	<h2>Anaphylaxis Management Policy</h2>	<p style="text-align: right;">Endorsed by School Council:</p> <p style="text-align: right;">March 2018</p> <p style="text-align: right;">Developed: February 2016</p>
<p>Information: 02 6076 1566</p> <p>Manager: Principal</p>	<p>DET Schools Reference Guide:</p> <p>Associated Policies:</p>	<p style="text-align: right;">Next review: Term 4 2018</p> <p style="text-align: right;">Issue No: 1.3</p>

Rationale/Aims:

Anaphylaxis is a severe and sudden allergic reaction when a person is exposed to an allergen.

Under Ministerial Order 706 any school that has enrolled a student/s at risk of anaphylaxis must by law have a School Anaphylaxis Management Policy in place. Corryong College will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

This policy will ensure Corryong College manages students at risk of anaphylaxis and meet legislative requirements.

Implementation:

The Anaphylaxis Policy will be clearly communicated to students, parents and staff on the school's website. The Policy will be published in the Staff Handbook and staff will also be refreshed on the policy and its requirements twice per calendar year. Information about anaphylaxis will be communicated to the School Community through the Newsletter.

Policy and Procedures:

Staff training

Ministerial Order 706 was amended to allow for the introduction of the 2016 online e-training model. This model supports Victorian schools to meet their training requirements and to improve schools' capacity to provide safe learning environments for young people with severe allergies.

At Corryong College, all school teaching staff and Education Support Staff (including Admin Staff) will complete the Australasian Society of Clinical Immunology and Allergy (ASCIA) e-training course. Their competency in using an autoinjector (e.g. EpiPen) will then be tested in person by the school's School Anaphylaxis Supervisors within 30 days of completing the course.

Corryong College's Casual Relief Teachers (CRTs), Cafeteria staff and volunteers will be strongly encouraged to participate in the e-training and autoinjector competency session with staff, or organise a time that suits them.

The online ASCIA e-training course will take approximately one hour and can be accessed from the ASCIA site at: [anaphylaxis e-training: Victorian Schools](#)

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

To meet the anaphylaxis training requirements of MO706 Corryong College will ensure:

- **All school staff complete the ASCIA Anaphylaxis e-training for Victorian Schools** followed by a competency check by the School Anaphylaxis Supervisor. This course is free, provided by ASCIA, and valid for 2 years.

AND

- **2 staff per school complete the School Anaphylaxis Supervisor - Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC.** This course is free, provided by the Asthma Foundation, and is valid for 3 years.

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

In addition, all staff are to participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year and the second in the first staff workshop of Term 3) on:

- Title and legal requirements as outlined in Ministerial Order 706.
- Pictures of the students at your school at risk of anaphylaxis, their allergens, year levels and risk management plans that are in place.
- Signs and symptoms of anaphylaxis.
- ASCIA Anaphylaxis e-training.
- ASCIA Action Plan for Anaphylaxis and how to administer an EpiPen®.
- Corryong College's First Aid policy and emergency response procedures.
- On-going support and training.

The briefing must be conducted by a member of the school staff, preferably the person nominated as the School Anaphylaxis Supervisor, who has successfully completed an approved anaphylaxis management training course in the last 2 years. A template presentation for the briefing can be downloaded from the Department's website: www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx

In the event that the relevant training has not occurred for a member of staff who has a child in their class at risk of anaphylaxis, the principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents of any affected student. Training will be provided to relevant school staff as soon as practicable after the student enrolls, 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.

See Appendix A for a School Anaphylaxis Supervisor checklist.

Individual Anaphylaxis Management Plans

School Responsibilities:

The principal (or delegate) will ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

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

The Individual Anaphylaxis Management Plan will 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 and the signs or symptoms the student might exhibit in the event of an allergic reaction (based on a written diagnosis from a medical practitioner).
- Strategies to minimise the risk of exposure to known 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 (e.g. class parties, elective subjects and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions).
- The name of the person(s) responsible for implementing the risk minimisation strategies which have been identified in the Plan.

- Information on where the student's medication will be stored.
- The student's emergency contact details.
- An up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

School staff will then implement and monitor the student's Individual Anaphylaxis Management Plan as required.

The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents 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.

See Appendix B for the Individual Anaphylaxis Management Plan template.

See Appendix C for a sample ASCIA Action Plan for Anaphylaxis.

Parent Responsibilities:

Parents must ensure the school is aware and has up to date information about their child's medical condition by:

- Obtaining the ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and providing a copy to the school as soon as practicable.
- Immediately informing the school in writing if there is a change in their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, and if relevant obtain an updated ASCIA Action Plan for Anaphylaxis.
- Provide an up to date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed.
- Provide the school with an adrenaline autoinjector that is current (ie. the device has not expired) for their child.
- Participate in annual reviews of their child's Plan.

