

St Louis de Montforts Aspendale
ANAPHYLAXIS MANAGEMENT POLICY
Policy last revised March 2018

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 EpiPen® auto injector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

Anaphylactic reactions are usually preventable by implementing strategies for avoiding allergens.

Common allergens are:-

- Foods (e.g. peanuts and tree nuts, eggs, cow's milk, wheat, soy, fish and shellfish, sesame seeds)
- Insect bites (e.g. bees, wasps, jumper jack ants)
- Ticks
- Medications (e.g. antibiotics, anaesthetics)
- Latex (e.g. rubber gloves, balloons, swimming caps)
- Anaesthetic drugs
- Exercise.

A number of factors including exercise, hot weather and in the case of food, the amount eaten, can influence the severity of an anaphylactic reaction. In the case of severe food allergies, an anaphylactic reaction can be triggered by ingestion, touch, or smell of the food.

PURPOSE

1. To adopt a Risk Minimisation approach with regard to foods which are likely to cause anaphylaxis for students at risk. We do not endorse the implementation of blanket food bans or attempt to prohibit the entry of food substances into the school.
2. 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.
3. To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community
4. To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.

5. 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

The principal will ensure that an individual management plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a doctor or specialist as being at risk of anaphylaxis.

The individual anaphylaxis management plan will be in place as soon as practicable after the student enrolls, and where possible before their first day of school.

The individual anaphylaxis management plan will set out the following:

- Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner).
- Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including camps and excursions.
- The name of the person/s responsible for implementing the strategies.
- Information on where the student's medication will be stored.
- The student's emergency contact details.
- An 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 doctor or specialist 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.

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

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

- annually;
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
- as soon as practicable after the student has an anaphylactic reaction at School; and
- 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 parent to:

- provide the ASCIA Action Plan;
- inform the School in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan;
- provide an up to date photo for the ASCIA Action Plan when that Plan is provided to the School and when it is reviewed; and
- provide the School with an Adrenaline Autoinjector that is current and not expired for their child.
- ensure your child wears a medical warning bracelet to indicate allergies suffered

PREVENTION STRATEGIES

The Risk Minimisation and Prevention Strategies that your St Louis will put in place for all relevant in-school and out-of-school settings which include (but are not limited to) the following:

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

SCHOOL MANAGEMENT AND EMERGENCY RESPONSE

The emergency response procedures include the following:

- 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:
 - 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.
- Information about the storage and accessibility of Adrenaline Autoinjectors;
- how communication with School Staff, students and Parents is to occur in accordance with a communications plan.

ADRENALINE AUTOINJECTORS FOR GENERAL USE

The Principal will purchase Adrenaline Autoinjector(s) for General Use (purchased by the School) and as a back up to those supplied by Parents.

The Principal will determine the number of additional Adrenaline Autoinjector(s) required. In doing so, the Principal will take into account the following relevant considerations:

- the number of students enrolled at the School who have been diagnosed as being at risk of anaphylaxis;
- the accessibility of Adrenaline Autoinjectors that have been provided by Parents of students who have been diagnosed as being at risk of anaphylaxis;
- the availability and sufficient supply of Adrenaline Autoinjectors for General Use in specified locations at the School, including in the school yard, and at excursions, camps and special events conducted or organised by the School; and
- the Adrenaline Autoinjectors for General Use have a limited life, usually expiring 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

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 the classroom, in the school yard, in all school buildings and sites including the school gymnasium and hall, on school excursions, on school camps and special event days.

Volunteers and casual relief staff will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the Deputy Principal.

STAFF TRAINING AND EMERGENCY RESPONSE

Admin staff, support staff, class teachers and specialist staff who conduct classes which students at risk of anaphylaxis attend, or give instruction to students at risk of anaphylaxis must have up to date training in an anaphylaxis management training course.

These staff will undertake the following training:-

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

The briefing must be conducted by a member of School Staff who has successfully completed an Anaphylaxis Management Training Course in the last 12 months.

In the event that the relevant training and briefing has not occurred, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the Parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction. Training will be provided to relevant School Staff as soon as practicable after the student enrolls, and preferably before the student's first day at School.

