

ANAPHYLAXIS MANAGEMENT POLICY

Rationale

Birralee Primary School will fully comply with Ministerial Order 706 (April 2014) and the associated Guidelines published and amended by the Victorian Department of Education from time to time.

Aims

To ensure that any student who has been diagnosed by a Medical Practitioner as being at risk of anaphylaxis is to receive correct and timely management and that for optimum response, Individual Anaphylaxis Management Plans must be developed in consultation with students' Parents.

Implementation

1. Staff will be provided with training in relation to an allergic reaction and the necessary treatment, including use of an adrenalin auto-injector (EpiPen®).
2. Identified students will not be isolated or excluded from any activity within reason (other than to maintain their safety).
3. All staff (including specialists and casual relief staff) are to be made aware of identified students at risk of anaphylaxis or allergies by:
 - a. Direction to information in visiting teacher / therapist folder
 - b. Direction to Anaphylaxis/Medical display boards in classrooms, at the school hall, the North Building Foyer and the canteen

Individual Anaphylaxis Management Plans

1. An *Individual Anaphylaxis Management Plan (Appendix A)* and an *ASCIA Action Plan for Anaphylaxis EpiPen – Personal Use (Appendix B)* for a student known to be at risk of anaphylaxis will be in place as soon as practicable after enrolment and where possible, before their first day of school.
2. The Individual Anaphylaxis Management Plan will set out the following:
 - a. information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction including the type of allergy/allergies that the student has, based on a written diagnosis from a Medical Practitioner
 - b. strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of school staff for in-school and out-of-school settings, including in the school yard, at camps and excursions or at special events conducted, organised or attended by the school
 - c. the name of the person(s) responsible for implementing the strategies
 - d. information on where the student's medication will be stored
 - e. the student's emergency contact details
 - f. an ASCIA (Australasian Society of Clinical Immunology and Allergy) Action Plan
3. The student's *Individual Anaphylaxis Management Plan (Appendix A)* will be reviewed in consultation with the student's parents in all of the following circumstances:
 - a. annually
 - b. if the student's medical condition relating to an allergy and the potential for an anaphylactic reaction, changes
 - c. as soon as practicable after the student has had an anaphylactic reaction when the student is to participate in an off-site activity e.g. camps and excursions.

The responsibility of the parents is to:

1. Provide the *ASCIA Action Plan for Anaphylaxis Epipen – Personal Use (Appendix B)* as approved by a Medical Practitioner.
2. Inform the school in writing if their child's medical condition changes (in relation to an allergy and the potential for anaphylactic reaction) and if relevant, provide an updated *ASCIA Action Plan for Anaphylaxis Epipen – Personal Use (Appendix B)*.
3. Provide an up to date photo for the *ASCIA Action Plan for Anaphylaxis Epipen – Personal Use (Appendix B)* when that Plan is originally provided to the school and when it is reviewed.
4. Provide the school with an Adrenaline Auto-injector that is within current 'use date' for their child.
5. Provide the school with an extra Adrenaline Auto-injector to take when their child is going away from school to attend an excursion or camp.
6. To check ingredients of items purchased from the canteen (over the counter), for special lunch orders and outsourced lunch orders.

School Management and Emergency Response & Risk Minimisation and Prevention Strategies

1. A designated first-aid staff member is to compile and maintain a complete and up-to-date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction using the *Annual Risk Checklist Template (Appendix G)* and *Individual Anaphylaxis Management Plans (Appendix A)*.
2. The designated first-aid staff member is to ensure that *Personal ASCIA Action Plan for Anaphylaxis Epipen – Personal Use (Appendix B)* are maintained and displayed:
 - a. In the first aid room with the *ASCIA First Aid for Anaphylaxis (Appendix F)* notice and the *ASCIA Action Plan Anaphylaxis Epipen General Use (Appendix E)*
 - b. in the classrooms of students with known anaphylactic reactions
 - c. common areas (for all students)
 - d. on school excursions & camps
 - e. at the canteen
 - f. In CRT/ visiting staff folders
3. The designated first-aid staff member is responsible for checking the expiry dates of the Adrenalin Auto-injectors in the first aid room (including those purchased by the school).
4. Parents are responsible for ensuring that Adrenalin Auto-injectors sent to the classrooms, excursions and camps are all within their 'use-by' date.
5. School Staff, students and Parents must adhere to the Communication Plan (below), in order to facilitate ongoing appropriate treatment.
6. Auto-injectors must be stored with a copy of the current *Individual ASCIA Action Plan for Anaphylaxis Epipen – Personal Use (Appendix B)* with an up-to-date photo of the student visible on the outside of the container.
7. A spare (in date) Adrenaline Auto-injector of the appropriate dosage is to be kept in the first aid room.
8. In-date Adrenaline Auto-injectors are to be kept with students in their classroom or with the designated first-aid nominee on camps, visits & excursions.

