

	<b>PARADE COLLEGE</b>
POLICY:	<b>ANAPHYLAXIS MANAGEMENT</b>

## **PREAMBLE**

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergies in school aged children are to peanuts, eggs, cashews, cow's milk, fish and crayfish, wheat, soy, sesame, latex, certain insect stings and some forms of medication.

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between parents and the College are essential so that information regarding students at risk can be monitored.

Adrenalin administered into the muscle of the mid-thigh through an EpiPen is the most effective first aid treatment for anaphylaxis.

The school will fully comply with [Ministerial Order 706](#): Anaphylaxis Management in Victorian Schools and the associated Guidelines published and amended by the Department from time to time.

## **PRINCIPLES**

1. To provide a safe and supportive environment for students at risk of anaphylaxis.
2. To raise awareness about anaphylaxis and the schools management policy within the community.
3. To engage with parents/guardians of students at risk of anaphylaxis in assessing risks and developing risk minimisation strategies.
4. To ensure that staff members have adequate knowledge and training in the identifying and treatment of an anaphylactic reaction.

## **POLICY**

Parade College complies with ministerial order 706 and other associated guidelines to ensure that all staff are made aware of their responsibilities in regard to anaphylaxis management at the college.

## **GUIDELINES**

### **Individual Anaphylaxis Management Plans**

- The Principal will ensure that an individual management plan is developed (Appendix A), in consultation with the student's parents. These individual plans will be implemented as soon as is practicable upon learning of a student's risk to anaphylaxis and the 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 care of staff for both on and off campus activities.
- Information on where the student's EpiPen will be stored.
- The student's emergency contact details.
- An emergency procedure plan (ASCIA Action Plan - Appendix B) provided by the parents that:
  - sets out emergency procedures to be followed.
  - is signed by a medical practitioner who is treating the child.
- The individual anaphylaxis management plans will be reviewed, in consultation with the student's parents/guardians annually or if the student's condition alters. It is the parents' responsibility to:
  - provide the ASCIA Action Plan;
  - inform the School in writing of 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;
  - provide an up to date photo for the ASCIA Action Plan when that Plan is provided to the School and when it is reviewed; and
  - provide the School with an Adrenaline Autoinjector that is current and not expired for their child.
  - Ensure that their child has a personal current Adrenaline Autoinjector to be carried by them.

## **Prevention Strategies**

### **Classroom**

- Liaise with parents/carers about food-related activities ahead of time.
- Never give food from outside sources to a student who is at risk of anaphylaxis.
- Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
- Be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons). Note: that year level/specialist teachers must consider the risk-minimisation strategies of the student diagnosed at risk, even if that student is not in their class.

### **Canteen**

- Canteen staff, including volunteers, should be briefed about students at risk of anaphylaxis, preventative strategies in place and the information in the students' ASCIA Action Plans for Anaphylaxis.
- Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
- Canteens should provide a range of healthy meals/ products that are designed to exclude any traces of peanut or other nut products.

### **Yard**

- If a school has a student who is at risk of anaphylaxis, sufficient staff on yard duty must be trained in the administration of the adrenaline Autoinjector (i.e. EpiPen®) to be able to respond quickly to an anaphylactic reaction if needed.
- The adrenaline Autoinjector should be easily accessible from the yard, and staff should be aware of its exact location.

- The teacher must direct another person to bring the adrenaline Autoinjector to them and should never leave a student who is experiencing an anaphylactic reaction unattended.
- If a student who is at risk of anaphylaxis is participating in Litter duty, that student should be provided a barrier (e.g. gloves, tongs, etc.) so as to avoid potential contact with any anaphylactic triggers.

### **Excursions**

- The student's adrenaline Autoinjector, ASCIA Action Plan and a mobile phone must be taken on all field trips/excursions.
- College Adrenaline Autoinjectors are carried by staff on all excursions outside the college; School first aid field kits complete with a college Adrenaline Autoinjector are available to college staff.
- A staff member or team of staff trained in the recognition of anaphylaxis and the administration of the adrenaline Autoinjector must accompany the student on field trips or excursions. The number of staff attending should be determined by a risk assessment. All staff members present during the field trip or excursion need to be aware of the identity of any student at risk of anaphylaxis attending.
- The Excursion process includes a Risk assessment element that is used to identify students at risk and plan to minimise exposure to triggers and ensure resources for student management are in place.
- Consider the potential exposure to allergens when consuming food on buses. If this risk is assessed as too high it may well be deemed necessary for students to refrain from eating on the school bus.