Risk Minimisation and Prevention Strategies

Anaphylaxis is best prevented by knowing and avoiding the allergens. It is important to remember that minimisation of the risk of anaphylaxis is everyone's responsibility: including the principal and all school staff, parents, students and the broader school community.

Corryong College will minimise the occurrence of anaphylactic reactions by considering students affected by anaphylaxis when completing any risk assessments. This will include the identification of triggers (allergens), the age of the student, the severity of the allergy and the different school-based environments in which the student will be exposed) into risk assessments.

The incidence of anaphylactic reactions can be minimised by staff following Risk Minimisation and Prevention Strategies for all relevant in-school and out-of-school settings, which include (but are not limited to) the following:

- During classroom activities (including class rotations, specialist and elective classes).
- between classes and other breaks.
- In the Canteen.
- During recess and lunchtimes.
- Before and after school.
- Camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions).

See Appendix D for suggested risk minimisation strategies put in place by the school for in-school and out-of-school settings.

School Planning and Emergency Response

Emergency Response Procedures relating to anaphylactic reactions include the following:

- Staff are provided with a complete and up to date list of students identified as being at risk of anaphylaxis, whenever updated.
- Details of Individual Anaphylaxis Management Plans and ASCIA Action Plans for Anaphylaxis are reviewed at the bi-annual briefings.
- Individual Anaphylaxis Management Plans are located on the wall in the General Office, all staffrooms, home economics room, hub, office and varied with students depending on their individual situation. They are also stored in the General Office Student Records filing cabinets in the Medical Records file (the first file) and the individual student's file.

ASCIA Action Plans for Anaphylaxis are located at:

- the General Office on the pin board.
- The Staff Workroom (on the back of the door).
- With the adrenaline autoinjectors in the office/staff room.
- During school excursions, school camps and special events conducted, organised or attended by the school, a copy of the Individual Anaphylaxis Management Plans and ASCIA Action Plans for Anaphylaxis will be included with the Permission forms. Students are expected to carry their own adrenaline autoinjectors, but a general use one will be carried, by staff, for each student diagnosed with anaphylaxis in attendance. The Principal will ensure that there are sufficient staff trained in the use of adrenaline autoinjectors.
- The student adrenaline autoinjectors are stored in the general office/ staffroom/ home economics room/Hub/office/carried with them, depending on their individual situation. They are labelled with the student's name and have a copy of the student's Individual Anaphylaxis Management Plans and ASCIA Action Plans for Anaphylaxis. All staff are able to access these areas at all times.
- General use adrenaline autoinjectors are stored in the same places as the student ones, in the general office. They are easily identifiable. NB: the training autoinjector is not be stored in this area. The training autoinjectors are stored in the training box away from the real autoinjectors.

The First Aid Officer, supported by the Business Manager, is in charge of monitoring the adrenaline autoinjectors and organising replacements if they are out of date, are cloudy or have substances floating in them.

If any student adrenaline autoinjector are identified as out of date or cloudy/discoloured, they should:

- Immediately send a written reminder to the student's parents to replace the adrenaline autoinjector as soon as possible (and follow this up if no response is received from the parents or if no replacement adrenaline autoinjector is provided).
- Advise the principal that an adrenaline autoinjector needs to be replaced by a parent.
- Work with the principal to prepare an interim Individual Anaphylaxis Management Plan pending receipt of the replacement adrenaline autoinjector.

If a student displays symptoms of anaphylaxis, a staff member will immediately locate and administer the adrenaline autoinjector following the instructions in the student's Individual Anaphylaxis Management Plan and ASCIA Action Plan for Anaphylaxis, and the school's general first aid and emergency response procedures. If possible, a staff member will remain with the student at all times. The school will then immediately call an ambulance (000).

Adrenaline Autoinjectors for General Use

The principal (or delegate) will purchase adrenaline autoinjector(s) for general use (purchased by the school) and as a back up to those supplied by parents. They will also need to determine the **number** of additional adrenaline autoinjector(s) required to be purchased by the school. In doing so, the principal should take into account the following relevant considerations:

- The number of students enrolled at the school who have been diagnosed as being at risk of anaphylaxis.
- The accessibility of adrenaline autoinjectors that have been provided by parents 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 the school including in the school yard, and at excursions, camps and special events conducted, organised or attended by the school.
- The adrenaline autoinjectors for general use have a limited life, and will 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.
- The expiry date of adrenaline autoinjectors should be checked regularly to ensure they are ready for use.

Communication Plan

The principal (or delegate) will provide information to all school staff, students and parents about anaphylaxis and the school's Anaphylaxis Management Policy, via the school's website and in the Newsletter.

Raising Staff Awareness

Staff training, and the bi-annual briefing will assist staff to know how to respond to an anaphylactic reaction by a student in various environments including:

- During normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls.
- During off-site or out of school activities, including on excursions, school camps and at special events conducted or organised by the school.

