SCHOOL OF THE GOOD SHEPHERD
Gladstone Park
"Known by your name"

Anaphylaxis Policy

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 (cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.
At the School Of The Good Shepherd, we believe that the key to prevention of anaphylaxis is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Strong partnerships between school and parents are important in ensuring that certain foods or items are kept away from the student while at school.
Adrenaline given through an EpiPen auto-injector to the muscle of the outer thigh is the most effective first aid treatment for anaphylaxis.

School of The Good Shepherd will fully comply with Ministerial Order 706 and the associated guidelines published and amended by the Department from time to time.

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

Implementation

Individual Management Plans
The Principal will ensure that an individual anaphylaxis management plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The individual anaphylaxis management plan will be in place as soon as practicable after the student enrols and where possible before their first day of school.

The individual anaphylaxis management plan will set out the following (see attached):

• 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 responsible for implementing the strategies.
• Information on where the student's medication will be stored.
• The student's emergency contact details.
• An emergency procedures plan (ASCIA Action Plan), 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.

The student's individual management plan will be reviewed, in consultation
• with the student's / carer's
• annually and as applicable
• if the student's condition changes, or
• immediately after a student has had an anaphylactic reaction at school.

It is the responsibility of the parent to:
• provide the emergency procedures plan (ASCIA Action Plan) and inform the school if the child's medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed.

Prevention Strategies

The school will put the following risk minimisation and prevention strategies in place for all relevant in school and out of school settings:

LOCATION	RISK MINIMISATION/PREVENTION STRATEGY
Classroom	• Eat in classroom under supervision of teacher • Keep a copy of the student's IAMP in the classroom. • Liaise with parents about food related activities ahead of time. • Use non-food treats where possible. It is recommended that parents of children with allergies provide a treat box if food treats are being used unless the teacher negotiates otherwise with parents. • Never give food from outside sources to a student who is at risk of anaphylaxis. • Be aware of the possibility of hidden allergens in food and other substances used in cooking, Science and Art classes.

	Ensure all cooking equipment is well washed. • Have regular discussions with students about the importance of washing their hands, eating their own food and not sharing. • A designated teacher should inform CRT's, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of their Individual Anaphylaxis Management Plan and adrenaline autoinjector, the school's Anaphylaxis Management Policy and each person's responsibility in managing an incident.
School Yard	• Eat undercover only under yard duty teacher's supervision • If a School has a student who is at risk of anaphylaxis, sufficient School Staff on yard duty must be trained in the administration of the Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if needed. • The Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location. (Remember that an anaphylactic reaction can occur in as little as a few minutes). • Schools must have a Communication Plan in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. This may include options of all yard duty staff carrying emergency cards in yard-duty bags, walkie talkies or yard-duty mobile phones. All staff on yard duty must be aware of the School's Emergency Response Procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard. • Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis. • Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. School Staff should liaise with Parents to encourage students to wear light or dark

	rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors. • Keep lawns and clover mowed and outdoor bins covered. • Students should keep drinks and food covered while undercover. •
Hall	No food allowed
Excursions	Management plan and epi pen carried by classroom teacher
Camps	As above
Special event days e.g class parties, fetes, culture days	Prevent using foods that contain nuts however we are vigilant in ensuring the child with the allergy is kept safe
Incursions	The student eats under teacher supervision

School Management and Emergency Response
List of Students with potential for anaphylactic reaction displayed in sick bay, classroom, staffroom and yard duty bumb bags. This information is also taken on camps, school excursions and special event days.

Where possible, only School Staff with training in the administration of the Adrenaline Autoinjector should administer the student's Adrenaline Autoinjector. However, it is imperative that an Adrenaline Autoinjector is administered as soon as possible after an anaphylactic reaction. Therefore, if necessary, the Adrenaline Autoinjector is designed to be administered by any person following the instructions in the student's ASCIA Action Plan.
It is important that in responding to an incident, the student does not stand and is not moved unless in further danger (e.g. the anaphylactic reaction was caused by a bee sting and the bee hive is close by).

1. Emergency response in the classroom:
   Schools may use classroom phones/personal mobile phones to raise the alarm that a reaction has occurred. Some Schools may decide to utilise an emergency card system (laminated card stating anaphylaxis emergency), whereby students go to the nearest teacher, office or other predetermined point to raise an alarm which triggers getting an Adrenaline Autoinjector to the child and other emergency response protocols.