9. During camps the auto-injector must be in an agreed accessible place and known to all staff attending the camp.
10. At the end of daily camp activities, it is the responsibility of the staff member who has been designated with the role of administering First-Aid and medications, to ensure that Auto-injectors are returned to the known, agreed, accessible place.
11. During excursions and camps, students with known anaphylactic and allergic responses will be assigned to a group with a staff member who has completed the anaphylaxis training.
12. During excursion & camp activities (when at a distance from the accommodation block), the student's auto-injector must be with the designated staff member who is the leader of their group.
13. On camps, visits and excursions, each student must have two auto-injectors provided by the parents.

Adrenaline Auto-injectors for General Use

The school will purchase Adrenaline Auto-injectors for general use and as a back-up to those supplied by parents. The number of auto-injectors will be determined by:

- a. The number of students enrolled at the school who have been diagnosed as being at risk of anaphylaxis
- b. The accessibility of Adrenaline Auto-injectors that have been provided by parents of students who have been diagnosed as being at risk of anaphylaxis
- c. The availability and sufficient supply of Adrenaline Auto-injectors for general use in specified locations at the school, including for excursions & camps
- d. The number of students below or above 20kgs of weight to determine the appropriate dosage
- e. As the Adrenaline auto-injectors have a limited life (usually expiring within 12-18 months), they will need to be replaced at the school's expense either at the time of use or expiry, whichever is first

Communication Plan

1. School staff must be informed as soon as the school becomes aware that a student is at risk of an anaphylactic reaction.
2. Information about identified students (including their management plans and photos) will be displayed in the first aid room, relevant classrooms, canteen, specialist-rooms, in the class rolls, in the Before School Care room and in shared workspaces.
3. Casual relief staff must be alerted to students in their care who are at risk of an anaphylactic reaction, how to seek assistance & where their auto-injectors are kept.
4. Staff & volunteers must be made aware of students who are at risk of an anaphylactic reaction and of the emergency procedures, whilst accompanying excursions & camps.
5. Students with known medical conditions to be identified on the online roll system.
6. Sessional education/specialist staff & therapists must be informed of students with known medical conditions and referred to information displayed in the CRT folder and/or area to which they are assigned.
7. Students are to be instructed not to share food at school.

Staff Training

The following school staff will be appropriately trained:

- a. school staff who conduct classes that students attend with a known medical condition that relates to allergy and the potential for anaphylactic reaction
- b. any further school staff as determined by the principal

The identified school staff will undertake the following training:

- c. an Anaphylaxis Management Training Course in the three years prior
- d. a twice yearly briefing (with the first briefing to be held at the beginning of the school year).
The briefing must be conducted by a member of the school staff who has successfully completed an Anaphylaxis Management Training Course in the last 12 months

The briefing must include:

- the school's Anaphylaxis Management Policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication and/or auto-injector is located
- how to use an Adrenaline Auto-injector, including hands-on practise with a trainer Adrenaline Auto-injector device
- the school's general First Aid and Emergency Response procedures
- the location of, and access to, Adrenaline Auto-injectors that have been provided by parents or purchased by the school for general use
- training for relevant school staff as soon as practicable after a new student enrolls
- planning for ensuring that sufficient numbers of school staff are present on excursions, yard-duty, camps and at special event days, who have successfully completed an Anaphylaxis Management Training Course in the three years prior to the event

Appendices

- Appendix A: Individual Anaphylaxis Management Plan
- Appendix B: ASCIA Action Plan for Anaphylaxis Epipen Personal Use
- Appendix C: ASCIA Action Plan for Allergic Reactions
- Appendix D: ASCIA Event Record for Allergic Reactions
- Appendix E: ASCIA Action Plan for Anaphylaxis Epipen General Use
- Appendix F: ASCIA First Aid Treatment for Anaphylaxis
- Appendix G: Annual Risk Checklist Template

Evaluation

This policy will be reviewed as part of the School's three year review cycle.

