

St Joseph's College Geelong
Policy 1.7 Anaphylaxis Management Policy
AMENDED AUG 17 CHECKED AUG 17 – ZWR

Background

1. 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), milk products, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.
2. 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.
3. Partnerships between schools and parents are important in ensuring that students are not exposed to certain foods or items while at school.
4. Adrenaline given through an Adrenaline Autoinjector® to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.
5. The College will comply with 'Ministerial Order 706: Anaphylaxis Management in Victorian Schools' and guidelines on anaphylaxis management. This procedure meets the requirements of that order.

Purpose

6. The purpose of this document is:
 - a. To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.
 - b. To raise awareness about anaphylaxis and the College's anaphylaxis management response in the school community.
 - c. To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
 - d. 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.

Individual Anaphylaxis Management Plans

7. The Principal will ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents/carers, for any student who has been diagnosed by a Medical Practitioner as being at risk of anaphylaxis.
8. The Individual Anaphylaxis Management Plan will be in place after the student enrolls or as soon as practicable after the student attends the College, with an interim plan to be developed in the meantime.
9. The Individual Anaphylaxis Management Plan will set out the following:
 - a. Information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergens the student has (based on a written diagnosis from a Medical Practitioner).
 - b. Strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of College 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.
 - c. The name of the person(s) responsible for implementing the strategies.
 - d. Information on where the student's medication will be stored.
 - e. The student's emergency contact details.

- f. An Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.
10. School Staff will then implement and monitor the student's Individual Anaphylaxis Management Plan.
11. The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents in all of the following circumstances:
- a. annually;
 - b. if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
 - c. as soon as practicable after the student has an anaphylactic reaction at School; and
 - d. when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions).
12. It is the responsibility of the Parents to:
- a. provide the ASCIA Action Plan;
 - b. inform the College 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
 - c. provide the College with an Adrenaline Autoinjector that is in date for their child
 - d. provide an up to date photo of the student for the ASCIA action plan
 - e. ensure the student's CareMonkey profile, including all medical information, is correct
 - f. ensure the student's SIMON Profile is correct
 - g. upload the Individual Anaphylaxis Management Plan and ASCIA Management Plan onto the student's CareMonkey and SIMON Medical Profiles

ASCIA Action Plan For Anaphylaxis

13. The College will request from the parent/carers, an ASCIA Action Plan for Anaphylaxis to be completed and signed by a medical practitioner for each student identified as at risk of anaphylaxis.

14. On return of the Action Plan, details will be recorded in the following areas:
- a. College database (TASS) - Student Medical Records.
 - b. SIMON Medical Profile - parents to complete relevant detail and upload the ASCIA and Individual Management Plan onto SIMON Medical Profile
 - c. SIMON Medical Notes – Receptionist staff to add medical note and tick 'Flag as Important' - this will cause an important medical information symbol to appear in student lists and the note will be listed along with other important medical information in areas such as roll-mark and class-lists.
 - d. Hard copy stored in Reception in a clearly labelled folder.
 - e. CareMonkey – parents to complete relevant detail and upload the ASCIA and Individual Management Plan onto the student's CareMonkey Profile.
 - f. A list of anaphylactic students, their photo and allergen provided to the Canteen.

Prevention Strategies

15. The minimisation strategies the College has in place are detailed in student's Individual Management Plans as applicable and have been put in place by the College to ensure it is doing as much as possible to prevent and respond to anaphylactic reaction. Minimisation of the risk of anaphylaxis is everyone's responsibility: the College (including the Principal and all staff), parents,

students and the broader school community. Enclosure 2 shows some of the common prevention strategies.

16. Although the College has minimisation strategies in place, as listed below, parents/carers have important obligations under Ministerial Order 706 (and the College's Anaphylaxis Management Policy). These obligations will assist the College to manage the risk of anaphylaxis. Parents/carers obligations are:

- a. to provide the ASCIA Action Plan
- b. to inform the College 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
- c. to provide an up to date photo for the ASCIA Action Plan when that plan is provided to the College and when it is reviewed, and
- d. to provide the College with an Adrenaline Autoinjector that is current and not expired for their child

School Management and Emergency Response

17. The school's first aid procedures and students' Individual Management Plan and ASCIA Action Plan will be followed in responding to an anaphylactic reaction. It is important that in responding to an incident, the student does not stand and is not moved unless in further danger, for example the reaction was caused by a bee sting and the bee hive is close by. It is important to remember the College holds spare Adrenaline Autoinjectors as follows:

- a. Edmund Rice Campus - two (2) spare Adrenaline Autoinjectors at Reception and one (1) spare Adrenaline Autoinjector in the Staff Room, Foodtech, Trade Training Centre, IT Office, PAC and Gym. In addition to this there are eight (8) Adrenaline Autoinjectors held to be provided with first aid kits that are supplied for excursions/camps.
- b. Westcourt Campus - one (1) spare Adrenaline Autoinjector at Reception and Foodtech. In addition to this there are five (5) Adrenaline Autoinjectors held to be provided with first aid kits that are supplied for excursions/camps.

