ANAPHYLAXIS POLICY

**Purpose**

To explain to Kent Park Primary School 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 Kent Park Primary School is compliant with Ministerial Order 706 and the Department’s guidelines for anaphylaxis management.

**Scope**

This policy applies to:

* all staff, including casual 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.

**Policy**

**School Statement**

Kent Park Primary School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

**Anaphylaxis**

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school-aged children are nuts, eggs, cow’s milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

*Symptoms*

Signs and symptoms of a mild to moderate allergic reaction can include:

* swelling of the lips, face and eyes
* hives or welts
* tingling in the mouth.

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

* difficult/noisy breathing
* swelling of tongue
* difficulty talking and/or hoarse voice
* wheeze or persistent cough
* persistent dizziness or collapse
* student appears pale or floppy
* abdominal pain and/or vomiting.

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen, but can appear within a few minutes.

*Treatment*

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

### **Individual Anaphylaxis Management Plans**

All students at Kent Park Primary School who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the principal of Kent Park Primary School is responsible for developing a plan in consultation with the student’s parents/carers.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrols at Kent Park Primary School and where possible, before the student’s first day.

Parents and carers must:

* obtain an ASCIA Action Plan for Anaphylaxis from the student’s medical practitioner and provide a copy to the school as soon as practicable
* immediately inform the school in writing if there is a relevant change in the student’s medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
* provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
* provide the school with a current adrenaline autoinjector for the student that has not expired.
* participate in annual reviews of the student’s Plan.

Each student’s Individual Anaphylaxis Management Plan must include:

* information about the student’s medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has
* information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner
* strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
* the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the Plan
* information about where the student's medication will be stored
* the student's emergency contact details
* an up to date ASCIA Action Plan for Anaphylaxis completed by the student’s medical practitioner.

*Review and updates to Individual Anaphylaxis Management Plans*

A student’s Individual Anaphylaxis Management Plan will be reviewed and updated on an annual basis in consultation with the student’s parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

* as soon as practicable after the student has an anaphylactic reaction at school
* if the student’s medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
* when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

Our school may also consider updating a student’s Individual Anaphylaxis Management Plan if there is an identified and significant increase in the student’s potential risk of exposure to allergens at school.

### **Location of plans and adrenaline autoinjectors**

* A copy of each student’s Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in the office of their teacher’s classroom office, in the staffroom on the cupboard, in the sick bay and one in the front office together with the student’s adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student’s name. All autoinjectors are labelled and on the wall in the front office.

### **Risk Minimisation Strategies**

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| **CLASSROOMS** | |
| 1 | Keep a copy of the student’s Individual Anaphylaxis Plan in the classroom. Be sure the ASCIA Action Plan is easily accessible even if the Adrenaline Autoinjector is kept in another location. |
| 2 | Liaise with parents about food related activities ahead of time. |
| 3 | Never give food from outside sources to a student who is at risk of anaphylaxis. |
| 4 | Products labelled ‘may contain traces of nuts’ should not be serviced 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. |
| 5 | Be aware of the possibility of hidden allergens in food and other substances used in cooking activities (e.g. egg or milk cartons, empty peanut butter jars). |
| 6 | Ensure all cooking utensils, preparation dishes, plates and knives and forks etc. are washed and cleaned thoroughly after preparation of food and cooking. |
| 7 | Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food. |
| 8 | Ensure casual relief teachers, specialist teachers and volunteers are aware of the names of any students at risk of anaphylaxis, the location of each student’s Individual Anaphylaxis Management Plan and Adrenaline Autoinjector, the School’s Anaphylaxis Management Policy and each individual person’s responsibility in managing an incident, ie. seeking a trained staff member. |

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| **CANTEEN** | |
| 1 | Canteen staff should be above to demonstrate satisfactory training in food allergen management and its implication on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading etc. |
| 2 | Canteen staff, including volunteers, should be briefed about students at risk of anaphylaxis. |
| 3 | Display the student’s name and photo in the canteen. |
| 4 | Products labelled ‘may contain traces of nuts’ should not be served to students allergic to nuts. |
| 5 | Make sure that tablets and surfaces are wiped down with warm soapy water regularly. |
| 6 | Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow’s milk products or peanuts. |
| **YARD** | |
| 1 | Sufficient school staff on yard duty must be trained in the administration of the Adrenaline Autoinjector (ie. Epipen/Anapen) to be able to respond quickly to an anaphylactic reaction if needed. |
| 2 | All yard duty bags contain laminated cards with the names and photographs of Anaphylactic students. |
| 3 | The Adrenaline Autoinjector and each individual student’s Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location as per Anaphylaxis Communication Plan. |

