

MORNINGTON PRIMARY SCHOOL



Anaphylaxis Management Policy

Rationale

Mornington Primary School (MPS) needs to ensure the school is taking appropriate steps to ensure the safety of students at risk of anaphylaxis by;

- providing, 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;
- raising awareness about allergies and anaphylaxis in the school community;
- actively involving the Parents of each student at risk of anaphylaxis in assessing risks, developing risk minimisation and management strategies for the student;
- ensuring that every staff member has adequate knowledge of allergies, anaphylaxis and emergency procedures; and
- ensuring MPS has policies and procedures in place to ensure that the risks associated with severe allergies are minimised, so that all students can feel safe while at school.

Mornington Primary School must comply with Ministerial Order 706 and associated DEECD Guidelines in relation to the management of student at risk of anaphylaxis.

Purpose

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. Although allergic reactions are common in children, severe life-threatening allergic reactions are uncommon and deaths are rare. However, deaths have occurred and anaphylaxis must therefore be regarded as a medical emergency requiring a rapid response.

The purpose of this Anaphylaxis Management Policy is to ensure that all parties involved in potential anaphylactic management situations are aware of their roles and responsibilities and are provided with the necessary information, resources and/or training.

School Statement

Mornington Primary School will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time. The school will also develop and maintain an Anaphylaxis Management Policy which complies with DEECD guidelines.

Guidelines

Individual Anaphylaxis 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 enrolls, and where possible before their first day of school.

The Individual Anaphylaxis Management Plan will set out the following:

- information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a written diagnosis from a Medical Practitioner);
- strategies 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.

Note: A template of an Individual Anaphylaxis Management Plan can be found in Appendix 1 of this policy

Note: The red and blue 'ASCIA Action Plan for Anaphylaxis' is the recognised form for emergency procedure plans that is provided by Medical Practitioners to parents when a child is diagnosed as being at risk of anaphylaxis. An example can be found in Appendix 1 of this Policy.

Hyperlink to Ministerial Order 706

<http://www.education.vic.gov.au/school/principals/health/pages/anaphylaxischools.aspx#link71>

Mornington Primary School staff will implement and monitor the student's Individual Anaphylaxis Management Plan.

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).

It is the responsibility of 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;
- 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
- provide the school with an adrenaline autoinjector that is current and not expired for their child.

Prevention Strategies

It is important to remember that minimisation of the risk of anaphylaxis is everyone's responsibility: Mornington Primary School (including the Principal and all school staff), parents, students and the broader school community. Parents have important obligations under the Order (and the school's Anaphylaxis Management Policy).

Parents must:

- communicate their child's allergies and risk of anaphylaxis to MPS at the earliest opportunity, preferably on enrolment;
- continue to communicate with MPS staff and provide up to date information about their child's medical condition;

- provide the school with an ASCIA Action Plan;
- participate in yearly reviews of their child's Individual Anaphylaxis Management Plan; and
- ensure that their child has an Adrenaline Autoinjector that is current and not expired at all times.

The School will:

IN SCHOOL SETTINGS (CLASSROOMS)

- Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan is easily accessible even if the Adrenaline Autoinjector is kept in another location. Parents should be informed that for safety reasons and communication, the plan will be displayed.
- Liaise with parents about food-related activities ahead of time.
- Use non-food treats where possible, but if food treats are used in class parents of students with food allergy provide a treat box with alternative treats. To avoid cross-contamination, treat boxes should be clearly labelled and only handled by the student.
- Never give food from outside sources to a student who is at risk of anaphylaxis unless it has been approved by the student's parents
- Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.
- Products labelled 'may contain traces of nuts' should 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.
- Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
- Be aware of the possibility of hidden allergens in food and other substances used in cooking, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
- Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
- During Physical Education lessons, the Physical Education teacher will carry anaphylaxis cards similar to anaphylaxis yard duty cards for all anaphylactic students, which may be used to seek assistance from the office.
- A designated staff member should 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 Autoinjector, the school's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. ie seeking a trained staff member. At Mornington Primary School this information will be available in the front of each classroom roll. At MPS the daily organiser will be the designated person to provide this information to CRTs, volunteers and specialist teachers.

