Tyers Primary School – Anaphylaxis Management Policy

Purpose of this policy

To ensure the health and wellbeing of students, staff and visitors to our school Tyers Primary School will fully comply with Ministerial Order 706 and the associated guidelines published and amended by the Department of Education and Training (DET) from time to time (refer DET Anaphylaxis Management in Schools).

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 (e.g. cashews), cow’s milk, fish and shellfish, wheat, soy, sesame seeds, latex, certain insect stings and medications.

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

Tyers Primary School is committed to:

- providing, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of their schooling,
- raising awareness about allergies and anaphylaxis in the school community,
- actively involving the parents/guardians of each student at risk of anaphylaxis in assessing risks, developing risk minimisation and management strategies for the student,
- ensuring that every staff member has adequate knowledge of allergies, anaphylaxis and emergency procedures, and
- ensuring Tyers Primary School has appropriate policies and procedures in place to ensure the risks associated with severe allergies are minimised, so all students can feel safe while at school.

Implementation

What is anaphylaxis?

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. Although allergic reactions are common in children, severe life-threatening allergic reactions are uncommon and deaths are rare. However, deaths have occurred and anaphylaxis must therefore be regarded as a medical emergency requiring a rapid response.

What are the main causes?

Research shows that students in the 10-18 year age group are at greatest risk of suffering a fatal anaphylactic reaction. Certain foods and insect stings are the most common causes of anaphylaxis. Eight foods cause ninety-five per cent of food allergic reactions in Australia and can be common causes of anaphylaxis:

- peanuts,
- tree nuts (i.e. hazelnuts, cashews, almonds, walnuts, pistachios, macadamias, brazil nuts, pecans, chestnuts and pine nuts),
- eggs,
- cow’s milk,
- wheat,
- soy,
- fish and shellfish (e.g. oysters, lobsters, clams, mussels, shrimps, crabs and prawns), and
- sesame seeds.

Other common allergens include some insect stings, particularly bee stings but also wasp and jumper jack ant stings, tick bites, some medications (e.g. antibiotics and anesthetic drugs) and latex.
Signs and symptoms

Mild to moderate allergic reaction can include:
- swelling of the lips, face and eyes,
- hives or welts,
- tingling mouth, and
- abdominal pain and/or vomiting (these are signs of a severe allergic reaction to insects).

Anaphylaxis (severe allergic reaction) can include:
- difficult/noisy breathing,
- swelling of tongue,
- swelling/tightness in throat,
- difficulty talking and/or hoarse voice,
- wheeze or persistent cough,
- persistent dizziness or collapse, and
- pale and floppy (young children).

Symptoms usually develop within 10 minutes to several hours after exposure to an allergen, but can appear within a few minutes.

Treatment of anaphylaxis

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

Children diagnosed as being at risk of anaphylaxis are prescribed Adrenaline Autoinjector in an emergency. The two most common brands of Adrenaline Autoinjectors available in Australia are EpiPen® and Anapen®300. Children between 10 and 20 kilograms are prescribed a smaller dosage of adrenaline, through an EpiPen®Jr or Anapen®150. These Adrenaline Autoinjectors are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

The Principal will ensure an Individual Anaphylaxis Management Plan is developed (refer Appendix 1: Individual Anaphylaxis Management Plan Template), in consultation with the student’s parents/guardians, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrols, and where possible before their first day of school.

The Individual Anaphylaxis Management Plan will set out the following:
- information about the student’s medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a written diagnosis from a medical practitioner),
- 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,
- the name of the person(s) responsible for implementing the strategies,
- information on where the student’s medication will be stored,
- the student’s emergency contact details, and
- an Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.

The red and blue ‘ASCIA Action Plan for Anaphylaxis’ is the recognised form for emergency procedure plans that is provided by medical practitioners to parents/guardians when a child is diagnosed as being at risk of anaphylaxis. An example can be found in Appendix 1: Individual Anaphylaxis Management Plan Template, or downloaded from [http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx](http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx)

School staff will then implement and monitor the student’s Individual Anaphylaxis Management Plan.
The student’s Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student’s parents/guardians in all of the following circumstances:

- 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 (e.g. class parties, elective subjects, cultural days, fetes, excursions).

It is the responsibility of the parents/guardians to:

- provide the ASCIA Action Plan,
- inform Tyers Primary School in writing if their child’s medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan,
- provide an up to date photo for the ASCIA Action Plan when that plan is provided to the school and when it is reviewed, and
- provide the school with an Adrenaline Autoinjector that is current and not expired for their child.

