



KENT PARK PRIMARY SCHOOL ANAPHYLAXIS POLICY

BACKGROUND

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, 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 the school.

Adrenaline given through an EpiPen® autoinjector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

PURPOSE

- 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.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.
- To engage with parents/guardians of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- 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.

SCHOOL STATEMENT

- Kent Park Primary School will fully comply with **Ministerial Order 706** and the associated Guidelines published and amended by the Department
- Kent Park Primary School will develop and maintain an Anaphylaxis Policy.

STAFF TRAINING

All school staff must complete the ASCIA Anaphylaxis e-training for Victorian Schools, followed by a competency check by the School Anaphylaxis Supervisor. This course is provided by ASCIA and is valid for 2 years.

All staff will attend twice yearly briefings on Anaphylaxis Management under MO706, incorporating:

- Correct use and administration of an EpiPen
- Ensuring all staff is familiar with students in the school at risk of an anaphylactic reaction.

Training will be provided to staff as soon as practicable after the student enrolls.

Wherever possible, training will take place before the student's first day at school. Where this is not possible, an interim plan will be developed in consultation with the parents/guardians.

The Principal/Assistant Principal will identify the school staff to be trained based on a risk assessment. (See Annual Risk Management Checklist - *Appendix C attached*).

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

The Principal/Assistant Principal will ensure that an Individual Anaphylaxis Management Plan is developed (See Appendix – www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx - as attached), in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrolls, and where possible before their first day of school.



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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.
- An ASCIA Action Plan for Anaphylaxis. The red and blue 'ASCIA Action Plan for Anaphylaxis' is the recognised form for emergency procedure plans that is provided by medical practitioners to parents when a child is diagnosed as being at risk of anaphylaxis. (See Appendix B – www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx)

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

The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents in all of the following circumstances:

- annually
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- as soon as practicable after the student has an anaphylactic reaction at school
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects, cultural days, fetes, incursions).

It is the responsibility of the parents/guardians to:

- provide the ASCIA Action Plan
- inform the school in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan
- provide an up to date photo for the ASCIA Action Plan when that Plan is provided to the school and when it is reviewed
- provide the school with an adrenaline autoinjector that is current (the date has not expired) for their child.

PREVENTION STRATEGIES

- Our school will put in place risk minimisation and prevention strategies for all relevant in-school and out-of-school settings which include (but are not limited to) the following:
 - during classroom activities (including class rotations, specialist and elective classes)
 - between classes and other breaks
 - in canteens
 - during recess and lunchtimes
 - before and after school
 - special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.



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RISK MINIMISATION AND PREVENTION STRATEGIES AS FOLLOWS:

CLASSROOMS	
1	Keep a copy of the student's Individual Anaphylaxis Plan in the classroom. Be sure the ASCIA Action Plan is easily accessible even if the Adrenaline Autoinjector is kept in another location.
2	Liaise with parents about food related activities ahead of time.
3	Never give food from outside sources to a student who is at risk of anaphylaxis.
4	Products labelled 'may contain traces of nuts' should not be serviced to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
5	Be aware of the possibility of hidden allergens in food and other substances used in cooking activities (e.g. egg or milk cartons, empty peanut butter jars).
6	Ensure all cooking utensils, preparation dishes, plates and knives and forks etc. are washed and cleaned thoroughly after preparation of food and cooking.
7	Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
8	Ensure casual relief teachers, specialist teachers and volunteers are aware of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Autoinjector, the School's Anaphylaxis Management Policy and each individual person's responsibility in managing an incident, ie. seeking a trained staff member.

CANTEEN	
1	Canteen staff should be above to demonstrate satisfactory training in food allergen management and its implication on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading etc.
2	Canteen staff, including volunteers, should be briefed about students at risk of anaphylaxis.
3	Display the student's name and photo in the canteen.
4	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
5	Make sure that tablets and surfaces are wiped down with warm soapy water regularly.
6	Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.

YARD	
1	Sufficient school staff on yard duty must be trained in the administration of the Adrenaline Autoinjector (ie. EpiPen/Anapen) to be able to respond quickly to an anaphylactic reaction if needed.
2	All yard duty bags contain laminated cards with the names and photographs of Anaphylactic students.
3	The Adrenaline Autoinjector and each individual student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location as per Anaphylaxis Communication Plan.