IN THE CANTEEN

- Canteen staff (whether internal or external) should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. Refer to:
 - 'Safe Food Handling' in the school Policy and Advisory Guide, available at:<http://www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx>
 - Helpful resources for food services:
<http://www.allergyfacts.org.au/component/virtuemart/>
- Canteen staff, including volunteers, should be briefed about students at risk of anaphylaxis and, where the Principal determines in accordance with clause 12.1.2 of the Order, have up to date training in an Anaphylaxis Management Training Course as soon as practical after a student enrolls.
- Display the student's name and photo in the canteen as a reminder to school staff.
- Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
- Canteens should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.
- Make sure that tables and surfaces are wiped down with warm soapy water regularly.

- Food banning is not generally recommended. Instead, a 'no-sharing' with the students with food allergy approach is recommended for food, utensils and food containers. If it was deemed necessary, Mornington Primary School may agree to not stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds, etc.), including chocolate/hazelnut spreads.
- Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.

IN THE SCHOOL YARD

- If MPS 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 (i.e. EpiPen®) 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.
- At Mornington Primary School all yard duty staff will carry emergency cards in yard-duty bags to indicate to office staff/first aid staff that a student is having a potential anaphylactic reaction and that an Adrenaline Autoinjector needs to be delivered to the yard. Each card will also include the yard duty area where assistance is required.
- 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. Where necessary MPS 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.
- If students need to take food outdoors, they should be encouraged to keep drinks and food covered until the food is finished.

SPECIAL EVENTS (eg sporting events, incursions, class parties)

- If a MPS has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.
- MPS staff should avoid using food in activities or games, including as rewards.
- For special occasions, MPS staff should consult parents in advance to either develop an alternative food menu or request the parents to send a meal for the student.
- Where it is deemed necessary, 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.
- Party balloons should not be used if any student is allergic to latex.

EXCURSIONS/SPORTING EVENTS

- If an MPS has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector and be able to respond quickly to an anaphylactic reaction if required.
- An MPS staff member trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector must accompany any student at risk of anaphylaxis on excursions.
- MPS staff should avoid using food in activities or games, including as rewards.
- The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis should be easily accessible and MPS staff must be aware of their exact location.
- For each field trip, excursion etc, 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.
- MPS staff 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 a meal (if required).
- Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with parents as another strategy for supporting the student who is at risk of anaphylaxis.
- Prior to the excursion taking place MPS 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.

SCHOOL CAMPS

- Prior to engaging a camp owner/operator's services MPS staff should make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the school, then the school should consider using an alternative service provider.
- The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
- MPS staff must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
- MPS staff should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
- MPS staff should consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.
- If MPS staff or parents have concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, they should also consider alternative means for providing food for those students.
- Use of substances containing allergens should be avoided where possible.
- Camps should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts.
- The student's Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.
- Prior to the camp taking place MPS staff should consult with the student's parents to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
- MPS staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all school staff participating in the camp are clear about their roles and responsibilities.
- Contact local emergency services and hospitals well prior to the camp. Advise full medical conditions of students at risk, location of camp and location of any off camp activities. Ensure contact details of emergency services are distributed to all school staff as part of the emergency response procedures developed for the camp.
- Staff should consider taking an Adrenaline Autoinjector for general use on a school camp, even if there is no student at risk of anaphylaxis, as a back up device in the event of an emergency. The cost of the spare Adrenaline Autoinjector/s will be built into yearly camp costs.
- MPS should consider purchasing an Adrenaline Autoinjector for general use to be kept in the first aid kit and including this as part of the Emergency Response Procedures. The cost of the spare Adrenaline Autoinjector/s will be built into yearly camp costs.

- The Adrenaline Autoinjector should remain close to the student and MPS staff must be aware of its location at all times.
- The Adrenaline Autoinjector should be carried in the school first aid kit; however, MPS staff can consider allowing students, particularly senior students, to carry their Adrenaline Autoinjector on camp. Remember that all school staff members still have a duty of care towards the student even if they do carry their own Adrenaline Autoinjector.
- Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
- Cooking and art and craft games should not involve the use of known allergens.
- MPS staff should consider the potential exposure to allergens when consuming food on buses and in cabins.

