ANAPHYLAXIS
MANAGEMENT
POLICY

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# Table Of Contents

1. **Introduction – What is Anaphylaxis**  
   Page 1

2. **College Statement**  
   Page 1

3. **Individual Student Management Plans**  
   Page 2

4. **Prevention Strategies**  
   Page 2

5. **School Management & Emergency Response**  
   Page 3
   a. **Affected Students**
   b. **Storage of EpiPens & Location of Information around the College**
   c. **First Aid Procedures**
   d. **Debriefing After An Incident**

6. **Adrenaline Auto Injectors for General Use**  
   Page 4

7. **Communication Plan**  
   Page 5

8. **Annual Risk Management Checklist**  
   Page 5

9. **Student Action Plans – Anaphylaxis/Allergies**  
   Page 33

10. **Appendices**
   a. **Appendix A - Ministerial Order 706**  
      Page 6
   b. **Appendix B - Individual Management Plans**  
      Page 12
   c. **Appendix C - Prevention Strategies**  
      Page 13
   d. **Appendix D - Affected Students**  
      Page 17
   e. **Appendix E - Storage of EpiPens & Information**  
      Page 17
   f. **Appendix F - First Aid Emergency Response**  
      Page 18
   g. **Appendix G - Review Processes**  
      Page 21
   h. **Appendix H - College Communication Plan**  
      Page 22
   i. **Appendix I – Annual Risk Management**  
      Page 25 - 32
1. INTRODUCTION

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 (eg cashews, hazelnuts, almonds), cow’s milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

The key to prevention of anaphylaxis at Ballarat Christian College is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. A solid partnership between the College and parents is important in ensuring that certain foods or items where known and as much as possible are kept away from the student whilst at school.

Ballarat Christian College will comply with Ministerial Order 706 (Appendix A) and the Anaphylaxis Guidelines related to anaphylaxis management as published and amended by the DEECD from time to time.

2. BALLARAT CHRISTIAN COLLEGE MUST:

- Provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equitably in all aspects of the student’s schooling.
- Develop and maintain an Anaphylaxis Management Policy
- Raise awareness about anaphylaxis and the College’s Anaphylaxis Management Policy in the College community.
- Develop and maintain a Communication Plan – the means by which the College informs its community.
- Engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student and in conjunction with the above, complete a Risk Management Checklist on an annual basis.
- Ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the College’s policy and procedures in responding to an anaphylactic reaction. Casual relief staff and teacher aides will be required to attend a briefing with members of permanent staff. A copy of the Anaphylaxis Policy and relevant protocols will be given to all casual relief teachers and teacher aides.
3. INDIVIDUAL MANAGEMENT PLANS

Ballarat Christian College has developed and regularly reviews the Individual Anaphylaxis Management Plans for affected students.

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

The Individual Management Plan will be in place as soon as practicable after a 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 or 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 College staff, for in-school and out-of-school settings including the school yard, at camps and excursions, or at special events conducted, organised or attended by the College;
- The name of the person/s responsible for implementing the strategies
- Information on where the student’s medication will be stored;
- The student’s emergency contact details; and
- An ASCIA Action Plan (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.

It is the responsibility of the parent to:

- Provide the 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 photo for the ASCIA Action Plan when that plan is provided to the College and when it is reviewed; and
- Provide the College with an adrenaline auto injector for their child that is current and not expired

Further detail regarding Individual Management Plans is available in Appendix B

4. PREVENTION STRATEGIES

Ballarat Christian College has prevention strategies to be used by the school to minimise the risk of an anaphylactic reactions.
Prevention strategies employed by Ballarat Christian College are outlined in Appendix C. They include strategies to minimise risk in the classroom, the canteen, the yard and at camps and special events.

5. SCHOOL MANAGEMENT & EMERGENCY RESPONSE

In the event of an anaphylactic reaction staff must follow the Emergency Response Plan and first aid information as recorded on the Individual Student Management Plans.

a. Affected Students (see Appendix D)

These students’ Individual Student Management Plans and ASCIA Action Plans are kept in: the EpiPen Folder in the Administration Office near the reception desk, in the student’s medical file near the Sick Bay, in their student files, in classroom folders and with each student’s EpiPen auto injector above the staff pigeon holes in the Administration Office, or other designated location. A generic ASCIA Action Plan and information about each student’s allergies and treatment plan is also included in the CRT folder.

The First Aid Officer is responsible for making sure the EpiPens, Individual Student Management Plans and ASCIA Action Plans are current, kept in an unlocked location easily accessible to all staff, and to ensure that all College staff know where these are located.

- Storage of EpiPens & locations of anaphylactic information at the College is included in detail in Appendix E

First Aid Procedures

The College’s first aid procedures and student emergency procedures plan (ASCIA Action Plan and Individual Student Management Plan) must be followed at all times when responding to an anaphylactic reaction.

If a student has an anaphylactic reaction at the College; whilst in the care of Ballarat Christian College, the College has a First Aid Emergency Response Procedure which is attached as Appendix F. It includes the use of the ASCIA Action Plan.

When on excursion/camp, the generic ASCIA Action Plan for Anaphylaxis and an Anaphylaxis Event Record Sheet must be included in the medical folders that accompany students, along with the individual student EpiPen and Plans.

Review

After an anaphylactic reaction has taken place that has involved a student in the College’s care and supervision, it is important that a review process takes place. The procedures for this are outlined in Appendix G.

