

ANAPHYLAXIS MANAGEMENT POLICY

Ministerial Order 706 Anaphylaxis Management in Schools

PURPOSE

This policy sets out to ensure that Broadmeadows Valley Primary school fully complies with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time. It is acknowledged that it is the responsibility of Broadmeadows Valley Primary School (BVPS) to develop and

maintain an Anaphylaxis Management Policy.

It is the responsibility of the school to provide a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of schooling. Hence, this policy aims to raise awareness about anaphylaxis and the school's anaphylaxis management plan within the school community; it aims to ensure that all staff have knowledge of the school's policy and procedures in responding to an anaphylactic reaction.

SCOPE

This policy applies to all BVPS staff. Where possible, only BVPS 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.

DEFINITIONS

Allergy: The immunological process of reaction 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, or cessation of breathing.

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

Anaphylaxis "Action Plan": A medical management plan prepared and signed by a doctor; it must provide the child's name and allergies, and clear instructions on treating an anaphylactic episode. An example of this is the Australian Society of Clinical Immunology and Allergy (ASCIA) action plan.

Anaphylaxis "Management Plan": A plan completed by the Principal or nominee on the basis of information from the student's medical practitioner provided by the parent/carer. This plan outlines strategies to avoid allergens and minimise risks to the student.

Children with Anaphylaxis: Those children whose allergies have been medically diagnosed, and who are at risk of anaphylaxis.

Anaphylaxis Management Training: Training provided by a person designated by the Principal which includes recognition of allergic reactions, treatment and practise with an Adrenaline Autoinjector Pen or EpiPen® trainer. Training should also include strategies for anaphylaxis prevention.

ASCIA: Australasian Society of Clinical Immunology and Allergy. **Adrenaline Autoinjector/EpiPen® kit:** A container, for example an insulated lunch pack. The kit should contain a current Autoinjector/ EpiPen®, a copy of an anaphylaxis action plan, and telephone contact details for the child's parents/primary care giver, the doctor/medical service and the person to be notified in the event of a reaction if the parent/primary care giver cannot be contacted. The kit should also contain a container (such as a toothbrush holder) to store a used EpiPen® until safe disposal can be arranged.

POLICY

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., hazelnuts, cashews and almonds), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication. The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school.

It is important that in responding to an incident, the student does not stand and is not moved unless in further danger (e.g., For example, the anaphylactic reaction was caused by a bee sting and the bees hive is in close proximation)

BVPS staff may use personal mobile phones to call an ambulance and then direct a third person to notify General Office that a reaction has occurred, triggering other emergency response protocols. The General Office will nominate a nearby staff member to wait for the ambulance at the Broadmeadows Valley Primary School front entrance.

A member of the BVPS 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 BVPS 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.

Individual Anaphylaxis Management Plans

An Individual Anaphylaxis Management Plan will be provided by the student's parent/carer, 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 at the time of enrolment or as soon as practicable after the student enrols.

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.

Individual Anaphylaxis Action Plans

The red 'ASCIA Action Plan for Anaphylaxis' form is the recognised emergency procedure plan that is provided by medical practitioners to parents/carers when a child is diagnosed at risk of anaphylaxis. An example can be downloaded from http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx
The Student Wellbeing Leader will implement and monitor the student's Individual Anaphylaxis Management Plan.

The student's Individual Anaphylaxis Management Plan will be reviewed by the relevant Student Wellbeing Leader, in consultation with the student's parents/carers 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

It is the responsibility of the parent/carer to:

- provide the IAMP and 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 BVPS and when it is reviewed; and
- provide an Adrenaline Autoinjector that is current and not expired for their child, which will be carried
 by the student or handed to the teacher, whichever is most appropriate depending on the student's
 age and circumstances.