OUT OF HOURS SCHOOL CARE

The Principal should ensure that sufficient OHSC staff are trained in the administration of an Adrenaline Autoinjector and be able to respond quickly to an anaphylactic reaction if required.

- The First Aid Co-ordinator should work with the OHSC Co-ordinator to ensure all school anaphylaxis procedures are followed (in particular, in relation to ensuring plans and medication are current) and that parents of students with diagnosed anaphylaxis have been involved in a discussion with OHSC staff in relation to their child's condition and plan;
- OHSC must have a general use autoinjector, stored correctly and be able to be accessed quickly;
- If diagnosed anaphylactic students attend OHSC, their parents must provide an autoinjector specifically to be used and stored at OHSC;
- Cooking and art and craft activities should not involve the use of known allergens;
- OHSC should display a copy of all anaphylaxis plans;
- Anaphylactic students who have an out of date plan or medication, will be unable to access the service;
- OHSC staff should be able to recognise anaphylactic students by face.

OVERSEAS TRAVEL

As Mornington Primary School does not offer any overseas travel, it is unnecessary to develop strategies to address this. However, if the school did decide to implement overseas travel as part of its curriculum or as an extra-curricula option, anaphylaxis strategies would need to be developed and documented as part of this policy.

Storage of Adrenaline Autoinjectors

It is recommended that:

- 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.

Regular review of Adrenaline Autoinjectors

MPS will undertake regular reviews of students' Adrenaline Autoinjectors, and those for general use. When undertaking a review, the following factors should be checked and/or considered:

- 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 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.
 - Depending on the speed of past reactions, it may be appropriate to have a student's Adrenaline Autoinjector in class or in a yard-duty bag.
 - It is important to keep trainer Adrenaline Autoinjectors (which do not contain adrenaline) in a separate location from students' Adrenaline Autoinjectors.
 - The Principal is encouraged to arrange for a designated school staff member (eg. first aid co-coordinator) to conduct regular reviews of the Adrenaline Autoinjectors to ensure they are not out of date. This should be done at the beginning and end of each term and when staff anaphylaxis training or briefings are conducted. If the designated staff member identifies any Adrenaline Autoinjectors which are out of date, s/he should consider:
 - sending a written reminder to the student's parents to replace the Adrenaline Autoinjector;
 - advising the Principal that an Adrenaline Autoinjector needs to be replaced by a parent; and
 - working with the Principal to prepare an interim Individual Anaphylaxis Management Plan pending the receipt of the replacement Adrenaline Autoinjector.

School Management and Emergency Response

Mornington Primary School will use the following management and emergency response procedures:

- Ensure that MPS develops, implements and reviews its school Anaphylaxis Management Policy in accordance with Ministerial Order 706 and DEECD Anaphylaxis Management Guidelines.
- Actively seeks information to identify students with severe life-threatening allergies or those who have been diagnosed as being at risk of anaphylaxis, either at enrolment or at the time of diagnosis (whichever is earlier).
- Ensure that parents provide an ASCIA Action Plan which has been signed by the student's Medical Practitioner and that contains an up-to-date photograph of the student.
- Ensure that an Individual Anaphylaxis Management Plan is developed in consultation with the student's parents for any student that has been diagnosed by a Medical Practitioner with a medical condition relating to allergy and the potential for anaphylactic reaction, where MPS has been notified of that diagnosis. This includes ensuring the documentation of practical strategies for activities in both in-school and out-of-school settings to minimise the risk of exposure to allergens, and nomination of staff who are responsible for implementation of those strategies. The risk minimisation plan should be customised to the particular student for participation in normal school activities (e.g. during cooking and art classes) and at external events (e.g. swimming sports, camps and excursions). Ensure students' Individual Anaphylaxis Management Plans are communicated to staff.
- The Principal should be satisfied that that the canteen provider can demonstrate satisfactory training in the area of anaphylaxis and its implications for food-handling practices. This includes careful label reading, and an understanding of the major food allergens that trigger anaphylaxis and cross-contamination issues specific to food allergies.
- Ensure that parents provide MPS with an Adrenaline Autoinjector for their child that is not out-of-date and a replacement Adrenaline Autoinjector when requested to do so.