2. Emergency response in the playground:
   Schools may use mobile phones, walkie talkies or a card system whilst on yard duty. Consideration needs to be given to the size of the campus, the number and age of students at risk, where first aiders will be stationed during lunch breaks etc.
   In addition to planning 'how' to get an Adrenaline Autoinjector to a student, plans need to be in place for:
   • a nominated staff member to call ambulance; and
   • a nominated staff member to wait for ambulance at a designated school entrance.

3. Emergency Response on excursions, camps and special event days:
Each individual camp and excursion requires risk assessment for each individual student attending who is at risk of anaphylaxis. Therefore emergency procedures will vary accordingly. A team of School Staff trained in anaphylaxis need to attend each event, and appropriate methods of communication need to be discussed, depending on the size of excursion/camp/venue. It is imperative that the process also addresses:

- the location of Adrenaline Autoinjectors i.e. who will be carrying them. Is there a second medical kit? Who has it?;
- 'how' to get the Adrenaline Autoinjector to a student; and
- 'who' will call for ambulance response, including giving detailed location address. e.g. Melway reference if city excursion, and best access point or camp address/GPS location.

Students at risk of anaphylaxis

A member of the School Staff should remain with the student who is displaying symptoms of anaphylaxis at all times. As per instructions on the ASCIA Action Plan: 'Lay the person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.'

A member of the School Staff should immediately locate the student's Adrenaline Autoinjector and the student's Individual Anaphylaxis Management Plan, which includes the student's ASCIA Action Plan.

The Adrenaline Autoinjector should then be administered following the instructions in the student's ASCIA Action Plan.

How to administer an EpiPen®

1. Remove from plastic container.
2. Form a fist around EpiPen® and pull off the blue safety cap.
3. Place orange end against the student's outer mid-thigh (with or without clothing).
4. Push down hard until a click is heard or felt and hold in place for 10 seconds.
5. Remove EpiPen®.
7. Massage injection site for 10 seconds.
8. Note the time you administered the EpiPen®.
9. The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

How to administer an AnaPen®

1. Remove from box container and check the expiry date.
2. Remove black needle shield.
3. Form a fist around Anapen® and remember to have your thumb in reach of the red button, then remove grey safety cap.
4. Place needle end against the student's outer mid-thigh.
5. Press the red button with your thumb so it clicks and hold it for 10 seconds.

6. Replace needle shield and note the time you administered the Anapen®.
7. The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

If an Adrenaline Autoinjector is administered, the School must
1. Immediately call an ambulance (000/112).
2. Lay the student flat and elevate their legs. Do not allow the student to stand or walk. If breathing is difficult for them, allow them to sit but not to stand.
3. **Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a worsening condition.**
Ask another member of the School Staff to move other students away and reassure them elsewhere.
4. **In the situation where there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan), a second injection (of the same dosage) may be administered after five minutes, if a second autoinjector is available (such as the Adrenaline Autoinjector for General Use).**
5. Then contact the student's emergency contacts.
6. For government and Catholic schools - later, contact Security Services Unit, Department of Education and Early Childhood Development to report the incident on 9589 6266 (available 24 hours a day, 7 days a week). A report will then be lodged on IRIS (Incident Reporting Information System).
7. For independent schools - later, enact your school's emergency and critical incident management plan.

Always call an ambulance as soon as possible (000)
When using a standard phone call 000 (triple zero) for an ambulance.
If you are using a GSM digital mobile phone which is out of range of your service provider, displays a message indicating emergency calls only, or does not have a SIM card, call 112.
First-time reactions

If a student has a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, the School Staff should follow the school's first aid procedures.
This should include immediately contacting an ambulance using 000.
It may also include locating and administering an Adrenaline Autoinjector for General Use.
Post-incident support
An anaphylactic reaction can be a very traumatic experience for the student, others witnessing the reaction, and Parents. In the event of an anaphylactic reaction, students and School Staff may benefit from post-incident counselling,

provided by the school nurse, guidance officer, student welfare coordinator or School psychologist.

