

ANAPHYLAXIS MANAGEMENT POLICY AND PLAN

Approving authority	Executive Management Team
Purpose	This policy and procedure has been developed to ensure Ozford College has policies and procedures to promote a consistent and fair approach to planning for and managing the risk of anaphylaxis and to comply with the Guidelines to the Minimum Standards and Requirements for School Registration.
Responsible Officer	International Student Coordinator
Associated documents	<ul style="list-style-type: none"> 🕒 Student Support & Services Policy & Procedures 🕒 First Aid and Medical Condition Policy & Procedures

1. RATIONALE

This policy is based on Ministerial Order 706, Anaphylaxis Guidelines and other information supplied by the Department of Education and Early Childhood Development. Section 4.3.1(6)(c) of the *Education and Training Reform Act 2006 Act* requires a School which has enrolled a student in circumstances where the School knows, or ought reasonably to have known that the student has been diagnosed as being at risk of anaphylaxis, to develop an anaphylaxis management policy which contains all of the matters required by the Order.

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

This policy and procedure aims to:

- 🕒 provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling;
- 🕒 raise awareness about anaphylaxis and the school's Anaphylaxis Management policy in the school community;
- 🕒 to engage with parents/guardians/carers of students at risk of anaphylaxis in assessing risks, develop a risk minimisation strategies and management strategies for the student; and
- 🕒 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.

2. SCOPE

All school staff has a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. In relation to anaphylaxis management, Ozford and its staff have a duty to take all reasonable steps to familiarise and keep informed themselves as to whether an enrolled student is at risk of anaphylaxis.

3. POLICY

3.1 DEFINITION

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. According to the DET Guidelines, 9 foods cause 95% of food-induced allergic reactions, including anaphylaxis, in Australia:

- 🕒 peanuts

- ⌚ tree nuts (for example, hazelnuts, cashews, almonds, walnuts, pistachios, macadamias, brazil nuts, pecans, chestnuts and pine nuts)
- ⌚ eggs
- ⌚ cow's milk
- ⌚ wheat
- ⌚ soy
- ⌚ fish
- ⌚ shellfish (for example, oysters, lobsters, clams, mussels, shrimps, crabs and prawns)
- ⌚ sesame seeds.

Other common allergens include some insect stings, particularly bee stings but also wasp and jumper jack ant stings, tick bites, some medications (for example, antibiotics and anaesthetic drugs) and latex.

3.2 First Aid treatment for anaphylaxis is adrenaline. In the community setting, adrenaline is administered via an adrenaline Auto-injector, following instruction on the individual's Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan for Anaphylaxis. ASCIA (Australasian Society of Clinical Immunology and Allergy) is the peak professional body of clinical immunology and allergy in Australia and New Zealand.

Those at risk of anaphylaxis are prescribed with an adrenaline Auto-injector. The Adrenaline Auto-injector device is approved for use by the Commonwealth Government Therapeutic Goods Administration, and can be used to administer a single premeasured dose of adrenaline to those experiencing a severe allergic reaction or anaphylaxis. These may include EpiPen®, EpiPen®Jr, Anapen®300 or Anapen®150.

3.3 Anaphylaxis Management Training Course means:

- ⌚ A course in anaphylaxis management training that is accredited as a VET course in accordance with Part 3 of the National Vocational Education and Training Regulator Act 2011 (Cth) that includes a competency check in the administration of an Adrenaline Auto-injector;
- ⌚ A course in anaphylaxis management training accredited under Chapter 4 of the Act by the Victorian Registration and Qualifications Authority that includes a competency check in the administration of an Adrenaline Auto-injector;
- ⌚ A course in anaphylaxis management endorsed and delivered by a tertiary level specialist allergy service within a tertiary level academic teaching hospital that includes a competency check in the administration of an Adrenaline Auto-injector; and
- ⌚ Any other course approved by the Secretary to the Department for the purpose of this Order as published by the Department.

