



Primary School

Anaphylaxis POLICY STRATHAIRD PRIMARY SCHOOL 2017

Rationale:

- Schools have a duty of care towards students which includes protecting a student under the school's charge from risks of injury that the teacher should reasonably have foreseen. Anaphylaxis is a severe, rapidly progressive reaction that is potentially life threatening. It is important therefore for all staff members to be aware of causes, signs and symptoms, prevention, treatment management of allergic reactions in a school environment.
- As part of the duty of care owed to students, teachers are required to administer first aid when needed and this includes following student's ASCIA Action Plan and administering an EpiPen when needed.

Background:

- The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to those triggers. Partnerships between parents and schools are important in ensuring that certain foods or items are kept from the student while at school.
- The individual anaphylaxis management plan will set out prevention strategies to be used by the school to minimise the risk of an anaphylactic reaction for in-school and out-of-school settings
- The most common allergens in school age children are peanuts, tree nuts, cow's milk, eggs, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medications.
- Signs and symptoms:
Mild to moderate allergic reaction can include – swelling of the lips, face and eyes, hives or welts, abdominal pain and / or vomiting.
Anaphylaxis symptoms include – difficulty breathing, swelling of the tongue, swelling or tightness of the throat, difficulty talking, wheezing or coughing, loss of consciousness, pale and floppy.
Symptoms usually develop within 10min – 1 hour.
- Treatment - Adrenaline given as an injection into the muscle of the outer mid-thigh is the most effective.
- Any school that has a student or students at risk of anaphylaxis must have the following in place:
 - An Anaphylaxis Management Plan for the student, developed in consultation with the student's parents/carers and medical practitioner.
 - Preventative strategies for in-school and out-of-school settings.
 - A communication plan to raise staff, students and school community awareness about severe allergies and the school's policies.
 - Regular training and updates for school staff in recognizing and responding appropriately to an anaphylactic reaction, including competently administering an EpiPen.

Aims:

- To provide as far as is practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.
- To raise the awareness about allergies and the school's anaphylaxis management policy in the school community.
- Actively involve the parents/carers of each student at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- To ensure that each staff member has adequate knowledge of allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

Implementation:

- The school will comply with Ministerial Order 706 and associated guidelines
- Completion of an Annual Anaphylaxis Risk Management Checklist
- The principal will ensure that an individual management plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.(Ministerial Order 706)
- The individual anaphylaxis plan will be in place immediately the student enrolls at school.
- The individual anaphylaxis management plan will set out the following:
 - Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner).

- Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including camps and excursions.
- The name of the person's responsible for implementing strategies.
- Information on where the student's medication will be stored.
- The student's emergency contact details.
- An emergency procedure plan (ASCIA Action Plan), provided by the parent, that:
 - o Sets out the emergency procedures to be taken in the event of an allergic reaction.
 - o Is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan
 - o Includes an up to date photograph of the student.
- The student's individual management plan will be reviewed, in consultation with the parents/carers:
 - Annually, and as applicable
 - If the student's condition changes, or
 - Immediately after a student has an anaphylactic reaction at school.
- It is the responsibility of the parent to:
 - provide the emergency procedures plan (ASCIA Action Plan).
 - Inform the school if their child's medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan).
 - Provide an up to date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed.
- The principal will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the school's anaphylaxis management policy. The communication plan will include:
 - Information about steps to be taken in response to an anaphylactic reaction by a student in a classroom, in the yard, on excursions, on school camp and special event days.
- Volunteers and casual replacement staff of students at risk of anaphylaxis will be informed of those students and their role in responding to an anaphylactic reaction by a student in their care by the CRT daily coordinator.
- All staff will be briefed once each semester 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
 - possibility of hidden allergies in food, food packaging and risks of cross contamination when preparing and handling food.
 - the identities of students diagnosed at risk of anaphylaxis and where their medication is located
 - how to use an autoadrenaline injecting device
 - the school's first aid and emergency response procedures.
- Teachers and other staff who conduct classes which students at risk of anaphylaxis attend, must have up to date training in an anaphylaxis training course.
- At other times while the student is under the care of the school (yard duty, excursions, 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 course.
- The principal will identify the school staff to be trained based on a risk assessment.
- Training will be provided to these staff as soon as practicable after the student enrolls.
- Wherever possible training will be provided prior to the student first day at school. Where this is not possible, an interim plan will be developed in consultation with the parents.
- Victoria has implemented an online model for anaphylaxis training, utilising the Australasian Society of Clinical Immunology and Allergy (ASCIA) e-training for Victorian Schools. To support schools to undertake the e-training, a small number of staff in each school will be trained to be able to assess other staff's competency in using an autoinjector in person. This forms part of Victoria's ongoing commitment to providing a safe and supportive learning environment for all children and young people.
- **All school staff** - *ASCIA Anaphylaxis e-training for Victorian Schools* followed by a competency check by the School Anaphylaxis Supervisor. This course is provided by ASCIA, is free for all Victorian schools and valid for 2 years.
- **2 staff per school or per campus** (School Anaphylaxis Supervisor) - *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC*. This course is provided by the Asthma Foundation, is free to government schools and is valid for 3 years.

