



St Francis of Assisi
PARISH PRIMARY SCHOOL

ANAPHYLAXIS POLICY

Rationale

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

The key to prevention of anaphylaxis is knowledge of those students who are diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnership between the school and parents is important in ensuring that certain foods or items are kept away from the student while at school. Adrenaline given through an auto injector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

School Statement

St Francis of Assisi acknowledges its responsibility to develop and maintain an anaphylaxis management policy. The school will comply with Ministerial Order 706 and the associated guidelines published and amended by the Department of Education from time to time.

Aims

- 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 their schooling.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.
- To engage with parents/carers of students at risk of anaphylaxis in assessing risks, and in developing risk minimisation strategies and management strategies for the student.
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis
- and the school's policy and procedures in responding to an anaphylactic reaction.

INDIVIDUAL MANAGEMENT PLAN

In February of each year the Annual Risk Management Checklist is undertaken.

The principal will ensure 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 being at risk of anaphylaxis.

The individual anaphylaxis management plan will be devised from the Action Plan and will be in place as soon as practicable after the student enrolls.

The individual anaphylaxis management plan will set out the following:

- Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner).
- Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including camps and excursions.
- 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 emergency procedures plan (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.

Note : The red and blue 'ASCIA Action Plan' is the most common form of emergency procedures plan that is provided by medical practitioners to parents when a child is diagnosed as being at risk of anaphylaxis. St Francis of Assisi requests that only these forms be submitted by parents.

School staff will then implement and monitor the student's Individual Anaphylaxis Management Plan. The student's individual management plan will be reviewed, in consultation with the student's parents / carers:

- annually,
- if the student's 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 School (eg. class parties, elective subjects, cultural days, fetes, incursions).

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.
- have the ASCIA plan reviewed by / updated by a Medical Doctor annually. The colour photo for the plan should be updated annually as part of the process.
- provide the School with an adrenaline auto injector that is current and not expired for their child.
- St Francis of Assisi will provide spare adrenaline auto injectors for general use.

Refer to Appendix 2 - Individual Management Plan

COMMUNICATION PLAN

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

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

Volunteers and casual relief staff of students at risk of anaphylaxis will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction to a student in their care by the Principal or nominee.

Refer to Appendix 1 – Communication Plan

STAFF TRAINING AND EMERGENCY RESPONSE

All staff at St Francis of Assisi must undertake the Australasian Society of Clinical Immunology and Allergy (ASCIA) e-training for Victorian schools once every 2 years.

Once the online course is complete, in order to meet legislative requirements, staff must also have their competency in using an auto injector (e.g. EpiPen®) tested in person within 30 days of completing the course.

St Francis has two 'School Anaphylaxis Supervisors' the Vice Principal and School nurse, whom are responsible for assessing staff competence in the practical component of the course. The Principal and School Nurse are responsible for ensuring staff training is up to date and records are kept as per the Department of Education and Training guidelines.

All staff will be briefed at the twice a year by a qualified staff member who has up to date anaphylaxis management training on;

- the school's anaphylaxis 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

A register is kept at the office, showing details of staff training.

The school's first aid procedures, the student's Anaphylaxis Action Plan and the student's Individual Anaphylaxis Management Plan will be followed in responding to an anaphylactic reaction.

Refer to Appendix 1 – Communication Plan

ADRENALINE AUTO INJECTORS FOR GENERAL USE

St Francis of Assisi Primary has purchased back up adrenaline auto injectors for general use by the school.

The Principal is responsible for arranging for the purchase of additional adrenaline auto injector/s for general use and as a back up to those supplied by parents.

