



ANAPHYLAXIS MANAGEMENT POLICY

Policy Statement

- To ensure that Carlton North Primary School (CNPS) manages students at risk of anaphylaxis and meets legislative requirements.
- CNPS will fully comply with Ministerial Order 706 (MO706) Anaphylaxis Management in Victorian Schools. A revised MO 706 came into effect on 3 December 2015.

Aim

Any school that has enrolled a student or students at risk of anaphylaxis must by law have a School Anaphylaxis Management Policy.

At CNPS we will:

- comply with MO706 and associated guidelines;
- implement the school's first aid and emergency management response procedures and the student's individual action plan for anaphylaxis will be followed, in the event of an anaphylactic reaction;
- require an individual action plan for anaphylaxis completed by the parent/carers and a medical practitioner for all affected students;
- require an individual action plan for anaphylaxis completed by the staff member and a medical practitioner for all affected staff;
- implement prevention strategies to minimise the risk of an anaphylactic reaction include nut allergy awareness and the removal of nuts from the school environment, where possible;
- purchase 'backup' adrenaline auto-injector(s) as part of the school first aid kit(s), for general use;
- Communication Plan to raise staff, student and school community awareness about severe allergies and the School's Anaphylaxis Management Policy;
- provide regular training and updates for school staff in recognising and responding appropriately to an anaphylactic reaction, including competently administering an Adrenaline Autoinjector; and
- complete an Annual Anaphylaxis Risk Management Checklist.

Guidelines/Implementation

Action Plan for Anaphylaxis

- A template of the Individual Anaphylaxis Management Plan and the ASCIA Action Plan for Anaphylaxis can be found in Appendix A.
- The Principal will ensure that the school receives a copy of the student's Individual Anaphylaxis Management Plan and the ASCIA Action Plan for Anaphylaxis, completed by the parent/carers and a medical practitioner, prior to the student commencing at CNPS or as soon as practicable after commencement at the school. If the student has commenced the school without an ASCIA Action Plan for Anaphylaxis, the Principal will ensure an interim plan is developed until the completed ASCIA Action Plan for Anaphylaxis is provided to the school. If an existing student is diagnosed with anaphylaxis during their time at CNPS, the school requires an Individual Anaphylaxis Management Plan and the ASCIA Action Plan for Anaphylaxis as soon as it has been completed by the student's parent/carer and medical practitioner.
- The school must receive a copy of a staff member's Individual Anaphylaxis Management Plan and

the ASCIA Action Plan for Anaphylaxis, completed with their medical practitioner, prior to the employment commencing at CNPS. If an existing staff member is diagnosed with anaphylaxis during their time at CNPS, the school requires an Individual Anaphylaxis Management Plan and the ASCIA Action Plan for Anaphylaxis as soon as it has been completed by the staff member and their medical practitioner.

- School staff will then implement the student's Individual Anaphylaxis Management Plan and the ASCIA Action Plan for Anaphylaxis.
- The student's Individual Anaphylaxis Management Plan and the ASCIA Action Plan for Anaphylaxis will be reviewed, in consultation with the student's parents/carers in all of the following circumstances:
 - annually;
 - if the student's medical condition changes;
 - after the student has an anaphylactic reaction at school; and
 - when the student is to participate in an off-site excursion or special event organised or attended by the school.
- It is the responsibility of the parent to:
 - provide the Individual Anaphylaxis Management Plan and the ASCIA Action Plan for Anaphylaxis;
 - inform the school in writing if their child's medical condition changes;
 - provide an up to date photo for the ASCIA Action Plan when that Plan is provided to the school and when it is reviewed; and
 - provide the school with an Adrenaline Autoinjector that is current and not expired for their child.

Prevention Strategies

Sharing of foods between all students is actively discouraged at CNPS.

Removal of Nuts from the School Environment.