- The school's first aid procedures and students emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.
- Parent to provide the student's EpiPen that is not out of date.
- Parents to provide two EpiPens for use on School Camps as the back up pens are to remain on school grounds.
- EpiPens to be clearly marked and stored in the child's classroom in an unlockable easily accessible designated place with a copy of the ASCIA Action Plan.
- Register to be maintained to note when EpiPen is removed from the classroom.
- The First Aid Coordinator to monitor the availability of a current EpiPen.
- First Aid Coordinator to provide parents with 1 month notice of the need to update an EpiPen.
- A generic EpiPen of each size to be kept on site in the first aid room as a 'back up' dosage of adrenaline. Labelled Back Up EpiPen and funded by the school.
- Communication to be maintained in raising student, staff and parent awareness of severe allergies and school's policy.
- Information to be provided to staff including new staff and CRTs of children with the condition and the management strategies in place.
- Teachers of students with the condition should avoid the use of food treats or rewards in class.
- No nuts, peanut butter or other nut product to be used in curriculum or extra curriculum activity.
- Canteen staff to demonstrate an understanding of and training in the area of anaphylaxis and its implications on food handling practices.
- Teachers of children with known allergens should discuss with parents the implications of using those allergen products in curriculum/extra curriculum activities.

Evaluation:

- This policy will be reviewed as part of the school's four-year review cycle.

This policy was adopted / ratified at the School Council meeting held at Strathaird Primary School, Narre Warren South on 20/06/2017

Signed

School Council President

Signed

**Martin Shepherd
Principal**



Individual Anaphylaxis Management Plan

Primary School

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

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?

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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?

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ACTION PLAN FOR Anaphylaxis

For EpiPen® adrenaline (epinephrine) autoinjectors

Name: _____
 Date of birth: _____



Confirmed allergens: _____

Family/emergency contact name(s): _____

Work Pht: _____

Home Pht: _____

Mobile Pht: _____

Plan prepared by medical or nurse practitioner: _____

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

Signed:

Date: _____

Action Plan due for review: _____

How to give EpiPen®

- 1 Form flat around EpiPen® and **PULL OFF BLUE SAFETY RELEASE**
- 2 Hold leg still and **PLACE ORANGE END** against outer mid-thigh (with or without clothing)
- 3 **PUSH DOWN HARD** until a click is heard or felt and hold in place for 3 seconds **REMOVE EpiPen®**

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

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

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

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

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

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

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline doses may be given if no response after 5 minutes

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

If in doubt give adrenaline autoinjector

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

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer

if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

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>

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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Ministerial Order 706 and associated Guidelines Anaphylaxis Management for all Victorian Schools Implementation Questions and Answers

When do the requirements of Ministerial Order 706 and the associated Guidelines come into effect for all Victorian schools?

22 April 2014 (commencement of Term 2).

Do all schools need to comply with Ministerial Order 706 and the associated guidelines?

Yes, all Victorian schools (government, Catholic and independent) must comply with the requirements of Ministerial Order 706 and the associated guidelines by 22 April 2014, if they have a student enrolled at risk of anaphylaxis.

What do schools need to do to comply with Ministerial Order 706?

Schools will need to:

- develop a school Anaphylaxis Management Policy
- develop and review Individual Anaphylaxis Management Plans for affected students, which include an individual ASCIA Action Plan for Anaphylaxis
- identify and train school staff in anaphylaxis management
- purchase backup Adrenaline Autoinjectors for General Use
- complete an annual Anaphylaxis Risk Management Checklist
- develop a Communication Plan that ensures that all school staff (including volunteers and casual staff), students and parents are provided with information about anaphylaxis and the school's Anaphylaxis Management Policy
- identify prevention strategies to be used by the school to minimise the risk of an anaphylactic reaction
- develop School First Aid and Emergency Response Procedures that can be followed when responding to an anaphylactic reaction.

What are the main changes to Ministerial Order 706?