Prevention Strategies

Broadmeadows Valley Primary School teachers have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. Appropriate prevention strategies to

minimise the risk of incidents of anaphylaxis are important when trying to satisfy this duty of care. This section details the risk minimisation and prevention strategies that are in place at BVPS:

- Actively seek information to identify students with severe life-threatening allergies or those who have been diagnosed as being at risk of anaphylaxis. This is undertaken at enrolment and recorded on the student database.
- A copy of a student's Individual Anaphylaxis Management Plan will be saved in the relevant Student Folder along with a copy of the ASCIA Action Plan and an alert is placed on the student database.
- Teachers are responsible for identifying students attending a BVPS event (E.g., excursions/sport/field trips/camps etc.) who are at risk of anaphylaxis. Students at risk of incident or anaphylaxis can be identified on the student database and within required permission forms.
- The Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan should be easily accessible, and the supervising teacher should be aware of their exact location.
- Sufficient teachers supervising the event must be trained in the administration of an Adrenaline
 Autoinjector and be able to respond quickly to an anaphylactic reaction, if required. Anaphylactic
 trained staff (including photos) will be identified and an <u>anaphylactic reaction flowchart</u> will be
 displayed on notice boards in designated areas around the school.
- A risk assessment should be undertaken by the supervising teacher for each individual student attending the event who is at risk of anaphylaxis. The risks and management strategies may vary according to the number of anaphylactic students attending, the nature and size of the event and venue, distance from medical assistance, the event structure and corresponding staff-student ratio. E.g., students may be informed the event is a nut free event if a student attending has a nut allergy.
- Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
 Likewise, products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
- It is recommended to avoid providing food during school events. If provided, students should be advised that the food provided may contain allergens and should not be eaten by students at risk of anaphylaxis.
- School staff should consult parents/carers of anaphylactic students in advance to discuss issues that
 may arise; to develop an alternative food menu; or request the parents/carers provide a meal (if
 required).
- BVPS will display visual resources related to allergens. A disclaimer is to be displayed that warns the school community that food purchased from the school (where applicable) may contain ingredients that have the potential to cause an anaphylactic reaction.

Implementation Summary

- It is the parents and/or primary care givers responsibility to notify school staff of their child's anaphylactic condition in writing.
- The Principal will ensure that an individual management plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.
- Staff will receive annual training in the treatment and management of anaphylactic students including the correct administration of the Adrenaline Autoinjector/EpiPen®. All staff will be briefed by a staff

- member who has up to date anaphylaxis management training. (Note: A DVD from the Anaphylaxis Guidelines Information Pack can also be used for this purpose at staff briefings).
- Teachers and other staff, who conduct classes that students at risk of anaphylaxis attend, will have up to date training in an anaphylaxis management training course.
- Training will be provided to these staff as soon as practicable after the student enrols and where possible before the student's first day at school.
- At other times when the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the Principal will ensure that there is a sufficient number of staff present who have up to date training in an anaphylaxis management training course.
- For any excursion outside the school setting teachers will use the sign out/in procedure for removing an EpiPen from the sickbay, prior to and on return from the excursion.
- The school's First Aid procedures and students Emergency Procedures Plans (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.
- The First Aid Officer will be responsible for checking Adrenaline Autoinjector/EpiPen® expiry dates as well as storage temperatures for Epipens held at the school. Parents and primary carers will be notified a month prior in writing if the EpiPen needs to be replaced.
- Disposal of any used Adrenaline Autoinjector/EpiPen® will be in accordance with Occupational Health and Safety.
- Parents and/or carers are responsible for ensuring their children have an adequate supply of appropriate medication held at the school and for replacing the EpiPen before it expires.
- Children at risk of anaphylaxis will only eat food that is supplied or permitted by the parent/carer and will not share food or accept food from any other person.
- There will be regular discussions with students and staff about the importance of washing hands, for all students to only eat their own food and not share food including not purchasing on behalf of other children e.g., at the canteen.

Communication

- The Principal will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the school's management policy.
- The communication plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in the classroom, in the school yard, on school excursions, on school camps and special event days.
- Volunteers and casual relief staff will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the Casual Relief Coordinator.
- The Principal will ensure that all staff are trained and briefed as required.
- As awareness of students with anaphylaxis throughout the school is vital, information regarding students' individual responses and treatment along with their photo, will be identified on SENTRAL and prominently placed in learning neighbourhoods, specialist areas, the sickbay/first aid room, in the CRT Information Handbook and the Yard Duty bags. This will include EpiPen® administration directions and a copy of the individual student's Action Plan.
- Parents/carers of all students need to inform the school in advance if they are bringing cakes, treats or
 food to share with other students as they may cause allergic reactions in at-risk students. Any such
 food should be labelled with the name of the ingredients included in the respective food item.