Post Incident Support is available either through school based counselling or an external counsellor for the affected student, their family, teachers and any students witnessing the incident.
6. ADRENALINE AUTO INJECTORS FOR GENERAL USE

Ballarat Christian College has purchased back up adrenaline auto injectors for general use by the College.

The Principal is responsible for arranging for the purchase of additional adrenaline auto injector/s for general use and as a back up to those supplied by parents.

The Principal will determine the number of additional adrenaline auto injector/s required. In doing so, the Principal will take into account the following relevant considerations:

a. The number of students enrolled at the College that have been diagnosed as being at risk of anaphylaxis;

b. The accessibility of adrenaline auto injectors that have been provided by parents of students who have been diagnosed as being at risk of anaphylaxis;

c. The availability and sufficient supply of adrenaline auto injectors for general use in specified locations at the College, including in the College yard, and at excursions, camps and special events conducted or organised by the College; and

d. Staff are to make sure that EpiPens are not kept in vehicles or in any place of extreme heat, or cold (ie refrigerators) during a camp/excursion/special event. A red tool box has been provided by the College to store student medications and EpiPens in a cool location.

e. That adrenaline auto injectors for general use have a limited life, usually expiring within 12-18 months, and will need to be replaced at the College’s expense, either at the time of use or expiry, whichever is first.

Extra College EpiPens are kept in the following locations:

- Administration Office, above the pigeon holes outside the Business Manager’s Office
- In the Junior School Administration Office on the wall at reception
- the Multi-Purpose Centre in Scott McKenzie’s Office
- The Middle School Staff Room just inside the door on the left
- The Trade Training Centre in Glen Strange’s Office
- In the Area 1 Yard Duty Bag (in the Library)
- In the Area 4 Yard Duty Bag (in Room S11)
7. COMMUNICATION PLAN

Ballarat Christian College has developed an Anaphylaxis Communication Plan.

**Ballarat Christian College Anaphylaxis Communication Plan**

Ballarat Christian College believes it is important to work with the whole school community to better understand how to provide a safe and supportive environment for all students, including students with severe allergies.

*The College is committed to communicating the school’s procedures and management practices to staff, students and the wider College community in collaboration with the appropriate authorities and the parents and carers of students who may be at risk of experiencing an anaphylactic reaction whilst at school.*

- The College Communication Plan is included as Appendix H to the Anaphylaxis Policy

The training of College staff on anaphylaxis management is an integral part of the Communication Plan.

8. ANNUAL RISK MANAGEMENT CHECKLIST

The completion of an annual Risk Management Checklist is part of the College calendar at Ballarat Christian College.

The Principal and/or nominees will complete an annual Risk Management Checklist to monitor their obligations, as published and amended from time to time. Refer to Appendix I
APPENDIX A

MINISTERIAL ORDER 706

EDUCATION AND TRAINING REFORM ACT 2006

Ministerial Order No. 706: Anaphylaxis Management in Victorian Schools

The Minister for Education makes the following Order:

PART A: PRELIMINARY

Background

Division 1 of Part 4.3 of the Education and Training Reform Act 2006 sets out the requirements for initial and ongoing registration of Government and non-Government schools in Victoria.

Section 4.3.1(6) of the Act and Schedule 2 of the Education and Training Reform Regulations 2007 set out the prescribed minimum standards for registration of schools.

Sub clause (c) of section 4.3.1(6) of the Act states that if a school 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, then the school must have an anaphylaxis management policy containing matters required by Ministerial Order.

Sections 4.3.2 to 4.3.5 of the Act enable the Victorian Registration and Qualifications Authority to take steps to satisfy itself as to whether or not a school complies and continues to comply with the prescribed minimum standards for registration, including the formulation and implementation of an appropriate anaphylaxis management policy in accordance with the Act, any relevant Ministerial Order, and any other applicable law or instrument.

Purpose

The purpose of this 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 section 4.3.1(6)(c) of the Act.

Commencement

This Order comes into operation on 22 April 2014. Ministerial Order 90 is repealed with effect from the date that this Order comes into operation.

Authorising Provisions

This Order is made under sections 4.3.1, 5.2.12, 5.10.4 and clause 11 of Schedule 6 of the Act.

Definitions

Unless the contrary intention appears, words and phrases used in this Order have the same meaning as in the Act.
• “Act” means the Education and Training Reform Act 2006.
• “adrenaline autoinjector” means an adrenaline autoinjector device, approved for use by the Commonwealth Government Therapeutic Goods Administration, which can be used to administer a single premeasured dose of adrenaline to those experiencing a severe allergic reaction or anaphylaxis.
• “adrenaline autoinjector for general use” means a ‘back up’ or ‘unassigned’ adrenaline autoinjector.
• “anaphylaxis management training course” means:
  (a) 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;
  (b) 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;
  (c) 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.
• “Department” means the Department of Education and Early Childhood Development.
• “medical practitioner” means a registered medical practitioner within the meaning of the Health Professions Registration Act 2005, but excludes a person registered as a non-practicing health practitioner.
• “parent” in relation to a child means any person who has parental responsibility for ‘major long term issues’ as defined in the Family Law Act 1975 (Cth) or has been granted ‘guardianship’ for the child pursuant to the Children, Youth and Families Act 2005 or other state welfare legislation.
• “school staff” means any person employed or engaged at a school who:
  (a) is required to be registered under Part 2.6 of the Act to undertake duties as a teacher within the meaning of that Part;
  (b) is in an educational support role, including a teacher’s aide, in respect of a student with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
  (c) the Principal determines should comply with the school’s anaphylaxis management policy.