- Nuts are known as a severe allergen. Unlike other allergens, sufferers can suffer a reaction through being in close proximity to nuts (e.g. smell or skin contact) without the need to ingest nuts.
- CNPS does not permit nuts to be brought on to school grounds during normal school hours, or on school excursions or camps. This policy extends to all children and staff. The following will not be allowed:
 - Nuts, including peanuts, almonds, cashews, pine nuts, hazelnuts, walnuts, brazil nuts, pecans or any other type of nut
 - Spreads such as peanut butter, other nut butters, pestos and peanut oil.
 - Dried fruit is permitted but not dried fruit and nut boxes or muesli bars containing nuts.
 - Biscuits or other cakes containing nuts, including flourless cakes with almond meal.
 - Nutella and other choc/nut spreads.
- Products labelled "may contain nuts" are permitted, however children with nut allergy should not eat them.
- Should a student bring foods containing nuts, the student will eat lunch in a designated area within the school, dispose of rubbish appropriately and wash their hands thoroughly. This will be under the supervision of the Principal or nominated staff member. The Principal or nominated staff member will contact the family to remind them of the school's 'no nut' policy.
- Lunch orders will not contain nuts.
- The teacher and parent of a child with anaphylaxis will communicate whenever the class is planning to cook or have special food days.
- In the event of birthday treats, the teacher will discuss alternative arrangements for the student with anaphylaxis, for example their own 'treat jar'.
- Special events conducted, organised or attended by the school out of school hours, including the annual fete and soirees, will not be required to be nut-free.

It is important to note that nuts are not the ONLY potential cause of a life threatening reaction. Each student's allergies need to be discussed with their classroom teacher.

School Management and Emergency Response

The following procedures are in place at CNPS to deal with students diagnosed as having a medical condition that relates to an allergy and the potential for anaphylactic reaction.

- All staff are required to be familiar with identity of all students diagnosed as having a medical condition that relates to an allergy and the potential for anaphylactic reaction. The students will be identified at school in the following locations:
 - First aid room photo ID inside door of first aid cupboard.
 - Classroom has a photo of the student diagnosed as having a medical condition that relates to an allergy and the potential for anaphylactic reaction.
 - Staff/Office workspace copier area – photo gallery and list of triggers of students diagnosed as having a medical condition that relates to an allergy and the potential for anaphylactic reaction.
 - In the OHSC room (where the student is a registered user of the service)
 - In the yard duty bag.
 - The school attendance roll has an ASCIA Action Plan for Anaphylaxis with identifying photograph inside the front cover for each student diagnosed as having a medical condition that relates to an allergy and the potential for anaphylactic reaction.

Excursions and Camps

- A staff member, will be responsible for ensuring the Adrenaline Autoinjector and a copy of the Individual Action Plan for Anaphylaxis, for each student diagnosed as having a medical condition, that relates to an allergy and the potential for anaphylactic reaction is taken on any excursion or camp.
- The school will ensure that at any special events conducted, organised or attended by the school out of school hours there are staff present who are trained in the use of Adrenaline Autoinjectors and who have access to the auto injectors currently held by the school.

Casual Relief Teachers and Volunteers

- A designated staff member will inform casual relief teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and the ASCIA Action Plan for Anaphylaxis and Adrenaline Autoinjector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident i.e. seeking a trained staff member.

Outside the classroom

- First Aid bags are carried by the teachers on yard duty at recess and lunchtime. These each contain red ID cards with the child's name and photograph. If there is an incident outside during recess, the teacher sends the child's card to the office/staff room to alert the staff.

Medication location

- The medication for each student is held in the First Aid Room at the Main Office.
- Each student's medication is in a container labelled on the outside with their photograph and name. Inside is the medication with the action plan and signed permission form to administer medication.
- The general use Adrenaline Autoinjectors are stored in the yard duty First Aid bags, a container in the First Aid room and in the excursion First Aid kits, clearly labelled as "general use".

Information and Medication

- Medication, Individual Anaphylaxis Management Plan and the ASCIA Action Plan for Anaphylaxis, medication permission forms etc are required to be updated each year.
- Parents/carers will be responsible for ensuring that their children have an adequate supply of appropriate medication available at school.

- Parents/carers of children with anaphylaxis are responsible for ensuring that medication held at the school is replaced before the expiry date. The Office Manager will check Adrenaline Autoinjector (including those for general use) each term to ensure they are not out of date and will notify parents/carers prior to expiry.

Training

- Record of staff anaphylaxis training is recorded on the OHS Training Planner.
- Staff will be briefed on correct anaphylaxis procedures twice yearly to be minuted at staff briefings.

Management of anaphylactic (severe allergic) reaction

Signs of anaphylaxis (severe allergic reaction) include any one of the following:

- difficult / noisy breathing.
- swelling of tongue.
- swelling / tightness in throat.
- difficulty talking and / or a hoarse voice.
- wheeze or persistent cough.
- persistent dizziness or collapse.
- pale and floppy (young children).
- abdominal pain and / or vomiting (signs of a severe allergic reaction to insects).