• Use of non-food treats where possible should be encouraged. If food treats are used in class, it is recommended that parents/carers provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.

Administering an Adrenaline Autoinjector Pen/EpiPen

How to administer an Adrenaline Autoinjector Pen/EpiPen®				
1.	Remove from plastic container.			
2.	Check expiry date and window for liquid clarity			
3.	Form a fist around EpiPen® and pull off the blue safety cap.			
4.	Place orange end against the student's outer mid-thigh (with or without clothing).			
5.	Push down hard until a click is heard or felt and hold in place for 3 seconds.			
6.	Remove EpiPen®.			
7.	Note the time you administered the EpiPen®.			
8.	The used autoinjector must be handed to the ambulance paramedics along with the time of administration.			

If an Adrenaline Autoinjector is administered, the School will

Call an ambulance on 000 IMMEDIATELY

Lay the student flat. Do not allow the student to stand or walk. If breathing is difficult for them, allow them to sit but not to stand.

Reassure the student experiencing the reaction, as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a worsening condition. Ask another member of the staff to move other students away and reassure them elsewhere.

In the situation where there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan), a second injection (of the same dosage) may be administered after five minutes, if a second autoinjector is available (such as the Adrenaline Autoinjector for General Use).

The supervising teacher (or nominee) should contact the student's emergency contacts as soon as practicable.

Contact Security Services Unit, Department of Education and Training 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 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 11

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 BVPS Staff should follow the school's first aid procedures. This should include immediately contacting an ambulance using 000. Depending on the advice of emergency services, 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/carers. In the event of an anaphylactic reaction, students and BVPS staff may benefit from post-incident counselling, provided by Student Wellbeing, the School Psychologist or via the Employee Assistance Program (EAP) 1300 361 008.

In the event of an anaphylactic reaction, BVPS will evaluate its Anaphylaxis Management Policy in accordance with the response and the guidelines.

Adrenaline Autoinjector for General Use

An Adrenaline Autoinjector for General Use will be purchased by BVPS as a back- up to those supplied by parents/carers. Adrenaline Autoinjectors for General Use have a limited life, usually expiring within 12-18 months, and are replaced at Broadmeadows Valley Primary school's expense, either at the time of use or expiry, whichever is first. Adrenaline Autoinjectors for General Use are purchased from a chemist and a prescription is not necessary.

Raising Staff Awareness

It is the responsibility of the Principal to ensure that all BVPS staff:

- Have successfully completed the Australasian Society of Clinical Immunology and Allergy (ASCIA)
 e-training module (Every 2 years) and
- Briefed at least twice per calendar year

Raising Student Awareness

Student awareness is raised through fact sheets in newsletters or posters displayed around the school, as well as on the permission form prior to an excursion or incursion. Teachers can discuss the topic with students in class, with a few simple key messages, outlined as follows:

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

Stu	dent 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.

Raising School Community Awareness

It is important to raise awareness about anaphylaxis in the school community so that there is an increased understanding of the condition. This will be done by providing information in the school newsletter. Parent Information that promotes 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/

Staff Training

The Principal will nominate two staff members to undertake the appropriate training as Anaphylaxis School Supervisors. They will undertake the following training:

- an Anaphylaxis Management Training Course every three years and
- Participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year and in Semester 2).
 - the School's Anaphylaxis Management Policy.
 - the causes, symptoms and treatment of anaphylaxis.
 - the identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located.
 - how to use an Adrenaline Autoinjector, including hands on practice with a trainer Adrenaline Autoinjector device.
 - the School's general first aid and emergency response procedures; and
 - the location of, and access to, Adrenaline Autoinjector that have been provided by Parents or purchased by the School for general use.

The briefing is conducted by School Anaphylaxis Supervisors who have successfully completed an Anaphylaxis Management Training Course in the last 3 years. The Principal will ensure that while students at risk of anaphylaxis are under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions/incursions, or at special event days, there is a sufficient number of school staff present who have been trained in anaphylaxis management.

