



SORRENTO PRIMARY SCHOOL ANAPHYLAXIS MANAGEMENT POLICY AND PROCEDURES

Ratified: 12th September, 2016
Review Date: September 2019

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 adrenalin auto-injector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

The key reference and support for the school regarding anaphylaxis is the **Ministerial Order 706: Anaphylaxis Management in Victorian Schools** and **DET Anaphylaxis Guidelines 2015**. These references set out the steps schools must take to ensure the safety of students at risk of anaphylaxis in their care.

PURPOSE

1. To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.
2. To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.
3. To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
4. To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

IMPLEMENTATION

1. The school will comply with Ministerial Order and Guidelines on Anaphylaxis Management.
2. In the event of an anaphylactic reaction the school's first aid and emergency response procedures and the student's individual Anaphylaxis Management Plan will be followed.
3. The school will have a spare adrenaline auto-injection device for general use.
4. The school will be a member of the Epi club.
5. An Anaphylaxis Risk Management checklist will be completed annually by the school.
6. Staff are expected to:
 - Plan ahead for special class activities or special occasions such as excursions, sport days, camps and parties.
 - Work with parents/carers to provide appropriate food for the student.

- Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.
- Be careful of the risk of cross-contamination when preparing, handling and displaying food.
- Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food.
- 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.
- The school will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the school's anaphylaxis management policy.
- The communication plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, in the school yard, on school excursions, on school camps and special event days.

INDIVIDUAL ANAPHYLAXIS MANGEMENT PLANS

Note: A template of an **Individual Anaphylaxis Management Plan** can be found on DET's website at: <http://www.education.vic.gov.au/healthwellbeing/health/anaphylaxisschools.htm>

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.

1. 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.
2. The **Individual Anaphylaxis Management Plan** will set out the following:
 - Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner).
 - Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including camps and excursions.
 - The name of the person/s responsible for implementing the strategies.
 - Information on where the student's medication will be stored.
 - The student's emergency contact details.
 - An **Emergency Procedures Plan (ASCIA Action Plan)**, provided by the parent, that:
 - sets out the emergency procedures to be taken in the event of an allergic reaction;
 - is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan; and
 - includes an up to date photograph of the student.

A template of an **ASCIA Action Plan** can be found on DET's website at:

<http://www.education.vic.gov.au/healthwellbeing/health/anaphylaxisschools.htm>

3. The student's **Individual Anaphylaxis Management Plan** will be reviewed, in consultation with the student's parents/ carers:
 - annually, and as applicable,
 - if the student's condition changes, or
 - immediately after a student has an anaphylactic reaction at school.
4. It is the responsibility of the parent to:
 - provide the **Emergency Procedures Plan (ASCIA Action Plan)**.
 - provide an EpiPen® that is not out of date.
 - inform the school if their child's medical condition changes, and if relevant provide:

- an updated **Emergency Procedures Plan** (ASCIA Action Plan).
- provide an up to date photo for the **Emergency Procedures Plan** (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed.

COMMUNICATION PLAN

1. In the event of an anaphylactic reaction the following steps will be taken:
 - Emergency card would be sent to the office by either a staff member or two students
 - Immediately call an ambulance (000/112).
 - Lay the student flat and elevate their legs. Do not allow the student to stand or walk. If breathing is difficult for them, allow them to sit but not to stand.
 - Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a worsening condition. Ask another member of the staff to move other students away and reassure them elsewhere.
 - Once the first injection has been administered if there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan), a second injection (of the same dosage) may be administered after five minutes, if a second auto-injector is available (such as the Adrenaline Auto-injector for general use).
 - Then contact the student's emergency contacts.
 - Contact Security Services Unit, Department of Education and Training to report the incident on 9589 6266 (available 24 hours a day, 7 days a week). A report will then be lodged on IRIS (Incident Reporting Information System).
2. Volunteers and casual relief staff of students at risk of anaphylaxis will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the assistant principal.
3. The school will raise awareness of anaphylaxis through fact sheets and posters displayed in classrooms and through the school newsletter.
4. Emergency cards will be located in yard duty bags.
5. A student Anaphylaxis Alert Card will be placed in each yard duty folder.
6. School reminders will be sent to staff about anaphylaxis training requirements.