The Principal will determine the number of additional adrenaline auto injector/s required. In doing so, the Principal will take into account the following relevant considerations:

- a. The number of students enrolled at the school that have been diagnosed as being at risk of anaphylaxis;
- b. The accessibility of adrenaline auto injectors that have been provided by parents of students who have been diagnosed as being at risk of anaphylaxis;
- c. The availability and sufficient supply of adrenaline auto injectors 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
- d. Staff are to make sure that autoinjectors are not kept in vehicles or in any place of extreme heat, or cold (ie refrigerators) during a camp / excursion / special event.
First aid bags have been provided by the school to store student medications and auto injectors in a cool location.
- e. That adrenaline autoinjectors for general use have a limited life, usually expiring within 12-18 months, and will need to be replaced at the school's expense, either at the time of use or expiry, whichever is first.

Extra school autoinjectors are kept in the following locations:

Administration copy room - x 2 and clearly marked "For general use" in the bottom corner of the insulated bag on the right hand wall as you walk into the room.

Library Copy room – x 1 and clearly marked 'For general use' located on plastic case on the right hand wall immediately as you walk into the room.

PREVENTION STRATEGIES

The basis of our approach to anaphylaxis at St Francis of Assisi is **risk minimisation** and **education**. Staff and parents/guardians need to be made aware that it is not possible to achieve or guarantee a completely allergen free environment. Parents/guardians and staff should not have a false sense of security that an allergen have been eliminated from the environment. Instead, the school recognizes the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction. This includes parents teaching children with allergies and anaphylaxis to self – manage, this ensures the child is also prepared for life outside of the school where statistically most anaphylactic reactions occur.

No sharing of food

All children must eat only their own food in the classroom and at school. A 'no sharing of food' policy at the school ensures that everyone is doing the same thing and helping to prevent a reaction in the allergic child. Children at risk are to only eat food supplied and prepared by their own parents or guardians.

Parents / guardians are requested not to bring food / treats into the school for birthdays, special occasions etc.

Nuts and nuts products

Whilst acknowledging that 'The Australasian Society of Clinical Immunology and Allergy' (ASCIA) does not recommend blanket banning of foods in schools, St Francis of Assisi requests that as part of its risk minimisation approach **no** peanuts, peanut paste, peanut butter (including "dippers"), nuts, nutella spread or nutty muesli bars be brought into the school. To clarify, it should not be concluded from this request that nuts are a more dangerous allergen than any other; rather it is the most common allergen at St Francis of Assisi.

For further information on prevention strategies refer to Appendix 1: Communication plan and appendix 2: Individual anaphylaxis management plan.

CONCLUSION

At St Francis of Assisi Primary we seek to ensure the safety and well-being of all members of our school community. We believe an effective partnership between home and school will ensure the successful inclusion of students with life-threatening allergies. We are committed to responsible and achievable management practices in reducing risk to students with anaphylaxis within the school environment.

EVALUATION

This policy will be reviewed in 2020 or as required.

This policy was reviewed by the Leadership team in March 2017.

This policy was reviewed by the Leadership team in April 2014.

This policy was reviewed and ratified by the board in June 2012.

REFERENCES

Anaphylaxis Management in Schools Ministerial 706. Victorian Government document, April 2014
<http://www.education.vic.gov.au/school/teachers/health/pages/anaphylaxisschl.aspx>

ASCIA Action Plan for Anaphylaxis for Personal Use 2014 <http://www.allergy.org.au/health-professionals/anaphylaxisresources/ascia-action-plan-for-anaphylaxis>

Anaphylaxis Guidelines. A resource for managing severe allergies in Victorian Schools. Department of Education and Early Childhood Development, April 2014

Appendix 1

COMMUNICATION PLAN

This plan should be read in conjunction with the School's Anaphylaxis Policy. It relates to the prevention and management of anaphylactic events at school or outside the school on school related activities.

Location of auto injectors and ASCIA plan with student photo

The auto injector and a copy of the child's ASCIA plan are stored in an insulated bag in the Administration copy room on the right hand wall as you walk in. They are labelled with the child's name and photo and are kept in alphabetical order.

There are **three spare auto injectors** – two are in the bottom right hand side of the bag clearly labelled "SPARE 1 and SPARE 2".