The principal of the school will ensure that all relevant school staff are:

- Adequately trained (online training and competence test).

AND

- Briefed at least twice per calendar year through an in-house school briefing.

Casual Relief Teachers, Cafeteria staff and volunteers will be strongly encouraged to participate in the training and testing with staff and be provided with a complete and up to date list of students diagnosed as being at risk of anaphylaxis.

Raising Student Awareness

Peer support is an important element of support for students at risk of anaphylaxis. All students in Year 10 complete the HLTAID003 training by the end of that year.

School staff can raise awareness through fact sheets or posters displayed in hallways, canteens and classrooms. Class teachers can discuss the topic with students in class, with a few simple key messages such as the following:

Student messages about anaphylaxis	
1.	Always take food allergies seriously – severe allergies are no joke.
2.	Don't share your food with friends who have food allergies.
3.	Wash your hands after eating.
4.	Know what your friends are allergic to.
5.	If a school friend becomes sick, get help immediately even if the friend does not want you to.
6.	Be respectful of a school friend's adrenaline autoinjector.
7.	Don't pressure your friends to eat food that they are allergic to.

Source: Be a MATE kit, published by Anaphylaxis & Allergy Australia.

It is important to be aware that a student at risk of anaphylaxis may not want to be singled out or be seen to be treated differently. Also be aware that bullying of students at risk of anaphylaxis can occur in the form of teasing, tricking a student into eating a particular food or threatening a student with the substance that they are allergic to, such as peanuts. This is not acceptable behaviour and will not be tolerated.

Talk to the students involved so they are aware of the seriousness of an anaphylactic reaction. Any attempt to harm a student diagnosed at risk of anaphylaxis must be treated as a serious and dangerous incident and dealt with in line with the school's Bullying and Harassment policy.

Schools can refer to the Bully Stoppers website, an anti-bullying resource for ideas and strategies for dealing with bullying situations. Further information about Bully Stoppers is available at:

www.education.vic.gov.au/about/programs/bullystoppers/Pages/default.aspx

Working with Parents

Parents of a child who is at risk of anaphylaxis may experience considerable anxiety about sending their child to school. It is important to develop an open and cooperative relationship with them so that they can feel confident that appropriate management strategies are in place at school.

Aside from implementing practical risk minimisation strategies in schools, the anxiety that parents and students may feel can be considerably reduced by regular communication and increased education, awareness and support from the school community.

Raising School Community Awareness

Schools are encouraged to raise awareness about anaphylaxis in the school community so that there is an increased understanding of the condition. This can be done by providing information in the school newsletter, on the school website, at assemblies or parent information sessions.

Parent information sheets that promote greater awareness of severe allergies can be downloaded from the Royal Children's Hospital website at: www.rch.org.au/allergy/parent_information_sheets/Parent_Information_Sheets/

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. The annual checklist is designed to step schools through each area of their responsibilities in relation to the management of anaphylaxis in schools.

See Appendix E for the Risk Management Checklist, or refer to the Department's website:

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

Definitions:

Anaphylaxis is a severe and sudden allergic reaction when a person is exposed to an allergen. Common allergens include:

- Eggs,
- Peanuts,
- tree nuts such as cashews,
- cow's milk,
- fish and shellfish,
- wheat,
- soy,
- sesame,
- insect stings and bites, and
- medications.

Signs of mild to moderate allergic reaction include:

- swelling of the lips, face and eyes,
- hives or welts,
- tingly mouth, and
- abdominal pain and/or vomiting (signs of a severe allergic reaction to insects).

Signs of anaphylaxis (severe allergic reaction) include any **one** of the following:

- difficult/noisy breathing,
- swelling of tongue,
- swelling / tightness in throat,
- difficulty talking and/or a hoarse voice,
- wheeze or persistent cough,
- persistent dizziness or collapse,
- pale and floppy (young children), and
- abdominal pain and/or vomiting (signs of a severe allergic reaction to insects).

Appendices (including processes related to this policy)

Appendices connected with this policy are:

- **Appendix A: School Anaphylaxis Supervisor checklist.**
- **Appendix B:** Individual Anaphylaxis Management Plan template.
- **Appendix C:** Sample ASCIA Action Plan for Anaphylaxis.
- **Appendix D:** Risk minimisation strategies put in place by the school for in-school and out-of-school settings.
- **Appendix E:** Risk Management Checklist.

Review Process:

This policy will be reviewed annually, or as needed, due to changes in regulations or circumstances.

In reviewing and updating the school's Anaphylaxis policy, refer to current and relevant DET guidelines:

<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

References:

SPAG Anaphylaxis: <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

Be a MATE kit, published by Anaphylaxis & Allergy Australia.

Related Policies and Documents:

Bullying and Harassment Policy.

Individual Anaphylaxis Management Plan template.

ASCIA Action Plan for Anaphylaxis.

Risk Management Checklist.