PART B: SCHOOL ANAPHYLAXIS POLICY REQUIREMENTS

School Anaphylaxis Policy

A school’s anaphylaxis management policy must contain the following matters:

• a statement that the school will comply with:
  (a) this Ministerial Order; and guidelines related to anaphylaxis management in schools as published and amended by the Department from time to time.
  (b) in accordance with Part C, information about the development, implementation, monitoring and regular review of Individual Anaphylaxis Management Plans, which include an individual ASCIA Action Plan for Anaphylaxis, in accordance with clause 0;
(c) in accordance with Part D, information and guidance in relation to the school’s management of anaphylaxis, including:

- prevention strategies in accordance with clause 0;
- school management and emergency response procedures in accordance with clause 0;
- the purchase of adrenaline autoinjectors for general use in accordance with clause 0;
- a communication plan in accordance with clause 0;
- training of school staff in accordance with clause 0; and
- completion of a school anaphylaxis risk management checklist in accordance with clause 0.

PART C: MANAGEMENT OF STUDENTS DIAGNOSED AS AT RISK OF ANAPHYLAXIS

Individual Management Plans

A school’s anaphylaxis management policy must state the following in relation to Individual Anaphylaxis Management Plans for each student diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction:

- that the Principal of the school is responsible for ensuring 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 having a medical condition that relates to allergy and the potential for anaphylactic reaction, where the school has been notified of that diagnosis;

- that the Individual Anaphylaxis Management Plan must be in place as soon as practicable after the student enrols, and where possible before the student’s first day of attendance at that school;

- that the Individual Anaphylaxis Management Plan must include the following:

  (a) information about the medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy or allergies the student has (based on a written diagnosis from a medical practitioner);

  (b) 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;

  (c) the name of the person/s responsible for implementing the strategies;

  (d) information on where the student’s medication will be stored;

  (e) the student’s emergency contact details; and

  (f) an action plan in a format approved by the Australasian Society of Clinical Immunology and Allergy (hereafter referred to as an ASCIA Action Plan), provided by the parent.
A school’s anaphylaxis management policy must require the school to review the student’s Individual Anaphylaxis Management Plan 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 is practicable after a student has an anaphylactic reaction at school; and
- when a 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.

A school’s anaphylaxis management policy must state that it is the responsibility of the parent to:

- provide the ASCIA Action Plan referred to in clause (f);
- 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; and
- provide the school with an adrenaline autoinjector that is current and not expired for their child.

**PART D: SCHOOL MANAGEMENT OF ANAPHYLAXIS**

**Prevention Strategies**

A school’s anaphylaxis management policy must include prevention strategies used by the school to minimise the risk of an anaphylactic reaction.

**School Management and Emergency Response**

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 procedures for emergency response 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 ACSIA Action Plans and where these can be located:
  
  (a) during normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls; and

  (b) during off-site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the school;

  (c) information about storage and accessibility of adrenaline autoinjectors including those for general use; and
(d) how communication with school staff, students and parents is to occur in accordance with a communications plan that complies with clause 0.

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 is a sufficient number of school staff present who have been trained in accordance with clause 0.

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.

**Adrenaline Autoinjectors for General Use**

A school’s anaphylaxis management policy must prescribe the purchase of adrenaline autoinjectors for general use as follows:

(a) The Principal is responsible for arranging for the purchase of additional adrenaline autoinjector(s) for general use and as a back up to those supplied by parents;
(b) the principal will determine the number and type of adrenaline autoinjector(s) for general use to purchase and in doing so consider all of the following:
   - the number of students enrolled at the school that have been diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction;
   - the accessibility of adrenaline autoinjectors that have been provided by parents;
   - the availability of a 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
   - that adrenaline autoinjectors have a limited life, 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.

**Communication Plan**

A school’s anaphylaxis management policy must contain a communication plan that includes the following information:

- that the principal of a school is responsible for ensuring that a communication plan is developed to provide information to all school staff, students and parents about anaphylaxis and the school’s anaphylaxis management policy;
- strategies for advising school staff, students and parents about how to respond to an anaphylactic reaction:
  (a) during normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls; and
(b) during off-site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the school;

- procedures to inform volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction of a student in their care; and

- that the Principal of a school is responsible for ensuring that the school staff identified in clause 12.1 are:

  trained; and briefed at least twice per calendar year in accordance with clause 0.

**Staff Training**

A school’s anaphylaxis management policy must state that the following school staff must be trained in accordance with this clause:

- school staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction attend; and

- any further school staff that the principal identifies, based on an assessment of the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the school.

A school’s anaphylaxis management policy must state that school staff who are subject to training requirements in accordance with clause 0 must:

- have successfully completed an anaphylaxis management training course in the three years prior; and

- participate in a briefing, to occur twice per calendar year with the first one to be held at the beginning of the school year, by a member of school staff who has successfully completed an anaphylaxis management training course in the 12 months prior, on:

  (a) the school’s anaphylaxis management policy;

  (b) the causes, symptoms and treatment of anaphylaxis;

  (c) the identities of students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located;

  (d) how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector;

  (e) the school’s general first aid and emergency response procedures; and

  (f) the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

If for any reason training and briefing has not yet occurred in accordance with clauses 12.2.1 and 12.2.2, 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.

**Annual Risk Management Checklist**

A school’s anaphylaxis management policy must include a requirement that the Principal complete an annual risk management checklist to monitor their obligations, as published and amended by the Department from time to time.

