

## **POLICY**

### **Anaphylaxis Management**

#### Rationale:

To explain to Kambrya College parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that Kambrya College is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

#### Aim:

To ensure understanding and compliance to the policy by the following:

- All staff, including causal relief staff and volunteers;
- All students who have been diagnosed with anaphylaxis or who may require emergency treatment for an anaphylactic reaction and their parents and carers.

#### Implementation:

Anaphylaxis is a severe and sudden allergic reaction when a person is exposed to an allergen. The most common allergens in school-aged children are eggs, peanuts, tree nuts (e.g. Cashews), cow's milk, fish and shellfish, wheat, soy, certain insect stings and medications. The key to prevention of anaphylaxis in schools is knowledge, awareness and planning.

Kambrya College is committed to full compliance with Ministerial Order MO706 and all associated guidelines. In accordance with Ministerial Order MO706 and the <u>Children's Services and Education Legislation Amendment</u> (<u>Anaphylaxis Management</u>) <u>Act</u>, Kambrya College has the following strategies in place to manage students with Anaphylaxis:

- Individual Anaphylaxis Management Plans for each student, developed in consultation with the student's parents/guardians and medical practitioner.
- Prevention strategies for in-school and out-of-school settings, including the completion of an annual Anaphylaxis Risk Management Checklist (See Appendix B).
- Clearly documented School Management and Emergency Response and First Aid Procedures.
- A supply of *Adrenaline Auto-injectors for General Use* should the need arise.
- A clear *Communication Plan* which outlines how the school provides information to staff, students and parents about anaphylaxis and the College's Anaphylaxis Management Policy.
- A regimented Staff Training Plan which ensures twice yearly updates for all school staff to ensure competent response to an anaphylactic emergency.
- Completion of the DET Annual Risk Management Checklist to monitor and ensure our compliance to the required obligations.

Kambrya College refers to Ministerial Order MO706 and the <u>DET Anaphylaxis Guidelines for Victorian Schools</u> to assess and review their current management policies and practices.

#### **Individual Anaphylaxis Management Plans**

The Principal will ensure that an Individual Anaphylaxis Management Plan (see Appendix A) 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. Students will not be permitted to commence school without a current Anaphylaxis Management Plan.

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 (diagnosis from a Medical Practitioner);
- Strategies to minimise the risk of exposure to known and notified 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 strategies;
- Information on where the student's medication will be stored;
- The student's emergency contact details; and
- An ASCIA Action Plan for Anaphylaxis

#### Obligations of the College regarding the Individual Anaphylaxis Management Plan

School Staff will then implement and monitor the student's Individual Anaphylaxis Management Plan, which will be reviewed, in consultation with the student's Parents in all of the following circumstances:

- Annually;
- If the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
- As soon as practicable after the student has an anaphylactic reaction at School; and
- When the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organized or attended by the School (e.g. elective subjects, cultural days, fetes, incursions).

#### Obligations of the Parent/Guardian regarding the Individual Anaphylaxis Management Plan

Parents or carers are required to advise the college on enrolment or immediately as they become aware of their child's allergy. Parents/Guardians must cooperate with the College to develop an Individual Anaphylaxis Management Plan for the student. This requires that all Parents/Guardians must:

- Provide the College with an ASCIA Action Plan for Anaphylaxis, developed in consultation with and signed by the child's medical practitioner;
- Inform the School in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan;
- Provide current photo for the ASCIA Action Plan when that Plan is provided to the School and when it is reviewed;
- Provide the School with an in-date Adrenaline Auto-injector (and/or any other relevant medications) for their child and complete the Medication Authority Form;
- Assist school staff in planning and preparation for the student prior to school camps, field trips, incursions, excursions or special events such as class parties or sport days;
- Supply alternative food options for the student when needed;
- Inform the College if any changes occur to the student's emergency contact details; an
- Participate in annual reviews of the Anaphylaxis Management Plan

#### **Prevention strategies**

It is vital that the risk of anaphylaxis is reduced and that all reasonable steps are taken to prevent an incident. To ensure a safe and supporting environment for identified students at risk of anaphylaxis, the College will:

- Conduct an Annual Anaphylaxis Risk Management Checklist (See Appendix B)
- Actively seek information to identify students with severe life-threatening allergies at enrolment.
- Conduct a risk assessment of the potential for accidental exposure to allergens while the student is in the care of the school.
- Meet with parents/carers to develop an Anaphylaxis Management Plan for the student. This includes
  documenting practical strategies for in-school and out-of-school settings to minimize the risk of exposure
  to allergens, and nominating staff who are responsible for their implementation.
- Request that parents provide an ASCIA (Australasian Society of Clinical Immunology and Allergy) Action
   Plan that has been signed by the student's medical practitioner and has an up to date photograph of the student.
   ASCIA Action Plan.
- Ensure that parents provide an Adrenaline *Auto-Injector* for the student and that it is not out of date.

Ensure that staff obtain training in how to recognise and respond to an anaphylactic reaction, including administering an *Adrenaline Auto-Injector*.

- Develop a communication plan to raise student, staff and parent awareness about severe allergies and the school's policies.
- Provide information to all staff (including specialist staff, new staff, sessional staff, canteen staff and office staff) so that they are aware of students who are at risk of anaphylaxis, the student's allergies, the school's management strategies and first aid procedures. ASCIA action plans will be displayed in the central staffroom, canteen, sub-school and gymnasium staff rooms, and are available to all staff via the school's internal roll marking system.
- Ensure that there are procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response.
- Ensure that the canteen provider can demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling practices.
- Allocate time to discuss, practice and review the school's management strategies for students at risk of anaphylaxis. Staff will be provided the opportunity to practice using the trainer *Adrenaline Auto-Injector*.
- Encourage ongoing communication between parents/carers and staff about the current status of the student's allergies, the school's policies and their implementation.
- Review the student's Anaphylaxis Management Plan annually or if the student's circumstances change, in consultation with parents.
- Ensure that all teachers are required to wear high visibility vests to ensure quick identification for students, and are also required to carry their mobile phones to ensure fast communication to emergency services should an anaphylactic reaction be encountered.
- Keep an up to date register of students at risk of anaphylaxis, and enter their details on the internal electronic roll marking system. Direct emails are also sent to the relevant teachers to advise them of the medical alert.
- Ensure that students' emergency contact details are up to date.
- Obtain up-to-date training in how to recognise and respond to an anaphylactic reaction, including administering an *Adrenaline Auto-Injector*.
- Check that each student's *Adrenaline Auto-Injector* is not cloudy or out of date regularly, e.g. at the beginning or end of each term.
- Inform parents/carers a month prior in writing if the Adrenaline Auto-Injector needs to be replaced.
- Ensure that the *Adrenaline Auto-Injector* is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place, and that it is appropriately labelled.
- Ensure that all school staff are aware of the location and accessibility of *Adrenaline Auto-Injector*.
- Ensure that effective procedures are in place for all teachers taking camps or excursions; this includes mandatory requirements that a first aid kit is collected from the school nurse, and where applicable, that a student's *Adrenaline Auto-Injector* is carried. The school nurse also checks student lists prior to departure to determine if there are any known medical conditions that require an *Adrenaline Auto-Injector*.
- Supervising teachers are required to carry an emergency folder which contains a copy of the student's ACSIA plan. A mobile phone must always be carried by teachers supervising excursions.
- Work with staff to conduct regular reviews of prevention and management strategies.
- Work with staff to develop strategies to raise school staff, student and community awareness about severe allergies.

#### **School Management and Emergency Response Procedures**

To ensure the efficient and effective management of emergency situations, the College ensures the following:

- Maintenance of folders of all high risk medical students, including students at risk of anaphylaxis. Copies of these folders are maintained and distributed to the relevant staff.
- For both preventative and emergency use, student ACSIA Action Plans are located:
  - In the general staffroom, canteen and all sub-school and gymnasium staffrooms.
  - On the student's electronic profile on the College's roll marking system
- Student Adrenaline Auto-Injector are stored correctly (at room temperature and away from light) in the First Aid room. They are clearly labelled, and are easily accessible to all front office staff and Principals. Three general purpose Adrenaline Auto-Injectors are also stocked in the First Aid office for emergency use, should they be required.
- Effective procedures are in place for all teachers taking camps or excursions; this includes mandatory requirements that a first aid kit is collected from the school nurse, and where applicable, that a student's *Adrenaline Auto-Injector*.is carried. The College checks student lists prior to departure to determine if there are any known medical conditions that require an *Adrenaline Auto-Injector*. Supervising teachers are required to carry an emergency folder which contains a copy of the student's ACSIA plan. General purpose *Adrenaline Auto-Injector* are carried for remote excursions/camps.
- Whilst on yard duty, all teachers are required to wear high visibility vests to ensure quick identification for students, and are also required to carry their mobile phones to ensure fast communication to emergency services should an anaphylactic reaction be encountered.
- In accordance with the College's communications plan, all staff are routinely briefed regarding Emergency Response principles for anaphylaxis, and the College also ensures that a critical mass of teachers have Level 2 First Aid training, and ASCIA Anaphylaxis e-training plus competency check completed by the School Anaphylaxis Supervisor.
- In the event of an anaphylactic incident, standard emergency response procedures are activated, including contact emergency medical services. The response procedures are as follows:

#### **Signs and Symptoms**

All reactions should be taken seriously, but not all require adrenaline. Signs include:

- Hives/rash
- Tingling feeling around mouth abdominal pain, vomiting or Diarrhea
- Localised swelling
- Facial swelling
- Cough or wheeze
- Difficulty in breathing or swallowing
- Loss of consciousness, collapse and/or breathing

#### If an Allergic Reaction Occurs

The following support and procedures are required:

- 1. Someone must stay with the student.
- 2. Someone must get the Adrenaline Auto-Injector and applyit.
- 3. Someone must call 000 and provide details to them:
  - Location of emergency nearest intersection
  - Nearest gate entrance
  - The number of the phone for ambulance to contact the school for further advice
  - The age of the student
  - Is the patient conscious?
  - Is the patient breathing?
- 4. Someone to direct the ambulance
- 5. Someone to supervise other students in the emergency area

Using an Adrenaline Auto-Injector.

How to administer an Adrenaline Auto-Injector.			
1.	Remove from plastic container.		
2.	Form a fist around Adrenaline Auto-Injector 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 3 seconds.		
5.	Remove Adrenaline Auto-Injector.		
6.	Note the time you administered the Adrenaline Auto-Injector.		
7.	The used <i>Adrenaline Auto-Injector</i> must be handed to the ambulance paramedics along with the time of administration.		

- Monitor student's breathing and condition until ambulance arrives
- Apply lifesaving procedures (DRABCD) should breathing fail

#### **Post Incident Actions**

- Contact parents/carers or Emergency Contacts to advise them of the incident
- Request a replacement of the Adrenaline Auto-Injector.
- Record incident in student injury register
- Conduct post critical incident review with staff / students involved
- Arrange counselling services, if required.
- Contact Security Services Unit, Department of Education and Early Childhood Development to report the incident on 9589 6266 (available 24hours, 7 days a week). A report will then be lodged on IRIS (Incident Reporting Information System).

#### **Adrenaline Auto-injectors for General Use**

Anaphylaxis may occur in unforeseen circumstances where a prior diagnosis was not made. Furthermore, students who experience anaphylaxis may require more than one *Adrenaline Auto-Injector* to be applied whilst waiting for medical aide. To increase the College's emergency response capacity, the College purchases and maintains several *Adrenaline Auto-Injectors* which are allocated for general use should the need arise. These may also be used for out of school incidents (e.g. excursions, camps)

#### **Communication Plan**

A clear Communication Procedures and Schedule exists to ensure that the College provides information to staff, students and parents about anaphylaxis and the College's Anaphylaxis Management Policy.

The key components of this plan are that the College:

- Ensures that appropriate staff receive bi-annual Anaphylaxis Management Training. This covers strategies for prevention and effective management of incidents.
- Ensures that all casual relief teachers are provided with information regarding students with medical alerts and the associated emergency responses.
- Ensures that all pertinent information regarding a student with anaphylaxis is disseminated to relevant teachers, through the internal electronic roll marking system, emails, and hard copy high risk medical folders and through display boards.
- Develops reciprocal communication channels with parents and students through one-to-one meetings at enrolment (or at diagnosis), and periodically throughout the year.
- The Anaphylaxis Management Policy is reviewed annually by the School Council, and disseminated electronically through the College Website.
- Ensure that the community is periodically reminded of Anaphylaxis dangers via the newsletter.

