



ANAPHYLAXIS POLICY and PROCEDURE

Rationale

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

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

Aim

Wonthaggi Primary School is committed to supporting the safety and well-being of students at risk of anaphylaxis. In doing so, the school will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time. The school aims 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.
- Raise awareness about anaphylaxis and the school's Anaphylaxis Management Policy in the school community
- Involve parents/carers of students at risk of anaphylaxis in assessing risks, and developing risk minimisation and management strategies for the student.
- Ensure that each staff member has adequate knowledge of allergies, anaphylaxis, and the school's procedure for responding to an anaphylactic reaction

Purpose

To explain to Wonthaggi 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 Wonthaggi 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

Wonthaggi 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 autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

All students at Wonthaggi 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 of Wonthaggi Primary School is responsible for developing a plan in consultation with the student's parents/carers.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrolls at Wonthaggi 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 autoinjector 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 Management Plans

A student's Individual Anaphylaxis Management 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 autoinjectors

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in their classroom in a clearly labelled secure place, together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.

Spare adrenaline autoinjectors for general use are available in the sickbay and are labelled "spare EpiPen".

Risk Minimisation Strategies

To reduce the risk of a student suffering from an anaphylactic reaction at Wonthaggi Primary School

- 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
- gloves must be worn when picking up papers or rubbish in the playground;
- year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays
- a general use adrenaline autoinjector will be stored at the office.

- planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, appropriate number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending.

Adrenaline autoinjectors for general use

Wonthaggi Primary School will maintain a supply of adrenaline autoinjectors 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 autoinjectors for general use will be stored in the sickbay and labelled "Spare EpiPen". The Principal is responsible for arranging the purchase of adrenaline autoinjectors for general use, and will consider:

- the number of students enrolled at Example School at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors supplied by parents
- the availability of a sufficient supply of autoinjectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors to be replaced when used or prior to expiry
- the weight of the students at risk of anaphylaxis to determine the correct dosage of adrenaline autoinjector/s to purchase.

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 First Aid Officer, Andrea Lower and stored on the 'U'drive and in the sickbay cabinet with allergy packs. 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 autoinjectors, where appropriate.

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

Step	Action
1.	<ul style="list-style-type: none"> • Lay the person flat • Do not allow them to stand or walk • If breathing is difficult, allow them to sit • Be calm and reassuring • Do not leave them alone • Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored in the student's classroom in a secure clearly labelled place. • If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5

2.	<p>Administer an EpiPen or EpiPen Jr</p> <ul style="list-style-type: none"> • Remove from plastic container • Form a fist around the EpiPen and pull off the blue safety release (cap) • Place orange end against the student's 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 • Note the time the EpiPen is administered • Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration <p>OR</p> <p>Administer an Anapen® 500, Anapen® 300, or Anapen® Jr.</p> <ul style="list-style-type: none"> • Pull off the black needle shield • Pull off grey safety cap (from the red button) • Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing) • Press red button so it clicks and hold for 3 seconds • Remove Anapen® • Note the time the Anapen is administered • Retain the used Anapen to be handed to ambulance paramedics along with the time of administration
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 autoinjectors 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.

Schools can use either the EpiPen® **and Anapen® on any student** suspected to be experiencing an anaphylactic reaction, regardless of the device prescribed in their ASCIA Action Plan.

Where possible, schools should consider using the correct dose of adrenaline autoinjector depending on the weight of the student. However, in an emergency if there is no other option available, any device should be administered to the student.

Communication Plan

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

The Principal is responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and Wonthaggi 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, their role in responding to an anaphylactic reaction and where required, the identity of students at risk.

The Principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's [Anaphylaxis Guidelines](#).

Staff training

The Principal will ensure that the following school staff are appropriately trained in anaphylaxis management:

- School staff who conduct classes attended by students who are at risk of anaphylaxis
- School staff who conduct specialist classes, administration staff, first aiders and any other member of school staff as required by the Principal based on a risk assessment.

Staff who are required to undertake training 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.

Wonthaggi Primary School uses the following training course: ASCIA Anaphylaxis e-training and course in verifying the correct use of adrenaline injector devices 22579VIC.

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year (with the first briefing to be held at the beginning of the school year), facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years including School Anaphylaxis Supervisor. 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 autoinjector, including hands on practice with a trainer adrenaline autoinjector
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

When a new student enrolls at Wonthaggi 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.

A record of staff training courses and briefings will be maintained through the school's online Emergency Management Plan.

The Principal will ensure that while students at risk of anaphylaxis are under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special event days, there is a sufficient number of school staff present who have been trained in anaphylaxis management.

Further Information and Resources

- The Department's Policy and Advisory Library (PAL):
 - [Anaphylaxis](#)
- [Allergy & Anaphylaxis Australia](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)

Policy Review and Approval

Policy last reviewed	March 2024
Approved by	Principal
Next scheduled review date	March 2025

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: The role and responsibilities of the Principal

- Principal will purchase up-to-date Adrenaline Autoinjectors as a back up to those supplied by parents.
- Principal will determine the number needed, and an appropriate place for storage
- The Principal has overall responsibility for implementing the school's Anaphylaxis Management Policy. The Principal should:
- Actively seek information to identify students with severe life threatening allergies at enrolment.
- Conduct a risk assessment of the potential for accidental exposure to allergens while the student is in the care of the school.
- Meet with parents/carers to develop an Individual Anaphylaxis Management Plan for the student. (Appendix 5)
- Request that parents provide an ASCIA Action Plan (Appendix6) that has been signed by the student's medical practitioner and has an up to date photograph of the student. Obtain written consent to display photo.
- Ensure that parents provide an up-to-date Adrenaline Autoinjector for the student.
- Ensure that staff are informed and trained in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector.
- Develop a communication plan to raise student, staff and parent awareness about severe allergies and the school's policies.
- Ensure that there are procedures in place for informing Casual Relief Teachers of students at risk of anaphylaxis, and the steps required for prevention and emergency response.
- Liaise with the Anaphylaxis Coordinator.
- Allocate time, to discuss, practise and review the school's management strategies for students at risk of anaphylaxis. Practise using the trainer Adrenaline Autoinjectors regularly.
- Encourage ongoing communication between parents/carers and staff about the current status of the student's allergies, the school's policies and their implementation.
- Review Student's Management Plan annually with parents/carers, and whenever circumstances change.

Appendix 2: The role and responsibilities of Anaphylaxis Coordinator

The Anaphylaxis Coordinator has a lead role in supporting the Principal and teachers to implement prevention and management strategies for the school. The Anaphylaxis Coordinator should:

- Liaise with the Principal
- Maintain an up to date register of students at risk of anaphylaxis.
- Inform all parents of children with Action Plans the identity and how they may contact the Anaphylaxis Coordinator
- Display all ASCIA Action Plans with medication and Adrenaline Autoinjectors in individually identified pouches, in the General Office.
- Provide information to all staff so that they are aware of the students who are at risk of anaphylaxis, the student's allergies, the school's management strategies and first aid procedures.
- Provide copies of all students' Individual Anaphylaxis Management Plans & ASCIA Action Plans to each teacher for their class rolls, to the Principal, A.P. & OOSH and display in Staffroom.
- Organise a letter home, separate to the newsletter, to inform all classmates of a child's allergy and ways to minimise risk.
- Maintain yard duty bags and ensure that Back up Adrenaline Autoinjectors are clearly marked
- Ensure ambulance cards are placed by appropriate phones.
- Maintain an up to date register of Adrenaline Autoinjectors, including regular checks for cloudiness and expiry dates.
- Inform parents/carers a month prior in writing if Individual Adrenaline Autoinjectors need to be replaced.
- Arrange training each three years, and a briefing each semester. Record the dates and participants. Arrange training which includes inside & outside drills.
- Arrange post-incident support to students and staff, if appropriate.
- Raise staff, student and community awareness of severe allergies.

Appendix 3: The role and responsibilities of all school staff

School Staff who are responsible for the care of students at risk of anaphylaxis have a duty to take steps to protect students from risks of injury that are reasonably foreseeable. The Staff should:

- Know the identity of students who are at risk of anaphylaxis.
- Understand the causes, symptoms, and treatment of anaphylaxis.
- Ensure at-risk students, in particular, wash hands before eating. Ensure tables and surfaces are wiped down regularly and that students wash their hands after handling food.
- Be trained in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector.
- Know the school's first aid emergency procedures and what their role is in responding to an anaphylactic reaction.
- Keep a copy of all students' Management and ASCIA Action Plans in the class roll and follow it in the event of an allergic reaction.
- Raise student awareness about severe allergies and foster a school environment that is safe and supportive of students at-risk of anaphylaxis.
- Be aware of and use the Anaphylaxis Record Book to sign in/out prior to all excursions, special days and local excursions.

Class teachers of students at risk of anaphylaxis should:

- Be very familiar with student's Management Plan
- Display students' ASCIA Action Plan prominently in front of class roll and follow it in the event of an allergic reaction.
- Meet with parents during first week of school, or as soon as practicable
- Liaise with parents prior to excursions, special days, sports days, parties etc and camp
Pass on updated information to Anaphylaxis Coordinator
- Use preventative strategies to minimise contamination in classroom including hand washing, and regularly wiping down tables & surfaces.

Appendix 4: The role and responsibilities of Parents/Carers of a student at risk of anaphylaxis

The Parents/Carers should:

- Inform the school, at enrolment or when diagnosed, of the student's allergies and whether the student has been diagnosed as being at risk of anaphylaxis.
- Obtain information from the student's medical practitioner about their condition and any medications to be administered. Inform school staff of all relevant information and concerns relating to the health of the student.
- Meet with the Principal to develop the student's Anaphylaxis Management Plan.
- Provide an ASCIA Action Plan to the school that is signed by the student's current medical practitioner, and has an up to date photograph.
- Provide an Adrenaline Autoinjector and any other medications to the school.
- Replace the Adrenaline Autoinjector before it expires. Check it is appropriate for the student's weight (eg: EpiPen Junior is only appropriate to 25kgs)
- Assist school staff in planning and preparing for the student prior to school camps, incursions, excursions or special events such as class parties or sport days.
- Supply alternative food options for the student when needed.
- Inform staff of any changes to the student's emergency contact details.
- Participate in reviews of the student's Anaphylaxis Management Plan, e.g. when there is a change to the student's condition or at an annual review.

Appendix 5: Individual Anaphylaxis Management Plan

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

It is the 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		Phone	
Student			
DOB		Year level	
Severely allergic to:			
Other health conditions			
Medication at school			
EMERGENCY CONTACT DETAILS (PARENT)			
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?

ACTION PLAN FOR Anaphylaxis

Name: _____
 Date of birth: _____

For EpiPen® adrenaline (epinephrine) autoinjectors



Confirmed allergens: _____

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by Dr or NP: _____

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

Signed: _____

Date: _____

Action Plan due for review: _____

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

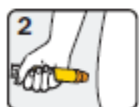
If in doubt give adrenaline autoinjector

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

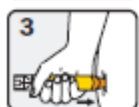
How to give EpiPen®



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 10 seconds
 REMOVE EpiPen® and gently massage injection site for 10 seconds

Instructions are also on the device label

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

© ASCIA 2016 This plan was developed as a medical document that can only be completed and signed by the patient's medical or nurse practitioner and cannot be altered without their permission

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

- annually
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- as soon as practicable after the student has an anaphylactic reaction at school
- 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:	

Appendix 6: 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

. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an adrenaline autoinjector?	
. How many of these students carry their adrenaline autoinjector on their person?	
. Have any students ever had an allergic reaction requiring medical intervention at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
. If Yes, how many times?	
. Have any students ever had an anaphylactic reaction at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
. If Yes, how many students?	
. If Yes, how many times	
. Has a staff member been required to administer an adrenaline autoinjector to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
. If Yes, how many times?	
. 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	
<p>. Have all school staff who conduct classes with students who are at risk of anaphylaxis successfully completed an approved anaphylaxis management training course, either:</p> <p>online training (ASCIA anaphylaxis e-training) within the last 2 years, or</p> <p>accredited face to face training (22300VIC or 10313NAT) within the last 3 years?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>. Does your school conduct twice yearly briefings annually?</p> <p>If no, please explain why not, as this is a requirement for school registration.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>. Do all school staff participate in a twice yearly anaphylaxis briefing?</p> <p>If no, please explain why not, as this is a requirement for school registration.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>0. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools:</p> <p>. 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>1. 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>2. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. 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>. During classroom activities, including elective classes</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>. In canteens or during lunch or snack times</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>. Before and after school, in the school yard and during breaks</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

. For special events, such as sports days, class parties and extra-curricular activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
. For excursions and camps	<input type="checkbox"/> Yes <input type="checkbox"/> No
. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. 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
. Where are the Action Plans kept?	
5. Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. 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
SECTION 3: Storage and accessibility of adrenaline autoinjectors	
7. Where are the student(s) adrenaline autoinjectors stored?	
8. Do all school staff know where the school's adrenaline autoinjectors for general use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are the adrenaline autoinjectors stored at room temperature (not refrigerated) and out of direct sunlight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
0. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1. Is the storage unlocked and accessible to school staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are the adrenaline autoinjectors easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. 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

4. 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
5. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis? Who?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are there adrenaline autoinjectors which are currently in the possession of the school which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has the school signed up to EpiClub (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. 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
9. 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
10. Where are these first aid kits located? Do staff know where they are located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. 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	
3. 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
4. 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
5. 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	
6. 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
7. Do school staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Have you developed emergency response procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
. In the class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
. In all school buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
. On special event days (such as sports days) conducted, organised or attended by the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
0. 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
1. 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
. The class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
. The school canteen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. 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
3. Who will make these arrangements during excursions?	
4. Who will make these arrangements during camps?	
5. Who will make these arrangements during sporting activities?	
6. Is there a process for post-incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. 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:	

. The school's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
. 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
. How to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
. 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
. Where the adrenaline autoinjector(s) for general use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
. 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	
8. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?	
. To school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
. To parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is there a process for distributing this information to the relevant school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
. What is it?	
10. How will this information kept up to date?	
1. 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
2. What are they?	