**APPENDIX B**

### 3. INDIVIDUAL MANAGEMENT PLANS

The Individual Anaphylaxis Management Plans 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 or 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 College staff, for in-school and out-of-school settings including the school yard, at camps and excursions, or at special events conducted, organised or attended by the College;
- The name of the person/s responsible for implementing the strategies;
- Information on where the student’s medication will be stored;
- The student’s emergency contact details; and
- An ASCIA Action Plan (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.

College staff will then implement and monitor the student’s Individual Anaphylaxis Management Plan. The student’s individual management plan is reviewed by administration staff 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, or
- As soon as is practicable after a student has an anaphylactic reaction at school; and
- When a student is to participate in an off-site activity such as camps or excursions, or at special events conducted, organised or attended by the College (e.g. class parties, elective subjects, cultural days, fetes, incursions). This will entail written responses from parents on permission forms.

**It is the responsibility of the Parent to:**

- Provide the 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 photo for the ASCIA Action Plan when that plan is provided to the College and when it is reviewed; and

Provide the College with an adrenaline auto injector for their child that is current and not expired

APPENDIX C

4. PREVENTION STRATEGIES FOR MANAGING ANAPHYLAXIS IN SCHOOL SETTINGS

In Classrooms:

- Keep a copy of the students’ Individual Anaphylaxis Management Plans in a folder in each classroom and general action plans on the wall.
- Teacher to liaise with parents about food-related activities ahead of time.
- 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. Generic letters sent to members of class where there is a child suffering anaphylaxis at the beginning of each term regarding this matter. Teachers to confer with Administration staff.
- Staff must check for the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (i.e. egg or milk cartons, empty peanut butter jars, etc.) Check class recycling programs each new school year.
- Staff must ensure all cooking utensils, preparation dishes, plates, knives, forks etc. are washed and cleaned thoroughly after preparation of food and cooking.
- Staff must have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
- Teaching staff must brief classmates/school generally on allergies and what their response should be to an anaphylactic reaction. Teachers in classes where a student/s suffer from anaphylaxis will provide specific information to the class on the students’ condition with parental permission.

In the Yard:

- Students with anaphylactic responses to insects will be encouraged by staff to stay away from water or flowering plants, and wear closed shoes and long-sleeved garments when outdoors.
The adrenaline auto injector and each student’s Individual Anaphylaxis Management Plan are easily accessible from the Administration Office, or as deemed necessary, a student’s classroom or on their person, and spare College EpiPens are located in appropriate buildings around the property as displayed on maps around the College.

- Lawns and clover are to be regularly mowed and outdoor bins covered
- Students should keep drinks and food covered while outdoors

**Anaphylaxis Communication Plan** – Each staff member will have a copy of the Communication Plan and one will be kept in the CRT folder

- Yard duty staff will carry mobile phones and class keys at all times on yard duty. Staff on duty in Areas 1 and 4 will collect posterior packs containing EpiPens and a bottle of water at the commencement of these duties

- All staff will be aware of the **College’s Emergency Response Procedures** and how to notify the appropriate people in the case of an anaphylactic event.

- Sufficient College staff on yard duty must be trained in the administration of the adrenaline auto injector to be able to respond quickly to an anaphylactic reaction if needed.

**During Special Events (Mission Week/SPARSH Mini Fete/Garden Show/Class Parties):**

- Sufficient College staff supervising the special event must be trained in the administration of an adrenaline auto injector to be able to respond quickly to an anaphylactic reaction if required, and must be able to recognise those students at risk of anaphylaxis by face

- School staff should avoid using food in activities or games, including as rewards

- School staff should consult parents in advance in writing to either develop an alternative food menu or request the parents to send a meal for the student

- Parents of other students will 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

- Party balloons should not be used if any student is allergic to latex. First Aid gloves will be latex-free.
OUT OF SCHOOL SETTINGS

Travelling to and from school by bus for school events

- School staff will ensure that the School EpiPens and those of students with anaphylaxis, and Student Management Plans will accompany the students as they are travelling by bus to and from athletics & swimming carnivals, excursions & camps, etc. There will be adequate staff trained in anaphylaxis management on these buses. The EpiPens and Management Plans will be looked after by the organising/homeroom teacher (as applicable) and kept with the first aid bags. Staff will carry mobile phones and be aware of each other’s numbers and the College numbers.

Camps/Excursions/Sporting Carnivals

- Sufficient College staff supervising the special event must be trained in the administration of an adrenaline auto injector and be able to respond quickly to an anaphylactic reaction if required

- A trained College staff member or team of trained College staff must accompany any student at risk of anaphylaxis

- The College EpiPen, a copy of the student’s Individual Anaphylaxis Management Plan and personal EpiPen will accompany any student at risk of anaphylaxis on camps/excursions/sporting events. These will be kept in a location at room temperature in the first aid bags and with the medical records of all students. All accompanying staff will be made aware of where these are located at all times.

- All College staff members present during the camp/excursion/sporting event will be made aware of the identity of any students attending who are at risk of anaphylaxis and must be able to identify them by face. Administration staff in consultation with the organising teacher will be responsible for this.

- The College will consult parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternate food menu; or request the parents provide a meal (if required).

- For each camp/excursion/sporting event, a risk assessment must be undertaken and include information for each individual student attending who is at risk of anaphylaxis.

- College staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Staff will check the emergency response procedures that the camp provider has in place, and ensure that these are sufficient in the event of an anaphylactic reaction.
• EpiPens are to be signed out by the organising teacher, and signed back in and returned via the Office, being sighted by a member of the Administration team.

• Cooking and art and craft games should not involve the use of known allergens. Organising teacher must check in the planning stage.