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| **SPECIAL EVENTS (eg. in-school sporting events, incursions, class parties, etc.)** | |
| 1 | Sufficient school staff supervising the events must be trained in the administration of the Adrenaline Autoinjector (ie. Epipen/Anapen) to be able to respond quickly to an anaphylactic reaction if needed. |
| 2 | School staff should avoid using food in activities or games, including as rewards. |
| 3 | For special occasions, school staff should consult parents in advance to either develop an alternative food menu or request the parents to send alternative food for the student. |
| 4 | The Adrenaline Autoinjector and each individual student’s Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location as per Anaphylaxis Communication Plan. |

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| **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 provider. |
| 2 | 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 foreseen injury and this duty cannot be delegated to any third party. |
| 3 | The Camp Bags contain laminated cards with the names and photographs of Anaphylactic students. |
|  | The student’s Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. |
|  | Prior to the camp taking place, school 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. |
|  | 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. |
|  | Prior to camp, school staff will consult with the student’s parents regarding the parent supplying a second Adrenaline Autoinjector from home to take on camp in case of emergency. |
|  | The Adrenaline Autoinjector should remain close to the student and school staff must be aware of its location at all times during the camp. |
|  | Consider the potential exposure to allergens when consuming food on buses and in cabins. |

### **Adrenaline autoinjectors for general use**

Kent Park Primary School will maintain a supply of adrenaline autoinjector(s) for general use, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first-time reaction at school.

Adrenaline autoinjectors for general use will be stored at the front office on the wall inside the door and labelled “general use”.

The principal is responsible for arranging the purchase of adrenaline autoinjectors for general use, and will consider:

* the number of students enrolled at Example School at risk of anaphylaxis
* the accessibility of adrenaline autoinjectors supplied by parents
* the availability of a sufficient supply of autoinjectors for general use in different locations at the school, as well as at camps, excursions and events
* the limited life span of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors to be replaced when used or prior to expiry.

### **Emergency Response**

* In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school’s general first aid procedures, emergency response procedures and the student’s Individual Anaphylaxis Management Plan.
* A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by Business Manager Sue Mayne and stored in the front office on the wall and in the sick bay anaphylaxis folder. A copy of identified students Anaphylaxis Communication Plan has been provided to all staff and canteen volunteers.
* Student’s Adrenaline Autoinjector, together with copy of student’s Individual Anaphylaxis Management Plans and SCIA Action Plans for Anaphylaxis are kept in the back office of their classroom, clearly marked and visible in case of emergency.
* 2 spare General Use Adrenaline Autoinjectors are also kept on top of safe in back room of School Administration Office (together with copies of student’s Individual Anaphylaxis Management Plans and SCIA Action Plans for Anaphylaxis) in case of emergency.
* For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

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| **Step** | **Action** |
|  | * Lay the person flat * Do not allow them to stand or walk * If breathing is difficult, allow them to sit * Be calm and reassuring * Do not leave them alone * Seek assistance from another staff member or reliable student to locate the student’s adrenaline autoinjector or the school’s general use autoinjector, and the student’s Individual Anaphylaxis Management Plan, stored at the front office on the wall next to the door. * If the student’s plan is not immediately available, or they appear to be experiencing a first-time reaction, follow steps 2 to 5 |
|  | Administer an EpiPen or EpiPen Jr (if the student is under 20kg)   * Remove from plastic container * Form a fist around the EpiPen and pull off the blue safety release (cap) * Place orange end against the student’s outer mid-thigh (with or without clothing) * Push down hard until a click is heard or felt. * Remove EpiPen * Note the time the EpiPen is administered * Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration |
|  | Call an ambulance (000) |
|  | If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available. |
|  | Contact the student’s emergency contacts. |

If a student appears to be having a severe allergic reaction but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 – 5 as above.

