ANAPHYLAXIS POLICY

Clarinda Primary School

ANAPHYLAXIS MANAGEMENT POLICY

Clarinda Primary School will fully comply with Minsterial Order 706 and associated Guidelines published and amended by the Department from time to time.

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 school.

Adrenaline given through an adrenaline auto-injector 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/carers 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.

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

Note: A template of an Individual Anaphylaxis Management Plan can be found in Appendix 3 of the Anaphylaxis Guidelines for Victorian Schools or the Department's website:
http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx
See Appendix C of this document

The Principal will ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

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

The Individual Anaphylaxis Management Plan will set out the following:

- Information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a written diagnosis from a Medical Practitioner).
- Strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the School.

ANAPHYLAXIS MANAGEMENT POLICY

Note: Chapter 8 of the Anaphylaxis Guidelines for Victorian Schools contains advice about a range of prevention strategies that can be put in place. **See Appendix C of this document.**

1. Persons responsible for implementing the strategies – Principal and Business Manager.
2. The student medication information will be stored in the school office.
3. The student's emergency contact details will be stored in the main office and classroom.
4. An emergency procedures plan (ASCIA Action Plan), provided by the parent, that:
    - sets out the emergency procedures to be taken in the event of an allergic reaction;
    - is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan; and
    - includes an up-to-date photograph of the student - sick bay, main office and classroom.
    - emergency information will also be attached to the yard duty first aid bags.

Note: The student 'ASCIA Action Plan for Anaphylaxis' is the recognised form for emergency procedure plans that is provided by medical practitioners to parents when a child is diagnosed as being at risk of anaphylaxis.
An example can be found in Appendix 3 of the Anaphylaxis Guidelines or downloaded from http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx
See Appendix D of this document

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

- annually, and as applicable.
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes.
- as soon as practicable after a 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 to:

- provide the emergency procedures plan (ASCIA Action Plan).
- inform the school in writing if their child's medical condition changes and if relevant, provide an updated emergency procedures plan (ASCIA Action Plan).
- provide an up to date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed.
- provide the School with an adrenaline auto-injector that is current and not expired for their child.

SCHOOL MANAGEMENT AND EMERGENCY RESPONSE

Note: Chapter 9 of the Anaphylaxis Guidelines for Victorian Schools contains advice about a range of Prevention Strategies that can be put in place. **See Appendix C of this document.**

A School's Anaphylaxis Management Policy must include details of how the policy integrates with the School's general first aid and emergency response procedures.

The School's Anaphylaxis Management Policy must include Emergency Response Procedures relating to anaphylactic reactions including:

- 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;
- details of Individual Anaphylaxis Management Plans and ASCIA Action Plans and where these can be located including:
  - in a classroom;
  - in the school yard;
  - in all school buildings and sites including gymnasiums and halls;
  - on school excursions;
  - on school camps; and
  - at special events conducted, organised or attended by the School.
- an outline of the storage and accessibility of Adrenaline Autoinjectors, including those for general use; and
- how communication with school staff, students and parents is to occur in accordance with a Communication Plan that complies with Chapter 11.

The School's Anaphylaxis Management Policy must state 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 School outside of normal class activities, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the School, the Principal must ensure that there are a sufficient number of School Staff present who have been trained in accordance with Chapter 12.

The School's Anaphylaxis Management Policy must state that in the event of an anaphylactic reaction, the Emergency Response Procedures in its policy must be followed, together with the School's general first aid and emergency response procedures and the student's ASCIA Action Plan.

COMMUNICATION PLAN

Note: Chapter 11 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.

The Principal will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the school's anaphylaxis management policy.

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 school yard, in all school buildings, on school excursions, on school camps and at special events conducted, organised or attended by the school.

Volunteers and casual relief staff working with students at risk of anaphylaxis will be informed and their role explained in responding to an anaphylactic reaction by a student in their care by Principal, Assistant Principal or Business Manager (as appropriate).

All parents of children identified as anaphylactic will be given a copy of the Clarinda Primary School Anaphylaxis Policy.

STAFF TRAINING

All staff will be briefed once per semester by a staff member who has up to date anaphylaxis management training on:

- the school'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 adrenaline auto-injector, including hands on practice with a trainer device.
- the school's first aid and emergency response procedures.
- the location of adrenaline auto-injectors that have been provided by parents.

Teachers and other school staff who conduct classes which students at risk of anaphylaxis attend, or who give instruction to students at risk of anaphylaxis, must have up to date training in an anaphylaxis management training course (completed a training course in the last 12 months).
At other times while the student is under the care or supervision of the school, 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 (completed a training course in the 3 years prior).
The principal will identify the school staff to be trained based on a risk assessment.