Prevention Strategies

Statistics show that peanuts and nuts are the most common trigger for an anaphylactic reaction and fatality due to food anaphylaxis. To minimise the risk of a first time reaction to peanuts and nuts, Tyers Primary School will carefully consider the use of peanuts, nuts, peanut butter or other peanut or nut products during in-school and out-of-school activities. It is recommended that school activities don’t place pressure on student to try foods, whether they contain a known allergen or not. More information about peanut and nut banning can be found in the ASCIA Guidelines for Prevention of Food Anaphylactic Reactions in Schools, available from the ASCIA website at: [www.allergy.org.au](http://www.allergy.org.au)

The Risk Minimisation and Prevention Strategies Tyers Primary School will put in place for all relevant in-school and out-of-school settings, include (but are not limited to) the following:

Classrooms

- Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan is easily accessible even if the Adrenaline Autoinjector is kept in another location.
- Liaise with parents/guardians about food-related activities ahead of time.
- Use non-food treats where possible, but if food treats are used in class it is recommended that parents/guardians of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
- Never give food from outside sources to a student who is at risk of anaphylaxis.
- Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.
- Products labelled ‘may contain traces of nuts’ should not be served to students allergic to nuts. Products labelled ‘may contain milk or egg’ should not be served to students with milk or egg allergy and so forth.
- Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
- Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc. are washed and cleaned thoroughly after preparation of food and cooking.
- Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
- The Principal or Business Manager will inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student’s Individual Anaphylaxis Management Plan and Adrenaline Autoinjector, the school’s Anaphylaxis Management Policy, and each individual person’s responsibility in managing an incident, i.e. seeking a trained staff member.
Yard

- If Tyers Primary School has a student who is at risk of anaphylaxis, sufficient school staff on yard duty must be trained in the administration of the Adrenaline Autoinjector (i.e. EpiPen®/ Anapen®) to be able to respond quickly to an anaphylactic reaction if needed.
- The Adrenaline Autoinjector and each student’s Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location. (Remember that an anaphylactic reaction can occur in as little as a few minutes).
- Yard duty staff should contact the school office immediately an anaphylactic reaction occurs so the student’s medical information and medication can be retrieved quickly if a reaction occurs in the yard. All staff on yard duty must be aware of the School’s Emergency Response Procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.
- Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.
- Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. School Staff should liaise with parents/guardians to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
- Keep lawns and clover mowed and outdoor bins covered.
- Students should keep drinks and food covered while outdoors.

Special events (e.g. sporting events, excursions, class parties, etc.)

- If Tyers Primary School has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.
- School staff should avoid using food in activities or games, including as rewards.
- For special occasions, school staff should consult parents/guardians in advance to either develop an alternative food menu or request the parents/guardians to send a meal for the student.
- Parents/guardians of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at school or at a special school event.
- Party balloons should not be used if any student is allergic to latex.

Field trips/excursions/sporting events

- If Tyers Primary School has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector and be able to respond quickly to an anaphylactic reaction if required.
- A school staff member or team of school staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions.
- School staff should avoid using food in activities or games, including as rewards.
- The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis should be easily accessible and school staff must be aware of their exact location.
- For each field trip, excursion etc., a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.
- All school staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
- Tyers Primary School will consult parents/guardians of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the parents/guardians provide a meal (if required).
- Parents/guardians may wish to accompany their child on field trips and/or excursions. This should be discussed with parents/guardians as another strategy for supporting the student who is at risk of anaphylaxis.
- Prior to the excursion taking place school staff should consult with the student’s parents/guardians and medical practitioner (if necessary) to review the student’s Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.
Camps and remote settings