Annual Risk Management Checklist

The Principal or nominee will complete an annual Risk Management Checklist as published by the Department of Education and Training to monitor compliance with their obligations. A template of the Risk Management Checklist can be accessed on the DET website:

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

COMMUNICATION

This policy will be communicated to our school community in the following ways:

- Available publicly on our school's website
- Included in staff induction processes and staff training
- Discussed at annual staff briefings/meetings
- Hard copy available from school administration upon request

FURTHER INFORMATION AND RESOURCES

This policy has been developed in line with Ministerial Order 706. The school will fully comply with this order and the associated Guidelines published and amended by the Department from time to time. The school staff will implement and monitor each student's individual anaphylaxis management plan. This policy must be read in conjunction with: Ministerial order 706

http://www.education.vic.gov.au/Documents/school/teachers/health/ministerialorderword.docx
Anaphylaxis Guidelines

http://www.education.vic.gov.au/Documents/school/teachers/health/anaphylaxisguidelines14.docx.docx

Annual Checklist

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

Royal Children's Hospital

www.rch.org.au/allergy/parent information sheets/Parent Information Sheets/

The ASCIA Anaphylaxis Action Plan (Proforma) can be downloaded using the following link:

http://www.allergy.org.au/health-professionals/ascia-plans-action-and-treatment

EVALUATION

This policy will be reviewed annually, or earlier as required, following analysis of school and DET safety data. Proposed amendments to this policy will be based on relevant school critical incident reports including relevant school first aid data and DET updates.

POLICY	ANAPHYLAXIS MANAGEMENT POLICY
School Council President	Signed:
Principal	Signed: C. Zianco
Reviewed:	August 2021
Ratified	/ /2021
References:	School Anaphylaxis Management Policy Ministerial Order 706 DEECD Health Support & Planning Policy

APPENDICES:

Proforma 1: This Plan is to be completed by the First Aid Officer on the basis of information from the student's medical practitioner provided by the parent/carer

SCHOOL: Broadmeadows Valley Primary School						
Phone Number						
Student's name:						
Date of birth:		Year level:				
Severely allergic to:						
Other health conditions:						
Medication at school:						
Parent/carer contact:	Parent/carer information (1)		Parent/carer information (2)			
	Name:		Name:			
	Relationship:		Relationship:			
	Home phone:		Home phone:			
	Work phone:		Work phone:			
	Mobile:		Mobile:			
	Address:		Address:			
Other emergency contacts (if parent/carer not available)						
Medical practitioner conta	ct:					
Emergency care to be prov at school:	ided					
EpiPen® storage:						
The fallenting American Management Plancks have described in the state of the state						
The following Anaphylaxis Management Plan has been developed with my knowledge and input and will be reviewed on						
Signature of parent:			Date:			
Signature of Principal (or n	Signature of Principal (or nominee): Date:					

Strategies to Avoid Allergens to be completed with the parent

Student's name:						
Date of birth:	Year level:					
Severe allergies:						
Other known allergies:						
Risk	Strategy	Who?				



Anaphylaxis Annual Risk Management Plan Checklist 2021

School Name:	Broadmeadows Valley Primary School					
Date of Review:	August 2021					
Who completed	Name:					
this checklist?	Position: Wellbeing Coordinator					
Review given to	Name: Carmela Bianco					
	Position Principal					
Comments:	There are _ students that have been diagnosed as being at ris	k of anaphylaxis.				
General Informa	tion					
1	rrent students have been diagnosed as being at risk of	NONE				
anaphylaxis,	and have been prescribed an Adrenaline Autoinjector?					
2. How many o person?	f these students carry their Adrenaline Autoinjector on their					
	lents ever had an allergic reaction requiring medical at school?	□ Yes 🗵 No				
a. If Yes, ho	w many times?					
4. Have any stu	dents ever had an Anaphylactic Reaction at school?	□ Yes 🗵 No				
a. If Yes, how many students?						
b. If Yes, how many times						
5. Has a staff me	ember been required to administer an Adrenaline	□ Yes 🗵 No				
Autoinjector to a student?						