- Ensure that a Communication Plan is developed to provide information to all school staff, students and parents about anaphylaxis and the MPS's Anaphylaxis Management Policy.
- Ensure there are procedures in place for providing 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.
- Allocate time, such as during staff meetings, to discuss, practise and review the school's Anaphylaxis Management Policy. Practise using the trainer Adrenaline Autoinjectors as a group and undertake drills to test effectiveness of MPS's general first aid procedures.
- Encourage ongoing communication between parents and MPS staff about the current status of the student's allergies, the school's policies and their implementation.
- Ensure that the student's Individual Anaphylaxis Management Plan is reviewed in consultation with parents annually, when the student's medical condition changes, as soon as practicably after a student has an anaphylactic reaction at school, and whenever a student is to participate in an off-site activity such as camps or excursions or at special events conducted, organised or attended by the school.
- Ensure the Risk Management Checklist for anaphylaxis is completed annually.
- Arrange to purchase and maintain an appropriate number of Adrenaline Autoinjectors for general use to be part of the school's first aid kit.

Role and responsibilities of School staff

All school staff have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. This includes administrators, canteen staff, casual relief staff, specialist staff, sessional teachers and volunteers.

The following is a summary of the key obligations of school staff under Ministerial Order 706:

- Know and understand the Mornington Primary School Anaphylaxis Management Policy.
- Know the identity of students who are at risk of anaphylaxis. Know the students by face.
- Understand the causes, symptoms, and treatment of anaphylaxis.
- Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector.
- Know where to find a copy of each student's Individual Anaphylaxis Management Plan quickly, and follow it in the event of an allergic reaction
- Know MPS's general first aid and emergency response procedures, and understand their role in relation to responding to an anaphylactic reaction.
- Know where students' Adrenaline Autoinjectors and the Adrenaline Autoinjectors for general use are kept.
- Know and follow the prevention and risk minimisation strategies in the student's Individual Anaphylaxis Management Plan.
- Plan ahead for special class activities (e.g. cooking, art and science classes), or special occasions (e.g. excursions, incursions, sport days, camp, cultural days, fetes and parties), either at school, or away from school. Work with parents to provide appropriate food for their child if the food the school/class is providing may present a risk for him or her.
- Avoid the use of food treats in class or as rewards, as these may contain hidden allergens. Consider the alternative strategies provided in this policy. Work with parents to provide appropriate treats for students at risk of anaphylaxis.
- Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.
- Be aware of the risk of cross-contamination when preparing, handling and displaying food.
- Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food.
- Raise student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.

Role and responsibilities of first aid coordinators

If available at the school, first aid coordinators should take a lead role in supporting the Principal and other school staff to implement the school's Anaphylaxis Management Policy.

The MPS first aid coordinator should provide advice and assistance as follows:

- Work with Principals to develop, implement and review MPS's Anaphylaxis Management Policy.
- Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector (i.e. EpiPen®).
- Provide or arrange regular training to other MPS staff to recognise and respond to anaphylactic reaction, including administration of an Adrenaline Autoinjector.
- Keep an up-to-date register of students at risk of anaphylaxis.
- Keep a register of Adrenaline Autoinjectors as they are 'in' and 'out' from the central storage point. For instance when they have been taken on excursions, camps etc.

Work with Principals, parents and students to develop, implement and review each Individual Anaphylaxis Management Plan to:

- ensure that the student's emergency contact details are up-to-date;
- ensure that the student's ASCIA Action Plan matches the student's supplied Adrenaline Autoinjector;
- regularly check that the student's Adrenaline Autoinjector is not out-of-date, such as at the beginning or end of each term;
- begin the process of communicating with parents about updating plans and medication 3 months prior to their expiry date;
- inform parents in writing that the Adrenaline Autoinjector needs to be replaced a month prior to the expiry date (verbal communication should begin approximately three months before the expiry date);
- ensure that the student's Adrenaline Autoinjector is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place; and
- ensure that a copy of the Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) is stored with the student's Adrenaline Autoinjector.
- Work with MPS staff to conduct regular risk prevention, minimisation, assessment and management strategies.
- Work with MPS staff to develop strategies to raise their own, students and school community awareness about severe allergies.
- Provide or arrange post-incident support (e.g. counselling) to students and school staff, if appropriate.

