

Anaphylaxis and Allergy Management Policy

PURPOSE

Firbank Grammar School (FGS) is committed to providing a safe learning environment for all our students who are at risk of Anaphylaxis. Our policy ensures compliance with the current Ministerial Order No.706 and the Department of Education and Training's Anaphylaxis Guidelines as amended by the Department from time to time (Guidelines).

The school recognises that it is impossible to guarantee a completely allergen free environment. It is our policy:

- To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.
- To adopt the recommendations of the Guidelines where relevant to the school.
- To develop a Communication Plan to raise awareness about anaphylaxis and the school's anaphylaxis management policy in the staff, student, and school community.
- To engage with parents/carers to develop and regularly review Individual Anaphylaxis Management Plans for affected students.
- To ensure risk minimisation strategies are implemented for all students at risk of anaphylaxis for all activities across the school, including consideration of the age and maturity of the students involved. At FGS risk management is supported using Consent2Go.
- That in the event of an anaphylactic reaction, the school's first aid and emergency management response procedures and the student's Individual Anaphylaxis Management Plan must be followed.
- To commit to the purchase of generic (backup) adrenaline auto-injector(s) as part of the school first aid kit(s), for general use
- To ensure that all staff are appropriately trained about allergies, anaphylaxis and the school's policies and procedures in responding to an anaphylactic reaction, including competently administering an adrenaline autoinjector, in accordance with the Ministerial Order No. 706.
- To complete an Annual Anaphylaxis Risk Management Checklist (attached) to monitor obligations, as published and amended by the Department from time to time.

SCOPE

This policy covers how we as a school manage students only at risk of anaphylaxis. This is for all 3 campuses including all students residing in the Boarding House, excluding ELC.

COMPLIANCE

Firbank Grammar Policies are fully reviewed and endorsed by the Principal and the School Board and are compliant with the following legislation.

Education and Training Reform Act 2006, which specifies that a school must have an anaphylaxis management policy if it 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.

Ministerial Order 706 - Anaphylaxis Management in Victorian Schools, which provides the regulatory framework for the management of anaphylaxis in all Victorian schools and prescribes what must be included in an anaphylaxis management policy as well as prescribing the training requirements for school staff working with students who are at risk of anaphylaxis.

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The Guidelines include information on anaphylaxis including:

- legal obligations of schools in relation to anaphylaxis
- School Anaphylaxis Management Policy
- Staff training
- Individual Anaphylaxis Management Plans
- Risk minimisation and prevention strategies
- School management and emergency responses
- Adrenaline autoinjectors for general use
- Communication Plan
- Risk Management Checklist.

The school will regularly monitor compliance against legislation and obligations as published and amended by the Department from time to time.

DEFINITIONS

Adrenaline Autoinjector

An adrenaline autoinjector device, approved for use by the Commonwealth Government Therapeutic Goods Administration, which can be used to administer a single pre-measured dose of adrenaline to those experiencing a severe allergic reaction (anaphylaxis). There are 2 brands used in Australia: EpiPen® and Anapen®.

Anaphylactic Shock – The Hazard

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, and certain insect stings (particularly bee stings).

ASCIA

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

ASCIA Action Plans for Anaphylaxis

This plan is a nationally recognised action plan for anaphylaxis developed by ASCIA. These plans are device-specific; that is, they list the student's prescribed adrenaline autoinjector (EpiPen® or Anapen®) and must be completed by the student's medical practitioner.

Individual Anaphylaxis Management Plan

The Principal and Head of Boarding, through School Nurse is responsible for ensuring that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents and the student's Medical Practitioner, for each student who has been diagnosed by a Medical Practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student has enrolled and where possible before their first day of attendance at school or at the boarding premises.

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The student's Individual Anaphylaxis Management Plan must include the following:

- The ASCIA Action Plan which describes the student's allergies, symptoms, and the emergency response to administer the student's adrenaline autoinjector should the student display symptoms of an anaphylactic reaction.
- Information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the student's specific allergy or allergens (based on a written diagnosis from a Medical Practitioner)
- Age-appropriate strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of Firbank Grammar School and Boarding Staff, for in-school and out of school settings including camps, excursions, and tours arranged by the School or Boarding premises.
- 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.