a. If Yes, how many times?				
6. Was every incident in which a student suffered an anaphylactic reaction reported via the CASES21?				lo
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?	図	Yes	図	No
8. Are all Individual Anaphylaxis Management Plans reviewed regularly with Parents (at least annually)?	図	Yes	区	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	区	Yes	\boxtimes	No
b. In canteens or during lunch or snack times	×	Yes	\boxtimes	No
c. Before and after School, in the school yard and during breaks	図	Yes	\boxtimes	No
d. For special events, such as sports days, class parties and extra-curricular activities	×	Yes	×	No
e. For excursions and camps	×	Yes	\boxtimes	No
f. Other	\boxtimes	Yes	\boxtimes	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)?	区	Yes	⊠	No
a. Where are they kept?				
11. Does the ASCIA Action Plan include a recent photo of the student?	図	Yes	\boxtimes	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	\boxtimes	Yes	\times	No
General Use are stored?				
14. Are the Adrenaline Autoinjectors stored at room temperature (not		Yes	\boxtimes	No
refrigerated)? 15. Is the storage safe?	×	Yes	\boxtimes	No
16. Is the storage unlocked and accessible to School Staff at all		Yes	\boxtimes	No
times? Comments:				
	_		-	
17. Are the Adrenaline Autoinjectors easy to find?		Yes	\boxtimes	No
Comments:				
	_			
18. Is a copy of student's Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) kept together with the student's		Yes	\boxtimes	No
Adrenaline Autoinjector?				
19. Are the Adrenaline Autoinjectors and Individual Anaphylaxis	図	Yes	\boxtimes	No
Management Plans (including the ASCIA Action Plans) clearly labelled				
with the student's names?	<u></u>			
20. Has someone been designated to check the Adrenaline Autoinjector expiry dates on a regular basis?		Yes	\boxtimes	No
Who?				
21. Are there Adrenaline Autoinjectors which are currently in the	×	Yes	×	No
possession of the School and which have expired?	_		_	
22. Has the School signed up to EpiClub or ANA-alert (optional free	図	Yes	\boxtimes	No
reminder services)?				

23. Do all School Staff know where the Adrenaline Autoinjectors and the Individual Anaphylaxis Management Plans are stored?	×	Yes	×	No
24. Has the School purchased Adrenaline Autoinjector(s) for General Use, and have they been placed in the School's first aid kit(s)?	×	Yes	×	No
25. Where are these first aid kits located?				
26. Is the Adrenaline Autoinjector for General Use clearly labelled as the 'General Use' Adrenaline Autoinjector?	×	Yes	×	No
27. Is there a register for signing Adrenaline Autoinjectors in and out when taken for excursions, camps etc.?	×	Yes	Ø	No
SECTION 3: Prevention Strategies				
28. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	×	Yes	×	No
29. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record, why?	×	Yes	×	No
30. Have all School Staff who conduct classes with students with a medical condition that relates to allergy and the potential for anaphylactic reaction successfully completed an Anaphylaxis Management Training Course in the three years prior and participated in a twice-yearly briefing?	×	Yes	図	No
31. Are there always sufficient School Staff members on yard duty who have successfully completed an Anaphylaxis Management Training Course in the three years prior?	×	Yes	×	No
SECTION 4: School Management and Emergency Response				
32. Does the School have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	×	Yes	×	No
33. Do School Staff know when their training needs to be renewed?	×	Yes	\boxtimes	No
34. Have you developed Emergency Response Procedures for when an allergic reaction occurs?	×	Yes	×	No
a. In the classroom?	×	Yes	X	No

b. In the school yard?	図	Yes	\boxtimes	No
c. In all School buildings and sites, including gymnasiums and halls?	図	Yes	\boxtimes	No
d. At school camps and excursions?	図	Yes	\boxtimes	No
e. On special event days (such as sports days) conducted, organised or attended by the School?	×	Yes	×	No
35. Does your plan include who will call the Ambulance?	図	Yes	\boxtimes	No
36. Is there a designated person who will be sent to collect the student's Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan)?	×	Yes	×	No
37. Have you checked how long it will take to get to the Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) to a student from various areas of the School including:		Yes	X	No
a. The classroom?	区	Yes	\boxtimes	No
b. The schoolyard?	図	Yes	\boxtimes	No
c. The sports field?	区	Yes	\boxtimes	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?	×	Yes	×	No
39. Who will make these arrangements during excursions?				
40. Who will make these arrangements during camps?				
41. Who will make these arrangements during sporting activities?				
42. Is there a process for post incident support in place?	区	Yes	\boxtimes	No
43. Have all School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction and any other staff identified by the Principal, been briefed on:				