The third spare auto injector is kept in the library on the right hand side wall of the copy room as you walk in. There is a photo list with all the children with anaphylaxis on the same wall.

Each term the auto injector expiry date for every child is checked by the school nurse. At least one month prior to the auto injector expiring a letter will be sent home to the student's parents/guardian requesting an updated auto injector be supplied to the school.

The school nurse is responsible for following up all requested auto injectors and updating paperwork.

Further copies of the ASCIA plans are kept on display in the first aid room and in the child's classroom on the right hand side of the interactive whiteboard. Original copies of ASCIA plans are kept in a folder in the first aid room.

RAISING STAFF AWARENESS

All staff at St Francis of Assisi must undertake the Australasian Society of Clinical Immunology and Allergy (ASCI) e-training for Victorian schools once every 2 years.

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

- The school's anaphylaxis management policy
- Causes, symptoms and treatment of anaphylaxis
- Identity of students diagnosed at risk of anaphylaxis and where medication is stored
- How to use an adrenaline auto-injector – Epipen / Anapen
- The School's emergency response procedures.
- Management of lists and photos of students with allergy /anaphylaxis and other medical conditions at the school

Children at Risk register

A list of all children with anaphylaxis is kept as part of the 'Children at Risk' document and sent out to staff via email prior to the first day of Term 1. Accompanying the anaphylaxis list is a photo list of all the children with anaphylaxis. The school nurse is responsible for updating these documents annually and as necessary and staff are sent notifications and updates to these documents via email. The 'Children at Risk' document and the anaphylaxis photo list are also posted on the school's google community.

The Principal / Daily Organizer will ensure casual relief teachers (CRTs), are directed to read the anaphylaxis policy and communication document prior to commencement of classroom duties. CRTs must also have completed an approved anaphylaxis management course.

A DVD is available from the Department of Education and Early Childhood Development, and an E learning tool is available from the Australasian Society for Clinical Immunology and Allergy:
<http://etraining.allergy.org.au/>.

RAISING STUDENT AWARENESS

Classroom education from teaching staff and the school nurse will reinforce the importance of:

- Not sharing food, and discouraging peanut and tree nut products in all forms being brought into the school.
- Handwashing
- Raising peer group awareness of serious allergic reactions
- Ensuring trip and excursion groups, sporting teams are aware of peer needs in relation to people with severe medical alerts and those at risk of anaphylaxis

Peer support is an important element of support for students at risk of anaphylaxis. Some students at risk of anaphylaxis may not want to be singled out or be seen to be treated differently. Class teachers discuss the topic with students in class and at parent/teacher interviews identifying simple key messages:

- Always take food allergies seriously
- Do not share your food
- Wash your hands after eating
- Know what your friend is allergic to
- If a friend becomes sick, get help immediately
- Do not pressure your friends to eat food that they are allergic to / do not want to eat

WORKING WITH PARENTS

Parents/carers every 12 – 18 months are required to:

- Provide the school with an emergency procedures plan (ASCIA Action Plan) which includes a current colour photo of their child.
- Supply the School with their child's adrenaline auto injector and ensure it has not expired.
- Work with the school to develop an individual management plan and review it annually.
- Give permission for their child's photo / plan to be displayed in areas around the School.
- Parents are encouraged to supply a second adrenaline auto-injector for the student to carry at all times whilst on school camps and on other occasions deemed necessary by the school.

When going on excursion or leaving the school with students.

1. Take your mobile phone
2. Change your yard duty
3. Collect and sign out epi pens and antihistamine medication / other medication
4. Collect First Aid bags (please make sure you return these to First Aid, where staff will check, restock and place first aid bags back in the cupboard.
5. Take a copy of your permission slips
6. Make sure you have at least 2 parent helpers per grade.

Always sign epipens in and out – this MUST be attended by staff not students.

Epipen logbook is kept on table below the insulated epipen bag in the Administration copy room.

