



## **PURPOSE**

To explain to Teesdale Primary School parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that Teesdale Primary School is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

## **SCOPE**

This policy applies to:

- all staff, including casual relief staff and volunteers
- all students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction, and their parents and carers.

## **POLICY**

### **School Statement**

Teesdale Primary School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

### **Anaphylaxis**

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school-aged children are nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

### *Symptoms*

Signs and symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- tingling in the mouth.

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

- difficult/noisy breathing
- swelling of tongue
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- student appears pale or floppy
- abdominal pain and/or vomiting.

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen, but can appear within a few minutes.

### *Treatment*

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

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline auto injector for use in an emergency. These adrenaline auto injectors are designed so that anyone can use them in an emergency.

### **Individual Anaphylaxis Management Plans**

All students at Teesdale Primary School who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the principal and first aid co-ordinator of Teesdale Primary School are responsible for developing a plan in consultation with the student's parents/carers.



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Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrolls at Teesdale Primary School and where possible, before the student's first day.

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- immediately inform the school in writing if there is a relevant change in the student's medical condition and 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 a current adrenaline auto injector for the student that has not expired;
- participate in annual reviews of the student's Plan.

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has
- information about 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, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
- the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the Plan
- information about 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.

### *Review and updates to Individual Anaphylaxis Plans*

A student's Individual Anaphylaxis Plan will be reviewed and updated on an annual basis in consultation with the student's parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

- as soon as practicable after the student has an anaphylactic reaction at school
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

Our school may also consider updating a student's Individual Anaphylaxis Management Plan if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

### **Location of plans and adrenaline auto injectors**

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at Sick Bay, near the front office, and the staff room, together with the student's adrenaline auto injector. Adrenaline auto injectors must be labelled with the student's name.

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in their classrooms and Student Excursion and Medical Folders supplied to all classroom teachers.

Whilst some students keep their adrenaline auto injector on their person, medication for those that do not will be stored and labelled with their name at Sick Bay, together with adrenaline auto injectors for general use. Adrenaline auto injectors for general use are available at the Sick Bay and are labelled "general use".



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### **Risk Minimisation Strategies**

Risk minimisation strategies will be put in place to reduce the possibility of a student suffering from an anaphylactic reaction at school. Strategies will be in place for all school activities, including:

- during classroom activities (including class rotations, specialist and elective classes)
- between classes and other breaks
- 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).
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To reduce the risk of a student suffering from an anaphylactic reaction at Teesdale Primary School, we have put in place the following strategies:

- staff and students are regularly reminded to wash their hands after eating;
- students are discouraged from sharing food;
- garbage bins at school are to remain covered with lids to reduce the risk of attracting insects, and all food wrappers are to be taken home by students in lunchboxes;
- gloves must be worn when picking up papers or rubbish in the playground;
- SAKG staff are trained in appropriate food handling to reduce the risk of cross-contamination;
- year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays;
- a general use EpiPen will be stored at the sick bay near the office for ease of access.

### **Adrenaline auto injectors for general use**

Teesdale Primary School will maintain a supply of adrenaline auto injector(s) for general use, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first time reaction at school.

Adrenaline auto injectors for general use will be stored at the sick bay and labelled “general use”.

The principal is responsible for arranging the purchase of adrenaline auto injectors for general use, and will consider:

- the number of students enrolled at Teesdale Primary School at risk of anaphylaxis;
- the accessibility of adrenaline auto injectors supplied by parents;
- the availability of a sufficient supply of auto injectors for general use in different locations at the school, as well as at camps, excursions and events;
- the limited life span of adrenaline auto injectors, and the need for general use adrenaline auto injectors to be replaced when used or prior to expiry.

### **Emergency Response**

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school’s general first aid procedures, emergency response procedures and the student’s Individual Anaphylaxis Management Plan.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by Sue O’Mealley, the first aid officer, and stored at sick bay, staffroom, school office and Student Excursion Folders stored with class teachers. For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline auto injectors, where appropriate.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:



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Step	Action
1.	<ul style="list-style-type: none"> <li>● Lay the person flat</li> <li>● Do not allow them to stand or walk</li> <li>● If breathing is difficult, allow them to sit</li> <li>● Be calm and reassuring</li> <li>● Do not leave them alone</li> <li>● Seek assistance from another staff member or reliable student to locate the student's adrenaline auto injector or the school's general use auto injector, and the student's Individual Anaphylaxis Management Plan, stored at the staffroom, student's classroom, Student Excursion Folders located in classrooms and the sick bay.</li> <li>● If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5</li> </ul>
2.	<p>Administer an EpiPen or EpiPen Jr (if the student is under 20kg)</p> <ul style="list-style-type: none"> <li>● Remove from plastic container</li> <li>● Form a fist around the EpiPen and pull off the blue safety release (cap)</li> <li>● Place orange end against the student's outer mid-thigh (with or without clothing)</li> <li>● Push down hard until a click is heard or felt and hold in place for 3 seconds</li> <li>● Remove EpiPen</li> <li>● Note the time the EpiPen is administered</li> <li>● Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration</li> </ul>
3.	Call an ambulance (000)
4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline auto injectors are available.
5.	Contact the student's emergency contacts.

