

ANAPHYLAXIS MANAGEMENT

Tawonga Primary School Policy

School Statement

Tawonga Primary School will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

Introduction

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 seeds, latex, certain insect stings and medications.

Signs and symptoms of mild to moderate allergic reaction can include: swelling of the lips, face and eyes, hives or welts, tingling mouth, abdominal pain and/or vomiting (these are signs of a severe allergic reaction to insects).

Anaphylaxis (severe allergic reaction) can include: 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).

Symptoms usually develop within 10 minutes to several hours after exposure to an allergen, but can appear within a few minutes.

Individual Anaphylaxis Management Plans

The principal will ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrolls and where possible before their first day of school.

The Individual Anaphylaxis Management Plan will set out the following:

- information about the student's medical condition that relates to 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 (based on a written diagnosis from a medical practitioner)
- 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. An example can be found in **Appendix A** of this document or downloaded from www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx

School staff will then implement and monitor the student's Individual Anaphylaxis Management Plan as required. Copies of the Individual Anaphylaxis Management Plan will be kept in the school office and on the office window, accessible by staff in the event of an incident.

The plan will be reviewed, in consultation with the student's parents/carers, 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 a student has an anaphylactic reaction at school, or 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, cultural days, incursions).

It is the responsibility of the parents 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 autoinjector that is current (ie the device has not expired) for their child
- Participate in annual reviews of their child's Plan.

Risk Minimisation Strategies

Anaphylaxis is best prevented by knowing and avoiding the allergens.

Parents and carers should communicate their child's allergies and risk of anaphylaxis to the school and provide up to date information, an ASCIA Action Plan, participate in yearly reviews of their child's Individual Anaphylaxis Management Plan and ensure that their child has an Adrenaline Autoinjector that is current and not expired at all times.

School staff can minimise incidents of anaphylaxis by adopting the strategies described in this policy.

School staff will conduct a risk assessment for each individual student who has been diagnosed as being at risk of anaphylaxis. This assessment will take into account the identification of triggers (allergens), the age of the student, the severity of the allergy and the different school-based environments in which the student will be exposed.

The school will raise student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers. No pressure will be placed on any student to try foods known to contain common food allergens such as peanuts.

Appendix B of this policy outlines the risk minimisation strategies put in place by the school.

School Planning and Emergency Response

All staff will be provided with a list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction.

Students' Individual Anaphylaxis Management Plans and ASCIA Action Plans for Anaphylaxis will be kept in the school office, with copies on the office window, accessible to all staff. Student adrenaline autoinjectors will be labelled with the student's name and stored, with a copy of the student's Individual Anaphylaxis Management Plan and ASCIA Action Plan for Anaphylaxis, in the school office.

When a student is attending activities off-site, the teacher in charge will carry the student's adrenaline autoinjector. The Principal will ensure that there are sufficient staff trained in the use of adrenaline autoinjectors.

The school will have one adrenaline autoinjector for general use. This will be kept in the First Aid Cabinet.

The trainer adrenaline autoinjector will not be stored in the same location as the above injectors.

The Principal will monitor the adrenaline autoinjectors and organise replacement if they are out of date, are cloudy or have substances floating in them.

If a student displays symptoms of anaphylaxis, a staff member will immediately locate and administer the adrenaline autoinjector following the instructions in the student's Individual Anaphylaxis Management Plan and ASCIA Action Plan for Anaphylaxis, and the school's general first aid and emergency response procedures. If possible, a staff member will remain with the student at all times. The school will then immediately call an ambulance (000).

Communication Plan

The principal will be responsible for ensuring that information is provided to all staff, students and parents/carers about anaphylaxis and the School's Anaphylaxis Management Policy.

The principal will inform the school community about anaphylaxis via the school newsletter and the Anaphylaxis Management Policy will be available on the school website.

All school staff will be briefed at least twice per year by a staff member who has up to date anaphylaxis management training. The Principal will brief volunteers, casual relief staff and all new staff (including administration and office staff, sessional teachers, specialist teachers) of the above information and their role in responding to an anaphylactic reaction by a student in their care.

The emergency procedures plans (ASCIA Action Plans for Anaphylaxis) for students at risk of anaphylaxis will be displayed on the outside of the office window.

The school will inform students about allergies, including anaphylaxis causes and first aid, as part of the Prep – 6 curriculum.

The school will develop an open and cooperative relationship with parents/carers so that they can feel confident that appropriate management strategies are in place.

