the appropriate manner.
- Guardians of children with asthma will need to complete an Asthma Management Plan form.
- Dependent upon the school profile, all staff will require professional development and current information relating to specific medical conditions i.e. Asthma & Diabetes Management.
- Children with Life Threatening Medical Conditions will have their profiles, appropriate procedures and other relevant information located in both the Class Attendance Register and in the sick bay.
- Children requiring medication on an on-going basis or who suffer from a life threatening medical condition will have their medication stored in the First Aid Room.
- Camp procedures are in place. Please refer to the Policy 3.02 Camp & Excursion Policy.

Critical Incidents

RATIONALE:

At St Andrew's, we are committed to providing a safe and secure environment that minimises harm in the event of a critical incident.

A Critical Incident is a situation that potentially endangers the health and safety of the children and staff. These can be classified into two groups:

- An incident classified under an emergency situation eg. fire, siege, fatality, storm damage
- An incident that involves the use or disposal of illicit drugs and associated materials, eg. syringes...

AIMS:

Staff and students will be given appropriate skills and knowledge to follow set procedures in the event of a critical incident.

At St Andrew's, we will...

- enable students to acquire the knowledge and skills to make informed decisions about drug use
- promote an agreed harm minimisation approach to drug education in our community
- provide Professional Development for staff so they feel confident in adopting a harm minimisation approach to drug education
- promote effective relationships and ways of managing transitions and changing demands, roles and responsibilities.
- develop supportive procedures for students with drug related problems
- provide a planned and consistent approach to drug related incidents

IMPLEMENTATION:

- Students need to be educated on correct procedure should they locate items of a personal safety issue eg. condoms, syringes.
- To provide a sequential program from P- 6 to incorporate Drug Education and ongoing health and safety issues.
- To enable students to identify the harms associated with particular situations and behaviours, and how to take action to minimise these harms.
- To develop awareness within the whole school community and provide supportive professional development, eg. Life Ed Program.

Collection and Disposal Procedures

For the protection of students and staff, the school will provide:

- rubber gloves or tongs for handling needles and syringes found lying around the school grounds or surrounds;
- A disposal bin for the safe disposal of "sharps";
- Bleach for the cleaning of blood and body fluid spills, etc.

Anaphylaxis Management

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, some fruits, certain insect stings and medication.

Key to preventing Anaphylaxis in school 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.

Anaphylaxis is potentially life threatening and always requires an emergency response.

Aim

1. 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 schooling.
2. To raise awareness about Anaphylaxis and the school's Anaphylaxis Management Policy in a school community.
3. To engage with parents/carers of students at risk of Anaphylaxis in assessing risks, developing risk minimization strategies and management strategies for the student.
4. 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.

Legal Requirements

Any school that has a student at risk of anaphylaxis must by law have the following in place as of 2008:

1. Prevention strategies for in-school and out-of-school settings (Appendix A)
2. An Anaphylaxis Management Plan for each student, developed in consultation with the student's parents/carers and medical practitioner (Appendix B)
3. A communication plan to raise staff, student and school community awareness about severe allergies and the school's policies (Appendix C)
4. Regular training and updates for school staff in recognising and responding appropriately to an anaphylactic reaction, including competently administering an EpiPen® / Anapen®.

Ministerial Order 90 Anaphylaxis – Anaphylaxis Management in Schools clearly outlines the matters that schools need to ensure are included in their anaphylaxis management policies. Schools are required to use Ministerial Order 90 Anaphylaxis – Anaphylaxis Management in

Schools and the Anaphylaxis Guidelines for Victorian Government Schools to assess and review their current management policies and practices.

Parent Responsibilities

Parents are required to:-

- inform the school of their child's anaphylaxis and allergies
- provide an ASCIA Action Plan from the child's Medical Practitioner and any medication to be administered
- develop the student's Anaphylaxis management plan (See Appendix A) in consultation with the school
- provide a current EpiPen to the school and a personal back up when required
- assist in planning and preparation for special events and provide alternative food options for the student when needed
- inform the school of any changes to the student's emergency contact details

School Responsibilities

School staff have a duty to take reasonable steps to protect a student under their care from risks of injury that are reasonably foreseeable. This includes administrators, canteen staff, emergency teaching staff, specialist staff and volunteers. School Staff are required to follow the policy and their responsibilities are requirements are outlined in Appendix A: Policy Implementation and Prevention Procedures and Appendix C: Anaphylaxis Management Communication Plan Emergency Procedures.

