



Anaphylaxis Management Policy

This policy has been created as an addendum to the DEECD Anaphylaxis Guidelines and is specific to Koo Wee Rup Primary School. Please refer to the DEECD guidelines for further information.

DEECD Anaphylaxis Guidelines are available at

<http://www.education.vic.gov.au/Documents/school/teachers/health/AnaphylaxisGuidelines.pdf> or a hard copy is kept in the First Aid Room.

Our Aim at Koo Wee Rup Primary School for Anaphylaxis

- To provide as far as is practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.
- Raise awareness about allergies and anaphylaxis in the school community whilst being respectful of any at risk student's right to privacy.
- Actively involve the parents/carers of each student at risk of developing anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- To ensure that every staff member has adequate knowledge of allergy/anaphylaxis and their emergency procedures.

Anaphylaxis Risk Management Checklist

To be completed and improvement sought through the First Aid committee in March and September. Document located at

<http://www.education.vic.gov.au/Documents/school/teachers/health/riskchecklist.docx> .

Individual Anaphylaxis Management Plan

An individual plan for students at risk of anaphylaxis developed in consultation with the student's parents/carers and his/her medical practitioner. It should describe the student's allergies, symptoms and the appropriate emergency response if the student displays his/her symptoms. *This is an official document and must be completed and signed by a doctor.* See Appendix I for examples, to download go to <http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis> .

A student at risk of anaphylaxis should present one of these before starting at our school.

Anaphylaxis Communication Plan

Copies of these plans must be distributed to all staff, kept in the yard duty folder and be part of the CRT Information Pack. The Emergency Response Procedures must also be given to a CRT.

The Anaphylaxis Fact Sheet (nothing student specific) must also be provided to volunteers and other non-teaching casual staff. Emergency Response Procedures are Appendix II of this document.

(This policy was ratified at School Council 24th August 2016)

Staff Training

The DEECD states that all staff members who conduct classes with a child at risk of anaphylaxis must have up to date training in anaphylaxis management. At KWRPS we want as many staff trained as possible including those who do not actually have classes with at anaphylaxis at risk child. This training will still occur even if we don't currently have a child with anaphylaxis so as to be prepared for an enrolment of an anaphylaxis at risk child.

Anaphylaxis management training is required every three years through a certified provider (St John do it for no cost). Further training includes an online course as well as briefing and assessment every two years (see Appendix III for information) by an anaphylaxis trained staff member This briefing must include:

- The School's Anaphylaxis Management Policy
- Causes, symptoms and treatment of anaphylaxis
- The identities of students diagnosed as at risk of anaphylaxis and where their medication is located
- How to use an adrenaline auto-injecting device, including hands on practice with an auto-injecting trainer device
- The school's first aid and emergency response procedures.
-

The First Aid coordinator is to regularly rotate the trainer auto-injectors around staff to familiarise them with how they are used.

This training is to be completed on top of standard First Aid Training.

Auto-injectors

Student adrenaline auto-injectors

At our school this is the Epipen supplied by a specific child and is kept in an insulated bag in the child's classroom and is taken for specialist classes and is carried by the yard-duty teacher during breaks.

Adrenaline autoinjector for general use

This is the back-up Epipen that is kept in the grey first aid cupboard in the office. It is in a red plastic container with a Ventolin inhaler and disposable spacer.

Review of adrenaline auto-injectors

These are to be inspected by the first aid coordinator in the first week of every month for expiration date and condition (cloudiness and particles) and replaced as necessary either by the school or by the parent/carer. Prepare a plan based upon need with the reduced capacity of auto-injectors pending replacement.

Risk Assessment

These have to be created based upon student requirements and updated as necessary based upon changes in a student's anaphylactic triggers or treatments or new enrolments. See Appendix IV for Anaphylaxis Risk Assessment pro-forma.

Emergency Response

In case of an incident requiring the auto-injector

- A staff member should remain with the child having the suspected anaphylactic reaction and the student's auto-injector and management plan should be sent for and 000/112 called.
- The auto-injector should be administered according to the student's Anaphylaxis management plan.
- Note the time you administered the auto-injector and retain the used auto-injector to hand to the paramedics.

After using the auto-injector

- Lay the student flat and elevate their legs. Do not stand or walk. If breathing is difficult for them, allow them to sit but not to stand.
- Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a worsening condition. Ask another staff member to move other students away and reassure them elsewhere.
- In the rare situation where there is no marked improvement and severe symptoms (as described in the ASCIA Action Plan for Anaphylaxis) are present, a second injection (of the same dosage) may be administered after five minutes, if a second autoinjector is available.
- Then contact the student's emergency contacts.
- Later, contact Emergency Services Management, Department of Education and Early Childhood Development to report the incident on 9589 6266 (available 24 hours a day, 7 hours a week).