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

<http://www.allergy.org.au/health-professionals/anaphylaxis-resources/how-to-give-epipen>
<http://www.allergy.org.au/health-professionals/anaphylaxis-resources/how-to-give-anapen>

PRACTICES:

1. Students identified at risk are to have an “Action Plan for Anaphylaxis”, completed by the parents, in consultation with the student’s doctor or specialist and wear a medical warning bracelet to indicate allergies. Action Plans, additional medication and EpiPen® with instructions clearly displayed are to be kept in the First Aid Cabinet in the General Office.
2. As a general rule, students with a food allergy will not be physically isolated from other students.
3. Students with severe food allergies must only eat food that has been prepared at home or provided by the parent. These students are discouraged from purchasing items from the school canteen.
4. Bottles, other drinks and lunch boxes provided by the parents for their children must be clearly labelled with the name of the child for whom they are intended.
5. The school will implement practical strategies to reduce exposure to known allergens by encouraging a “No swapping, sharing or trading of food Policy” in all areas of the school and encouraging children to wash hands and tables after eating.
6. Students will be encouraged to consume their brain food, playlunch and lunch in the classroom during designated eating times.
7. Photos of all students with severe allergies will be displayed in classroom attendance rolls, playground duty bags, staffroom, sickbay, canteen, and provided to specialist teachers.
8. At the beginning of the year all staff are required to inform the parents in their class of the anaphylactic requirements in that class.
9. Teachers will discourage the presence of allergens in the classroom.
10. Classroom teachers will inform students in the class and display checklists of possible symptoms with diagrams to assist all children in identifying warning signs.
11. The school will provide age-appropriate education for students, parents and staff with regard to severe food allergies.
12. All staff will be trained in the purpose and use of an EpiPen® once a year, and revise the use of the EpiPen® once per semester.
13. EpiPens® will be stored in the General Office. In extreme cases (as identified by a doctor or specialist on the child’s Action Plan), where response time is minimal, the student concerned will be required to carry the EpiPen® on their person at all times (Parents will be responsible for the method of carrying the EpiPen®).
14. EpiPens with accompanying Action Plans will be taken on all excursions.
15. A clearly labelled Backup EpiPen® will be provided by the school and kept in the Sickbay. The dosage of a backup EpiPen® will be 0.3ml of adrenaline, which can be given to any student who weighs over 20kg.

16. Students with Anaphylaxis will be registered with EpiClub, a free web service, to send both the school and parent a reminder by email, SMS or standard mail prior to the expiry date of an EpiPen®. (www.epiclub.com.au).
17. A risk minimisation approach will apply in relation to the school canteen and on school camps. Items containing nuts will not be sold or supplied, however this does not apply to foods containing traces of nuts.
18. Our risk minimisation approach also includes asking for parent's cooperation in refraining from sending foods that contain peanuts, tree nuts (e.g. hazelnuts, cashews, almonds), egg, cow's milk, wheat, soybean, fish and shellfish to school, where a child in a particular class has an anaphylactic reaction to any of these food allergens (see attached letter).

RECOGNISING SYMPTOMS:

A student at risk of anaphylaxis will often recognise the early symptoms of an allergic reaction before any other signs are observable.

The symptoms of a **mild to moderate allergic reaction** can include:

- swelling of the lips, face and eyes
- hives or welts
- tingling mouth
- abdominal pain and/or vomiting (these are signs of a severe allergic reaction in the case of insect allergy)

Symptoms of anaphylaxis (**a severe allergic reaction**) can include:

- difficulty or noisy breathing
- swelling of the tongue
- swelling/tightness in the throat
- difficulty talking and/or a hoarse voice
- wheezing or persistent coughing
- persistent dizziness or collapse
- young children may appear pale and floppy
- abdominal pain and/or vomiting are signs of a severe allergic reaction to insects.

COMPLIANCE

St Louis de Montfort's school will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

ANNUAL RISK MANAGEMENT CHECKLIST

The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations.

[Annual Anaphylaxis Risk Management Checklist \(docx - 34.39kb\)](#)

Reference: Anaphylaxis Guidelines: A resource for managing severe allergies in the State of Victoria - Department of Education and Early Childhood Development Melbourne, February 2014

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.

