

ANAPHYLAXIS POLICY

VALUES

Victory Christian College believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility. Victory Christian College is committed 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
- Raising awareness about allergies and anaphylaxis in the school community
- Actively involving the parents/carers of each student at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student
- Ensuring that every staff member has adequate knowledge of allergies, anaphylaxis and emergency procedures
- Having 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.

PURPOSE

- The aim of this policy is to:
- Minimise the risk of an anaphylactic reaction occurring while the child is in the care of Victory Christian College.
- Ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an Adrenaline Autoinjector.
- Raise Victory Christian College community's awareness of anaphylaxis and its management through education and policy implementation.

SCOPE

- The Victorian Registration and Qualification Authority require schools to have an anaphylaxis management policy in place as part of the minimum standards of registration. This policy is required whether or not there is a child diagnosed at risk of anaphylaxis enrolled at Victory Christian College. It will apply to children enrolled at Victory Christian College, their parents/guardians, staff and governing body as well as to other relevant members of Victory Christian College, such as volunteers and visiting specialists.

BACKGROUND AND LEGISLATION

- Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school-aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame seeds, latex, certain insect stings and medications.
- Young children may not be able to express the symptoms of anaphylaxis.
- A reaction can develop within minutes of exposure to the allergen, or up to six (6) hours after exposure, but with planning and training, a reaction can be managed by using an Adrenaline Autoinjector.
- Victory Christian College recognises the importance of all staff responsible for the child/ren at risk of anaphylaxis undertaking training that includes preventative measures to minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an Adrenaline Autoinjector.
- Staff and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any school community. Staff should not have a false sense of security that an allergen has been eliminated from the environment. Instead Victory Christian College recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the exposure of a child at risk of anaphylaxis to the allergen in Victory Christian College.

Legislation:

Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008

Ministerial Order 706 2015

DEFINITIONS

Allergen: A substance that can cause an allergic reaction.

Allergy: An immune system response to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens.

Allergic reaction: A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around the mouth, abdominal pain, vomiting and/or diarrhoea, facial swelling, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse (child pale or floppy), or cessation of breathing.

Ambulance contact card: A card that Victory Christian College has completed, which contains all the information that the Ambulance Service will request when phoned on 000. It should be kept by the telephone.

Anaphylaxis: A severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly breathing or circulation systems.

ASCIA Action Plan: A medical management plan prepared and signed by a Registered Medical Practitioner providing the child's name and allergies, a photograph of the child and clear instructions on treating an anaphylactic episode.

Anaphylaxis management training: Accredited anaphylaxis management training that includes strategies for anaphylaxis management, recognition of allergic reactions, risk minimisation strategies, emergency treatment and practise with an Adrenaline Autoinjector trainer.

Adrenaline auto-injection device training: training in the use of the Adrenaline Autoinjector provided by first aid trainers

Children at risk of anaphylaxis: those children whose allergies have been medically diagnosed and who are at risk of anaphylaxis.

Adrenaline Autoinjector: A device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered.

Adrenaline Autoinjector kit: An insulated container, for example an insulated lunch pack containing a current Adrenaline Autoinjector a copy of the child's anaphylaxis action plan, and telephone contact details for the child's parents/guardians, the doctor/medical service and the person to be notified in the event of a reaction if the parent/guardian cannot be contacted. If prescribed, an antihistamine may be included in the kit. Adrenaline Autoinjectors are stored away from direct heat.

Intolerance: Often confused with allergy, intolerance is a reproducible reaction to a substance that is not due to the immune system.

No food sharing: The practice where the child at risk of anaphylaxis eats only that food that is supplied or permitted by the parent/guardian, and does not share food with, or accept other food from any other person.

Nominated staff member: A staff member nominated to be the liaison between parents/guardians of a child at risk of anaphylaxis and Victory Christian College. This person also checks the Adrenaline Autoinjector is current, the Adrenaline Autoinjector kit is complete and leads staff practise sessions after all staff have undertaken anaphylaxis management training.

Communication plan: A plan that forms part of the policy outlining how Victory Christian College will communicate with parents, staff and other relevant persons in relation to the policy and how parents and staff will be informed about Anaphylaxis Medical Management Action Plans and emergency procedures when a child diagnosed at risk of anaphylaxis is enrolled in Victory Christian College.