Role and responsibilities of parents of a student at risk of anaphylaxis

Parents have an important role in working with the school to minimise the risk of anaphylaxis. Set out in this policy below is a summary of some of the key obligations for parents under Ministerial Order 706, and some suggested areas where they may actively assist the school.

- Inform MPS in writing, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed at the time as being at risk of anaphylaxis.
- Obtain an ASCIA Action Plan from the student's Medical Practitioner that details their condition, and any medications to be administered, and other emergency procedures and provide this to the school.
- Inform MPS staff in writing of any changes to the student's medical condition and if necessary, provide an updated ASCIA Action Plan.
- Provide MPS with an up to date photo for the student's ASCIA Action Plan and when the plan is reviewed.
- Meet with and assist the school to develop the student's Individual Anaphylaxis Management Plan, including risk management strategies.
- Provide MPS with an Adrenaline Autoinjector and any other medications that are current and not expired.
- Replace the student's Adrenaline Autoinjector and any other medication as needed, before their expiry date or when used.

- Assist MPS staff in planning and preparation for the student prior to camps, field trips, incursions, excursions or special events (e.g. class parties, cultural days or sport days).
- If requested by MPS staff, assist in identifying and/or providing alternative food options for the student when needed.
- Inform MPS staff in writing of any changes to the student's emergency contact details.

Participate in reviews of the student's Individual Anaphylaxis Management Plan:

- when there is a change to the student's condition;
- as soon as practicable after the student has an anaphylactic reaction at school;
- at its annual review; and
- prior to the student participating in an off-site activity such as camps and excursions, or at special events conducted, organised or attended by the school.

It will be the role of the first aid coordinator to ensure that they liaise with parents in relation to the above information.

Emergency Response

Mornington Primary School will have in place first aid and emergency response procedures that allow staff to react quickly if an anaphylactic reaction occurs, for both in-school and out-of-school settings. From time to time drills should be undertaken to test the effectiveness of these procedures.

Self-administration of the Adrenaline Autoinjector

The decision whether a student can carry their own Adrenaline Autoinjector should 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.

It is important to note that students who ordinarily self-administer their Adrenaline Autoinjector may not physically be able to self-administer due to the effects of a reaction. In relation to these circumstances, school staff must administer an Adrenaline Autoinjector to the student, in line with their duty of care for that student.

If a student self-administers an Adrenaline Autoinjector, one member of the school staff member should supervise and monitor the student, and another member of the school staff should contact an ambulance (on emergency number 000/112).

If a student carries their own Adrenaline Autoinjector, it may be prudent to keep a second Adrenaline Autoinjector (provided by the parent) on-site in an easily accessible, unlocked location that is known to all school staff.

Responding to an incident

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).

In-School Environment

- Classrooms – MPS staff may use classroom phones/personal mobile phones/another staff member to raise the alarm that a reaction has occurred.
- Yard – MPS staff will use a card system whilst on yard duty to communicate a possible anaphylactic reaction with the office or first aid staff.
- Following a possible anaphylactic reaction, a nominated staff member is to call an ambulance. At Mornington Primary School this will usually be an office staff member and a nominated staff member is to wait for the ambulance at a designated school entrance.

Out-of School Environments

- Excursions and Camps - 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. MPS 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 MPS 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 MPS 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 3 seconds.
5.	Remove the EpiPen®, being careful not to touch the needle, and return it to its plastic container.
7.	Note the time you administered the EpiPen®.
8.	Call an ambulance on 000 as soon as possible.
9.	The used autoinjector must be handed to the ambulance paramedics along with the time of administration.
10.	Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened. Do not move the student.
11.	Watch the student closely in case of repeat reaction.

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.	Following an anaphylactic reaction, a nominated MPS staff member should 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).

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 MPS 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 MPS staff may benefit from post-incident counselling, provided by the student welfare coordinator, school psychologist or other suitable professional.

Review

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

- The Adrenaline Autoinjector must be replaced by the parent as soon as possible.
- 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.
- If the Adrenaline Autoinjector for general use has been used this should be replaced as soon as possible.
- 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.
- The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's parents.
- MPS'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.

Adrenaline Autoinjectors for General Use

Purchasing Adrenaline Autoinjectors

The MPS Principal 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. The Principal will arrange for the first aid officer to undertake this task.