Appendix A: School Anaphylaxis Supervisor checklist

This checklist is designed to assist schools to understand their role and responsibilities regarding anaphylaxis management and to be used as a resource during the delivery of *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC*.

Principal

Stage	Responsibilities	✓ or ✗
Ongoing	Be aware of the requirements of MO706 and the associated guidelines published by the Department of Education and Training.	✓
Ongoing	Nominate appropriate school staff for the role of School Anaphylaxis Supervisor at each campus and ensure they are appropriately trained.	✓
Ongoing	Ensure all school staff complete the <i>ASCIA Anaphylaxis e-training for Victorian Schools</i> every 2 years, which includes formal verification of being able to use adrenaline autoinjector devices correctly.	✓
Ongoing	Ensure an accurate record of all anaphylaxis training completed by staff is maintained, kept secure and that staff training remains current.	✓
Ongoing	Ensure that twice-yearly Anaphylaxis School Briefings are held and led by a member of staff familiar with the school, preferably a School Anaphylaxis Supervisor .	✓

Staff training

Staff	Training requirements	✓ or ✗
School Anaphylaxis Supervisor	To perform the role of School Anaphylaxis Supervisor staff must have current approved anaphylaxis training as outlined in MO706. In order to verify the correct use of adrenaline autoinjector devices by others, the School Anaphylaxis Supervisor must also complete and remain current in <i>Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC</i> (every 3 years).	✓
School staff	All school staff should: <ul style="list-style-type: none"> complete the <i>ASCIA Anaphylaxis e-training for Victorian Schools</i> (every 2 years) and be verified by the School Anaphylaxis Supervisor within 30 days of completing the ASCIA e-training as being able to use the adrenaline autoinjector (trainer) devices correctly to complete their certification. 	All staff have completed with the exemption of new 2018 staff

School Anaphylaxis Supervisor responsibilities

Ongoing	Tasks	✓ or ✗
Ongoing	Ensure they have currency in the <i>Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC</i> (every 3 years) and the <i>ASCIA Anaphylaxis e-training for Victorian Schools</i> (every 2 years).	✓
Ongoing	Ensure that they provide the principal with documentary evidence of currency in the above courses.	✓
Ongoing	Assess and confirm the correct use of adrenaline autoinjector (trainer) devices by other school staff undertaking the <i>ASCIA Anaphylaxis e-training for Victorian Schools</i> .	✓
Ongoing	Send periodic reminders to staff or information to new staff about anaphylaxis training requirements.	Staff meeting schedules
Ongoing	Provide access to the adrenaline autoinjector (trainer) device for practice use by school staff.	✓
Ongoing	Provide regular advice and guidance to school staff about allergy and anaphylaxis management in the school as required.	✓
Ongoing	Liaise with parents or guardians (and, where appropriate, the student) to manage and implement Individual Anaphylaxis Management Plans.	✓
Ongoing	Liaise with parents or guardians (and, where appropriate, the student) regarding relevant medications within the school.	✓
Ongoing	Lead the twice-yearly Anaphylaxis School Briefing	✓
Ongoing	Develop school-specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency situation requiring anaphylaxis treatment; for example: <ul style="list-style-type: none"> • a bee sting occurs on school grounds and the student is conscious • an allergic reaction where the child has collapsed on school grounds and the student is not conscious. Similar scenarios will also be used when staff are demonstrating the correct use of the adrenaline autoinjector (training) device.	✓

Further information about anaphylaxis management and training requirements in Victorian schools can be found at: <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx>

Anaphylaxis Management: School Supervisors' Observation Checklist

An observation record must be made and retained at the school for each staff member demonstrating the correct use of the adrenaline autoinjector (trainer) device. Certification that the device is used correctly can only be provided by the appropriately trained School Anaphylaxis Supervisor.

Name of School Anaphylaxis Supervisor: _____ **Signature:** _____

Name of staff member being assessed: _____ **Signature:** _____

Assessment Result: _____ **Competent or Not competent (select as appropriate)**

Assessment date: _____

Verifying the correct use of Adrenaline Autoinjector (trainer) Devices

Stage	Actions	✓ or ✗
Preparation	Verification resources, documentation and adrenaline autoinjector (trainer) devices and equipment are on hand and a suitable space for verification is identified.	
Preparation	Confirmation of the availability of a mock casualty (adult) for the staff member to demonstrate use of the adrenaline autoinjector devices on. Testing of the device on oneself or the verifier is not appropriate.	
Demonstration	Successful completion of the <i>ASCIA Anaphylaxis e-training for Victorian Schools</i> within the previous 30 days is confirmed by sighting the staff member's printed ASCIA e-training certificate.	
Demonstration	Confirmation the staff member has had an opportunity to practise use of the adrenaline autoinjector (trainer) device/s prior to the verification stage.	
Demonstration	To conduct a fair appraisal of performance, the verifier should first explain what the candidate is required to do and what they will be observed doing prior to the demonstration, including a scenario for the mock casualty. This ensures the candidate is ready to be verified and clearly understands what constitutes successful performance or not.	