- Prior to engaging a camp owner/operator’s services Tyers Primary School will make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the school, then Tyers Primary School should consider using an alternative service provider.
- The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
- Tyers Primary School will not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
- Tyers Primary School will conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with parents/guardians of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
- School staff should consult with parents/guardians of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.
- If Tyers Primary School has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should also consider alternative means for providing food for those students.
- Use of substances containing allergens should be avoided where possible.
- Camps should avoid stocking peanut or tree nut products, including nut spreads. Products that ‘may contain’ traces of nuts may be served, but not to students who are known to be allergic to nuts.
- The student's Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.
- Prior to the camp taking place school staff should consult with the student’s parents/guardians to review the student’s Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
- School staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all school staff participating in the camp are clear about their roles and responsibilities.
- Contact local emergency services and hospitals well prior to the camp. Advise full medical conditions of students at risk, location of camp and location of any off camp activities. Ensure contact details of emergency services are distributed to all school staff as part of the emergency response procedures developed for the camp.
- Tyers Primary School will consider taking an Adrenaline Autoinjector for general use on a school camp, even if there is no student at risk of anaphylaxis, as a backup device in the event of an emergency.
- Tyers Primary School will consider purchasing an Adrenaline Autoinjector for general use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.
- The Adrenaline Autoinjector should remain close to the student and school staff must be aware of its location at all times.
- The Adrenaline Autoinjector should be carried in the school first aid kit; however, consideration will be given to allow students, particularly adolescents, to carry their Adrenaline Autoinjector on camp. Remember all school staff members still have a duty of care towards the student even if they do carry their own Adrenaline Autoinjector.
- 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.
- 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.
Storage of Adrenaline Autoinjectors

It is recommended that:

- Adrenaline Autoinjectors for individual students, or for general use, be stored correctly and be able to be accessed quickly, because, in some cases, exposure to an allergen can lead to an anaphylactic reaction in as little as five minutes,
- Adrenaline Autoinjectors be stored in an unlocked, easily accessible place away from direct light and heat but not in a refrigerator or freezer,
- Each Adrenaline Autoinjector should be clearly labelled with the student’s name and be stored with a copy of the student’s ASCIA Action Plan;
- An Adrenaline Autoinjector for General Use will be clearly labelled and distinguishable from those for students at risk of anaphylaxis; and
- Trainer Adrenaline Autoinjectors (which do not contain adrenaline or a needle) are not stored in the same location due to the risk of confusion.

Regular review of Adrenaline Autoinjectors

Tyers Primary School will undertake regular reviews of students’ Adrenaline Autoinjectors, and those for general use. When undertaking a review, the following factors could be checked and/or considered.

- Adrenaline Autoinjectors are:
  - stored correctly and be able to be accessed quickly, because, in some cases, exposure to an allergen can lead to an anaphylactic reaction in as little as five minutes,
  - stored in an unlocked, easily accessible place away from direct light and heat. They should not be stored in the refrigerator or freezer,
  - clearly labelled with the student’s name, or for general use, and
  - signed in and out when taken from its usual place, e.g. for camps or excursions.
- Each student’s Adrenaline Autoinjector is distinguishable from other students’ Adrenaline Autoinjectors and medications. Adrenaline Autoinjectors for general use are also clearly distinguishable from students’ Adrenaline Autoinjectors.
- All school staff know where Adrenaline Autoinjectors are located.
- A copy of the student’s ASCIA Action Plan is kept with their Adrenaline Autoinjector.
- Depending on the speed of past reactions, it may be appropriate to have a student’s Adrenaline Autoinjector in class or in a yard-duty bag.
- It is important to keep trainer Adrenaline Autoinjectors (which do not contain adrenaline) in a separate location from students’ Adrenaline Autoinjectors.

The Business Manager will conduct regular reviews of the Adrenaline Autoinjectors to ensure they are not out of date.

If the Business Manager identifies any Adrenaline Autoinjectors which are out of date, they should consider:

- sending a written reminder to the student’s parents/guardians to replace the Adrenaline Autoinjector,
- advising the Principal that an Adrenaline Autoinjector needs to be replaced by a parent/guardian, and
- working with the Principal to prepare an interim Individual Anaphylaxis Management Plan pending the receipt of the replacement Adrenaline Autoinjector.

School Management and Emergency Response

When a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school, the Principal must ensure that there are a sufficient number of School Staff present who have been trained in responding to an anaphylactic reaction.

In the event of an anaphylactic reaction, the Emergency Response Procedures in this policy must be followed, together with the school’s general first aid and emergency response procedures and the student’s ASCIA Action Plan.
Role and responsibilities of the Principal

The Principal has the overall responsibility for implementing strategies and processes for ensuring a safe and supportive environment for students at risk of anaphylaxis. The Principal will:

- Ensure that the school develops, implements and reviews its School Anaphylaxis Management Policy in accordance with Ministerial Order 706 and the DET Anaphylaxis Guidelines.
- Actively seek information to identify students with severe life-threatening allergies or those who have been diagnosed as being at risk of anaphylaxis, either at enrolment or at the time of diagnosis (whichever is earlier).
- Ensure that parents/guardians provide an ASCIA Action Plan which has been signed by the student’s medical practitioner and that contains an up-to-date photograph of the student.
- Ensure that an Individual Anaphylaxis Management Plan is developed in consultation with the student’s parents/guardians for any student that has been diagnosed by a medical practitioner with a medical condition relating to allergy and the potential for anaphylactic reaction, where the school has been notified of that diagnosis. This includes ensuring the documentation of practical strategies for activities in both in-School and out-of-School settings to minimise the risk of exposure to allergens, and nomination of staff who are responsible for implementation of those strategies. The risk minimisation plan should be customised to the particular student for participation in normal school activities (e.g. during cooking and art classes) and at external events (e.g. swimming sports, camps, excursions and interstate/overseas trips). Ensure students’ Individual Anaphylaxis Management Plans are communicated to staff.
- If using an external canteen provider, be satisfied that that the provider can demonstrate satisfactory training in the area of anaphylaxis and its implications for food-handling practices. This includes careful label reading, and an understanding of the major food allergens that trigger anaphylaxis and cross-contamination issues specific to food allergies.
- Ensure that parents/guardians provide the school with an Adrenaline Autoinjector for their child that is not out-of-date and a replacement Adrenaline Autoinjector when requested to do so.
- Ensure that a Communication Plan is developed to provide information to all school staff, students and parents/guardians about anaphylaxis and the School’s Anaphylaxis Management Policy.
- Ensure there are procedures in place for providing volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction by a student in their care.
- Ensure that relevant school staff have successfully completed an anaphylaxis management training course in the three years prior.
- Ensure that relevant school staff are briefed at least twice a year by a staff member who has completed current anaphylaxis management training on:
  - the School’s Anaphylaxis Management Policy,
  - the causes, symptoms and treatment of anaphylaxis,
  - the identities of students diagnosed at risk of anaphylaxis and the location of their medication,
  - how to use an Adrenaline Autoinjector, including hands-on practise with a trainer Adrenaline Autoinjector (which does not contain adrenaline),
  - the school’s general first aid and emergency procedures, and the location of Adrenaline Autoinjecting devices that have been purchased by the school for general use.
- Allocate time, such as during staff meetings, to discuss, practise and review the School’s Anaphylaxis Management Policy. Practise using the trainer Adrenaline Autoinjectors as a group and undertake drills to test effectiveness of the school’s general first aid procedures.
- Encourage ongoing communication between parents/guardians and school staff about the current status of the student’s allergies, the school’s policies and their implementation.
- Ensure that the student’s Individual Anaphylaxis Management Plan is reviewed in consultation with Parents annually, when the student’s medical condition changes, as soon as practicably after a student has an anaphylactic reaction at School, and whenever a student is to participate in an off-site activity such as camps or excursions or at special events conducted, organised or attended by the school.
- Ensure the Risk Management Checklist for Anaphylaxis is completed annually.
- Arrange to purchase and maintain an appropriate number of Adrenaline Autoinjectors for general use to be part of the school’s first aid kit.
Role and responsibilities of school staff

All school staff have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. This includes administrators, casual relief staff, specialist staff, sessional teachers and volunteers. Tyers Primary School staff will:

- Know and understand the School Anaphylaxis Management Policy.
- Know the identity of students who are at risk of anaphylaxis. Know the students by face.
- Understand the causes, symptoms, and treatment of anaphylaxis.
- Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector.
- Know where to find a copy of each student’s Individual Anaphylaxis Management Plan quickly, and follow it in the event of an allergic reaction.
- Know the school’s general first aid and emergency response procedures, and understand their role in relation to responding to an anaphylactic reaction.
- Know where students’ Adrenaline Autoinjectors and the Adrenaline Autoinjectors for general use are kept (remember that the Adrenaline Autoinjector is designed so that anyone can administer it in an emergency).
- Know and follow the prevention and risk minimisation strategies in the student’s Individual Anaphylaxis Management Plan.
- Plan ahead for special class activities (e.g. cooking, art and science classes), or special occasions (e.g. excursions, incursions, sport days, camp, cultural days, fetes and parties), either at school, or away from school. Work with Parents to provide appropriate food for their child if the food the school/class is providing may present a risk for him or her.
- Avoid the use of food treats in class or as rewards, as these may contain hidden allergens. Work with parents/guardians to provide appropriate treats for students at risk of anaphylaxis.
- Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.
- Be aware of the risk of cross-contamination when preparing, handling and displaying food.
- Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food.
- Raise student awareness about severe allergies and the importance of their role in fostering a School environment that is safe and supportive for their peers.

