Wunghnu Primary School.....*Educational excellence through the* environment
No: 1938
Brunton Street, Wunghnu 3635
Phone: (03) 5862 1701
Email: Wunghnu.ps@edumail.vic.gov.au
Website: www.wunghnuprimaryschool.weebly.com

ANAPHYLAXIS POLICY

Purpose of this policy

To ensure schools manage students at risk of anaphylaxis and meet legislative requirements. 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. To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community. To engage with parents/carers of the students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student. To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

Guidelines

Guidelines have been developed to assist all Victorian schools to meet their duty of care to students at risk of anaphylaxis and to support those students. The Guidelines support schools in complying with legislation, most critically the:

- Staff will be regularly trained and updated in recognising and responding appropriately to an anaphylactic reaction, including competently administrating an EpiPen annually.
- Yard duty staff will carry the relevant Epi pen. This pen will be provided by the school.
  The order of action is:
    - Access and administer Epipen as needed
    - Call an ambulance
    - Contact parents

  If any of these pens are used they will be replace at the schools expense as soon as practable.
- The Principal 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 enrols, and where possible before their first day of school. The individual ASCIA Management Plan is to be provided by parents and signed by a medical practitioner. The Individual Anaphylaxis Management Plan will set out the following:
    - Information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on written diagnosis from a Medical Practitioner)
    - Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including camps and excursions.
    - Up to date photo of the student.

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 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 schools and when the student is to participates 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)

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If there is any change to the child's allergens and ASCIA management plan, an updated ASCIA plan is to be provided to the school by the parents as soon as practicable.

- ASCIA Management plans are to be kept with each child's medication in the sick bay. Plans are also placed in each relevant classroom.

It is the responsibility of the parent to:

- Provide the emergency procedures plan (ASCIA Action Plan).
- Inform the school if their child's medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan).
- Provide an up to date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed.

SCHOOL MANAGEMENT AND EMERGENCY RESPONSE

Wunghnu Primary School's anaphylaxis management policy includes procedures for emergency response to anaphylaxis reactions. The procedures include the following:

- a complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction with the students photo in the sick bay/staff room and classroom roll folder
- details of Individual Anaphylaxis Management Plans and ASCIA Action Plans and where these will be located
  - in the classroom
  - in the school yard
  - in all school buildings
  - on school excursions
  - on schools camps and special events conducted, organised or attended at the school
  - information about the storage and accessibility of Adrenaline Auto-injectors
  - how communication with school staff, students and parents is to occur in accordance with communications plan

For all anaphylaxis management enquires, (including the implementation of MO706), schools can call the Royal Children's Hospital Anaphylaxis Advisory Line on 1300 725 911 or (03) 9345 4235.

- <u>Excursions / Camps</u>

  The parent of children diagnosed with Anaphylaxis can choose to attend all excursions that their child attend and it is the families' decision as to whether or not a parent will attend. On such events, both the parent and the class teacher will bring the appropriate EpiPen and other medication including the individual management plan.
- <u>Camps and food</u>

  Prior to a camp, the teacher will communicate with the camp around its menu. The parent will be involved in this discussion to ensure appropriate safety measure are in place. They can be provided with a contact number for the camp to discuss the meals directly if they prefer.
- <u>Food brought into classrooms</u>

  At the beginning of the year, a letter will be sent home to all children in the same grade as an anaphylactic child. When a child is identified that warrants this. This letter will outline the dangers that surround Anaphylaxis and will ask for all parents to be considerate. On the occasion of class parties, the parent of the anaphylactic child will be notified and invited to attend, <u>plus</u> the letter will be resent out to remind families.

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Training Requirements

As outlined in Ministerial Order 706 all staff in regular contact with students will complete the Australasian Society of Clinical Immunology and Allergy (ASCIA) e-training course online and have their competency in using an auto injector tested in person within 30 days of completing the course.

The Principal will undertake face-to-face training to skill them in providing competency checks to assess their colleagues' ability to use an auto-injector (e.g. EpiPen) and become School Anaphylaxis Supervisor.

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

A School Anaphylaxis Supervisor Checklist has been developed to guide schools with the requirements of this role. Training agencies that have the *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices* 22303VIC in their scope of practice are required to use this checklist to guide their training with Victorian schools.

Alternatively schools can opt to undertake fee-based face-to-face training in one of the accredited anaphylaxis training courses that meet the requirements of MO706:

- Course in First Aid Management of Anaphylaxis 22300VIC
- Course in Anaphylaxis Awareness 10313NAT.