School Anaphylaxis Supervisor

The Anaphylaxis Supervisor is responsible for implementing the requirements of this policy, in conjunction with the Principal and other school staff. The Anaphylaxis Supervisor must ensure that responsibilities, training requirements and tasks relating to anaphylaxis as set out in the Anaphylaxis Supervisor Checklist are being met by the school.

Training Course - Anaphylaxis Management

This means a course in anaphylaxis management training:

- that is accredited as a VET accredited course in accordance with Part 3 of the National Vocational Education and Training Regulator Act 2011 (Cth) that includes a competency check in the administration of an Adrenaline Autoinjector.
- 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.
- 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; or
- Online Training Course - [ASCIA Anaphylaxis e-training for Victorian Schools](#).

ROLES AND RESPONSIBILITIES

The Principal must

- ensure that the school develops, implements, and routinely reviews this policy in accordance with Ministerial Order No. 706 and the Guidelines.
- actively seek information to identify students with severe life-threatening allergies or those who have been

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diagnosed as being at risk of anaphylaxis, either at the time of enrolment or at the time of diagnosis (whichever is earlier).

- ensure that parents/carers provide an ASCIA Action Plan for Anaphylaxis annually which has been completed and signed by the student's medical practitioner and contains an up-to-date photograph of the student.
- ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction, where the school or the provider of school boarding services has been notified of that diagnosis.
- ensure students' Individual Anaphylaxis Management Plan are in place and appropriately communicated to all relevant staff as soon as practicable after the student enrolls at the school or is accepted to board at that school boarding premises, and where possible before the student's first day of attendance at that school or first day boarding at that school boarding premises.
- ensure that the canteen provider and all its employees can demonstrate satisfactory training in food allergy and anaphylaxis and its implications for food-handling practices.
- ensure that parents/carers provide the School with an Adrenaline Autoinjector for their child that is not out of date and a replacement Adrenaline Autoinjector is supplied when requested.
- ensure that an appropriate Communication Plan(s) is/are developed, as required.
- ensure there are procedures in place for providing information to school volunteers and casual relief staff about students who are at risk of anaphylaxis, and their role in responding to an anaphylactic reaction of a student in their care.
- ensure that relevant school staff have successfully completed an approved Anaphylaxis Management Training Course and that their accreditation is current.
- ensure that school staff who are appointed as Anaphylaxis Supervisor(s) are appropriately trained in conducting autoinjector competency checks and that their accreditation is current.
- ensure that all school staff are briefed at least twice a year by the Anaphylaxis Supervisor (or other appropriately trained member of the school staff).
- allocate time, such as during staff meetings, to discuss, practise and review this policy and related procedures and guidelines as necessary.
- ensure that there are enough staff trained in accordance with Ministerial Order 706 in attendance at events outside of normal class activities including, camps, excursions, and special events conducted, organised, and attended by the school. This also includes an event conducted, organised, and attended by the school boarding premises.
- encourage regular and ongoing communication between parents and school staff about the status of the student's allergies, the school's policies, and their implementation.
- ensure that the student's Individual Anaphylaxis Management Plan and Communication Plan are reviewed in consultation with parents.
 - annually at the beginning of each school year.
 - when the student's medical condition changes.
 - as soon as practicable after a student has an anaphylactic reaction at school; and
 - whenever 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 school.

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- ensure the Risk Management Checklist for anaphylaxis is completed and reviewed annually; and
- arrange to purchase and maintain an appropriate number of Adrenaline Autoinjectors for general use to be part of the school's first aid kit, stored with a copy of the general ASCIA Action Plan for Anaphylaxis (orange).

The Anaphylaxis Supervisor must:

- work with the principal to develop, implement and regularly review this policy.
- obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector.
- verify the correct use of Adrenaline Autoinjector (trainer) devices by other school staff undertaking an Online Training Course through completion of the School Supervisors' Observation Checklist
- provide access to the Adrenaline Autoinjector (trainer) device for practice by school staff.
- send reminders to staff or information to new staff about anaphylaxis training requirements and liaise with the principal to maintain records of training undertaken by staff at the school.
- lead the twice-yearly anaphylaxis school briefing.
- develop school-specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency requiring anaphylaxis treatment, for example.
 - a bee sting occurs on school grounds and the allergic student is conscious; or
 - an allergic reaction where the student has collapsed on school grounds and the student is not conscious.
- keep an up-to-date register of students at risk of anaphylaxis.
- keep a register of Adrenaline Autoinjectors, including a record of when they are 'in' and 'out' from the central storage point. For instance, when they have been taken on excursions, camps etc.
- work with the Principal, parents/carers and students to develop, implement and review each Individual Anaphylaxis Management Plan in accordance with this policy.
- provide advice and guidance to school staff about anaphylaxis management in the school and undertake regular risk identification and implement appropriate minimisation strategies.
- to assist staff with First Aid kit configuration for any excursions organised by staff.
- work with school staff to develop strategies to raise their own, students and school community awareness about severe allergies; and
- provide or arrange post-incident support (e.g., counselling) to students and school staff, if appropriate.

The school staff, including Boarding staff, CRTs, Contractors, and Volunteers must:

- know and understand the requirements of this policy.
- know the identity of students who are at risk of anaphylaxis, recognise their face and if possible, what their specific allergy is.
- understand the causes, symptoms, and treatment of anaphylaxis.
- obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector.
- know where to find a copy of each student's ASCIA Action Plan for Anaphylaxis quickly and follow it in the event of an allergic reaction.
- know the school's general first aid and emergency response procedures and understand their role in

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relation to responding to an anaphylactic reaction.

- know where students' adrenaline autoinjectors and the adrenaline autoinjectors for general use are kept.
- must notify the health Centre as soon as possible if they have used an adrenaline autoinjector on a student.
- know and follow the risk minimisation strategies in the student's Individual Anaphylaxis Management Plan and use the Risk module within Consent2Go to assist in risk management activities.
- plan for special class activities (e.g., cooking, art, and science classes), or special occasions (e.g., excursions, incursions, sport days, camp, cultural days, fetes, and parties), either at the school, or away from the school.
- ensure that first aid kits are taken on all excursions and are configured appropriately given the needs of the students attending, in consultation with the Anaphylaxis Supervisor. In addition, ensuring that each student with anaphylaxis is carrying their own personal adrenaline autoinjector device in addition to the First Aid Kit.
- for any excursion or event, the organising staff member is required to ensure that supervising staff are appropriately trained to manage students with anaphylaxis.
- for any excursions overnight, an event specific Communication Plan must be documented by the staff member on consultation with the students' parents.
- avoid the use of food treats in class or as rewards, as these may contain allergens.
- work with parents/carers to provide appropriate treats for students at risk of anaphylaxis, or appropriate food for their child if the food the school/class is providing may present an allergy risk.
- be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.
- be aware of the risk of cross-contamination when preparing, handling, and displaying food.
- make sure that tables and surfaces are wiped down regularly and that students wash their hands before and after handling food; and
- raise student awareness about allergies and anaphylaxis, and the importance of each student's role in fostering a school environment that is safe and supportive for their peers.

Parents/carers must:

- inform the school and/or boarding premises in writing or via Consent2Go, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed as being at risk of anaphylaxis.
- obtain and provide the school and/or boarding premises with an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner that details:
 - their condition.
 - any medications to be administered; and
 - any other relevant emergency procedures.
- immediately inform school and or boarding premises in writing of any changes to the student's medical condition in so far as it relates to allergy and the potential for anaphylactic reaction and if necessary, obtain and provide an updated ASCIA Action Plan for Anaphylaxis. This is to be provided:
 - By updating Consent2Go, and
 - By emailing or directly calling the health Centre 9591 5134 / healthcentre@firbank.vic.edu.au
- immediately inform the school of a change in emergency contact information

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- provide the school with an up-to-date photo for the student's ASCIA Action Plan for Anaphylaxis when the plan is reviewed.
- meet with and assist the Health Centre to develop the student's Individual Anaphylaxis Management Plan, that includes strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of school staff or school boarding premises staff, for settings in and out of school or school boarding premises, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school or school boarding premises.
- parents are required to provide the School and/or Boarding Premises with an Adrenaline Autoinjector, and any other medications, that are current and not expired:
 - At the junior campuses, anaphylaxis medication is to be always kept in the classroom with the student.
 - At the Senior School students are required to carry their anaphylaxis medications, on their person, always.
- replace the student's Adrenaline Autoinjector and any other medication as needed before their expiry date or when used.
- assist school staff in planning and preparation for the student prior to camps, field trips, incursions, excursions, or special events (e.g., class parties, cultural days, fetes, or sport days).
- if requested by school staff, assist in identifying and/or providing alternative food options for the student when needed.
- inform school staff in writing of any changes to the student's emergency contact details; and
- participate in reviews of the student's Individual Anaphylaxis Management Plan.