### **Communication Plan**

This policy will be available on Kent Park Primary School website so that parents and other members of the school community can easily access information about Kent Park Primary School anaphylaxis management procedures. The parents and carers of students who are enrolled at Kent Park Primary School and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

***ANAPHYLAXIS COMMUNICATION PLAN***

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|  | **INFORMING RE ANAPHYLAXIS POLICY** | **NORMAL ON-SITE SCHOOL ACTIVITIES** | **OFF-SITE OR OUT OF SCHOOL ACTIVITIES** |
| STAFF | Will have completed the ASCIA Anaphylaxis e-training for Victorian Schools, followed by a competency check by the School Anaphylaxis Supervisor. This course is provided by ASCIA and is valid for 2 years.  Been briefed at least twice per calendar year on Anaphylaxis Management under MO706, incorporating the correct use and administration of an Epipen.  Been advised of students with students with Anaphylaxis and Individual Anaphylaxis Management Plans. | Classroom  Emergency call to office.  Administer individual autoinjector (stored in classroom office clearly marked and visible together with Individual Anaphylaxis Management Plans and SCIA Action Plans for Anaphylaxis).  Phone 000  Yard Duty  Emergency call to school office from mobile phone, for autoinjector to be brought to specific location.  Office member to take general use autoinjector from top of safe in back room of administration office to specific location and staff member to administer same.  Phone 000 | Teacher in charge of student to immediately access and administer autoinjector and Individual Management Plan.  Phone 000 |
| VOLUNTEERS |  | Inform classroom teacher immediately of response. | Inform classroom teacher immediately of response. |
| RELIEF STAFF |  | Classroom  Emergency call to office.  Administer individual autoinjector (stored in classroom office clearly marked and visible) together with Individual Anaphylaxis Management Plans and SCIA Action Plans for Anaphylaxis  Phone 000  Yard Duty  Emergency call to office from mobile phone, for autoinjector to be brought to specific location.  Office member to take general use autoinjector from top of safe in back room of admin. office to specific location and staff member to administer same.  Phone 000 |  |
| PARENTS | Newsletter information | Inform classroom teacher immediately of response. | Inform classroom teacher /teacher in charge of response. |
| STUDENT | Newsletter information  Classroom information | Inform classroom teacher immediately of response. | Inform classroom teacher / teacher in charge immediately of response. |

The principal is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and Kent Park Primary School’s procedures for anaphylaxis management. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this policy, their role in responding to an anaphylactic reaction and where required, the identity of students at risk.

The principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department’s *Anaphylaxis Guidelines.*

### **Staff training**

The principal will ensure that the following school staff are appropriately trained in anaphylaxis management:

* School staff who conduct classes attended by students who are at risk of anaphylaxis
* The Principal has determined Sue Maye and Kim Barsenbach will also receive training, based on a risk assessment of the particular circumstances at your school. School staff who conduct specialist classes, all canteen staff, admin staff, first aiders and any other member of school staff as required by the principal based on a risk assessment.

Staff who are required to undertake training must have completed:

* an approved face-to-face anaphylaxis management training course in the last three years, or
* an approved online anaphylaxis management training course in the last two years.

Kent Park Primary School uses the following training course [ASCIA eTraining course (with 22303VIC, or 22300VIC or 10313NAT].

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year (with the first briefing to be held at the beginning of the school year), facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years including School Anaphylaxis Supervisors Sue Mayne or Kim Barsenbach. Each briefing will address:

* this policy
* the causes, symptoms and treatment of anaphylaxis
* the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located
* how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector
* the school’s general first aid and emergency response procedures
* the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

When a new student enrols at Kent Park Primary School who is at risk of anaphylaxis, the principal will develop an interim plan in consultation with the student’s parents and ensure that appropriate staff are trained and briefed as soon as possible.

The principal will ensure that while students at risk of anaphylaxis are under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special event days, there is a sufficient number of school staff present who have been trained in anaphylaxis management.