Adrenaline Autoinjectors for general use are available for purchase at any chemist. No prescription is necessary. These devices are to be purchased by a school at its own expense, and in the same way that supplies for school first aid kits are purchased.

The Principal will need to 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®;
- children under 20 kilograms are prescribed a smaller dosage of adrenaline, through an EpiPen® and
- Adrenaline Autoinjectors are designed so that anyone can use them in an emergency.

Number of back up Adrenaline Autoinjectors to purchase

The Principal will also need to determine the **number** of additional Adrenaline Autoinjector(s) required. In doing so, the Principal should take into account the following relevant considerations:

- the number of students enrolled at the school who have been diagnosed as being at risk of anaphylaxis;
- the accessibility of Adrenaline Autoinjectors that have been provided by parents of students who have been diagnosed as being at risk of anaphylaxis;
- the availability and sufficient supply of Adrenaline Autoinjectors for general use in specified locations at the school including in the school yard, and at excursions, camps 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 at the school's expense either at the time of use or expiry, whichever is first.

When to use Adrenaline Autoinjectors for General Use

It is recommended that Adrenaline Autoinjectors for general use 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.

Communication Plan

The following communication strategies are to be used to provide information to all school staff, students and parents about anaphylaxis and the school's Anaphylaxis Management Policy.

Raising staff awareness

As part of this policy, relevant MPS school staff are to be briefed at least twice per year by a staff member who has current anaphylaxis management training. However, it is best practice for a school to brief **all** school staff on a regular basis regarding anaphylaxis and the school's Anaphylaxis Management Policy.

It is also recommended that a designated staff member(s) be responsible for briefing all volunteers and casual relief staff, and new school staff (including administration and office staff, canteen staff, sessional teachers, specialist teachers) of the above information and their role in responding to an anaphylactic reaction by a student in their care.

Information about students not bringing in food treats for others will be included in each school enrolment pack and sent out to all school families in 2014.

Raising student awareness

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

MPS staff can raise awareness in school through fact sheets or posters displayed in hallways, canteens and classrooms. Class teachers can discuss the topic with students in class, with a few simple key messages, outlined in the following:

Student messages about anaphylaxis	
1.	Always take food allergies seriously – severe allergies are no joke.
2.	Don't share your food with friends who have food allergies.
3.	Wash your hands after eating.
4.	Know what your friends are allergic to.
5.	If a school friend becomes sick, get help immediately even if the friend does not want to.
6.	Be respectful of a school friend's Adrenaline Autoinjector.
7.	Don't pressure your friends to eat food that they are allergic to.

Source: Be a MATE kit, published by Anaphylaxis & Allergy Australia.

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. Also be aware that 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. MPS staff should talk to the students involved so they are aware of the seriousness of an anaphylactic reaction. Any attempt to harm a student diagnosed at risk of anaphylaxis must be treated as a serious and dangerous incident and dealt with in line with the school's anti-bullying policy.

Work with parents

MPS staff should be aware that parents of a child who is at risk of anaphylaxis may experience considerable anxiety about sending their child to school. It is important to develop an open and cooperative relationship with them so that they can feel confident that appropriate management strategies are in place.

Aside from implementing practical prevention strategies in schools, the anxiety that parents and students may feel can be considerably reduced by regular communication and increased education, awareness and support from the school community.

Raising school community awareness

MPS staff are encouraged to raise awareness about anaphylaxis in the school community so that there is an increased understanding of the condition. This can best be done by providing information in the school newsletter. At MPS this should be the role of the Principal and First Aid Coordinator.