SUPERVISING BOARDING STUDENTS WITH ANAPHYLAXIS

When any boarding student with a medical condition that relates to allergy and the potential for anaphylactic reaction outside of normal activities of the school boarding premises, including at camps and excursions, or at special events conducted, organised, or attended by the school. The Head of Boarding will, based on an assessment of risk of an anaphylactic reaction occurring, ensure that there is enough staff present who have been trained in Anaphylaxis Management.

All Boarding House staff will be required to undertake all Anaphylaxis Training as outlined by the school and completed by other school staff.

Boarding House staff must also attend a twice-yearly briefing covering Anaphylaxis Management in Schools, be briefed by the school Nurse yearly regarding all students with Anaphylaxis enrolled at the Boarding School and know and understand emergency management procedures of students with Anaphylaxis.

STAFF TRAINING AND EDUCATION

All Firbank Grammar School staff that work in direct contact with students, all boarding staff and any further staff as identified by the Principal or Head of Boarding will participate in the following training programs:

1. Yearly Anaphylaxis refresher training facilitated by the schools preferred First Aid provider.
2. Twice yearly whole school Anaphylaxis briefing provided by the School Health Nurse that includes:
 - a. The School and Boarding House Anaphylaxis and Allergy Policy (this document)
 - b. The identities of the students at the School and Boarding House with a medical condition that

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- relates to allergy and the potential for anaphylactic reaction, and where their medication is located.
 - c. How to use an autoinjector (including hands on practice opportunities with a trainer adrenaline injector)
 - d. Locations of the schools generic autoinjectors in the School and Boarding House, and auto injectors supplied by parents.
 - e. General emergency and First Aid response for both the school and boarding premises
 - f. Causes, symptoms and treatments.
3. Training in 22578VIC Management of Anaphylaxis every 3 years (included as part of the First Aid training program at Firbank)

If for any unforeseen reason staff training does not proceed as scheduled the Principal, Head of Boarding and Head of Campuses in consultation with the Health Centre Nurse will develop an interim plan to address and manage any student medical needs. Training must occur as soon as possible thereafter.

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLAN REVIEWS

The Principal and Head of Boarding will ensure that a review of the students Individual Anaphylaxis Management Plan is conducted in consultation with the school Nurses and the students' parents when:

- When the student is scheduled to participate in a school activity such as a Camp, Excursion or special event conducted, organised, or attended by the school or boarding premises.
- The students' medical condition has changed in so far as it relates to the allergy or potential for an anaphylactic reaction.
- As soon as practicable after the student has had an allergic reaction at school or at the boarding premises.

PREVENTION STRATEGIES

In-school settings

It is recommended that school staff determine which strategies set out below for various in-school settings are appropriate after consideration of factors such as the age of the student, the facilities and activities available at the school, and the general school environment. Not all strategies will be relevant for each campus.

For each school setting/activity, staff must ensure they have 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 is available. This is available on Synergetic and C2go for all staff to access when onsite.

Classrooms

- Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan for Anaphylaxis is easily accessible even if the adrenaline autoinjector is kept in another location.
- Liaise with parents about food-related activities well ahead of time.

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- Use non-food treats where possible, but if food treats are used in class, it is recommended that parents of students with food allergy provide a treat box with alternative treats. Alternative treat boxes should be clearly labelled and only handled by the student.
- Never give food from outside sources to a student who is at risk of anaphylaxis.
- 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.
- Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
- Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
- Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
- Children with food allergy need special care when doing food technology. An appointment should be organised with the student's parents prior to the student undertaking this subject. Helpful information is available at: <https://allergyfacts.org.au/images/pdf/foodtech.pdf>
- Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
- A designated staff member will inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and adrenaline autoinjector, the school's Anaphylaxis and Allergy Management Policy, and each individual person's responsibility in managing an incident. ie seeking a trained staff member. This can be by the provision of the CRT booklet.