Student Responsibilities

Students will be encouraged to be proactive in preventing exposure to allergens of their peers. Students are not to share food. If they have an allergy, they need to behave in a responsible manner that will prevent exposure to that particular allergen while at school.

Evaluation:

This Policy will be reviewed on a yearly basis by the Leadership team.

Date last evaluated _____

1. Individual Anaphylaxis Management Plan

A plan needs to be developed in consultation with the student's parents/carers and will be in place as soon as practicable after the student enrolls, and before the first day of school. This Individual Anaphylaxis Management Plan need to be reviewed annually in consultation with parents/carers (Appendix B).

2. Anaphylaxis Emergency Procedures Plan (ASCIA Action Plan)

1. An emergency procedures plan (ASCIA Action Plan), must be provided by the parent, which sets out the emergency procedures to be taken in the event of an allergic reaction.
2. This plan must be signed and dated by the medical practitioner who was/is treating the child.
3. This plan must include an up to date photograph of the student and correct contact details.
4. Parents must inform the school if their child's medical condition changes, and if relevant, provide an updated Action Plan (ASCIA).
5. An EpiPen and / or Antihistamine that is within its expiry date must also be provided by the parents with the ASCIA Action Plan.
6. Parents must provide a backup EpiPen for excursions / camp.

3. Staff Training

Teachers and other school staff who conduct classes with students at risk of Anaphylaxis, or give instructions to students at risk of Anaphylaxis, and/or provide first aid, must have up to date training in an Anaphylaxis Management training course.

At other times while the student is under care of supervision of the school, including excursions, yard duty, camps and special event days, the Deputy Principal must ensure that there is sufficient number of staff present who have up to date training in an Anaphylaxis Management training course.

The Leadership Team will identify the school staff to be trained and this will be constantly reassessed as staff members leave or commence employment with St. Andrew's Catholic Primary School. Training will be provided to these staff as soon as practicable after the student enrolls. Wherever possible training will take place before the student's first day at school. Where this is not possible, an interim plan will be developed in consultation with the parents.

4. Storage of EpiPens and Antihistamines

1. The EpiPen drawer is located in the First Aid Room across from the School Office. The School Officers will ensure that EpiPens are stored correctly (at room temperature and away from light).
2. All staff (including relieving staff) will be made aware of the location of storage location of EpiPens and Antihistamines.
3. EpiPens and/or Antihistamines as prescribed by the student's treating Doctor will be labelled and placed in a container that is also clearly labelled with the student's name in the EpiPen storage drawer.
4. Every EpiPen will be accompanied by an up to date copy of the student's Action Plan.

5. Taking EpiPens off Campus

There will be times such as interschool sports, camps and school excursions where EpiPens will need to be taken off site. The following procedures will be followed in such circumstances.

1. The teacher in charge of the student for the duration of the time he/she will be off site is responsible for ensuring the student's EpiPen is accessible at all times.
2. The EpiPen Register (stored in the First Aid room) must be completed when the EpiPen is taken by the teacher responsible for the student whilst away from school. A copy of the Action Plan must also be taken. This should be left until the last possible moment prior to leaving the school as the EpiPen may be required prior to leaving and must be easily accessible at all times.
3. The teacher who will carry the EpiPen must accompany the student at all times.
4. On return from the excursion the responsible teacher must return the EpiPen to the allocated space in the EpiPen drawer and record the return date in the EpiPen register and sign.
5. When a student is to attend a school related event where staff members will not be present, such as sporting events, it is the responsibility of the school to ensure that the adult supervising knows how to administer the EpiPen.
6. When events are held at school or Parish which are not during school hour, such as fundraising events, it is the parent/carer's responsibility to take the EpiPen to this event.
7. On events such as Camp, it is the parent's responsibility to provide the school staff with a backup EpiPen.