4. PROCEDURES (General Guidelines)

Individual Anaphylaxis Management Plan

4.1 The Principal has overall responsibility for implementing strategies and processes for ensuring a safe and supportive environment for students at risk of anaphylaxis.

4.2 The International Student Coordinator will:

- ⌚ support the Principal in the implementation of this policy and procedures.
- ⌚ liaise with parents or guardians (and, where appropriate, the student) to manage and implement individual anaphylaxis management plans

- ⌚ liaise with parents or guardians (and, where appropriate, the student) regarding relevant medications within the school
 - ⌚ assess and confirm the correct use of adrenaline autoinjector (trainer) devices by other school staff undertaking the ASCIA Anaphylaxis e-training for Victorian Schools
 - ⌚ send periodic reminders to staff or information to new staff about anaphylaxis training requirements and liaise with the principal to ensure records of the anaphylaxis training undertaken by all school staff are stored on-site at the school
 - ⌚ lead the twice-yearly anaphylaxis school briefing
 - ⌚ provide regular advice and guidance to school staff about allergy and anaphylaxis management in the school as required.
- 4.3 An **Individual Anaphylaxis Management Plan** (that includes an individual ASCIA Action Plan for Anaphylaxis) must be developed and maintained by the International Student Coordinator in consultation with the student's parents/carers and medical practitioner for each student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.
- 4.4 The Individual Anaphylaxis Management Plan will be put in place as soon as practicable after the student enrolls and where possible during orientation.
- 4.5 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 and/or allergies the student has (based on a written diagnosis from a Medical Practitioner);
 - ⌚ strategies put in place to minimise the risk of exposure to known and notified 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 strategies;
 - ⌚ information on where the student's medication will be stored;
 - ⌚ the student's emergency contact details; and
 - ⌚ an ASCIA Action Plan (provided by parents).
- 4.6 Ozford School Staff will implement and monitor the student's Individual Anaphylaxis Management Plan.
- 4.7 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; 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).
- 4.8 It is the responsibility of the Parents to:
- ⌚ provide the ASCIA Action Plan;
 - ⌚ inform the School in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan;

- ④ provide an up to date photo for the ASCIA Action Plan when that Plan is provided to the School and when it is reviewed; and
- ④ provide the School with an Adrenaline Autoinjector that is current and not expired for their child.

5. Adrenaline Auto-injectors

5.1 It is the responsibility of Ozford to purchase backup Adrenaline Auto-injectors for general use and as a back up to those supplied by Parents. Note: Adrenaline Auto-injectors for General Use are available for purchase at any chemist. No prescriptions are necessary.

5.2 The International Student Coordinator will recommend to the Principal, the number of additional Adrenaline Auto-injector(s) required. In doing so, the International Student Coordinator will take into account the following relevant considerations:

- ④ the number of students enrolled at the School who have been diagnosed as being at risk of anaphylaxis;
- ④ the accessibility of Adrenaline Autoinjectors that have been provided by parents of students who have been diagnosed as being at risk of anaphylaxis;
- ④ the availability and sufficient supply of Adrenaline Auto-injectors for General Use in specified locations at the School, including
- ④ in the school yard, and at excursions, camps and special events conducted or organised by the School; and
- ④ the Adrenaline Auto-injectors for General Use have a limited life, usually expiring within 12-18 months, and will need to be replaced at the School's expense, either at the time of use or expiry, whichever occurs first.

6. Risk Minimisation and Prevention Strategies

6.1 Ozford will maintain Risk Minimisation and Prevention Strategies for all relevant in-school and out-of-school settings which include the following:

- ④ during classroom activities (including class rotations, specialist and elective classes);
- ④ between classes and other breaks;
- ④ during recess and lunchtimes;
- ④ before and after school; and
- ④ special events including incursions, sports, cultural days, class parties, excursions and camps.

