



# ST JOSEPH'S ANAPHYLAXIS MANAGEMENT POLICY

## BACKGROUND

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 in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school.

Adrenaline given through an auto-injector (e.g. EpiPen) to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

## PURPOSE

To ensure that St Joseph's Primary School manages students at risk of anaphylaxis and meets legislative requirements. The school will comply with MO706 and associated guidelines - see below.

## 1. INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

1.1 The principal or nominee 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.

1.2 The individual anaphylaxis management plan will be in place as soon as practicable after the student enrolls, and where possible before their first day of school.

1.3 The Individual Anaphylaxis Management Plan will set out the following:

- Information about the student's medical condition that relates to the allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has and the signs or symptoms the student might exhibit in the event of an allergic reaction
- 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 in the school yard, at camps

and excursions, or at special events conducted, organised or attended by the school

- Strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, for in-school and out-of-school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
- The name of the person(s) responsible for implementing the risk minimisation strategies which have been identified in the Plan
- Information on where the student's medication will be stored
- The student's emergency contact details
- An up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner (Please see Appendix A).

1.4 School staff will implement and monitor the student's Individual Anaphylaxis Management Plan as required.

1.5 The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents/ carers:

- Annually,
- If the student's condition changes,
- Immediately after a student has an anaphylactic reaction at school 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, e.g., class parties, cultural days, concerts, events at other schools, competitions or incursions.

1.6 It is the responsibility of the parent to:

- Obtain the ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- Immediately inform the school in writing if there is a change in their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, and if relevant obtain an updated ASCIA Action Plan for Anaphylaxis
- Provide an up to date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
- Provide the school with an adrenaline auto injector that is current (i.e. the device has not expired) for their child.

## **2. PREVENTION STRATEGIES**

2.1 See Risk Management Strategies - St Joseph's Primary School (Appendix B) for locally developed prevention strategies that St Joseph's Primary School will put in place for all relevant in-school and out-of-school settings which include the following:

- During classroom activities (including class rotations, specialist and elective classes)
- Between classes and other breaks
- During recess and lunch times
- Camps and excursions, or at special events conducted, organised or attended by the school e.g., class parties, cultural days, concerts, events at other schools, competitions or incursions.

## **3. SCHOOL MANAGEMENT AND EMERGENCY RESPONSE**

3.1 In the event of an anaphylactic reaction the student's ASCIA Action Plan for Anaphylaxis, the emergency response procedures for anaphylaxis and general first aid procedures must all be followed

3.2 The Principal will ensure sufficient numbers of trained staff are available to supervise students at risk of anaphylaxis outside of normal class activities, e.g., off-site activities

3.3 Communication with school staff, students and parents is to occur in accordance with the communication plan

3.4 Emergency Response Procedures relating to anaphylactic reactions:

- A complete and up to date list of students identified as being at risk of anaphylaxis is located in the staffroom, first aid room & yard duty bags
- Details of Individual Anaphylaxis Management Plans and ASCIA Action Plans for Anaphylaxis are located in the student's classroom, Staffroom and first aid room
- During school excursions, school camps and special events conducted, organised or attended by the school, Individual Anaphylaxis Management Plans and ASCIA Action Plans for Anaphylaxis are collected by the teacher in charge and distributed to staff as appropriate
- Student's individual adrenaline autoinjectors are located in the student's classroom in the 'Class Medical Bag'. Those for general use are stored in the green First Aid box and in the bags located in the First Aid room and Staffroom.

3.5 Responding to an incident

- A member of the school staff will remain with the student who is displaying symptoms of anaphylaxis at all times. As per instructions on the ASCIA Action Plan for Anaphylaxis: 'Lay the person flat. Do

not allow them to stand or walk. If breathing is difficult allow them to sit.'