Review

After an anaphylactic reaction has taken place that has involved a student in the School's care and supervision, it is important that the following review processes take place.

1. The Adrenaline Autoinjector must be replaced by the Parent as soon as possible.

2. In the meantime, the Principal should ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector being provided.

4. **If the Adrenaline Autoinjector for General Use has been used this should be replaced as soon as possible.**
5. **In the meantime, the Principal should ensure that there is an interim plan in place should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector for General Use being provided.**
6. **The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's Parents.**
7. **The School's Anaphylaxis Management Policy should be reviewed to ensure that it adequately responds to anaphylactic reactions by students who are in the care of School Staff.**

Storage and accessibility Adrenaline autoinjectors:

Adrenaline Autoinjectors for individual students, or for general use, be stored correctly and be able to be accessed quickly, because, in some cases, exposure to an allergen can lead to an anaphylactic reaction in as little as five minutes;

Adrenaline Autoinjectors be stored in an unlocked, easily accessible place away from direct light and heat but not in a refrigerator or freezer;

Each Adrenaline Autoinjector be clearly labelled with the student's name and be stored with a copy of the student's ASCIA Action Plan;

An Adrenaline Autoinjector for General Use be clearly labelled and distinguishable from those for students at risk of anaphylaxis; and

Trainer Adrenaline Autoinjectors (which do not contain adrenaline or a needle) are not stored in the same location due to the risk of confusion.

Adrenaline Autoinjectors

The principal will purchase adrenaline autoinjectors for general use and as a back up to those supplied by parents. The principal will determine how many to purchase considering the following:

- How many students enrolled at the school have been diagnosed as being at risk of anaphylaxis
- The accessibility of autoinjectors provided by parents
- The availability and sufficient supply for general use in specified locations including the yard, excursions, camps and special events
- Replacement due to use and expiry

Communication Plan

- 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 schools anaphylaxis management policy.
- Individual Anaphalaxis Management Plans will be displayed in the classroom, First Aid room and staffroom.
- Staff meeting discussions will be held at the beginning of each year to identify student's individual management plans
- Specialised training sessions from outside agencies for identified staff will be conducted anually
- Volunteers and casual relief staff will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by staff members.

All staff will be briefed once each semester by a staff member who has up to date anaphylaxis management training on:

- the schools anaphylaxis management policy
- the causes, symptoms and treatment of anaphylaxis
- 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

Staff Training
Teachers and other school staff who conduct classes with 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 training course.

At all other times the student is under the care or supervision of the school, including excursions, yard duty camps, and special event days, the principal shall ensure that there is a sufficient number of staff who have had up to date training in an anaphylaxis management training course.

Training for staff will be provided as soon as practicable.

Annual Risk Management Check List
The principal will complete an annual Risk Management Check list as published by the Department of Education to monitor compliance with their obligations (see attached)

School of the Good Shepherd Anaphylaxis Policy supports **SoGS Child Safe Policy.**

Evaluation

- This policy was reviewed in term three 2017 through consultation with the staff and will be reviewed again as part of the school's review cycle.

Individual 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®/ Anapen®)		

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?

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ascia
australasian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

For use with EpiPen® Adrenaline Autoinjectors

Name: _____
Date of birth: _____

Photo

Confirmed allergens:

Asthma Yes ☐ No ☐

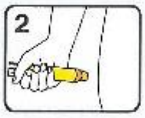
Family/emergency contact name(s):

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

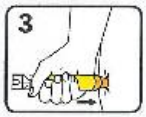
Plan prepared by:
Dr: _____
Signed: _____
Date: _____

How to give EpiPen®

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



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



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

REMOVE EpiPen®. Massage injection site for 10 seconds.

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

MILD TO MODERATE ALLERGIC REACTION

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

ACTION

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

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION

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

If in doubt, give adrenaline autoinjector

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

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

Additional information _____

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

ascia
australasian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

For use with Anapen® Adrenaline Autoinjectors

Name: _____

Date of birth: _____

Photo

Confirmed allergens:

_____

_____

Asthma Yes ☐ No ☐

Family/emergency contact name(s):

_____

_____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by:

Dr: _____

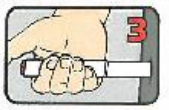
Signed: _____

Date: _____

How to give Anapen®

PULL OFF BLACK NEEDLE SHIELD.

