Anaphylaxis Management Policy

Policy No. 5

Approved by School Board
May 2024

Rationale
It is important that all students are safe at Kerang Christian College, as set out in the Student Pastoral Care Policy (Policy No. 8). This safety extends to those students with allergies and health related issues, in this instance specifically, allergies that may result in anaphylaxis.

General

To achieve this the College has an anaphylaxis management policy. The policy will comply with:

a. Ministerial Order 706: *Anaphylaxis Management in Victorian schools and school boarding premises*[1]***;*** and
b. all guidelines related to anaphylaxis management in schools or school boarding premises as published and amended by the Department of Education and Training from time to time.[2]

Objectives of policy

1. Kerang Christian College will undertake to support the health care needs of all students with anaphylaxis and will respect the confidentiality and dignity of students with these conditions.

2. Students at risk of anaphylaxis will be identified and made known to relevant staff and have an individual Health Management Plan.

3. 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.
4. To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community
5. To engage with parents/carers of student's at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
6. To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.
7. To remain compliant with *Ministerial Order 706: Anaphylaxis Management in Victorian Schools* and the guidelines on anaphylaxis management

8. To take all reasonable steps to prevent an anaphylactic incident;

9. To respond to an anaphylactic incident in a timely, informed and appropriate manner.

[1] Clause 6.1.1.(a) Ministerial Order 706
[2] Clause 6.1.1.(b) Ministerial Order 706

The key to prevention of anaphylaxis in the College is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between the College and all parents/guardians are important in ensuring that certain foods or items are kept away from the student while at College, and that adrenaline is available and if necessary given through an Adrenaline Auto Injector Device into the muscle of the outer mid thigh as it is the most effective first aid treatment for anaphylaxis.

It is therefore important that Kerang Christian College 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 education and to raise awareness about anaphylaxis and the College's anaphylaxis management policy in the College community.
- A forum in which to engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- It is the responsibility of parents to alert the College to any special medical needs of their child and to ensure that the appropriate medications and information from doctors is supplied to the College as the College requires this to be able to adequately provide an appropriate duty of care to the student. A recent colour photo is also required to be supplied by the parents on the Action Plan to assist with identification of the child at risk.

Anaphylaxis Definitions

- **Adrenaline Autoinjector Device:** A spring-loaded device with a predetermined dose of adrenaline for use in severe allergic reactions. Examples include EpiPen® and AnaPen®
- **Adrenaline Autoinjector for General Use:** A 'Back-up' or 'unassigned' Adrenaline Autoinjector purchased by the School.
- **Anaphylaxis:** is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in College aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.
- **Anaphylaxis Management Training Course:** This means:
    - A course in anaphylaxis management training that is accredited as a VET accredited course in accordance with Part 3 of the *National Vocational Education and Training Regulator Act 2011* (Cth) that includes a competency check in the administration of an Adrenaline Autoinjector;
    - A course in anaphylaxis management training accredited under Chapter 4 of the Act by the Victorian Registration and Qualifications Authority that includes a competency check in the administration of an Adrenaline Autoinjector;
    - A course in anaphylaxis management endorsed and delivered by a tertiary level specialist allergy service within a tertiary level academic teaching hospital that includes a competency check in the administration of an Adrenaline Autoinjector; and
    - Any other course approved by the Secretary to the Department for the purpose of this Order as published by the Department.[3]

[3] Clause 5.5 Ministerial Order No 706

- **Antihistamine:** Medication which may be used to relieve some signs and symptoms of allergy by assisting to reverse the inflammatory process in the body.

- **ASCIA**: Australasian Society of Clinical Immunology and Allergy, the peak professional body of clinical immunology and allergy in Australia and New Zealand.

- **ASCIA Action Plan:** This plan is a nationally recognised action plan for anaphylaxis developed by ASCIA. These plans are device specific; that is, they list the student's prescribed Adrenaline Autoinjector (EpiPen®/Anapen®300 or EpiPen®Jr/Anapen®150) and must be completed by the student's Medical Practitioner. This plan is one of the requirements of the student's Individual Anaphylaxis Management Plan.

- **Communication Plan**: A plan developed by the School which provides information to all School Staff, students and Parents about anaphylaxis and the School's Anaphylaxis Management Policy.

- **Emergency Anaphylaxis Kit:** Clearly labeled insulated container with Adrenaline Auto Injector Device, copy of Anaphylaxis Action Plan and other medications as prescribed.

- **Individual Anaphylaxis Management Plan:** An individual plan for each student at risk of anaphylaxis, developed in consultation with the student's Parents. The Individual Anaphylaxis Management Plan includes the ASCIA Action Plan which describes the student's allergies, symptoms, and the emergency response to administer the student's Adrenaline Autoinjector should the student display symptoms of an anaphylactic reaction.

- **Order:** *Ministerial Order 706 - Anaphylaxis Management in Schools* (effective 3rd December 2015).

Individual Anaphylaxis Management Plans

a. 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. (See Appendix 1) where the College has been notified of that diagnosis[4]

b. The individual anaphylaxis management plan will be in place as soon as practicable after the student enrols and where possible before their first day of the school year.[5]

c. 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

[4] Clause 7.1 Ministerial Order No 706

[5] Clause 7.1.2 Ministerial Order No 706

- an ASCIA Action Plan.[6]

d. The student's Individual Management Plan will be reviewed, in consultation with the student's parents/ carers:

- annually, **and**
- 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 College; 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 College(e.g. Class parties, elective subjects, cultural days, fetes, incursions). [7]

e. **Parent's responsibility:**
It is the responsibility of the parent to:

- Provide the emergency procedures plan (ASCIA Action Plan).
- Inform the College 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 colour photo of the student for the ACSIA Action Plan when the plan is provided to the College and when it is reviewed.
- provide the College with an Adrenaline Autoinjector that is current and not expired for their child. The prescribed medications should be provided in an insulated, named container.[8]

It is also the responsibility of the parents/carers to make sure that the medications are not out of date, and that medications are replenished within reasonable time frames. If the Adrenaline Auto Injector Device has expired and has not been replaced the student will be excluded from College until the correct and current medication is supplied to the College.