- Another member of the school staff should immediately locate the adrenaline auto injector and the student's ASCIA Action Plan for Anaphylaxis.
- The adrenaline auto injector should then be administered following the instructions in the student's ASCIA Action Plan for Anaphylaxis. Where possible, only school staff with training in the administration of an adrenaline auto injector should administer the student's adrenaline auto injector. However, it is imperative that an adrenaline auto injector is administered as soon as signs of anaphylaxis are recognised. If required, the adrenaline auto injector can be administered by any person following the instructions in the student's ASCIA Action Plan for Anaphylaxis.
- It is important that in responding to an incident, the student does not stand and is not moved unless in further danger (e.g., the anaphylactic reaction was caused by a bee sting and the bee hive is close by). The ambulance should transport the student by stretcher to the ambulance, even if symptoms appear to have improved or resolved. The student must be taken to the ambulance on a stretcher if adrenaline has been administered.

#### On the school site

- **Classroom** - staff use classroom phones to raise the alarm that a reaction has occurred.
- **Yard** - staff raise the alarm by sending two children in to the staffroom with the EMERGENCY card. The yard duty teacher stays with the child and the teacher who receives the EMERGENCY card brings out the Staffroom Medical bag. Staff members administer the auto injector.
- Office administration staff calls and waits for an ambulance
- A second adrenaline auto injector is to be sent to the emergency just in case a further device is required to be administered (this may be the school adrenaline auto injector for general use or the family purchased device).

## **4. ADRENALINE AUTO INJECTORS FOR GENERAL USE**

- 4.1 The Principal will purchase adrenaline auto injector(s) for general use (purchased by the school) and as a back up to those supplied by parents.
- 4.2 The principal will determine the **number** of additional adrenaline auto injector(s) required to be purchased by the school. 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 auto injectors 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 auto injectors for general use in specified locations at the school including in the school yard, and at excursions, camps and special events conducted, organised or attended by the school
- The adrenaline auto injectors for general use have a limited life, and will usually expire 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
- The expiry date of adrenaline auto injectors must be checked regularly to ensure they are ready for use.

## **5. COMMUNICATION PLAN**

- 5.1 The Principal is responsible for ensuring that a Communication Plan is developed to provide information to all school staff, students and parents about anaphylaxis and the school's anaphylaxis management policy.
- 5.2 The Communication Plan includes strategies for advising school staff, students and parents about how to respond to an anaphylactic reaction by a student in various environments including:
- During normal school activities including in the classroom, in the schoolyard, in the school building and courts
  - During off-site or out of school activities, including on excursions, school camps and at special events conducted or organised by the school.
- 5.3 The Communication Plan includes procedures to inform volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction by a student in their care.
- 5.4 The Communication Plan states that the Principal is responsible for ensuring that relevant staff are trained in accordance with MO70.

## **6. STAFF TRAINING**

- 6.1 The following school staff will be appropriately trained:
- All school teaching staff
  - Any other school staff as determined by the principal to attend. This will include administration staff and Learning Support Staff.
- 6.2 School staff must complete the following to meet the anaphylaxis training requirements of MO706:

Completed by	Course	Provider	Cost	Valid for
<b>All school staff</b>	<i>ASCIA Anaphylaxis e-training for Victorian Schools</i> followed by a competency check by the School Anaphylaxis Supervisor	ASCIA : <a href="https://etrainingvic.allergy.org.au/">https://etrainingvic.allergy.org.au/</a>	Free to all schools	2 years
<b>AND</b>				
<b>2 staff</b> per school or per campus (School Anaphylaxis Supervisor)	<i>Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC</i>	Asthma Foundation	Free from the Asthma Foundation (for government schools)	3 years
<b>AND</b>				
<b>All school staff</b>	<i>Provide First Aid - HLTAID003</i>	Variety of Providers: <b>2016:</b> Allens Training <b>2017:</b> Fire Up First Aid Training	\$60 pp	3 years