Role and responsibilities of first aid coordinators

At Tyers Primary School, the first aid coordinator will take a lead role in supporting the Principal and other school staff to implement the School’s Anaphylaxis Management Policy. The First Aid Coordinator will:

- Work with the Principal to develop, implement and review the School’s Anaphylaxis Management Policy.
- Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector (i.e. EpiPen®/Anapen®).
- Provide or arrange regular training to other school staff to recognise and respond to anaphylactic reaction, including administration of an Adrenaline Autoinjector.
- Keep an up-to-date register of students at risk of anaphylaxis.
- Keep a register of Adrenaline Autoinjectors as they are ‘in’ and ‘out’ from the central storage point. For instance when they have been taken on excursions, camps etc.
- Work with the Principal, parents/guardians and students to develop, implement and review each Individual Anaphylaxis Management Plan to:
  - ensure that the student’s emergency contact details are up-to-date,
  - ensure that the student’s ASCIA Action Plan matches the student’s supplied Adrenaline Autoinjector,
  - regularly check that the student’s Adrenaline Autoinjector is not out-of-date, such as at the beginning or end of each term,
  - inform Parents in writing that the Adrenaline Autoinjector needs to be replaced a month prior to the expiry date,
  - ensure that the student’s Adrenaline Autoinjector is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place, and
  - ensure that a copy of the Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) is stored with the student’s Adrenaline Autoinjector.
• Work with school staff to conduct regular risk prevention, minimisation, assessment and management strategies.
• Work with school staff to develop strategies to raise their own, students and school community awareness about severe allergies.
• Provide or arrange post-incident support (e.g. counselling) to students and school staff, if appropriate.

Role and responsibilities of parents/guardians of a student at risk of anaphylaxis

Parents have an important role in working with the School to minimise the risk of anaphylaxis. Parents/guardians will:
• Inform the school in writing, either at enrolment or diagnosis, of the student’s allergies, and whether the student has been diagnosed at the time as being at risk of anaphylaxis.
• Obtain an ASCIA Action Plan from the student’s medical practitioner that details their condition, and any medications to be administered, and other emergency procedures and provide this to the school.
• Inform school staff in writing of any changes to the student’s medical condition and if necessary, provide an updated ASCIA Action Plan.
• Provide the school with an up to date photo for the student’s ASCIA Action Plan and when the plan is reviewed.
• Meet with and assist the school to develop the student’s Individual Anaphylaxis Management Plan, including risk management strategies.
• Provide the school with an Adrenaline Autoinjector and any other medications that are current and not expired.
• Replace the student’s Adrenaline Autoinjector and any other medication as needed, before their expiry date or when used.
• Assist school staff in planning and preparation for the student prior to camps, field trips, excursions, excursions or special events (e.g. class parties, cultural days, fetes or sport days).
• If requested by school staff, assist in identifying and/or providing alternative food options for the student when needed.
• Inform school staff in writing of any changes to the student’s emergency contact details.
• Participate in reviews of the student’s Individual Anaphylaxis Management Plan:
  - when there is a change to the student’s condition,
  - as soon as practicable after the student has an anaphylactic reaction at school,
  - at its annual review, and
  - prior to the student participating in an off-site activity such as camps and excursions, or at special events conducted, organised or attended by the School.

Emergency Response

It is important for schools to have in place first aid and emergency response procedures that allow staff to react quickly if an anaphylactic reaction occurs, for both in-school and out-of-school settings. Drills to test the effectiveness of these procedures should be undertaken.

Self-administration of the Adrenaline Autoinjector

The decision whether a student can carry their own Adrenaline Autoinjector should be made when developing the student’s Individual Anaphylaxis Management Plan, in consultation with the student, the student’s parents/guardians and the student’s medical practitioner.

It is important to note that students who ordinarily self-administer their Adrenaline Autoinjector may not physically be able to self-administer due to the effects of a reaction. In relation to these circumstances, school staff must administer an Adrenaline Autoinjector to the student, in line with their duty of care for that student.

If a student self-administers an Adrenaline Autoinjector, one member of the school staff member should supervise and monitor the student, and another member of the School Staff should contact an ambulance (on emergency number 000).

