



### Anaphylaxis Management Policy

#### Rationale

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

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school. Adrenaline given through an EpiPen® autoinjector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis. Anaphylaxis should always be treated as a medical emergency.

**The key to prevention of anaphylaxis is planning, risk minimization, awareness and education.**

A revised Ministerial Order 706 came into effect on 3 December 2015 and outlines for schools, practices in managing students at risk of anaphylaxis to ensure they meet the legislative and policy requirements.

#### Values & Beliefs

At St Catherine's Primary school, we strive to provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling. We believe the minimisation of anaphylaxis is everyone's responsibility and we aim to minimise the incidence of anaphylaxis in schools by adopting prevention strategies as outlined in Ministerial Order 706.

#### Aims

We aim to raise awareness about allergies and anaphylaxis in the school community by:

- Actively involving the parents/carers of each student at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student
- Discussing Anaphylaxis with students in class, with a few simple key messages with fact sheets or posters displayed in hallways, canteens and classrooms
- Informing Casual Relief Staff, school camp staff, canteen staff etc. on known students who have allergies and anaphylaxis in our school with the school's general first aid and emergency response procedures
- Ensuring that staff members have adequate knowledge of allergies, anaphylaxis and training in emergency procedures and how to respond to an anaphylactic reaction
- Implementing strategies which reduce the risks associated with severe allergies and anaphylaxis



## Implementation

### AUTO INJECTORS

School will provide additional adrenaline auto injector device(s) ,Epipen®, for general use and as a back up to those supplied by parents/ carers. The Principal will determine the number and type of adrenaline autoinjector(s) for general use to purchase and in doing so consider all of the following:

- the number of students enrolled at the school that have been diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction
- the accessibility of adrenaline autoinjectors that have been provided by parents
- the availability of a sufficient supply of adrenaline autoinjectors for general use in specified locations at the school, including in the school yard and at excursions, camps and special events conducted, organised or attended by the school
- that adrenaline autoinjectors have a limited life, usually expire 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

### STAFF TRAINING

Staff will undertake Australasian Society of Clinical Immunology and Allergy (ASCI) e-training course and have their competency in using and autoinjector tested in person within 30 days of completing the course. This course is valid for two years.

<https://etrainingvic.allergy.org.au/>

In addition to this the school will nominate a school anaphylaxis supervisor who will undertake face to face training to skill staff in providing competency checks to assess their colleagues' ability to use an autoinjector. This course is valid for three years.

<https://www.asthmaaustralia.org.au/vic/education-and-training/for-victorian-schools>

A member of the Leadership Team will also brief staff twice a year. This will cover:

- The causes, symptoms and treatment of anaphylaxis
- The identities of students diagnosed at risk of anaphylaxis and where their medication is located
- How to use an autoadrenaline Epipen® injecting device
- The school's first aid and emergency response procedures

### RECOGNISING SIGNS AND SYMPTOMS

ASCI (Australasian Society of Clinical Immunology and Allergy) have itemised the signs and symptoms or recognising symptoms associated with anaphylaxis. A student at risk of anaphylaxis will often recognise the **early symptoms of an allergic reaction before any other signs are observable.**

Symptoms of a **mild to moderate allergic reaction** can include:

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



## Symptoms of a severe allergic reaction can include:

- Difficulty breathing or noisy breathing
- Swelling of the tongue
- Swelling/tightness in the throat
- Difficulty talking and/or a hoarse voice
- Wheezing or persistent coughing
- Loss of consciousness and/or collapse
- Young children may appear pale and floppy.

## STAFF KEY RESPONSIBILITIES

For any student who has been diagnosed by a medical practitioner as being at risk of an allergy or the potential of anaphylaxis, the school, in consultation with the parents, will complete an **Individual Anaphylaxis Management Plan**. The plan must be in place as soon as practicable after the student is enrolled at the school and reviewed annually.

The individual anaphylaxis management plan will set out the following:

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

The principal or principal delegate will be responsible for:

- Displaying in the sick bay, staffroom and canteen up to date Action Plans for each child who has allergy or anaphylaxis
- Keeping an up to date register of students at risk of anaphylaxis
- Ensuring that students emergency contact details are up to date
- Ensuring staff are trained in up to date anaphylaxis management
- Checking at the beginning of each term that the Epipen® are not cloudy or out of date
- Providing a list and photos of children in the school who have allergy or anaphylaxis to every staff member at the beginning of each year
- Ensuring anaphylaxis policy is updated and reviewed regularly
- Informing Casual Relief Teachers and Specialist Teachers of the anaphylaxis policy, students who are diagnosed at risk of anaphylaxis and the location of plans and medicine
- Ensuring (where possible) that school events eg. Footy Day, Fundraising events, food supplied by or brought into the school will not contain allergens of students with anaphylaxis and procedures to support the student with an allergy or anaphylaxis are in place to ensure inclusivity.