To find registered training organisations that deliver anaphylaxis training, go to the Australian Government Department of Education and Training site at www.training .gov.au

In order to meet the anaphylaxis training requirements of MO706 schools must complete one of the following options:

Option 1

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

AND

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

Option 2

School staff (as determined by the principal) - *Course in First Aid Management of Anaphylaxis 22300 VIC (previously 22099VIC)*. This course is provided by an RTO that has this course in their scope of practce and is paid for by each school. The training is valid for 3 years.

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Option 3

School staff (as determined by the principal) - *Course in Anaphylaxis Awareness 10313NAT*. This course is provided by any RTO that has this course in their scope of practice and is paid for by each school. The training is valid for 3 years.

Please note: First aid training does **NOT** meet the requirements of anaphylaxis training requirements under MO706.

Twice-yearly anaphylaxis briefing requirements

All schools with a child or young person at risk of an anaphylactic reaction are required to undertake twice yearly briefings on anaphylaxis management under MO706.

A presentation has been developed to help schools ensure they are complying with the legislation. The briefing presentation incorporates information on how to administer an EpiPen and it is expected all staff will practice with the EpiPen trainer devices provided to your school. As part of the briefing, school staff should familiarise themselves with the children and young people in the school at risk of an anaphylactic reaction and their Individual Anaphylaxis Management Plans.

Any person who has completed Anaphylaxis Management Training in the last 2 years can lead the briefing. If your school has decided to choose the online option, your School Anaphylaxis Supervisor may be the most appropriate staff member for this role. A facilitation guide and speaking notes have also been developed and can be found in Department resources on the DET site.

Definition

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
- medications.

Signs of mild to moderate allergic reaction include:

- swelling of the lips, face and eyes
- hives or welts
- tingly mouth
- 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

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- persistent dizziness or collapse
- pale and floppy (young children)
- abdominal pain and / or vomiting (signs of a severe allergic reaction to insects).

Impact at school

An anaphylactic reaction can be traumatic for the student and others witnessing the reaction. In the event of an anaphylactic reaction, students and staff may benefit from post-incident counselling, provided, for example, by the school nurse, guidance officer, student welfare coordinator or school psychologist.
It is important to be aware that some students with anaphylaxis may not wish to be singled out or seen to be treated differently.

Strategies

This table describes how schools manage students with anaphylaxis.

Strategy	Description
School Anaphylaxis Policy	This is a school-based policy that is required to be developed under s 4.3.1(6) of the Act because the school has at least one enrolled student who has been diagnosed as being at risk of anaphylaxis. This policy describes the school's management of the risk of anaphylaxis. MO706 prescribes the matters which the policy must contain.
Prevention Strategies	Under MO706, a School's Policy must include prevention strategies used by the school to minimise the risk of an anaphylactic reaction.
Communication Plan	A plan developed by the school which provides information to all school staff, students and parents about anaphylaxis and the School's Anaphylaxis Management Policy.
Emergency Response	Procedures which each school develops for emergency response to anaphylactic reactions for all in-school and out-of-school activities. The procedures, which are included in the School's Anaphylaxis Management Policy, differ from the instructions listed on the ASCIA Action Plan of 'how to administer the Adrenaline Autoinjector'.
ASCIA Action Plans	An ASCIA Action Plan should be completed by the student's parents/guardians in consultation with the student's medical practitioner and a copy provided to the school. The plan must outline the student's known severe allergies and the emergency procedures to be taken in the event of an allergic reaction.
Individual Management Plans	An individual plan for each student at risk of anaphylaxis, developed in consultation with the student's parents. These plans include the ASCIA Action Plan which describes the student's allergies, symptoms, and the emergency response to administer the student's Adrenaline Autoinjector should the student display symptoms of an anaphylactic reaction.
Annual Risk Management Checklist	Principals need to complete an annual Anaphylaxis Risk Management Checklist to monitor their compliance with their legal obligations and the Guidelines.
Purchase additional adrenaline auto-	Schools with students at risk of anaphylaxis must purchase a spare or 'backup' adrenaline auto-injection device(s) as part of school first aid kit(s),

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Strategy	Description
injection devices	for general use. Schools can purchase an adrenaline auto-injection device at local chemists. (Schools must regularly check the expiry date of the backup device). Schools must determine the number of backup adrenaline autoinjector devices to be purchased for general use, taking into account the number of diagnosed students attending the school and the likely availability of a backup device in various settings, including school excursions and camps.
Training	All school staff with a duty of care responsibility for the wellbeing of students at risk of anaphylaxis should receive training in how to recognise and respond to an anaphylactic reaction including administering an adrenaline autoinjector (i.e. EpiPen®).
Encouraging camps and special event participation	Schools should ask the parents/guardians to complete the Department's Confidential Medical Information for School Council Approved School Excursions form. Note: Consideration should be given to the food provided. See: Related policies for: • Health Care Needs • Health Support Planning Forms
Communicating with parents	Regularly communicate with the student's parents about the student's successes, development, changes and any health and education concerns.