[6] Clause 7.1.3 Ministerial Order No 706
[7] Clause 7.2 Ministerial Order No 706
[8] Clause 7.3 Ministerial Order No 706

Management of Anaphylaxis
Prevention Strategies
The College will ensure that risk minimisation and prevention strategies are in place for all relevant in-school and out-of-school settings, which include (but are not limited to) the following:

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

Classrooms	
1.	Copy of the student's Individual Anaphylaxis Management Plan kept in the Office and in Home Group classrooms.
2.	Liaison with parents about food-related activities ahead of time
3.	Use non- food treats where possible, but if food treats are used it is recommended that the parents provide a treat box
4.	Never give food from outside sources to a students who is at risk of anaphylaxis
5.	Treats from other students in class should not contain the substances to which the student is allergic
6.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contains milk or egg' should not be served to students with milk or egg allergy
7.	Awareness of possible hidden allergens in food and other substances used in cooking, food technology, science and art classes
8.	Ensure all cooking utensils, preparation dishes, plates and knives/forks etc. are washed and cleaned thoroughly after preparation of food and cooking
9.	Regular discussions with students about the importance of washing hands, eating their own food and not sharing food
10.	The Head of School / Principal shall inform relief teachers, specialists teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and EpiPen or AnaPen, the School's Anaphylaxis Policy and each person's responsibility in managing an incident

Food and Food Technology
Staff members should have an explicit knowledge of students and their respective allergies and have a Risk Minimisation Plan in place.

If a cooking / food activity is undertaken, staff are required to implement a Risk Management Plan to ensure that the student is not exposed to any known trigger factors that may cause an anaphylactic incident. Provision is made in the Food Technology department to keep separate utensils for use of those students with known severe allergies. These are to be stored and cleaned separately.

There should not be any nut or nut based products used in Food Technology. Recipes used should be chosen to reflect the needs of the students based on any known allergy. Students at risk of an anaphylactic reaction caused by foods should only consume or handle food supplied by parents or stipulated to be safe when compared to the medically authorised

Anaphylaxis Action Plan. These students should also only use the utensils which are stored separately and these utensils should be washed in the storage container to avoid cross contamination.

If a staff member suspects a student may have been accidentally exposed to a known allergen, notify the Office immediately and monitor the student following basic first aid procedures – i.e. DRSABCD.

Canteen	
1.	Canteen Supervisor to be trained in food allergen management and its implications on food handling practices
2.	Canteen Supervisor briefed about students at risk of anaphylaxis and where the Principal determines, have up to date training in an Anaphylaxis Management Training Course
3.	Display the student's name and photo in the canteen as a reminder to staff
4.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts
5.	Canteen provides a range of healthy meals/products that excludes peanuts or other nut products in the ingredient list
6.	Tables and surfaces are wiped down regularly
7.	No-sharing of food approach is adopted
8.	Awareness of contamination of other foods when preparing, handling or displaying food
School Grounds	
1.	Sufficient supervision of a student who is at risk of anaphylaxis by a staff member who is trained in the administration of Adrenaline Autoinjector Devices.
2.	Adrenaline Autoinjector Devices and Individual Anaphylaxis Plans are easily accessible from the school grounds
3.	A communication plan is in place for Staff on Staff Duty so medical information can be retrieved quickly and all staff are aware how to inform the First Aid Co-ordinator if an anaphylactic reaction occurs during recess or lunch time.
4.	Staff on duty can identify those student's at risk of anaphylaxis
5.	Students with anaphylactic responses to insects are encouraged to stay away from water or flowering plants
6.	Lawns are regularly mowed and bins are covered
7.	Students are to keep drinks and food covered while outdoors

Special Events	
1.	Sufficient staff who have been trained in the administration of an ~~Epi-Pen~~ Adrenaline Autoinjector Device are supervising students
2.	Avoid using food in activities or games
3.	Consult parents in advance for special events to either develop an alternative food menu or request the parent to send a meal for the student at risk
4.	Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk and request that they avoid providing students with treats whilst they are at a special school event
5.	Party balloons are not to be used if a student is allergic to latex

Special Events and College Functions

If food provided for College functions contains nuts or nut products, or may contain traces of nuts, appropriate identification labels should be placed on the serving dish with the items in question. The cleaning method of utensils and serving trays should be considered to avoid any cross contamination. It is the expectation though that these foods are to be avoided.

Out of School Settings

Excursions / Camps / Tours	
1.	Risk Assessment for each individual student attending
2.	Staff trained in administering an Adrenaline Autoinjector are to attend
3.	Appropriate methods of communications must be discussed
4.	Identify the location of the EpiPen ie. Who will carry it, how will it be delivered to the student
5.	Individual Anaphylaxis Management Plans and Adrenaline Autoinjectors are to be easily accessible and staff must be aware of their location
6.	Risk assessment of the excursion/camp/tour must be completed prior to departure
7.	Staff in charge should consult parents of anaphylactic students in advance to discuss issues that might arise, to develop an alternative food menu or request the parent provide a meal (if required)
8.	Review the Individual Anaphylaxis Management Plan prior to departure to ensure that it is up to date and relevant to the particular excursion/camp/tour

Camps or Remote Settings	
1.	Kerang Christian College attempts to only use providers / operator services who can provide food that is safe for anaphylactic students
2.	Conduct a risk assessment and develop a risk management strategy for students (in consultation with parents and camp operators) at risk of anaphylaxis
3.	Staff in charge should consult with parents of students at risk to ensure appropriate risk minimisation strategies are in place
4.	The College will consider alternative means of providing food for at risk students if there are concerns about whether food provided on camp will be safe for students at risk of anaphylaxis
5.	The use of substances containing allergens should be avoided where possible
6.	The Student's Adrenaline Autoinjector and action plan must be taken on camp and a mobile phone. If there is no mobile phone access, alternative methods e.g. Satellite phone will be considered.
7.	Adrenaline Autoinjector should remain close to the students and staff must be aware of its location at all times
8.	Students with anaphylactic responses to insects should wear closed shoes and long-sleeve garments when outdoors and are encouraged to stay away from water and flowering plants
9.	General use EpiPens are included in camp first aid kits
10.	Consider exposure to allergens when consuming food during travel on bus / plane / etc. and whilst in cabins / tents / dormitories / etc.
11.	Cooking and art and craft games should not involve the use of known allergens

College Camps

Students will not be encouraged to take snacks and other food or drink items to camp. If they are found to have these items with them they will be confiscated by the teacher in charge and returned to the owner on their return to College as there is potential exposure to allergens when consuming food on buses and in cabins. Students should be encouraged to have a healthy diet on camp to avoid susceptibility to illness.