First-time reactions

- If a student has a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, the school staff should follow the school's first aid procedures.
- This should include immediately contacting an ambulance using 000.
- It may also include locating and administering the autoinjector for general use under guidance from the 000 call centre.

Communication

Epiclub

The current First Aid Team Leader will continue our registration with Epiclub so we receive emails and SMS letting us know when expiry dates on EpiPens are due. This is to be a **back up** to the monthly checks and not to be relied upon as the sole method of expiry date checking. The website is <http://www.epiclub.com.au/> and the username/password is simonprice/kwrps1.

Communicating Anaphylaxis Information to Staff

It is the responsibility of the First Aid Team Leader to share anaphylaxis information with staff members in a timely manner as it relates to our school's Anaphylaxis Policy, Common Law and DEECD rules and guidelines. This should be done through face to face contact as well as through SENTRAL and email as well as passed on to support staff via their meetings.

ascia
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

Name: Mr Sports Star

for use with EpiPen® or EpiPen® Jr adrenaline autoinjectors

Date of birth: 19/7/95



Allergens to be avoided:

Peanuts

Family/carer name(s):

Mrs Taxi Driver

Work Ph: 039662 14 73

Home Ph: -

Mobile Ph: 0437 596 782

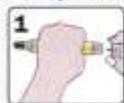
Plan prepared by:

Dr Immunology

Signed [Signature]

Date 10/8/10

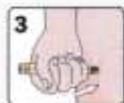
How to give EpiPen® or EpiPen® Jr



1 Form fist around EpiPen® and PULL OFF GREY SAFETY CAP.



2 PLACE BLACK END against outer mid-thigh (with or without clothing).



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



4 REMOVE EpiPen® and DO NOT touch needle. Massage injection site for

© 2009. This plan was developed by ASCIA

MILD TO MODERATE ALLERGIC REACTION

- swelling of lips, face, eyes
- hives or welts
- tingling mouth, abdominal pain, vomiting

ACTION

- stay with person and call for help
- give medications (if prescribed) Antihistamine
- locate EpiPen® or EpiPen® Jr
- contact family/carer



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
- loss of consciousness and/or collapse
- pale and floppy (young children)

ACTION

- 1 Give EpiPen® or EpiPen® Jr**
- 2 Call ambulance* - telephone 000 (Aus) or 111 (NZ)**
- 3 Lay person flat and elevate legs. If breathing is difficult, allow to sit but do not stand**
- 4 Contact family/carer**
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)**

If in doubt, give EpiPen® or EpiPen® Jr

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

Appendix II

Anaphylaxis Fact Sheet

What is anaphylaxis?

Anaphylaxis is the most severe form of allergic reaction and is potentially life threatening. It must be treated as a medical emergency, requiring immediate treatment and urgent medical attention.

Anaphylaxis is a generalised allergic reaction, which often involves more than one body system (e.g. skin, respiratory, gastro-intestinal and cardiovascular). A severe allergic reaction or anaphylaxis usually occurs within 20 minutes to 2 hours of exposure to the trigger and can rapidly become life threatening.

Common triggers of severe allergies or anaphylaxis include:

Food

Milk, eggs, peanuts, tree nuts, sesame, fish, shellfish, wheat and soy are the most common food triggers, which cause 90 Percent of allergic reactions; however, any food can trigger anaphylaxis. It is important to understand that in some people even very small amounts of food can cause a life-threatening reaction. Some extremely sensitive individuals can react to just the smell of particular foods being cooked (e.g. fish) or even kissing someone who has eaten the food they're allergic to.

Bites and Stings

Bee, wasp and jack jumper ant stings are the most common triggers of anaphylaxis to insect stings. Ticks, green ants and fire ants can also trigger anaphylaxis in susceptible individuals.

Medication

Medications, both over the counter and prescribed, can cause life threatening allergic reactions. Individuals can also have anaphylactic reactions to herbal or 'alternative' medicines.

Other

Other triggers such as latex or exercise induced anaphylaxis are less common. Occasionally the trigger cannot be identified, despite extensive investigation.