7. Emergency Response

7.1 Ozford has procedures for emergency response to anaphylactic reactions. The procedures include the following:

- ④ a complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction;
- ④ details of Individual Anaphylaxis Management Plans and ASCIA Action Plans and where these can be located:
 - o in a classroom;
 - o other areas of school buildings;
 - o on school excursions;
 - o on school camps; and
 - o at special events conducted, organised or attended by the school;
- ④ information about the storage and accessibility of Adrenaline Auto-injectors; and

- ⌚ communication to all School Staff, students and parents in accordance with the communications plan.

8. Risk Management Checklist

8.1 The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Training to monitor compliance with their obligations.

9. Communication Plan

9.1 Ozford has a Communication Plan that provides information to all School Staff, students and parents/guardians/carers about anaphylaxis and the Anaphylaxis Management Policy.

9.2 The Communication Plan includes strategies for advising School Staff, students and parents/guardians/carers on how to respond to an anaphylactic reaction by a student in various environments including:

- ⌚ during normal school activities including in the classrooms and all other areas of the school buildings;
- ⌚ during off-site or out of school activities, including on excursions, school camps and at special events conducted or organised by the School.

9.3 The Communication Plan includes procedures to inform volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction by a student in their care.

9.4 It is the responsibility of the Principal to ensure that relevant School Staff are:

- ⌚ trained; and
- ⌚ briefed at least twice per calendar year.

10. Staff Training

10.1 It is the responsibility of Ozford to identify and train staff in anaphylaxis management including:

11. those who conduct classes that students with a medical condition relating to allergy and the potential for anaphylactic reaction attend; and
12. any further School Staff that the International Student Coordinator identifies based on an assessment of the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the School.

12.1 The Principal with the support of the International Student Coordinator will ensure that while the student is under the care or supervision of the School, including excursions, camps and special event days, there is a sufficient number of School Staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.

12.2 The International Student Coordinator will provide the briefing sessions and will:

13. ensure they have currency in the Course in Verifying the Correct Use of Adrenaline Injector Devices 225579VIC (every 3 years) and the ASCIA Anaphylaxis e-training for Victorian Schools (every 2 years)

14. ensure that they provide the Principal with documentary evidence of currency in the above courses
15. assess and confirm the correct use of adrenaline autoinjector (trainer) devices by other school staff undertaking the ASCIA Anaphylaxis e-training for Victorian Schools
16. send periodic reminders to staff or information to new staff about anaphylaxis training requirements and liaise with the principal to ensure records of the anaphylaxis training undertaken by all school staff are stored on-site at the school
17. lead the twice-yearly anaphylaxis school briefing
18. provide access to the adrenaline autoinjector (trainer) device for practice use by school staff
19. develop school-specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency situation requiring anaphylaxis treatment, for example:
 - 19.1 a bee sting occurs on school grounds and the allergic student is conscious
 - 19.2 an allergic reaction where the student has collapsed on school grounds and the student is not conscious
 - 19.3 develop similar scenarios for when staff are demonstrating the correct use of the adrenaline autoinjector (trainer) device.
 - 19.4 The identified School Staff will undertake the following training:
 - ⌚ an Anaphylaxis Management Training Course in the three years prior; and
 - ⌚ participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year) on:
 - o This Policy;
 - o the causes, symptoms and treatment of anaphylaxis;
 - o the identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located;
 - o how to use an Adrenaline Autoinjector, including hands on practice with a trainer Adrenaline Autoinjector device;
 - o Ozford's general First Aid and Emergency response procedures; and
 - o the location of and access to, Adrenaline Autoinjector that have been provided by Parents or purchased by the School for general use;
 - 19.5 In the event that the relevant training and briefing has not occurred, the Principal and the International Student Coordinator will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction. Training will be provided to relevant School Staff as soon as practicable after the student enrolls, and preferably before the student's first day at School.

20. PROCEDURES

20.1 Identification and Preparation

Upon students' enrolments, students and/or parents/guardians are required to complete an enrolment form that identified whether or not a student is at risk.

- ⌚ Once the risk is identified, the International Student Coordinator will consult with the parents and medical advisor to develop a plan.