Cooking and art and craft games should not involve the use of known allergens. The use of peanut or tree nut products, including nut spreads should be avoided. Products that 'may contain traces of nuts' may be served but not to students who are known to be allergic to nuts.

Camp providers must be contacted and notified in advance of any students with food allergies. College staff should liaise with the camp provider regarding local emergency services in the area and be aware of how to access them i.e. suitability of phone access.

Mobile phones are available to be taken on camps if needed.

The following information is available in Operoo:

- A complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction; [9]and
- The information contained in Individual Anaphylaxis Management Plans; (Original plans located in the College Office). [10]

It is the responsibility of the Teacher-In-Charge of the camp or excursion to ensure that all relevant medical information, medicines and equipment are available and that all supervisors and staff members are familiar with those students at risk of anaphylaxis.

Notation will be made in the Communication Plan and on the Action Plan regarding the location in which the medication is stored and where back up autoinjectors are kept.[11]

The Principal will ensure that when a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care or supervision of the College outside of normal class activities whether in the yard, at camps or excursions, or at special events conducted, organised or attended by the College that there have been a sufficient number of staff trained in accordance with clause 18[12]

In the event of an anaphylactic reaction, the emergency response procedures in the College policy must be followed, together with the general first aid and emergency response procedures of the College and the student's ASCIA Action plan.[13]

First time / Unknown Anaphylaxis[14]
If a student presents with signs and symptoms of a severe allergic reaction the attending staff member must immediately call 000.

They must inform the Ambulance Service that the College has purchased unassigned Adrenaline Auto Injector Device for emergency treatment.

[9] Clause 9.2.1 Ministerial Order No 706
[10] Clause 9.2.3 Ministerial Order No 706
[11] Clause 9.3 Ministerial Order No 706
[12] Clause 9.3 Ministerial Order No 706
[13] Clause 9.1 and clause 9.4 Ministerial Order No 706
[14] Clause 9.1 and Clause 9.4 Ministerial Order No 706

The staff member must then alert the Office and immediately implement the appropriate DRSABCD emergency response.

Parents and Emergency services must be contacted immediately following the administration of medication.

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.

Communication Plan[15]

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 College's anaphylaxis management policy. (See Appendix 2)

The Communication Plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, in the College yard, on College excursions, on College camps and special event days.[16]

Volunteers and casual relief staff of students at risk of anaphylaxis will be informed about students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the Head of School or Principal as appropriate. [17]

A list of 'at risk' students will be regularly updated and kept in the staff room.

Sample correspondence with parents and guardians is documented in Appendix 3 and 4.

Staff Training

Teachers and other College staff who conduct classes, with students at risk of anaphylaxis, or give instruction to students at risk of anaphylaxis, must have up to date training in a recognised anaphylaxis management training course. [18](See Appendix 5)
At other times while the student is under the care or supervision of the College, including excursions, yard duty, camps and special event days, the Principal must ensure that there is a sufficient number of staff present who have up to date training in an approved anaphylaxis management training course.[19]

School staff subject to training must have successfully completed:

a. An anaphylaxis management training course in the 3 years prior; or
b. An online anaphylaxis management training course in the 2 years prior.[20] The College's first aid procedures and students emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.

All staff will be briefed twice yearly by a staff member who has successfully completed anaphylaxis management training within the past **2** years[21] on:

[15] Clause 11.1 Ministerial Order No 706
[16] Clause 11.1.2 Ministerial Order No 706
[17] Clause 11.1.3 Ministerial Order No 706
[18] Clause 12.1 Ministerial Order No 706
[19] Clause 12.1.2 Ministerial Order No 706
[20] Clause 12.2.1 Ministerial Order No 706
[21] Clause 12.2.2 Ministerial Order No 706

- the College's anaphylaxis management policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students diagnosed at risk of anaphylaxis and where their medication is located
- how to use an auto adrenaline injecting device, including hands-on practice with a trainer Adrenaline Autoinjector (which does not contain adrenaline);
- the College's first aid and emergency response procedures;
- the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.[22]

Casual relief staff and other staff will be instructed by the Principal on arrival if there is a child at risk in the class they will be conducting.

If for any reason training and briefing has not yet occurred in accordance with the above paragraphs, the principal must develop an interim plan in consultation with the parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction, and training must occur as soon as possible thereafter.[23]

The Principal will need to identify one or more school staff to become School Anaphylaxis Supervisors who will undertake competency checks of staff who have completed the ASCIA Anaphylaxis Training for Victorian Schools. These staff may be a school first aid officer, other health and wellbeing staff, or senior teachers.

School Anaphylaxis Supervisors will need to complete an accredited short course that teaches them how to supervise a competency check of those who have completed the online course. This accredited course is the Course in Verifying the Correct Use of Adrenaline Auto-Injector Devices 22303VIC.

Online Training Model

In 2016, the Victorian Department of Education and Training (Vic DET) introduced a new online training model for all schools in Victoria, which is a free alternative for training staff in schools on anaphylaxis management. Ministerial Order 706 and the associated anaphylaxis guidelines will be updated to include the option of the new Victorian online anaphylaxis training.

ASCIA anaphylaxis e-training VIC was developed in November 2015. Under the new online training model, it is recommended that all Victorian school staff undertake the new Australasian Society of Clinical Immunology and Allergy (ASCIA) etraining for Victorian Schools once every 2 years. This course is free of charge for all Victorian school staff and can be accessed at: https://etrainingvic.allergy.org.au. It will take approximately 1 hour to complete.

In order to meet legislative requirements staff will also need to have their competency in using an autoinjector (e.g. Epipen) tested in person within 30 days of completing the course
If the College chooses the online training model, a minimum of two staff (per school or school campus) are required to:

- undertake the new verifier course
- assess and certify the competent use of adrenaline auto-injectors by their colleagues after they complete the ASCIA Training
- perform the role of School Anaphylaxis Supervisors who will lead the anaphylaxis

[22] Clause 12.2.2 Ministerial Order No 706
[23] Clause 12.3 Ministerial Order No 706

management requirements within each school, including the twice-yearly school briefings.