### **Camps/Retreats**

- The camp provider should be able to demonstrate satisfactory training in the management of food allergens and its implications for food handling practices; namely:
  - knowledge of the major food allergens that cause anaphylaxis;
  - how to avoid cross-contamination; and
  - the consequences of cross-contamination of allergens for the food allergic individual.
- Camps must be advised in advance of any students with food allergies.
- If a camp owner/operator cannot confirm with the school that it is able to provide food that is safe for anaphylactic students, then the school should consider using an alternative camp provider.

### **Adrenaline Autoinjectors for General Use**

- The Principal or nominee will purchase Adrenaline Autoinjector(s) for General Use (purchased by the School) and as a back up to those supplied by parents. School first aid field kits complete with a college Adrenaline Autoinjector are available to college staff.
- The Principal or nominee will determine the number of additional Adrenaline Autoinjector(s) required. In doing so, the Principal will take into account the following relevant considerations:
  - the number of students enrolled at the School who have been diagnosed as being at risk of anaphylaxis;
  - the accessibility of Adrenaline Autoinjectors that have been provided by parents of students who have been diagnosed as being at risk of anaphylaxis;
  - the availability and sufficient supply of Adrenaline Autoinjectors for General Use in specified locations at the School, including:
    - in the school yard, and at excursions, camps and special events conducted or organised by the School;

- the 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.

## **Staff Training**

- The following School Staff will be appropriately trained:
  - School Staff who conduct classes that have students with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
  - Any further School Staff that are determined by the Principal.
- The identified School Staff will undertake the following training:
  - an Anaphylaxis Management Training Course in the three years prior; and
  - participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year) on:
    - the School's Anaphylaxis Management Policy;
    - the causes, symptoms and treatment of anaphylaxis;
    - the identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located;
    - how to use an Adrenaline Autoinjector, including hands on practise with a training Adrenaline Autoinjector device;
    - the School's general first aid and emergency response procedures; and
    - the location of, and access to, Adrenaline Autoinjectors that have been provided by parents or purchased by the School for general use.
- The briefing must be conducted by a member of School Staff who has successfully completed an Anaphylaxis Management Training Course in the last 12 months.
- In the event that the relevant training and briefing has not occurred, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction. Training will be provided to relevant School Staff as soon as practicable after the student enrolls, and preferably before the student's first day at School.
- The Principal will ensure that while the student is under the care or supervision of the School, including excursions, yard duty, camps and special event days, there is a sufficient number of School Staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.
- There will be a number of first aid training opportunities for all staff to participate in throughout the year.

## **IMPLEMENTATION**

The Principal will be responsible for ensuring that a communication plan is in place so that information regarding the schools anaphylaxis management policy is made available to all staff, students and parents/carers. The communication plan will include the following:

- Steps to be taken in the event of a student having an anaphylactic reaction either on or off campus.
- Regular updates and training in anaphylaxis management provided to staff by the First Aid Convenor at the College.
- Casual relief staff will be alerted through the medical alerts via the Parade College Learning Management System.

- The First Aid Officer will provide updates to staff each semester on students who are at risk to anaphylaxis.
- Instruction on how to administer an auto injecting adrenaline (Epipen) device.
- A Risk management Checklist (appendix C) will be conducted every year.

In accordance with the guidelines of Ministerial Order 706, all teachers and other school staff who conduct classes with students at risk of anaphylaxis will receive initial training in anaphylaxis management from an accredited training authority. Ongoing training and instruction will be delivered twice a year by the College's First Aid Convenor. The Principal will identify the staff to be trained based on a risk assessment.

## **Appendices**

[Appendix A: Individual Anaphylaxis Management Plan](#)

[Appendix B: Action Plan for Anaphylaxis](#)

[Appendix C: Annual Risk Management Checklist](#)

Approved by the College Board: September 2008

Reviewed: June 2014, June 2016, October 2020

## Appendix A: Individual Anaphylaxis Management Plan

### Cover Sheet

# Individual Anaphylaxis Management Plan

This plan is to be completed by the Principal or nominee based on information from the student's medical practitioner (ASCIA Action Plan for Anaphylaxis) provided by the Parent and information entered onto PAM. It is the Parents' responsibility to provide the School with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's Medical Practitioner) and to inform the school if their child's medical condition changes. ASCIA action plans and medical information is located and kept on the school information system – SIMON.			
<b>School</b>	Parade College	<b>Phone</b>	9468 3300
<b>Student Name</b>			
<b>DOB</b>		<b>Year level</b>	
<b>Severely allergic to:</b>			
<b>Other health conditions</b>			
<b>Medication at school</b>			
<b>EMERGENCY CONTACT DETAILS (PARENT)</b>			
<b>Name</b>		<b>Name</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Home phone</b>		<b>Home phone</b>	
<b>Work phone</b>		<b>Work phone</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Address</b>		<b>Address</b>	
<b>EMERGENCY CONTACT DETAILS (ALTERNATE – Other than parent)</b>			
<b>Name</b>		<b>Name</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Home phone</b>		<b>Home phone</b>	
<b>Work phone</b>		<b>Work phone</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Medical practitioner contact</b>	<b>Name</b>		
	<b>Phone</b>		
<b>Emergency care to be provided at school</b>	As Per Action Plan		
<b>Storage of EpiPen®</b>	Stored at front reception.		
<b>ENVIRONMENT</b>			
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.			
<b>Name of environment/area:</b> <i>Classroom</i>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>
<b>Knowledge of student at risk of anaphylaxis</b>	Medical Alert on <b>STUDENT NAME's</b> student profile in SIMON to alert classroom teachers he is at risk of anaphylaxis.	Parent via PAM and Registrar	Upon enrolment
<b>Collection of epi-pen</b>	Making staff aware of epipen locations.	First Aid Officer/ school staff/reception	Ongoing
<b>Food related activities</b>	Liaise with parents about food related activities ahead of time.	Classroom teacher/homeroom teacher	Ongoing
<b>Name of environment/area:</b> <i>Canteen</i>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>

<b>Knowledge of student at risk of anaphylaxis</b>	Display a colour photo of students at risk of anaphylaxis along with their allergen.	First Aid Officer/Canteen Staff	Beginning of school year
<b>Food related activities</b>	Ensure cooking equipment and surface areas are wiped down thoroughly with warm soapy water regularly.	Canteen Staff	Ongoing
<b>Collection of Epi-Pen</b>	Making staff/students aware of epipen locations.	Staff/First Aid Officer	Checked each term
	Have a general use anaphylactic kit located in the First Aid Facilities & Reception at both campuses.	First Aid Officer	Checked each term
<b>Name of environment/area: <i>Excursions</i></b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>
<b>Knowledge of student at risk of anaphylaxis</b>	His medical alert in SIMON alerts staff organising the excursion that <b>STUDENT NAME</b> is at risk of anaphylaxis.	Class Teacher	Pre-excursion
<b>Buying Lunch</b>	Educate Student.	Parent	Ongoing
<b>Collection of Epi-Pen</b>	Anaphylaxis kits and general use kits are signed out by the supervising staff member to be taken on the excursion from reception.	Class Teacher	Checked each term
<b>Second Epi-Pen</b>	Student supplies a second epipen from home.	Student & parent	Ongoing
<b>Name of environment/area: <i>Camps</i></b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>
<b>Knowledge of student at risk of anaphylaxis</b>	A student health report is generated through the school information system - SIMON and forwarded to the camp staff to alert risk of anaphylaxis. Medical Alerts are sent with the staff to the camp.	Teacher In Charge/ First Aid Officer	Pre-camp
<b>Trained staff availability</b>	Staff participating at the camp are clear about their roles and responsibilities in the event of an anaphylactic reaction.	Camp staff/school staff	Ongoing
<b>Collection of Epi-Pen</b>	Making staff/students aware of epi-pen locations and procedure for collection	Teacher in Charge	Duration of camp
<b>Second Epi-Pen</b>	Student supplies a second epi-pen from home.	Student & parent	Duration of camp
<b>Name of environment/area: <i>Food Technology</i></b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>
<b>Knowledge of student at risk of anaphylaxis</b>	A colour photo of all students at risk of anaphylaxis are stored along with their identified allergen from their ASCIA action plan.	First Aid Officer/Class teacher	Upon enrolment Ongoing
<b>Collection of epi-pen</b>	Making staff and students aware of epi-pen locations.	First Aid Officer/Food staff	Ongoing
<b>Food related activities</b>	Inform students of all ingredients remove/replace where necessary.	Food staff	Ongoing
	Ensure cooking equipment and surface areas are wiped down thoroughly with warm soapy water regularly.	Students /Food Staff	Ongoing
<b>Name of environment/area: <i>Staff rooms</i></b>			
<b>Knowledge of student at risk of anaphylaxis</b>	A colour photo of all students at risk of anaphylaxis are displayed along with their allergen. Student Health Alerts can be accessed by staff through the school information system - SIMON.	First Aid Officer/Staff	Upon enrolment Ongoing

This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):

- annually;
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
- as soon as practicable after the 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, incursions).