- 6.3 In addition, all staff are to participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year)
- 6.4 The briefing must be conducted by a member of the school staff, preferably the person nominated as the School Anaphylaxis Supervisor, who has successfully completed an approved anaphylaxis management training course in the last 2 years.
- 6.5 These briefings will include the following:
- The school's anaphylaxis management policy
  - The causes, symptoms and treatment of anaphylaxis
  - The identities of students at risk of anaphylaxis, the details of their medical condition, and where their medication is located
  - How to use an adrenaline auto-injector, including practising with a "trainer" adrenaline auto-injector
  - The school's general first aid and emergency response procedures
  - The location of, and access to, adrenaline auto-injectors that have been provided by parents or purchased by the school for general use
- 6.6 In the event that the relevant training has not occurred for a member of staff who has a child in their class at risk of anaphylaxis, the principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents of any affected student. 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.

- 6.7 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.

## **7. ANNUAL RISK MANAGEMENT CHECKLIST**

- 7.1 The principal will complete an annual Risk Management Checklist as published by the Department of Education and Training to monitor compliance with their obligations. The annual checklist is designed to step schools through each area of their responsibilities in relation to the management of anaphylaxis in schools. (Appendix D)

## **APPENDICES**

Appendix A Individual Anaphylaxis Management Plan

Appendix B Anaphylaxis Risk Minimisation Strategies

Appendix C Anaphylaxis Communication Plan


Appendix D Annual Anaphylaxis Risk Management Checklist

## **Evaluation**

This policy is reviewed at the beginning of each school year and as required in accordance with government regulations

APPENDIX A

# Individual Anaphylaxis Management Plan



australasian society of clinical immunology and allergy  
www.allergy.org.au

ACTION PLAN FOR

## Anaphylaxis

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

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

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

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

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

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

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

Plan prepared by medical or nurse practitioner: \_\_\_\_\_

I hereby authorise medications specified on this plan to be administered according to the plan

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

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

Action Plan due for review: \_\_\_\_\_

For EpiPen® adrenaline (epinephrine) autoinjectors

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- 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 - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr 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)

<ul style="list-style-type: none"> <li>Difficult/noisy breathing</li> <li>Swelling of tongue</li> <li>Swelling/tightness in throat</li> <li>Wheeze or persistent cough</li> </ul>	<ul style="list-style-type: none"> <li>Difficulty talking and/or hoarse voice</li> <li>Persistent dizziness or collapse</li> <li>Pale and floppy (young children)</li> </ul>
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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 EpiPen® or EpiPen® Jr 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

How to give EpiPen®



**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®

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

© ASCIA 2017 This plan was developed as a medical document that can only be completed and signed by the patient's medical or nurse practitioner and cannot be altered without their permission



# Individual Anaphylaxis Management Plan

This plan is to be completed by the principal or nominee on the basis of information from the student's medical practitioner (ASCIA Action plan for Anaphylaxis) provided by the parent/carer. It is the parents/carers 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 an up-to-date photo of the student - to be appended to the plan and to inform the school of any changes to the plan.

School:				
Students Name:				
Date of Birth:				
Severely Allergic to:				
Other health concerns:				
Medication at school:				
Emergency Contacts - parent/ carer	Parent/Carer (1)		Parent Carer (2)	
	Name: Relationship: Home Phone: Work Phone: Mobile: Address:		Name: Relationship: Home Phone: Work Phone: Mobile: Address:	
	Other Contact (1)		Other Contact (2)	
Emergency Contacts - if parent/carer not available	Name: Relationship: Home Phone: Work Phone: Mobile: Address:		Name: Relationship: Home Phone: Work Phone: Mobile: Address:	
Medical Practitioner Contact	Name:  Phone:			

Details:	
Emergency Care to be provided:	
Storage instructions for medicine:	

<b>Environment</b>			
To be completed by principal or nominee. Please consider each environment/area (on and off school site) the student will be for the term, e.g. classroom, excursions, camps etc.			
Name of environment/ area			
Risk identified	Actions required to minimise risk	Who is responsible?	Completion Date?
Risk identified	Actions required to minimise risk	Who is responsible?	Completion Date?
Risk identified	Actions required to minimise risk	Who is responsible?	Completion Date?
Risk identified	Actions required to minimise risk	Who is responsible?	Completion Date?