- ⌚ The parents will be advised that the student will need to carry an Adrenaline Autoinjector.
- ⌚ The International Student Coordinator will request and obtain from parents a spare Adrenaline Autoinjector to be held at school. The Adrenaline Autoinjector will be reviewed as per the Ozford's procedures and parents will be followed up to ensure the Adrenalin Autoinjectors are within expiry dates.
- ⌚ Ozford will also ensure that a general Adrenaline Autoinjector is held.

20.2 Risk Prevention Strategies

Ozford has established the following risk prevention strategies:

Ozford premises	
1.	A copy of the student's Individual Anaphylaxis Management Plan will be kept in the classroom. The ASCIA Action Plan needs to be easily accessible even if the Adrenaline Auto-injector is kept in another location.
2.	Liaise with parents regarding food-related activities ahead of time.
3.	Use non-food rewards only.
4.	Never give food from outside sources to a student who is at risk of anaphylaxis.
6.	Products labelled 'may contain traces of nuts' must not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
7.	Be aware of the possibility of hidden allergens in food and other substances used in science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
8.	Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
9.	Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
10.	A designated staff member must inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Auto-injector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident, that is, seeking a trained staff member.
Special events (e.g. sporting events, incursions, class parties, etc.)	
1.	If Ozford has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of

	an Adrenaline Auto-injector and be able to respond quickly to an anaphylactic reaction if required.
2.	School Staff should avoid using food in activities or games, including as rewards.
3.	For special occasions, School Staff should consult parents in advance to either develop an alternative food menu or request the parents to send meals for the student.
4.	Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at School or at a special School event.
5.	Party balloons should not be used if any student is allergic to latex.
Field trips/excursions/sporting events	
1.	If Ozford has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Auto-injector and be able to respond quickly to an anaphylactic reaction if required.
2.	A School Staff member or team of School Staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Auto-injector must accompany any student at risk of anaphylaxis on field trips or excursions.
3.	School Staff should avoid using food in activities or games, including as rewards.
4.	The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis must be easily accessible and School Staff must be aware of their exact locations.
5.	For each field trip, excursion and the like, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio. All School Staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
6.	The School should consult parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu or request the parents provide meals (if required).
7.	Prior to the excursion taking place School Staff should consult with the student's parents and Medical Practitioner (if necessary) to review the

	student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.
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20.3 Management and Emergency Response

Oxford's procedures relating to anaphylactic reactions are as follows:

- ⌚ A complete and up-to-date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction is maintained by the International Student Coordinator and communicated to all relevant staff.
- ⌚ The details of Individual Anaphylaxis Management Plans and ASCIA Action Plans are kept in the students' files and the classrooms and other areas where Oxford's students may be studying.
- ⌚ The information is also provided when students are involved with school excursions or special events conducted, organised or attended by the School. An outline of the storage and accessibility of Adrenaline Auto-injectors, information including those for general use will be provided to staff.
- ⌚ When a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care or supervision of the School outside of normal class activities, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by Oxford, the International Student Coordinator will ensure that there are a sufficient number of School Staff who have been adequately trained in attendance.
- ⌚ In the event of an anaphylactic reaction, the Emergency Response Procedures must be followed, together with the School's general First Aid and Emergency Response Procedures and the student's ASCIA Action Plan.

For detailed information, please visit <https://allergyfacts.org.au/allergy-anaphylaxis>

20.4 Self-administration of the Adrenaline Auto-injector

- ⌚ The decision whether a student can carry their own Adrenaline Auto-injector will be made when developing the student's Individual Anaphylaxis Management Plan in consultation with the student, the student's parents and the student's Medical Practitioner.
- ⌚ Students who ordinarily self-administer their Adrenaline Auto-injector may not physically be able to self-administer due to the effects of a reaction. In relation to these circumstances, adequately trained School Staff will administer an Adrenaline Auto-injector to the student, in line with their duty of care for that student.
- ⌚ If a student self-administers an Adrenaline Auto-injector, one member of the School Staff member will supervise and monitor the student, and another member of the School Staff will contact an ambulance (on emergency number 000/112 from mobile phone).
- ⌚ If a student carries their own Adrenaline Auto-injector, a second Adrenaline Autoinjector (provided by the parent) will be kept on-site in an easily accessible, unlocked location that is known to all School Staff.