- expanded definitions of 'anaphylaxis management training course' and 'school staff'
- a clearer outline of the matters a school's anaphylaxis management policy must contain
- new minimum requirements for all schools to:
 - make a statement in their anaphylaxis management policy that they will comply with the order and guidelines
 - develop prevention strategies
 - the purchase of adrenaline autoinjectors for general use
 - conduct a twice-yearly briefing for relevant school staff on its anaphylaxis management policy and other specified anaphylaxis issues
 - complete an Annual Risk Management Checklist
- a new structure and headings, and
- removal of footnotes.

What are the key changes to the revised Guidelines?

- Expanded and amended Glossary of Terms
- Consistent language and structural chapter alignment with Ministerial Order 706
- Strengthened legal obligations for schools and anaphylaxis management
- New chapter on the contents of a School Anaphylaxis Management Policy
- A new requirement for schools to provide a statement of compliance with the order and guidelines in the School Anaphylaxis Management Policy
- Expanded Prevention Strategies for schools to plan and consider
- New information and resource links for schools to access
- Greater clarity on staff training requirements
- New sample School Anaphylaxis Management Policy
- Revised Individual Anaphylaxis Management Plan
- Revised Annual Risk Management Checklist, and
- General updating throughout the document.

What is a School Anaphylaxis Management Policy?

If a School has enrolled a student at risk of anaphylaxis, it must have a School Anaphylaxis Management Policy.

A School Anaphylaxis Management Policy must contain all of the following matters:

- a statement that the school will comply with Ministerial Order 706 and associated Guidelines
- a statement that in the event of an anaphylactic reaction, the school's first aid and emergency response procedures and the student's Individual Anaphylaxis Management Plan must be followed
- information about the development and review of Individual Anaphylaxis Management Plans for affected students, which include an individual ASCIA Action Plan for Anaphylaxis, and
- information and guidance in relation to the school's management of anaphylaxis, including:
 - prevention strategies to be used by the school to minimise the risk of an anaphylactic reaction
 - School First Aid and Emergency Response Procedures that can be followed when responding to an anaphylactic reaction
 - the circumstances under which back up Adrenaline Autoinjectors for General Use must be purchased by the school
 - a Communication Plan that ensures that all school staff (including volunteers and casual staff), students and parents are provided with information about anaphylaxis and the school's Anaphylaxis Management Policy
 - identification of school staff who must complete certain training, and the procedures for the training, and
 - completion of an annual Risk Management Checklist.

What are the anaphylaxis training courses that comply with Ministerial Order 706 and the associated Guidelines?

Accredited anaphylaxis management courses approved by the Secretary, Department of Education and Early Childhood Development that meet the requirements of Ministerial Order 706 are:

- Course in First Aid Management of Anaphylaxis 22099VIC
- Course in Anaphylaxis Awareness 10313NAT.

Please note that general first-aid courses often undertaken by school staff DO NOT meet the requirements Ministerial Order 706.

Updated training course information is available on the Department of Education and Early Childhood Development's website related to anaphylaxis management in schools:

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

Where do school staff undertake anaphylaxis training?

Schools can engage any training organisation to deliver the above mentioned course to meet their training needs at their own expense. The Department of Education and Early Childhood Development has contracted St John Ambulance Victoria to provide training to government school staff in Victoria at no charge to government schools.

Principals can arrange training for their staff by contacting St John Ambulance on 8588 8391. Catholic and independent schools can arrange training for their staff through St John Ambulance (or another provider), however this will be at the school's own expense.

Staff who have successfully completed anaphylaxis management training will be provided with a certificate qualification which is valid for three years.

Staff should also participate in a twice yearly school briefing on anaphylaxis management arranged by their own school.

Is there financial assistance available for schools to purchase Adrenaline Autoinjectors for General Use?

Adrenaline Autoinjectors for General Use are available from pharmacies without a prescription at retail price. The Department of Education and Early Childhood Development does not support schools to buy these devices.

In Australia, the Pharmaceutical Benefits Scheme (PBS) listing for adrenaline autoinjectors allows for authority prescriptions of a maximum of 2 adrenaline autoinjectors (EpiPen or Anapen) for children or adults. They are available at a subsidised cost when prescribed by doctors for individuals considered to be at high risk of anaphylaxis.

Unfortunately this PBS is only available to those diagnosed at risk of anaphylaxis.

How many Adrenaline Autoinjectors for General Use should schools purchase as backup?

There is no minimum number of Adrenaline Autoinjectors for General Use that must be purchased, as each school's circumstance are different. When deciding the number to buy, the Principal should take into account the following relevant considerations:

- the number of students enrolled at the school who have been diagnosed as being at risk of anaphylaxis
- the accessibility of Adrenaline Autoinjectors that have been provided by parents of students who have been diagnosed as being at risk of anaphylaxis
- the availability and sufficient supply of Adrenaline Autoinjectors for General Use in specified locations at the school
- the availability and sufficient supply of Adrenaline Autoinjectors for General Use in the school yard, and at excursions, camps and special events conducted or organised by the school, and
- the Adrenaline Autoinjectors for General Use will have a limited life, will usually expire within 12-18 months, and will need to be replaced on a regular basis at the school's expense.