Staff Training

The following school staff will be appropriately trained:

- School staff who conduct classes attended by students who are at risk of anaphylaxis
- Any other school staff as determined by the principal to attend (administration staff and volunteers)

Completed by	Course	Provider	Cost	Valid for
All school staff	<i>ASCIA Anaphylaxis e-training for Victorian Schools</i> followed by a competency check by the School Anaphylaxis Supervisor	ASCIA	Free to all schools	2 years
2 staff at the school (School Anaphylaxis Supervisors)	<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

In addition, all school staff will be briefed twice per year by a member of school staff nominated as the School Anaphylaxis Supervisor on:

- legal requirements as outlined in Ministerial Order 706,
- the school's Anaphylaxis Management Policy,
- the identities and pictures of students at risk of anaphylaxis, their allergens, year levels, risk management plans that are in place and where their medication is located,
- signs, symptoms and treatment of anaphylaxis,
- ASCIA Anaphylaxis e-training
- ASCIA Action Plan for Anaphylaxis and how to use an adrenaline autoinjector (EpiPen®), including hands on practice with a trainer adrenaline autoinjector device,
- the school's general First Aid Policy and emergency response procedures,
- the location of, and access to, adrenaline autoinjector devices that are provided by the school for general use,
- on-going support and training.

At all times while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the principal will ensure that there are sufficient staff present who have up to date training in anaphylaxis management.

Evaluation

The school will comply with Ministerial Order 706 and Department guidelines. An annual Risk Management Checklist will be completed (**Appendix C**). This policy will be reviewed annually.

References

Anaphylaxis Guidelines <http://www.education.vic.gov.au/school/principals/health/Pages/anaphylaxischools.aspx>

Ministerial Order 706: Anaphylaxis Management in Victorian Schools

ASCIA Guidelines for Prevention of Anaphylaxis in Schools; www.allergy.org.au

Evaluation:

This policy will be reviewed as part of the school's three-year review cycle.

This policy was last ratified by School Council in....

May 2017

Appendix A: 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.

It is the parent's 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 this plan; and to inform the school if their child's medical condition changes.

School		Phone	
Student			
DOB		Year level	
Severely allergic to:			
Other health conditions			
Medication at school			

EMERGENCY CONTACT DETAILS (PARENT)

Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	

EMERGENCY CONTACT DETAILS (ALTERNATE)

Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	

Medical practitioner contact	Name	
	Phone	

Emergency care to be provided at school	
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Storage location for adrenaline autoinjector (device specific) (EpiPen®)	
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ENVIRONMENT

To be completed by principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

(continues on next page)

References:

ACTION PLAN FOR Anaphylaxis

Name: _____ For EpiPen® adrenaline (epinephrine) autoinjectors

Date of birth: _____



Confirmed allergens: _____

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by Dr or NP: _____

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

Signed: _____

Date: _____

Action Plan due for review: _____

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)

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

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

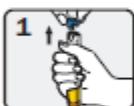
If in doubt give adrenaline autoinjector

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

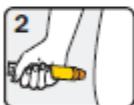
ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

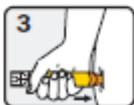
How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



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



PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds

REMOVE EpiPen® and gently massage injection site for 10 seconds

Instructions are also on the device label

© ASCIA 2016 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

Parents and guardians (via their medical practitioner) can access the ASCIA Action Plan from:

<http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>

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
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects, cultural days, fetes, incursions).

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 at Chapter 8 – Risk Minimisation Strategies of the Anaphylaxis Guidelines

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 principal (or nominee):	
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Date:	
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Appendix B: Risk Minimisation Strategies

Classrooms

1. Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan for Anaphylaxis is easily accessible even if the Adrenaline Autoinjector is kept in another location.
2. Liaise with parents about food-related activities ahead of time.
3. Use non-food treats where possible, but if food treat are used in class, parents of students with food allergy provide a treat box with alternative treats. This treat box should be clearly labelled and only handled by the student. Treats for the other students in the class should not contain the substance to which the student is allergic.
4. Food from outside sources will not be given to a student who is at risk of anaphylaxis.
5. Products labelled 'may contain traces of nuts' will not be served to students allergic to nuts. Products labelled 'may contain milk or egg' will not be served to students with milk or egg allergy and so forth.
6. Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (eg. Egg or milk cartons, empty peanut butter jars).
7. Ensure all cooking utensils, preparation dishes, plates, cutlery etc are washed and cleaned thoroughly after preparation of food and cooking.
8. Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
9. The Principal will inform casual relief teachers, specialist teachers and volunteers of the names of an students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Autoinjector, the School's Anaphylaxis Management Policy, and each individual's responsibility in managing an incident ie. Seeking a trained staff member.

