



**SILVER TREE
STEINER SCHOOL**

Student Health Care Policy (includes Anaphylaxis)

2023

This policy applies to: The Head of School, teaching staff, non-teaching staff and parents.

Please note, Asthma information can be found in '*STSS Asthma Care Policy*'

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STUDENT HEALTH CARE POLICY

The Head of School of the Silver Tree Steiner School owes a duty to students to take reasonable care to protect them from a known or reasonably foreseeable risk of harm and/or injury. Risks to be considered include students with medical conditions such as allergies as they require special attention to ensure that they are not exposed to a greater risk of injury, plus risks to health which come from Communicable Diseases and Pandemics.

The school has a duty to take reasonable care to ensure that it employs competent teachers and provides safe premises. By doing this, the school can provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis and/or other medical conditions can participate equally in all aspects of their schooling.

The Silver Tree Steiner School will manage student health in line with the School Education Act and the school will engage with parents/guardians of each student at risk of anaphylaxis or other medical conditions by assessing these risks and developing risk minimisation strategies for the student/s.

RELEVANT LEGISLATION OR AUTHORITY

- Disability Discrimination Act 1992 (Cwlth)
- Disability Discrimination Act Standards for Education 2004 (Cwlth)
- Equal Opportunity Act 1984 (WA)
- Health Act 1911 (WA)
- Poisons Act 1964 (WA)
- Privacy Act 1988 (Cwlth)
- School Education Act 1999 (WA)
- School Education Regulations 2000 (WA)
- State Records Act 2000 (WA)

RELATED POLICIES

- Emergency and Critical Incident Management Procedures
- Enrolment Policy
- Excursions, Camps and Water Based Activities Policy
- Records Management Policy
- Anti-Racism and Discrimination Policy
- Food Policy

INTRODUCTION

The provision of health care is necessary to promote and maintain the health and wellbeing of all students. Health care provision includes:

- promoting the health, safety and welfare of all students;
- managing the health care needs of students who require health care support while under the school's supervision;
- informing and preparing staff to manage student health care needs, and respond to health emergencies; and
- providing staff with access to advice, resources and training when planning to meet the health care needs of students.

PROCEDURES

Identifying Student Health Care Needs

At enrolment, the Head of School or their nominees will:

- provide parents with an Enrolment form to complete which requests medical information; and
- request parents to provide a record of their child's immunisation history statement.

Annually, parents are asked to update the school with any changes to their child's medical information.

Managing Student Health Care

For students whose health care can be managed with the resources available within the school and/or with assistance from specialist services, the Head of School or their nominee will:

- if support is required, request parents to complete a Health Care Management Plan
- advise staff of their student health care responsibilities;
- arrange training for staff to manage the health care conditions or needs of students; and
- implement student Health Care Management Plans.

For students whose health care needs cannot be met by the school using the resources available, the Head of School or their nominees will refer the matter to AISWA for advice.

Risk management

The Head of School should address all known contingencies in Healthcare Management Plans and include the identification of staff responsible for taking any necessary actions and administering first aid or health care procedures.

Staff rights and responsibilities

Teaching staff are expected to support the implementation of student health care plans. However, they may decline to conduct medical procedures and/or undergo training to provide health care support where reasonable.

Parent cooperation/partnerships

The Head of School should inform parents of their shared responsibility for managing student health care. Developing a health care plan for each student is dependent upon the cooperation of parents and their willingness to provide relevant and current medical information to the school. If a parent does not cooperate, The Head of School may in serious cases where a parent is uncooperative and where the school becomes aware that a student has a complex or potentially life-threatening condition, seek advice from the community nurse, Legal Services and/or refer the matter to the Department for Child Protection.

Attendance of students who are unwell

If a parent insists that their child attend school and the Head of School believes that the child is not well enough to attend, the Head of School can request the parent to provide a medical certificate to confirm that the child is fit to attend school (Section 27, School Education Act 1999).