Parent Information Sheets that promote greater awareness of severe allergies can be downloaded from the Royal Children's Hospital website at:

www.rch.org.au/allergy/parent_information_sheets/parent_information_sheets/

Organisations providing information and resources

- **Australasian Society of Clinical Immunology and Allergy (ASCIA)** provide information on allergies. ASCIA anaphylaxis e-training provides ready access to anaphylaxis management education throughout Australia and New Zealand, at no charge. The child care versions of the courses, incorporating training in the use of the Adrenaline Autoinjector device Epipen® have been approved by ACECQA for the purposes of meeting the requirements of the National Regulations. Further information is available at:

<http://www.allergy.org.au/>

- **EpiClub** provides a wide range of resources and information for managing the use and storage of the Adrenaline Autoinjector device EpiPen®. They also provide a free service that sends a reminder by email, SMS or standard mail prior to the expiry date of an EpiPen®. Further information is available at: www.epiclub.com.au
- **Allergy & Anaphylaxis Australia** is a non-profit organisation that raises awareness in the Australian community about allergy. A range of items including children's books and training resources are available from the online store on the Allergy & Anaphylaxis Australia website. Further information is available at: <http://www.allergyfacts.org.au/allergy-and-anaphylaxis>
- **Royal Children's Hospital Anaphylaxis Advisory Line** provides advice and support on implementing anaphylaxis legislation to education and care services and Victorian children's services. The Anaphylaxis Advisory Line is available between the hours of 8:30 a.m. to 5:00 p.m., Monday to Friday. Phone 1300 725 911 (toll free) or (03) 9345 4235. Further information is available at: http://www.rch.org.au/allergy/advisory/anaphylaxis_Support_advisory_line/
- **Royal Children's Hospital, Department of Allergy and Immunology** provide information about allergies and the services provided by the hospital. Further information is available at: <http://www.rch.org.au/allergy/>

Staff Training

Training and Briefing Requirements

At MPS, relevant school staff (discussed in further detail below) who are subject to training requirements must:

- have successfully completed an Anaphylaxis Management Training Course in the previous three years; and
- participate in a briefing, to occur twice each calendar year, with the first briefing to be held at the beginning of the school year, on:
 - the school's Anaphylaxis Management Policy;
 - causes, symptoms and treatment of anaphylaxis;
 - the identities of students diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction and where their medication is located;
 - how to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector;
 - MPS's general first aid and emergency response procedures; and
 - the location of, and access to, Adrenaline Autoinjectors that have been provided by parents or purchased by the school for general use.

The briefing must be conducted by a member of MPS staff who has current anaphylaxis training. For the purposes of these Guidelines, and the Order, this means that the member of the MPS staff has successfully completed an Anaphylaxis Management Training Course in the previous 12 months.

This ensures that the designated staff member conducting the briefing has recently refreshed their knowledge relating to anaphylaxis management, and, importantly in the correct use of an Adrenaline Autoinjector.

A template for this presentation can be downloaded from the Department's website: <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

Although the Order only specifies that relevant school staff must be briefed regularly, the Department considers that it is best practice for a school to brief **all** school staff on a regular basis regarding anaphylaxis and the school's Anaphylaxis Management Policy (including hands on practise with trainer Adrenaline Autoinjectors by all staff).

Identifying School staff for Training and Briefing

The following MPS staff must be trained and briefed as required above:

- those who conduct classes that students with a medical condition relating to allergy and the potential for anaphylactic reaction attend; and
- any further school staff that the Principal 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.

If for any reason the training and briefing has not yet occurred, as detailed above, the Principal is responsible for developing an interim Individual Anaphylaxis Management Plan in consultation with the student's parents. Preferably the training and briefing should take place as soon as practicable after the student at risk of anaphylaxis enrolls and preferably before the student's first day at school.

Availability of Training

The Department and the Catholic Education Office have service agreements with St John Ambulance Victoria to provide training to school staff at no charge to government and Catholic schools in Victoria. Principals can arrange training for their staff by contacting St John Ambulance on 8588 8391. School staff who have successfully completed anaphylaxis management training will be provided with a certificate qualification which is valid for three years.

Online Training

Online training courses are a good refresher course for school staff, however completion of an online training course will **not** meet the training requirements of the Order.

Under the Order, relevant MPS staff must, within the previous three years, have successfully completed an Anaphylaxis Management Training Course, which is defined for the purposes of the Order. Broadly, it recognises various accredited training courses, and specifies that it must include a competency check in the administration of an Adrenaline Autoinjector which must be done by the accredited training organisation at the time of the training.

ASCIA provides an ASCIA anaphylaxis e-training course for schools and childcare centres on its website. Go to <http://www.allergy.org.au/patients/anaphylaxis-e-training-schools-and-childcare>. Although the ASCIA website states that an ASCIA anaphylaxis e-training course should always be completed in conjunction with practise using Adrenaline Autoinjector training devices (with no needle and no adrenaline), this is **not** sufficient to meet the requirements of the Order. This is because the competency check is not completed by a qualified person.