Act quickly but don't panic.

- Stay with the patient.
- Lay the patient flat. If breathing is difficult allow them to sit.
- Use the nearest phone to contact the office and send two students with red ID card to the office to alert staff to deliver the box containing the patient's Adrenaline Autoinjector.
- Arrange for another staff member to call an ambulance 000.
- All available staff to assist the removal of students from the area and management of the situation.

Administration of Adrenaline Autoinjector

- Clearly follow the instructions on the Adrenaline Autoinjector and as directed within the ASCIA anaphylaxis training.

Contacting the ambulance

- Tell the operator that a student/staff member (give the patient's name) is having an anaphylactic reaction and give precise location details: Carlton North Primary School at O'Grady Street North Carlton off Rathdowne Street. Melway Reference Map 43 K2.
- Ask someone to contact student/staff member's emergency contacts.
- Within 24 hours, 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).

Review

After an anaphylactic reaction has taken place that has involved a student in the School's care and supervision:

- The Adrenaline Autoinjector must be replaced as soon as possible.
- If the Adrenaline Autoinjector for General Use has been used this should be replaced as soon as possible.
- The student's Individual Anaphylaxis Management Plan and the ASCIA Action Plan for Anaphylaxis should be reviewed in consultation with the student's parents/carers prior to the student returning to school.
- The school's Anaphylaxis Management Policy should be reviewed to ensure that it adequately responds to anaphylactic reactions by students who are in the care of school staff.

Adrenaline Autoinjectors for General Use

- The Principal is responsible for ensuring that the school will purchase Adrenaline Autoinjector(s) for General Use and as a back up to those supplied by parents/carers. When purchasing the General Use Adrenaline Autoinjector(s) the school will consider the following:
 - the number of students enrolled at risk of anaphylaxis;
 - the accessibility of adrenaline auto-injectors supplied by parents;
 - the availability of a sufficient supply of adrenaline auto-injectors for general use in specified locations at the school, including the school yard, at excursions, camps and special events conducted, organised or attended by the school; and
 - that adrenaline auto-injectors have a limited life, usually expire within 12-18 months, and will need to be replaced at the school's expense, either at the time of use or expiry, whichever comes first.

Communication Plan

- The school will provide information to all staff, students and parents/carers about anaphylaxis and the school's Anaphylaxis Management Policy. This communication will include information about what steps will be taken to respond to an anaphylactic reaction in all settings within the school day and at special events.
- *Casual Relief Teachers and Volunteers*
A designated staff member will inform casual relief teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and the ASCIA Action Plan for Anaphylaxis and Adrenaline Autoinjector, the school's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. i.e. seeking a trained staff member.
- *Staff*
It is the responsibility of the Principal of the school to ensure that all staff possess the relevant and current training for anaphylaxis response and treatment. All staff will be briefed once each semester by a staff member who has up to date anaphylaxis management training on:
 - the school's anaphylaxis management policy;
 - the causes, symptoms and treatment of anaphylaxis;
 - the identities of students diagnosed at risk of anaphylaxis and where their medication is located;
 - how to use an Auto Adrenaline injector;
 - the school's first aid and emergency response procedures see section above.
- *Students*
 - Teachers will discuss anaphylaxis in class, and trial procedures for responding to an anaphylactic reaction. Discussion will include what type of foods may include an allergen, the importance of good hygiene (hand washing), no sharing of food and no tolerance for teasing.
 - Student who do not suffer from allergies should be educated to understand medical issues affecting others and the seriousness of this condition.
- *Parents/Carers*
The school community will be informed about allergens via:
 - the newsletter of the potentially life –threatening nature of an anaphylactic reaction and the importance of managing exposure to allergens, including the ban on bringing nuts and nut products to school.
 - Anaphylaxis Management Policy available at the office and online.

Staff Training

All staff will be trained in Anaphylaxis response and treatment to ensure the school meets the anaphylaxis training requirements of MO706 and if an interim plan is put in place by the Principal. All staff will be briefed at least twice per calendar year on the following:

- the school's Anaphylaxis Policy;
- the causes, symptoms and treatment of anaphylaxis;
- the identities of students at risk of anaphylaxis, the details of their medical condition, and where their medication is located;
- how to use an Auto Adrenaline Injector, including practicing with a 'trainer' Auto Adrenaline Injector;
- the school's general First Aid and emergency response procedures; and
- the location of, a access to, Auto Adrenaline injectors that have been provided by parents or purchased by the school for general use.