REPLACEMENT/VOLUNTEER STAFF

CRT staff are given information regarding the identity of any students with anaphylaxis specifically included in their class as well as others in the school. They will also be instructed on how to administer an EpiPen.

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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/carer.
It is the parents' responsibility to provide the school with a copy of the students 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:	
Phone Number:	
Student's name:	
Date of birth:	Year level:
Severely allergic to:	
Other health conditions:	
Medication at school:	
EMERGENCY CONTACT DETAILS - Parent/carer contact:	
Name:	Name:
Relationship:	Relationship:
Home phone:	Home phone:
Work phone:	Work phone:
Mobile:	Mobile:
Address:	Address:
EMERGENCY CONTACT DETAILS – Alternate contact:	
Name:	Name:
Relationship:	Relationship:
Home phone:	Home phone:
Work phone:	Work phone:
Mobile:	Mobile:
Address:	Address:

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Medical practitioner contact:	
Emergency care to be provided at school:	
EpiPen® storage:	
The following Anaphylaxis Management Plan has been developed with my knowledge and input and will be reviewed on:	
Signature of parent:	Date:
Signature of principal (or nominee):	Date:

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Strategies to Avoid Allergens

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

Student's name:	
Date of birth:	Year level:
Severe allergies:	
Other known allergies:	

Name of environment/area:		
Risk identified:	Actions required to minimize the risk:	Who is responsible?
Name of environment/area:		
Risk identified:	Actions required to minimize the risk:	Who is responsible?
Name of environment/area:		
Risk identified:	Actions required to minimize the risk:	Who is responsible:
Name of environment/area:		
Risk identified:	Actions required to minimize the risk:	Who is responsible:

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ascia
australasian 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:
_____
_____

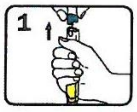
Asthma Yes ☐ No ☐

Family/emergency contact name(s):
_____
_____

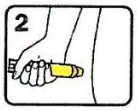
Work Ph: _____
Home Ph: _____
Mobile Ph: _____

Plan prepared by:
Dr: _____
Signed: _____
Date: _____

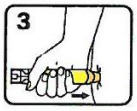
How to give EpiPen®



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



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



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

REMOVE EpiPen®. Massage injection site for 10 seconds.

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

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MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

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

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION

1. **Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.**
2. **Give EpiPen® or EpiPen® Jr**
3. **Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)**
4. **Phone family/emergency contact**
5. **Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)**

If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally.
If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

EpiPen® is generally prescribed for adults and children over 5 years.
EpiPen® Jr is generally prescribed for children aged 1-5 years.
*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information _____

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.

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ascia
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www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

For use with Anapen® Adrenaline Autoinjectors

Name: _____

Date of birth: _____

Photo

Confirmed allergens:

_____

_____

Asthma Yes ☐ No ☐

Family/emergency contact name(s):

_____

_____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by:

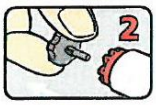
Dr: _____

Signed: _____

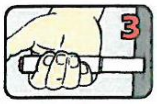
Date: _____

How to give Anapen®

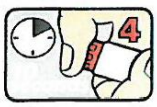
PULL OFF BLACK NEEDLE SHIELD



PULL OFF GREY SAFETY CAP from red button.



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



PRESS RED BUTTON so it clicks and hold for 10 seconds. REMOVE Anapen® and DO NOT touch needle. Massage injection site for 10 seconds.