Signs and Symptoms of Anaphylaxis

Common signs and symptoms

Mild to moderate allergic reaction	Severe allergic reaction- ANAPHYLAXIS
Hives, welts or body redness	Difficult and/or noisy breathing
Swelling or redness of the face, lips, eyes	Swelling of the tongue
Vomiting, abdominal pain (these are signs of a severe allergic reaction/anaphylaxis in someone with severe insect allergy)	Swelling or tightness in the throat
Tingling of the mouth	Difficulty talking and/or hoarse voice
	Wheeze or persistent cough
	Persistent dizziness or collapse in its place
	Pale and floppy (in young children)
	Impending feeling of doom.

Be aware that the allergic reaction symptoms can be the precursor to anaphylaxis.

If you think a child is having an allergic or anaphylactic reaction please contact a member of staff.

Appendix III Training

Clause 12 of the Order requires school staff to undertake regular training in anaphylaxis management as part of the School Anaphylaxis Management Policy.

The Department has moved to an online model for anaphylaxis training. Under this model it is recommended that ALL Victorian school staff undertake the online training course.

The online training course will be free to all Victorian school staff (and the general public) and can be accessed at: <https://etrainingvic.allergy.org.au/>

Please note: in order to successfully complete this training staff will also be required to show the School Anaphylaxis Supervisor that they are able to appropriately and competently use an adrenaline autoinjector. This capability must be tested within 30 days of completion of the online training course.

Who is required to undertake anaphylaxis management training?

The Order specifies that school staff must undertake training in anaphylaxis management if they:

1. conduct classes attended by students with a medical condition relating to allergy and the potential for anaphylactic reaction or
2. are specifically identified and requested to do so by the school principal, based on the principal's assessment of the risk of an anaphylactic reaction occurring while a student is under that staff member's care, authority or supervision.
3. Schools are encouraged to consider whether volunteers at the school and regular casual relief teachers should also undertake training.

The Order states that these school staff must:

1. successfully complete an anaphylaxis management training course (either online or face-to-face) and
2. participate in the school's twice yearly briefings conducted by the School Anaphylaxis Supervisor or another member of staff nominated by the principal who has completed an approved anaphylaxis management training course in the past two years.

How soon must the training take place?

The training should take place as soon as practicable after a student at risk of anaphylaxis enrolls and, where possible, before the student's first day at school.

If for any reason a relevant staff member has not yet completed training, the principal is responsible for developing an interim Individual Anaphylaxis Management Plan in consultation with the student's parents. The principal should also consider whether consultation with the School Anaphylaxis Supervisor, the school nurse, or the student's treating medical practitioner is required when developing the interim Plan.

What type of training should be undertaken?

(a) Online Training - ASCIA Anaphylaxis e-training for Victorian Schools

The Department has worked with ASCIA to develop the online training course, which is compliant with the Order, for use in all Victorian schools (government, Catholic and independent).

The Department recommends that ALL Victorian school staff undertake the online training course. This course will be freely available to all Victorian school staff and has been introduced to reduce the burden of face-to-face training on schools and increase the quality and consistency of training.

The online training course includes six modules on anaphylaxis emergency management:

- what are allergies and anaphylaxis
- signs, symptoms and recommended action for allergy and anaphylaxis
- adrenaline autoinjectors

- ASCIA Action Plans
- anaphylaxis management in Victorian schools
- a final assessment module.

Completion of the online training course alone is **not** sufficient to meet the requirements of the Order. An appropriately qualified supervisor (for example, a School Anaphylaxis Supervisor, discussed in more detail below) will also need to assess a person's competency in the administration of an adrenaline autoinjector. For more details about competency checks, please refer to the information below.

At the end of the online training course, participants who have passed the assessment module, will be issued a certificate which needs to be signed by the School Anaphylaxis Supervisor to indicate that the participant has demonstrated their competency in using an adrenaline autoinjector device.

School staff that complete the online training course will be required to repeat that training and the adrenaline autoinjector competency assessment **every two years**.

To access the *ASCIA Anaphylaxis e-training for Victorian Schools* go to: <https://etrainingvic.allergy.org.au/>

Completed by	Course	Provider	Cost	Accreditation
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

Competency Check for Online Training Course

It is recommended that principals identify **two school staff per school or campus** to become School Anaphylaxis Supervisors. These staff may include a school-funded school nurse, first aider or other health and wellbeing staff, or senior teachers. A key role of the Supervisors will be to undertake competency checks on all staff that have successfully completed the online training course. These competency checks need to be undertaken by the Supervisor within 30 days of a relevant member of the school staff completing the online training course.

To qualify as a School Anaphylaxis Supervisor, the nominated staff member(s) will need to complete an accredited short course that teaches them how to conduct a competency check on those who have completed the online training course.