From Term 1, 2016, the Asthma Foundation will commence training in the Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC.

Back-Up Adrenaline Autoinjectors for General Use[24]

The Principal of the College is responsible for arranging for the purchase of additional Adrenaline Autoinjector(s) for General Use, and as back up to Adrenaline Autoinjectors supplied by Parents of students who have been diagnosed as being at risk of anaphylaxis.

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.

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.

Annual Risk Management Checklist [25]

Under the School 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. (See Appendix 6)

It is recommended that the School's annual Risk Management Checklist for anaphylaxis contain questions relating to the following:

- background information about the School and students identified at risk of anaphylaxis;
- details of Individual Anaphylaxis Management Plans and ASCIA Action Plans;
- storage and accessibility of Adrenaline Autoinjectors;
- prevention strategies used by the School to minimise the risk of an anaphylactic reaction;
- School's general first aid and emergency response procedures for when an allergic reaction occurs at all on-site and off-site School activities; and
- communication with School Staff, students and Parents.

[24] Clause 10 Ministerial Order No 706

[25] Clause 13.1 Ministerial Order No 706

For Staff

Any employee who has been diagnosed with severe allergy and been prescribed an adrenaline (epinephrine) injector (such as Anapen®, EpiPen®) should have an ASCIA Action Plan for Anaphylaxis kept with their adrenaline injector. Severely allergic employees who carry an adrenaline injector should inform the employer, supervisor or person in charge of its location. e.g. on desk or in backpack or handbag.

Because of the potential severity and sudden onset of the allergic reaction, NO worker should be expected to be completely responsible for the self administration of their adrenaline injector. Assistance should be provided.

Legal Obligations

Education and Training Reform Act 2006
Section 4.3.1(6)(c) of the Act requires a School which has enrolled a student in circumstances where the School knows, or ought reasonably to know, that the student has been diagnosed as being at risk of anaphylaxis, to develop an anaphylaxis management policy which contains all of the matters required by the Order.

Ministerial Order 706
The Order, which is effective from 1 January 2016, is made under ss 4.3.1, 5.2.12, 5.10.4 and clause 11 of Schedule 6 of the Act. The purpose of the Order is to specify the matters that Schools applying for registration and Registered Schools must contain in their anaphylaxis management policy for the purposes of s 4.3.1(6)(c) of the Act.

Duty of Care
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. In relation to anaphylaxis management, the School and its Staff have a duty to take reasonable steps to inform themselves as to whether an enrolled student is at risk of anaphylaxis. In order to discharge their duty of care, School Staff should comply with their obligations under the Act, the Order and Guidelines as well as the School's Anaphylaxis Management Policy.

Disability Discrimination Legislation
Anaphylaxis falls within the definition of disability for the purposes of both the *Equal Opportunity Act 2010* (Vic) and the *Disability Discrimination Act 1992* (Cth). This means that Schools must ensure that they do not unlawfully discriminate, either directly or indirectly, against students with anaphylaxis.

Responsibilities
The Principal has overall responsibility for the implementation of this policy.

Evaluation
This policy will be reviewed annually as part of the school's review cycle.

Related Policies
- Medications Policy (Policy No. 24)
- First Aid Policy (Policy No. 27)
- Camps and Excursions Policy (Policy No. 44)

References
Department of Education and Early Childhood Development:
Anaphylaxis Management in Schools
http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx

Ministerial Order 706
http://www.education.vic.gov.au/Documents/school/teachers/health/Anaphylaxis_MinisterialOrder706.pdf

https://allergyfacts.org.au/resources/help-sheets/managing-anaphylaxis-in-the-workplace

Note: A DVD is available from an information pack that can be used for this purpose of staff briefings.

Note: Page 42 of the Anaphylaxis Guidelines for Victorian Government Schools has advice about strategies to raise staff and student awareness, working with parents/carers and engaging the broader school community.

Approved: January 2009
Amended: May 2010
Amended: June 2013
Amended: April 2014
Amended: May 2016
Amended: May 2019
Amended: May 2022
Amended: May 2023
Amended: June 2023
Amended: May 2024

Appendix 1

Anaphylaxis Management Plan: Strategies to Avoid Allergens

Name:_____Home Group:_____

Allergens:_____

Medications:_____

Risk	Strategy	Responsibility
Accidental exposure to food allergens	Eat food in classroom with teacher supervision (Primary School students)	Classroom teacher
	Send letter home to all students in a particular year level specifying that we have a person with anaphylaxis in that year level. Letter indicates that the school would strongly advise the avoidance of allergens (i.e. peanut based products) being brought to school by anyone in that year level	Principal's PA Head of School
	Have own treats box for class parties and rewards	Family to provide and keep box stocked
Accidental exposure to allergen through items other than direct food ingestion	Ask parents to avoid sending boxes or containers that have previously contained any nut products for classroom activities (i.e. art classes) or storage purposes.	School
	Correct induction of relief teachers and volunteers to the school	Head of School
Having EpiPen® available for emergency use	Parents requested prescribed EpiPen® be kept in the First Aid Office as some classrooms are locked at certain times.	Parents Principal's PA
Expiry of EpiPen®	Keep a register and register all pens on EpiClub® data base	Principal's PA Parents
Staff training and competency	All staff are to undertake training on a 12 monthly basis	Principal Trainer
	Staff to prove competency before excursions or camps with EpiPen® trainer pen	Head of School
Lack of recognition of child at risk	Action plans with photo's displayed appropriately with parental consent (classroom)	Head of School (please see end of page)
	Staff addressed at staff meetings to discuss condition and medication needs	Principal Head of School

	Health issues discussed at interview for enrolment	Principal
	Medical alert booklets distributed to all staff and included in information folders for casual relief teachers	Head of School
	After school hours staff trained and medical alert booklets distributed	Principal
	On excursions it is recommended that student wears red wrist band and identification tag to signify and specify allergy warning	First Aid Officer Class teacher
School Canteen	All children's Anaphylaxis plans are to be displayed and kept for identification reference for students purchasing food at the canteen.	First Aid Officer to supply copies of plans with photo's
School Canteen - Lunch orders	Students at risk of anaphylaxis must supply a kit comprising of sealed container, chopping board, knife suitable for spreading and cutting to canteen manager, labeled correctly and stored for these occasions.	Parents
Casual relief teachers (CRT's) may not know student has anaphylaxis	Display action plan in room Have 'at risk' folder on display and make sure they read it prior to attending class	Principal Head of School
CRT may not be trained in the administration of EpiPen®	Make sure that CRT attends First Aid Office to be trained by Registered trainer on staff and is familiar with communication plan	Principal Head of School

Do you consent to your child's photo being displayed for staff notification purposes within the school?