a. The School's Anaphylaxis Management Policy?	×	Yes	\boxtimes	No
b. The causes, symptoms and treatment of anaphylaxis?	×	Yes	\boxtimes	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?	図	Yes	×	No
d. How to use an Adrenaline Autoinjector, including hands on practice with a trainer Adrenaline Autoinjector?	×	Yes	×	No
e. The School's general first aid and emergency response procedures for all in- school and out-of-school environments?	×	Yes	×	No
f. Where the Adrenaline Autoinjector(s) for General Use is kept?	×	Yes	\boxtimes	No
g. Where the Adrenaline Autoinjectors for individual students are located including if they carry it on their person?	×	Yes	×	No
SECTION 4: Communication Plan				
44. Is there a Communication Plan in place to provide information about anaphylaxis and the School's policies?				
a. To School Staff?	×	Yes	\boxtimes	No
b. To students?	×	Yes	\boxtimes	No
c. To Parents?	×	Yes	\boxtimes	No
d. To volunteers?	×	Yes	\boxtimes	No
e. To casual relief staff?	×	Yes	\boxtimes	No
45. Is there a process for distributing this information to the relevant School Staff?	×	Yes	×	No
a. Staff Induction				
b. Staff Professional Learning sessions				
c. Start Up program at beginning of each year				
46. How is this information kept up to date?				
Wellbeing Coordinator responsibility				
47. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	図	Yes	×	No

48. What are they?	
Updating training of staff and disseminating relevant information as it	
presents.	
Publicizing throughout the newsletter to parents.	
Camp information events.	

School Name:	BROADMEADOWS VALLEY PRIMARY SCHOOL			
Date of Review:				
Who completed this checklist?	Name:			
tins checkist:	Position:			
Review given to:	Name			
	Position			
Comments:				
General Information				
1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an Adrenaline Autoinjector?				
2. How many of these students carry their Adrenaline Autoinjector on their person?				
3. Have any students ever had an allergic reaction requiring medical intervention at school?		□ Yes	⊠ No	
a. If Yes, how many times?				
4. Have any students ever had an Anaphylactic Reaction at school?		□ Yes	⊠ No	
a. If Yes, how many students?				
b. If Yes, how many times				
5. Has a staff member been required to administer an Adrenaline Autoinjector to a student?		□ Yes	⊠ No	

a. If Yes, how many times?				
6. Was every incident in which a student suffered an anaphylactic reaction reported via the CASES21?			⊠ No	
SECTION 1: Individual Anaphylaxis Management Plans				
7. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an Adrenaline Autoinjector have an Individual Anaphylaxis Management Plan and ASCIA Action Plan completed and signed by a prescribed Medical Practitioner?	×	Yes	⊠ N	No
8. Are all Individual Anaphylaxis Management Plans reviewed regularly with Parents (at least annually)?	×	Yes	⊠N	No
9. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?				
a. During classroom activities, including elective classes	×	Yes	⊠ N	No
b. In canteens or during lunch or snack times	×	Yes	⊠ N	No
c. Before and after School, in the school yard and during breaks	図	Yes	⊠ N	No
d. For special events, such as sports days, class parties and extra-curricular activities	⊠	Yes	⊠ N	No
e. For excursions and camps	×	Yes	⊠ N	No
f. Other	図	Yes	⊠ N	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)?	図	Yes	⊠ N	No
a. Where are they kept?				
11. Does the ASCIA Action Plan include a recent photo of the student?	区	Yes	⊠ N	No