Individual Anaphylaxis Management Plan

<p>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.</p> <p>It is the Parents' responsibility to provide the School with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's Medical Practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.</p>			
School		Phone	
Student			
DOB		Year level	
Severely allergic to:			
Other health conditions			
Medication at school			
EMERGENCY CONTACT DETAILS (PARENT)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
EMERGENCY CONTACT DETAILS (ALTERNATE)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
Medical practitioner contact	Name		
	Phone		

Emergency care to be provided at school	
Storage for Adrenaline (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?

Name of environment/area:

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

Name of environment/area:

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

Name of environment/area:

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

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; and
- 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 - Prevention 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:	

ACTION PLAN FOR Anaphylaxis

For use with EpiPen® adrenaline autoinjectors

Name: _____

Date of birth: _____

Photo

Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by:

Dr: _____

I hereby authorise medications specified on this plan to be administered according to the plan.

Signed:

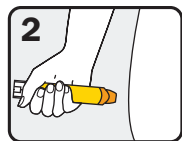
Date: _____

Date of next review: _____

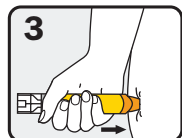
How to give EpiPen®



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



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



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

REMOVE EpiPen®. Massage injection site for 10 seconds.

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

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

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

Mild to moderate allergic reactions may not always occur before 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 FOR ANAPHYLAXIS

- 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 adrenaline autoinjector.**
- 3 Phone ambulance*: 000 (AU) or 111 (NZ).**
- 4 Phone family/emergency contact.**
- 5 Further adrenaline doses may be given if no response after 5 minutes, 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.

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.

IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Asthma: Y ☐ N ☐ Medication: _____

Name: _____

Date of birth: _____

Photo

Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by:

Dr: _____

I hereby authorise medications specified on this plan to be administered according to the plan.

Signed:

Date: _____

Date of next review: _____

Note: The ASCIA Action Plan for Allergic Reactions is for people with mild to moderate allergies, who need to avoid certain allergens.

For people with severe allergies (and at risk of anaphylaxis) there are ASCIA Action Plans for Anaphylaxis, which include adrenaline autoinjector instructions.

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 anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

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

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

ACTION FOR ANAPHYLAXIS

1 Lay person flat. Do not allow them to stand or walk.

If breathing is difficult allow them to sit.

2 Give adrenaline autoinjector if available.

3 Phone ambulance*: 000 (AU) or 111 (NZ).

4 Phone family/emergency contact.

Commence CPR at any time if person is unresponsive and not breathing normally.

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

IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Asthma: Y ☐ N ☐ Medication: _____



This document should be completed by the patient (to provide to their doctor or nurse practitioner) or completed by the doctor or nurse practitioner.

Patient name: _____

Date and time of reaction: _____

GP: _____ Specialist: _____

Suspected trigger/s (if known)

☐ Food /s _____

☐ Stings or bites (e.g. bee, tick) _____

☐ Drug _____

Signs/symptoms

Mild or moderate:

- ☐ Hives
- ☐ Tingling mouth
- ☐ Swelling of lips
- ☐ Vomiting
- ☐ Abdominal pain

Severe (anaphylaxis):

- ☐ Tightness in throat
- ☐ Difficult/noisy breathing
- ☐ Difficulty talking/hoarse voice
- ☐ Swelling of tongue
- ☐ Swelling in throat

- ☐ Persistent dizziness
- ☐ Collapse
- ☐ Pale and floppy
- ☐ Wheeze
- ☐ Persistent cough

Location of reaction

☐ Home ☐ School ☐ Childcare ☐ Work ☐ Dining out

☐ Other _____

Activity immediately before reaction:

☐ Eating ☐ Gardening ☐ Exercise ☐ Other: _____

Other medical conditions

☐ Asthma ☐ Other: _____

Previous allergic reactions

☐ Mild-moderate ☐ Severe (anaphylaxis)