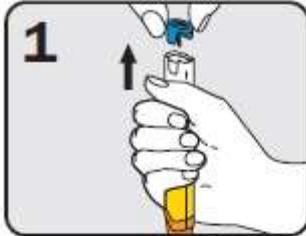
School	Phone
Student	
DOB	Year level
Severely allergic to:	
Other health conditions	
Medication at school	
EMERGENCY CONTACT DETAILS (PARENT)	
Name	Name
Relationship	Relationship
Home phone	Home phone
Work phone	Work phone
Mobile	Mobile
Address	Address
EMERGENCY CONTACT DETAILS (ALTERNATE)	
Name	Name
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 location for Adrenaline Autoinjector (device specific) (EpiPen®)	
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
Name of environment/area:	
Risk identified	Actions required to minimise the risk
Name of environment/area:	
Risk identified	Actions required to minimise the risk

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?
<p>This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):</p> <ul style="list-style-type: none"> • annually; • if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes ; • as soon as practicable after the student has an anaphylactic reaction at School; and • when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions). <p>I have been consulted in the development of this Individual Anaphylaxis Management Plan. I consent to the risk minimisation strategies proposed.</p>			
Signature of parent:			
Date:			
I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.			
Signature of Principal (or nominee):			
Date:			

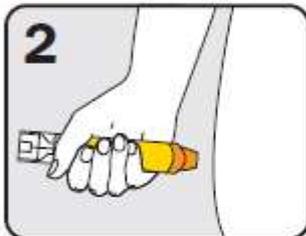
ACTION PLAN FOR Anaphylaxis

For EpiPen® adrenaline (epinephrine) autoinjectors

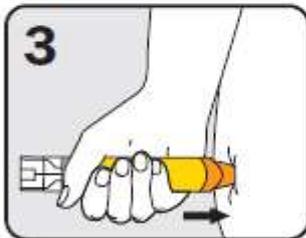
How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and 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 3 seconds
 REMOVE EpiPen®

All EpiPen®s should be held in place for 3 seconds regardless of instructions on device label

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SIGNS OF MILD TO MODERATE ALLERGIC REACTION

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

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline doses may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

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

EpiPen® is prescribed for children over 20kg and adults. EpiPen® Jr is prescribed for children 10-20kg

ALWAYS give adrenaline autoinjector **FIRST**, and then **asthma reliever puffer** if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

ACTION PLAN FOR Anaphylaxis

For EpiPen® adrenaline (epinephrine) autoinjectors

Name: _____

Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by medical or nurse practitioner:

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

Signed:

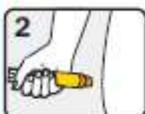
Date: _____

Action Plan due for review: _____

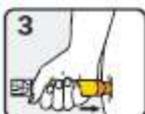
How to give EpiPen®



1 Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



2 Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



3 PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

All EpiPen®s should be held in place for 3 seconds regardless of instructions on device label

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

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

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline doses may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

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

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

Name: _____

Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by medical or nurse practitioner:

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

Signed: _____

Date: _____

Action Plan due for review: _____

Note: This ASCIA Action Plan for Allergic Reactions is for people with mild to moderate allergies, who need to avoid certain allergens

For people with severe allergies (and at risk of anaphylaxis) there are ASCIA Action Plans for Anaphylaxis, which include adrenaline (epinephrine) autoinjector instructions

Instructions are also on the device label

Note: All EpiPen®s should be held in place for 3 seconds regardless of instructions on device label

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

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

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- Phone family/emergency contact

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- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position

- If breathing is difficult allow them to sit



2 Give adrenaline (epinephrine) autoinjector if available

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

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

ALWAYS give adrenaline autoinjector FIRST if available, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?	
4. Have any students ever had an Anaphylactic Reaction at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many students?	
b. If Yes, how many times?	
5. Has a staff member been required to administer an Adrenaline Autoinjector to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?	
6. Was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 1: Training	
7. Have all school staff who conduct classes with students who are at risk of anaphylaxis successfully completed an approved anaphylaxis management training course, either: • online training (ASCIA anaphylaxis e-training) within the last 2 years, or • accredited face to face training (22300VIC or 10313NAT) within the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does your school conduct twice yearly briefings annually? If no, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do all school staff participate in a twice yearly anaphylaxis briefing? If no, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools: a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen®) within 30 days of completing the ASCIA Anaphylaxis e-training for Victorian Schools?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2: Individual Anaphylaxis Management Plans	
11. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are all Individual Anaphylaxis Management Plans reviewed regularly with Parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?	