Health related absences from school

The Head of School may:

- arrange provision of an educational program for students who are absent for a significant period of time due to illness; and
- maintain engagement and participation of chronically ill students in an appropriate educational program.

Managing health care for students with high-risk health conditions

If a parent applies to enroll a student with a complex or high risk to life health condition and the Head of School believes the school may not be able to provide the level of health care support required for the child to sustain health or life, the Head of School informs the parents that:

- the school may not have sufficient resources to provide the level of health care support needed for their child;
- a review process will need to be undertaken to determine if their child's health care needs can be resourced at the preferred school and that they will be consulted as part of the review process; and
- at the end of the review process, if their child's needs cannot be met by the school, the matter will be referred to the Inclusive Education Consultants at AISWA for further information.

Right of review for parents

The parent has a right of review of the decision under the *School Education Act 1999* Section 86 (4).

Managing student health care records

The Head of School or their nominees will:

- maintain student health records in accordance with the school's Records Management policy;
- retain signed, hard copies of all documentation on the student's school file;
- review all student health care records annually or when the student's health needs change; and
- manage confidentiality of student health care information.

Note: *Students' health information is confidential. The Head of School may share student health care information only if:*

- parents provide consent to share the information;
- students who are independent minors provide consent themselves;
- there is an imminent threat to the student, for example, potential suicide; or
- there is a legislative requirement to share the information, for example, mandatory reporting of child sexual abuse.

The Head of School and staff are required to report information relating to child sexual abuse under the Children and Community Services Act 2004. For further information, see the School's Child Protection policy.

Medical emergencies

In a medical emergency, the Head of School will:

- organise medical attention for the student; and
- make appropriate transport arrangements.

Staff providing assistance during a medical emergency, will:

- promptly record all actions taken; and
- inform parents and the Head of School of the actions taken.

First Aid

All minor ailments or accidents at school will be treated with basic first aid principles. Each Classroom has

band-aids for minor cuts or grazes. Injuries requiring more than a bandaid will need to go to Reception for First Aid treatment. In the case of a more serious injury, parents will be contacted immediately to collect their child.

Bumps to the head: potentially serious complications can develop up to 24 hours after an apparently minor head injury. Parents will be contacted immediately to collect their child in the event of a bump to the head.

Duty of care - Head of School

The Head of School has the ultimate duty of care responsibility for students and should administer first aid or health care procedures within their level of experience in the absence of any trained staff.

Duty of care - all school staff

All school staff owe a duty of care for the safety and welfare of students. In the absence of the Head of School or other trained staff, in an emergency, school staff should administer first aid or health care support within their level of experience until medical assistance can be provided.

The Head of School should verify that staff have made reasonable efforts to inform parents of actions taken in a medical emergency within a reasonable timeframe.

Transport arrangements

In a medical emergency, students may need to be transported in order to access medical assistance. The transport arrangements should take into account the nature of the emergency and local circumstances such as the availability of an ambulance service. Where available in a reasonable timeframe, an ambulance should be used in a serious medical emergency. If an ambulance is not available, the Head of School or their nominees should:

- seek advice from the ambulance or medical service prior to providing transport in a private vehicle;
- subject to this advice, arrange for a staff member to transport the student to a health service or medical practitioner; and
- whenever possible, arrange for two people to travel with the student, one to drive and the other to monitor the health of the student.

Parents/Guardians will be responsible to pay any costs incurred during a medical emergency i.e. ambulance.

ADMINISTRATION OF MEDICATION

Guidelines

Administration of Medication at School, or during School activities, can only occur with written consent from the student's parent/guardian.

The Head of School or their nominees will:

- request parents to complete the appropriate form for long-term prescribed medication and/or short-term prescribed medication use
- maintain a record of all medication administered at school using the Record of Administration & Health Care Support form; and
- ensure the medication is safely stored and given in accordance with prescribed instructions.

If a student requires medication, it must be handed to Reception in its original, chemist-labelled container (child's name and instructions for use) along with the appropriate form.