Note: A template of the Risk Management Checklist can be found at Appendix 4 of the Anaphylaxis Guidelines for Victorian Schools or the Department website:
http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx
See Appendix E of this document

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

The school's first aid procedures and student's emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction. In many schools this will mean that the majority or all staff will need to be trained.

Note: A video has been developed and can be viewed from
http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx

Appendices

Appendix A Anaphylaxis Emergency response

Appendix B Individual Anaphylaxis Management Plan

Appendix C Anaphylaxis Prevention Strategies

Appendix D ASCIA Action Plan

Appendix E Anaphylaxis Risk Mangement Checklist

Appendix A: Emergency Response

The Adrenaline Autoinjector should then be administered following the instructions in the student's ASCIA Action Plan.

How to administer an EpiPen®	
1.	Remove from plastic container.
2.	Form a fist around EpiPen® and pull off the blue safety cap.
3.	Place orange end against the student's outer mid-thigh (with or without clothing).
4.	Push down hard until a click is heard or felt and hold in place for 10 seconds.
5.	Remove EpiPen®.
7.	Massage injection site for 10 seconds.
8.	Note the time you administered the EpiPen®.
9.	The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

How to administer an AnaPen®	
1.	Remove from box container and check the expiry date.
2.	Remove black needle shield.
3.	Form a fist around Anapen® and remember to have your thumb in reach of the red button, then remove grey safety cap.
4.	Place needle end against the student's outer mid-thigh.
5.	Press the red button with your thumb so it clicks and hold it for 10 seconds.
6.	Replace needle shield and note the time you administered the Anapen®.
7.	The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

If an Adrenaline Autoinjector is administered, the School must	
1.	**Immediately** call an ambulance (000/112).
2.	Lay the student flat and elevate their legs. Do not allow the student to stand or walk. If breathing is difficult for them, allow them to sit but not to stand.
3.	Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a worsening condition. Ask another member of the School Staff to move other students away and reassure them elsewhere.
4.	In the situation where there is no improvement or **severe symptoms** progress (as described in the ASCIA Action Plan), a second injection (of the same dosage) may be administered after five minutes, if a second autoinjector is available (such as the Adrenaline Autoinjector for General Use).
5.	**Then** contact the student's emergency contacts.
6.	**For government and Catholic schools - later,** contact Security Services Unit, Department of Education and Early Childhood Development to report the incident on 9589 6266 (available 24 hours a day, 7 days a week). A report will then be lodged on IRIS (Incident Reporting Information System).

Always call an ambulance as soon as possible (000)

Appendix B: 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.

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)

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

EMERGENCY CONTACT DETAILS (ALTERNATE)

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

Medical practitioner contact	**Name**	
	Phone	

Emergency care to be provided at school	
Storage for Adrenaline Autoinjector (device specific) (EpiPen®/ Anapen®)	

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?

Appendix C: Risk Minimization and Prevention Strategies

Classrooms	
1.	Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan is easily accessible even if the Adrenaline Autoinjector is kept in another location.
2.	Liaise with Parents about food-related activities ahead of time.
3.	Use non-food treats where possible, but if food treats are used in class it is recommended that Parents of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
4.	Never give food from outside sources to a student who is at risk of anaphylaxis.
5.	Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.
6.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
7.	Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
8.	Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
9.	Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
10.	A designated staff member should inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Autoinjector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. ie seeking a trained staff member.

Playground	
1.	If a School has a student who is at risk of anaphylaxis, sufficient School Staff on yard duty must be trained in the administration of the Adrenaline Autoinjector (i.e. EpiPen®/ Anapen®) to be able to respond quickly to an anaphylactic reaction if needed.
2.	The Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location. (**Remember that an anaphylactic reaction can occur in as little as a few minutes**).
3.	Schools must have a Communication Plan in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. This may include options of all yard duty staff carrying emergency cards in yard-duty bags, walkie talkies or yard-duty mobile phones. All staff on yard duty must be aware of the School's Emergency Response Procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.
4.	Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.
5.	Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. School Staff should liaise with Parents to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
6.	Keep lawns and clover mowed and outdoor bins covered.
7.	Students should keep drinks and food covered while outdoors.

Special events (e.g. sporting events, incursions, class parties, etc.)	
1.	If a School has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.
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 a meal for the student.

4.	Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at School or at a special School event.
5.	Party balloons should not be used if any student is allergic to latex.

Field trips/excursions/sporting events	
1.	If a School has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector and be able to respond quickly to an anaphylactic reaction if required.
2.	A School Staff member or team of School Staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions.
3.	School Staff should avoid using food in activities or games, including as rewards.
4.	The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis should be easily accessible and School Staff must be aware of their exact location.
5.	For each field trip, excursion etc, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio. All School Staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
6.	The School should consult Parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the Parents provide a meal (if required).
7.	Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with Parents as another strategy for supporting the student who is at risk of anaphylaxis.
8.	Prior to the excursion taking place School Staff should consult with the student's Parents and Medical Practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.