18. Self-administration of the Adrenaline Autoinjector.

- a. Students who ordinarily self-administer their Adrenaline Autoinjector may not physically be able to self-administer due to the effects of a reaction. In relation to these circumstances, staff must administer an Adrenaline Autoinjector to the student, in line with their duty of care for that student.
- b. If a student self-administers an Adrenaline Autoinjector, one member of staff should supervise and monitor the student, and another member of staff should contact an ambulance (on emergency number 000/112).

19. **Staff Response.** Where possible, only staff with training in the administration of the Adrenaline Autoinjector should administer the student's Adrenaline Autoinjector. However, it is imperative that an Adrenaline Autoinjector is administered as soon as possible after an anaphylactic reaction. Therefore, if necessary, the Adrenaline Autoinjector is designed to be administered by any person following the instructions in the student's ASCIA Action Plan.

Out of School Environments

20. Excursions and Camps - Each individual camp and excursion requires risk assessment for each individual student attending who is at risk of anaphylaxis. Therefore emergency procedures will vary accordingly. A team of staff trained in anaphylaxis need to attend each event, and appropriate methods of communication need to be discussed, depending on the size of excursion/camp/venue. It is imperative that the process also addresses:

- a. the location of Adrenaline Autoinjectors i.e. who will be carrying them. Is there a second medical kit? Who has it?

- b. 'how' to get the Adrenaline Autoinjector to a student
- c. 'who' will call for ambulance response, including giving detailed location address. e.g. Melway reference if city excursion, and best access point or camp address/GPS location.

Maintaining List of Anaphylactic Students

21. The Office Manager is responsible for maintaining an up to date list of students at risk of anaphylaxis. This information is generated from the College database (TASS) by running a report of student medical conditions. The report is generated before the beginning of each year and the Registrar is responsible for notifying the Office Manager of any new students being identified as anaphylactic during the year.

Adrenaline Autoinjectors for General Use

22. The Principal is responsible for ensuring the College has sufficient general use Adrenaline Autoinjectors for each Campus. Edmund Rice Campus currently has sixteen (16) general use adrenaline auto injectors and Westcourt Campus has seven (7). In determining the number of general use Adrenaline Autoinjectors suitable for the College consideration has been given to:

- a. the number of students enrolled at risk of anaphylaxis
- b. the accessibility of Adrenaline Autoinjectors supplied by parents
- c. the availability of a sufficient supply of Adrenaline Autoinjectors for general use in specified locations at the College, including the school yard, at excursions, camps and special events conducted, organised or attended by the College.
- d. the limited life of Adrenaline Autoinjectors, which is usually 12-18 months – a record of expiry dates is kept and new Adrenaline Autoinjectors purchased before expiry, or at the time of use – whichever comes first.

23. **Students displaying symptoms of anaphylaxis.** A member of staff should remain with the student who is displaying symptoms of anaphylaxis at all times. As per instructions on the ASCIA Action Plan:

- a. 'Lay the person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.'
- b. A member of staff should immediately locate the student's Adrenaline Autoinjector and the student's Individual Anaphylaxis Management Plan, which includes the student's ASCIA Action Plan.
- c. **Always call an ambulance as soon as possible (000).** If you are using a GSM digital mobile phone which is out of range of your service provider, displays a message indicating emergency calls only, or does not have a SIM card, call 112.
- d. Parents/Carers will be informed as soon as practicable by the first aid attendant or the teacher directly in charge of the student

24. **First-time reactions.** If a student has a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, staff should follow the school's first aid procedures. **This should include immediately contacting an ambulance using 000.** It may also include locating and administering an Adrenaline Autoinjector for General Use.

25. **Post-incident support.** An anaphylactic reaction can be a very traumatic experience for the student, others witnessing the reaction, and parents. In the event of an anaphylactic reaction, students and staff may benefit from post-incident counselling, provided by the College counsellor or outside counselling services.