20.5 Responding to an incident

- ⌚ Where possible, only School Staff with training in the administration of the Adrenaline Auto-injector will administer the student's Adrenaline Auto-injector.

However, it is imperative that an Adrenaline Auto-injector is administered as soon as possible after an anaphylactic reaction. Therefore, if necessary, the Adrenaline Auto-injector 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).

20.6 In-School Environment

- ⌚ Classrooms - Schools may use classroom phones/personal mobile phones to raise the alarm that a reaction has occurred. Students will be advised to go to the nearest teacher or reception to raise an alarm which triggers getting an Adrenaline Auto-injector to the student and other emergency response protocols.
- ⌚ If this occurs, one staff member will call for an ambulance; and
- ⌚ A second staff member will wait for ambulance at the school entrance on the ground floor.

20.7 Out-of School Environments

- ⌚ Each individual camp and excursion will be subject to a risk assessment for each individual student attending who is at risk of anaphylaxis. The risk assessment will include:
 - ⌚ Ensuring at least two School Staff trained in anaphylaxis will attend each event.
 - ⌚ Establishing the location of Adrenaline Autoinjectors including who will be carrying them and access to a second medical kit.
 - ⌚ Accessing and administering the Adrenaline Autoinjector to a student; and
 - ⌚ Establishing who will call for an ambulance response, including giving detailed location address. e.g. Melway reference if city excursion, and best access point or camp address/GPS location.

20.8 Students at risk of anaphylaxis

- ⌚ A member of the School Staff will 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 will 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 will then be administered following the instructions in the student's ASCIA Action Plan.

20.9 How to administer an EpiPen®

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

20.10 **How to administer an AnaPen®**

- ⌚ Remove from box container and check the expiry date.
- ⌚ Remove black needle shield.
- ⌚ Form a fist around Anapen® and remember to have your thumb in reach of the red button, then remove grey safety cap.
- ⌚ Place needle end against the student's outer mid-thigh.
- ⌚ Press the red button with your thumb so it clicks and hold it for 3 seconds.
- ⌚ Replace needle shield and note the time you administered the Anapen®.
- ⌚ The used Autoinjector must be handed to the ambulance paramedics along with the time of administration.

20.11 **If an Adrenaline Autoinjector is administered**

- ⌚ Immediately call an ambulance (000/112 from mobile phone).
 - o Always call an ambulance as soon as possible (000)
 - o When using a standard phone call 000 (triple zero) for an ambulance.
 - o 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.
- ⌚ 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.
- ⌚ 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.
- ⌚ 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).
- ⌚ Then contact the student's emergency contacts.
- ⌚ Then enact the emergency and critical incident management plan.

20.12 **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 Ozford'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.

20.13 **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, appropriate post-incident counselling will be supplied by Ozford.

20.14 **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.

- ⌚ The Adrenaline Autoinjector will need to be replaced by the parent as soon as possible.
- ⌚ In the meantime, the International Student Coordinator will ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector being provided.
- ⌚ If the Adrenaline Autoinjector for General Use has been used, it will be replaced as soon as possible.
- ⌚ In the meantime, the International Student Coordinator will 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.
- ⌚ The student's Individual Anaphylaxis Management Plan will be reviewed in consultation with the student's Parents.
- ⌚ The Anaphylaxis Management Policy will be reviewed to ensure that it adequately responds to anaphylactic reactions by students who are in the care of School Staff.