Risk minimisation: A practice of reducing risks to a child at risk of anaphylaxis by removing, as far as is practicable, major sources of the allergen from the service and developing strategies to help reduce risk of an anaphylactic reaction.

Individual Anaphylaxis Risk Management Plan : A plan specific to Victory Christian College that specifies each child's allergies, the ways that each child at risk of anaphylaxis could be accidentally exposed to the allergen while in the care of the College, practical strategies to minimise those risks, and who is responsible for implementing the strategies. The

risk assessment action plan should be developed by families of children at risk of anaphylaxis and staff at the College and should be reviewed when necessary, but always upon the enrolment or diagnosis of each child who is at risk of anaphylaxis.

College community: All adults who are connected to Victory Christian College.

PROCEDURES

VICTORY CHRISTIAN COLLEGE SHALL:

- Develop a School Anaphylaxis Policy
- Develop Individual Anaphylaxis Risk Management Plans
- Develop a Communication Plan
- Implement Staff Training for Anaphylaxis
- Ensure that these policies are distributed to all staff and available for all parents who have children at Victory Christian College
- Comply with the orders in Ministerial Order 706
- Review the Anaphylaxis Policy annually

Where a child diagnosed at risk of anaphylaxis is enrolled the Principal will be responsible to ensure the following takes place:

- Ensure that an Individual Anaphylaxis Risk Management Plan is developed for each student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis. An interim plan will be developed by Victory Christian College to be used until the student's individual anaphylaxis plan has been completed by the nominated staff member in liaison with the Parent or Guardian.
- Conduct an assessment of the potential for accidental exposure to allergens while child/ren at risk of anaphylaxis are in the care of the College and develop an Individual Anaphylaxis Risk Management Plan for Victory Christian College in consultation with staff and families of the child/ren.
- Ensure that child's ASCIA Action Plan for anaphylaxis is signed by a registered medical practitioner and inserted into the enrolment records for each child, and updated annually. The student's Individual Anaphylaxis Risk Management Plan will also need to be reviewed if they are attending an off-site excursion/special event organised or attended by the school. This plan will outline the allergies and describe the prescribed medication for that child and the circumstances in which it should be used. It will also record information about the minimisation/prevention strategies, storage of medication, emergency contact details for the student and the student's ASCIA Action Plan.
- All teachers and other school staff who conduct classes or give instruction to students at risk of anaphylaxis, must have up to date training in anaphylaxis management.
- Ensure, where possible, that all relief teachers undertake relevant anaphylaxis training and are aware of symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, the individual ASCIA Action Plan for anaphylaxis and Adrenaline Autoinjector kit.
- Ensure that no child who has been prescribed an Adrenaline Autoinjector is permitted to attend the College or its programs without their Adrenaline Autoinjector and Individual ASCIA Action Plan for anaphylaxis signed by a medical practitioner.
- Make parents/guardians aware of this policy, and provide access to it on request.
- Ensure that a Communication Plan is developed to provide information to all staff, students and parents/carers about anaphylaxis and the School's Anaphylaxis Management Policy. (Schedule 2)
- Display an ASCIA generic poster called *Action plan for Anaphylaxis* in the Sick Bay.
- Comply with the procedures outlined in Schedule 1.
- Review the adequacy of the school's response if a child has an anaphylactic reaction and consider the need for additional training and other corrective action.
- Comply with the orders in Ministerial Order 706 (Attachment 2).

- Ensure two staff members are fully trained having completed an anaphylaxis management course every three years (one of 22099VIC, 22300VIC or 1013NAT).
- A fully train staff member will be nominated to:
Conduct a briefing twice yearly. The briefing will cover the school's anaphylaxis policy, the causes, symptoms and treatment of anaphylaxis, the identities and details of individual students identified as being at risk of anaphylaxis, and supervise practise sessions in Adrenaline Autoinjector administration procedures to determine the levels of staff competence and confidence in locating and using the Adrenaline Autoinjector kit. The briefing will also cover the school's first aid and emergency response procedures and how they integrate.
- The Principal is responsible to ensure, according to the number of student enrolled at risk of anaphylaxis, that additional adrenaline autoinjector device(s) are available for general use and as a back up to those supplied by parents/carers.
- The Principal is also responsible for developing an interim plan and consulting with parents if training or a briefing has not occurred as required. The briefing will take place ASAP after the interim plan has been developed.
- Routinely (twice yearly) review each Adrenaline Autoinjector kit to ensure that it is complete and the Adrenaline Autoinjector is not expired.
- The Principal is responsible to ensure that the Annual Anaphylaxis Risk Management Checklist is completed by the school.