26. **Review.** After an anaphylactic reaction has taken place that has involved a student in the College's care and supervision, it is important that the following review processes take place.

- a. The Adrenaline Autoinjector must be replaced by the parent as soon as possible.

- b. In the meantime, the Principal should ensure that there is an interim Individual Anaphylaxis Management Plan in place should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector being provided.
- c. If the Adrenaline Autoinjector for General Use has been used this should be replaced as soon as possible.
- d. 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.
- e. The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's Parents.
- f. This procedure should be reviewed to ensure that it adequately responds to anaphylactic reactions by students who are in the care of School Staff.

Staff Training

27. Teachers, support staff and other school staff who conduct classes which students at risk of anaphylaxis attend, or give instruction to students at risk of anaphylaxis must have up to date training in an anaphylaxis management training course being either;

- a. anaphylaxis management (22300VIC or 10313NAT) in the last 3 years, or;
- b. online anaphylaxis management training course in the 2 years prior (ASCIA e-training for Victorian schools and verified by staff that have completed Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC, valid for 3 years)

Staff will also participate in a briefing twice per calendar year, with the first to occur at the beginning of the year, delivered by a staff member who has successfully completed an anaphylaxis management training course in the last two years. The briefing will cover the following:

- a. the College's anaphylaxis management policy
- b. the causes, symptoms and treatment of anaphylaxis
- c. the identities of students at risk of anaphylaxis, the details of their medical condition, and where their medication is located
- d. how to use an Adrenaline Autoinjector, including practicing with a 'trainer' Adrenaline Autoinjector
- e. the location of, and access to, Adrenaline Autoinjectors that have been provided by parents or purchased by the College for general use.

24. The Principal is to develop an interim plan and consult with parents if training or a briefing has not occurred as required. If this is the case, the Principal will ensure that the training and/or briefing will occur asap after the interim plan has been developed.

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

26. The Principal will identify the school staff to be trained based on a risk assessment with the goal to have all staff trained.

27. 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.

Annual Risk Management Checklist

28. The Principal will complete a risk management checklist annually to ensure compliance with Ministerial Order 706.

Communication Plan

29. The Principal is responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the College's anaphylaxis management plan. The communication plan consists of:

- a. An information sheet that describes the St Joseph's College Response to Anaphylaxis Management. This is included as Enclosure 2 and is to be reviewed when the policy is reviewed.
- b. Parents being contacted annually to review the student's anaphylaxis status and management plan, they will also be contacted:
 - (1) if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
 - (2) as soon as practicable after the student has an anaphylactic reaction at School; and
 - (3) when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions).
- c. The College's Anaphylaxis Management Policy will be available on the College website and parent's notified of this via the newsletter.

Enclosures:

1. St Joseph's College Anaphylaxis Prevention Strategies
2. Anaphylaxis Management – St Joseph's College Response

St Joseph's College Anaphylaxis Prevention Strategies

ENVIRONMENT			
To be completed by principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.			
Name of environment / area:	CLASSROOM		
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Treat containing allergen given to student	Class teachers to be aware of students in their class and their allergens	Class teacher / Student	Ongoing
Casual Relief Teacher	Daily Organiser to brief CRT on viewing medical notes when marking the roll	Daily organiser	As needed
Food containing allergen given to student	Food sharing to be discouraged	Teacher/students	Ongoing
Name of environment / area:	FOOD TECHNOLOGY CLASS		
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Food containing Allergen consumed / contact made with food	At the start of each new Semester teachers check medical listings and make notes of anaphylactic students. They also verbally ask students if they are anaphylactic to ensure no one has been missed.	Class Teacher	Start of the new year / Before classes commence
Food containing Allergen consumed / contact made with food	Students to collect Adrenaline Autoinjector from office before each class. Teacher checks that student has Adrenaline Autoinjector before class begins - Adrenaline Autoinjector kept in an easily accessible known place in the classroom.	Class Teacher / Student	Before class commences
Food containing Allergen consumed / contact made with food	Anaphylactic boys work on a particular kitchen bench.	Class Teacher	Before and during class
Food containing Allergen consumed / contact made with food	Class teacher is aware of students with Anaphylactic allergy	Class Teacher	Beginning of each class
Student anaphylactic towards ingredient being used in class	This student may not be able to participate in food technology classes in which/whereby ingredients containing allergen are used.	Class Teacher	Prior to class
Contact made with allergen	Wipe down benches regularly	Class Teacher	Ongoing.
Contact made with allergen	Advise students to wash hands regularly	Class Teacher / Student	Before/during/after class
Name of environment / area:	Special events, i.e. Edmund Rice Day / Food Frenzy Day / Sports		
Risk Identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Food containing Allergen consumed / contact made with food	Prior to these events, Homeroom Teacher will review student medical needs	Homeroom teacher	At least one week before event
Food containing Allergen consumed / contact made with food	Give plenty of notice to parents / carers about the event	Event organiser	At least one week before event
Name of environment / area:	Camp/Excursion		
Risk Identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Food containing Allergen consumed / contact made with food	Make contact with camp/excursion provider early and advise of student allergens	Camp/excursion organiser YLC	At least one week prior to staying with the provider
Food containing Allergen consumed / contact made with food	Ask camp camp/excursion provider to avoid serving / stocking allergens	Camp/excursion organiser YLC	At least one week prior to staying with the provider
Food containing Allergen consumed / contact made with food	Ensure enough medical supplies for camp (ie. anti-histamine and 2 Adrenaline Autoinjectors per student), management plan and mobile (satellite phone if no coverage) to be taken. The Adrenaline Autoinjector must remain close to the student and staff must be aware of its location at all times.	Camp/excursion organiser YLC	Prior to and during camp/excursion
Anaphylactic reaction	Staff to develop an emergency response plan that sets out clear roles and responsibilities in the case of an anaphylactic reaction. YLC to meet with SJC staff and Camp representative to inform staff of emergency management procedures.	Camp/excursion organiser YLC	Prior to camp/excursion
Anaphylactic reaction	Be aware of local emergency services in the area and how to access them. Liaise with them before camp.	Camp/excursion organiser YLC	Prior to camp/excursion
Food containing Allergen consumed / contact made with food	YLC to liaise with camp organiser regarding the possibility of parents providing own food	Camp/excursion organiser YLC Parents	Prior to camp/excursion
Anaphylactic reaction	Ensure a number of staff on camp are trained in anaphylaxis management and Adrenaline Autoinjector administration. All staff present must be aware there is a student at risk of anaphylaxis, must be briefed and photograph/s of student at risk must be available to all staff.	Camp/excursion organiser YLC	Prior to camp/excursion
Food containing Allergen consumed / contact made with food on bus	Consider the potential exposure to allergens when consuming food on buses. Staff in charge to brief students regarding the consumption of food and what foods are an allergen to students	Camp/excursion organiser YLC Student	Before boarding bus/during bus travel.
Name of environment / area:	Canteen		
Food containing Allergen consumed / contact made with food	Canteen staff to be aware of students with anaphylaxis. Provided with this information at the beginning of each year.	Reception to provide to canteen	At beginning of year or when new plan received

Food containing Allergen consumed / contact made with food	Tables and surfaces wiped down regularly	Canteen Manager	Regularly during the day
Food containing Allergen consumed / contact made with food	Canteen provides a variety of meal options	Canteen Manager	Menu decided at the end of the year for the following year
Name of environment / area:	Yard – recess and lunch		
Risk Identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Food containing Allergen consumed / contact made with food	Student's Adrenaline Autoinjector is stored in an unlocked cupboard at College reception.	Staff on Yard Duty	All the time
Food containing Allergen consumed / contact made with food	Staff on yard duty on Carey Oval must take a first aid kit containing Adrenaline Autoinjector and mobile phone/walkie talkie	Staff on Yard Duty	As needed.
Name of environment / area:	Extra-Curricular Activities		
Risk Identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Food containing Allergen consumed / contact made with food	Student must carry their own Adrenaline Autoinjector with them at all times	Student	All the time
Food containing Allergen consumed / contact made with food	Staff responsible must take a first aid kit and mobile phone	Staff in charge	As needed.



Anaphylaxis Management COMMUNICATION PLAN

This Communication Plan has been developed to provide information to all school staff, students and parents about anaphylaxis and the College's Anaphylaxis Management Procedures. This Communication Plan should be read in conjunction with the St Joseph's College Medical Response Policy that contains detailed advice on procedures in the event of an anaphylaxis incident.

Raising Staff Awareness

All school staff will be briefed at least twice per year by a staff member or qualified professional who has current anaphylaxis management training.

The school will designate a staff member to be responsible for briefing all volunteers and casual relief staff, and new school staff (including administration and office staff, sessional teachers and specialist teachers) of the students with anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care.

Volunteers and casual relief staff must be informed of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to anaphylactic reaction by a student in their care.