20.15 **Adrenaline Auto-injectors**

Purchasing Adrenaline Autoinjectors

- ⌚ The International Student Coordinator is responsible for arranging for the purchase of additional Adrenaline Autoinjector(s) for General Use, and as a back up to Adrenaline Autoinjectors supplied by Parents of students who have been diagnosed as being at risk of anaphylaxis.
- ⌚ Adrenaline Autoinjectors for General Use are available for purchase at any chemist. No prescription is necessary. These devices will be purchased in the same way that supplies for School first aid kits are purchased.
- ⌚ The International Student Coordinator will determine the type of Adrenaline Autoinjector to purchase for General Use. In doing so, it is important to note the following:
 - ⌚ Adrenaline Autoinjectors available in Australia are EpiPen® and Anapen®300;
 - ⌚ children under 20 kilograms are prescribed a smaller dosage of adrenaline, through an EpiPen®Jr or Anapen®150; and
 - ⌚ Adrenaline Autoinjectors are designed so that anyone can use them in an emergency.

20.16 **Number of back up Adrenaline Autoinjectors to purchase**

- ⌚ The International Student Coordinator will also need to determine the number of additional Adrenaline Autoinjector(s) required. In doing so, the International Student Coordinator should take into account the following relevant considerations:
 - the number of students enrolled 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 including at excursions and special events conducted, organised or attended by the School; and
- the Adrenaline Autoinjectors for General Use have a limited life, and will usually expire within 12-18 months, and will need to be replaced either at the time of use or expiry, whichever is first.

20.17 **When to use Adrenaline Autoinjectors for General Use**

- ⌚ The Adrenaline Autoinjectors for General Use will be used when:
 - a student's prescribed Adrenaline Autoinjector does not work, is misplaced, out of date or has already been used; or
 - when instructed by a medical officer after calling 000.
- ⌚ ASCIA advises that no serious harm is likely to occur from mistakenly administering adrenaline to an individual who is not experiencing anaphylaxis. Further information is available from ASCIA at: <http://www.allergy.org.au/health-professionals/anaphylaxis-resources/adrenaline-autoinjectors-for-general-use>

20.18 **Storage of Adrenaline Autoinjectors**

Oxford's procedures for the storage of Adrenaline Autoinjectors are as follows:

- ⌚ Adrenaline Autoinjectors for individual students, or for general use, will be stored 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 will be stored in an unlocked, easily accessible place away from direct light and heat but not in a refrigerator or freezer;
- ⌚ Each Adrenaline Autoinjector will 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 will 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) will not be stored in the same location due to the risk of confusion.
- ⌚ Currently, the Adrenaline Autoinjector for general use is stored in the First Aid kit.

20.19 **Regular review of Adrenaline Autoinjectors**

- ⌚ Oxford will undertake a review of students' Adrenaline Auto-injectors, and those for general use at the commencement of each term.
- ⌚ When undertaking a review, the following factors will be checked and/or considered:

20.20 **Adrenaline Autoinjectors are:**

- ⌚ 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;
- ⌚ stored in an unlocked, easily accessible place away from direct light and heat. They should not be stored in the refrigerator or freezer;
- ⌚ clearly labelled with the student's name, or for general use; and
- ⌚ signed in and out when taken from its usual place, e.g. for camps or excursions.
- ⌚ Each student's Adrenaline Auto-injector is distinguishable from other students' Adrenaline Auto-injectors and medications. Adrenaline Autoinjectors for General Use are also clearly distinguishable from students' Adrenaline Autoinjectors.

- 🕒 All School Staff know where Adrenaline Autoinjectors are located.
- 🕒 A copy of the student's ASCIA Action Plan is kept with their Adrenaline Auto-injector.
- 🕒 It is important to keep trainer Adrenaline Auto-injectors (which do not contain adrenaline) in a separate location from students' Adrenaline Autoinjectors.

Oxford's First Aid Officers will conduct regular reviews of the Adrenaline Auto-injectors to ensure they are not out of date. If any Adrenaline Auto-injectors are out of date, Oxford will:

- 🕒 send a written reminder to the student's parents to replace the Adrenaline Auto-injector;
- 🕒 advise the International Student Coordinator that an Adrenaline Auto-injector needs to be replaced by a parent; and
- 🕒 liaise and work with the International Student Coordinator to prepare an interim Individual Anaphylaxis Management Plan pending the receipt of the replacement Adrenaline Auto-injector.