6. Backup EpiPens

A junior EpiPen and EpiPen will be kept on site as back-ups in the EpiPen storage unit at all times. The back-up EpiPens will not be taken on excursions unless the whole school is on the excursion. Parents/carers may be required to provide a backup EpiPen on an excursion. They are to provide this to the school on the morning of the excursion and collect it at the completion of the excursion. Backup EpiPens must be provided by parents/carers for school camps.

7. Expired EpiPens

Families will be notified in the month prior to the expiry of their child's EpiPen or Antihistamines. If there is no response to this letter, a further letter will be sent two weeks later with a phone call from the School Officer. Expired EpiPens will be returned to the Pharmacy.

8. Exclusion of Students

Every effort will be made to allow parents an opportunity to provide a replacement pen when the current pen is due for expiry. In the situation where there is either no EpiPen or the EpiPen is out of date, the student will be excluded from school until an in-date EpiPen is provided.

Responsibilities of School Staff

Action:	By whom:
1. Liaising with parents	
1.1. Liaising with parents of children at risk of anaphylaxis to ensure they supply an Anaphylaxis Action Plan signed by a Medical Practitioner, and the appropriate in date Medication (i.e. EpiPen and or antihistamines).	School Officers
1.2. Meet with parents of students who are at risk of an anaphylaxis to develop / review the student's Individualized Anaphylaxis Management Plan.	Wellbeing Leader
1.3. Alert parents to any allergic reaction	First Aid Duty Officer
1.4. Maintain a Communication Log documenting communication with Parents/Carers on issues Regarding their child's allergies.	School Officer
2. Managing documentation and medication	
2.1 Enter alerts for allergy and EpiPen expiry date in database.	School Officers
2.2 Review EpiPens and Antihistamine in the first week of every month to check for deterioration in the fluid and the expiry date.	School Officers
2.3 Alert parents when replacement medication is required.	School Officers
3. Informing Staff	
3.1. Provide staff with up to date information regarding the student's allergens.	School Officer/ Wellbeing Leader
3.2 Provide induction for new staff to ensure they are aware of Anaphylaxis Policy and procedures	Principal
3.3 Inform volunteers and casual relief staff of students at risk of Anaphylaxis and their responsibilities	Deputy Principal/ School Officer
4. Implementing and enforcing the policy	
4.1 Conduct regular (twice per year) mock emergencies for staff. Practise scenarios for responding to an Emergency will be used twice a year (e.g. EpiPen Emergency drill)	Wellbeing Leader
4.2 Review annually with staff the Anaphylaxis Management Checklist	Leadership Team
4.3 Develop and review annually the St. Andrew's Anaphylaxis Emergency Procedures and Policy. <ul style="list-style-type: none"> Brief staff on the identities of students diagnosed at risk of Anaphylaxis and where their medication is located. Practise correct use of an EpiPen Review signs and symptoms of Anaphylaxis 	Leadership Team
4.4. Work with school staff to develop strategies to raise school staff, student and community awareness about severe allergies.	Wellbeing Leader
4.5 Organise Anaphylaxis training for staff.	Wellbeing Leader
5. Looking after students	
5.1. Ensure that tables and surfaces are wiped down regularly and that students wash hands after handling food.	Classroom teachers
5.2. Raise student awareness about severe allergies and the importance of their role in fostering a School environment that is safe and supportive of their peers.	Classroom teachers

APPENDIX B: ANAPHYLAXIS MANAGEMENT PLAN

This Plan is to be completed by the Principal or nominee on the basis of information from the student's Medical Practitioner provided by the Parent/Carer

STUDENT INFORMATION		
School: St. Andrew's Primary School		
Phone: 9551 5094		
Student's Name:		
Date of Birth:	Year Level:	
MEDICAL INFORMATION		
Severely allergic to:		
Other health conditions:		
Medication at school:		
Emergency care to be provided at school:		
CONTACT INFORMATION		
Parent/carer contact:	Parent/carer information (1)	Parent/carer information (2)
	Name:	Name:
	Relationship:	Relationship:
	Home phone:	Home phone:
	Work phone:	Work phone:
	Mobile:	Mobile:
	Address:	Address:
Other emergency contacts (if parent/carer not available):		
Medical Practitioner contact:		
The following Anaphylaxis Management Plan has been developed with my knowledge and input and will be reviewed at the beginning of every school year.		
Signature of parent:		Date:
Signature of Principal (or nominee):		Date:

EMERGENCY PROCEDURES

In the event of an allergic reaction the following procedures will be followed. These procedures are present next to every phone in the school. EpiPen alert cards are also present next to the phones and in your yard duty first aid bags.