The Asthma Foundation has been contracted by the Department to deliver training in the *Course in Verifying the Use of Adrenaline Autoinjector Devices 22303VIC* in 2016. Schools will be notified of training sessions scheduled across Victoria and asked to register **two staff** per school or campus to attend. Training in this course is current for three years.

Registration for the *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC* can be accessed from the Asthma Foundation by phone 1300 314 806 or by visiting: www.asthma.org.au

Schools will need to determine their own anaphylaxis training strategy and implement this for their school staff.

Completed by	Course	Provider	Cost	Accreditation
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

School Anaphylaxis Supervisor Role

Each Supervisor will:

- ensure they have currency in the *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC* (every 3 years) and the *ASCIA Anaphylaxis e-training for Victorian Schools* (every 2 years)
- ensure that they provide the principal with documentary evidence of currency in the above courses
- assess and confirm the correct use of adrenaline autoinjector (trainer) devices by other school staff undertaking the *ASCIA Anaphylaxis e-training for Victorian Schools*

- send periodic reminders to staff or information to new staff about anaphylaxis training requirements and liaise with the principal to ensure records of the anaphylaxis training undertaken by all school staff are stored on-site at the school
- provide access to the adrenaline autoinjector (trainer) device for practice use by school staff
- provide regular advice and guidance to school staff about allergy and anaphylaxis management in the school as required
- liaise with parents or guardians (and, where appropriate, the student) to manage and implement Individual Anaphylaxis Management Plans
- liaise with parents or guardians (and, where appropriate, the student) regarding relevant medications within the school
- lead the twice-yearly anaphylaxis school briefing
- develop school-specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency situation requiring anaphylaxis treatment; for example:
 - a bee sting occurs on school grounds and the allergic student is conscious
 - an allergic reaction where the student has collapsed on school grounds and the student is not conscious.
 - develop similar scenarios for when staff are demonstrating the correct use of the adrenaline autoinjector (trainer) device.

The School Anaphylaxis Supervisor Checklist is provided at **Appendix V**.

(b) Face-to-face training

For schools wanting to retain face-to-face training, the Order also recognises that completion of one the following two alternative face-to-face training courses will meet the anaphylaxis training requirements.

Completed by	Course*	Provider	Cost	Accreditation
School staff determined by the principal	Course in First Aid Management of Anaphylaxis 22300VIC	Any RTO that has this course in their scope of practice	Paid by each school	3 years
School staff 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

* Schools only need to complete **one** of these courses to meet the requirements of MO706.

Please note: General First Aid training does **NOT** meet anaphylaxis training requirements under MO706.

Twice-yearly school briefings

In addition to the training outlined above, an in-house anaphylaxis school briefing with **all school staff** must be conducted twice a year, and should preferably be led by the School Anaphylaxis Supervisor or another member of staff who has current anaphylaxis training. For the purposes of these Guidelines and the Order, this means that the member of the school staff has successfully completed an anaphylaxis management training course in the previous 2 years.

This ensures that the designated staff member conducting the anaphylaxis briefing has current knowledge relating to anaphylaxis management and, importantly, in the correct use of an adrenaline autoinjector.

The briefing should include information on:

- the school's legal requirements as outlined in Ministerial Order 706
- pictures of the students at your school at risk of anaphylaxis, their allergens, year levels and risk management plans that are in place
- signs and symptoms of anaphylaxis
- relevant anaphylaxis training
- ASCIA Action Plan for Anaphylaxis and how to administer an EpiPen®
- your school's First Aid Policy and Emergency Response Procedures
- how to access on-going support and training.

A template presentation for the briefing can be downloaded from the Department's website:

www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx

Although the Order only specifies that relevant school staff must be briefed regularly, the Department strongly recommends that schools brief **all school staff** on a regular basis regarding anaphylaxis and the school's anaphylaxis management policy (including hands on practice with adrenaline autoinjector trainer devices by all staff).