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SPECIAL EVENTS (eg. in-school sporting events, incursions, class parties, etc.)	
1	Sufficient school staff supervising the events must be trained in the administration of the Adrenaline Autoinjector (ie. Epipen/Anapen) to be able to respond quickly to an anaphylactic reaction if needed.
2	School staff should avoid using food in activities or games, including as rewards.
3	For special occasions, school staff should consult parents in advance to either develop an alternative food menu or request the parents to send alternative food for the student.
4	The Adrenaline Autoinjector and each individual student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location as per Anaphylaxis Communication Plan.

CAMPS AND REMOTE SETTINGS	
1	Prior to engaging a camp owner/operator's services, the school should make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the school, then the school should consider using an alternative provider.
2	Schools must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseen injury and this duty cannot be delegated to any third party.
3	The Camp Bags contain laminated cards with the names and photographs of Anaphylactic students.
	The student's Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp.
	Prior to the camp taking place, school staff should consult with the student's parents to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
	School staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all school staff participating in the camp are clear about their roles and responsibilities.
	Prior to camp, school staff will consult with the student's parents regarding the parent supplying a second Adrenaline Autoinjector from home to take on camp in case of emergency.
	The Adrenaline Autoinjector should remain close to the student and school staff must be aware of its location at all times during the camp.
	Consider the potential exposure to allergens when consuming food on buses and in cabins.

SCHOOL MANAGEMENT AND EMERGENCY RESPONSE

- In the event of an anaphylactic reaction, the school's first aid procedures and students' emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.
- An up to date list of students identified as having potential for an anaphylactic reaction, together with a copy of the Anaphylaxis Communication Plan, has been provided to all staff and Canteen volunteers.



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- Student's Adrenaline Autoinjector, together with copy of student's Individual Anaphylaxis Management Plans and SCIA Action Plans for Anaphylaxis are kept in the back office of their classroom, clearly marked and visible in case of emergency.
- 2 spare General Use Adrenaline Autoinjectors are also kept on top of safe in back room of School Administration Office (together with copies of student's Individual Anaphylaxis Management Plans and SCIA Action Plans for Anaphylaxis) in case of emergency.

EMERGENCY RESPONSE (as per Anaphylaxis Communication Plan)

	NORMAL ON-SITE SCHOOL ACTIVITIES	OFF-SITE ACTIVITIES
STAFF	<u>Classroom</u> <ul style="list-style-type: none"> • Emergency call to office. • Administer individual autoinjector (stored in classroom office clearly marked and visible together with Individual Anaphylaxis Management Plans and SCIA Action Plans for Anaphylaxis). • Phone 000 <u>Yard Duty</u> <ul style="list-style-type: none"> • Emergency call to school office from mobile phone, for autoinjector to be brought to specific location. • Office member to take general use autoinjector from top of safe in back room of admin,office to specific location and staff member to administer same. • Phone 000 	<ul style="list-style-type: none"> • Teacher in charge of student to immediately access and administer autoinjector and Individual Management Plan. • Phone 000
VOLUNTEERS	Inform classroom teacher immediately of response.	Inform classroom teacher immediately of response.
RELIEF STAFF	<u>Classroom</u> <ul style="list-style-type: none"> • Emergency call to office. • Administer individual autoinjector (stored in classroom office clearly marked and visible) together with Individual Anaphylaxis Management Plans and SCIA Action Plans for Anaphylaxis • Phone 000 <u>Yard Duty</u> <ul style="list-style-type: none"> • Emergency call to office from mobile phone, for autoinjector to be brought to specific location. • Office member to take general use autoinjector from top of safe in back room of admin. office to specific location and staff member to administer same. • Phone 000 	
PARENTS/ CARERS/ GUARDIANS	Inform classroom teacher immediately of response.	Inform classroom teacher /teacher in charge of response.
STUDENT	Inform classroom teacher immediately of response.	Inform classroom teacher / teacher in charge immediately of response.



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ADRENALINE AUTOINJECTORS FOR GENERAL USE

The Principal (or authorised first aid person) will purchase adrenaline autoinjector(s) for general use (purchased by the school). These will be stored on top of the safe in the back room of the Administration Office.

The Principal (or authorised first aid person) will determine the number of additional adrenaline autoinjector(s) required. In doing so, the principal will 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 adrenaline autoinjectors that have been provided by parents of students who have been diagnosed as being at risk of anaphylaxis will be stored in the relevant student's classroom, clearly marked.
- Two (2) adrenaline autoinjectors for general use will be stored in the back room of the Main School Office.
- Adrenaline autoinjectors for general use have a limited life, usually expiring within 12-18 months, and will be replaced at the school's expense, either at the time of use or expiry, whichever is first.