If a student carries their own Adrenaline Autoinjector, it may be prudent to keep a second Adrenaline Autoinjector (provided by the parent/guardian) on-site in an easily accessible, unlocked location that is known to all school staff.
Responding to an incident

Where possible, only school staff with training in the administration of the Adrenaline Autoinjector should administer the student’s Adrenaline Autoinjector. However, it is imperative that an Adrenaline Autoinjector is administered as soon as possible after an anaphylactic reaction. Therefore, if necessary, the Adrenaline Autoinjector is designed to be administered by any person following the instructions in the student’s ASCIA Action Plan.

It is important that in responding to an incident, the student does not stand and is not moved unless in further danger (e.g. the anaphylactic reaction was caused by a bee sting and the bee hive is close by).

In-School Environment:

- Classrooms – School staff may use classroom phones/personal mobile phones to raise the alarm that a reaction has occurred.
- Yard – School staff may use mobile phones, whilst on yard duty.

Out-of-School Environments:

- Excursions and Camps - Each individual camp and excursion requires risk assessment for each individual student attending who is at risk of anaphylaxis. Therefore emergency procedures will vary accordingly. A team of school staff trained in anaphylaxis need to attend each event, and appropriate methods of communication need to be discussed, depending on the size of excursion/camp/venue. It is imperative that the process also addresses:
  - the location of Adrenaline Autoinjectors i.e. who will be carrying them. Is there a second medical kit? Who has it?,
  - ‘how’ to get the Adrenaline Autoinjector to a student, and
  - ‘who’ will call for ambulance response, including giving detailed location address, e.g. Melway reference if city excursion, and best access point or camp address/GPS location.

Students at risk of anaphylaxis:

- A member of the School Staff should remain with the student who is displaying symptoms of anaphylaxis at all times. As per instructions on the ASCIA Action Plan:
  - ‘Lay the person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.’
  - A member of the School Staff should immediately locate the student's Adrenaline Autoinjector and the student's Individual Anaphylaxis Management Plan, which includes the student’s ASCIA Action Plan.
  - The Adrenaline Autoinjector should then be administered following the instructions in the student's ASCIA Action Plan.

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 an Adrenaline Autoinjector for general use.

Post-incident support

An anaphylactic reaction can be a very traumatic experience for the student, others witnessing the reaction, and parents/guardians. In the event of an anaphylactic reaction, students and school staff may benefit from post-incident counselling, provided by the student welfare coordinator or school support staff.

Review

After an anaphylactic reaction has taken place that has involved a student in the School’s care and supervision, it is important that the following review processes take place.

- The Adrenaline Autoinjector must be replaced by the parent/guardian as soon as possible.
- In the meantime, the Principal should ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector being provided.
- If the Adrenaline Autoinjector for general use has been used this should be replaced as soon as possible.
- In the meantime, the Principal should ensure that there is an interim plan in place should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector for general use being provided.
• The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's parents/guardians.
• The school's Anaphylaxis Management Policy should be reviewed to ensure that it adequately responds to anaphylactic reactions by students who are in the care of school staff.

Adrenaline Autoinjectors for General Use

The Principal will purchase Adrenaline Autoinjector(s) for general use (purchased by the school) and as a backup to those supplied by parents/guardians. The Principal will determine the number of additional Adrenaline Autoinjector(s) required. In doing so, the Principal will take into account the following relevant considerations:
• the number of students enrolled at Tyers Primary School who have been diagnosed as being at risk of anaphylaxis,
• the accessibility of Adrenaline Autoinjectors that have been provided by parents/guardians of students who have been diagnosed as being at risk of anaphylaxis,
• the availability and sufficient supply of Adrenaline Autoinjectors for general use in specified locations at Tyers Primary School, including in the school yard, and at excursions, camps and special events conducted or organised by the school, and
• the Adrenaline Autoinjectors for general use have a limited life, usually expiring within 12-18 months, and will need to be replaced at the school’s expense, either at the time of use or expiry, whichever is first.

Note: Adrenaline Autoinjectors for General Use are available for purchase at any chemist. No prescriptions are necessary.

Communication Plan

All staff and parents/guardians of students at risk of anaphylaxis will be provided with an electronic and/or hard copy of this policy. This policy will also be placed on the school’s website and will be included in the policy folders housed in each classroom, the school office and the Principal’s office. Upon enrolment of a student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis, the school Principal, grade teacher and parent/guardian will meet to go through the Anaphylaxis Management Policy and undertake all actions as detailed.