How can I access additional resources and information about anaphylaxis management in schools?

Visit the Department of Education and Early Childhood Development's website related to anaphylaxis management in schools:

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

The following are some of the resources available:

- Ministerial Order 706 and associated Guidelines
- School Anaphylaxis Management Policy template
- Individual Anaphylaxis Management Plan template
- Risk Management Checklist template
- Anaphylaxis training courses that comply with Ministerial Order 706
- PowerPoint presentation to assist schools deliver their twice yearly briefing sessions.

Who do I call for any general enquiries about anaphylaxis management in schools (including implementation of Ministerial Order 706 and the associated Guidelines)?

Call the Royal Children's Hospital Advisory Line on 1300 725 911 for all early childhood and school anaphylaxis management related issues.

Annual Risk Management Checklist

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. 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: Individual Anaphylaxis Management Plans

7. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an Adrenaline Autoinjector have an Individual Anaphylaxis Management Plan and ASCIA Action Plan completed and signed by a prescribed Medical Practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are all Individual Anaphylaxis Management Plans reviewed regularly with Parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?	
a. During classroom activities, including elective classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In canteens or during lunch or snack times	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Before and after School, in the school yard and during breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
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
10. Do all students who carry an Adrenaline Autoinjector on their person have a copy of their ASCIA Action Plan kept at the School (provided by the Parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are they kept?	
11. Does the ASCIA Action Plan include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2: Storage and Accessibility of Adrenaline Autoinjectors	
12. Where are the student(s) Adrenaline Autoinjectors stored?	
13. Do all School Staff know where the School's Adrenaline Autoinjectors for General Use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are the Adrenaline Autoinjectors stored at room temperature (not refrigerated)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is the storage unlocked and accessible to School Staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are the Adrenaline Autoinjectors easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Is a copy of student's Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) kept together with the student's Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No

19. Are the Adrenaline Autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Has someone been designated to check the Adrenaline Autoinjector expiry dates on a regular basis? Who?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Are there Adrenaline Autoinjectors which are currently in the possession of the School and which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Has the School signed up to EpiClub or ANA-alert (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Do all School Staff know where the Adrenaline Autoinjectors and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. 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
25. Where are these first aid kits located?	
26. Is the Adrenaline Autoinjector for General Use clearly labelled as the 'General Use' Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. 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 3: Prevention Strategies	
28. 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
29. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Have all School Staff who conduct classes with students with a medical condition that relates to allergy and the potential for anaphylactic reaction successfully completed an Anaphylaxis Management Training Course in the three years prior and participated in a twice yearly briefing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Are there always sufficient School Staff members on yard duty who have successfully completed an Anaphylaxis Management Training Course in the three years prior?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4: School Management and Emergency Response

32. 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
33. Do School Staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. 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
35. Does your plan include who will call the Ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Is there a designated person who will be sent to collect the student's Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Have you checked how long it will take to get to the Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) to a student 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
38. 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
39. Who will make these arrangements during excursions?	
40. Who will make these arrangements during camps?	
41. Who will make these arrangements during sporting activities?	
42. Is there a process for post incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Have all School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction and any other staff identified by the Principal, been briefed 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 with a medical condition that relates to allergy and the potential for an anaphylactic reaction, 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 practise 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 4: Communication Plan

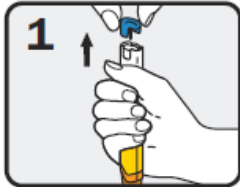
44. Is there a Communication Plan in place to provide information about anaphylaxis and the School's policies?	
a. To School Staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To Parents?	<input type="checkbox"/> 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
45. 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?	
46. How is this information kept up to date?	
47. 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
48. What are they?	



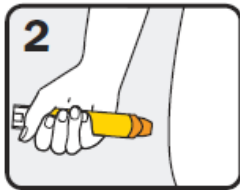
Anaphylaxis Communication Plan

This information is for all staff, students and parents. This information is about the steps to be taken in response to an anaphylactic reaction by a student in a classroom, in the yards, on excursions, on school camp and special event days.

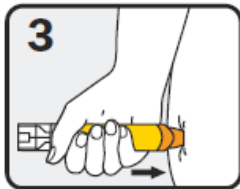
How to give EpiPen®



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



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



3 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

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

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

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

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline doses may be given if no response after 5 minutes

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

If in doubt give adrenaline autoinjector

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

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

Asthma reliever medication prescribed: Y N