EMERGENCY RESPONSE

RESPONDING TO AN ANAPHYLACTIC REACTION IN THE SCHOOLYARD

- Lay the child down. Do not allow student to stand or walk. If breathing is difficult, allow the student to sit upright.
- For an insect allergy, flick out the sting, if it is visible.
- The teacher on duty must stay with the student and either use his/her mobile phone to dial 000 or 112 if mobile has no service for ambulance.
- Student/s or available adult is to be sent with a verbal message to the office to obtain assistance.
- First aid or office staff will locate the student's assigned adrenaline auto-injector and a spare adrenaline auto-injector, and will take it to the student.
- The adrenaline auto-injector should be administered without delay and the ASCIA Action Plan followed.
- The child's parents/guardians should be contacted.
- If another adrenaline auto-injector is available, a further adrenaline dose may be given if there is no response after five minutes.
- Follow post incident action guidelines.

RESPONDING TO AN ANAPHYLACTIC REACTION IN THE CLASSROOM

- Lay the child down. Do not allow the student to stand or walk. If breathing is difficult, allow the student to sit.
- For an insect allergy, flick out the sting, if it is visible.
- The child's teacher must remain with the child and call 000 on his/her mobile phone or the class telephone.
- A student or available adult is to be sent with a verbal message to the office to obtain assistance.
- First aid or office staff will locate the student's assigned adrenaline auto-injector and a spare adrenaline auto-injector, and will take it to the student.
- The adrenaline auto-injector should be delivered without delay and the ASCIA Action Plan followed.
- The child's parents/guardians should be contacted.
- If another adrenaline auto-injector is available, a further adrenaline dose may be given if there is no response after five minutes.
- Follow post incident action guidelines.

RESPONDING TO AN ANAPHYLACTIC REACTION ON SCHOOL TRIPS OR EXCURSIONS, SPORTS DAYS

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

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

- For an insect allergy, flick out the sting, if it is visible.
- The student's teacher must remain with the child and call 000 or 112 if mobile has no service for ambulance.
- The adrenaline auto-injector should be administered without delay and the ASCIA Action Plan followed.
- If another adrenaline auto-injector is available, a further adrenaline dose may be given if there is no response after five minutes.
- The child's parents/guardians should be contacted.
- Follow post incident action guidelines

RESPONDING TO AN ANAPHYLACTIC REACTION on GRADE 5 & 6 CAMPS

Students at risk of anaphylaxis must carry their auto injector(s) in a bumbag around their waist at all times. Students are required to bring their epipens from home and carry them with them so that their school epipens can be carried as a spare / backup epipen. An additional school 'SPARE' epipen will also be carried by the School nurse or designate First Aid person.

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

- Lay the child down. Do not allow the student to stand or walk. If breathing is difficult, allow to sit.
- For an insect allergy, flick out the sting, if it is visible.
- The student's teacher must remain with the student and call 000
- The adrenaline auto-injector should be administered without delay and the ASCIA Action Plan followed.
- The child's parents/guardians should be contacted.
- If another adrenaline auto-injector is available, a further adrenaline dose may be given if there is no response after five minutes.
- Follow post incident action guidelines.

Post-incident action

It is expected that after an incident has occurred and has been resolved, that staff members involved will engage in the following activities:

- Completion of an Incident / Accident Report form including full details of the event and what occurred;
- Collection of the student's personal effects (if the student is transported via ambulance and does not have them).
- Debrief with students directly involved as witnesses to the event;
- Debrief of staff involved;
- Communication with the Principal as appropriate regarding the particulars of the incident, actions taken and outcomes;
- Principal or nominee to discuss with parents (later) what occurred and ask them to communicate any medical advice on how it may be better managed (if possible) in future;
- Principal / Deputy Principal and School nurse to review the student's individual management plan;
- Implement updated risk prevention strategies (where applicable).