Classroom teachers are responsible for:

- Being aware of students who are anaphylactic and with each student's action plan
- Knowing who the anaphylactic students in their class are, be familiar with their action plan and the location of epipens/medication (school sick bay)
- Knowing where the school's spare epipen is located for emergency use (school sick bay)

All Staff are responsible for:

- **Anaphylaxis Management**
- **Ensuring they participate in school provided anaphylaxis training**
- **Being aware of students who are anaphylactic and with following each student's action plan**

Canteen Providers will be responsible for:

- Familiarising themselves with the photo list of students in the school who are anaphylactic and who have allergies
- Contacting administration staff or leadership immediately if they believe a child who is known to be anaphylactic or who has allergies has come in contact with food that may contain the allergen that student is allergic to
- Ensuring food or products labelled **“may contain traces of nuts”** should not be served to students who are allergic to nuts
- Ensuring excellent hygiene processes are maintained at all times
- Ensuring a range of healthy food options that are free from any traces of nuts are available to avoid cross contamination

## **PARENT KEY RESPONSIBILITIES**

Parents are responsible for:

- Informing the school of their child diagnosis and it causes and discuss strategies with the school
- Informing the school if their child's medical condition changes and/or changes to the emergency procedures for their child
- Providing the school with ASCIA Action Plan- sign by a medical practitioner
- Providing an up to date photo of the student for the ASCIA Action Plan
- Providing the school with an adrenaline autoinjector that is current
- Providing the school with any additional medication required as set out on the ASCIA action plan eg. Zyrtec
- Providing the school with up to date emergency contact details of parents/carers
- Providing the school with alternative food options, should the class/school hold a special event involving food

## **ANAPHYLAXIS RISK MINIMISATION STRATEGIES**

Excursions:

- If a school has a student at risk of anaphylaxis, sufficient staff supervising the special event must be trained in the administration of an adrenaline autoinjector to be able to respond quickly to be able to respond quickly to and anaphylaxis reaction if required.
- The staff member who is coordinating excursions or camps should conduct a risk assessment checklist and management strategy for students at risks of anaphylaxis. This should be developed in consultation with their parents/carer and the student's medical practitioner and camp owners prior to the camp dates. The staff member also needs to ensure that processes are in place to address anaphylaxis should it occur. If a service provider cannot confirm with the school that is able to provide food that is safe for anaphylactic students, then the school should consider using an alternative provider
- **All staff members present during the field trip or excursion need to be aware of the identity of any student at risk of anaphylaxis attending**. Staff must develop first aid procedures plan that sets out clear roles and responsibilities in the event of an anaphylactic reaction. These first aid procedure plans will vary according to the number of anaphylactic students attending, the nature of excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff–student ratio

- Staff should avoid using food in activities or games, including as rewards and swimming caps should not be compulsory for a student who is allergic to latex
- Classroom teachers are to plan in advance what preparation is required for the students prior to school camps, field trips, incursions, excursions or special events such as class parties or sport days
- Classroom teachers or the teacher in charge of an excursion/activity/camp is responsible for taking the medication to the excursion and for keeping it on them at all times. It is the teacher's responsibility to check the first aid bag to ensure it ALSO contains the spare epipen before leaving for excursion.
- Classroom teachers will have access to medical information, emergency contact details of students via caremonkey app and need to ensure they have swift access to this
- Classroom teacher is to supervise children who are at risk of anaphylaxis at all times (*not volunteers*) and need to carry a mobile phone on them at all times
- Classroom teachers are responsible for informing volunteers on excursions who is at risk of anaphylaxis and provide them with instruction to contact staff immediately should there be any concern or possibility that students may have been exposed to known allergens
- In the case of school camp staff must know prior to camp the location of emergency services/hospitals and how long it would take by car to get to these services
- Teachers to return medication to sick bay immediately after excursions

School staff should consult with parents/carers of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk assessment management strategies and processes are in place to address an anaphylaxis reaction should it occur on the way to and from school on the bus. If a student experiences an anaphylactic reaction to, from or during an excursion, school staff must contact the principal as soon as possible.