• Where families provide food for camps and excursions, the organising teacher must be assured that known allergens are not present. All provided food must be labelled clearly with contents.

• Students with anaphylactic responses to insects will be encouraged to wear closed shoes and long-sleeved garments when outdoors and should be reminded to take care around water and flowering plants.

IN THE CANTEEN

• Canteen staff, including volunteers and student helpers, will be briefed about students at risk of anaphylaxis caused by reaction to food. All staff and volunteers with substantive roles must attend an Anaphylaxis Management Training Course in January/February each year.

• Discreetly display the students’ names and photos in the canteen as a reminder to all staff of their identity.

• Products labelled ‘may contain traces of nuts’ should not be served to students allergic to nuts.

• If product served from the canteen contains peanut or nut products in them they must have a sign ‘may contain traces of nuts’ over it.

• Make sure that tables and surfaces are wiped down with warm soapy water regularly.

• Be wary of contamination of other foods when preparing, handling or displaying food.

• In the event of a bee/wasp outbreak, the sale of canned or open drinks will be banned from the canteen.
APPENDIX D

AFFECTED STUDENTS 2015

*ASCIA Action Plans attached from Page 33*

At the College, we currently have six students that have an anaphylactic reaction to differing triggers. They include:

- Latex
- Nuts and fish
- Ibuprofen (Nurofen)
- Unknown ant, spider, insect bite, sting
- Reason for reaction unknown, rabbits
- Bees

We also have ten students that have allergic reactions and the potential for anaphylactic reaction:

- Raw eggs, mould, dust, soap, lotions, grasses, animal hair
- Grass, pollen, animal hair, house dust mites, mould, papaya, mango
- Animal dander, dust mites
- Rye grass, pollens, hay, freshly mown lawns, strong perfumed flowers
- Peanuts & tree nuts
- Latex
- Unknown insect bite
- Bee & wasp stings
- Chlorine & grasses
- Dust, animal hair, pollens

These students’ Individual Student Management Plans and ASCIA Action Plans are kept in the EpiPen Folder in the Administration Office near the reception desk, in the student’s medical file near the sick bay, in their student files, and with each student’s EpiPen auto injector above the staff pigeon holes in the Administration Office. Benito Custodio and Laura Cummings – paperwork and medication is kept in their classroom. This information is included in the CRT folder.

APPENDIX E

STORAGE OF EPIPENS & LOCATIONS OF ANAPHYLACTIC INFORMATION AT THE COLLEGE

Extra College EpiPens are kept in the following locations (refer College Map page 26):

- Administration Office, outside the Business Manager’s Office above pigeon holes.
- In the Junior School Administration Office at the reception desk.
- the Multi-Purpose Centre in Scott McKenzie’s Office
- Room S11 just inside the door hanging on a hook on a filing cabinet.
There are generic posters (ASCIA Action Plans) and posters around the College with pictures of students with anaphylaxis, and those with allergies that have the potential for an anaphylactic reaction, located in the following areas:

- In all Staff Offices
- In the Administration Office
- In the Multi-Purpose Centre (in Scott McKenzie’s Office)
- In the Staff Room
- In the Middle School Staff Room Office
- In the Junior School Office (Reception Area)
- In the Trade Training Centre (in Glen Strange’s Office)
- In both canteens
- In folders in every classroom

In each classroom, there is a folder on the teacher’s desk that contains details of Individual Anaphylaxis Management Plans, general ASCIA Action Plans and locations of College EpiPens around the property.

Yard duty posterior packs contain the names and Response Plans of all affected students, and those with the potential for anaphylactic reaction, as well as the location of College Epi-Pens around the property.

The expiry dates of College & student EpiPens must be checked at the beginning or end of each term and recorded. At least a month before its expiry date, the First Aid Officer should send a written reminder to the student’s parents to replace the EpiPen. EpiPens must be kept at room temperature at all times, away from direct light and heat. They should not be stored in the refrigerator or freezer. The EpiPen should not be cloudy.

Students are not permitted to return EpiPens and Plans on a teacher’s behalf. Medical information of students is strictly confidential. Student EpiPens intended to be available from the Administration Office or other specified location must be in their correct location at all times. All staff are responsible for the prompt return of EpiPens to their location after being signed out.

APPENDIX F

School Emergency Anaphylaxis Treatment Procedures

Ballarat Christian College aims to provide a safe and secure environment for all students, staff and volunteers. Effective planning and management of emergencies is essential to help reduce potential loss of life and, after the event, allow teaching and learning to be maintained or resumed as a priority.
Delays in giving emergency medication or contacting emergency services can result in deterioration and death, therefore the priority actions are to treat the student and phone emergency services from the site.

**GENERAL STAFF PROTOCOLS**

- All staff should be aware of those students at risk of anaphylaxis and know them by sight and name
- All staff should know the locations of the students EpiPens and the locations of the College EpiPens
- They should carry a mobile phone and classroom keys at all times
- College Epipens should be carried by teachers on yard duty in Areas 1 and 4. These are to be returned to their designated storage places at the end of each break and must not be left exposed to heat or direct sun
- The ambulance should be called by the person nearest to the patient rather than from the College Administration Office

**SUGGESTED PROTOCOLS FOR MANAGEMENT OF ANAPHYLACTIC REACTIONS**

1. **CLASSROOM EMERGENCY TEACHER**
   - Teachers must be aware at all times where a child’s personal EpiPen is located and how they plan to retrieve it in an emergency.
   - The class teacher is to carry a mobile phone, and attend to child.
   - Stay calm and follow directions as per management plan
   - If EpiPen is immediately available follow management plan.
   - If EpiPen needs to be collected, call Administration, send two students to the closest adult and have them say there is an emergency in their room. Administration will send two staff with a spare EpiPen to assist. Follow emergency management plan procedures and assist child to remain calm. If waiting, call 000 or 112
   - After administering EpiPen, call 000 or 112 if you have not already done so.
   - When another adult arrives, they are to assist other students to another room in an orderly fashion.