Teachers

- Children need to self-manage to an age appropriate level – encourage and support children in this.
- Discussion should take place re: not sharing of food and reasons for same.
- Children with anaphylaxis should always be encouraged to check labels, ask questions regarding any food that has not been prepared by family.
- Children need to have clearly labelled lunch boxes stored in school bags to avoid mix up of lunches. Junior grade teachers can help by checking that the child has the correct lunch in front of him / her.
- Anaphylaxis action (ASCIA) plans for children with a food allergy are posted in the administration copy room, first aid room and in the class rooms of 'at risk' students. Regular and relief staff are expected to familiarise themselves with these.
- Signs on entry to class rooms (if in place) may state there is a child with allergies in the room but should not state the room is "nut free" or state any food bans are in place.
- Teachers should not use food as a reward in the classroom / school or when on school activities outside the school under any circumstances.
- Epipen and anaphylaxis plans are required to be taken to school excursions and sporting events.
- A mobile or other communication device must be available on each trip for emergency calls.
- School staff are requested to avoid bringing peanut butter or nuts to school in keeping with the school policy. No food items should ever be put into school first aid bags.
- Teachers are to attend spillages promptly. Children with allergies / anaphylaxis should not be asked to clean any spillages other than their own.
- Emergency teaching staff will be advised to read the school anaphylaxis policy and will be given a copy of the communication plan prior to commencing duty.

Students

- All students are reminded not to share or swap food.
- Education about food safety and the seriousness and potential life-threatening nature of allergies takes place within the classroom environment.
- Students are encouraged to wash hands before and after eating.
- If any potentially harmful food is identified by children teachers are to ensure allergen and allergic / anaphylactic child are kept separate and risk minimisation strategies implemented.
- Any inappropriate behaviour relating to an "at risk" student's food allergy will be taken seriously and dealt with immediately by the teacher on duty and reported to a member of the Administration Team.
- The school staff must make parents aware in line with school procedures of school occasions where the risk of exposure to allergens are increased. These include, but are not limited to; sports carnivals, school dances and other events not held at the school premises where food supervision is more difficult.

For more information:

www.allergy.org.au

www.education.vic.gov.au/anaphylaxis

www.epiclub.com.au

Appendix 2

Individual Management Plan

School: St Francis of Assisi Primary School		
Address: 312 Childs Road, Mill Park, VIC., 3082		
Phone: 9407 3100		
Student's name:		
Date of birth:	Year level:	
Severely allergic to:		
Other known Allergies:		
Year of diagnosis of anaphylaxis;		
Diagnosis made on (tick) : Skin test Blood Test Food challenge		
History of anaphylaxis incl. admission to hospital:		
Does your child have asthma? Asthma Plan completed?		
Has your child been treated in hospital for asthma?		
Other health conditions:		
Medication at school:		
Parent / carer contact:	Parent / guardian information (1)	Parent / guardian 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:	
Ambulance Victoria membership no:	
Emergency care to be provided at school: See ASCIA action plan	
Epipen storage: Administration copy room in an insulated bag on a hook. Epipens are placed in alphabetical order and clearly labeled with the child's name and details. A copy of the ASCIA plan is kept with the epipen.	
The following Anaphylaxis Management Plan has been developed with my knowledge and input and will be reviewed annually. I /we have read the school policy on anaphylaxis management. I /we consent to any emergency management the school deems necessary for my child including calling an ambulance. I /we understand the school is not responsible for any ambulance costs incurred if an ambulance is called. I /we consent to my child's ASCIA plan being on display in strategic locations throughout the school as deemed necessary by the school.	
Signature of parent / guardian:	Date:
Signature of principal (or nominee):	Date:
Review due:	
Comments	