Canteens

- Canteen staff (whether internal or external) should be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. Refer to:
 - a. 'Safe Food Handling' in the School Policy and Advisory Guide at: <https://www2.education.vic.gov.au/pal/food-handling/policy>
 - b. Helpful resources for food services available at: www.allergyfacts.org.au
- Canteen staff, including volunteers, should be briefed about students at risk of anaphylaxis.
- Display a copy of the student's ASCIA Action Plan for Anaphylaxis in the canteen as a reminder to canteen staff and volunteers.
- Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
- Canteens should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.
- Make sure that tables and surfaces are wiped down with warm soapy water regularly.
- Food banning is not generally recommended. Instead, a 'no-sharing' with the students with food allergy approach is recommended for food, utensils and food containers. However, school communities can agree to not stock peanut and tree nut products (e.g., hazelnuts, cashews, almonds, etc.).
- Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.

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Yard

- If a school has a student who is at risk of anaphylaxis, sufficient school staff on yard duty must be trained in the administration of the adrenaline autoinjector (i.e. EpiPen®) and be able to respond quickly to an allergic reaction if needed.
- The adrenaline autoinjector and each student's individual ASCIA Action Plan for Anaphylaxis must be easily accessible from the yard, and staff should be aware of their exact location. (Remember that an anaphylactic reaction can occur in as little as a few minutes). Where appropriate, an adrenaline autoinjector may be carried in the school's yard duty bag.
- Schools must have an emergency response procedure in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. This may include all yard duty staff carrying emergency cards in yard-duty bags, and carry their mobile phones. All staff on yard duty must be aware of the school's emergency response procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.
- Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.
- Students with severe allergies to insects should be encouraged to stay away from water or flowering plants.
- Keep lawns and clover mowed and outdoor bins covered.
- Students should keep drinks and food covered while outdoors.

Special events (e.g. sporting events, incursions, class parties, etc.)

- If a school has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an adrenaline autoinjector to be able to respond quickly to an anaphylactic reaction if required.
- School staff should avoid using food in activities or games, including as rewards.
- For special events involving food, school staff should consult parents in advance to either develop an alternative food menu or request the parents to send a meal for the student.
- Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at school or at a special school event.
- Party balloons should not be used if any student is allergic to latex.
- If students from other schools are participating in an event at your school, consider requesting information from the participating schools about any students who will be attending the event who are at risk of anaphylaxis. Agree on strategies to minimise the risk of a reaction while the student is visiting the school. This should include a discussion of the specific roles and responsibilities of the host and visiting school.

Students at risk of anaphylaxis should bring their own adrenaline autoinjector with them to events outside their own school.

Out-of-school settings – Camps, Excursions and Special Events

Staff must determine which strategies set out below for various out-of-school settings are appropriate after consideration of factors such as the age of the student and the environment including facilities available.

For each offsite setting/activity, staff must ensure they have 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. This is available on Consent2go for all staff to access.

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Travel to and from school by school bus

School staff should consult with parents of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation strategies are in place to manage an anaphylactic reaction should it occur on the way to or from school on the bus. This includes the availability and administration of an adrenaline autoinjector. The adrenaline autoinjector and ASCIA Action Plan for Anaphylaxis must be with the student on the bus even if this child is deemed too young to carry an adrenaline autoinjector on their person at school.

Excursions/Sporting events

- The Teacher in charge of the excursion or sporting event should be provided 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 familiarise themselves with the students' Individual Anaphylaxis Management Plans procedures for managing anaphylaxis and be clear about their roles and responsibilities in the event of an anaphylactic reaction.
- Sufficient school staff supervising the special event must be trained in the administration of an adrenaline autoinjector and be able to respond quickly to an anaphylactic reaction if required.
- School staff should avoid using food in activities or games, including as rewards.
- The adrenaline autoinjector and a copy of the individual ASCIA Action Plan for Anaphylaxis for each student at risk of anaphylaxis should be easily accessible and school staff must be aware of their exact location.
- For each excursion etc, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.
- The school should consult parents of anaphylactic students in advance to discuss issues that may arise, for example to develop an alternative food menu or request the parents provide a special meal (if required).
- Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with parents as another strategy for supporting the student who is at risk of anaphylaxis.
- Prior to the excursion taking place school staff should consult with the student's parents and medical practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.
- If the Excursion or special event is being held at another school then that school should be notified ahead of time that a student at risk of anaphylaxis will be attending, and appropriate risk minimisation strategies discussed ahead of time so that the roles and responsibilities of the host and visiting school are clear.