APPENDIX B

# Anaphylaxis Risk Minimisation Strategies

RISK	Considerations when you have a child at risk of anaphylaxis in your care	WHO
Foods brought to school	<ul style="list-style-type: none"> <li>● Regular discussions with relevant classes about the importance of eating your own food and not sharing</li> <li>● Class has lunch in specified area which is a focus of supervision</li> <li>● Encourage parent of child to be involved on special days that involve food</li> </ul>	Classroom teacher  Classroom teacher  Classroom teacher/ Principal
School Fundraising/ Special Events/ Cultural Evening	<ul style="list-style-type: none"> <li>● Advise parent of the student at risk of food allergies ahead of time so that they can provide suitable food</li> <li>● Food for allergic student should only be approved and provided by the student's parent</li> <li>● Replacement food for anaphylaxis students will be stored prior to the event</li> </ul>	Classroom teacher/ Principal  Classroom teacher  Classroom teacher
Class Parties/ Birthday Celebrations	<ul style="list-style-type: none"> <li>● Advise parent of the student at risk of food allergies ahead of time so that they can provide suitable food</li> <li>● Food for allergic student should only be approved and provided by the student's parent</li> <li>● Consider non-food rewards</li> <li>● Cupcakes, as replacement for a piece of birthday cake, can be stored in identifiable container (labelled with child's details) in a freezer</li> <li>● Any food provided by families should include a list of ingredients</li> </ul>	Classroom teacher  Classroom teacher  Classroom teacher Classroom teacher  Classroom teacher
Recess/ Lunchtimes	<ul style="list-style-type: none"> <li>● Yard duty teachers carry a photo of all students who are anaphylaxis. This is stored in the bum bag</li> </ul>	Yard Duty teacher

Art Classes	<ul style="list-style-type: none"> <li>● Ensure all containers used by students at risk of anaphylaxis do not contain allergens e.g., egg white or yolk on an egg carton</li> <li>● Activities such as face painting or mask making will be discussed with the parents prior to the event, as products may contain food allergens such as peanuts, egg</li> <li>● Care to be taken with play dough etc. Check that nut oils have not been used in manufacture.</li> </ul>	<p>Visual Art teacher</p> <p>Visual Art teacher</p> <p>Visual Art teacher</p>
Sunscreen	<ul style="list-style-type: none"> <li>● Parents of children with anaphylaxis will be asked to provide their own sunscreen (school encourages all students to provide their own sunscreen)</li> </ul>	Principal/ Classroom teacher
Hand washing	<ul style="list-style-type: none"> <li>● All students are encouraged to wash their hands after eating</li> </ul>	Classroom teachers
Latex allergies	<ul style="list-style-type: none"> <li>● Avoid use of party balloons</li> <li>● Avoid contact with swimming caps and latex gloves</li> </ul>	Classroom teacher / Teacher administering First Aid

APPENDIX C

# Anaphylaxis Communication Plan

Communication Plan	
Name of environment/ area	CLASSROOM
Reaction	Response
Severe Reaction	<ol style="list-style-type: none"> <li>1. Teacher to administer student's EpiPen located in the classroom's medical bag</li> <li>2. Teacher to call office staff member to alert them that an ambulance is required. Office staff member to telephone ambulance</li> <li>3. Office staff member to call parents and to notify leadership personnel that they are required to assist in removing students from the classroom</li> <li>4. Office staff member to call ambulance and deliver the second school's EpiPen to classroom teacher</li> <li>5. Office staff member to direct ambulance members to classroom</li> </ol>
Name of environment/ area	SCHOOL YARD
Reaction	Response
Severe Reaction	<ol style="list-style-type: none"> <li>1. Yard duty staff member to stay with the student at all times</li> <li>2. Yard duty staff member to send the 'EMERGENCY - EPIPEN' card to office with two students</li> <li>3. Office staff member to deliver the school's EpiPen</li> <li>4. Yard duty staff member to administer EpiPen</li> <li>5. Office staff member to call ambulance and deliver the second school's EpiPen to yard duty staff member</li> <li>6. Office staff member to notify parents</li> <li>7. Office staff member to direct ambulance to student's location in the yard</li> </ol>