YES/ NO

Your preference for the regular storage of your child's EpiPen® would be: (please tick one option)

In the classroom ☐ On their person ☐ In the First Aid Office ☐ Other_____

Appendix 2

Communication Plan
This Communication Plan defines the procedures that should be taken when responding to an anaphylactic reaction by a student.

At all times the treating staff member must follow the DRSABCD principles of first aid and must also consider the other students who may be affected by witnessing this event.

Debriefing of staff and students must be considered after any such event.

IN THE CLASSROOM

- Teacher to call for support from the teacher next door.
- Support teacher to contact the Office for assistance and to locate the EpiPen® or AnaPen® which may be stored in the Office or in the school room or students bag.
- A staff member must administer the EpiPen® or AnaPen® and other medication as required/indicated by the Anaphylaxis Action Plan located in the Office and in the Staff Room.
- Call for Ambulance and notify parents. Staff member to stay with patient and reassure, supporting staff member to direct ambulance to student via closest entry point.

IN THE SCHOOL YARD

- Where there is no other staff member available, Yard duty teacher sends another child to call for the closest teacher.
- Teacher nearby to locate the EpiPen® or AnaPen® kit and notify the Office and ask for assistance.
- A staff member must administer the EpiPen® or AnaPen® and other medication as required/indicated by the Anaphylaxis Action Plan located in the Office and in the Staff Room.
- Call for Ambulance and notify parents. Staff member to stay with patient and reassure, supporting staff member to direct ambulance to student via closest entry point.

SPORTS EVENTS

- Students are required to take their EpiPen® or AnaPen® kit to all sport classes and sporting events off campus.
- The teacher in charge must check that the student has their EpiPen® or AnaPen® Kit with them prior to class commencing off campus.
- A staff member must administer the EpiPen® or AnaPen® and other medication as required/indicated by the Anaphylaxis Action Plan located in the First Aid station with Admin Staff or taken to the venue of offsite.
- Call for Ambulance and notify parents. Staff member to stay with patient and reassure, supporting staff member to direct ambulance to student via closest entry point.

ON SCHOOL EXCURSIONS

- The teacher in charge must check that the student has their EpiPen® or AnaPen® Kit with them prior to setting off on the excursion.
- Risk assessment must reflect the number of students on excursion with Anaphylaxis and procedures to be followed.
- A staff member must administer the EpiPen® or AnaPen®and other medication as required/indicated by the Anaphylaxis Action Plan located in the First Aid equipment with a teacher or adult leader.
- Call for Ambulance and notify parents. Staff member to stay with patient and reassure
- Teacher in charge will contact the ambulance and the parents.

ON SCHOOL CAMP

- The teacher in charge must check that the student has their EpiPen® or AnaPen® Kit with them prior to setting off on the camp.
- Risk assessment must reflect the number of students on camp with Anaphylaxis and procedures to be followed.
- If the camp is in a remote area or in an area with little mobile phone reception, Teacher in charge must make prior arrangements with the Office regarding taking a non-assigned EpiPen® or AnaPen® and satellite phone.
- A staff member must administer the EpiPen® or AnaPen® and other medication as required/indicated by the Anaphylaxis Action Plan located in the First Aid equipment with a teacher or adult leader.
- Call for Ambulance and notify parents. Staff member to stay with patient and reassure
- Teacher in charge will contact the ambulance and the parents.

AMBULANCE 000/112

Responsiblities of the Principal

The Principal is responsible for ensuring:

- the Communication Plan is developed to provide information to all school staff, students, and parents about anaphylaxis and the school's Anaphylaxis Management Policy.
    - That relevant staff are:
        - trained in accordance with Ministerial Order No. 706
        - Briefed at least twice per calendar year

Appendix 3

SAMPLE COMMUNICATION

To: PARENTS OF STUDENTS WITH ANAPHYLAXIS

Dear Parents and Guardians.

As part of Kerang Christian College's on-going commitment to the support of children with Anaphylaxis, a Risk Management document and Communication Plan has been compiled for your child. A copy of this document is enclosed and must be returned to the school after signing. If any amendments are needed, or if you wish to discuss the contents of this document further, please feel free to contact Mr Lance Davidson on (03) 5450 3894 at your earliest convenience.

While every effort is made to minimise the risk to your child whilst at school, we ask that parents also take the responsibility of educating their child in relation to their specific triggers and the symptoms they may experience, so they will be aware that they must seek help should accidental exposure occur. As most children have their EpiPen® and other medication stored in the First Aid Office it is imperative that the child is instructed to either come straight to the First Aid Office, seek the closest teacher for help or to send someone to the Office for help. Storage of the EpiPen® and antihistamine medication in the Office is entirely optional and is only held there at the request of the parents, however, we are more than happy for your child to take responsibility for their own medication should you so desire and we can discuss the transition with you at any time.

A copy of your child's Anaphylaxis action plan will be displayed in the class roll as well as in the Office and in a booklet in the staff room. All Anaphylaxis Action Plans must be updated regularly and should not be more than one year old. It is also the parent's responsibility to ensure that the EpiPen® has not expired. On receipt of this letter please check with the First Aid Office regarding the status of both the Action plan and the EpiPen®.

A new Anaphylaxis Action Plan has also been included with this package, and I would like to draw your attention to the recent changes in administration of the Epipen® and EpiPen® Jnr.

I would also like to introduce to you a free registration service offered by Alphapharm; the distributors of the EpiPen® and EpiPen® Jnr. EpiClub is an internet service on which you can register your child's name, EpiPen® number and expiry date. When the EpiPen® is due to expire you will then be advised either by email, regular mail or SMS, giving you ample time to organise a new prescription. The website for this information is: www.epiclub.com.au.