STAFF RESPONSIBLE FOR THE CHILD AT RISK OF ANAPHYLAXIS SHALL:

- Ensure a copy of the child's ASCIA Action Plan is available to all staff.
- Follow the child's individual ASCIA Action Plan in the event of an allergic reaction, which may progress to anaphylaxis.
- In the event of a child suffering from Anaphylaxis, Victory Christian College's [First Aid](#) procedures are to be followed by the attending staff member.
- In the event of an emergency, the staff member attending to the student must follow the Anaphylaxis Policy in conjunction with the Emergency Management Policy.

Guide to Reacting to an Anaphylactic/Allergic Reaction

1. Teachers should not leave a student who is experiencing an anaphylactic reaction unattended.
2. The student's individual ASCIA Action Plan should be followed.
3. The teacher must direct a student to alert the First Aid Officer/Administration (or a Teacher if these are not available) to call an ambulance.
4. Administration will contact another staff member to alert the Principal.

Administration of an Adrenaline Autoinjector

- Lay person flat, do not stand or walk. If breathing is difficult allow to sit.
- Administer Adrenaline Autoinjector
- Call 000 for an Ambulance
- Contact family or emergency contact
- A further Adrenaline Autoinjector may be given if there is no response after five minutes
- Note the time of administration of Adrenaline Autoinjector and advise paramedics when they arrive. Hand paramedics the used Adrenaline Autoinjector.
- If in doubt of how to use an Adrenaline Autoinjector please refer to the students individual ASCIA Action Plan.

If a student has a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, the school staff should follow the school's First Aid procedures.

This should include immediately contacting an ambulance using 000.

It may also include locating and administering the Adrenaline Autoinjector for general use.

PARENTS/GUARDIANS OF A CHILD AT RISK OF ANAPHYLAXIS SHALL:

1. Inform the school, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed at the time of as being at risk of anaphylaxis.
2. Obtain an individual 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 staff of any changes to the student's medical condition and if necessary, provide an updated individual ASCIA Action Plan.
 - provide the school with an up to date photo for the student's individual ASCIA Action Plan.
3. Meet with the school to develop the student's Individual Anaphylaxis Risk Management Plan.
4. Provide the adrenaline autoinjector Adrenaline Autoinjector and any other medications to the school.
5. Replace the adrenaline autoinjector and any other medication as needed and before their expiry date.
6. Assist school staff in planning and preparation for the student prior to school camps, field trips, incursions, excursions or special events (e.g. class parties, cultural days, fetes or sport days).
 - Supply alternative food options for the student when needed.
7. Inform staff of any changes to the student's emergency contact details.
8. Complete reviews of the student's Individual Anaphylaxis Risk Management Plan and ASCIA Action Plan:
 - when there is a change to the student's condition
 - immediately after the student has an anaphylactic reaction at school
 - at its annual review.

RELATED DOCUMENTS

Risk Minimisation Plan (Schedule 1)

Enrolment checklist for children at risk of anaphylaxis (Schedule 2).

Communication Plan for Anaphylaxis (Schedule 3)

Individual Anaphylaxis Risk Management Plan (Schedule 4)

ASCIA Action Plan (Schedule 5)

RELEVANT POLICIES:

Enrolment

First Aid

Asthma

Camps and Excursions

Yard Supervision

Risk Assessment

CONTACT DETAILS FOR RESOURCES AND SUPPORT

- Australasian Society of Clinical Immunology and Allergy (ASCIA), at www.allergy.org.au, provides information on allergies. Their sample Anaphylaxis Action Plan can be downloaded from this site. Contact details for Allergists may also be provided.
- Anaphylaxis Australia Inc, at www.allergyfacts.org.au, is a non-profit support organisation for families with food anaphylactic children. Items such as storybooks, tapes, Adrenaline Autoinjector trainers and so on are available for sale from the Product Catalogue on this site. Anaphylaxis Australia Inc provides a telephone support line for information and support to help manage anaphylaxis. Telephone 1300 728 000.
- Royal Children's Hospital, Department of Allergy, at www.rch.org.au, provides information about allergies and the services provided by the hospital. Contact may be made with the Department of Allergy to evaluate a child's allergies and if necessary, provide an Adrenaline Auto Injector prescription, as well as to purchase Adrenaline Auto Injector trainers. Telephone (03) 9345 5701.