If a student appears to be having a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 – 5 as above.

[Note: If in doubt, it is better to use an adrenaline auto injector than not use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful and potentially life threatening than over-treatment of a mild to moderate allergic reaction. Refer to page 41 of the [Anaphylaxis Guidelines](#)].

### Communication Plan

This policy will be available on Teesdale Primary School's website so that parents and other members of the school community can easily access information about Teesdale Primary School's anaphylaxis management procedures. The parents and carers of students who are enrolled at Teesdale Primary School and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

The school principal and first aid officer are responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and Teesdale Primary School's procedures for anaphylaxis management. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this policy.

### Staff training

Staff at Teesdale Primary School will receive appropriate training in anaphylaxis management, consistent with the Department's *Anaphylaxis Guidelines*.



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Staff who are responsible for conducting classes that students who are at risk of anaphylaxis attend, and any further staff that the principal identifies, must have completed:

- an approved face-to-face anaphylaxis management training course in the last three years, or
- an approved online anaphylaxis management training course in the last two years.

Teesdale Primary School uses the following training course ASCIA eTraining course (with 22303VIC, or 22300VIC or 10313NAT).

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year, facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years including First Aid Officer, Sue O'Malley and Chris Watts, who are in house verifiers. Each briefing will address:

- this policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located
- how to use an adrenaline auto injector, including hands on practice with a trainer adrenaline auto injector
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline auto injectors that have been provided by parents or purchased by the school for general use.

When a new student enrolls at Teesdale Primary School who is at risk of anaphylaxis, the principal will develop an interim plan in consultation with the student's parents and ensure that appropriate staff are trained and briefed as soon as possible.

### **FURTHER INFORMATION AND RESOURCES**

- School Policy and Advisory Guide:
  - [Anaphylaxis](#)
  - [Anaphylaxis management in schools](#)
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)
- Health Care Needs Policy, First Aid Policy, Administration of Medication Policy, Camps and Excursions Policy.

### **REVIEW CYCLE AND EVALUATION**

This policy was last updated in March 2021 and is scheduled for review in March 2022.

The principal will complete the Department's Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.

## **APPENDIX 1 Individual Anaphylaxis Management Plan**

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



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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.

<b>School</b>	<b>Phone</b>
<b>Student</b>	
<b>DOB</b>	<b>Year level</b>
<b>Severely allergic to:</b>	
<b>Other health conditions</b>	
<b>Medication at school</b>	

### EMERGENCY CONTACT DETAILS (PARENT)

<b>Name</b>	<b>Name</b>
<b>Relationship</b>	<b>Relationship</b>
<b>Home phone</b>	<b>Home phone</b>
<b>Work phone</b>	<b>Work phone</b>
<b>Mobile</b>	<b>Mobile</b>
<b>Address</b>	<b>Address</b>

### EMERGENCY CONTACT DETAILS (ALTERNATE)

<b>Name</b>	<b>Name</b>
<b>Relationship</b>	<b>Relationship</b>
<b>Home phone</b>	<b>Home phone</b>
<b>Work phone</b>	<b>Work phone</b>
<b>Mobile</b>	<b>Mobile</b>
<b>Address</b>	<b>Address</b>

<b>Medical practitioner contact</b>	<b>Name</b>	
	<b>Phone</b>	

<b>Emergency care to be provided at school</b>	
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<b>Storage location for adrenaline autoinjector (device specific) (EpiPen®)</b>	
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### 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.

<b>Name of environment/area:</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>

<b>Name of environment/area:</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>

<b>Name of environment/area:</b>
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www.allergy.org.au

# ACTION PLAN FOR Anaphylaxis

For EpiPen® adrenaline (epinephrine) autoinjectors

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

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

### 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

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

Parents and guardians (via their medical practitioner) can access the ASCIA Action Plan from:

<http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>



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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:	
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Date:	
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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):	
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Date:	
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(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?	<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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<ul style="list-style-type: none"> <li>● online training (ASCIA anaphylaxis e-training) within the last 2 years, or</li> <li>● accredited face-to-face training (22300VIC or 10313NAT) within the last 3 years?</li> </ul>	
<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>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>9. Do all school staff participate in a twice-yearly anaphylaxis briefing? Ifn, please explain why not, as this is a requirement for school registration.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>10. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools:</p> <p>a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<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>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>SECTION 2: Individual Anaphylaxis Management Plans</b></p>	
<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>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<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>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>b. In canteens or during lunch or snack times</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>c. Before and after school, in the school yard and during breaks</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>



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d. For special events, such as sports days, class parties and extra-curricular activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. For excursions and camps	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are the Action Plans kept?	
15. Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 3: Storage and accessibility of adrenaline autoinjectors</b>	
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



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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 currently in the possession of the school that 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
<b>SECTION 4: Risk Minimisation strategies</b>	
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



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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
<b>SECTION 5: School management and emergency response</b>	
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)	<input type="checkbox"/> Yes <input type="checkbox"/> No



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and the adrenaline autoinjector for general use are correctly stored and available for use?	
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?	<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
<b>SECTION 6: Communication Plan</b>	
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





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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 be 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?	