Raising Student Awareness

Peer support is an important element of support for students at risk of anaphylaxis.

Classroom teachers will discuss the topic of anaphylaxis with students in their class, with a few simple key messages, including:

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

(Source: Be a M.A.T.E. kit, published by Allergy & Anaphylaxis Australia)

Work with Parents

Parents of a child who is at risk of anaphylaxis may experience considerable anxiety about sending their child to school. The school will develop an open and cooperative relationship with parents so that they can feel confident that appropriate management strategies are in place.

Aside from implementing practical prevention strategies in the College, the anxiety that parents and students may feel can be considerably reduced by regular communication and increased education, awareness and support from the school community.

Responding to an Anaphylactic Reaction

This part of the Communication Plan includes strategies for advising school staff, students and parents about how to respond to an anaphylactic reaction. The response outlined below is applicable to responding to incidents ***During Normal School Activities*** (this includes in the classroom, in the school yard and in all school buildings) and ***During Off-Site or Out of School Activities*** (this includes on excursions, school camps and at special events conducted, organised or attended by the school).

If the student is suspected of showing signs of a potential anaphylaxis reaction:

- Stay with the student.
- Send for help, the staff member is to remain with the student at risk and send two students to Reception.
- Have someone locate the student's Emergency Pack and bring it to you. If you do not have a phone with you have someone bring one to you.
- If time permits, move other students away from the area and have them supervised by another staff member or adult.
- If the symptoms indicate a mild to moderate reaction administer medication in accordance with the Action Plan for Anaphylaxis.
- Locate the student's Adrenaline Autoinjector and have it ready to use.
- Locate the school's spare Adrenaline Autoinjector and have it ready to use.
- Watch for any signs of anaphylaxis (severe allergic reaction).
- Phone the student's parent/s or emergency contact.

If the student begins to show signs of anaphylaxis (severe allergic reaction):

- Lay the student flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit. If vomiting or unconscious put in the recovery position.
- Give the student's Adrenaline Autoinjector.
- If someone else is with you have them ring 000, or if on your own ring 000.
- Record the time the Adrenaline Autoinjector was given.
- Phone the student's parent/s or emergency contact.
- If no response after 5 minutes, give further dose of the spare Adrenaline Autoinjector.
- If there is no signs of life commence CPR.
- If a student has asthma, has been prescribed an Adrenaline Autoinjector and suddenly starts to have difficulty breathing – use the Adrenaline Autoinjector first, then the asthma reliever medication

Spare Adrenaline Autoinjectors (Adrenaline Autoinjectors)

The College will hold spare Adrenaline Autoinjectors as follows:

- Edmund Rice Campus - two (2) spare Adrenaline Autoinjectors at Reception and one (1) spare Adrenaline Autoinjector in the Staff Room, Foodtech, Trade Training Centre, IT Office, PAC and Gym. In addition to this there are eight (8) Adrenaline Autoinjectors held to be provided with first aid kits that are supplied for excursions/camps.

- Westcourt Campus - one (1) spare Adrenaline Autoinjector at Reception and Foodtech. In addition to this there are five (5) Adrenaline Autoinjectors held to be provided with first aid kits that are supplied for excursions/camps.

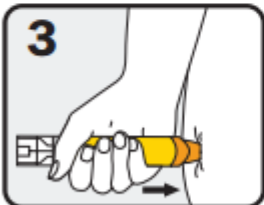
Raising School Community Awareness

We will raise awareness about anaphylaxis in the school community so that there is an increased understanding of the condition. This will be done by providing information in the school newsletter and displaying relevant posters and information around the school.

How to give EpiPen®

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Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE
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Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)
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PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds
REMOVE EpiPen®

All EpiPen®s should be held in place for 3 seconds regardless of instructions on device label

Remember DRSABCD

The basic response irrespective of environment is to follow the acronym:

Danger: ensure area is safe for yourself, others and the patient.

Response: check for response. Gently touch the student on the hand, cheek or shoulders and talk to them e.g. "can you hear me open your eyes, squeeze my hand". Remember to always be respectful. If we get no response we send for help.

Send for help. The staff member is to remain with the student at risk and send two students to Reception. The actions that follow will depend on the nature of the emergency. Contacting 000 may be an appropriate response for a medical emergency or possibly an incident needing police assistance.

Airway: Open the mouth, place in recovery position, clear airway. Open the airway by tilting the head.

Breathing: check for breathing. Respond as necessary.

CPR: start CPR if the situation requires this response.

Defibrillation: apply defibrillator if available and follow voice prompts