Medication, with the exception of asthma and anaphylaxis medication, will be kept at Reception or with the child's Classroom Teacher. Under no other circumstances should a child have medication of any kind in their

school bag.

Administration of Medication Forms

Documentation is required to be completed by parents/guardians for:

- Short Term Medication
 - Parent/guardian is required to complete an 'Administration of Medication Form'
- Long Term Use of Medication
 - Parent/guardian is required to complete a 'Health Care Management Plan'

Forms are to be kept with the student's medication then filed with the Student's record.

ANAPHYLAXIS

Anaphylaxis is the most severe form of allergic reaction and is potentially life threatening. Acute allergic reactions frequently occur away from home.

Due to the higher relative prevalence of food allergy in childhood and the higher likelihood of accidental exposure, **food allergy** is one of the most common triggers for an allergic reaction. **Insect sting** anaphylaxis is also common in schools, while other known triggers include **insect bites, latex and medication**. As severe reactions can occur unpredictably, any allergic reaction should be taken seriously and treated as a potential medical emergency requiring immediate treatment.

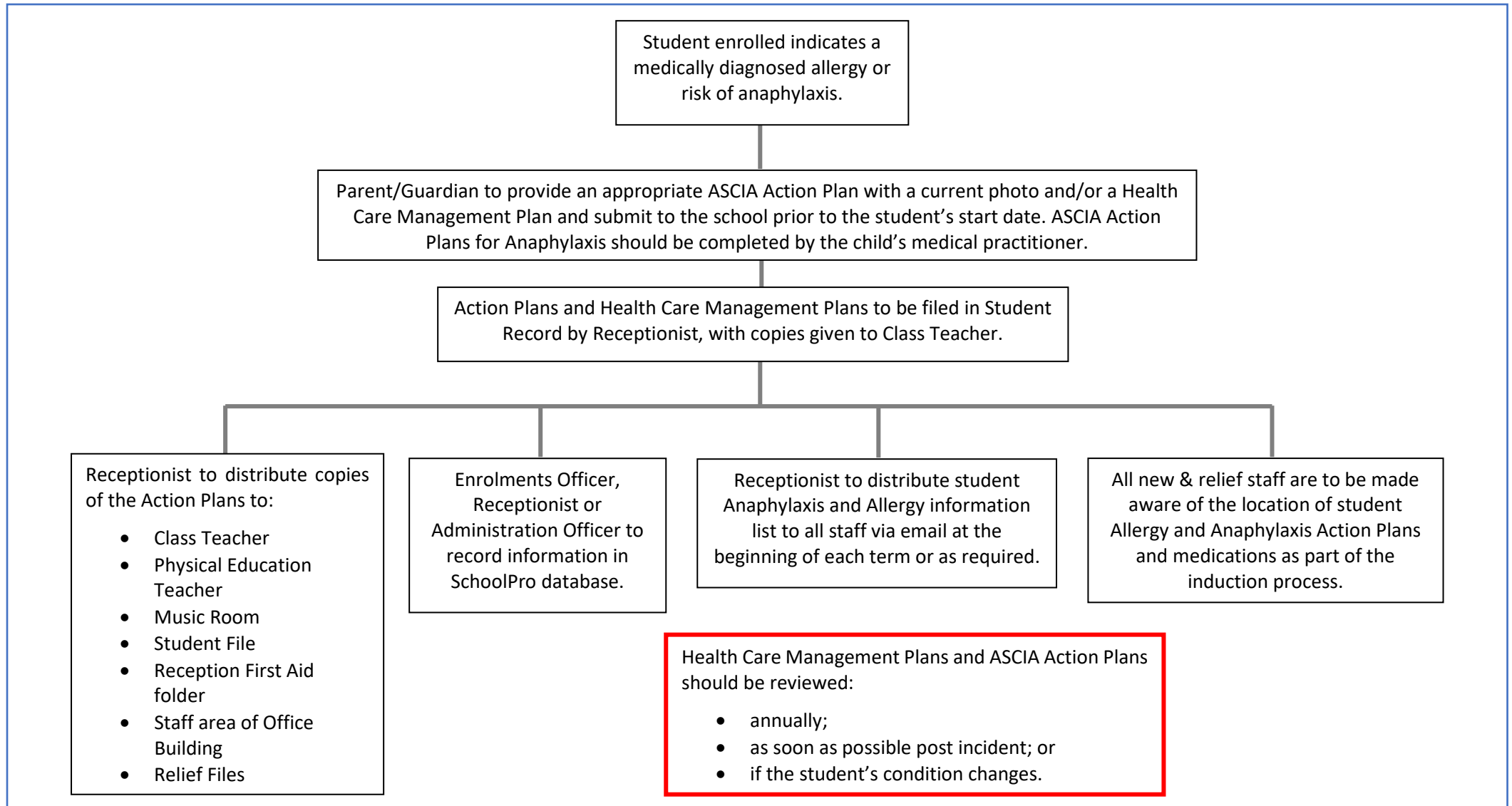
As a facet of a school's overriding duty of care, care of the allergic child requires; accurate, up to date information obtained from parents and carers, staff training in the recognition and management of acute allergic reaction, risk management planning (including in those children not previously identified as being at risk), age appropriate education of children with severe allergies and their peers and implementation of practical strategies to reduce the risk of accidental exposure to known allergic triggers.