Practical Demonstration

Stage	The staff member:	Attempts ✓ or ×		
		1	2	3
Prior to use: <i>Identifying the components of the EpiPen®</i>	Correctly identified components of the adrenaline autoinjector (although some of these are not available on the trainer device, they should be raised and tested): School Anaphylaxis Supervisors to ask the below questions. <ul style="list-style-type: none"> • Where is the needle located? • What is a safety mechanism of the EpiPen®? • What triggers the EpiPen® to administer the medication? • What does the label of the EpiPen® show? 			
Stage	The staff member:	Attempts ✓ or ×		
		1	2	3
Prior to use: <i>Demonstrated knowledge of the appropriate checks of the EpiPen®</i>	Demonstrated knowledge of the appropriate checks of the adrenaline autoinjector device (although these are not available on the trainer device, they should be raised and tested): School Anaphylaxis Supervisors to ask the below questions. <ul style="list-style-type: none"> • Prior to administering the EpiPen® what should you check? • What do you check the viewing window for? • What do you check the label for? 			
Demonstration: <i>Correct positioning when applying anaphylaxis first aid</i>	Positioned themselves and the (mock) casualty correctly in accordance with ASCIA guidelines ensuring the: <ul style="list-style-type: none"> • casualty is lying flat unless breathing is difficult or placed in a recovery position if unconscious or vomiting • casualty is securely positioned to prevent movement when administering the adrenaline autoinjector device • person administering the adrenaline autoinjector device is facing the casualty. 			
Demonstration: <i>Correct administration of the EpiPen®</i>	Administered the adrenaline autoinjector device correctly (this example is for an EpiPen® device): <ul style="list-style-type: none"> • formed a fist to hold the EpiPen® device correctly • pulled off blue safety release • applied the orange end at right angle to the outer mid-thigh (with or without clothing), ensuring pockets and seams were not in the way • activated the EpiPen® by pushing down hard until a click is heard • hold the EpiPen® in position for 3 seconds after activation • remove EpiPen®. 			
Demonstration:	Demonstrated correct use in a realistic time period for treatment in an emergency situation.			
Post use: <i>Handling used EpiPen®</i>	Demonstrated knowledge of correct procedures post use of the adrenaline autoinjector devices: School Anaphylaxis Supervisors to ask the below questions. <ul style="list-style-type: none"> • What information should you record at the time of administering the EpiPen®? • What do you do with the used EpiPen® once it has been administered? 			

Name of School Anaphylaxis Supervisor: _____ Signature: _____

Name of staff member being assessed: _____ Signature: _____

Assessment Result: _____ Competent or Not competent (select as appropriate)

Assessment date: _____

Test Outcome

Certifying the correct use of the adrenaline autoinjector (training) device

✓ or ✗

Where checking and demonstration is successful the verifier will:

- sign and date the staff member's ASCIA e-training certificate
- provide a copy to the staff member
- store the staff member's ASCIA certificate and this observation record in a central office location to ensure confidentiality is maintained
- update school staff records for anaphylaxis training.

If the adrenaline autoinjector (trainer) device has **NOT** been checked or administered correctly through successfully completing all the steps above, the verifier cannot deem the staff member competent. The staff member should be referred back to the *ASCIA Anaphylaxis e-training* for further training and re-present for verification:

- this action should be recorded in staff records
- the verifier must not provide training to correct practice.

Appendix B: Individual Anaphylaxis Management Plan template.

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 parent's 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.

School	Corryong College	Phone	(02 60761566
Student			
DOB		Year level	
Severely allergic to:			
Other health conditions			
Medication at school			
EMERGENCY CONTACT DETAILS (PARENT/GUARDIAN/CARER)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
EMERGENCY CONTACT DETAILS (ALTERNATE)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
Medical practitioner contact	Name		
	Phone		
Emergency care to be provided at school			

Storage location for adrenaline autoinjector (device specific) (EpiPen®)

ENVIRONMENT

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

Name of environment/area:

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

Name of environment/area:

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

Name of environment/area:

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

Name of environment/area:

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

Name of environment/area:

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

This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):

- Annually;
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
- as soon as practicable after the student has an anaphylactic reaction at school;
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects, cultural days, fetes, incursions).

I have been consulted in the development of this Individual Anaphylaxis Management Plan.

I consent to the risk minimisation strategies proposed.