Staff Training

The following school staff will be appropriately trained:
• School staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and
• Any further school staff that are determined by the principal.

The identified school staff will undertake the following training:
• an Anaphylaxis Management Training Course in the three years prior; and
• participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year) on:
  - 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 is located;
  - how to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector device;
  - the school’s general first aid and emergency response procedures; and
  - the location of, and access to, Adrenaline Autoinjector that have been provided by parents/guardians or purchased by the school for general use.

The briefing must be conducted by a member of school staff who has successfully completed an Anaphylaxis Management Training Course in the last 12 months.

In the event that the relevant training and briefing has not occurred, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents/guardians of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction. Training will be provided to relevant school staff as soon as practicable after the student enrols, and preferably before the student’s first day at school.
The principal will ensure that while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, there is a sufficient number of school staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.

Note: A video has been developed and can be viewed from http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx

Annual Risk Management Checklist
The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Training to monitor compliance with their obligations (Refer Appendix 2: Annual Risk Management Checklist).

Related School Policies
This policy should be read and understood (but not limited to) in conjunction with the following school policies:

- Administration of Medication Policy
- Care Arrangements for Ill Students Policy
- First Aid Policy & Procedures
- Student Engagement and Inclusion Policy.

Links and references
Department resources:
This policy should be read in conjunction with:

School Policy and Advisory Guide:

- First Aid
- Anaphylaxis
- Responding to Anaphylaxis
- Asthma
- Duty of Care
- Anaphylaxis Management in Schools

Related Legislation

- Education and Training Reform Act 2006
- Children’s Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008
- Ministerial Order 706

Related Legislation

- Working with Children Act 2005

Review
The Tyers Primary School School Council and staff will regularly monitor and review the effectiveness of the Anaphylaxis Management Policy and revise the policy tri-annually or as required by completing a policy review.
Anaphylaxis Management Policy updates and requirements will be made available to staff, families and visitors.
This policy was ratified by School Council at the School Council Meeting held 14/06/2016.
Appendix 1: Individual Anaphylaxis Management Plan

This plan is to be completed by the Principal or nominee on the basis of information from the student's medical practitioner (ASCIA Action Plan for Anaphylaxis) provided by the Parent.

It is the 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.

<table>
<thead>
<tr>
<th>School</th>
<th>Phone</th>
</tr>
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<tbody>
<tr>
<td>Student</td>
<td>Year level</td>
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</table>

<table>
<thead>
<tr>
<th>Severely allergic to:</th>
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<table>
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<tr>
<th>Other health conditions</th>
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<table>
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<tr>
<th>Medication at school</th>
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**EMERGENCY CONTACT DETAILS (PARENT)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
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<tr>
<td>Name</td>
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<th>Home phone</th>
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<th>Mobile</th>
<th>Address</th>
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<tr>
<td>Home phone</td>
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**EMERGENCY CONTACT DETAILS (ALTERNATE)**

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<tr>
<th>Name</th>
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<td>Name</td>
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**Medical practitioner contact**

<table>
<thead>
<tr>
<th>Name</th>
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<tr>
<th>Emergency care to be provided at school</th>
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</table>

**Storage for Adrenaline Autoinjector (device specific) (EpiPen®/Anapen®)**

**ENVIRONMENT**

To be completed by Principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.

<table>
<thead>
<tr>
<th>Name of environment/area:</th>
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<table>
<thead>
<tr>
<th>Risk identified</th>
<th>Actions required to minimise the risk</th>
<th>Who is responsible?</th>
<th>Completion date?</th>
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<td>Name of environment/area:</td>
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<td>Actions required to minimise the risk</td>
<td>Who is responsible?</td>
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(continues on next page)
ACTION PLAN FOR Anaphylaxis

For use with EpiPen® Adrenaline Autoinjectors

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

**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
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- 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 relieves.

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.
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 (e.g. class parties, elective subjects, cultural days, fetes, excursions).

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.

<table>
<thead>
<tr>
<th>Signature of parent:</th>
<th></th>
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<tbody>
<tr>
<td>Date:</td>
<td>--</td>
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</table>

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.

<table>
<thead>
<tr>
<th>Signature of Principal (or nominee):</th>
<th></th>
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<tbody>
<tr>
<td>Date:</td>
<td>--</td>
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</tbody>
</table>
## 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?  
   a. If Yes, how many times?
4. Have any students ever had an Anaphylactic Reaction at school?  
   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?  
   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)?