21. Communication Plan

The Principal is responsible for ensuring that a Communication Plan is developed to provide information to all School Staff, students and parents about anaphylaxis and the School's Anaphylaxis Management Policy.

21.1 Raising staff awareness

School Staff will be briefed at least twice per year by a staff member who has current anaphylaxis management training regarding anaphylaxis and the School's Anaphylaxis Management Policy.

The High School Coordinator is responsible for briefing all volunteers and casual relief staff members and new Oxford staff members (including administration and office staff, canteen staff, sessional teachers, and specialist teachers) of the above information and their role in responding to an anaphylactic reaction of a student in their care.

21.2 Raising student awareness

Peer support is an important element of support for students at risk of anaphylaxis.

Oxford Staff members will raise awareness about anaphylaxis and how to respond to allergic reactions through fact sheets or posters displayed in hallways and classrooms.

Teachers will discuss the topic with students in class, with a few simple key messages, outlined in the following:

21.3 Student messages about anaphylaxis

- 🕒 Always take food allergies seriously – severe allergies are no joke.
- 🕒 Don't share your food with friends who have food allergies.
- 🕒 Wash your hands after eating.
- 🕒 Know what your friends are allergic to.
- 🕒 If a school friend becomes sick, get help immediately even if the friend does not want to.
- 🕒 Be respectful of a school friend's Adrenaline Auto-injector.

- ⌚ Don't pressure your friends to eat food that they are allergic to.

It is important to be aware that a student at risk of anaphylaxis may not want to be singled out or be seen to be treated differently.

Bullying of students at risk of anaphylaxis can occur in the form of teasing, tricking a student into eating a particular food or threatening a student with the substance that they are allergic to, such as peanuts. If this occurs, Oxford staff members will talk to the students involved so that they are aware of the seriousness of an anaphylactic reaction. Any attempt to harm a student diagnosed at risk of anaphylaxis will be treated as a serious and a dangerous incident and will be dealt with in line with the Student Behaviour Management and anti-bullying and harassment policy.

Staff can refer to the Bully Stoppers website, an anti-bullying resource for ideas and strategies for dealing with bullying situations. Further information about Bully Stoppers is available at: <http://www.education.vic.gov.au/about/programs/bullystoppers/Pages/default.aspx>

21.4 **Work with Parents**

Parents of a child who is at risk of anaphylaxis may experience considerable anxiety about sending their child to School. Oxford staff will develop an open and cooperative relationship with parents so that they can feel confident that appropriate management strategies are in place.

21.5 **Raising school community awareness**

Oxford will raise awareness about anaphylaxis in the school community so that there is an understanding of the condition. This will be done by providing information in the school newsletters.

Parent Information Sheets that promote greater awareness of severe allergies may be downloaded from the Royal Children's Hospital website at: https://www.rch.org.au/kidsinfo/fact_sheets/Allergic_and_anaphylactic_reactions/

22. FEEDBACK

Feedback or comments on this policy and procedure is welcomed by the listed responsible officer.

Individual Anaphylaxis Management Plan (Template)

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	Oxford College	Phone	(03)86637188
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?

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?



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

ACTION PLAN FOR Anaphylaxis

Name: _____ For use with adrenaline (epinephrine) autoinjectors

Date of birth: _____

Confirmed allergens: _____

Family/emergency contact name(s): _____


Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by medical or nurse practitioner: _____

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

Signed:  _____

Date: _____

Action Plan due for review – date: _____

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Tingling mouth
- Hives or welts
- 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 seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Locate 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 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

- If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this action plan for the person with the allergic reaction.

Adrenaline autoinjectors (300 mcg) are prescribed for children over 20kg and adults. Adrenaline autoinjectors (150 mcg) are prescribed for children 10-20kg.

Refer to the device label for instructions on how to give an adrenaline (epinephrine) autoinjector.