Camps and remote settings	
	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 service provider.
	The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
	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 foreseeable injury and this duty cannot be delegated to any third party.
	Schools should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with Parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
	School Staff should consult with Parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.
	If the School has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should also consider alternative means for providing food for those students.
	Use of substances containing allergens should be avoided where possible.
	Camps should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts.
	The student's Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.

Prior to the camp taking place School Staff should consult with the student's Parents to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.

Appendix D: ASCIA Anaphylaxis Action Plan

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

ACTION PLAN FOR Anaphylaxis

For use with EpiPen® Adrenaline Autoinjectors

Name: _____
Date of birth: _____

Photo

Confirmed allergens:
_____
_____

Asthma Yes ☐ No ☐

Family/emergency contact name(s):
_____
_____

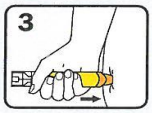
Work Ph: _____
Home Ph: _____
Mobile Ph: _____

Plan prepared by:
Dr: _____
Signed: _____
Date: _____

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

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

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

Mild to moderate allergic reactions may or may not precede 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

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**
3 **Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)**
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.
If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

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.

Additional information _____

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.

Appendix E: Annual Risk Management Checklist

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

General Information	
1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an Adrenaline Autoinjector?	
2. How many of these students carry their Adrenaline Autoinjector on their person?	
3. Have any students ever had an allergic reaction requiring medical intervention at school?	☐ 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: Individual Anaphylaxis Management Plans	
7. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an Adrenaline Autoinjector have an Individual Anaphylaxis Management Plan and ASCIA Action Plan completed and signed by a prescribed Medical Practitioner?	☐ Yes ☐ No
8. Are all Individual Anaphylaxis Management Plans reviewed regularly with Parents (at least annually)?	☐ Yes ☐ No
9. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?	
a. During classroom activities, including elective classes	☐ Yes ☐ 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
10. Do all students who carry an Adrenaline Autoinjector on their person have a copy of their ASCIA Action Plan kept at the School (provided by the Parent)?	☐ Yes ☐ No
a. Where are they kept?	
11. Does the ASCIA Action Plan include a recent photo of the student?	☐ Yes ☐ No
SECTION 2: Storage and Accessibility of Adrenaline Autoinjectors	
12. Where are the student(s) Adrenaline Autoinjectors stored?	
13. Do all School Staff know where the School's Adrenaline Autoinjectors for General Use are stored?	☐ Yes ☐ No
14. Are the Adrenaline Autoinjectors stored at room temperature (not refrigerated)?	☐ Yes ☐ No
15. Is the storage safe?	☐ Yes ☐ No

16. Is the storage unlocked and accessible to School Staff at all times? Comments:	☐ Yes ☐ No
17. Are the Adrenaline Autoinjectors easy to find? Comments:	☐ Yes ☐ No
18. Is a copy of student's Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) kept together with the student's Adrenaline Autoinjector?	☐ Yes ☐ No
19. Are the Adrenaline Autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student's names?	☐ Yes ☐ No
20. Has someone been designated to check the Adrenaline Autoinjector expiry dates on a regular basis? Who? ……	☐ Yes ☐ No
21. Are there Adrenaline Autoinjectors which are currently in the possession of the School and which have expired?	☐ Yes ☐ No
22. Has the School signed up to EpiClub or ANA-alert (optional free reminder services)?	☐ Yes ☐ No
23. Do all School Staff know where the Adrenaline Autoinjectors and the Individual Anaphylaxis Management Plans are stored?	☐ Yes ☐ No
24. Has the School purchased Adrenaline Autoinjector(s) for General Use, and have they been placed in the School's first aid kit(s)?	☐ Yes ☐ No
25. Where are these first aid kits located?	
26. Is the Adrenaline Autoinjector for General Use clearly labelled as the 'General Use' Adrenaline Autoinjector?	☐ Yes ☐ No
27. Is there a register for signing Adrenaline Autoinjectors in and out when taken for excursions, camps etc?	☐ Yes ☐ No
SECTION 3: Prevention Strategies	
28. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	☐ Yes ☐ No

29. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why?	☐ Yes ☐ No
30. Have all School Staff who conduct classes with students with a medical condition that relates to allergy and the potential for anaphylactic reaction successfully completed an Anaphylaxis Management Training Course in the three years prior and participated in a twice yearly briefing?	☐ Yes ☐ No
31. Are there always sufficient School Staff members on yard duty who have successfully completed an Anaphylaxis Management Training Course in the three years prior?	☐ Yes ☐ No