Annual Risk Management Checklist

Under the MPS Anaphylaxis Management Policy the Principal must complete an annual anaphylaxis Risk Management Checklist to monitor their compliance with the Order, these Guidelines, and their legal obligations.

A copy of the recommended checklist is included in Appendix 2 of this policy.

This Policy was ratified at School Council in November 2017

This Policy should be reviewed on a yearly basis.

Appendix 1: Individual Anaphylaxis Management Plan

<p>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.</p> <p>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.</p>			
School		Phone	
Student			
DOB		Year level	
Severely allergic to:			
Other health conditions			
Medication at school			
EMERGENCY CONTACT DETAILS (PARENT)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
EMERGENCY CONTACT DETAILS (ALTERNATE)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
Medical practitioner contact	Name		
	Phone		
Emergency care to be provided at school			

Storage for Adrenaline Autoinjector (device specific) (EpiPen)	

ENVIRONMENT

To be completed by Principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.

Name of environment/area:

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

Name of environment/area:

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

Name of environment/area:

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

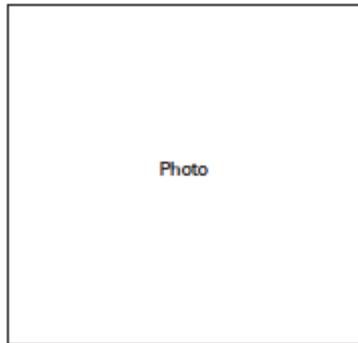
Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

ACTION PLAN FOR Anaphylaxis

Name: _____ For EpiPen® 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: _____

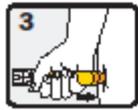
How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



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



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

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

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

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

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

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

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

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

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

ACTION FOR ANAPHYLAXIS

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

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



2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector

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

4 Phone family/emergency contact

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

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

If In doubt give adrenaline autoinjector

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

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer

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

Asthma reliever medication prescribed: Y N

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:	

Appendix 2: Annual Risk Management Checklist

School Name:		
Date of Review:		
Who completed this checklist?	Name:	
	Position:	
Review given to:	Name	
	Position	
Comments:		
General Information		
1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an Adrenaline Autoinjector?		
2. How many of these students carry their Adrenaline Autoinjector on their person?		
3. Have any students ever had an allergic reaction requiring medical intervention at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many times?		
4. Have any students ever had an Anaphylactic Reaction at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many students?		
b. If Yes, how many times		
5. Has a staff member been required to administer an Adrenaline Autoinjector to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many times?		
6. Was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION 1: Individual Anaphylaxis Management Plans		
7. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an Adrenaline Autoinjector have an Individual Anaphylaxis Management Plan and ASCIA Action Plan completed and signed by a prescribed Medical Practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Are all Individual Anaphylaxis Management Plans reviewed regularly with Parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

SECTION 4: School Management and Emergency Response

32. Does the School have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Do School Staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you developed Emergency Response Procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In all School buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the School?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Does your plan include who will call the Ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Is there a designated person who will be sent to collect the student's Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Have you checked how long it will take to get to the Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) to a student from various areas of the School including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. On excursions or other out of school events is there a plan for who is responsible for ensuring the Adrenaline Autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the Adrenaline Autoinjector for General Use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Who will make these arrangements during excursions?	
40. Who will make these arrangements during camps?	
41. Who will make these arrangements during sporting activities?	
42. Is there a process for post incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Have all School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction and any other staff identified by the Principal, been briefed on:	
a. The School's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No

b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students with a medical condition that relates to allergy and the potential for an anaphylactic reaction, and who are prescribed an Adrenaline Autoinjector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The School's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the Adrenaline Autoinjector(s) for General Use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the Adrenaline Autoinjectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4: Communication Plan	
44. Is there a Communication Plan in place to provide information about anaphylaxis and the School's policies?	
a. To School Staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To Parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
45. Is there a process for distributing this information to the relevant School Staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	
46. How is this information kept up to date?	
47. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
48. What are they?	