#### **Staff Training Plan**

The College implements a regimented Staff Training Plan which ensures bi-annual updates for all school staff to ensure competent response to an anaphylactic emergency. Ministerial Order 706 requires Kambrya College to provide regular training and updates for school staff in recognising and responding appropriately to an anaphylactic reaction, including competently administering an *Adrenaline Auto-Injector*.

The following school staff will be appropriately trained:

- School staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction.
- Any other school staff as determined by the principal to attend (e.g. canteen staff)

School staff must complete one of the following options to meet the anaphylaxis training requirements of MO706:

Option	Completed by	Course	Provider	Cost	Valid for
Option 1	All school staff	ASCIA Anaphylaxis e-training for Victorian Schools followed by a competency check by the School Anaphylaxis Supervisor	ASCIA	Free to all schools	2 years
	2 staff per school or per campus (School Anaphylaxis Supervisor)	Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC	Asthma Foundation	Free from the Asthma Foundation (for government schools)	3 years
Option 2	School staff as determined by the principal	Course in First Aid Management of Anaphylaxis 22300 VIC (previously 22099VIC)	St John Ambulance or any RTO that has this course in their scope of practice	Free from St John Ambulance (for government schools) until 30/6/16, then paid by each school	3 years
Option 3	School staff as determined by the principal	Course in Anaphylaxis Awareness 10313NAT	Any RTO that has this course in their scope of practice	Paid by each school	3 years

All teaching and support staff receive compulsory bi-annual briefings on anaphylaxis management and response delivered by a staff member with Anaphylaxis Management Training. Briefings ensure that all staff are aware of and understand:

- The School's Anaphylaxis Management Policy;
- The causes, symptoms and treatment of anaphylaxis;
- The identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located;
- How to use an Adrenaline Auto-injector, including hands on practice with a trainer Adrenaline Auto-injector device;
- The School's general first aid and emergency response procedures; and
- The location of, and access to, Adrenaline Auto-injector that have been provided by Parents or purchased by the School for general use.

In the event that the relevant training and briefing has not occurred, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the Parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction. Training will be provided to relevant School Staff as soon as practicable after the student enrolls, and preferably before the student's first day at School.

The Principal will ensure that while the student is under the care or supervision of the School, including excursions, yard duty, camps and special event days, there is a sufficient number of School Staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.

#### **DET Annual Risk Management Checklist**

In order to ensure ongoing compliance with DET regulations regarding Anaphylaxis prevention and management, the Principal ensures that the College completes a <u>DET Annual Risk Management Checklist</u>. (See appendix B)

#### **Sources**

This Policy has been developed and informed by the <u>DET Anaphylaxis Guidelines for Victorian Schools.</u>

#### **EVALUATION**

This policy will be reviewed annually or more often if necessary due to changes in regulations or circumstance.

Author	Keith Perry- College Principal
Approved by Kambrya College School Council	May 2018
Responsible for Review	Paul Looker- Assistant Principal
Next Review Date	May 2021

## Appendix A:

# INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLAN COVER SHEET

Student's name:			
School: Kambrya College			
Current Teacher/s:			
Severely allergic to:			
Other health conditions:			
Medication at school:			
Parent/Carer contact: First parent/carer Second parent/carer			
Name:	Name:		
Relationship:	Relationship:		
Home phone:	Home phone:		
Work phone:	Work phone:		
Mobile:	Mobile:		
Address:	Address:		
Other emergency contacts (if parent/carer not available):			
Medical practitioner contact:			
Emergency procedure: As per ASCIA Action Plan for Anaphylaxis			
Procedures for calling ambulance: Dial '000' after administering EpiPen			
EpiPen storage: First Aid Room			
The following Anaphylaxis Management Plan has been developed with my knowledge and participation and will be reviewed on:			
Parent(s) signature:			
Principal (or nominee) signature:			

# INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLAN COVER SHEET

## Strategies to avoid allergens

Student's name:				
Date of birth:	Class:			
Severe allergies:				
Other known allergies:				
Risk Management Strategies (name identified risks and strategies in place e.g. Excursions, canteen, recess and lunch, Food Technology)	Responsibility:			
<ul> <li>EpiPen to accompany student on all camps and excursions. An additional EpiPen, provided by the school, will go out on all camps. All staff attending camp to be trained in the management of anaphylaxis.</li> </ul>	Qualified First Aid trained staff member			
<ul> <li>Camp Co-ordinator to liaise with school camp operators to discuss menu options when students with anaphylaxis will be attending.</li> </ul>	School Camp Co-Ordinator			
<ul> <li>Student's photo and anaphylaxis information to be displayed in the staff room and all sub-school offices.</li> </ul>	First Aid Officer			
<ul> <li>Food Technology staff to be made aware of student's food allergens, and appropriate substitutes given. If uncertain, contact to be made with the parent/carer to discuss further.</li> </ul>	Food Technology staff			
Staff discouraged from using food rewards.	All staff			



# **ACTION PLAN FOR** Anaphylaxis



www.allergy.org.au

For EpiPen® adrenaline (epinephrine) autoinjectors

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:			

#### 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

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

How to give EpiPen®

Form fist around EpiPene

Hold leg still and PLACE

ORANGE END against outer mid-thigh (with or

without clothing)

and PULL OFF BLUE

SAFETY RELEASE

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

# Appendix B - Annual anaphylaxis risk management checklist (to be completed at the start of each year)

School name:	Kambrya College		
Date of review:			
Who completed	Name:		
this checklist?	Position:		
Review given to:	Name		
	Position		
Comments:			
Canaval informati			
General informat			
•	rrent students have been diagnosed as being at risk of anaphylaxis, n prescribed an adrenaline autoinjector?		
2. How many of	these students carry their adrenaline autoinjector on their person?		
3. Have any stuc school?	lents ever had an allergic reaction requiring medical intervention at	☐ Yes ☐ No	
a. If Yes, how	v many times?		
4. Have any stud	lents ever had an anaphylactic reaction at school?	☐ Yes ☐ No	
	v many students?		
b. If Yes, hov			
5. Has a staff me student?	ember been required to administer an adrenaline autoinjector to a	☐ Yes ☐ No	
a. If Yes, how	v many times?		
suffered an ar	5. 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)?		
SECTION 1: Traini	ng		
	ol staff who conduct classes with students who are at risk of	☐ Yes ☐ No	
	uccessfully completed an approved anaphylaxis management	2 765 2 116	
• onlin	e training (ASCIA anaphylaxis e-training) within the last 2 years, or		
• accre	edited face to face training (22300VIC or 10313NAT) within the last 3 s?		
8. Does your sch	ool conduct twice yearly briefings annually?	☐ Yes ☐ No	
If no, please e	xplain why not, as this is a requirement for school registration.		
9. Do all school s	staff participate in a twice yearly anaphylaxis briefing?	☐ Yes ☐ No	
If no, please e	xplain why not, as this is a requirement for school registration.		

10. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools:	☐ Yes ☐ No
a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors?	
<ul> <li>b. Are your school staff being assessed for their competency in using adrenaline autoinjectors within 30 days of completing the ASCIA Anaphylaxis e-training for Victorian Schools?</li> </ul>	☐ Yes ☐ 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?	☐ Yes ☐ No
12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	☐ Yes ☐ 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	☐ Yes ☐ No
b. In canteens or during lunch or snack times	☐ Yes ☐ No
c. Before and after school, in the school yard and during breaks	☐ Yes ☐ No
d. For special events, such as sports days, class parties and extra-curricular activities	☐ Yes ☐ No
e. For excursions and camps	☐ Yes ☐ No
f. Other	☐ Yes ☐ 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)?	☐ Yes ☐ No
a. Where are the Action Plans kept?	
15. Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student?	☐ Yes ☐ 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?	☐ Yes ☐ 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?	☐ Yes ☐ No
19. Are the adrenaline autoinjectors stored at room temperature (not refrigerated) and out of direct sunlight?	☐ Yes ☐ No