Name of environment/ area	EXCURSION
Reaction	Response
	Prior to an excursion classroom teachers will ensure that all EpiPen's are located in their classroom medical bags
	<ol style="list-style-type: none"> <li>1. Supervising teacher to ensure EpiPen is taken on excursion</li> <li>2. Supervising teacher to carry EpiPen on excursion</li> <li>3. If students are broken up into small groups, supervising teacher who has the student's EpiPen MUST stay with this student.</li> </ol>
SEVERE REACTION	<ol style="list-style-type: none"> <li>1. Supervising teacher will administer EpiPen</li> <li>2. Call the ambulance</li> <li>3. Contact and notify parents</li> <li>4. Contact school and notify of incident</li> </ol>
Name of environment/ area	SCHOOL CAMP
Reaction	Response
	Prior to an excursion classroom teachers will ensure that all EpiPen's are located in their classroom medical bags
	<ol style="list-style-type: none"> <li>1. Supervising teacher to ensure EpiPen is taken on excursion</li> <li>2. Supervising teacher to carry EpiPen on excursion</li> <li>3. If students are broken up into small groups, supervising teacher who has the student's EpiPen MUST stay with this student.</li> <li>4. Student is to be located in a cabin closest to the staff cabin</li> <li>5. All teachers attending camp will know locations of students with anaphylaxis</li> </ol>
SEVERE REACTION	<ol style="list-style-type: none"> <li>1. Supervising teacher will administer EpiPen</li> <li>2. Call the ambulance</li> <li>3. Contact and notify parents</li> <li>4. Contact school and notify of incident</li> </ol>

## CASUAL RELIEF TEACHERS

During induction all casual relief staff will be made aware of anaphylaxis student's and their Action Plans located in the classroom and staff room wall (also stored in a book in the First Aid room). Casual Relief Teacher are presented with a CRT folder on entry to the school by school office personnel. This folder contains general information, including information about students with medical needs specific to the classroom. If a Casual Relief Teacher takes children off site for any reason another anaphylaxis trained classroom teacher will accompany them.

## VOLUNTEERS

It is the responsibility of the classroom teacher to inform any volunteers of students with anaphylaxis in their classroom.

## STAFF TRAINING

The Principal will ensure that all staff will be briefed twice yearly in anaphylaxis management. Once every three years staff will complete a course in First Aid Management of Anaphylaxis - 22099VIC conducted by an external qualified instructor. All staff complete the ASCIA anaphylaxis e-training VIC 5 once every two years. There are two members of staff who are trained Anaphylaxis Verifiers. The Principal or nominee who has up to date anaphylaxis management training will brief staff twice per year on:

- The school's anaphylaxis management 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 and emergency response procedures

An anaphylaxis presentation and video presentation is available on:

FUSE@[www.education.vic.gov.au/school/principals/health/pages/anaphylaxischools.asp](http://www.education.vic.gov.au/school/principals/health/pages/anaphylaxischools.asp)  
[x](#)

## COMMUNICATION TO OUR PARENTS

Our Anaphylaxis Guidelines and procedures will be made available to parent via our website and all documentation made available through the school office.

