



ANAPHYLAXIS POLICY

RATIONALE:

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts, cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

The keys to prevention of anaphylaxis are planning, risk minimisation, awareness and education.

AIM:

Brunswick North West Primary School is committed to supporting the safety and well-being of students at risk of anaphylaxis. In doing so, the school will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time. The school aims to:

- Provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.
- Raise awareness about anaphylaxis and the school's Anaphylaxis Management Policy in the school community
- Involve parents/carers of students at risk of anaphylaxis in assessing risks, and developing risk minimisation and management strategies for the student.
- Ensure that each staff member has adequate knowledge of allergies, anaphylaxis, and the school's procedure for responding to an anaphylactic reaction

IMPLEMENTATION:

Individual Anaphylaxis Management Plans (see Appendix 5 and 6)

The principal will ensure that an Individual Management Plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis. This Plan will be in place as soon as practicable after the student enrolls and, where possible before their first day of school.

The Individual Anaphylaxis Management Plan will include:

- Information provided by the student's medical practitioner about their diagnosis, and type of allergy or allergies.
- Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including camps and excursions.
- The name/s of person/s responsible for implementing the strategies.

- Information on where the student's medication will be stored
- Emergency contact details for the student.
- An **ASCIA Action Plan** an emergency procedures plan provided by the parent/Carer

The student's Individual Management Plan will be reviewed:

- Annually in consultation with the student's parents/ carers
- When and if the student's condition in relation to allergies changes
- Or immediately after a student has an anaphylactic reaction at school.

It is the responsibility of the parent to:

- Inform the school in writing, if their child's medical condition changes in relation to allergies and their potential for an anaphylactic reaction
- Provide an up-to-date photo for the ASCIA Action Plan when the plan is given to the school, and when it is reviewed
- Provide an ASCIA Action Plan signed by the medical practitioner who was treating the student when the plan was signed.

Prevention Strategies

In the classroom (including class rotations, specialists and electives)

1. Keep a copy of the student's ASCIA Action Plan in the classroom roll book.
2. Liaise with parents/carers about food related activities ahead of time.
3. Use non-food treats where possible. If food treats are used in class, it is recommended that parents/carers provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
4. Never give food from outside sources to a student who is at risk of anaphylaxis.
5. Be aware of hidden allergens in cooking, food technology, science and art classes (e.g. egg, milk cartons and cereal boxes).
6. A student eating food with allergens needs to be moved away from any at-risk students, and needs to wash hands after eating.
7. Regularly discuss with students the importance of washing hands, eating their own food and not sharing food.
8. Wipe down tables and surfaces regularly.
9. Assistant Principal/CRT co-ordinator will inform Casual Relief Teachers of students at risk of anaphylaxis, the preventive strategies in place, and the school's emergency procedures. They will be provided with a copy of the student's Individual Management Plan and ASCIA Action Plan
10. Volunteers who work with children at risk of anaphylaxis will be briefed on the preventative strategies in place, and the school's emergency procedures.

In the school yard

- 1 Yard Duty Staff are familiar with the School's Emergency Response Procedure, and are aware of the location of all Adrenaline Autoinjectors and Management Plans in the General Office.
- 2 Yard Duty staff can identify by face those students at risk of anaphylaxis
- 3 Yard Duty bags contain the following information, which can be retrieved quickly:
Communication Alert Cards to notify the General Office/staffroom of an anaphylactic reaction in the yard, a back-up Junior and Standard Adrenaline Autoinjectors labelled for use by the appropriate children, and a laminated copy of each child's ASCIA Action Plan.
- 4 Students are supervised in the playground before school from 8:45 to 9 am, and after school from 3:30 to 3:45 pm under the same conditions as above.
- 5 Students at-risk to insect bites will be encouraged to stay away from water or flowering plants. The school will liaise with parents/carers to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
- 6 Students should keep drinks and food covered while outdoors
- 7 Lawns and grass are mowed regularly, and outdoor bins are covered

During special events (e.g: sports, incursions, class parties, cultural days)

- 1 If at-risk students are attending these events, sufficient School Staff must be trained to quickly locate and administer an Adrenaline Autoinjector.
- 2 Parents/carers of other students will be informed in advance about foods that may cause allergic reactions in at-risk students, and request they avoid them in treats brought from home.
- 3 Class teachers will consult parents/carers in advance to develop an alternative food menu, or request that they provide a meal for the student.
- 4 Food should not be used in activities or games, or as rewards.
- 5 Party balloons and swimming caps should not be used if a student is allergic to latex.

On School Excursions

1. The student's Individual Adrenaline Autoinjectors, medications and ASCIA Action Plan must be signed out and taken on all excursions, including local excursions such as Wylie Reserve.
2. A mobile phone must be taken on all excursions, including local excursions.
3. A staff member who has been trained in the recognition of anaphylaxis and the administration of an Adrenaline Autoinjector must accompany the student on excursions. All staff present during the excursion need to be aware if there is a student at risk of anaphylaxis.
4. Staff must develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.
5. The school should consult parents/carers in advance to discuss possible issues, e.g. the need for staff to develop an alternative food menu, or to request the parent/carer sends an appropriate meal for their student.
6. Parents/carers may wish to accompany their child on field trips and/or excursions. This should be discussed with parents/carers as another strategy for supporting the student.
7. Consider the potential exposure to allergens when consuming food on buses.

On School Camps, or in remote settings

1. A risk management strategy for students at risk of anaphylaxis for school camps will be developed in consultation with the student's parents/carers.
2. Camps must be advised in advance of any students with food allergies.
3. Camps must be checked for mobile phone coverage.
4. Staff will liaise with parents/carers to develop alternative menus or allow students to bring their own meals.
5. Use of other substances containing allergens should be avoided where possible.
6. The student's signed out Individual Adrenaline Autoinjector, medication, ASCIA Action Plan and a mobile phone must be taken on camp.
7. Staff who have been trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjectors must accompany the student on camp. All staff present need to be aware if there is a student at risk of anaphylaxis.
8. Staff must develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.
9. Be aware of the local emergency services and know how to access them.
10. The Adrenaline Autoinjector should remain close to the student (and other students if appropriate) and staff must be aware of its location at all times.
11. A backup Adrenaline Autoinjector for General Use will be available in the first aid kit.
12. Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
13. Cooking and art and craft games should not involve the use of known allergens. Consider the potential exposure to allergens when consuming food on buses and in cabins.

School Management and Emergency Response

Complete and up-to-date information for each at-risk student is readily accessible in Classroom and Specialist Rolls, CRT Folders, Yard Duty Bags and the General Office. The Individual Action Plan outlines a gradation of observable symptoms, the student's medications, and the procedure to follow.

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face eyes
- Hives or welts
- Abdominal pain, vomiting

ACTION

- Stay with the child and call for help
- Give medications as prescribed
- Locate student's Adrenaline Autoinjector
- Contact parent/carer

SEVERE ALLERGIC REACTION OR ANAPHYLAXIS

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

ACTION: IN THE CLASSROOM

- Classroom teacher stays with child to reassure him
- Classroom teacher alerts Office (ring) or another teacher to get Epipen
- Follow individual child's ASCIA Plan
- Office alerts closest teacher to ring 000 immediately while taking Epipen to classroom
- Parents notified
- Principal (or next in charge) notified

ACTION: IN THE SCHOOLYARD

- First teacher to the scene stays with child
- Teacher contacts Staffroom for EpiPen (via Emergency Card, other Yard duty teacher or student)
- Follow individual child's ASCIA Plan
- Contacted teacher alerts closest teacher to call 000 immediately, while proceeding to playground.
- Parents notified
- Principal (or next in charge) notified and check that gate is open.

Communication Plan

The principal is responsible for ensuring a Communication Plan is developed which provides information to all School Staff, students and parents about anaphylaxis and the school's Anaphylaxis Management Policy.

The Communication Plan informs School Staff, students and parents about how to respond to an anaphylactic reaction during normal activities (including the classroom, in the school yard, and in school buildings such as the Hall), and out of school activities (including on excursions, school camps, and at special events conducted or organised by the school).

The Assistant Principal or CRT co-ordinator, will inform volunteers and casual relief staff of students at risk of anaphylaxis in their care, and their role in responding to an anaphylactic reaction.

The Principal will ensure that *relevant school Staff are trained and briefed as required.

*The school notes the Department's recommendation for **all** School Staff to be trained and briefed regularly.

Training and Briefing Requirements

- The school will provide at least two professional development briefings for all staff to enable them to recognise and address the following symptoms: hives/rash, tingling in or around the mouth, abdominal pain, vomiting or diarrhoea, facial swelling, cough or wheeze, difficulty breathing or swallowing, loss of consciousness or collapse, or cessation of breathing.
- Teachers and other School Staff, who conduct classes which students at risk of anaphylaxis attend, must have current training in an Anaphylaxis Management Training Course within the three years prior.
- The principal will identify **further** school staff to be trained, based on an assessment of the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the school.
- Trained teachers and other School Staff will be briefed at least twice per calendar year
- Training or Briefing will take place before the student's first day of school. Where this is not possible, an **interim** individual Anaphylaxis Management Plan will be developed in consultation with the student's parents.

- The Briefing must be by a Staff member who has successfully completed an Anaphylaxis Training Course in the last twelve months. If the relevant training and briefing has not occurred, the Principal will conduct an **interim** Anaphylaxis Management Plan in consultation with the parents of at-risk students and School Staff.

The Briefing must include:

- the School's Anaphylaxis Management Policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of potentially anaphylactic students, and where their medication is located
- how to use an Adrenaline Autoinjector, including using a training device
- the school's General First Aid and Emergency Response Procedures
- the location of, and access to the Adrenaline Autoinjectors provided by parents, and those for general use by the school

Annual Risk Management Checklist

The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations.

References/Resources/ Agreements

Anaphylaxis Guideline: A resource for managing severe allergies in Victorian schools. Issued February 2014
<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

Department of Allergy, Royal Children's Hospital, Parkville, 3052

www.rch.org.au

ASCIS Guidelines for Prevention of Food Anaphylactic Reactions in Schools www.allergy.org.au

ROYAL CHILDREN'S HOSPITAL FREE ANAPHYLAXIS ADVISORY SUPPORT LINE

FOR PARENTS, TEACHERS & PRINCIPALS

1300 725 911

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

STATUS: Ratified by BNWPS school council,

*References: School Policy & Advisory Guide
<http://www.education.vic.gov.au/school/principals/spag/health/pages/Anaphylaxis>
 S104-2011 –Requirements for Schools to undertake Twice Yearly Anaphylaxis Briefing*

Appendix 1: The role and responsibilities of the Principal

- Principal will purchase up-to-date Adrenaline Autoinjectors as a back up to those supplied by parents.
- Principal will determine the number needed, and an appropriate place for storage

The Principal has overall responsibility for implementing the school's Anaphylaxis Management Policy. The Principal should:

- Actively seek information to identify students with severe life threatening allergies at enrolment.
- Conduct a risk assessment of the potential for accidental exposure to allergens while the student is in the care of the school.
- Meet with parents/carers to develop an Individual Anaphylaxis Management Plan for the student. (Appendix 5)
- Request that parents provide an ASCIA Action Plan (Appendix 6) that has been signed by the student's medical practitioner and has an up to date photograph of the student. Obtain written consent to display photo.
- Ensure that parents provide an up-to-date Adrenaline Autoinjector for the student.
- Ensure that staff are informed and trained in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector.
- Develop a communication plan to raise student, staff and parent awareness about severe allergies and the school's policies.
- Ensure that there are procedures in place for informing Casual Relief Teachers of students at risk of anaphylaxis, and the steps required for prevention and emergency response.
- Liaise with the Anaphylaxis Coordinator.
- Allocate time, to discuss, practise and review the school's management strategies for students at risk of anaphylaxis. Practise using the trainer Adrenaline Autoinjectors regularly.
- Encourage ongoing communication between parents/carers and staff about the current status of the student's allergies, the school's policies and their implementation.
- Review Student's Management Plan annually with parents/carers, and whenever circumstances change.

Appendix 2: The role and responsibilities of Anaphylaxis Coordinator

The Anaphylaxis Coordinator has a lead role in supporting the Principal and teachers to implement prevention and management strategies for the school. The Anaphylaxis Coordinator should:

- Liaise with the Principal
- Maintain an up to date register of students at risk of anaphylaxis.
- Inform all parents of children with Action Plans the identity and how they may contact the Anaphylaxis Coordinator
- Display all ASCIA Action Plans with medication and Adrenaline Autoinjectors in individually identified pouches, in the General Office.
- Provide information to all staff so that they are aware of the students who are at risk of anaphylaxis, the student's allergies, the school's management strategies and first aid procedures.
- Provide copies of all students' Individual Anaphylaxis Management Plans & ASCIA Action Plans to each teacher for their class rolls, to the Principal, A.P. & OOSH and display in Staffroom.
- Organise a letter home, separate to the newsletter, to inform all classmates of a child's allergy and ways to minimise risk.
- Maintain yard duty bags and ensure that Back up Adrenaline Autoinjectors are clearly marked
- Ensure ambulance cards are placed by appropriate phones.
- Maintain an up to date register of Adrenaline Autoinjectors, including regular checks for cloudiness and expiry dates.
- Inform parents/carers a month prior in writing if Individual Adrenaline Autoinjectors need to be replaced.
- Arrange training each three years, and a briefing each semester. Record the dates and participants. Arrange training which includes inside & outside drills.
- Arrange post-incident support to students and staff, if appropriate.
- Raise staff, student and community awareness of severe allergies.

Appendix 3: The role and responsibilities of all school staff

School Staff who are responsible for the care of students at risk of anaphylaxis have a duty to take steps to protect students from risks of injury that are reasonably foreseeable. The Staff should:

- Know the identity of students who are at risk of anaphylaxis.
- Understand the causes, symptoms, and treatment of anaphylaxis.
- Ensure at-risk students, in particular, wash hands before eating. Ensure tables and surfaces are wiped down regularly and that students wash their hands after handling food.
- Be trained in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector.
- Know the school's first aid emergency procedures and what their role is in responding to an anaphylactic reaction.
- Keep a copy of all students' Management and ASCIA Action Plans in the class roll and follow it in the event of an allergic reaction.
- Raise student awareness about severe allergies and foster a school environment that is safe and supportive of students at-risk of anaphylaxis.
- Be aware of and use the Anaphylaxis Record Book to sign in/out prior to all excursions, special days and local excursions.

Class teachers of students at risk of anaphylaxis should:

- Be very familiar with student's Management Plan
- Display students' ASCIA Action Plan prominently in front of class roll and follow it in the event of an allergic reaction.
- Meet with parents during first week of school, or as soon as practicable
- Liaise with parents prior to excursions, special days, sports days, parties etc and camp Pass on updated information to Anaphylaxis Coordinator
- Use preventative strategies to minimise contamination in classroom including hand washing, and regularly wiping down tables & surfaces.

The Parents/Carers should:

- Inform the school, at enrolment or when diagnosed, of the student's allergies and whether the student has been diagnosed as being at risk of anaphylaxis.
- Obtain information from the student's medical practitioner about their condition and any medications to be administered. Inform school staff of all relevant information and concerns relating to the health of the student.
- Meet with the Principal to develop the student's Anaphylaxis Management Plan.
- Provide an ASCIA Action Plan to the school that is signed by the student's current medical practitioner, and has an up to date photograph.
- Provide an Adrenaline Autoinjector and any other medications to the school.
- Replace the Adrenaline Autoinjector before it expires. Check it is appropriate for the student's weight (eg: EpiPen Junior is only appropriate to 25kgs)
- Assist school staff in planning and preparing for the student prior to school camps, incursions, excursions or special events such as class parties or sport days.
- Supply alternative food options for the student when needed.
- Inform staff of any changes to the student's emergency contact details.
- Participate in reviews of the student's Anaphylaxis Management Plan, e.g. when there is a change to the student's condition or at an annual review.



ACTION PLAN FOR Anaphylaxis

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: _____

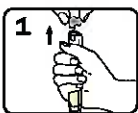
Plan prepared by:

Dr: _____

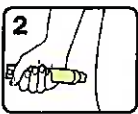
Signed: _____

Date: _____

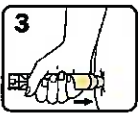
How to give EpiPen®



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



2 PLACE ORANGE 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 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.

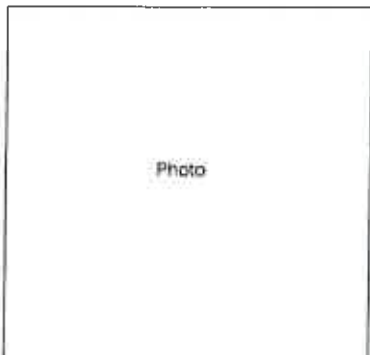


ACTION PLAN FOR Anaphylaxis

For use with Anapen® 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 Anapen®



PULL OFF BLACK NEEDLE SHIELD



PULL OFF GREY SAFETY CAP from red button



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



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

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.

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 1: 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 (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

<p>16. Is the storage unlocked and accessible to School Staff at all times?</p> <p>Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>17. Are the Adrenaline Autoinjectors easy to find?</p> <p>Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>18. Is a copy of student's Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) kept together with the student's Adrenaline Autoinjector?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>19. Are the Adrenaline Autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student's names?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>20. Has someone been designated to check the Adrenaline Autoinjector expiry dates on a regular basis?</p> <p>Who?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>21. Are there Adrenaline Autoinjectors which are currently in the possession of the School and which have expired?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>22. Has the School signed up to EpiClub or ANA-alert (optional free reminder services)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>23. Do all School Staff know where the Adrenaline Autoinjectors and the Individual Anaphylaxis Management Plans are stored?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>24. Has the School purchased Adrenaline Autoinjector(s) for General Use, and have they been placed in the School's first aid kit(s)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>25. Where are these first aid kits located?</p>	
<p>26. Is the Adrenaline Autoinjector for General Use clearly labelled as the 'General Use' Adrenaline Autoinjector?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>27. Is there a register for signing Adrenaline Autoinjectors in and out when taken for excursions, camps etc?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 3: Prevention Strategies	
<p>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?</p>	<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 and participated in a twice yearly briefing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 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
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?	
41. Who will make these arrangements during sporting activities?	
42. Is there a process for post incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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:	
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 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an Adrenaline Autoinjector, including hands on practise 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 4: Communication Plan	
44. 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
45. 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?	

46. How is this information kept up to date?	
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?	