Annual Risk Management Checklist

The Principal will complete an annual Risk Management Checklist as published by the DET to monitor compliance.

A template of the Risk Management Checklist can be found at Appendix B (see also <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>)

This policy is a risk mitigation plan and does not offer a guarantee that the school is nut- free. Children with allergies need to be educated to always maintain vigilance about their environment.

This policy is to be read in conjunction with the CNPS Distributions of Medications Policy and Guidelines.

Links and Appendices

Links which are connected with this policy are:

- [DET Medication Policy](#)
- [DET Anaphylaxis Policy](#)
- [DET Health Support Planning Policy](#)
- <http://www.education.vic.gov.au/school/principals/health/Pages/anaphylaxisschools.aspx>

Appendices which are connected with this policy are:

- Appendix A: Individual Anaphylaxis Management Plan
- Appendix B:: Annual Risk Management Checklist

Evaluation

This policy will be reviewed by 2021 or sooner if required.

This policy was ratified by School Council on 11 August 2017.

Appendix A Individual Anaphylaxis Management Plan

<p>This plan is to be completed by the student's parents/carers and School Administration on the basis of information from the student's medical practitioner (ASCIA Action Plan for Anaphylaxis).</p> <p>It is the Parent/Carers responsibility to provide the school with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's Medical Practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.</p>			
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			
Storage for Adrenaline Autoinjector (device specific) (EpiPen®/ Anapen®)			

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	Who is	Completion date?

	risk	responsible?	
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Name of environment/area:

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

Name of environment/area:

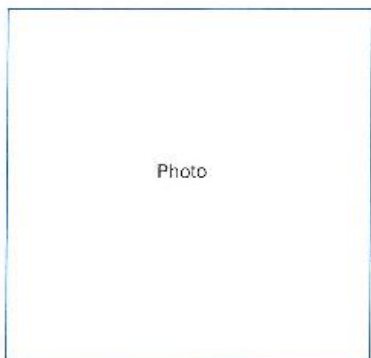
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

(continues on next page)

For use with **EpiPen® Adrenaline Autoinjectors**

Name: _____

Date of birth: _____



Confirmed allergens:

Asthma Yes No

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by:

Dr: _____

Signed: _____

Date: _____

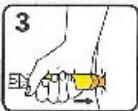
How to give EpiPen®



Form fist around EpiPen® and **PULL OFF BLUE SAFETY RELEASE.**



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®. Massage injection site for 10 seconds.

Instructions are also on the device label and at:
www.allergy.org.au/anaphylaxis

MILD TO MODERATE ALLERGIC REACTION

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

ACTION

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

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION

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

If in doubt, give adrenaline autoinjector

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

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

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

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

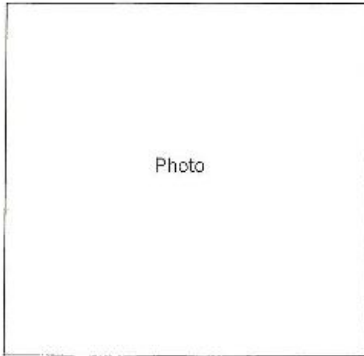
Additional information _____

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

For use with Anapen® Adrenaline Autoinjectors

Name: _____

Date of birth: _____



Photo

Confirmed allergens: _____

Asthma Yes No

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by: _____

Dr: _____

Signed: _____

Date: _____

How to give Anapen®



1 PULL OFF BLACK NEEDLE SHIELD.



2 PULL OFF GREY SAFETY CAP from red button.



3 PLACE NEEDLE END FIRMLY against outer mid-thigh at 90° angle (with or without clothing).



4 PRESS RED BUTTON so it clicks and hold for 10 seconds. REMOVE Anapen® and DO NOT touch needle. Massage injection site for 10 seconds.

Instructions are also on the device label and at:
www.allergy.org.au/anaphylaxis

© ASCA 2014. This plan was developed by ASCIA.

MILD TO MODERATE ALLERGIC REACTION

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

ACTION

- **For insect allergy, flick out sting if visible. Do not remove ticks.**
- Stay with person and call for help
- Locate Anapen® 300 or Anapen® 150
- Give other medications (if prescribed)
- Dose:
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.**
- 2 Give Anapen® 300 or Anapen® 150**
- 3 Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)**
- 4 Phone family/emergency contact**
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)**

If in doubt, give adrenaline autoinjector

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

Anapen® 300 is generally prescribed for adults and children over 5 years.