I have been consulted in the development of this Individual Anaphylaxis Management Plan.

I consent to the risk minimisation strategies proposed.

Risk minimisation strategies are available for your reference in Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines as published.

Signature of parent:	
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Date:	
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I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.

Signature of <b>Assistant Principal – Organisation</b> <b>Michael Callanan</b>	
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Date:	
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# Appendix B: Action Plan for Anaphylaxis



australian society of clinical immunology and allergy  
[www.allergy.org.au](http://www.allergy.org.au)

ACTION PLAN FOR

# Anaphylaxis

For use with EpiPen® Adrenaline Autoinjectors

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_



Confirmed allergens: \_\_\_\_\_

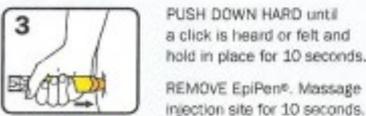
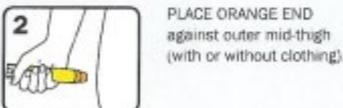
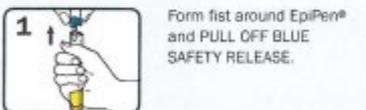
Asthma    Yes     No

Family/emergency contact name(s): \_\_\_\_\_

Work Ph: \_\_\_\_\_  
Home Ph: \_\_\_\_\_  
Mobile Ph: \_\_\_\_\_

Plan prepared by: \_\_\_\_\_  
Dr: \_\_\_\_\_  
Signed: \_\_\_\_\_  
Date: \_\_\_\_\_

### How to give EpiPen®



Instructions are also on the device label and at:  
[www.allergy.org.au/anaphylaxis](http://www.allergy.org.au/anaphylaxis)

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## MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

### ACTION

- **For insect allergy, flick out sting if visible. Do not remove ticks.**
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr
- Give other medications (if prescribed) .....
- Dose: .....
- Phone family/emergency contact

**Mild to moderate allergic reactions may or may not precede anaphylaxis**

**Watch for any one of the following signs of anaphylaxis**

## ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

### ACTION

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.**
- 2 Give EpiPen® or EpiPen® Jr**
- 3 Phone ambulance\* 000 (AU), 111 (NZ), 112 (mobile)**
- 4 Phone family/emergency contact**
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)**

#### If in doubt, give adrenaline autoinjector

**Commence CPR at any time if person is unresponsive and not breathing normally. If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.**

EpiPen® is generally prescribed for adults and children over 5 years.

EpiPen® Jr is generally prescribed for children aged 1-5 years.

\*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information \_\_\_\_\_

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.

For use with **EpiPen®** adrenaline (epinephrine) autoinjectors

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_



Photo

Confirmed allergens: \_\_\_\_\_

Family/emergency contact name(s): \_\_\_\_\_

Work Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

Plan prepared by doctor or nurse practitioner (np): \_\_\_\_\_

The treating doctor or np hereby authorises:

- Medications specified on this plan to be administered according to the plan.
- Prescription of 2 adrenaline autoinjectors.
- Review of this plan is due by the date below.

Date: \_\_\_\_\_

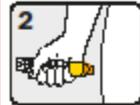
Signed: \_\_\_\_\_

Date: \_\_\_\_\_

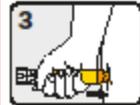
### How to give EpiPen® adrenaline (epinephrine) autoinjectors



1 Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



2 Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



3 PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

EpiPen® is prescribed for children over 20kg and adults. EpiPen® Jr is prescribed for children 7.5-20kg.

### SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Tingling mouth
- Hives or welts
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

### ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy  seek medical help or  freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

**Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis**

### WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Difficulty talking and/or hoarse voice
- Swelling of tongue
- Persistent dizziness or collapse
- Swelling/tightness in throat
- Pale and floppy (young children)
- Wheeze or persistent cough

### ACTION FOR ANAPHYLAXIS

#### 1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



#### 2 Give adrenaline autoinjector

#### 3 Phone ambulance - 000 (AU) or 111 (NZ)

#### 4 Phone family/emergency contact

#### 5 Further adrenaline doses may be given if no response after 5 minutes

#### 6 Transfer person to hospital for at least 4 hours of observation

#### If In doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

### ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed:  Y  N

- If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this action plan for the person with the allergic reaction.