2. **ND ADULT** (if there is another adult already present)
   - If another adult is present have them call Administration stating that “there is an anaphylactic emergency in Room X. Please bring EpiPen for ‘state name of child’”
   - Other adult then assists other students to leave the room in an orderly fashion to closest classroom with a teacher and then returns to assist as required.
ADMINISTRATION

- Administration should send 2 staff members immediately with a College EpiPen and child’s medication if stored in Administration.
- Remaining Administration staff should delegate responsibility for contacting the family and meeting the emergency services at the gate to direct them to the location and ensure the route is clear.

2. BEFORE/AFTER SCHOOL, RECESS, LUNCH EMERGENCY
(Outdoors)

- Staff on yard duty in Areas 1 and 2 should wear high visibility vests as provided by the College.

In a Yard Emergency
- Teacher on duty stays with affected child and assists them to remain calm. Do not move child
- Call Administration clearly stating anaphylaxis emergency and your location. Be specific
- Call 000 or 112 if EpiPen has not yet arrived
- Administration should send 2 staff to the event with the child’s EpiPen and a spare, or two spares if time works against getting the child’s own EpiPen
- As soon as EpiPen arrives follow direction as stated on emergency response plan
- Call 000 if you have not already done so
- Remaining Administration staff should delegate responsibility for contacting the family and meeting the emergency services at the gate to direct them to the location and ensure the route is clear

3. REMOTE BUILDING
- As for 1. CLASSROOM EMERGENCY
- Students considered at high risk in particular circumstances (bees at the creek/garden) should carry EpiPens with them if there is going to be potential exposure to allergens in that location
- College EpiPens are located in the Multi-Purpose Centre and the Trade Training Centre for emergency use

4. SPECIAL EVENTS & OFF-SITE EMERGENCIES
- At special events at the College or off-site (ie Swimming & Athletics Carnivals, Cross Country), EpiPens will be stored at a First Aid point.
- All staff must carry mobile phones and must know the number to contact in case of an emergency
- Responding teacher stays with child and keeps them calm. Do not move child
Teacher or assisting adult call First Aid requesting emergency anaphylaxis assistance
A bag containing personal EpiPens and College EpiPen should be taken to the site of the event.
Call 000 or 112 while waiting for EpiPen to arrive
As soon as EpiPen arrives, administer EpiPen as per instructions on emergency management chart.
Call 000 or 112 if you have not already done so
Administration or management contact family and delegate person responsible for directing ambulance to location

5. CAMPS
Complete a risk assessment form and determine appropriateness of location and resources in regards to that student (see last page of risk assessment)
As for 4. OFF-SITE EMERGENCY
Adult responsible for supervision of that child should know where that child is at all times and be able to access the medication easily in the event of an emergency
Students and other staff should be briefed about their role in responding to an anaphylactic reaction within a camp environment
Staff should carry a mobile phone capable of reception in all circumstances (ie. College satellite phone may be necessary)

In An Emergency
Teacher on duty stays with affected child and assists them to remain calm. Do not move child
Retrieve and administer Epipen – have second pen ready
Call 000 or 112
Send two students for assistance if safe to do so, or call another adult to attend
Call 000 if you have not already done so
Contact Administration to report actions and Administration staff will inform parents

APPENDIX G

REVIEW AFTER AN ANAPHYLACTIC REACTION HAS OCCURRED
After an anaphylactic reaction has taken place that has involved a student in the College’s care and supervision, it is important that a review process takes place.

1. The student’s personal adrenaline autoinjector should be replaced before the child returns
2. If the adrenaline autoinjector for general use has been used, this should also be replaced as soon as possible.

3. The student’s Individual Anaphylaxis Management Plan should be reviewed in consultation with the student’s parents and Doctor and Principal.

4. The College’s Anaphylaxis Management Policy should be reviewed to ensure that it adequately responds to anaphylactic reactions by students who are in the care of College staff.

5. Teachers are required to complete an Injury Report and an Anaphylaxis Event Record Sheet. The blank forms are available from the EpiPen Folder and Injury Report Folder in the Administration Office. The completed forms are to be kept in these locations as well.

**APPENDIX H**

**Ballarat Christian College Anaphylaxis Communication Plan**

Ballarat Christian College believes it is important to work with the whole College community to better understand how to provide a safe and supportive environment for all students, including students with severe allergies.

The College is committed to communicating the school’s procedures and management practices to staff, students and the wider College community in collaboration with the appropriate authorities and the parents and carers of students who may be at risk of experiencing an anaphylactic reaction whilst at school.

**Communication with Families**

- The College believes that effective communication with families and authorities regarding the management of anaphylaxis within the school environment is essential.
- From the time of enrolment, the input of the doctor, anaphylaxis experts and families is valued and seen as an essential feature in the management of anaphylaxis within the school environment.
- The College welcomes support and input from families and where possible will include parents in making decisions regarding how to best implement and manage an individual child’s management plan within the school environment.
- Families are strongly encouraged to speak with the College regarding their suggestions and concerns and where possible should be in writing.
- Communication from the College will take the form of letters and emails home (ie permission forms/risk assessment for excursions & camps), paperwork requesting information and suggestions, requests for management plans and where appropriate, phone calls to the family.
- At any time, families may request a meeting with the College regarding their child and their anaphylaxis management plan if they feel that there are issues that may need to be addressed.
Communication with the Student Body

Having supportive friends and classmates are important for students at risk of anaphylaxis. Staff should raise awareness of anaphylaxis in school through presentations at assemblies, class discussions, teaching activities and use of fact sheets or posters displayed in prominent locations, canteens and classrooms.