COMMUNICATION PLAN

The Communication Plan includes information about what steps will be taken by staff, relief staff and volunteers, to respond to an anaphylactic reaction by a student in a classroom, in the school yard, on school excursions, on school camps and special event days.

ANAPHYLAXIS COMMUNICATION PLAN

	INFORMING RE ANAPHYLAXIS POLICY	NORMAL ON-SITE SCHOOL ACTIVITIES	OFF-SITE OR OUT OF SCHOOL ACTIVITIES
STAFF	<ul style="list-style-type: none"> • Will have completed the ASCIA Anaphylaxis e-training for Victorian Schools, followed by a competency check by the School Anaphylaxis Supervisor. This course is provided by ASCIA and is valid for 2 years. • Been briefed at least twice per calender year on Anaphylaxis Management under MO706, incorporating the correct use and administration of an EpiPen. • Been advised of students with students with Anaphylaxis and Individual Anaphylaxis Management Plans. 	<p><u>Classroom</u></p> <ul style="list-style-type: none"> • Emergency call to office. • Administer individual autoinjector (stored in classroom office clearly marked and visible together with Individual Anaphylaxis Management Plans and SCIA Action Plans for Anaphylaxis). • Phone 000 <p><u>Yard Duty</u></p> <ul style="list-style-type: none"> • Emergency call to school office from mobile phone, for autoinjector to be brought to specific location. • Office member to take general use autoinjector from top of safe in back room of admin,office to specific location and staff member to administer same. • Phone 000 	<ul style="list-style-type: none"> • Teacher in charge of student to immediately access and administer autoinjector and Individual Management Plan. • Phone 000
VOLUNTEERS		Inform classroom teacher immediately of response.	Inform classroom teacher immediately of response.
RELIEF STAFF		<p><u>Classroom</u></p> <ul style="list-style-type: none"> • Emergency call to office. • Administer individual autoinjector (stored in classroom office clearly 	



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		marked and visible) together with Individual Anaphylaxis Management Plans and SCIA Action Plans for Anaphylaxis • Phone 000 <u>Yard Duty</u> • Emergency call to office from mobile phone, for autoinjector to be brought to specific location. • Office member to take general use autoinjector from top of safe in back room of admin. office to specific location and staff member to administer same. Phone 000	
PARENTS	• Newsletter information	Inform classroom teacher immediately of response.	Inform classroom teacher /teacher in charge of response.
STUDENT	• Newsletter information • Classroom information	Inform classroom teacher immediately of response.	Inform classroom teacher / teacher in charge immediately of response.

It is the responsibility of the Principal of the school to ensure that the relevant school staff have:

- completed the ASCIA Anaphylaxis e-training for Victorian Schools, followed by a competency check by the School Anaphylaxis Supervisor. This course is provided by ASCIA and is valid for 2 years.
- Been briefed at least twice per calendar year on Anaphylaxis Management under MO706, incorporating the correct use and administration of an EpiPen.

Appendices :

- A - Anaphylaxis Management Plan
- B - ASCIA Action Plan for Anaphylaxis
- C - Anaphylaxis Risk Management Checklist

References :

- [DET Anaphylaxis Policy](#)
- [DET Health Support Planning Policy](#)
- **EVALUATION** This policy will be reviewed as part of the cyclic annual review process, and updated when required.

Date Implemented	2014
Author	Based on DET guidelines (adapted by First Aid Officer and Principal)
Approved By	School Council
Approval Authority	<i>Josef Bortignon</i> <i>Alison Macauley</i>
Date Reviewed	June 2016
Date Ratified	July 11 th , 2016
Responsible for Review	Principal/Assistant Principal
Review Date	August 2019 (Annual update for Procedure/Process)
References	<ul style="list-style-type: none"> • DET Anaphylaxis Policy • DET Health Support Planning Policy



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Appendices A - Individual Anaphylaxis Management Plan

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

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

School		Phone	
Student			
DOB		Year level	
Severely allergic to:			
Other health conditions			
Medication at school			

EMERGENCY CONTACT DETAILS (PARENT/CARER/GUARDIAN)

Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	

EMERGENCY CONTACT DETAILS (ALTERNATE)

Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	

Medical practitioner contact	Name	
	Phone	



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Emergency care to be provided at school	
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Storage for adrenaline autoinjector (device specific) (EpiPen®)	
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ENVIRONMENT

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

Name of environment/area:

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

Name of environment/area:

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

Name of environment/area:

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



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

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www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

Name: _____ For use with EpiPen® adrenaline autoinjectors
 Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

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

Plan prepared by:
 Dr: _____

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

Signed: _____

Date: _____
 Date of next review: _____

MILD TO MODERATE ALLERGIC REACTION

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

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help.
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector.
- Give other medications (if prescribed) _____
- Phone family/emergency contact.