SECTION 2: Storage and Accessibility of Adrenaline Autoinjectors				
12. Where are the student(s) Adrenaline Autoinjectors stored?				
13. Do all School Staff know where the School's Adrenaline Autoinjectors for General Use are stored?	×	Yes	×	No
14. Are the Adrenaline Autoinjectors stored at room temperature (not refrigerated)?	×	Yes	\boxtimes	No
15. Is the storage safe?	×	Yes	\boxtimes	No
16. Is the storage unlocked and accessible to School Staff at all times?	図	Yes	\boxtimes	No
Comments:				
17. Are the Adrenaline Autoinjectors easy to find? Comments:	図	Yes	\boxtimes	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?	\boxtimes	Yes	\boxtimes	No
	157	Vaa	100	N.a
19. Are the Adrenaline Autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student's names?		Yes	i×i	No
20. Has someone been designated to check the Adrenaline Autoinjector expiry dates	 X	Yes	\boxtimes	No
on a regular basis?	_			
Who?				
21. Are there Adrenaline Autoinjectors which are currently in the possession of the School and which have expired?		Yes	\boxtimes	No
22. Has the School signed up to EpiClub or ANA-alert (optional free reminder	図	Yes	\boxtimes	No
services)?				

23. Do all School Staff know where the Adrenaline Autoinjectors and the Individual Anaphylaxis Management Plans are stored?		Yes	図	No
24. Has the School purchased Adrenaline Autoinjector(s) for General Use, and have they been placed in the School's first aid kit(s)?		Yes	×	No
25. Where are these first aid kits located?				
26. Is the Adrenaline Autoinjector for General Use clearly labelled as the 'General Use' Adrenaline Autoinjector?			⊠	No
27. Is there a register for signing Adrenaline Autoinjectors in and out when taken for excursions, camps etc.?	区	Yes	×	No
SECTION 3: Prevention Strategies				
28. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	図	Yes	図	No
29. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record, why?	×	Yes	×	No
30. Have all School Staff who conduct classes with students with a medical condition that relates to allergy and the potential for anaphylactic reaction successfully completed an Anaphylaxis Management Training Course in the three years prior and participated in a twice-yearly briefing?	×	Yes	×	No
31. Are there always sufficient School Staff members on yard duty who have successfully completed an Anaphylaxis Management Training Course in the three years prior?	×	Yes	×	No
SECTION 4: School Management and Emergency Response				
32. Does the School have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?		Yes	図	No
33. Do School Staff know when their training needs to be renewed?		Yes	×	No
34. Have you developed Emergency Response Procedures for when an allergic reaction occurs?		Yes	×	No
a. In the classroom?	×	Yes	\boxtimes	No

b. In the school yard?	×	Yes	\boxtimes	No
c. In all School buildings and sites, including gymnasiums and halls?	×	Yes	\boxtimes	No
d. At school camps and excursions?	×	Yes	\boxtimes	No
e. On special event days (such as sports days) conducted, organised or attended by the School?	×	Yes	図	No
35. Does your plan include who will call the Ambulance?			\boxtimes	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)?			図	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:	X	Yes	×	No
a. The classroom?	×	Yes	\boxtimes	No
b. The schoolyard?	×	Yes	\boxtimes	No
c. The sports field?	×	Yes	\boxtimes	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?		Yes	×	No
39. Who will make these arrangements during excursions?				
·				
40. Who will make these arrangements during camps?				
41. Who will make these arrangements during sporting activities?				
42. Is there a process for post incident support in place?	図	Yes	\boxtimes	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?	区	Yes	\boxtimes	No
b. The causes, symptoms and treatment of anaphylaxis?	図	Yes	\boxtimes	No
c. The identities of students with a medical condition that relates to allergy and the potential for an anaphylactic reaction, and who are prescribed an Adrenaline Autoinjector, including where their medication is located?	×	Yes	×	No
d. How to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector?	×	Yes	X	No
e. The School's general first aid and emergency response procedures for all in- school and out-of-school environments?	×	Yes	×	No
f. Where the Adrenaline Autoinjector(s) for General Use is kept?	図	Yes	\boxtimes	No
g. Where the Adrenaline Autoinjectors for individual students are located including if they carry it on their person?	図	Yes	図	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?	図	Yes	×	No
b. To students?	区	Yes	\boxtimes	No
c. To Parents?	区	Yes	\boxtimes	No
d. To volunteers?	図	Yes	\boxtimes	No
e. To casual relief staff?	区	Yes	\boxtimes	No
45. Is there a process for distributing this information to the relevant School Staff?	区	Yes	\boxtimes	No
a. What is it?				
46. How is this information kept up to date?				
47. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?		Yes	×	No
48. What are they?				