Key messages include:
- always take allergies seriously – severe allergies are no joke
- don’t share your food with friends who have food allergies
- wash your hands after eating or touching food
- know what your friends are allergic to
- if a friend/student becomes sick or unwell, get help from an adult immediately
- be respectful of a student’s adrenaline EpiPen
- don’t pressure your friends to eat food that they are allergic to

Communication with the Wider School Community

General information regarding anaphylaxis at Ballarat Christian College is to be made to the College community at the commencement of the calendar year through the College newsletter, letters and generally on the College website and Parent Lounge.

A copy of the College Anaphylaxis Management Plan will be available on the College website for community members who wish to know more about the strategies and procedures for anaphylaxis management that are used at Ballarat Christian College.

Letters are sent to parents of classes that have anaphylactic students (food triggers only) at the beginning of each term. A presentation will be made to students at the commencement of each term outlining general procedures minimising risks of anaphylaxis and what they should do in case of an emergency.

When the College has a special event in which food will be prepared and/or sold (ie. SPARSH Mini Fete, Garden Show), the parents of the students with anaphylaxis, and the general College community (staff, parent body) will be again made aware that there are students in the College with anaphylaxis by letter and in the College newsletter.

Raising Staff and Volunteer Awareness

An Anaphylaxis Emergency Response Plan is in place to ensure effective management of an anaphylactic reaction at Ballarat Christian College. (Appendix F)

Administration and class teachers will be responsible for informing casual relief teachers and volunteers about students who are likely to have anaphylactic reactions. These briefings are to be conducted each term or as necessary. The class teacher with the
volunteer is responsible to make sure their volunteers know which students have anaphylaxis and how to treat an anaphylactic/allergic reaction.

Photos and response plans for each student at Ballarat Christian College with anaphylaxis, a copy of the College map showing locations of College Epi-Pens, and a general Action Plan for Anaphylaxis is included in the College’s CRT Folders distributed to casual relief teachers daily from the Administration Office, and as indicated in Section 5 to the teaching and general staff. High use casual relief teachers are to attend annual Anaphylaxis Management Training Courses in January/February each year. CRT briefings will be conducted twice a year and will include a briefing about anaphylaxis management at Ballarat Christian College.

All staff involved in the care of students at risk of anaphylaxis, including class teachers, casual relief teachers, teacher aides, canteen and administrative staff should know:

- the causes, symptoms and treatment of anaphylaxis
- the identities of students who are known to be at risk of anaphylaxis
- the risk minimisation strategies in place
- where adrenaline autoinjectors are kept
- the College’s first aid and emergency response procedures
- their role in responding to an allergic reaction

If a new student enrolls at any time during a calendar year, a briefing will be conducted for relevant College staff as soon as practicable after the student enrolls. This will inform staff regarding the student’s Individual Anaphylaxis Management Plan. Preferably this will take place before the student’s first day at school.

**Staff Training**

It is the responsibility of the Principal to ensure that staff will receive training in the form of a formal training course delivered by a First Aid Training Provider at the commencement of Term 1 as part of the College PD program.

There will also be internal staff briefings twice per year (in Terms 1 & 3) conducted by a staff member who has successfully completed an Anaphylaxis Management Training Course in the previous 12 months. All staff and regular casual relief teachers will be expected to attend these briefings or make other suitable arrangements to fulfil this requirement.

Staff should have a current First Aid certificate and will participate in a briefing, to occur twice per calendar year (with the first one to be held at the beginning of the school year), by a member of College staff who has successfully completed an Anaphylaxis Management Training Course in the 12 months prior, on:

a. Understanding the College’s Anaphylaxis Management Policy

b. The causes, symptoms and treatment of anaphylaxis
c. The identities of students with a medical condition that relates to the allergy and the potential for anaphylactic reaction, and where their medication is located.

d. How to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector device;

e. The College’s general first aid and emergency response procedures; and

f. The location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the College for general use.

**Camps & Special Events**

The Principal will ensure that while the student is under the care or supervision of the College, including excursions, yard duty, camps and special event days, there is a sufficient number of College staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.

The organising teacher or the teacher arranging a camp/excursion/special event who are being accompanied by casual relief teachers or volunteers, are required to inform other helpers about the students with anaphylaxis, their Individual Management Plans and emergency response procedures. The event organiser will inform all adults attending events of procedures for management of students who may have an anaphylactic reaction.