PREVENTION STRATEGIES:

1. The school will not ban certain types of foods (eg nuts) as it is not practical to do so, and is not the strategy recommended by the Royal Children's Hospital. The school will reinforce the rules about not sharing foods.
2. The school will complete an annual Risk Management Checklist. (Appendix 1)
3. The school will provide a backup Adrenaline Auto-injector for general use.
4. The principal will ensure that the Annual Risk Management Checklist (Appendix 4) is completed.

STAFF TRAINING

1. Two staff members will be trained every three years in the course Verifying the Correct Use of Adrenaline Auto Injector Devices (22303Vic). These staff members are known as the School Anaphylaxis Supervisors.
2. Every two years all school staff will complete the ASCIA Anaphylaxis e-training for Victorian Schools and will be competency checked by the School Anaphylaxis Supervisors within thirty days.
3. A list of trained staff will be kept.
4. Provide access to the adrenaline auto-injector device for practice use by school staff.
5. All staff will be briefed once each semester by a trained School Anaphylaxis Supervisor 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 the auto adrenaline injecting device.
- School specific scenarios that include bee stings that occur on the school grounds and the students in conscious; an allergic reaction where the student has collapsed on school grounds and the student is not conscious.
- Prevention Strategies (Appendix 1).
- The school's first aid and emergency response procedures (Appendix 2).

EVALUATION

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

PREVENTION STRATEGIES

APPENDIX 1

CLASSROOMS

1. Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan is easily accessible even if the Adrenaline Auto-injector 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 treats are used in class it is recommended that parents of students with food allergy/ies provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
4. Never give food from outside sources to a student who is at risk of anaphylaxis.
5. Treats for the other students in the class should not contain the substance to which the student is allergic.
6. Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
7. Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
8. Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
9. Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
10. A designated staff member should inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Auto-injector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. ie seeking a trained staff member.

YARD

1. 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 Auto-injector (i.e. EpiPen®) to be able to respond quickly to an anaphylactic reaction if needed.
2. The Adrenaline Auto-injector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location. (Remember that an anaphylactic reaction can occur in as little as a few minutes).
3. Schools must have a Communication Plan in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard.
4. Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.
5. Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants.
6. Keep lawns and clover mowed and outdoor bins covered.
7. Students should keep drinks and food covered while outdoors.

SPECIAL EVENTS

1. If a school has a student at risk of anaphylaxis, sufficient staff supervising the special event must be trained in the administration of an Adrenaline Auto-injector 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.

3. For special occasions, staff should consult parents in advance to either develop an alternative food menu or request the parents to send a meal 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 whilst they are at school or at a special school event.
5. Party balloons should not be used if any student is allergic to latex.

TRAVEL TO AND FROM SCHOOL BY BUS

1. Staff should consult with parents of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur on the way to and from school on the bus. This includes the availability and administration of an Adrenaline Auto-injector. The Adrenaline Auto-injector and ASCIA Action Plan for Anaphylaxis must be with the student even if this child is deemed too young to carry an Adrenaline Auto-injector on their person at school.

EXCURSIONS/SPORTING EVENTS

1. Sufficient staff supervising the special event must be trained in the administration of an Adrenaline Auto-injector and be able to respond quickly to an anaphylactic reaction if required.
2. A staff member or team of staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Auto-injector must accompany any student at risk of anaphylaxis on field trips or excursions.
3. Staff should avoid using food in activities or games, including as rewards.
4. The Adrenaline Auto-injector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis should be easily accessible and staff must be aware of their exact location.
5. For each excursion etc, a risk assessment should be undertaken for each individual student 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.
6. All staff members present during the excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
7. The school should consult parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the parents provide a meal (if required).
8. Parents may wish to accompany their child on excursions. This should be discussed with parents as another strategy for supporting the student who is at risk of anaphylaxis.
9. Prior to the excursion taking place staff should ensure that student's Individual Anaphylaxis Management Plan is up to date and relevant to the particular excursion activity.