## Appendix C: Annual Risk Management Checklist

### Annual risk management checklist

(to be completed at the start of each year)

School name:		
Date of review:		
Who completed this checklist?	Name:	
	Position:	
Review given to:	Name	
	Position	
Comments:		
<b>General information</b>		
1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an adrenaline autoinjector?		
2. How many of these students carry their adrenaline autoinjector on their person?		
3. Have any students ever had an allergic reaction requiring medical intervention at school?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?		
4. Have any students ever had an anaphylactic reaction at school?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many students?		
b. If Yes, how many times		
5. Has a staff member been required to administer an adrenaline autoinjector to a student?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?		
6. If your school is a government school, was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?		<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>SECTION 1: Training</b>	
<p>7. Have all school staff who conduct classes with students who are at risk of anaphylaxis successfully completed an approved anaphylaxis management training course, either:</p> <ul style="list-style-type: none"> <li>• online training (ASCIA anaphylaxis e-training) within the last 2 years, or</li> <li>• accredited face to face training (22300VIC or 10313NAT) within the last 3 years?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Does your school conduct twice yearly briefings annually? If no, please explain why not, as this is a requirement for school registration.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>9. Do all school staff participate in a twice yearly anaphylaxis briefing? If no, please explain why not, as this is a requirement for school registration.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>10. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools:</p> <p>a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen®) within 30 days of completing the ASCIA Anaphylaxis e-training for Victorian Schools?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 2: Individual Anaphylaxis Management Plans</b>	
<p>11. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an adrenaline autoinjector have an Individual Anaphylaxis Management Plan which includes an ASCIA Action Plan for Anaphylaxis completed and signed by a prescribed medical practitioner?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>13. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?</p>	
<p>a. During classroom activities, including elective classes</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b. In canteens or during lunch or snack times</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>c. Before and after school, in the school yard and during breaks</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>d. For special events, such as sports days, class parties and extra-curricular activities</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

e. For excursions and camps	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do all students who carry an adrenaline autoinjector on their person have a copy of their ASCIA Action Plan for Anaphylaxis kept at the school (provided by the parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are the Action Plans kept?	
15. Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are Individual Management Plans (for students at risk of anaphylaxis) reviewed prior to any off site activities (such as sport, camps or special events), and in consultation with the student's parent/s?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 3: Storage and accessibility of adrenaline autoinjectors</b>	
17. Where are the student(s) adrenaline autoinjectors stored?	
18. Do all school staff know where the school's adrenaline autoinjectors for general use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the adrenaline autoinjectors stored at room temperature (not refrigerated) and out of direct sunlight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is the storage unlocked and accessible to school staff at all times?  Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Are the adrenaline autoinjectors easy to find?  Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan for Anaphylaxis) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No

25. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis?  Who? ..... .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Are there adrenaline autoinjectors which are currently in the possession of the school which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Has the school signed up to EpiClub (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Do all school staff know where the adrenaline autoinjectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Has the school purchased adrenaline autoinjector(s) for general use, and have they been placed in the school's first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Where are these first aid kits located?  Do staff know where they are located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 4: Risk Minimisation strategies</b>	
33. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you implemented any of the risk minimisation strategies in the Anaphylaxis Guidelines? If yes, list these in the space provided below. If no please explain why not as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 5: School management and emergency response</b>	
36. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Do school staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Have you developed emergency response procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No

c. In all school buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA Action Plan for Anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Have you checked how long it takes to get an individual's adrenaline autoinjector and corresponding individual ASCIA Action Plan for Anaphylaxis to a student experiencing an anaphylactic reaction from various areas of the school including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. The school canteen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. On excursions or other out of school events is there a plan for who is responsible for ensuring the adrenaline autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the adrenaline autoinjector for general use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Who will make these arrangements during excursions? ..... .....	
44. Who will make these arrangements during camps? ..... .....	
45. Who will make these arrangements during sporting activities? ..... .....	
46. Is there a process for post-incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47. Have all school staff who conduct classes attended by students at risk of anaphylaxis, and any other staff identified by the principal, been briefed by someone familiar with the school and who has completed an approved anaphylaxis management course in the last 2 years on:	
a. The school's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No

c. The identities of students at risk of anaphylaxis, and who are prescribed an adrenaline autoinjector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the adrenaline autoinjector(s) for general use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 6: Communication Plan</b>	
48. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?	
a. To school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49. Is there a process for distributing this information to the relevant school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	
50. How will this information kept up to date?	
51. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52. What are they?	