TRAINING

- Staff will access the ASCIA website for free training for school staff members at www.allergy.org.au, and complete the anaphylaxis e-training for Victorian Schools. Staff must then print their certificate, and demonstrate that they are competent in using an Adrenaline Autoinjector for their certificate to be valid.
- Review the adequacy of the school's response if a child has an anaphylactic reaction and consider the need for additional training and other corrective action.
- A Fully Trained staff member will be nominated to:
 - Conduct 'anaphylaxis scenarios' and supervise practise sessions in Adrenaline Autoinjector administration procedures to determine the levels of staff competence and confidence in locating and using the Adrenaline Autoinjector kit.
 - Routinely (twice yearly) review each Adrenaline Autoinjector kit to ensure that it is complete and the Adrenaline Autoinjector is not expired.

SCHEDULE 1 RISK MINIMISATION PLAN

The following procedures should be developed in consultation with the parent or guardian and implemented to help protect the child diagnosed at risk of anaphylaxis from accidental exposure to food allergens:

In relation to the child at risk:

- This child should only eat food that has been specifically prepared for him/her.
- There should be no trading or sharing of food, food utensils and containers with this child.
- In some circumstances it may be appropriate that a highly allergic child does not sit at the same table when others consume food or drink containing or potentially containing the allergen. However, children with allergies should not be separated from all children and should be socially included in all activities.
- Parents/guardians can provide a safe treat box for this child if desired.
- Promote and encourage hand washing by children who have consumed allergen products.
- Provide a nut-free eating area for students, and communicate this with all students.
- Increase supervision of this child on special occasions such as excursions, incursions or family days.
- Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children. Staff should discuss the use of foods in such activities with parents/guardians of this child and these foods should be consistent with the risk assessment action plan guides.

SCHEDULE 2 ENROLMENT CHECKLIST FOR CHILDREN AT RISK

- An Individual Anaphylaxis Risk Management Plan is completed in consultation with parent/guardian, which includes strategies to address the particular needs of each child at risk of anaphylaxis. This individual plan is reviewed annually. This plan set outs strategies to minimise the risk of exposure to allergens in the classroom, during elective classes, during lunch breaks including the canteen, before and after school including the school yard, special events such as sports days, class parties, excursions, camps and any other events that may put the child at risk.
- All parents/guardians are made aware of the Anaphylaxis Policy which is available in the parent portal on the college website.
- An individual ASCIA Action Plan for the child is signed by the child's Doctor and is available to all staff
- Adrenaline Auto Injector (within expiry date) is available for use at any time the child is in the care of Victory Christian College
- Adrenaline Auto Injector is stored in an insulated container, in a location easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat
- All staff, including relief staff, are aware of each Adrenaline Auto Injector kit location
- Staff responsible for the child/ren diagnosed at risk of anaphylaxis undertake accredited anaphylaxis management training, which includes strategies for anaphylaxis management, risk minimisation, recognition of allergic reactions, emergency treatment and practise with an Adrenaline Auto Injector trainer, and is reinforced at six month intervals
- Parent/guardian's current contact details are available
- Information regarding any other medications or medical conditions (for example asthma) is available to staff
- If food is prepared at Victory Christian College, measures are in place to prevent contamination of the food given to the child at risk of anaphylaxis
- Staff members taking a child diagnosed at risk of anaphylaxis on excursions outside of the College grounds are aware that they will be responsible for taking the Adrenaline Auto Injector kit for that child, as well as an Adrenaline Auto Injector for general use.