Appendix IV

Anaphylaxis Risk Assessment

Student Name _____ Year Level _____ Home Group _____

Brief Description of Allergens and Level of Reaction

Area	Risk	Action
Classroom		
Specialist Classes (excluding sport)		
Excursions		
Sport		
School Food Days Provided by Canteen		
Special School Days with the Presence of Food Brought in from Outside the School		

Appendix V:

Annual risk management checklist

(to be completed at the start of each year)

School name:		
Date of review:		
Who completed this checklist?	Name:	
	Position:	
Review given to:	Name	
	Position	
Comments:		
General information		
1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an adrenaline autoinjector?		
2. How many of these students carry their adrenaline autoinjector on their person?		
3. Have any students ever had an allergic reaction requiring medical intervention at school?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?		
4. Have any students ever had an anaphylactic reaction at school?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many students?		
b. If Yes, how many times		
5. Has a staff member been required to administer an adrenaline autoinjector to a student?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?		
6. If your school is a government school, was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?		<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 1: Training

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

SECTION 2: Individual Anaphylaxis Management Plans

11. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an adrenaline autoinjector have an Individual Anaphylaxis Management Plan which includes an ASCIA Action Plan for Anaphylaxis completed and signed by a prescribed medical practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?	
a. During classroom activities, including elective classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In canteens or during lunch or snack times	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Before and after school, in the school yard and during breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. For special events, such as sports days, class parties and extra-curricular activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. For excursions and camps	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

14. Do all students who carry an adrenaline autoinjector on their person have a copy of their ASCIA Action Plan for Anaphylaxis kept at the school (provided by the parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are the Action Plans kept?	
15. Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are Individual Management Plans (for students at risk of anaphylaxis) reviewed prior to any off site activities (such as sport, camps or special events), and in consultation with the student's parent/s?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 3: Storage and accessibility of adrenaline autoinjectors	
17. Where are the student(s) adrenaline autoinjectors stored?	
18. Do all school staff know where the school's adrenaline autoinjectors for general use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the adrenaline autoinjectors stored at room temperature (not refrigerated) and out of direct sunlight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is the storage unlocked and accessible to school staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Are the adrenaline autoinjectors easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan for Anaphylaxis) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No

25. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis? Who?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Are there adrenaline autoinjectors which are currently in the possession of the school which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Has the school signed up to EpiClub (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Do all school staff know where the adrenaline autoinjectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Has the school purchased adrenaline autoinjector(s) for general use, and have they been placed in the school's first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Where are these first aid kits located? Do staff know where they are located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4: Risk Minimisation strategies	
33. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you implemented any of the risk minimisation strategies in the Anaphylaxis Guidelines? If yes, list these in the space provided below. If no please explain why not as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 5: School management and emergency response	
36. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Do school staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Have you developed emergency response procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In all school buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No

d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA Action Plan for Anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Have you checked how long it takes to get an individual's adrenaline autoinjector and corresponding individual ASCIA Action Plan for Anaphylaxis to a student experiencing an anaphylactic reaction from various areas of the school including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. The school canteen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. On excursions or other out of school events is there a plan for who is responsible for ensuring the adrenaline autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the adrenaline autoinjector for general use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Who will make these arrangements during excursions?	
44. Who will make these arrangements during camps?	
45. Who will make these arrangements during sporting activities?	
46. Is there a process for post-incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47. Have all school staff who conduct classes attended by students at risk of anaphylaxis, and any other staff identified by the principal, been briefed by someone familiar with the school and who has completed an approved anaphylaxis management course in the last 2 years on:	
a. The school's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students at risk of anaphylaxis, and who are prescribed an adrenaline autoinjector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the adrenaline autoinjector(s) for general use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 6: Communication Plan

48. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?	
a. To school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49. Is there a process for distributing this information to the relevant school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	
50. How will this information kept up to date?	
51. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52. What are they?	

Appendix VI

Anaphylaxis Risk Assessment for Individual Students

Student Name Nikitah Tusa Year Level 2 Home Group 1/2K

Brief Description of Allergens and Level of Reaction – Anaphylactic reaction to egg, peanuts and dairy.

Area	Risk	Action
Classroom	Exposure to allergens from the food of others.	School wide nut and nut products related ban.
Specialist Classes (excluding sport)	Exposure to allergens from possible activities.	Specialist teachers aware of allergies so as not to organise activities that put Nikitah at risk.
Excursions	Exposure to allergens from possible activities.	All excursions vetted for possible allergen contact. Extra personal EpiPen to be requested from home for excursion.
Sport	Exposure to allergens from possible activities.	Specialist teachers aware of allergies so as not to organise activities that put Nikitah at risk.
School Food Days Provided by Canteen	Exposure to allergens from canteen food.	Canteen manager aware of food restrictions.
Special School Days with the Presence of Food Brought in from Outside the School	Exposure to allergens from the food of others.	Teachers aware of restrictions and monitor any food brought in. When notices sent home requesting food to be brought in our allergen requirements to be mentioned.

(This policy was ratified at School Council 24th August 2016)