Thank you for taking the time to read this information and again, if you have any enquiries regarding any of these matters please do not hesitate to contact the Office.

Yours sincerely,

Lance Davidson
Principal

Appendix 4

SAMPLE COMMUNICATION

TO: ALL PARENTS OF STUDENTS IN YEAR *X*

RE: ANAPHYLAXIS

Dear Parents and Guardians,

Anaphylaxis (pronounced *anna-fill-axis*) is a severe allergic reaction that can be caused by foods, insect stings, medications, latex or other substances. While anaphylaxis can lead to death if untreated, anaphylactic reactions and fatalities can be avoided. Education and awareness is the key to keeping students with potentially life-threatening allergies safe.

In our school, we have several children who are at risk for potentially life-threatening allergies. There have been three children identified as 'at risk' in your child's year level. Most are allergic to foods - in particular nuts – but the children in this year level are also affected by cow's milk, eggs and wheat. With this in mind we are requesting that parents do not send peanut or nut based products to school. This does not just apply to the lunch box but also to materials used for projects and art in particular those that have labels with 'may contain traces of nuts'.

At Kerang Christian College we have adopted the Department of Education Anaphylaxis Guidelines as our school's policy which is designed to ensure that children at risk are identified, strategies are in place to minimize the potential for accidental exposure, and staff and key volunteers are trained to respond in an emergency situation.

We strongly suggest that you take this request seriously in order to reduce the risk of accidental exposure to these students. While we cannot claim to be 'nut free', we do wish to minimize risk as it is proven that 8-16% of all cases of anaphylaxis occur due to accidental exposure in the child care and school setting.

Further information may be obtained from the school Office or the following links:
www.allergy.org.au or www.allergyfacts.org.au **(links checkd June 2023)**

Thank you for your cooperation in this matter.

Yours sincerely,

Lance Davidson
Principal

Appendix 5

Anaphylaxis Training Requirements
School staff must complete **one** of the following options to meet the anaphylaxis training requirements of MO706:

Option	Completed by	Course	Provider	Cost	Valid for
Option 1	**All school staff** **AND** **2 staff** per school or per campus (School Anaphylaxis Supervisor)	*ASCIA Anaphylaxis e-training for Victorian Schools* followed by a competency check by the School Anaphylaxis Supervisor *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC*	ASCIA Asthma Foundation	Free to all schools Free from the Asthma Foundation (for government schools)	2 years 3 years
Option 2	School staff as determined by the principal	*Course in First Aid Management of Anaphylaxis 22300 VIC (previously 22099VIC)*	St John Ambulance or any RTO that has this course in their scope of practice	Free from St John Ambulance (for government schools) until 30/6/16, then paid by each school	3 years
Option 3	School staff as determined by the principal	*Course in Anaphylaxis Awareness 10313NAT*	Any RTO that has this course in their scope of practice	Paid by each school	3 years

School staff undertaking First Aid qualifications might complete the following courses from a qualified private provider:

- *Provide First Aid* - ***HLTAID003*** (every 3 years)

OR

- *Provide an emergency first aid response in an education and care setting* - ***HLTAID004*** (every 3 years).

In addition, CPR refresher training after 12 and 24 months:

- *Cardiopulmonary Resuscitation (CPR)* - ***HLTAID001***.

These courses may contain some information about anaphylaxis but they do not meet the requirements of MO706. Similarly, the ASCIA e-training course does not replace the need to ensure appropriate numbers of staff are trained as first aid officers.

Online Anaphylaxis Training Strategy: *A Summary*

Victoria is moving to an online model for anaphylaxis training using the Australasian Society of Clinical Immunology and Allergy (**ASCIA) e-training for Victorian schools.** A small number of staff in each school will also undertake a short course to be able to assess other staff's competency in using an autoinjector in person.

It is recommended that ALL Victorian school staff undertake the ASCIA course. The course is available for free online for all Victorian school staff.

What are the legal requirements in relation to Anaphylaxis training for Victorian schools?

- The *Education Training and Reform Act 2006* and Ministerial Order (MO706) prescribe the range of anaphylaxis training courses that school staff can select from and *must* undertake if they:
  - conduct classes with students with a medical condition relating to allergy and who have the potential for anaphylactic reaction; and/or
  - are identified by the school principal based on their assessment of the risk of an anaphylactic reaction occurring while a student is under their care.
- MO706 and the Departmental Policy have recently been amended to make provision for the ASCIA e-training course and autoinjector competency check training.

Why the change?

- Experts and stakeholders showed wide support for the move to the ASCIA online training model, citing greater:
  - flexibility for school staff to access training at their own convenience, reducing the burden on schools to release staff in large groups to attend face-to-face training
  - quality and consistency of the training and greater capacity to efficiently update course content to reflect evolutions in technology and best practice
  - alignment with NSW and QLD (who already utilise the ASCIA course)
  - capacity and efficiency in meeting the fluctuation in training demand.

What will be the ongoing requirements for schools?

In order to maintain ongoing compliance with MO706 schools will be required to ensure that :

- new or existing staff members who commence working with a child or young person who is at risk of an anaphylactic reaction, undertake the ASCIA e-training course and have their competency in using an autoinjector checked by a **School Anaphylaxis Supervisor**. *Please note it is recommended that **all** school staff complete the ASCIA e-training course and competency check every two years*
- two **School Anaphylaxis Supervisors** from each campus complete the autoinjector competency check training and make themselves available to staff to undertake the competency checks and deliver the mandatory twice yearly briefings (autoinjector competency check training will need to be refreshed every three years).
- a new **School Anaphylaxis Supervisor** is nominated and trained in the event that existing Supervisors move on, take extended leave or relinquish their role. In the event that there is no one available within a school to undertake the competency checks (due to staff turnover and/or staff awaiting training) schools should work within their networks to identify qualified staff at nearby schools to undertake these checks.

How will the online training strategy be implemented and what do schools need to do to comply with training requirements?