Mild to moderate allergic reactions may not always occur before anaphylaxis

Watch for **ANY ONE** of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION FOR ANAPHYLAXIS

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.**
- 2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector.**
- 3 Phone ambulance*: 000 (AU) or 111 (NZ).**
- 4 Phone family/emergency contact.**
- 5 Further adrenaline doses may be given if no response after 5 minutes, if another adrenaline autoinjector is available.**

If in doubt, give adrenaline autoinjector

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

EpiPen® is generally prescribed for adults and children over 5 years.

EpiPen® Jr is generally prescribed for children aged 1-5 years.

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector **FIRST**, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector **FIRST**, then asthma reliever.

Asthma: Y N Medication: _____

How to give EpiPen®



Form fist around EpiPen® and **PULL OFF BLUE SAFETY RELEASE.**



PLACE ORANGE END against outer mid-thigh (with or without clothing).



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

REMOVE EpiPen®. Massage injection site for 10 seconds.

Instructions are also on the device label and at: www.allergy.org.au/anaphylaxis



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<p>This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):</p> <p>annually</p> <p>if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes</p> <p>as soon as practicable after the student has an anaphylactic reaction at school</p> <p>when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects, cultural days, fetes, incursions).</p> <p>I have been consulted in the development of this Individual Anaphylaxis Management Plan.</p> <p>I consent to the risk minimisation strategies proposed.</p> <p>Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines</p>	
Signature of parent:	
Date:	
<p>I have consulted the parents of the students and the relevant school staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.</p>	
Signature of principal (or nominee):	
Date:	

Appendix B - Action Plan for Anaphylaxis

Appendix C - Annual risk management checklist (next page)



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Annual risk management checklist (reviewed at the start of each year)

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

General information

1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an adrenaline autoinjector?	
2. How many of these students carry their adrenaline autoinjector on their person?	
3. Have any students ever had an allergic reaction requiring medical intervention at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?	
4. Have any students ever had an anaphylactic reaction at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many students?	
b. If Yes, how many times	
5. Has a staff member been required to administer an adrenaline autoinjector to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?	
6. If your school is a government school, was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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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: <ul style="list-style-type: none"> ASCIA e-training within the last 2 years, or accredited face to face training (22300VIC or 10313NAT) within the last 3 years? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does your school conduct twice yearly briefings annually? If no, why not as this is a requirement for school registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do all school staff participate in a twice yearly briefing? If no, why as this is a requirement for school registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 which includes an ASCIA Action Plan for Anaphylaxis completed and signed by a prescribed medical practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In canteens or during lunch or snack times	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Before and after school, in the school yard and during breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. For special events, such as sports days, class parties and extra-curricular activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. For excursions and camps	<input type="checkbox"/> Yes <input type="checkbox"/> No



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f. Other	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are the Action Plans kept?	
16. Does the ASCIA Action Plan include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Are the adrenaline autoinjectors stored at room temperature (not refrigerated)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Is the storage unlocked and accessible to school staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Are the adrenaline autoinjectors easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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26. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis? Who?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Are there adrenaline autoinjectors which are currently in the possession of the school and which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Has the school signed up to EpiClub or ANA-alert (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Do all school staff know where the adrenaline autoinjectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Has the school purchased adrenaline autoinjector(s) for general use, and have they been placed in the school's first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Where are these first aid kits located? Do staff know where they are located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4: Prevention strategies	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 5: School management and emergency response	
37. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Do school staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Have you developed Emergency Response Procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No



KENT PARK PRIMARY SCHOOL ANAPHYLAXIS POLICY

a. In the class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In all school buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Have you checked how long it will take to get to the adrenaline autoinjector and the individual ASCIA Action Plan for Anaphylaxis to a student from various areas of the school including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The classroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The schoolyard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 attend, and any other staff identified by the principal, been briefed on:	



KENT PARK PRIMARY SCHOOL ANAPHYLAXIS POLICY

a. The school's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students with a medical condition that relates to allergy and the potential for an anaphylactic reaction, and who are prescribed an adrenaline autoinjector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an adrenaline autoinjector, including hands on practise with a trainer adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the adrenaline autoinjector(s) for general use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 6: Communication Plan	
49. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?	
a. To school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To parents/guardians?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
50. Is there a process for distributing this information to the relevant school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
53. What are they?	