**APPENDIX D**

# Annual Risk Management Checklist

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. Was every incident in which a student suffered an anaphylactic reaction reported to the Education Department?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SECTION 1: Individual Anaphylaxis Management Plans</b>		
7. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an Adrenaline Autoinjector have an Individual Anaphylaxis Management Plan and ASCIA Action Plan completed and signed by a prescribed Medical Practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Are all Individual Anaphylaxis Management Plans reviewed regularly with Parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	



<p>9. 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> <ul style="list-style-type: none"> <li>a. During classroom activities, including elective classes</li> <li>b. In canteens or during lunch or snack times</li> <li>c. Before and after School, in the school yard and during breaks</li> <li>d. For special events, such as sports days, class parties and extra-curricular activities</li> <li>e. For excursions and camps</li> <li>f. Other</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>10. Do all students who carry an Adrenaline Autoinjector on their person have a copy of their ASCIA Action Plan kept at the School (provided by the Parent)?</p> <ul style="list-style-type: none"> <li>a. Where are they kept?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>11. Does the ASCIA Action Plan include a recent photo of the student?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 2: Storage and Accessibility of Adrenaline Autoinjectors</b>	
<p>12. Where are the student(s) Adrenaline Autoinjectors stored?</p>	
<p>13. Do all School Staff know where the School's Adrenaline Autoinjectors for General Use are stored?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>14. Are the Adrenaline Autoinjectors stored at room temperature (not refrigerated)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>15. Is the storage safe?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>16. Is the storage unlocked and accessible to School Staff at all times?</p> <p>Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>17. Are the Adrenaline Autoinjectors easy to find?</p> <p>Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>18. Is a copy of student's Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) kept together with the student's Adrenaline Autoinjector?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>19. Are the Adrenaline Autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student's names?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>20. Has someone been designated to check the Adrenaline Autoinjector expiry dates on a regular basis?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Who? .....	
21. Are there Adrenaline Autoinjectors which are currently in the possession of the School and which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Has the School signed up to EpiClub or ANA-alert (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Do all School Staff know where the Adrenaline Autoinjectors and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. 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
25. Where are these first aid kits located?	
26. Is the Adrenaline Autoinjector for General Use clearly labelled as the 'General Use' Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. 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 3: Prevention Strategies</b>	
28. 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
29. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Have all School Staff who conduct classes with students with a medical condition that relates to allergy and the potential for anaphylactic reaction successfully completed an Anaphylaxis Management Training Course in the three years prior and participated in a twice yearly briefing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Are there always sufficient School Staff members on yard duty who have successfully completed an Anaphylaxis Management Training Course in the three years prior?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 4: School Management and Emergency Response</b>	
32. 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
33. Do School Staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you developed Emergency Response Procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the classroom?	<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
35. Does your plan include who will call the Ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

36. Is there a designated person who will be sent to collect the student's Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Have you checked how long it will take to get to the Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) to a student from various areas of the School including: a. The classroom? b. The school yard? c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
38. 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
39. Who will make these arrangements during excursions? .....	
40. Who will make these arrangements during camps? .....	
41. Who will make these arrangements during sporting activities? .....	
42. Is there a process for post incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No

43. Have all School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction and any other staff identified by the Principal, been briefed on: a. The School's Anaphylaxis Management Policy? b. The causes, symptoms and treatment of anaphylaxis? c. The identities of students with a medical condition that relates to allergy and the potential for an anaphylactic reaction, and who are prescribed an Adrenaline Autoinjector, including where their medication is located? d. How to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector? e. The School's general first aid and emergency response procedures for all in-school and out-of-school environments? f. Where the Adrenaline Autoinjector(s) for General Use is kept? 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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
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**SECTION 4: Communication Plan / Strategy**

<p>44. Is there a Communication Plan / Strategy in place to provide information about anaphylaxis and the School's policies?</p> <p>a. To School Staff?</p> <p>b. To students?</p> <p>c. To Parents?</p> <p>d. To volunteers?</p> <p>e. To casual relief staff?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>45. Is there a process for distributing this information to the relevant School Staff?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. What is it?</p>	
<p>46. How is this information kept up to date?</p>	
<p>47. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>48. What are they?</p>	