a. During classroom activities, including elective classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In canteens or during lunch or snack times	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Before and after School, in the school yard and during breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. For special events, such as sports days, class parties and extra-curricular activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. For excursions and camps	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do all students who carry an Adrenaline Autoinjector on their person have a copy of their ASCIA Action Plan kept at the School (provided by the Parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are the Action Plans kept?	
15. Does the ASCIA Action Plan include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are Individual Management Plans (for students at risk of anaphylaxis) reviewed prior to any off site activities (such as sport, camps or special events), and in consultation with the student's parent/s?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 3: Storage and Accessibility of Adrenaline Autoinjectors	
17. Where are the student(s) Adrenaline Autoinjectors stored?	
18. Do all School Staff know where the School's Adrenaline Autoinjectors for General Use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the Adrenaline Autoinjectors stored at room temperature (not refrigerated)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is the storage unlocked and accessible to School Staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Are the Adrenaline Autoinjectors easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Is a copy of student's Individual ASCIA Action Plan for Anaphylaxis kept together with the student's Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Are the Adrenaline Autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan for Anaphylaxis) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Has someone been designated to check the Adrenaline Autoinjector expiry dates on a regular basis? Who?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Are there Adrenaline Autoinjectors which are currently in the possession of the School and which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Has the School signed up to EpiClub (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

28. Do all School Staff know where the Adrenaline Autoinjectors, the ASCIA Action Plan for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Has the School purchased Adrenaline Autoinjector(s) for General Use, and have they been placed in the School's first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Where are these first aid kits located? Do staff know where they are located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Is the Adrenaline Autoinjector for General Use clearly labelled as the 'General Use' Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Is there a register for signing Adrenaline Autoinjectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4: Risk Minimisation Strategies	
33. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you implemented any of the risk minimisation strategies in the Anaphylaxis Guidelines? If yes, list these in the space provided below. If no please explain why not as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Are there always sufficient School Staff members on yard duty who have current Anaphylaxis Management Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 5: School Management and Emergency Response	
36. Does the School have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Do School Staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Have you developed Emergency Response Procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In all School buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the School?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Does your plan include who will call the Ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Is there a designated person who will be sent to collect the student's Adrenaline Autoinjector and Individual ASCIA Action Plan for Anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Have you checked how long it takes to get an individual's adrenaline autoinjector and corresponding individual ASCIA Action Plan for Anaphylaxis to a student experiencing an anaphylactic reaction from various areas of the school including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. The school canteen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. On excursions or other out of school events is there a plan for who is responsible for ensuring the Adrenaline Autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the Adrenaline Autoinjector for General Use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Who will make these arrangements during excursions?	

44. Who will make these arrangements during camps?	
45. Who will make these arrangements during sporting activities?	
46. Is there a process for post incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47. Have all school staff who conduct classes attended by students at risk of anaphylaxis, and any other staff identified by the principal, been briefed by someone familiar with the school and who has completed an approved anaphylaxis management course in the last 2 years on:	
a. The School's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The identities of students at risk of anaphylaxis, and who are prescribed an adrenaline autoinjector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. How to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The School's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Where the Adrenaline Autoinjector(s) for General Use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Where the Adrenaline Autoinjectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 6: Communication Plan	
48. Is there a Communication Plan in place to provide information about anaphylaxis and the School's policies?	
a. To School Staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To Parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49. Is there a process for distributing this information to the relevant School Staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	
50. How is this information kept up to date?	
51. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52. What are they?	



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Sample Parent Letter

Date

Dear Parents,

I am writing to inform you that a student in (class) has a **life threatening anaphylactic allergy**.

We therefore request your cooperation in refraining from sending foods that contain **peanuts, tree nuts (e.g. hazelnuts, cashews, almonds), egg, cow's milk, wheat, soybean, fish and shellfish and sesame seeds** to school.

We also request that you clearly label your child's drink bottle and lunch box as severe allergies can be triggered by ingestion, touch or smell of the food allergens.

Students are also strongly encouraged not to share, swap or trade food at school.

We realize that this request may inconvenience you when preparing your child's snack and lunch, and we express appreciation for your support and understanding about this issue.

Thank you for your assistance.

T. Lindeman

Mr Tom Lindeman
Principal