Appendices :

* A. - Anaphylaxis Management Plan
* B - ASCIA Action Plan for Anaphylaxis
* C - Anaphylaxis Risk Management Checklist

**Further information and resources**

* Policy and Advisory Library:
  + [Anaphylaxis](https://www2.education.vic.gov.au/pal/anaphylaxis/policy)
* Allergy & Anaphylaxis Australia: [Risk minimisation strategies](https://edugate.eduweb.vic.gov.au/edulibrary/Schools/teachers/health/riskminimisation.pdf)
* ASCIA Guidelines: [Schooling and childcare](https://allergyfacts.org.au/allergy-management/schooling-childcare)
* Royal Children’s Hospital: [Allergy and immunology](https://www.rch.org.au/allergy/about_us/Allergy_and_Immunology/)

**Review cycle and evaluation**

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| Policy Updated | August 2020 |
| Policy Review Date | August 2021 |

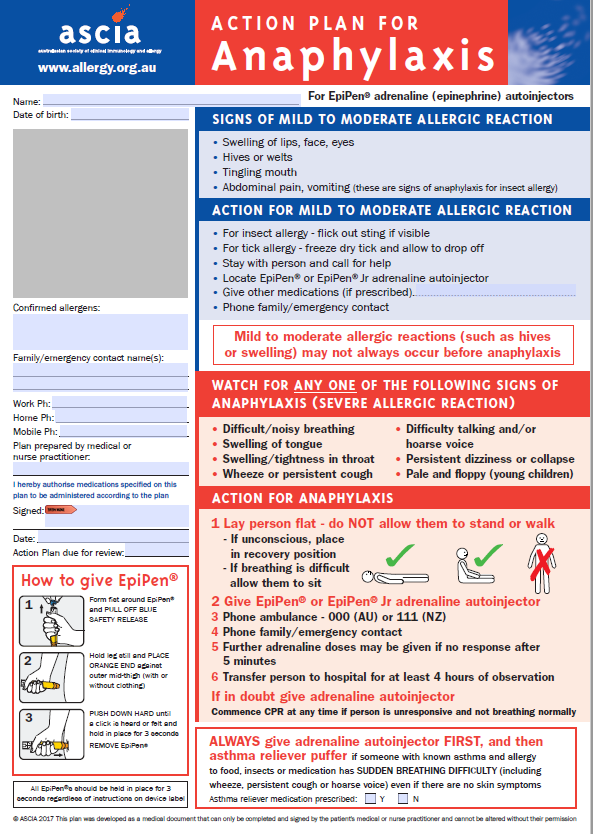
The principal will complete the Department’s Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.

Individual Anaphylaxis Management Plan

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| This plan is to be completed by the principal or nominee on the basis of information from the student's medical practitioner (**ASCIA Action Plan for Anaphylaxis**) provided by the parent.  It is the parent’s responsibility to provide the school with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's medical practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes. | | | | | | | |
| **School** | |  | | **Phone** | |  | |
| **Student** | |  | | | | | |
| **DOB** | |  | | **Year level** | |  | |
| **Severely allergic to:** | |  | | | | | |
| **Other health conditions** | |  | | | | | |
| **Medication at school** | |  | | | | | |
| EMERGENCY CONTACT DETAILS (PARENT) | | | | | | | |
| **Name** | |  | | **Name** | |  | |
| **Relationship** | |  | | **Relationship** | |  | |
| **Home phone** | |  | | **Home phone** | |  | |
| **Work phone** | |  | | **Work phone** | |  | |
| **Mobile** | |  | | **Mobile** | |  | |
| **Address** | |  | | **Address** | |  | |
| EMERGENCY CONTACT DETAILS (ALTERNATE) | | | | | | | |
| **Name** | |  | | **Name** | |  | |
| **Relationship** | |  | | **Relationship** | |  | |
| **Home phone** | |  | | **Home phone** | |  | |
| **Work phone** | |  | | **Work phone** | |  | |
| **Mobile** | |  | | **Mobile** | |  | |
| **Address** | |  | | **Address** | |  | |
| **Medical practitioner contact** | | **Name** |  | | | | |
| **Phone** |  | | | | |
| **Emergency care to be provided at school** | |  | | | | | |
| **Storage location for adrenaline autoinjector (device specific) (EpiPen®)** | |  | | | | | |
| 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?** |
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| **Name of environment/area:** | | | | | | | |
| **Risk identified** | **Actions required to minimise the risk** | | | | **Who is responsible?** | | **Completion date?** |
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| **Name of environment/area:** | | | | | | | |
| **Risk identified** | **Actions required to minimise the risk** | | | | **Who is responsible?** | | **Completion date?** |
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| **Name of environment/area:** | | | |
| **Risk identified** | **Actions required to minimise the risk** | **Who is responsible?** | **Completion date?** |
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| **Name of environment/area:** | | | |
| **Risk identified** | **Actions required to minimise the risk** | **Who is responsible?** | **Completion date?** |
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Parents and guardians (via their medical practitioner) can access the ASCIA Action Plan from:

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

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| 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 (reviewed at the start of each year)

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| School name: |  | |
| Date of review: |  | |
| Who completed this checklist? | Name: | |
| Position: | |
| Review given to: | Name | |
| Position | |
| Comments: |  | |
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| **General information** | | |
| 1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an adrenaline autoinjector? | |  |
| 1. How many of these students carry their adrenaline autoinjector on their person? | |  |
| 1. Have any students ever had an allergic reaction requiring medical intervention at school? | | □ Yes □ No |
| * 1. If Yes, how many times? | |  |
| 1. Have any students ever had an anaphylactic reaction at school? | | □ Yes □ No |
| * 1. If Yes, how many students? | |  |
| * 1. If Yes, how many times | |  |
| 1. Has a staff member been required to administer an adrenaline autoinjector to a student? | | □ Yes □ No |
| * 1. If Yes, how many times? | |  |
| 1. 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)? | | □ Yes □ No |
| **SECTION 1: Training** | | |
| 1. 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 approved Anaphylaxis Management Training Course, either:  * ASCIA e-training within the last 2 years, or * accredited face to face training (22300VIC or 10313NAT) within the last 3 years? | | □ Yes □ No |
| 1. Does your school conduct twice yearly briefings annually?   If no, why not as this is a requirement for school registration? | | □ Yes □ No |
| 1. Do all school staff participate in a twice yearly briefing?   If no, why as this is a requirement for school registration? | | □ Yes □ No |
| 1. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)? | | □ Yes □ No |
| 1. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen®) within 30 day of completing the ASCIA Anaphylaxis e-training for Victorian Schools? | | □ Yes □ No |
| **SECTION 2: Individual Anaphylaxis Management Plans** | | |
| 1. 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 |
| 1. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)? | | □ Yes □ No |
| 1. 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? | |  |
| * 1. During classroom activities, including elective classes | | □ Yes □ No |
| * 1. In canteens or during lunch or snack times | | □ Yes □ No |
| * 1. Before and after school, in the school yard and during breaks | | □ Yes □ No |
| * 1. For special events, such as sports days, class parties and extra-curricular activities | | □ Yes □ No |
| * 1. For excursions and camps | | □ Yes □ No |
| * 1. Other | | □ Yes □ No |
| 1. 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)? | | □ Yes □ No |
| * 1. Where are the Action Plans kept? | |  |
| 1. Does the ASCIA Action Plan include a recent photo of the student? | | □ Yes □ No |
| 1. Have the Individual Management Plans (for students at risk of anaphylaxis) been reviewed prior to any off site activities (such as sport, camps or special events), and where appropriate reviewed in consultation with the student’s parent/s? | | □ Yes □ No |
| **SECTION 3: Storage and accessibility of adrenaline autoinjectors** | | |
| 1. Where are the student(s) adrenaline autoinjectors stored? | |  |
| 1. Do all school staff know where the school’s adrenaline autoinjectors for general use are stored? | | □ Yes □ No |
| 1. Are the adrenaline autoinjectors stored at room temperature (not refrigerated)? | | □ Yes □ No |
| 1. Is the storage safe? | | □ Yes □ No |
| 1. Is the storage unlocked and accessible to school staff at all times?   Comments: | | □ Yes □ No |
| 1. Are the adrenaline autoinjectors easy to find?   Comments: | | □ Yes □ No |
| 1. Is a copy of student’s individual ASCIA Action Plan for Anaphylaxis kept together with the student’s adrenaline autoinjector? | | □ Yes □ No |
| 1. Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student’s names? | | □ Yes □ No |
| 1. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis?   Who? …………………………………………………………………………………………… | | □ Yes □ No |