20. Is the storage safe?	☐ Yes	□ No
21. Is the storage unlocked and accessible to school staff at all times?	☐ Yes	□ No
Comments:		
22. Are the adrenaline autoinjectors easy to find?	☐ Yes	□ No
Comments:		
23. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together	☐ Yes	□ No
with the student's adrenaline autoinjector?	55	
24. Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans	☐ Yes	□ No
(including the ASCIA Action Plan for Anaphylaxis) clearly labelled with the		
student's names?		
25. Has someone been designated to check the adrenaline autoinjector expiry dates	☐ Yes	□ No
on a regular basis?		
Who?	☐ Yes	□ No
26. Are there adrenaline autoinjectors which are currently in the possession of the school which have expired?	□ res	
27. Has the school signed up to EpiClub (optional free reminder services)?	☐ Yes	□ No
28. Do all school staff know where the adrenaline autoinjectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are	∐ Yes	□ No
stored?		
29. Has the school purchased adrenaline autoinjector(s) for general use, and have	☐ Yes	□ No
they been placed in the school's first aid kit(s)?		
30. Where are these first aid kits located?		
Do staff know where they are located?	☐ Yes ☐ No	
31. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	☐ Yes	□ No
·		
32. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	☐ Yes	∐ No
executions, camps etc.		
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	∐ Yes	⊔ No
anaphylaxis?		
34. Have you implemented any of the risk minimisation strategies in the Anaphylaxis	☐ Yes	☐ No
Guidelines? If yes, list these in the space provided below. If no please explain why		
not as this is a requirement for school registration.		
35. Are there always sufficient school staff members on yard duty who have current	☐ Yes	□ No
Anaphylaxis Management Training?		
SECTION E: School management and emergency respense		
SECTION 5: School management and emergency response  36. Does the school have procedures for emergency responses to anaphylactic	☐ Yes	□ No
reactions? Are they clearly documented and communicated to all staff?		

37. Do school staff know when their training needs to be renewed?	☐ Yes ☐ No
38. Have you developed emergency response procedures for when an allergic reaction occurs?	☐ Yes ☐ No
a. In the class room?	☐ Yes ☐ No
b. In the school yard?	☐ Yes ☐ No
c. In all school buildings and sites, including gymnasiums and halls?	☐ Yes ☐ No
d. At school camps and excursions?	☐ Yes ☐ No
e. On special event days (such as sports days) conducted, organized or attended by the school?	☐ Yes ☐ No
39. Does your plan include who will call the ambulance?	☐ Yes ☐ 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?	☐ Yes ☐ 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:	☐ Yes ☐ No
a. The class room?	☐ Yes ☐ No
b. The school yard?	☐ Yes ☐ No
c. The sports field?	☐ Yes ☐ No
d. The school canteen?	☐ Yes ☐ 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?	☐ Yes ☐ 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?	☐ Yes ☐ 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?	☐ Yes ☐ No
b. The causes, symptoms and treatment of anaphylaxis?	☐ Yes ☐ No
c. The identities of students at risk of anaphylaxis, and who are prescribed an adrenaline autoinjector, including where their medication is located?	☐ Yes ☐ No
d. How to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector?	☐ Yes ☐ No

e. The school's general first aid and emergency respon school and out-of-school environments?	se procedures for all in-
f. Where the adrenaline autoinjector(s) for general use	e is kept?
g. Where the adrenaline autoinjectors for individual st including if they carry it on their person?	udents are located
SECTION 6: Communication Plan	
48. Is there a Communication Plan in place to provide informand the school's policies?	mation about anaphylaxis
a. To school staff?	☐ Yes ☐ No
b. To students?	☐ Yes ☐ No
c. To parents?	☐ Yes ☐ No
d. To volunteers?	☐ Yes ☐ No
e. To casual relief staff?	☐ Yes ☐ No
49. Is there a process for distributing this information to the	e relevant school staff?
a. What is it?	
50. How will this information kept up to date?	
51. Are there strategies in place to increase awareness about students for all in-school and out-of-school environmen	
52. What are they?	