Risk minimisation strategies are available at Chapter 8 – Risk Minimisation Strategies of the Anaphylaxis Guidelines

Signature of parent:	
Date:	
I have consulted the parents of the students and the relevant school staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.	
Signature of principal (or nominee):	
Date:	

ACTION PLAN FOR Anaphylaxis

Name: _____ For EpiPen® adrenaline (epinephrine) autoinjectors

Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):


Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by medical or nurse practitioner:

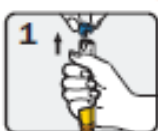
I hereby authorise medications specified on this plan to be administered according to the plan

Signed: 

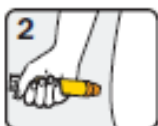
Date: _____

Action Plan due for review: _____

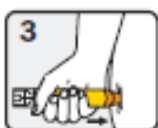
How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

All EpiPen®s should be held in place for 3 seconds regardless of instructions on device label

SIGNS OF 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
- For tick allergy - freeze dry tick and allow to drop off
- 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 (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- 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 unconscious, place in recovery position
- 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

6 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

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

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

Appendix D: Suggested risk minimisation strategies put in place by the school for in-school and out-of-school settings.

In-school settings

It is recommended that school staff determine which strategies set out below for various in-school settings are appropriate after consideration of factors such as the age of the student, the facilities and activities available at the school, and the general school environment.

Classrooms

Keep a copy of the student's Individual Anaphylaxis Management Plan in the Staff Room. Be sure the ASCIA Action Plan for Anaphylaxis is easily accessible even if the adrenaline autoinjector is kept in another location.

Liaise with parents about food-related activities well ahead of time.

Use non-food treats where possible, but if food treats are used in class, teachers must provide an appropriate alternative for students with food allergies. Alternative 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.

Children with food allergy need special care when doing food technology. An appointment should be organised with the student's parents prior to the student undertaking this subject. Helpful information is available at: www.allergyfacts.org.au/images/pdf/foodtech.pdf

Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.

A designated staff member (the Daily Organiser) should provide casual relief teachers with Information Sheet, containing a list 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. ie seeking a trained staff member. The staff member that is supervising specialist teachers or volunteers should provide the same information (collect a copy of the Information Sheet from the Daily Organiser).

Canteens

Canteen staff (whether internal or external) should be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. Refer to:

- 'Safe Food Handling' in the School Policy and Advisory Guide at: www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx
- Helpful resources for food services available at: www.allergyfacts.org.au

Canteen staff, including volunteers, should be briefed about students at risk of anaphylaxis and in accordance with clause 12.1.2 of the Order, these individuals have up to date training in an anaphylaxis management training course as soon as practical after a student enrolls.

Display a copy of the student's ASCIA Action Plan for Anaphylaxis in the canteen as a reminder to canteen staff and volunteers.

Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.

Canteens should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.

Canteen tables, benches and surfaces are wiped down with warm soapy water daily.

Food banning is not generally recommended. Instead, a 'no-sharing' with the students with food allergy approach is recommended for food, utensils and food containers. However, Corryong College is a Peanut Free Zone and we do not stock peanut products. Tree nuts, such as hazelnuts, cashews, almonds, etc. should be limited.

Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.

Yard

If a 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®) and be able to respond quickly to an allergic reaction if needed.

The adrenaline autoinjector and each student's individual ASCIA Action Plan for Anaphylaxis must be 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)**. Where appropriate, an adrenaline autoinjector may be carried in the school's yard duty bag.

Schools must have an emergency response procedure in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. This may include all yard duty staff carrying emergency cards in yard-duty bags, walkie talkies. 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 severe allergies to insects should be encouraged to stay away from water or flowering plants. School staff should liaise with parents 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, incursions, class parties, etc.)

If a 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 events involving food, school staff should consult parents in advance to either develop an alternative food menu or request the parents 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.

Party balloons should not be used if any student is allergic to latex.

If students from other schools are participating in an event at your school, consider requesting information from the participating schools about any students who will be attending the event who are at risk of anaphylaxis. Agree on strategies to minimise the risk of a reaction while the student is visiting the school. This should include a discussion of the specific roles and responsibilities of the host and visiting school. Students at risk of anaphylaxis should bring their own adrenaline autoinjector with them to events outside their own school.

Out-of-school settings

It is recommended that schools determine which strategies set out below for various out-of-school settings are appropriate after consideration of factors such as the age of the student, the facilities and activities available at the school, and the general school environment.

Travel to and from school by school bus

School staff should consult with parents of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation strategies are in place to manage an anaphylactic reaction should it occur on the way to or from school on the bus. This includes the availability and administration of an adrenaline autoinjector. The adrenaline autoinjector and ASCIA Action Plan for Anaphylaxis must be with the student on the bus even if this child is deemed too young to carry an adrenaline autoinjector on their person at school.

Field trips/excursions/sporting events

If a 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 ASCIA Action Plan for Anaphylaxis for each student at risk of anaphylaxis should be easily accessible and school staff must be aware of their exact location. An extra General use adrenaline autoinjector should be carried by staff on the **field trip/excursion/sporting event**.

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.

The school should consult parents of anaphylactic students in advance to discuss issues that may arise, for example to develop an alternative food menu or request the parents provide a special meal (if required).

Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with parents 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 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.

If the field trip, excursion or special event is being held at another school then that school should be notified ahead of time that a student at risk of anaphylaxis will be attending, and appropriate risk minimisation strategies discussed ahead of time so that the roles and responsibilities of the host and visiting school are clear. Students at risk of anaphylaxis should take their own adrenaline autoinjector with them to events being held at other schools.

Camps and remote settings

Prior to engaging a camp owner/operator's services the school should make enquiries as to whether the operator can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation in writing to the school, then the school should strongly consider using an alternative service provider. This is a reasonable step for a school to take in discharging its duty of care to students at risk of anaphylaxis as they must protect students in their care from any reasonably foreseeable injury. This duty cannot be delegated to any third party.

The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.

Schools should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis while they are on camp. This should be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp's commencement.

School staff should consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate procedures are in place to manage an anaphylactic reaction should it occur. **If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken in order for the school to adequately discharge its non-delegable duty of care.**

If the school has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should raise these concerns in writing with the camp owner/operator and also consider alternative means for providing food for those students.

Use of substances containing known allergens should be avoided altogether where possible.

Camps should be strongly discouraged from 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. If eggs are to be used there must be suitable alternatives provided for any student known to be allergic to eggs.

Prior to the camp taking place, school staff should consult with the student's parents 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.

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, eg. a satellite phone. All staff attending camp should familiarise themselves with the students' Individual Anaphylaxis Management Plans AND plan emergency response procedures for anaphylaxis prior to camp and be clear about their roles and responsibilities in the event of an anaphylactic reaction.

Contact local emergency services and hospitals well before the camp to provide details of any medical conditions of students, 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.

It is strongly recommended that schools take an adrenaline autoinjector for general use on a school camp (even if there is no student who is identified as being at risk of anaphylaxis) as a back-up device in the event of an emergency.

Schools should consider purchasing an adrenaline autoinjector for general use to be kept in the first aid kit and include this as part of the emergency response procedures.

Each student's adrenaline autoinjector should remain close to the student and school staff must be aware of its location at all times.

The general use adrenaline autoinjector should be carried in the school first aid kit. Students should carry their own adrenaline autoinjector on camp. Remember that all school staff members still have a duty of care towards the student even if they do carry their own adrenaline autoinjector.

Students with allergies 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, art and craft and games should not involve the use of known allergens.

Consider the potential exposure to allergens when consuming food on buses and in cabins.

Overseas travel

Review and consider the strategies listed under "Field Trips/Excursions/Sporting Events" and "Camps and Remote Settings". Where an excursion or camp is occurring overseas, schools should involve parents in discussions regarding risk management well in advance.

Assess where potential risks can be managed using minimisation strategies such as the following:

- translation of the student's Individual Anaphylaxis Management Plan and ASCIA Action Plan for Anaphylaxis into the local language
- sourcing of safe foods at all stages
- obtaining the names, address and contact details of the nearest hospital and medical practitioners at each location that may be visited
- obtaining emergency contact details
- determine the ability to purchase additional autoinjectors
- carry a general use adrenaline autoinjector as part of the First Aid kit.

Record details of student travel insurance, including contact details for the insurer. Determine how any costs associated with medication, treatment and/or alteration to the travel plans as a result of an anaphylactic reaction will be paid.

Investigate the potential risks at all stages of the overseas travel such as:

- travel to and from the airport/port
- travel to and from Australia (via aeroplane, ship etc)
- accommodation venues
- all towns and other locations to be visited
- sourcing safe foods at all of these locations
- risks of cross contamination, including:
- exposure to the foods of the other students
- hidden allergens in foods
- whether the table and surfaces that the student may use will be adequately cleaned to prevent a reaction
- whether the other students will be able to wash their hands when handling food.

Plan for the appropriate supervision of students at risk of anaphylaxis at all times, including that:

- there are sufficient school staff attending the excursion who have been trained in accordance with section 12 of the Ministerial Order
- there is an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are taking medication, eating food or being otherwise exposed to potential allergens
- there will be capacity for adequate supervision of any affected student(s) requiring medical treatment, and that adequate supervision of the other students will be available
- staff/student ratios should be maintained during the trip, including in the event of an emergency where the students may need to be separated.

The school should re-assess its emergency response procedures, and if necessary adapt them to the particular circumstances of the overseas trip. Keep a record of relevant information such as the following:

- dates of travel
- name of airline, and relevant contact details
- itinerary detailing the proposed destinations, flight information and the duration of the stay in each location
- hotel addresses and telephone numbers
- proposed means of travel within the overseas country
- list of students and each of their medical conditions, medication and other treatment (if any)
- emergency contact details of hospitals, ambulances, and medical practitioners in each location
- details of travel insurance
- plans to respond to any foreseeable emergency including who will be responsible for the implementation of each part of the plans
- possession of a mobile phone or other communication device that would enable the school staff to contact emergency services in the overseas country if assistance is required.