- The Asthma Foundation Victoria has been contracted by the Department to deliver the Course in Verifying the Correct Use of Autoinjectors at no cost to government schools.
- Over Terms 1 and 2, 2016 the Asthma Foundation will contact schools seeking nominations (two staff members from each campus) and to advise of training dates.
- These staff will perform the role of **School Anaphylaxis Supervisor** and be the contact for anaphylaxis management requirements in the schools.
- Once nominated staff have completed the autoinjector competency check training it is recommended that ALL school staff complete the ASCIA e-training course. The course is now available via the ASCIA website at https://etrainingvic.allergy.org.au
- To enable a smooth transition, and in the event that a school staff member has not yet completed the autoinjector competency check training, the existing St John Ambulance face-to-face course will continue to be funded and available to Government schools until June 2016. Schools wishing to continue face-to-face training beyond June 2016 may do so at their own costs. *Suggested transition and implementation options for schools are detailed on the reverse side of this hand out.*

A new online training strategy

Legislation and policy set out the training that all Victorian school staff working with a child or young person who is at risk of an anaphylactic reaction are required to undertake.

On advice from experts and stakeholders the Department is implementing a new best practice online training strategy. From Term 1, 2016 school staff will be able to access Departmentally funded ASCIA e-training at their own convenience.

Once staff have completed the ASCIA e-training they will need to have their competency in using an autoinjector tested in person. In Term 1, 2016 every school will be asked to provide the names of 2 staff members from each campus to fulfil the role of **School Anaphylaxis Supervisor**, who will undertake funded auto-injector competency check training, so they can verify the competency of the staff in their school.

Online Anaphylaxis Training Strategy: *A Step-by-Step Implementation Guide*

In Victoria all school staff working with a student who is deemed at risk of an anaphylactic reaction are required to undertake anaphylaxis training. In 2016 Victoria is moving to an online model for anaphylaxis training, utilising the Australasian Society of Clinical Immunology and Allergy (ASCIA) e-training course. In addition a small number of staff in each school will undertake a short course to be able to assess other staff's competency in using an autoinjector in person. The online course and autoinjector competency check training will be free for Victorian government schools.

The suggested steps below are provided to support Victorian government schools to move to the online training model. The table below also includes some tips and implementation options which may make the transition easier in your school and will help to support your staff to comply with the new requirements.

Step One

School Principal (or delegate) to **disperse anaphylaxis training information** (provided to schools in the Anaphylaxis training information pack and available via the Department's website).

*Your school's twice-yearly briefing on your anaphylaxis management policy could be used as an opportunity to share the information in the factsheets and discuss training requirements.**

**All Victorian schools are required to undertake a twice yearly briefing, have a comprehensive anaphylaxis management policy and complete an annual risk management checklist.*

For further information on these requirements see the Department's Anaphylaxis Policy)

Step Two

Over Terms 1 and 2, 2016 Schools will be contacted by the Asthma Foundation and asked to **select two staff within the school to undertake face-to-face autoinjector competency check training** (approximately 2 hours in duration).

*Nominated staff will perform the role of **School Anaphylaxis Supervisors** and will also assume responsibility for the mandatory twice-yearly briefings.*

When making a nomination consider utilising your health and wellbeing staff, staff with high levels of first aid competency and staff who are likely to remain at the school.

Step Three

Once nominated staff have complete their competency check training, it is recommended that the school principal (or delegate) **request that all staff** (prioritising those working with a student deemed at risk of an anaphylactic reaction) **undertake the ASCIA e-training** (also available via the Department's website).

School staff could be encouraged to complete the course on their own within their own non-teaching hours.

Alternatively, time could be set aside for staff to complete the course within a group settings (this may promote timely completion of the course, although each staff member would need access to a computer).

Step Four

Staff trained in undertaking the autoinjector competency checks should **undertake checks for all school staff who have completed the ASCIA e-training within 30 days**.

The bulk of the competency checks could be undertaken in a group setting (for example prior to, or at the conclusion of a staff meeting or briefing).

***School Anaphylaxis Supervisors** will also need to make themselves available for individual appointments for staff who need to undertake the online training during the year.*

Step Five

Principal (or delegate) to **check that all staff who are required to undertake the ASCIA e-training and competency check have done so**. Action should be taken to ensure that all staff working with a student who is deemed at risk of an anaphylactic reaction are trained.

Please note that in Terms 1 and 2, 2016, staff will still be able to access a funded place at the St John Ambulance face-to-face training. This may be necessary if the autoinjector competency check training has not yet been rolled out in your area and you have untrained staff members working with a student deemed at risk of an anaphylactic reaction.

Alternatively in the event that trained staff are unavailable to undertake competency checks, consider seeking support from a school in your network.

Step Six

Principal (or delegate) to **ensure that staff refresh their online training every 2 years and that Anaphylaxis Supervisors complete autoinjector competency check training every 3 years**.

Principal (or delegate) to also ensure that any new staff complete the online training and undergo a competency check.

Consider sending reminders to staff, utilising induction processes to highlight training requirements to new staff and using the twice-yearly briefings to remind staff of their obligations to keep their training up to date.

Should you require advice or support with complying with the anaphylaxis legislation and/or in in developing individual management plans for each child at risk of anaphylaxis please contact the Departmentally funded Anaphylaxis Support Line, hosted by the Royal Children's Hospital on 1300 725 911

Appendix 6

Annual Risk Management Checklist

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

General Information	
1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an Adrenaline Autoinjector?	
2. How many of these students carry their Adrenaline Autoinjector on their person?	
3. Have any students ever had an allergic reaction requiring medical intervention at school?	☐ Yes ☐ No
a. If Yes, how many times?	
4. Have any students ever had an Anaphylactic Reaction at school?	☐ Yes ☐ No
a. If Yes, how many students?	
b. If Yes, how many times	
5. Has a staff member been required to administer an Adrenaline Autoinjector to a student?	☐ Yes ☐ No
a. If Yes, how many times?	
6. Was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?	☐ Yes ☐ No