| 1. Are there adrenaline autoinjectors which are currently in the possession of the school and which have expired? | | □ Yes □ No |
| 1. Has the school signed up to EpiClub or ANA-alert (optional free reminder services)? | | □ Yes □ No |
| 1. Do all school staff know where the adrenaline autoinjectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored? | | □ Yes □ No |
| 1. Has the school purchased adrenaline autoinjector(s) for general use, and have they been placed in the school’s first aid kit(s)? | | □ Yes □ No |
| 1. Where are these first aid kits located?   Do staff know where they are located? | | □ Yes □ No |
| 1. Is the adrenaline autoinjector for general use clearly labelled as the ‘General Use’ adrenaline autoinjector? | | □ Yes □ No |
| 1. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc? | | □ Yes □ No |
| **SECTION 4: Prevention strategies** | | |
| 1. 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? | | □ Yes □ No |
| 1. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why not as this is a requirement for school registration? | | □ Yes □ No |
| 1. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training? | | □ Yes □ No |
| **SECTION 5: School management and emergency response** | | |
| 1. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff? | | □ Yes □ No |
| 1. Do school staff know when their training needs to be renewed? | | □ Yes □ No |
| 1. Have you developed Emergency Response Procedures for when an allergic reaction occurs? | | □ Yes □ No |
| * 1. In the class room? | | □ Yes □ No |
| * 1. In the school yard? | | □ Yes □ No |
| * 1. In all school buildings and sites, including gymnasiums and halls? | | □ Yes □ No |
| * 1. At school camps and excursions? | | □ Yes □ No |
| * 1. On special event days (such as sports days) conducted, organised or attended by the school? | | □ Yes □ No |
| 1. Does your plan include who will call the ambulance? | | □ Yes □ No |
| 1. 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 |
| 1. Have you checked how long it will take to get to the adrenaline autoinjector and the individual ASCIA Action Plan for Anaphylaxis to a student from various areas of the school including: | | □ Yes □ No |
| * 1. The classroom? | | □ Yes □ No |
| * 1. The schoolyard? | | □ Yes □ No |
| * 1. The sports field? | | □ Yes □ No |
| 1. 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 |
| 1. Who will make these arrangements during excursions?   ………………………………………………………………………………………………….. | |  |
| 1. Who will make these arrangements during camps?   ………………………………………………………………………………………………….. | |  |
| 1. Who will make these arrangements during sporting activities?   ………………………………………………………………………………………………….. | |  |
| 1. Is there a process for post incident support in place? | | □ Yes □ No |
| 1. Have all school staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction attend, and any other staff identified by the principal, been briefed on: | |  |
| * 1. The school’s Anaphylaxis Management Policy? | | □ Yes □ No |
| * 1. The causes, symptoms and treatment of anaphylaxis? | | □ Yes □ No |
| * 1. 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? | | □ Yes □ No |
| * 1. How to use an adrenaline autoinjector, including hands on practise with a trainer adrenaline autoinjector? | | □ Yes □ No |
| * 1. The school’s general first aid and emergency response procedures for all in-school and out-of-school environments? | | □ Yes □ No |
| * 1. Where the adrenaline autoinjector(s) for general use is kept? | | □ Yes □ No |
| * 1. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person? | | □ Yes □ No |
| **SECTION 6: Communication Plan** | | |
| 1. Is there a Communication Plan in place to provide information about anaphylaxis and the school’s policies? | |  |
| * 1. To school staff? | | □ Yes □ No |
| * 1. To students? | | □ Yes □ No |
| * 1. To parents/guardians? | | □ Yes □ No |
| * 1. To volunteers? | | □ Yes □ No |
| * 1. To casual relief staff? | | □ Yes □ No |
| 1. Is there a process for distributing this information to the relevant school staff? | | □ Yes □ No |
| * 1. What is it? | |  |
| 1. How is this information kept up to date? | |  |
| 1. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments? | | □ Yes □ No |
| 1. What are they? | |  |