#### Day to day in the classroom:

- Classroom teachers keep a copy of the student's Individual Anaphylaxis in the classroom
- Classroom teachers to educate all students of the risks of anaphylaxis including not bringing nuts to school and not swapping food with other students.
- Classroom teachers to be aware of hidden allergens in foods and traces of allergens when using items such as eggs or milk cartons.
- Classroom teachers to liaise with parents/carers about food-related activities ahead of time to develop an alternative food menu or request the parents /carers to send a meal for the students.
- Teachers use non-food treats where possible, but if food treats are used in class it is recommended that parents/carers of anaphylactic students provide a treat box with alternative treats. Treat boxes should be carefully labelled and only handled by the student.
- Treats / birthday celebration food brought into the school for the other students in the class **must not contain the substance to which the student are allergic.**
- Staff to never give food from outside sources to a student who is at risk of anaphylaxis. For special occasions, class teachers should consult parents/carers in advance to either develop an alternative food menu or request the parents/carers to send a meal for the student
- Parents 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.
- Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
- Staff to be aware of the possibility of hidden allergens in cooking, science and art classes (e.g. egg cartons, milk cartons). Specialists' teachers must consider the risk-minimisation strategies of the student diagnosed at risk of anaphylaxis, even if the student is not in their class.

- Classroom teachers to have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
- A student experiencing an anaphylactic reaction should not be moved if they are having a reaction
- **The classroom teacher is to inform parents in their year level at the beginning of each term through the classroom newsletter that there are children who are at risk of allergens so parents are aware of the types of treats that can be brought into school.**
- Classroom teacher to check with parents if student who is at risk of allergens is able to purchase food from the school canteen
- Party balloons should not be used if any student is allergic to latex

### On the Playground/Outside:

- Yard duty staff must direct another person to bring the adrenaline auto injector to them and should never leave a student who is experiencing an anaphylactic reaction unattended.
- A student experiencing an anaphylactic reaction should not be moved
- **All staff** should be aware of the exact location of adrenaline auto injectors - epipens (An anaphylactic reaction can occur in as little as five minutes.)
- Yard duty staff must also be able to identify those students at risk of anaphylaxis
- Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants

## **ANAPHYLAXIS EMERGENCY PLAN**

In the case of a teacher identifying a child suffering an anaphylactic shock the ECO (Emergency Control Organisation) Structure will immediately be implemented either in the classroom, playground or external location, as per a CODE BLUE (event of a Medical Emergency). The Chief Warden (Principal/ Deputy/Senior Leader) will assume the role of coordinator and delegate specific personnel to fulfil the roles outlined below. This is in adherence with the **Critical Incident Management Plan (CIMP)**.

### **Person 1**

- Stay with child
- Use the Intercom/phone if appropriate or send another person with the HELP NEEDED card (located in classrooms and in first aid bags), to the office to inform the location and name of the child suffering anaphylactic shock
- Keep the child calm

### **Person 2**

- Get the specific EpiPen, action plan and other necessary medication (e.g Zyrtec) from First Aid Room marked with the child's name
- Go straight to the emergency scene and administer necessary medication following the child's action plan

### **Person 3**

- Call "000" for ambulance to attend
- Call the child's parents
- Wait at the entrance to allow access for the ambulance

### **Person 4**

- Go straight to the emergency scene

- Supervise the other children

### **INSTRUCTIONS FOR THE EPIPEN USE**

Where possible, only staff with training in the administration of the EpiPen should administer the EpiPen. However, the EpiPen is designed for general use and in the event of an emergency it may be administered by any person, following the instructions in the student's ASCIA Action Plan.

If an EpiPen is administered, the school will:

- **Immediately:** call an ambulance (000)
- **Then:** contact the student's emergency contacts

Reassure the student experiencing the reaction, as they are likely to be feeling anxious and frightened as a result of the reaction and the side effects of the adrenaline. Watch the student closely in case of a repeat reaction. In the rare situation where there is no marked improvement and severe symptoms (as described in the ASCIA Action Plan) are present, a second injection (of the same dosage, using the spare epi-pen located in the sick bay) may be administered after 5 to 10 minutes if available

### **Evaluation**

This policy was ratified by the school board term 3, 2018 and will be reviewed in the next cycle of school review in 2020.