Risk identification

At the point of enrolment and for the duration of a student's enrolment, updated student information is supplied and recorded to identify who is at risk, the known triggers for an allergic reaction and recognition of the allergy/anaphylaxis symptoms.

Information is distributed to staff members as per the following flow chart:

Flow Chart For The Distribution Of Student Allergy, Anaphylaxis And Healthcare Information



Obtaining Up-To-Date Medical Information And Developing Health Care Management Plans

Up to date medical information should be obtained from parents upon enrolment in writing, with specific requests regarding known allergic triggers. Documentation should include an appropriate Action Plan (RED or GREEN), completed and signed by a registered medical practitioner to include:

- Identification of the child (current photo), parent/guardian contact details and details of the medical practitioner completing the Action Plan;
- Documentation of confirmed allergens, the first aid response and prescribed medication;
- Instructions on Adrenalin/epinephrine auto-injector (AAI) administration (if prescribed).

There are different types of ASCIA Action Plans available:

- RED Plans for anaphylaxis,
- GREEN Plans for allergies (used for people not prescribed an adrenaline injector),
- ORANGE Plans as a general reference guide to anaphylaxis.

ASCIA Action Plans can be accessed here: <https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>

Action plans should be updated annually or when AAIs (EpiPens) are replaced (approximately every 12-18 months) and provided to the school by the parents along with an EpiPen (where prescribed).

The Head of School and/or Class Teacher with the parents of children with identified allergies should discuss appropriate risk minimization strategies. These can be recorded in the student's Health Care Management Plan.

Risk Minimisation

Staff Training in recognition and management of acute allergic reactions

All staff are required to undertake ACECQA approved First Aid, Asthma and Anaphylaxis Training every 3 years, as well as *ASCIA anaphylaxis: Australasian childcare* e-training followed by face-to-face demonstration with an Adrenaline Auto-Injector (AAI) trainer device every other year as a refresher. Casual relief staff are encouraged to attend.

An AAI training device is available in the office 'additional First Aid Supplies' box, clearly labelled as 'Training Device', for staff wanting hands-on practice.

Awareness that unexpected allergic reactions might occur for the first time outside of home in those not previously identified as being at risk

Anaphylaxis may occur for the first time outside of the home in a child not previously identified by school staff to be at high risk. The following guidelines are in place to deal with such events:

- Staff are trained to be familiar with signs and symptoms of anaphylaxis;
- General anaphylaxis treatment instructions are provided on ORANGE ASCIA Action Plans located in the office, Reception First Aid folder and with all general use AAIs; and
- Provision of general use AAIs in first aid kits.