CLASSROOM PROCEDURES

Student presents with reaction. Call office say "EpiPen for (student name)" DO NOT TAKE THE STUDENT TO THE SICK BAY DO NOT LEAVE THE STUDENT HAVING THE REACTION Is phone answered?	
NO	YES
Send two students to the office and two students to the next classroom or to closet staff member. Second staff member to offer assistance Staff member in the office will bring mobile phone, Student's Anaphylaxis Action Plan, EpiPen, antihistamine and the school's back up EpiPen to the classroom. Read and follow Student's Anaphylaxis Action Plan. This staff member will call 000 for ambulance and state that a student is having an Anaphylactic reaction.	Office staff will bring mobile phone, Student's Anaphylaxis Action Plan, EpiPen, antihistamine and back up EpiPen to the classroom. This staff member will call 000 for ambulance and state that a child is having an Anaphylactic reaction.
One adult administers the EpiPen to the muscle of the outer mid-thigh and holds it in place for 10 seconds, note the time of administration.	
If the student is breathing well, the student must stay lying down with legs elevated until the ambulance arrives. If student not breathing well, sit the student upright.	
Send a staff member out to meet the ambulance.	
After the ambulance has been called, staff will contact parents/carers.	

YARD PROCEDURES

Student presents with reaction. DO NOT TAKE THE STUDENT TO THE SICK BAY DO NOT LEAVE THE STUDENT HAVING THE REACTION	
Yard duty teacher sends two students to the Office with the EpiPen card and the name of the student having the reaction. Another student will be sent to alert the nearest teacher on yard duty.	
First Aid Staff member at the office attends with Student Anaphylaxis Action Plan, student's EpiPen and schools back-up EpiPen, antihistamine and mobile phone.	
Read and Follow student's Anaphylaxis Action Plan.	
Staff member administers EpiPen to the to the muscle of the outer mid-thigh and holds it in place for 10 seconds, note the time of administration and stay with the student.	
Staff member is to call the ambulance on 000 and state that a child is having an Anaphylactic reaction. The staff member must follow the directions from the ambulance officer and meet the ambulance.	
If the student is breathing well, the student must stay lying down with legs elevated until the ambulance arrives. If student not breathing well, sit the student upright.	
After the ambulance has been called staff will contact the parents/carers.	

OFFSITE PROCEDURES

It is the responsibility of the teacher taking students off the school premises to take that student's EpiPen, antihistamine and Anaphylaxis Action Plan and have it with them at all times.

These must be signed out through the EpiPen Register in the First Aid Room. Ensure that the back up EpiPen is taken when the whole school is leaving the premises.

Student presents with reaction DO NOT LEAVE THE STUDENT HAVING THE REACTION
EpiPen and Student's Anaphylaxis Action Plan taken to student (DO NOT MOVE THE STUDENT)
Follow procedures on the Student's Anaphylaxis Plan
Administer EpiPen to the muscle of the outer mid-thigh and holds it in place for 10 seconds, note the time of administration.
Second adult to call ambulance on 000 and state that a child is having an Anaphylactic reaction, and follow directions of ambulance officer over the phone.
If the student is breathing well, the student must stay lying down with legs elevated until the ambulance arrives. If student not breathing well, sit the student upright.
After the ambulance has been called staff will contact the parents/carers.

OFFICE PROCEDURES

Become aware of Anaphylactic reaction alerted by phone or card
Take the student's Anaphylaxis Action Plan and EpiPen, antihistamine and mobile phone to the location
Assist as required by administering EpiPen to the muscle of the outer mid-thigh and hold it in place for 10 seconds, note the time of administration while the 2 nd adult calls the ambulance stating that a child is having an Anaphylactic reaction.
Assist as required, ensuring that someone meets the ambulance and that someone stays with the child.
The student is not moved until the ambulance officers move them.
After the ambulance has been called staff will contact the parents/carers.