## APPENDICES

The following appendices are included herein

### 1. Individual Anaphylaxis Management Plan

To be completed on enrolment of a student diagnosed with Anaphylaxis and reviewed each year on the anniversary of the epipen expiry, if the situation changes or if the epipen is used. **The student's individual management plan will be reviewed, in consultation with the student's parents/ carers and the Student Wellbeing Leader and Principal:**

- annually, and as applicable
- if the student's condition changes
- immediately after a student has an anaphylactic reaction at school

### 2. ASCIA Action Plan for Anaphylaxis

ASCIA Action Plans should be reviewed when patients are reassessed by their doctor, and each time they obtain a new adrenaline autoinjector prescription, which is approximately every 12 to 18 months. If there are no changes in diagnosis or management the medical information on the ASCIA Action Plan may not need to be updated. However, if the patient is a child, the **photo should be updated each time**, so they can be easily identified.

### 3. Annual Risk Management Checklist

To be completed yearly by the Principal and Leadership Team complete an annual Risk Management Checklist to monitor their obligations, as published and amended by the Department from time to time as outlined in Ministerial Order No.706, *Anaphylaxis Management in Victorian Schools*





# 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.

<b>School</b>		<b>Phone</b>	
<b>Student</b>			
<b>DOB</b>		<b>Year level</b>	
<b>Severely allergic to:</b>			
<b>Other health conditions</b>			
<b>Medication at school</b>			
<b>EMERGENCY CONTACT DETAILS (PARENT)</b>			
<b>Name</b>		<b>Name</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Home phone</b>		<b>Home phone</b>	
<b>Work phone</b>		<b>Work phone</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Address</b>		<b>Address</b>	
<b>EMERGENCY CONTACT DETAILS (ALTERNATE)</b>			
<b>Name</b>		<b>Name</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Home phone</b>		<b>Home phone</b>	
<b>Work phone</b>		<b>Work phone</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Address</b>		<b>Address</b>	
<b>Medical practitioner contact</b>	<b>Name</b>		
	<b>Phone</b>		
<b>Emergency care to be provided at school</b>			
<b>Storage for Adrenaline Autoinjector (device specific) (EpiPen®/ Anapen®)</b>			

## 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?

Name of environment/area:

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

# ASCIA Sample Action Plan for Anaphylaxis



ascia  
australian society of clinical immunology and allergy  
www.allergy.org.au

**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®**




**1**

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



**2**

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



**3**

PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.  
 REMOVE EpiPen®. Massage injection site for 10 seconds.

Instructions are also on the device label and at: [www.allergy.org.au/anaphylaxis](http://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: \_\_\_\_\_

© ASCIA 2015. This plan was developed as a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.



# Annual Risk Management Checklist

School Name:	
Date of Review:	
Who completed this checklist?	Name:
	Position:
Review given to:	Name
	Position
Comments:	

## General Information

1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an Adrenaline Autoinjector?	
2. How many of these students carry their Adrenaline Autoinjector on their person?	
3. Have any students ever had an allergic reaction requiring medical intervention at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?	
4. Have any students ever had an Anaphylactic Reaction at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many students?	
b. If Yes, how many times	
5. Has a staff member been required to administer an Adrenaline Autoinjector to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?	
6. Was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## SECTION 1: Individual Anaphylaxis Management Plans

7. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an Adrenaline Autoinjector have an Individual Anaphylaxis Management Plan and ASCIA Action Plan completed and signed by a prescribed Medical Practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are all Individual Anaphylaxis Management Plans reviewed regularly with Parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?	
a. During classroom activities, including elective classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In canteens or during lunch or snack times	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Before and after School, in the school yard and during breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. For special events, such as sports days, class parties and extra-curricular activities	<input type="checkbox"/> Yes <input type="checkbox"/> No

e. For excursions and camps	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do all students who carry an Adrenaline Autoinjector on their person have a copy of their ASCIA Action Plan kept at the School (provided by the Parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are they kept?	
11. Does the ASCIA Action Plan include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 2: Storage and Accessibility of Adrenaline Autoinjectors</b>	
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
<b>SECTION 3: Prevention Strategies</b>	
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
<b>SECTION 4: School Management and Emergency Response</b>	
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
<b>SECTION 4: Communication Plan</b>	
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?	