General use AAIs do not replace the need for parents to supply their child's prescribed AAI to the school and should therefore be considered additional to personal prescribed AAIs.

Age-appropriate education of children with severe allergies and their peers

Strategies to minimise the risk of accidental allergen exposure underpin the care of the child with food or other allergic triggers for anaphylaxis. In schools, very young children are dependent on carers for providing a

safe environment. As children mature they are able to take more responsibility for their own care. It is primarily the responsibility of parents to teach allergic children to care for themselves as they mature. The school also has a role to implement a *Health Care Management Plan* and reinforce appropriate avoidance and management strategies.

Education is required for:

- The child with allergy (to tell others of the nature of their allergy, enquire about the presence of allergic triggers in food and to refrain from accepting food from others);
- Other students (about the potentially serious nature of allergy, hand washing after eating, not sharing food with a child with food allergies, how to help the child having an allergic reaction);
- Parents and guardians (about school policies to minimise the risk of anaphylaxis); and
- School staff (to consider risks when planning school activities; to communicate with parents/guardians and the student at an age appropriate level; to have policies discouraging swapping of food among children; and to have policies addressing the potential for bullying and teasing of the allergic child).

Teachers may find the following resource useful for class discussion:
https://allergyfacts.org.au/images/pdf/school/BE_a_MATE_Primary_June_2021_V4_WEB.pdf

Implementation of practical strategies to reduce the risk of exposure to known allergic triggers

Because it is not possible (nor practical) to remove all possible allergic triggers from a school environment, the aim therefore is to implement age-appropriate and practical strategies to reduce the risk of inadvertent exposure, and review these policies at least every 2 years, or if a reaction does occur.

Managing Adrenaline Auto-Injectors (E.G. EpiPens)

- All EpiPens are stored, in UNLOCKED locations, between 15 and 25 degrees, not refrigerated, kept away from heat/sunlight, shelves, sports bags, etc.
- Students' prescribed EpiPens are kept with the student at all times either in their classroom, schoolbag or on their person and will be managed in accordance with their Health Care Management Plan.
- General use Adult EpiPens are located as follows:
 - 2 adult EpiPens located at Reception
 - 1 adult EpiPen located in 3 x First Aid Backpacks for bushwalks
 - 2 adult EpiPens to be taken on each Excursion and Camp
 - 1 Adult EpiPen in Village First Aid Backpack (kept outside of Class 4)
- First Aid supplies, including general AAIs are audited each Term. Out of date, visibly unsuitable (e.g. discoloured and/or containing sediment) adrenaline auto-injectors will be replaced.
- General use EpiPens will be sent on location with the Class Teacher at all off-campus activities.
- Individual Health Care Management Plans are available to Teaching staff, recorded in the School Database and in Student files.
- Personal ASCIA Action Plans are located in easily accessible folders with Class Teacher, Physical Education Teacher and in the Music Room. Copies are also located in the Student's file, Reception First Aid folder, Classroom Relief folders and staff area of the office building.
- Trainer device is stored in the staff room in the 'additional First Aid Supplies' box clearly labelled as 'Training Device' well away from the 'real' adrenaline auto-injector(s) which are located

behind reception in a clearly labelled cupboard, and the First Aid backpacks.

Emergency Response Procedure (On-Site And Off-Site)

In responding to an allergic reaction, the following principles should be followed:

- ASCIA Action Plans should be used as emergency guides as to whether the person is experiencing a mild to moderate or severe allergic reaction.
- Lay child flat; do not allow them to stand or walk. If breathing is difficult, allow them to sit.
- If in doubt, administer the AAI first and other medication second.
- Adrenaline is the only medication of proven benefit in treating anaphylaxis.
- Antihistamines, corticosteroids and asthma medicines are not suitable alternatives for treating anaphylaxis. If in doubt, administer the AAI first and ancillary medication second.
- Dial 000 for ambulance after the AAI is administered. The child must be transported to hospital by ambulance (where possible) for further observation.
- Contact parents/guardians (after phoning for an ambulance).
- An ambulance should not be cancelled until the student is handed into the parent's/guardian's care.
- Anaphylaxis can present with isolated life-threatening asthma-like symptoms without other signs such as rash or swelling. If someone with a known food or insect allergy has sudden severe breathing difficulty, staff should treat for anaphylaxis first, administer the AAI and follow the ASCIA Action Plan.
- Staff should be prepared to administer an AAI in an anaphylaxis emergency, as even older children and adults may be too unwell to self-administer an AAI. No child, teen or adult experiencing anaphylaxis should be expected to be fully responsible for self-administration of an AAI.
- Staff should also be trained to administer CPR if the person is unresponsive and they have shallow breathing or no breathing.
- Do your best to keep the child calm.

Post Incident Procedure

- Conduct a review, in consultation with the parents and the student's Individual Health Care Plan – how did the exposure occur and could it be prevented?
- If the child has not experienced anaphylaxis previously, a new ASCIA Action Plan must be completed and signed by the child's medical practitioner and an Individual Health Care Plan developed in conjunction with the parents/guardians.
- Critical incident report to the Chairperson of the Board of Governors and Director General of critical and emergency incidents within 48 hours (refer to Critical Incident & Emergency Management Procedures)
- Staff debriefing
- Consideration of psychological services (where required)
- Replacing the used adrenaline auto-injector(s) promptly
- Review the school's procedures for preventing and responding to anaphylaxis emergencies and follow through on any required adjustments.

COMMUNICABLE DISEASE MANAGEMENT

School staff have a key role in preventing the transmission of diseases in the school environment.

While it is often difficult to prevent the transmission of common respiratory (colds/flu) and gastroenteritis infections that occur, every effort should be made to minimise the spread of infection by encouraging:

- staff and children at school to stay at home in the early stages of illness as at this stage they can be infectious and shed the virus, bacteria or parasite through coughing, sneezing, contaminating surfaces and personal contact
- school staff and students who are ill should not return to school until they are symptom free if they have a cold or flu and for at least 24 hours if they have had gastroenteritis
- parents to seek medical advice if their child has ongoing symptoms of illness

If a student or staff member has a communicable disease, the Head of School will take action in accordance with the advice provided by the Department of Health in managing communicable diseases.

If the communicable disease is notifiable, the Head of School will:

- report the matter to the local Public Health Unit and seek their advice before taking any further action; and
- act in accordance with advice provided by the local Public Health Unit staff.

See the Department of Health's Control of communicable diseases manual which provides information regarding the incubation and exclusion criteria for diseases, and advice on when the local Public Health Unit is to be notified.

Strategies To Prevent Transmission Of Infection

Hand washing with soap and water for at least 15 seconds before preparing or eating food, after using the toilet, after blowing your nose with a tissue and after any contamination of the hands with body fluids such as blood and vomit.

Effective cleaning with detergent and water, followed by rinsing and drying will remove the bulk of germs from environmental surfaces.

Use of appropriate cleaning tools and use of protective personal equipment (gloves, masks) is important and should be easily accessible to clean up spills immediately, to prevent aerosol spread of viruses and bacteria.

Discuss issues related to managing suspected or confirmed cases of infectious diseases with staff at the Department of Health or the local public health unit.

PANDEMIC MANAGEMENT

A pandemic occurs when a disease or virus becomes geographically widespread throughout the world.

Pandemic Influenza

According to *Healthy WA*, Pandemic flu is a global outbreak of flu. It occurs when a new strain of the flu virus, against which people have little or no immunity, spreads rapidly from person-to-person.

Pandemic flu virus may cause illness of varying severity.

Some pandemic viruses have caused illness of similar severity to that seen with seasonal flu. However, because more people catch the flu during a pandemic than in a usual year, there are higher overall numbers of people requiring hospitalisation or in severe cases, fatality.