Section 1: Training	
7. 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 approved Anaphylaxis Management Training Course, either: • ASCIA e-training within the last 2 years, or • accredited face to face training (22300VIC or 10313NAT) within the last 3 years?	☐ Yes ☐ No
8. Does your school conduct twice yearly briefings annually? If no, why not as this is a requirement for school registration?	☐ Yes ☐ No
9. Do all school staff participate in a twice yearly briefing? If no, why as this is a requirement for school registration?	☐ Yes ☐ No
10. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)?	☐ Yes ☐ No
11. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen®) within 30 day of completing the ASCIA Anaphylaxis e-training for Victorian Schools?	☐ Yes ☐ No
Section 2: Individual Anaphylaxis Management Plans	
12. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an Adrenaline Autoinjector have an Individual Anaphylaxis Management Plan and ASCIA Action Plan completed and signed by a prescribed Medical Practitioner?	☐ Yes ☐ No
13. Are all Individual Anaphylaxis Management Plans reviewed regularly with Parents (at least annually)?	☐ Yes ☐ No
14. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?	
a. During classroom activities, including elective classes	☐ Yes ☐ No
b. In canteens or during lunch or snack times	☐ Yes ☐ No
c. Before and after School, in the school yard and during breaks	☐ Yes ☐ No
d. For special events, such as sports days, class parties and extra-curricular activities	☐ Yes ☐ No
e. For excursions and camps	☐ Yes ☐ No
f. Other	☐ Yes ☐ No
15. Do all students who carry an Adrenaline Autoinjector on their person have a copy of their ASCIA Action Plan kept at the School (provided by the Parent)?	☐ Yes ☐ No

a. Where are the Action Plans kept?	
16. Does the ASCIA Action Plan include a recent photo of the student?	☐ Yes ☐ No
17. Have the Individual Management Plans (for students at risk of anaphylaxis) been reviewed prior to any off site activities (such as sport, camps or special events), and where appropriate reviewed in consultation with the student's parent/s?	☐ Yes ☐ No
Section 3: Storage and Accessibility of Adrenaline Autoinjectors	
18. Where are the student(s) Adrenaline Autoinjectors stored?	
19. Do all School Staff know where the School's Adrenaline Autoinjectors for General Use are stored?	☐ Yes ☐ No
20. Are the Adrenaline Autoinjectors stored at room temperature (not refrigerated)?	☐ Yes ☐ No
21. Is the storage safe?	☐ Yes ☐ No
22. Is the storage unlocked and accessible to School Staff at all times? Comments:	☐ Yes ☐ No
23. Are the Adrenaline Autoinjectors easy to find? Comments:	☐ Yes ☐ No
24. Is a copy of student's Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) kept together with the student's Adrenaline Autoinjector?	☐ Yes ☐ No
25. Are the Adrenaline Autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student's names?	☐ Yes ☐ No
26. Has someone been designated to check the Adrenaline Autoinjector expiry dates on a regular basis? Who? ……	☐ Yes ☐ No
27. Are there Adrenaline Autoinjectors which are currently in the possession of the School and which have expired?	☐ Yes ☐ No
28. Has the School signed up to EpiClub or ANA-alert (optional free reminder services)?	☐ Yes ☐ No

29. Do all School Staff know where the Adrenaline Autoinjectors and the Individual Anaphylaxis Management Plans are stored?	☐ Yes ☐ No
30. 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
31. Where are these first aid kits located? Do staff know where they are located?	☐ Yes ☐ No
32. Is the Adrenaline Autoinjector for General Use clearly labelled as the 'General Use' Adrenaline Autoinjector?	☐ Yes ☐ No
33. Is there a register for signing Adrenaline Autoinjectors in and out when taken for excursions, camps etc?	☐ Yes ☐ No
Section 4: Prevention Strategies	
34. 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
35. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why not as this is a requirement for school registration?	☐ Yes ☐ No
36. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	☐ Yes ☐ No
Section 5: School Management and Emergency Response	
37. Does the School have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	☐ Yes ☐ No
38. Do School Staff know when their training needs to be renewed?	☐ Yes ☐ No
39. Have you developed Emergency Response Procedures for when an allergic reaction occurs?	☐ Yes ☐ No
a. In the class room?	☐ Yes ☐ No
b. In the school yard?	☐ Yes ☐ No
c. In all School buildings and sites, including gymnasiums and halls?	☐ Yes ☐ No
d. At school camps and excursions?	☐ Yes ☐ No
e. On special event days (such as sports days) conducted, organised or attended by the School?	☐ Yes ☐ No
40. Does your plan include who will call the Ambulance?	☐ Yes ☐ No

41. Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA Action Plan for Anaphylaxis?	☐ Yes ☐ No
42. Have you checked how long it will take to get to the Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) to a student from various areas of the School including:	☐ Yes ☐ No
a. The class room?	☐ Yes ☐ No
b. The school yard?	☐ Yes ☐ No
c. The sports field?	☐ Yes ☐ No
43. 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
44. Who will make these arrangements during excursions? ……	
45. Who will make these arrangements during camps? ……	
46. Who will make these arrangements during sporting activities? ……	
47. Is there a process for post incident support in place?	☐ Yes ☐ No
48. Have all School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction and any other staff identified by the Principal, been briefed on:	
a. The School's Anaphylaxis Management Policy?	☐ Yes ☐ No
b. The causes, symptoms and treatment of anaphylaxis?	☐ Yes ☐ No
c. The identities of students with a medical condition that relates to allergy and the potential for an anaphylactic reaction, and who are prescribed an Adrenaline Autoinjector, including where their medication is located?	☐ Yes ☐ No
d. How to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector?	☐ Yes ☐ No
e. The School's general first aid and emergency response procedures for all in-school and out-of-school environments?	☐ Yes ☐ No
f. Where the Adrenaline Autoinjector(s) for General Use is kept?	☐ Yes ☐ No
g. Where the Adrenaline Autoinjectors for individual students are located including if they carry it on their person?	☐ Yes ☐ No

Section 6: Communication Plan	
49. Is there a Communication Plan in place to provide information about anaphylaxis and the School's policies?	
a. To School Staff?	☐ Yes ☐ No
b. To students?	☐ Yes ☐ No
c. To Parents?	☐ Yes ☐ No
d. To volunteers?	☐ Yes ☐ No
e. To casual relief staff?	☐ Yes ☐ No
50. Is there a process for distributing this information to the relevant School Staff?	☐ Yes ☐ No
a. What is it?	
51. How is this information kept up to date?	
52. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	☐ Yes ☐ No
53. What are they?	