Meal breaks

1. Ensure tables and surfaces are wiped down with warm, soapy water regularly.
2. Children will be encouraged to wash their hands before and after handling food.
3. The school will not allow the trading or sharing of food between students. Bottles, containers, utensils and lunchboxes of children with food allergies should be clearly labelled with the name of the child for whom they are intended.
4. The school will not ban food such as nuts or potential allergens due to the possibility that it can create complacency among staff and students, it does not eliminate the presence of hidden allergens and it is difficult to "ban" all triggers (allergens) because these are not necessarily limited to peanuts and nuts. However, the school will request that parents do not send those items to school if at all possible.

Yard

1. If the school has a student who is at risk of anaphylaxis, sufficient school staff on duty in the yard must be trained in the administration of the Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if needed.
2. The Adrenaline Autoinjector and each student's ASCIA Action Plan for Anaphylaxis should be easily accessible from the yard and staff should be aware of their exact location.
3. All staff must be aware of the students at risk of anaphylaxis and be able to identify, by face, those students.
4. All staff must be aware of the school's Emergency Response Procedure.
5. Students with severe allergies to insects should be encouraged to stay away from water or flowering plants. School staff should liaise with parents to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
6. Students should keep drinks and food covered while outdoors.

Special events (eg. Sporting events, incursions, class parties, etc)

1. If the school has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.
2. School staff should avoid using food in activities or games, including as rewards for children at risk of anaphylaxis.
3. For special events involving food, school staff should consult parents in advance to either develop alternative food options or request the parents to send food for the student.
4. Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats that could pose a risk.
5. Party balloons should not be used if any student is allergic to latex.
6. If students from other schools are participating in an even at the school, information will be sought about any students who will be attending who are at risk of anaphylaxis. Students at risk of anaphylaxis should bring their own adrenaline autoinjector with them.

Field trips / excursions / camps / sporting events

1. If the school has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.
2. A school staff member trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector must accompany any student at risk of anaphylaxis on field trips, excursions or camps.
3. School staff should avoid using food in activities or games, including as rewards for children at risk of anaphylaxis.
4. The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis for each student at risk of anaphylaxis, and a mobile phone will be taken and be easily accessible, and school staff must be aware of their exact location.
5. For each field trip, excursion etc, a risk assessment should be undertaken for each students attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion / sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio. All school staff members present during the excursion need to be able to identify any students who are at risk of anaphylaxis by face.
6. The school will consult with parents of anaphylactic students in advance to discuss issues that may arise, to develop alternative food options, or request the parents to provide a meal (if required).
7. Parents may wish to accompany their child on field trips or excursions. This will be discussed with parents as a strategy for supporting a student who is at risk of anaphylaxis.
8. Prior to an excursion or camp, the Principal will consult with the student's parents to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.
9. Prior to attending a catered camp, the school staff will consult with the camp owner/operator to ensure that food that is safe for anaphylactic students can be provided.
10. If the school has concerns about whether the food provided on an excursion or camp will be safe for students at risk of anaphylaxis, it will consider alternative means of catering for those students.
11. The school will consider whether to take an Adrenaline Autoinjector for general use on camp, even if there is no student at risk attending, as a back-up device in the event of an emergency.
12. If the field trip, excursion or special event is being held at another school then that school will be notified ahead of time that a students at risk of anaphylaxis will be attending, and appropriate risk minimisation strategies discussed so that the roles and responsibilities of the host and visiting school are clear. Students at risk of anaphylaxis will take their own adrenaline autoinjector with them to events being held at other schools.

Appendix C: Checklist

Annual Risk Management

(reviewed at the start of each year)

School name:	
Date of review:	
Who completed this checklist?	Name:
	Position:
Review given to:	Name
	Position
Comments:	

General information

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

References:

SECTION 1: Training

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: <ul style="list-style-type: none">• ASCIA e-training within the last 2 years, or• accredited face to face training (22300VIC or 10313NAT) within the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does your school conduct twice yearly briefings annually? If no, please explain why not, as this is a requirement for school registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do all school staff participate in a twice yearly briefing? If no, please explain why not, as this is a requirement for school registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)?	
b. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen®) within 30 day of completing the ASCIA Anaphylaxis e-training for Victorian Schools?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2: Individual Anaphylaxis Management Plans

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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?	
a. During classroom activities, including elective classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In canteens or during lunch or snack times	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Before and after school, in the school yard and during breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. For special events, such as sports days, class parties and extra-curricular activities	<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

References:

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 the 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
SECTION 3: Storage and accessibility of adrenaline autoinjectors	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
22. Are the adrenaline autoinjectors easy to find?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who?	
26. 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
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

References:

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
SECTION 4: Risk Minimisation strategies	
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
SECTION 5: School management and emergency response	
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
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 for Anaphylaxis) 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 practise 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
SECTION 6: Communication Plan	
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 be 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?	