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

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MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- **For insect allergy, flick out sting if visible. Do not remove ticks.**
- Stay with person and call for help
- Locate Anapen® 300 or Anapen® 150
- Give other medications (if prescribed) .....
  Dose: .....
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION

1. **Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.**
2. **Give Anapen® 300 or Anapen® 150**
3. **Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)**
4. **Phone family/emergency contact**
5. **Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)**

If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally.
If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

Anapen® 300 is generally prescribed for adults and children over 5 years.
Anapen® 150 is generally prescribed for children aged 1-5 years.
*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information _____

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Annual risk management checklist

(to be completed at the start of each year)

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?	☐ Yes ☐ No
a. If Yes, how many times?	
4. Have any students ever had an anaphylactic reaction at school?	☐ Yes ☐ 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?	☐ Yes ☐ 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)?	☐ Yes ☐ No

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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: • 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?	☐ Yes ☐ No
8. Does your school conduct twice yearly briefings annually? If no, please explain why not, as this is a requirement for school registration.	☐ Yes ☐ No
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.	☐ Yes ☐ No
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®)?	☐ Yes ☐ No
b. 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?	☐ Yes ☐ No
SECTION 2: Individual Anaphylaxis Management Plans	
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?	☐ Yes ☐ No
12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	☐ Yes ☐ No
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?	
a. During classroom activities, including elective classes	☐ Yes ☐ No

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b. In canteens or during lunch or snack times	☐ Yes ☐ No
c. Before and after school, in the school yard and during breaks	☐ Yes ☐ No
d. For special events, such as sports days, class parties and extra-curricular activities	☐ Yes ☐ No
e. For excursions and camps	☐ Yes ☐ No
f. Other	☐ Yes ☐ No
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)?	☐ Yes ☐ No
a. Where are the Action Plans kept?	
15. Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student?	☐ Yes ☐ No
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?	☐ Yes ☐ 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?	☐ Yes ☐ No
19. Are the adrenaline autoinjectors stored at room temperature (not refrigerated) and out of direct sunlight?	☐ Yes ☐ No
20. Is the storage safe?	☐ Yes ☐ No
21. Is the storage unlocked and accessible to school staff at all times? Comments:	☐ Yes ☐ No

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22. Are the adrenaline autoinjectors easy to find? Comments:	☐ Yes ☐ No
23. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline autoinjector?	☐ Yes ☐ 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?	☐ Yes ☐ No
25. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis? Who? ……	☐ Yes ☐ No
26. Are there adrenaline autoinjectors which are currently in the possession of the school which have expired?	☐ Yes ☐ No
27. Has the school signed up to EpiClub (optional free reminder services)?	☐ Yes ☐ 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?	☐ Yes ☐ 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)?	☐ Yes ☐ No
30. Where are these first aid kits located? Do staff know where they are located?	☐ Yes ☐ No
31. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	☐ Yes ☐ No
32. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	☐ Yes ☐ 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?	☐ Yes ☐ No

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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.	☐ Yes ☐ No
35. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	☐ Yes ☐ 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?	☐ Yes ☐ No
37. Do school staff know when their training needs to be renewed?	☐ Yes ☐ No
38. Have you developed emergency response procedures for when an allergic reaction occurs?	☐ Yes ☐ No
a. In the class room?	☐ Yes ☐ No
b. In the school yard?	☐ Yes ☐ No
c. In all school buildings and sites, including gymnasiums and halls?	☐ Yes ☐ No
d. At school camps and excursions?	☐ Yes ☐ No
e. On special event days (such as sports days) conducted, organised or attended by the school?	☐ Yes ☐ No
39. Does your plan include who will call the ambulance?	☐ Yes ☐ 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?	☐ Yes ☐ 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:	☐ Yes ☐ No
a. The class room?	☐ Yes ☐ No
b. The school yard?	☐ Yes ☐ No
c. The sports field?	☐ Yes ☐ No
d. The school canteen?	☐ Yes ☐ No

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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?	☐ Yes ☐ No
43. Who will make these arrangements during excursions? …….. ……..	
44. Who will make these arrangements during camps? …….. ……..	
45. Who will make these arrangements during sporting activities? …….. ……..	
46. Is there a process for post-incident support in place?	☐ Yes ☐ 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?	☐ Yes ☐ No
b. The causes, symptoms and treatment of anaphylaxis?	☐ Yes ☐ No
c. The identities of students at risk of anaphylaxis, and who are prescribed an adrenaline autoinjector, including where their medication is located?	☐ Yes ☐ No
d. How to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector?	☐ Yes ☐ No
e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	☐ Yes ☐ No
f. Where the adrenaline autoinjector(s) for general use is kept?	☐ Yes ☐ No
g. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	☐ Yes ☐ 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?	☐ Yes ☐ No

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b. To students?	☐ Yes ☐ No
c. To parents?	☐ Yes ☐ No
d. To volunteers?	☐ Yes ☐ No
e. To casual relief staff?	☐ Yes ☐ No
49. Is there a process for distributing this information to the relevant school staff?	☐ Yes ☐ 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?	☐ Yes ☐ No
52. What are they?	