Instructions are also on the ASCIA website www.allergy.org.au/anaphylaxis

ACTION PLAN FOR Anaphylaxis

Name: _____
Date of birth: _____

For use with adrenaline (epinephrine) autoinjectors



Confirmed allergens:

Family/emergency contact name(s):

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

Plan prepared by medical or nurse practitioner:

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

Signed: _____

Date: _____

Action Plan due for review – date:

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Tingling mouth
- Hives or welts
- 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 seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

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

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

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

ACTION FOR ANAPHYLAXIS

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

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



2 Give adrenaline autoinjector

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

4 Phone family/emergency contact

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

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

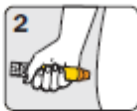
If In doubt give adrenaline autoinjector

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

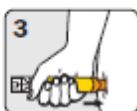
How to give EpiPen® adrenaline (epinephrine) autoinjectors



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



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



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

EpiPen® is prescribed for children over 20kg and adults. EpiPen® Jr is prescribed for children 10-20kg

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

- If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this action plan for the person with the allergic reaction.

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

- 23. annually;
- 24. if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes ;
- 25. as soon as practicable after the student has an anaphylactic reaction at School; and
- 26. 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 in the Anaphylaxis Policy and procedures

Signature of parent:	
Date:	
I have consulted the parents of the student and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.	
Signature of Principal (or nominee):	
Date:	

Annual Anaphylaxis Risk Management Checklist (Template) – to be completed by ISC annually

School Name:	Ozford College	
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? If yes, how many times?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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 System?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION 1: Training		
7. Have all school staff who conduct classes with students who are at risk of anaphylaxis successfully completed an approved anaphylaxis management training course, either:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none">  online training (ASCIA anaphylaxis e-training) within the last 2 years, or  accredited face to face training (22578VIC or 10710NAT) within the last 3 years? 		

8. Does your school conduct twice yearly briefings annually? If no, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools: a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen® and Anapen®)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen® and Anapen®) within 30 days of completing the ASCIA Anaphylaxis e-training for Victorian Schools?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2: Individual Anaphylaxis Management Plans	
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 and ASCIA Action Plan completed and signed by a prescribed Medical Practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are all Individual Anaphylaxis Management Plans reviewed regularly with Parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. During classroom activities, including elective classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. During lunch or snack times	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Before and after School, in the school buildings 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
14. Do all students who carry an Adrenaline Auto-injector 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?	
15. Does the ASCIA Action Plan 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)?	<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 Anaphylaxis Management Plan (including the ASCIA Action Plan) 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 Plans) 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 and which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Has the School signed up to EpiClub or ANA-alert (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

28. 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
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?	
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: Prevention 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 common area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In all School buildings and sites?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Computer lab?	
e. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. 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 Anaphylaxis Management Plan (including the ASCIA Action Plan)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. 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 classroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The common area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Computer lab?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. In all School building and sites?	<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 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 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?	

Review of Adrenaline Autoinjector form

Date:

When undertaking a review, the following factors will be checked and/or considered:

Requirement	Yes/NO/N/A (If No Comment)
Adrenaline Autoinjectors are: <ul style="list-style-type: none"> ⌚ 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; ⌚ stored in an unlocked, easily accessible place away from direct light and heat. They should not be stored in the refrigerator or freezer; ⌚ clearly labelled with the student's name, or for general use; and ⌚ signed in and out when taken from its usual place, e.g. for camps or excursions. 	
Each student's Adrenaline Autoinjector is distinguishable from other students' Adrenaline Autoinjectors and medications. Adrenaline Autoinjectors for General Use are also clearly distinguishable from students' Adrenaline Autoinjectors.	
All School Staff know where Adrenaline Autoinjectors are located.	
A copy of the student's ASCIA Action Plan is kept with their Adrenaline Autoinjector.	
It is important to keep trainer Adrenaline Autoinjectors (which do not contain adrenaline) in a separate location from students' Adrenaline Autoinjectors.	

Action:

New Adrenaline Autoinjector to be purchased/ No action required

Reviewed by: