

Monbulk College

Policy:

Anaphylaxis

Date Ratified:

March 2021

Date of Last Review

February 2021

BASIC BELIEFS:

Monbulk College believes that:

- Anaphylaxis is a severe, and sudden allergic reaction when a person is exposed to an allergen. It can be a 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 key to prevention of anaphylaxis in schools is knowledge of those children who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school.
- Adrenaline given through adrenalin auto injector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

AIMS:

Monbulk College aims to:

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

The College will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

IMPLEMENTATION PROCEDURES

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

The Principal will ensure there is an individual management plan, 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 plan should be in place as soon as possible after the student enrolls and where possible before their first day of school; and an interim Individual Anaphylaxis Management plan will be put in place in the event an individual anaphylaxis management plan has not been completed prior to student enrolment. Refer to Anaphylaxis Guidelines for Victorian Government Schools, [DE&T Anaphylaxis Guidelines](#).

The individual anaphylaxis management plan will set out the following:

- information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has and the signs or symptoms the student might exhibit in the event of an allergic reaction (based on a written diagnosis from a medical practitioner)
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, for in-school and out-of-school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
- the name of the person(s) responsible for implementing the risk minimisation strategies which have been identified in the Plan (*Monbulk College First Aid Officer will have the overview responsibility for communication about Anaphylaxis requirements and communicate with individual teachers*)
- information on where the student's medication will be stored
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner., provided by the parent, that:
 - sets out the emergency procedures to be taken in the event of an allergic reaction;
 - is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan; and
 - includes an up to date photograph of the student.
- This individual student ASCIA Action Plan will be reviewed annually

Note: The red and blue 'ASCIA Action Plan' is the most common form of emergency procedures plan that is provided by medical practitioners to parents when a child is diagnosed as being at risk of anaphylaxis.

- Download from: <http://www.education.vic.gov.au/school/principals/spag/health/Pages/supportplanning.aspx>

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

The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents in all of the following circumstances:

- annually
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- as soon as practicable after the student has an anaphylactic reaction at school
- 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 (e.g. class parties, elective subjects and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions).

It is the responsibility of the parent to:

- obtain the ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable (including annual updates of this plan)
- immediately inform the school in writing if there is a change in their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, and if relevant obtain an updated ASCIA Action Plan for Anaphylaxis

- provide an up to date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
- provide the school with an adrenaline autoinjector that is current (i.e. the device has not expired) for their child
- provide an updated ASCIA Action Plan to the College if the student's medical condition changes.
- participate in annual reviews of their child's ASCIA Action Plan.

COMMUNICATION PLAN & SCHOOL MANAGEMENT

The Principal will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents/guardians about anaphylaxis and the school's anaphylaxis management policy. Information for parents, students and the school community about anaphylaxis and the school's anaphylaxis policy (including how to respond to an anaphylactic reaction at Monbulk College) can be obtained by visiting the College website.

The communication plan will include information about what steps and strategies to take to respond to an anaphylactic reaction by a student during normal/usual classroom activities, in the school yard, in all school buildings; and during off-site activities, including on school excursions, school camps and special events conducted or organised by the school.

During on-site normal school activities, Individual Anaphylaxis Management Plans, ASCIA Action Plans and Adrenalin Auto Injectors (students and back up) are stored in Sick Bay (First Aid). With an additional 'back up' Adrenalin Auto Injector stored in the Gymnasium.

During off-site activities, Individual Anaphylaxis Management Plans, ASCIA Action Plans and Adrenalin Auto Injectors are stored with the staff member supervising the student. Additionally, the student should carry an additional Adrenalin Auto Injector if out of contact with a staff member during the activity.

Information will also be regularly disseminated to staff throughout the course of the year reflecting any changes to Individual Anaphylaxis Management Plan, where this occurs.

At other times while the student is under the care or supervision of the school, including sporting activities, excursions, yard duty, camps and special event days, the school will ensure that the staff present, have up to date training in an anaphylaxis management training course including how to administer an auto injector.

Staff will also be made aware of preventative measures including use of food; possible hidden allergens such as in milk or egg cartons; food handling; cleaning and raising student awareness. All staff will be made aware of students with anaphylaxis during the training course and via regular updates from the school nurse.

Volunteers, canteen staff and casual relief staff will be informed about students at risk of anaphylaxis and their role in responding to an anaphylactic reaction.

- Casual relief staff will be required to be Anaphylaxis trained and informed of students at risk of anaphylaxis by the Daily Organiser (CRT).
- Canteen staff will be informed of students at risk of anaphylaxis by the First Aid Officer
- Volunteer staff will be informed of students at risk of anaphylaxis through the initial induction process by the staff member coordinating the volunteer.

The Principal is responsible for ensuring that relevant staff are:

- trained in accordance with Ministerial Order 706
- briefed at least twice per year.

All staff will be briefed twice per year by a staff member who has up to date anaphylaxis management training on:

- The school's anaphylaxis management policy
- The causes, symptoms and treatment of anaphylaxis
- Prevention strategies to minimise the risk of an anaphylactic reaction
- The identities of students diagnosed at risk of anaphylaxis and where their medication is located
- How to use an 'adrenalin auto injector' injecting device including practising with a "trainer" device
- The school's first aid and emergency response procedures
- Storage of 'adrenalin auto injectors' in the College, including student own injecting device (Sick Bay) and College back up devices (Sick Bay, Gym).

Staff conducting classes and other staff, as identified by the Principal based on risk assessment, where students at risk of anaphylaxis must attend scheduled briefings.

Monbulk College recognizes the importance of raising student awareness and will achieve this by the use of age appropriate resources such as discussion of allergic and anaphylactic reactions (including how to respond to an anaphylactic reaction) in Science and Health/PE classes, through teaching First Aid courses within the Junior and Senior School, the celebration of Allergy Awareness Week annually and other forums in response to specific need.

RISK MINIMISATION STRATEGIES

Risk Minimisation Strategies for all relevant in-school and out-of-school settings which include (but are not limited to) the following:

- during classroom activities (including class rotations, specialist and elective classes)
- between classes and other breaks
- in canteens
- during recess and lunchtimes
- before and after school
- camps and excursions, or at special events conducted, organised or attended by the school (e.g. class parties, elective subjects and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions).

The College also considers a range of appropriate risk minimization strategies will be discussed and implemented where required for any learning activities which may involve exposure to allergens for those students at risk of anaphylaxis. This may include some of the following strategies:

- **Class Activities**
 - Details on all anaphylactic students will be posted on staffroom notice board and communicated in staff meetings and training
 - staff are to be trained on prevention (i.e. food related class activities), recognition and treatment of anaphylactic reactions.
 - There will be no burning of peanuts or tree nuts in Science experiments

- Appropriate risk minimization strategies will be discussed and implemented where required for any classroom activities which may involve food
- Minimize the risk of exposure to confirmed allergens for those students at risk of anaphylaxis to allergens; (e.g. Bees / Jumping Jacks = outdoor activity, etc.) Ensure that any environmental factors that may contribute to possibility of exposure are minimised (grass on the oval is mown regularly, bees nests or increased bee activity are investigated and treated, etc.)
- **No sharing of food**
 - Minimize the risk of exposure to confirmed allergens for those students at risk of anaphylaxis to food allergens
- **Celebrations at School** (birthday's, class parties, functions)
 - Celebrations at school and/or another activity organized by the class teacher does not involve food.
 - Parents/guardians of children who are at risk of anaphylaxis will be informed in advance by the school of any activity which involves food and risk minimization strategies will be discussed and put in place
- **Handwashing**
 - All students are encouraged to wash their hands pre and post snack time and lunchtime
- **Canteen**
 - Training of canteen coordinator in anaphylaxis management and food handling practices
 - ASCIA Action Plans to be displayed in canteen
 - Canteen staff / volunteers to be briefed about risks of anaphylaxis
 - No sharing recommendation is to be implemented
 - Food known to contain traces of nuts are not to be served to students who are identified as being at risk of anaphylaxis to nuts
- **Yard Duty**
 - Staff on grounds duty will be knowledgeable of students with anaphylaxis and will be trained in prevention, recognition and treatment of an anaphylactic reaction.
 - Laminated anaphylaxis alert cards are placed in all staff areas
 - In the event of a child experiencing an anaphylactic reaction, the teacher on yard duty will instruct a responsible student who will run to reception or the staffroom to obtain assistance, indicating student name and anaphylactic reaction.

The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Training to monitor compliance with their obligations. The annual checklist is designed to step schools through each area of their responsibilities in relation to the management of anaphylaxis in schools. (see Appendix 2; and www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx)

PLANNING, STAFF TRAINING

- All staff will participate in regular training and updates to recognise and appropriately respond to an anaphylactic reaction, including competently administering an EpiPen
- All staff will be Anaphylaxis trained
 - using one of the options to meet training requirements of MO706, and;
 - record the date that this training occurred

- which includes completing the anaphylaxis management training course in the last 3 years in one of
 - 22099VIC
 - 223099VIC, or
 - 22303VIC
 - or
 - completed an online anaphylaxis management training course in the two years prior (ASCIA e-training for Victorian schools and verified that staff have completed 22303VIC
 - or
 - 10313NAT Course in Anaphylaxis Awareness and
 - participated in twice (per calendar year) briefings
- The first briefing will be conducted at the beginning of the school year, all staff will attend a briefing outlining student health plans, including anaphylactic students and details of individual Anaphylaxis Management Plans and ASCIA Action plans. This will be delivered by a staff member who has completed anaphylaxis management training course in the last two years prior.
- Staff will undertake twice-yearly anaphylaxis briefings to ensure that they comply with DET anaphylaxis management under Ministerial Order 706: Anaphylaxis Management in Victorian Schools. This briefing will include:
 - Title and legal requirements outlined in MO706
 - Monbulk College Anaphylaxis Policy
 - Causes, signs, symptoms and treatment of anaphylaxis
 - Individual current photograph of the students at Monbulk College at risk of anaphylaxis, their allergens, year levels and risk management plans that are in place; and where their medication is stored
 - ASCIA Anaphylaxis e-training
 - ASCIA Action Plan for Anaphylaxis and how to administer an adrenalin auto-injector
 - College First Aid Policy and emergency response procedures
 - Location of and access to adrenalin auto-injectors that have been provided by parents for students at risk of anaphylaxis and general use ‘back up’ devices
 - Ongoing support and training

This briefing will be conducted by a member of staff (First Aid officer) who has successfully completed an approved anaphylaxis management training course in the last 2 years.

- Teachers and other school staff who conduct classes which students at risk of anaphylaxis attend, or give instruction to students at risk of anaphylaxis must have up to date training in an anaphylaxis management course.
- A briefing for staff will occur once an interim Anaphylaxis Plan is developed for any student at risk of anaphylaxis.
- At other times while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the principal must ensure that there is a sufficient number of staff present who have up to date training in an anaphylaxis management training course.
- The principal will identify the school staff to be trained based on a risk assessment.
- Wherever possible training of staff will take place before the student’s first day of attendance

- In the event that the relevant training has not occurred for a member of staff who has a child in their class at risk of anaphylaxis, the principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents of any affected student. Training and a briefing will also be provided to the relevant school staff as soon as practicable after the interim plan is developed.
- The principal will ensure that while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, there is a sufficient number of school staff present who have successfully completed an anaphylaxis management training course.

EMERGENCY RESPONSE PROCEDURES

- In the event of an anaphylactic reaction, the Monbulk College's First Aid and Emergency Management response procedures and the student's ASCIA Action Plan will be followed which also outlines emergency response and first aid procedures required for an anaphylactic reaction
- Emergency Response procedures relating to anaphylactic reactions include:
 - a complete and up to date list of students identified as being at risk of anaphylaxis *included in First Aid kits taken on camps, excursions, displan drills and emergency evacuations*
 - details of Individual Anaphylaxis Management Plans and ASCIA Action Plans for Anaphylaxis and where these are located within the school and during school excursions, school camps and special events conducted, organised or attended by the school
- In the event of an Anaphylactic Emergency, these procedures should be followed:
 1. Always follow the student's ASCIA Plan which outlines the emergency response required as well as the relevant first aid for an anaphylactic reaction.
 2. Person 1 must remain with the student.
 3. Person 2 obtains student's kit which contains the student's auto-injector, ASCIA plan, Individual Anaphylaxis Management Plan and antihistamine if prescribed. They must also obtain a back-up auto-injector which is the same dose of the student's prescribed auto injector. These are located next to the student's kits.
 4. Person 2 returns to the student and the ASCIA plan is followed.
 5. Person 1 calls an Ambulance
 6. Person 1 is to remain with the student at all times and wait for an ambulance
 7. Person 2 is to notify the school nurse, Principal, Deputy Principal and the other members of the leadership team as relevant
 8. Parents/guardians are to be contacted.
 9. The incident is to be recorded in CASES and Compass.
 10. Follow up and counselling/debrief to be offered to relevant parties.
 11. Update of the student's Individual Anaphylaxis Management Plan as soon as is practicable.
- The Principal is responsible for purchase of adrenalin auto injectors for general use and as a back up to those supplied for ASCIA Plan students by their parents. Factors for consideration for the number of 'back up' devices purchased include:
 - Number of students enrolled who are at risk of anaphylaxis
 - Accessibility to adrenalin auto-injectors supplied by parents (Sick Bay)
 - Availability and sufficient supply for on-site and off-site activities
 - Replacement cycle – upon usage or expiry

- The College maintains supply of three ‘back up’ Adrenaline Auto-injectors as part of the first aid kits and for general use through the College’s First Aid procedures. They are stored in the Sick Bay, First Aid Office and Gym.

Always follow the student’s ASCIA Plan.

A copy of the most recent Anaphylaxis Management Briefing with an up to date list of the students at risk of anaphylaxis at Monbulk College is available to staff in Sick Bay.

References:

- Ministerial Order 706: Anaphylaxis Management in Victorian Schools
http://www.education.vic.gov.au/Documents/school/teachers/health/Anaphylaxis_MinisterialOrder706.pdf
- <https://www2.education.vic.gov.au/pal/anaphylaxis/policy>
- <http://www.education.vic.gov.au/school/principals/spag/health/Pages/supportplanning.aspx>
- <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>
- ASCIA – Anaphylaxis Resources
<http://www.allergy.org.au/health-professionals/anaphylaxis-resources>

Appendices:

1. Anaphylaxis Management Plan
2. Anaphylaxis Annual Risk Management Checklist *(to be completed at the start of each school year)*

Approved By	School Council
Approval Authority (Signature & Date)	<i>F Ibbott</i> 31/3/2021
Responsible for Review	Assistant Principal – Policy and Planning Sub-Committee
Next Review Date	February 2022 (annually)

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.

It is the parents' responsibility to provide the school with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's medical practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.

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 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?

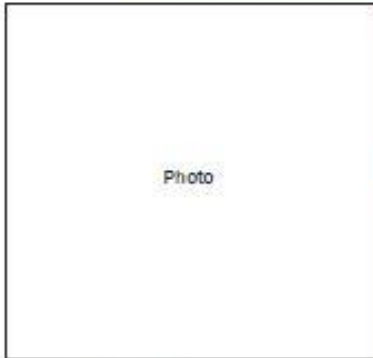
Name of environment/area:

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

ACTION PLAN FOR Anaphylaxis

For use with EpiPen® adrenaline autoinjectors

Name: _____
 Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

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

Plan prepared by:
 Dr: _____

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

Signed: _____

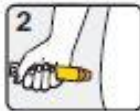
Date: _____

Date of next review: _____

How to give EpiPen®



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

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

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

Mild to moderate allergic reactions may not always occur before anaphylaxis

Watch for **ANY ONE** of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION FOR ANAPHYLAXIS

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

If in doubt, give adrenaline autoinjector

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

EpiPen® is generally prescribed for adults and children over 5 years.

EpiPen® Jr is generally prescribed for children aged 1-5 years.

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Asthma: Y N Medication: _____

<p>This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):</p> <p>annually</p> <p>if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes</p> <p>as soon as practicable after the student has an anaphylactic reaction at school</p> <p>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 (egg. class parties, elective subjects, cultural days, fetes, incursions).</p> <p>I have been consulted in the development of this Individual Anaphylaxis Management Plan.</p> <p>I consent to the risk minimisation strategies proposed.</p> <p>Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines</p>	
Signature of parent:	
Date:	
<p>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.</p>	
Signature of principal (or nominee):	
Date:	

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

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
SECTION 3: Storage and accessibility of adrenaline autoinjectors	
17. Where are the student(s) adrenaline autoinjectors stored?	
18. Do all school staff know where the school's adrenaline autoinjectors for general use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the adrenaline autoinjectors stored at room temperature (not refrigerated) and out of direct sunlight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is the storage unlocked and accessible to school staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Are the adrenaline autoinjectors easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan for Anaphylaxis) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No

25. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis? Who?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Are there adrenaline autoinjectors which are currently in the possession of the school which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Has the school signed up to EpiClub (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Do all school staff know where the adrenaline autoinjectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Has the school purchased adrenaline autoinjector(s) for general use, and have they been placed in the school's first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Where are these first aid kits located? Do staff know where they are located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4: Risk Minimisation strategies	
33. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you implemented any of the risk minimisation strategies in the Anaphylaxis Guidelines? If yes, list these in the space provided below. If no please explain why not as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 5: School management and emergency response	
36. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Do school staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Have you developed emergency response procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No

c. In all school buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA Action Plan for Anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Have you checked how long it takes to get an individual's adrenaline autoinjector and corresponding individual ASCIA Action Plan for Anaphylaxis to a student experiencing an anaphylactic reaction from various areas of the school including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. The school canteen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. On excursions or other out of school events is there a plan for who is responsible for ensuring the adrenaline autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the adrenaline autoinjector for general use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Who will make these arrangements during excursions?	
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
SECTION 6: Communication Plan	
48. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?	
a. To school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49. Is there a process for distributing this information to the relevant school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	
50. How will this information kept up to date?	
51. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52. What are they?	