**APPENDIX I**

**ANNUAL RISK MANAGEMENT CHECKLIST (on page 27)**
Extra College EpiPens are kept:

- **Administration Office** (above staff pigeon holes)
- **Junior School Administration Office** (at reception desk)
- **Multi-Purpose Centre** (in Scott McKenzie’s Office behind door)
- **Middle School Staff Room** (on left hook as you open the door)
- **Trade Training Centre** (in Glen Strange’s Office near the door)
- **Area 1 Yard Duty Bag** (Library on hook behind the counter),
- **Area 4 Yard Duty Bag** (in Room S11 on a hook inside the door on the left)
# 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?  
   - Yes □  No □

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
   - b. In canteens or during lunch or snack times
   - c. Before and after school, in the school yard and during breaks
   - d. For special events, such as sports days, class parties and extra-curricular activities

---
### e. For excursions and camps

- [ ] Yes
- [ ] No

### f. Other

- [ ] Yes
- [ ] No

<table>
<thead>
<tr>
<th>Question</th>
<th>[ ] Yes</th>
<th>[ ] No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Do all students who carry an adrenaline autoinjector on their person have a copy of their ASCIA Action Plan kept at the College (provided by the parent)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Where are they kept?</td>
<td></td>
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<tr>
<td>11. Does the ASCIA Action Plan include a recent photo of the student?</td>
<td></td>
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</tbody>
</table>

### SECTION 2: Storage and Accessibility of Adrenaline Autoinjectors

<table>
<thead>
<tr>
<th>Question</th>
<th>[ ] Yes</th>
<th>[ ] No</th>
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</thead>
<tbody>
<tr>
<td>12. Where are the students’ adrenaline autoinjectors stored?</td>
<td></td>
<td></td>
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<tr>
<td>13. Do all school staff know where the school’s adrenaline autoinjectors for general use are stored?</td>
<td></td>
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<tr>
<td>14. Are the adrenaline autoinjectors stored at room temperature (not refrigerated)?</td>
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<tr>
<td>15. Is the storage safe?</td>
<td></td>
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<tr>
<td>16. Is the storage unlocked and accessible to school staff at all times?</td>
<td></td>
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<tr>
<td>Comments:</td>
<td></td>
<td></td>
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<tr>
<td>17. Are the adrenaline autoinjectors easy to find?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Is a copy of student’s Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) kept together with the student’s adrenaline autoinjector?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student’s names?</td>
<td></td>
<td></td>
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<tr>
<td>20. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis?</td>
<td></td>
<td></td>
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<tr>
<td>Who?</td>
<td></td>
<td></td>
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<tr>
<td>21. Are there adrenaline autoinjectors which are currently in the possession of the school and which have expired?</td>
<td></td>
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<tr>
<td>22. Has the school signed up to EpiClub or ANA-alert (optional free reminder services)?</td>
<td></td>
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<tr>
<td>23. Do all school staff know where the adrenaline autoinjectors and the Individual Anaphylaxis Management Plans are stored?</td>
<td></td>
<td></td>
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<tr>
<td>24. Has the school purchased adrenaline autoinjector(s) for general use, and have they been placed in the school’s first aid kit(s)?</td>
<td></td>
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<tr>
<td>Question</td>
<td>Answer</td>
<td></td>
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<tr>
<td>25. Where are these first aid kits located?</td>
<td></td>
<td></td>
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<tr>
<td>26. Is the adrenaline autoinjector for general use clearly labelled as the ‘General Use’ adrenaline autoinjector?</td>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>27. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?</td>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>SECTION 3: Prevention Strategies</td>
<td></td>
<td></td>
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<tr>
<td>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?</td>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>29. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why?</td>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>SECTION 4: School Management and Emergency Response</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?</td>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>33. Do school staff know when their training needs to be renewed?</td>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>34. Have you developed Emergency Response Procedures for when an allergic reaction occurs?</td>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>a. In the classroom?</td>
<td>Yes No</td>
<td></td>
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<tr>
<td>b. In the school yard?</td>
<td>Yes No</td>
<td></td>
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<tr>
<td>c. In all school buildings and sites, including gymnasiums and halls?</td>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>d. At school camps and excursions?</td>
<td>Yes No</td>
<td></td>
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<tr>
<td>e. On special event days (such as sports days) conducted, organised or attended by the school?</td>
<td>Yes No</td>
<td></td>
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<tr>
<td>35. Does your plan include who will call the Ambulance?</td>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>36. Is there a designated person who will be sent to collect the student’s adrenaline autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan)?</td>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>37. Have you checked how long it will take to get to the adrenaline autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) to a student from various areas of the school including:</td>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>a. The classroom?</td>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>b. The school yard?</td>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>c. The sports field?</td>
<td>Yes No</td>
<td></td>
</tr>
</tbody>
</table>
38. On excursions or other out of school events, is there a plan for who is responsible for ensuring the adrenaline autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the adrenaline autoinjector for general use are correctly stored and available for use?  □ Yes  □ No

39. Who will make these arrangements during excursions?  

……………………………………………………………………………………………………

40. Who will make these arrangements during camps?  

……………………………………………………………………………………………………

41. Who will make these arrangements during sporting activities?  

……………………………………………………………………………………………………

42. Is there a process for post incident support in place?  □ Yes  □ No

43. Have all school staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction and any other staff identified by the Principal, been briefed on:
   a. The school’s Anaphylaxis Management Policy?  □ Yes  □ 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 practice with a trainer adrenaline autoinjector?  □ Yes  □ No
   e. The school’s general first aid and emergency response procedures for all in-school and out-of-school environments?  □ Yes  □ No
   f. Where the adrenaline autoinjector(s) for general use is kept?  □ Yes  □ No
   g. Where the Adrenaline Autoinjectors for individual students are located including if they carry it on their person?  □ Yes  □ No

SECTION 4: Communication Plan

44. Is there a Communication Plan in place to provide information about anaphylaxis and the school’s policies?  □ Yes  □ No
   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

45. Is there a process for distributing this information to the relevant school staff?  □ Yes  □ No
   a. What is it?

46. How is this information kept up to date?
47. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?

   □ Yes   □ No

48. What are they?