Anapen® 150 is generally prescribed for children aged 1-5 years.

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

Additional information _____

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

The Individual Anaphylaxis Management Plan and the ASCIA Action Plan for Anaphylaxis will be reviewed, in consultation with the student's parents/carers in all of the following circumstances:

- annually;
- if the student's medical condition changes; and
- after the student has an anaphylactic reaction at School.

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

I consent to the risk minimisation strategies proposed.

Signature of parent:

Date:

I have consulted the Parents/Carers of the student and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.

Signature of Principal (or nominee):

Date:

Appendix B: Annual Risk Management Checklist

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. 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 I: Individual Anaphylaxis Management Plans		
7. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an Adrenaline Autoinjector have an Individual Anaphylaxis Management Plan and ASCIA Action Plan completed and signed by a prescribed Medical Practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents/carers (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?	
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
10. Do all students who carry an Adrenaline Autoinjector on their person have a copy of their ASCIA Action Plan kept at the School (provided by the Parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are they kept?	
11. Does the ASCIA Action Plan include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2: Storage and Accessibility of Adrenaline Autoinjectors	
12. Where are the student(s) Adrenaline Autoinjectors stored?	
13. Do all School Staff know where the School's Adrenaline Autoinjectors for General Use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are the Adrenaline Autoinjectors stored at room temperature (not refrigerated)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is the storage unlocked and accessible to School Staff at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
17. Are the Adrenaline Autoinjectors easy to find?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments:	
18. Is a copy of student's Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) kept together with the student's Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the Adrenaline Autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Has someone been designated to check the Adrenaline Autoinjector expiry dates on a regular basis? Who?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Are there Adrenaline Autoinjectors which are currently in the possession of the School and which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Has the School signed up to EpiClub or ANA-alert (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Do all School Staff know where the Adrenaline Autoinjectors and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Has the School purchased Adrenaline Autoinjector(s) for General Use, and have they been placed in the School's first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Where are these first aid kits located?	
26. Is the Adrenaline Autoinjector for General Use clearly labelled as the 'General Use' Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Is there a register for signing Adrenaline Autoinjectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 3: Prevention Strategies	
28. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Have all School Staff who conduct classes with students with a medical condition that relates to allergy and the potential for anaphylactic reaction successfully completed an Anaphylaxis Management Training Course in the three years prior	<input type="checkbox"/> Yes <input type="checkbox"/> No

and participated in a twice yearly briefing?	
31. Are there always sufficient School Staff members on yard duty who have successfully completed an Anaphylaxis Management Training Course in the three years prior?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4: School Management and Emergency Response	
32. Does the School have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Do School Staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you developed Emergency Response Procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the classroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In all School buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the School?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Does your plan include who will call the Ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Is there a designated person who will be sent to collect the student's Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Have you checked how long it will take to get to the Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) to a student from various areas of the School including:	<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
38. On excursions or other out of school events is there a plan for who is responsible for ensuring the Adrenaline Autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the Adrenaline Autoinjector for General Use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Who will make these arrangements during excursions?	
40. Who will make these arrangements during camps?	

<p>41. Who will make these arrangements during sporting activities?</p> <p>.....</p> <p>.....</p>	
<p>42. Is there a process for post incident support in place?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>43. Have all School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction and any other staff identified by the Principal, been briefed on:</p>	
<p>a. The School's Anaphylaxis Management Policy?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b. The causes, symptoms and treatment of anaphylaxis?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>c. The identities of students with a medical condition that relates to allergy and the potential for an anaphylactic reaction, and who are prescribed an Adrenaline Autoinjector, including where their medication is located?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>d. How to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>e. The School's general first aid and emergency response procedures for all in-school and out-of-school environments?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>f. Where the Adrenaline Autoinjector(s) for General Use is kept?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>g. Where the Adrenaline Autoinjectors for individual students are located including if they carry it on their person?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>SECTION 4: Communication Plan</p>	
<p>44. Is there a Communication Plan in place to provide information about anaphylaxis and the School's policies?</p>	
<p>a. To School Staff?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b. To students?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>c. To Parents?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>d. To volunteers?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>e. To casual relief staff?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>45. Is there a process for distributing this information to the relevant School Staff?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>a. What is it?</p>	
<p>46. How is this information kept up to date?</p>	

47. 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
48. What are they?	