CAMPS AND REMOTE SETTINGS

1. Prior to engaging a camp owner/operator's services the school should make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the school, then the school should consider using an alternative service provider.
2. The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
3. Schools must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for

students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.

4. Schools should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
5. School Staff should consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.
6. If the School has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should also consider alternative means for providing food for those students.
7. Use of substances containing allergens should be avoided where possible.
8. Camps should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts.
9. The student's Adrenaline Auto-injector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.
10. Prior to the camp taking place staff should 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 circumstances of the particular camp.
11. School staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all school staff participating in the camp are clear about their roles and responsibilities.
12. Contact local emergency services and hospitals well prior to the camp. Advise full medical conditions of students at risk, location of camp and location of any off camp activities. Ensure contact details of emergency services are distributed to all school staff as part of the emergency response procedures developed for the camp.
13. Schools should consider taking an Adrenaline Auto-injector for general use on a school camp, even if there is no student at risk of anaphylaxis, as a back up device in the event of an emergency.
14. Schools should consider purchasing an Adrenaline Auto-injector for general use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.
15. The Adrenaline Auto-injector should remain close to the student and school staff must be aware of its location at all times.
16. The Adrenaline Auto-injector should be carried in the school first aid kit; however, schools can consider allowing students, to carry their Adrenaline Auto-injector on camp. Remember that all school staff members still have a duty of care towards the student even if they do carry their own Adrenaline Auto-injector.
17. Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
18. Cooking and art and craft games should not involve the use of known allergens.
19. Consider the potential exposure to allergens when consuming food on buses and in cabins.

EMERGENCY RESPONSE APPENDIX 2

How to administer an EpiPen®

1. Remove from plastic container.
2. Form a fist around EpiPen® and pull off the blue safety cap.
3. Place orange end against the student's outer mid-thigh (with or without clothing).
4. Push down hard until a click is heard or felt and hold in place for 10 seconds.
5. Remove EpiPen®.
6. Massage injection site for 10 seconds.
7. Note the time you administered the EpiPen®.
8. The used auto-injector must be handed to the ambulance paramedics along with the time of administration.

If an Adrenaline Auto-injector is administered, the school must:

1. Immediately call an ambulance (000/112).
2. Lay the student flat and elevate their legs. Do not allow the student to stand or walk. If breathing is difficult for them, allow them to sit but not to stand.
3. Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a worsening condition. Ask another member of the staff to move other students away and reassure them elsewhere.
4. In the situation where there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan), a second injection (of the same dosage) may be administered after five minutes, if a second autoinjector is available (such as the Adrenaline Autoinjector for general use).
5. Then contact the student's emergency contacts.
6. Contact Security Services Unit, Department of Education and Early Childhood Development to report the incident on 9589 6266 (available 24 hours a day, 7 days a week). A report will then be lodged on IRIS (Incident Reporting Information System).



**INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLAN
APPENDIX 3**

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 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 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 for Adrenaline Autoinjector (device specific) (EpiPen®/ Anapen®)	
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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, 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?

Name: _____
Date of birth: _____

For EpiPen® adrenaline (epinephrine) autoinjectors



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

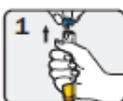
5 Further adrenaline doses may be given if no response after 5 minutes

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

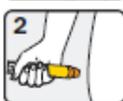
If in doubt give adrenaline autoinjector

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

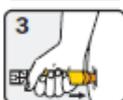
How to give EpiPen®



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

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

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:	
Date:	
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):	
Date:	

**ANNUAL RISK MANAGEMENT CHECKLIST
APPENDIX 4**

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:	

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

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">• online training (ASCIA anaphylaxis 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 anaphylaxis 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: <ul style="list-style-type: none">a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none">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?	<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?	
<ul style="list-style-type: none">a. During classroom activities, including elective classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none">b. In canteens or during lunch or snack times	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none">c. Before and after school, in the school yard and during breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none">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
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
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? 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
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
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
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 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?	