Typical symptoms of Influenza can include:

- Sudden onset of fever
- Cough
- Headache
- Fatigue (tiredness)
- Sore throat
- General aches and pains
- Runny nose
- Nose, throat and lung congestion

The following influenza symptoms are less typical in adults but more common in children:

- Nausea (feeling sick)
- Vomiting
- Diarrhea

What To Do In A Suspected Outbreak

Sign of a suspected outbreak of influenza would be the occurrence of three new cases of flu-like illness within a three-day period in a single class within the school.

Should an outbreak of influenza be suspected, the Head of School will report promptly to the local *Public Health Unit* and refer to the *Department of Health* for advice.

During a pandemic, it may be necessary to close a classroom or a school in order to prevent the spread of an outbreak. Medical evidence on the spread of influenza shows transmission in schools is a significant factor in the disease's spread. Once influenza is in the school environment it can spread quickly, impacting families and the local community.

Advice on school closures will be provided at the time. In general:

- Students should seek medical attention if they develop flu-like symptoms. They should be cared for at home and not return to school until they are well. Siblings of ill children can still attend school.
- Staff don't need to stay away from the school unless they also develop flu-like symptoms. Staff caring for children with flu-like symptoms should limit contact with other staff and students until the ill child's symptoms have resolved.
- Parents don't need to stay away from educational facilities unless they develop flu-like

symptoms.

Contingency Planning

The Head of School is responsible for overseeing the development and maintenance of contingency plans for the following critical activities:

- Safety of staff and students
- Disruption to teaching and learning activities
- Loss of community reputation
- The provision of vital support to business functions
- Compliance with regulatory requirements.

Student Immunisation

Silver Tree Steiner School follows Western Australia's legislative requirements regarding immunisation status. Guidelines regarding Western Australian immunisation requirements in kindergartens and schools can be found here:

https://ww2.health.wa.gov.au/Articles/F_1/Immunisation-enrolment

Enrolment of unimmunised children can proceed under approved circumstances, but parents will be advised that during outbreaks of vaccine preventable diseases such as measles, their child may be excluded from school for an extended period of time (WA Health Act 1911).

Whilst immunisation in WA is not compulsory and is regarded by our school as a parental choice, we do ask that you consider this when determining if your child is well enough to attend school.

Appendix A – Important Contact Information

For advice regarding communicable disease management:

The Department of Health

Phone: (08) 9222 4222

Website: <https://www.healthywa.wa.gov.au/Contact-us>

To report a notifiable disease, contact the local public health unit:

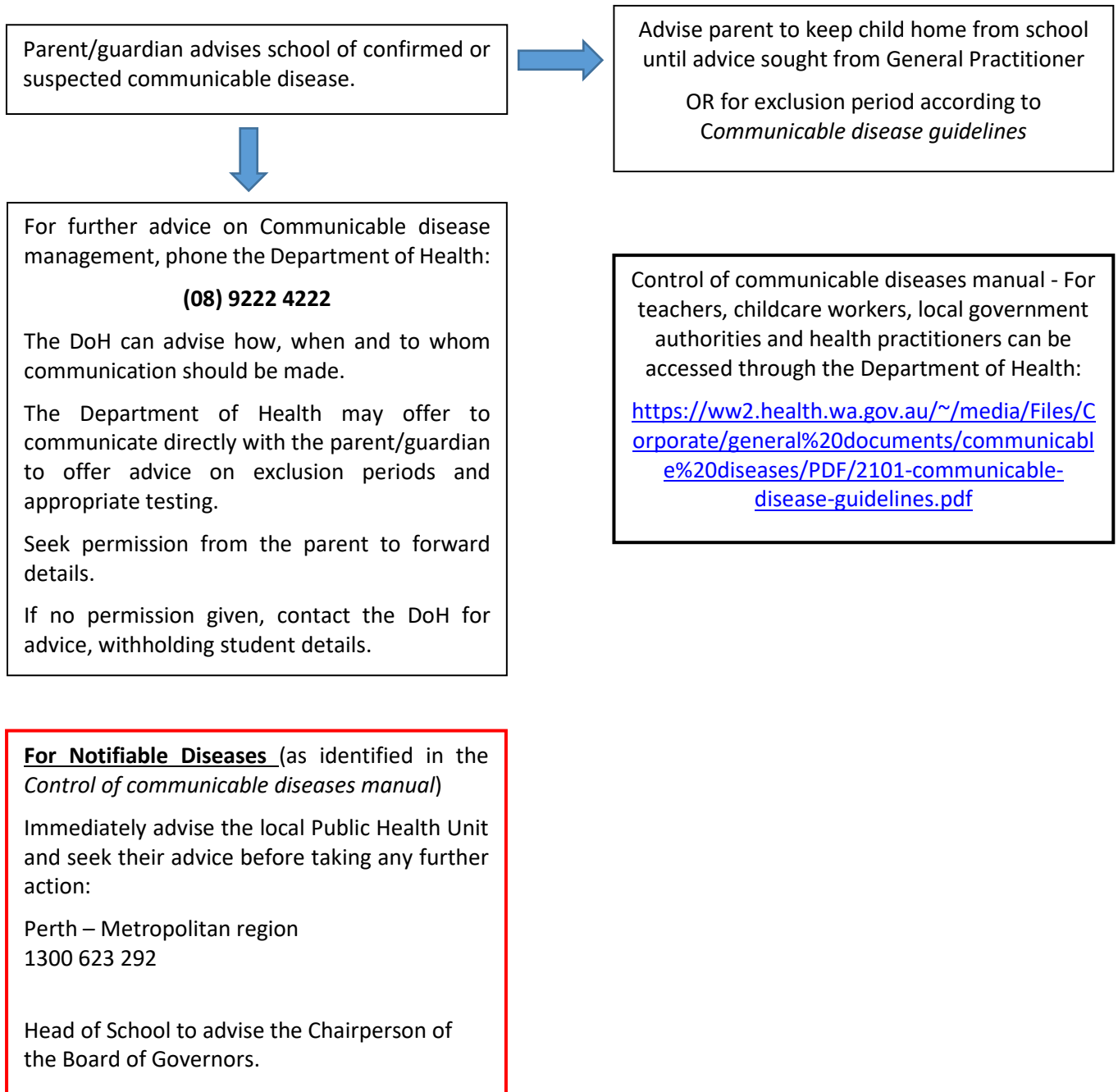
Perth – Metropolitan region

Metropolitan Communicable Disease Control (MCDC)

Phone: 9222 8588 or 1300 623 292

Email: contactMCDC@health.wa.gov.au

Appendix B - Communicable Disease Administrative Flowchart



REFERENCES

ASCIA guidelines for prevention of anaphylaxis in schools, pre-schools and childcare: 2015 update

Available: https://www.allergy.org.au/images/stories/pospapers/Vale_et_al-2015-Journal_of_Paediatrics_and_Child_Health.pdf

AISWA – Anaphylaxis Guidelines

Available: <https://www.ais.wa.edu.au/policy-and-procedure-guidelines>

Allergy & Anaphylaxis Australia – Examples of risk minimization strategies for schools, preschools and childcare services

Available: http://www.allergy.org.au/images/scc/ASCIA_Risk_minimisation_strategies_table_030315.pdf

AISWA – Disability and Enrolment Guidelines

Available: <https://www.ais.wa.edu.au>

Department of Education – Managing Student Health Policy and Procedure

Available: <http://det.wa.edu.au/policies/detcms/policy-planning-and-accountability/policies-framework/policies/student-health-care>

Department of Health - Communicable Disease Guidelines 2023

Available: <http://www.public.health.wa.gov.au/cproot/471/2/2013-doh-communicable-disease-guidelines.pdf>

Department of Health and Ageing - Preparing for Pandemic Influenza

Available: <http://www.flupandemic.gov.au/internet/panflu/publishing.nsf/Content/prep-community-1>