PULL OFF GREY SAFETY CAP from red button.



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

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

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

MILD TO MODERATE ALLERGIC REACTION

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

ACTION

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

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION

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

If in doubt, give adrenaline autoinjector

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

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

Additional information _____

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

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; and 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 - Prevention 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:	

(Continues on pext page)

School Name:	
Date of Review:	
Who completed this checklist?	Name:
	Position:
Review given to:	Name
	Position
Comments:	

General Information		
1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an Adrenaline Autoinjector?		
2. How many of these students carry their Adrenaline Autoinjector on their person?		
3. Have any students ever had an allergic reaction requiring medical intervention at school?	Yes	No
a. If Yes, how many times?		
4. Have any students ever had an Anaphylactic Reaction at school?	Yes	No
a. If Yes, how many students?		
b. If Yes, how many times		
5. Has a staff member been required to administer an Adrenaline Autoinjector to a student?	Yes	No
a. If Yes, how many times?		
6. Was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?	Yes	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?	Yes	No
8. Are all Individual Anaphylaxis Management Plans reviewed regularly with Parents (at least annually)?	Yes	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	Yes	No
b. In canteens or during lunch or snack times	Yes	No
c. Before and after School, in the school yard and during breaks	Yes	No
d. For special events, such as sports days, class parties and extra-curricular activities	Yes	No
e. For excursions and camps	Yes	No
f. Other	Yes	No
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)?	Yes	No
a. Where are they kept?		
11. Does the ASCIA Action Plan include a recent photo of the student?	Yes	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?	Yes	No
14. Are the Adrenaline Autoinjectors stored at room temperature (not refrigerated)?	Yes	No
15. Is the storage safe?	Yes	No

16. Is the storage unlocked and accessible to School Staff at all times? Comments:	Yes	No
17. Are the Adrenaline Autoinjectors easy to find? Comments:	Yes	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?	Yes	No
19. Are the Adrenaline Autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student's names?	Yes	No
20. Has someone been designated to check the Adrenaline Autoinjector expiry dates on a regular basis? Who? ……	Yes	No
21. Are there Adrenaline Autoinjectors which are currently in the possession of the School and which have expired?	Yes	No
22. Has the School signed up to EpiClub or ANA-alert (optional free reminder services)?	Yes	No
23. Do all School Staff know where the Adrenaline Autoinjectors and the Individual Anaphylaxis Management Plans are stored?	Yes	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)?	Yes	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?	Yes	No
27. Is there a register for signing Adrenaline Autoinjectors in and out when taken for excursions, camps etc?	Yes	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?	Yes	No
29. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why?	Yes	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?	Yes	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?	Yes	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?	Yes	No
33. Do School Staff know when their training needs to be renewed?	Yes	No
34. Have you developed Emergency Response Procedures for when an allergic reaction occurs?	Yes	No
a. In the class room?	Yes	No
b. In the school yard?	Yes	No
c. In all School buildings and sites, including gymnasiums and halls?	Yes	No
d. At school camps and excursions?	Yes	No
e. On special event days (such as sports days) conducted, organised or attended by the School?	Yes	No
35. Does your plan include who will call the Ambulance?	Yes	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)?	Yes	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:	Yes	No

a. The class room?	Yes	No
b. The school yard?	Yes	No
c. The sports field?	Yes	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 ASCIAAction Plan) and the Adrenaline Autoinjector for General Use are correctly stored and available for use?	Yes	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?	Yes	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?	Yes	No
b. The causes, symptoms and treatment of anaphylaxis?	Yes	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?	Yes	No
d. How to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector?	Yes	No
e. The School's general first aid and emergency response procedures for all in-school and out-of-school environments?	Yes	No
f. Where the Adrenaline Autoinjector(s) for General Use is kept?	Yes	No
g. Where the Adrenaline Autoinjectors for individual students are located including if they carry it on their person?	Yes	No
SECTION 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?	Yes	No
b. To students?	Yes	No
c. To Parents?	Yes	No
d. To volunteers?	Yes	No
e. To casual relief staff?	Yes	No
45. Is there a process for distributing this information to the relevant School Staff?	Yes	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?	Yes	No
48. What are they?		