Name:		
Severe allergies:		
Other known allergies:		
Risk	Strategy	Who?
<ul style="list-style-type: none"> ● EpiPen Out of Date/Cloudy 	<ul style="list-style-type: none"> ● Keep data base - reminder letter will be sent out to family one month prior to expiry ● Check every term ● Keep in a clearly visible, accessible, insulated bag in office 	<ul style="list-style-type: none"> ● School Nurse ● Parents
<ul style="list-style-type: none"> ● Exposure to other students foods during recess / lunch - classroom 	<ul style="list-style-type: none"> ● No food sharing ● Bring own food from home ● Hand hygiene ● Wipe down benches and tables ● Label lunch boxes clearly ● Awareness –copy of ASCIA plan on display in classroom ● Teacher to discuss allergy / anaphylaxis and no sharing of food policy each term with students in the classroom. ● Do not use food rewards ● No special food treats, birthday cake etc. to be brought into the school as per anaphylaxis policy. ● Do not use balloons / latex gloves if students' allergy trigger is latex ● Children with allergies not to assist in cleaning up any spillages in the classroom except their own ● Education as per DEECD recommendations 	<ul style="list-style-type: none"> ● Student ● Parents ● Peers ● Staff
Allergen exposure - yard <ul style="list-style-type: none"> ● Insect bites <ul style="list-style-type: none"> ● General 	<ul style="list-style-type: none"> ● Decrease number of plants in the grounds that attract bees ● Maintain grassed areas, mow regularly ● Remove insect nests ● Cover all bins ● Child to wear long sleeves if possible. ● Shoes outside at all times ● No lunches or packaged snacks from home to be eaten outside unless arranged and supervised by class teacher. ● All staff to be familiarised with the Anaphylaxis Emergency Yard Plan – briefings as per DEECD recommendations. Plan also outlined in the communication plan. 	<ul style="list-style-type: none"> ● Principal <ul style="list-style-type: none"> ● Parents ● Student <ul style="list-style-type: none"> ● Staff

<ul style="list-style-type: none"> ● Exposure to an allergen during food stall day / hot food days, special events, incursions 	<ul style="list-style-type: none"> ● Review menu ● Parents advised prior to special events so alternative arrangements can be made for children with allergies ● Bring own food from home ● Hand hygiene ● Wipe down benches and tables ● Use different utensils etc ● Education as per DEECD recommendation 	<ul style="list-style-type: none"> ● Principal ● Students/ Self ● Parents ● Staff ● Deputy principal ● School nurse
<ul style="list-style-type: none"> ● Exposure to an allergen during excursions, sporting events, school camp 	<ul style="list-style-type: none"> ● Parents of children with anaphylaxis will be contacted by the school several weeks prior to excursion /camp to discuss specific needs / menu etc. ● Camp to be advised in advance of any students with allergies ● Bring alternative food/supplies if deemed necessary ● Education session on reducing risk of anaphylaxis to all students prior to camp ● Education session with staff attending camp on reducing risk of anaphylaxis ● Emergency response procedure preplanned and in place ● Mobile phone / walkie talkies to be taken ● Responsible teacher to sign ‘out & in’ epipen ● No food sharing ● Hand hygiene ● Students to carry own epipen at camp at all times on camp. ● Designated first aid officer to carry first aid kit with spare epipen and mobile at all times at camp. ● During excursions the classroom teacher will carry the student’s epipen at all times ● Listing of nearest hospital/emergency department & distance checked prior to camp ● Discussion with parents re: insect allergies should include use of insect repellents, appropriate clothing and footwear, etc 	<ul style="list-style-type: none"> ● Principal ● Camp/Venue Staff ● Deputy Principal ● School Nurse ● Student ● Parents ● Peers ● Homeroom teacher
<ul style="list-style-type: none"> ● Casual relief teachers (CRT’s) 	<ul style="list-style-type: none"> ● All ETs are required to read the anaphylaxis policy and to have signed a register stating they have done so on their first day of duty at the school ● To be provided with anaphylaxis communication plan at the commencement of school day. ● All ETs are required to have current approved anaphylaxis training. ● Orientation to school to be provided by the Daily Organizer. 	<ul style="list-style-type: none"> ● Principal ● Deputy principal ● Daily Organizer ● School nurse