Work experience

Schools should involve parents, the student and the work experience employer in discussions regarding risk management **prior** to a student at risk of anaphylaxis attending work experience. The employer and relevant staff must be shown the ASCIA Action Plan for Anaphylaxis and how to use the adrenaline autoinjector in case the work experience student shows signs of an allergic reaction whilst at work experience. It may be helpful for the teacher and the student to do a site visit before the student begins placement.

Appendix E: Risk Management Checklist.

(to be completed at the start of each year)

School name:	Corryong College
Date of review:	
Who completed this checklist?	Name:
	Position:
Review given to:	Name
	Position
Comments:	

General information

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

SECTION 1: Training

7. Have all school staff who conduct classes with students who are at risk of anaphylaxis successfully completed an approved anaphylaxis management training course, either: <ul style="list-style-type: none"> • online training (ASCIA anaphylaxis e-training) within the last 2 years, or • accredited face to face training (22300VIC or 10313NAT) within the last 3 years? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<p>8. Does your school conduct twice yearly briefings annually? If no, please explain why not, as this is a requirement for school registration.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>9. Do all school staff participate in a twice yearly anaphylaxis briefing? If no, please explain why not, as this is a requirement for school registration.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>10. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools: a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen®) within 30 days of completing the ASCIA Anaphylaxis e-training for Victorian Schools?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2: Individual Anaphylaxis Management Plans	
<p>11. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an adrenaline autoinjector have an Individual Anaphylaxis Management Plan which includes an ASCIA Action Plan for Anaphylaxis completed and signed by a prescribed medical practitioner?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>13. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?</p>	
<p>a. During classroom activities, including elective classes</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b. In canteens or during lunch or snack times</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>c. Before and after school, in the school yard and during breaks</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>d. For special events, such as sports days, class parties and extra-curricular activities</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>e. For excursions and camps</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>f. Other</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>14. Do all students who carry an adrenaline autoinjector on their person have a copy of their ASCIA Action Plan for Anaphylaxis kept at the school (provided by the parent)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>a. Where are the Action Plans kept?</p>	
<p>15. Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>16. Are Individual Management Plans (for students at risk of anaphylaxis) reviewed prior to any off site activities (such as sport, camps or special events), and in consultation with the student's parent/s?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 3: Storage and accessibility of adrenaline autoinjectors

17. Where are the student(s) adrenaline autoinjectors stored?	
18. Do all school staff know where the school’s adrenaline autoinjectors for general use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the adrenaline autoinjectors stored at room temperature (not refrigerated) and out of direct sunlight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is the storage unlocked and accessible to school staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Are the adrenaline autoinjectors easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Is a copy of student’s individual ASCIA Action Plan for Anaphylaxis kept together with the student’s adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan for Anaphylaxis) clearly labelled with the student’s names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis? Who?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Are there adrenaline autoinjectors which are currently in the possession of the school which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Has the school signed up to EpiClub (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Do all school staff know where the adrenaline autoinjectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Has the school purchased adrenaline autoinjector(s) for general use, and have they been placed in the school’s first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Where are these first aid kits located? Do staff know where they are located?	<input type="checkbox"/> Yes <input type="checkbox"/> No

31. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4: Risk Minimisation strategies	
33. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you implemented any of the risk minimisation strategies in the Anaphylaxis Guidelines? If yes, list these in the space provided below. If no please explain why not as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 5: School management and emergency response	
36. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Do school staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Have you developed emergency response procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In all school buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA Action Plan for Anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Have you checked how long it takes to get an individual's adrenaline autoinjector and corresponding individual ASCIA Action Plan for Anaphylaxis to a student experiencing an anaphylactic reaction from various areas of the school including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. The school canteen?	<input type="checkbox"/> Yes <input type="checkbox"/> No

42. On excursions or other out of school events is there a plan for who is responsible for ensuring the adrenaline autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the adrenaline autoinjector for general use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Who will make these arrangements during excursions? The organising teacher or Teacher in Charge.	
44. Who will make these arrangements during camps? The organising teacher or Teacher in Charge.	
45. Who will make these arrangements during sporting activities? The organising teacher or Teacher in Charge.	
46. Is there a process for post-incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47. Have all school staff who conduct classes attended by students at risk of anaphylaxis, and any other staff identified by the principal, been briefed by someone familiar with the school and who has completed an approved anaphylaxis management course in the last 2 years on:	
a. The school's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students at risk of anaphylaxis, and who are prescribed an adrenaline autoinjector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the adrenaline autoinjector(s) for general use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 6: Communication Plan	
48. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?	
a. To school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49. Is there a process for distributing this information to the relevant school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No

a. What is it?	
50. How will this information kept up to date?	
51. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52. What are they?	