SCHEDULE 3 ANNUAL ANAPHYLAXIS RISK MANAGEMENT CHECKLIST

(to be completed at the start of each year)

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

General information	
1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an adrenaline autoinjector?	
2. How many of these students carry their adrenaline autoinjector on their person?	
3. Have any students ever had an allergic reaction requiring medical intervention at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?	
4. Have any students ever had an anaphylactic reaction at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many students?	
b. If Yes, how many times	
5. Has a staff member been required to administer an adrenaline autoinjector to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?	
6. If your school is a government school, was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 1: Training	
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: <ul style="list-style-type: none"> • online training (ASCIA anaphylaxis e-training) within the last 2 years, or • accredited face to face training (22300VIC or 10313NAT) within the last 3 years? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors?	
b. Are your school staff being assessed for their competency in using adrenaline autoinjectors 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 which includes an ASCIA Action Plan for Anaphylaxis 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?	
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
14. Do all students who carry an adrenaline autoinjector on their person have a copy of their ASCIA Action Plan for Anaphylaxis kept at the school (provided by the parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are the Action Plans kept?	
15. Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are Individual Management Plans (for students at risk of anaphylaxis) reviewed prior to any off site activities (such as sport, camps or special events), and in consultation with the student's parent/s?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 3: Storage and accessibility of adrenaline autoinjectors	
17. Where are the student(s) adrenaline autoinjectors stored?	
18. Do all school staff know where the school's adrenaline autoinjectors for general use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the adrenaline autoinjectors stored at room temperature (not refrigerated) and out of direct sunlight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is the storage unlocked and accessible to school staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Are the adrenaline autoinjectors easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

c. In all school buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA Action Plan for Anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Have you checked how long it takes to get an individual's adrenaline autoinjector and corresponding individual ASCIA Action Plan for Anaphylaxis to a student experiencing an anaphylactic reaction from various areas of the school including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. The school canteen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. On excursions or other out of school events is there a plan for who is responsible for ensuring the adrenaline autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the adrenaline autoinjector for general use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Who will make these arrangements during excursions?	
44. Who will make these arrangements during camps?	
45. Who will make these arrangements during sporting activities?	
46. Is there a process for post-incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47. Have all school staff who conduct classes attended by students at risk of anaphylaxis, and any other staff identified by the principal, been briefed by someone familiar with the school and who has completed an approved anaphylaxis management course in the last 2 years on:	
a. The school's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students at risk of anaphylaxis, and who are prescribed an adrenaline autoinjector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the adrenaline autoinjector(s) for general use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No

g. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 6: Communication Plan	
48. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?	
a. To school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49. Is there a process for distributing this information to the relevant school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	
50. How will this information kept up to date?	
51. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52. What are they?	

SCHEDULE 4 INDIVIDUAL ANAPHYLAXIS RISK MANAGEMENT PLAN


This plan is to be completed by the principal or nominee on the basis of information from the student's medical practitioner (**ASCIA Action Plan for Anaphylaxis**) provided by the parent.

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

School		Phone	
Student			
DOB		Year level	
Severely allergic to:			
Other health conditions			
Medication at school			
EMERGENCY CONTACT DETAILS (PARENT)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
EMERGENCY CONTACT DETAILS (ALTERNATE)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
Medical practitioner contact	Name		
	Phone		
Emergency care to be provided at school			
Storage location for adrenaline autoinjector			
ENVIRONMENT			
To be completed by principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.			
Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
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Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
<p>This Individual Anaphylaxis Risk Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):</p> <ul style="list-style-type: none"> • annually • if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes • as soon as practicable after the student has an anaphylactic reaction at school • when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects, cultural days, fetes, incursions). <p>I have been consulted in the development of this Individual Anaphylaxis Risk Management Plan.</p> <p>I consent to the risk minimisation strategies proposed.</p> <p>Risk minimisation strategies are available at Chapter 8 – Risk Minimisation Strategies of the Anaphylaxis Guidelines</p>			
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:			

SCHEDULE 5 ASCIA ACTION PLAN



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

ACTION PLAN FOR

Anaphylaxis

Name: _____

Date of birth: _____

Confirmed allergens: _____

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by Dr or NP: _____

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

Signed: _____

Date: _____

Action Plan due for review: _____

For EpiPen® adrenaline (epinephrine) autoinjectors

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)

<ul style="list-style-type: none"> Difficult/noisy breathing Swelling of tongue Swelling/tightness in throat Wheeze or persistent cough 	<ul style="list-style-type: none"> Difficulty talking and/or hoarse voice Persistent dizziness or collapse Pale and floppy (young children)
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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

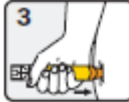
How to give EpiPen®



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



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



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

REMOVE EpiPen® and gently massage injection site for 10 seconds

Instructions are also on the device label

© ASCIA 2016 This plan was developed as a medical document that can only be completed and signed by the patient's medical or nurse practitioner and cannot be altered without their permission