## 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?  
8. Are all Individual Anaphylaxis Management Plans reviewed regularly with Parents (at least annually)?  
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 
   b. In canteens or during lunch or snack times  
   c. Before and after School, in the school yard and during breaks  
   d. For special events, such as sports days, class parties and extra-curricular activities  
   e. For excursions and camps  
   f. Other
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)?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Where are they kept?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. **Does the ASCIA Action Plan include a recent photo of the student?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

### 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?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

14. **Are the Adrenaline Autoinjectors stored at room temperature (not refrigerated)?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

15. **Is the storage safe?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

16. **Is the storage unlocked and accessible to School Staff at all times?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Comments:

17. **Are the Adrenaline Autoinjectors easy to find?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Comments:

18. **Is a copy of student’s Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) kept together with the student’s Adrenaline Autoinjector?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

19. **Are the Adrenaline Autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student’s names?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

20. **Has someone been designated to check the Adrenaline Autoinjector expiry dates on a regular basis?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Who? .................................................................

21. **Are there Adrenaline Autoinjectors which are currently in the possession of the School and which have expired?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

22. **Has the School signed up to EpiClub or ANA-alert (optional free reminder services)?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

23. **Do all School Staff know where the Adrenaline Autoinjectors and the Individual Anaphylaxis Management Plans are stored?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

24. **Has the School purchased Adrenaline Autoinjector(s) for General Use, and have they been placed in the School’s first aid kit(s)?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

25. **Where are these first aid kits located?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>26. Is the Adrenaline Autoinjector for General Use clearly labelled as the ‘General Use’ Adrenaline Autoinjector?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>27. Is there a register for signing Adrenaline Autoinjectors in and out when taken for excursions, camps etc?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**SECTION 3: Prevention Strategies**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>29. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>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?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>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?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**SECTION 4: School Management and Emergency Response**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>32. Does the School have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>33. Do School Staff know when their training needs to be renewed?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>34. Have you developed Emergency Response Procedures for when an allergic reaction occurs?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>35. Does your plan include who will call the Ambulance?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>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)?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>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:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>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?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
<td></td>
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<td>-------------------------------------------------------------------------</td>
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<tr>
<td>39. Who will make these arrangements during excursions?</td>
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<td>40. Who will make these arrangements during camps?</td>
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<tr>
<td>41. Who will make these arrangements during sporting activities?</td>
<td></td>
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<tr>
<td>42. Is there a process for post incident support in place?</td>
<td>Yes/No</td>
<td></td>
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<tr>
<td>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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. The School’s Anaphylaxis Management Policy?</td>
<td>Yes/No</td>
<td></td>
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<tr>
<td>b. The causes, symptoms and treatment of anaphylaxis?</td>
<td>Yes/No</td>
<td></td>
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<tr>
<td>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?</td>
<td>Yes/No</td>
<td></td>
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<tr>
<td>d. How to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector?</td>
<td>Yes/No</td>
<td></td>
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<tr>
<td>e. The School’s general first aid and emergency response procedures for all in-school and out-of-school environments?</td>
<td>Yes/No</td>
<td></td>
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<tr>
<td>f. Where the Adrenaline Autoinjector(s) for General Use is kept?</td>
<td>Yes/No</td>
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<tr>
<td>g. Where the Adrenaline Autoinjectors for individual students are located including if they carry it on their person?</td>
<td>Yes/No</td>
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<tr>
<td>SECTION 4: Communication Plan</td>
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<tr>
<td>44. Is there a Communication Plan in place to provide information about anaphylaxis and the School’s policies?</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>a. To School Staff?</td>
<td>Yes/No</td>
<td></td>
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<tr>
<td>b. To students?</td>
<td>Yes/No</td>
<td></td>
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<tr>
<td>c. To Parents?</td>
<td>Yes/No</td>
<td></td>
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<tr>
<td>d. To volunteers?</td>
<td>Yes/No</td>
<td></td>
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<tr>
<td>e. To casual relief staff?</td>
<td>Yes/No</td>
<td></td>
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<tr>
<td>45. Is there a process for distributing this information to the relevant School Staff?</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>a. What is it?</td>
<td></td>
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<tr>
<td>46. How is this information kept up to date?</td>
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<tr>
<td>47. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?</td>
<td>Yes/No</td>
<td></td>
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<tr>
<td>48. What are they?</td>
<td></td>
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</tbody>
</table>