Allergen/s _____

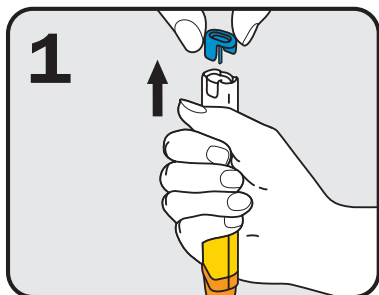
Adrenaline autoinjector prescribed

☐ Yes ☐ No

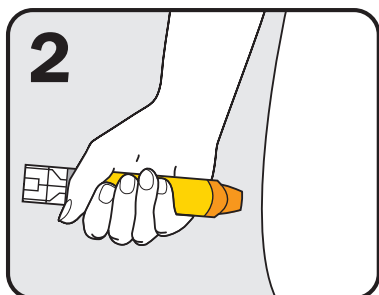
ACTION PLAN FOR Anaphylaxis

For use with EpiPen® adrenaline autoinjectors

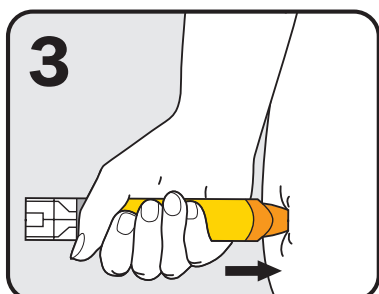
How to give EpiPen®



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



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



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

Remove EpiPen®. Massage injection site for 10 seconds.

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help.
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector.
- Phone family/emergency contact.

Mild to moderate allergic reactions may not always occur before 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 FOR ANAPHYLAXIS

- 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 adrenaline autoinjector.**
- 3 Phone ambulance*: 000 (AU) or 111 (NZ).**
- 4 Phone family/emergency contact.**
- 5 Further adrenaline doses may be given if no response after 5 minutes, 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.

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.

IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.



australasian society of clinical immunology and allergy

FIRST AID TREATMENT FOR ANAPHYLAXIS

Anaphylaxis is a severe allergic reaction and potentially life threatening. It should always be treated as a medical emergency, requiring immediate treatment. Most cases of anaphylaxis occur after a person with a severe allergy is exposed to the allergen they are allergic to (usually a food, insect or medication).

MILD TO MODERATE ALLERGIC REACTION

In some cases, anaphylaxis is preceded by signs of a mild to moderate allergic reaction:

- Swelling of face, lips and eyes
- Hives or welts on the skin
- Tingling mouth
- Stomach pain, vomiting (these are signs of a mild to moderate allergic reaction to most allergens, however, in insect allergy these are signs of anaphylaxis).

ACTION

- For insect allergy, flick out the sting if it can be seen (but do not remove ticks)
- Stay with person and call for help
- Give medications if prescribed (whilst non-drowsy antihistamines may be used to treat mild to moderate allergic reactions, if these progress to anaphylaxis then adrenaline is the only suitable medication)
- Locate **adrenaline autoinjector** if available (instructions are included in the ASCIA Action Plan for Anaphylaxis which should be stored with the adrenaline autoinjector)
- Contact parent/guardian or other emergency contact.

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

Continue to watch for any one of the following signs of 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 (in young children)

ACTION

- **Lay person flat - if breathing is difficult, allow to sit - do not allow them to stand or walk**
- **Give the adrenaline autoinjector** if available (instructions are included in the ASCIA Action Plan for Anaphylaxis, stored with the adrenaline autoinjector)
- **Call Ambulance** (Telephone 000 in Australia, 111 in New Zealand)
- Contact parent/guardian or other emergency contact
- Further adrenaline doses may be given (when an additional adrenaline autoinjector is available), if there is no response after 5 minutes.

If in doubt, give the 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.

NOTE:

- **Adrenaline is life saving and must be used promptly. Withholding or delaying the giving of adrenaline can result in deterioration and death.** This is why giving the adrenaline autoinjector is the first instruction on the ASCIA Action Plan for Anaphylaxis. If cardiopulmonary resuscitation (CPR) is given before this step there is a risk that adrenaline is delayed or not given.
- **In the ambulance** oxygen will usually be administered to the patient by paramedics.
- **Medical observation** of the patient in hospital for at least 4 hours is recommended after anaphylaxis.
- **Adrenaline autoinjectors** available in Australia and New Zealand include EpiPen® and EpiPen® Jr.. EpiPen Jr is generally prescribed for children aged 1 to 5 years.

© ASCIA 2015 For further information on anaphylaxis visit www.allergy.org.au - the web site of ASCIA.

ASCIA is the peak professional body of clinical immunology/allergy specialists in Australia and New Zealand.

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
16. Is the storage unlocked and accessible to School Staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are the Adrenaline Autoinjectors easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No

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