Students at risk of anaphylaxis should take their own adrenaline autoinjector with them to events being held at other schools.

Boarding

- All Boarding house staff should be provided 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 familiarise themselves with the students' Individual Anaphylaxis Management Plans procedures for managing anaphylaxis and be clear about their roles and responsibilities in the event of an anaphylactic reaction.

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- The Principal and Head of Boarding are responsible for ensuring sufficient staff supervising the boarding students must be trained in the management of anaphylaxis and administration of an adrenaline autoinjector and be able to respond quickly to an anaphylactic reaction if required.
- All school staff members or team of school staff trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector whilst working in the boarding house.
- School staff should avoid using food in activities or games, including as rewards.
- The adrenaline autoinjector and a copy of the individual ASCIA Action Plan for Anaphylaxis for each student at risk of anaphylaxis should be easily accessible and school staff must be aware of their exact location.
- For each student that enters the boarding premises, a risk assessment should be undertaken for each individual student who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending. All school boarding staff members need to be aware of the identity of any students residing in boarding who are at risk of anaphylaxis and be able to identify them by face.
- The school should consult parents of anaphylactic students in advance to discuss issues that may arise, for example to develop an alternative food menu in conjunction with the Head of Boarding and Head Chef.
- Prior to enrolment school staff should consult with the student's parents and medical practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.
- If an Excursion or special event is being held at another school then that school should be notified ahead of time that a student at risk of anaphylaxis will be attending, and appropriate risk minimisation strategies discussed ahead of time so that the roles and responsibilities of the host and visiting school are clear.
- Students at risk of anaphylaxis should take their own adrenaline autoinjector with them to events being held at other schools.

Camps and remote settings

- Prior to engaging a camp owner/operator's services the school should make enquiries as to whether the operator can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation in writing to the school, then the school should strongly consider using an alternative service provider. This is a reasonable step for a school to take in discharging its duty of care to students at risk of anaphylaxis.
- The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
- Schools must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
- Schools should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis while they are on camp. This should be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp's commencement.
- School staff should consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate procedures are in place to manage an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken in order for the school to adequately discharge its non-delegable duty of care.
- If the school has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should raise these concerns in writing with the camp owner/operator and also consider alternative means for providing food for those students.

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- Use of substances containing known allergens should be avoided altogether where possible.
- Camps should be strongly discouraged from stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts.
- If eggs are to be used there must be suitable alternatives provided for any student known to be allergic to eggs.
- Prior to the camp taking place school staff should consult with the student's parents to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
- The student's adrenaline autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.
- All staff attending camp should be provided 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 familiarise themselves with the students' Individual Anaphylaxis Management Plans AND plan emergency response procedures for anaphylaxis prior to camp and be clear about their roles and responsibilities in the event of an anaphylactic reaction.
- Contact local emergency services and hospitals well before the camp to provide details of any medical conditions of students, location of camp and location of any off-camp activities. Ensure contact details of emergency services are distributed to all school staff as part of the emergency response procedures developed for the camp.
- Firbank will take adrenaline autoinjectors for general use on a school camps (even if there is no student who is identified as being at risk of anaphylaxis) as a back-up device in the event of an emergency.
- Firbank will purchase adrenaline autoinjectors for general use to be kept in first aid kits and included as part of the emergency response procedures.
- Each student's adrenaline autoinjector should remain close to the student and school staff must be aware of its location at all times.
- The adrenaline autoinjector should be carried in the school first aid kit; however, schools can consider allowing students, particularly adolescents, to carry their adrenaline autoinjector on camp. Remember that all school staff members still have a duty of care towards the student even if they do carry their own adrenaline autoinjector.
- Students with allergies to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
- Cooking and art and craft games should not involve the use of known allergens.
- Consider the potential exposure to allergens when consuming food on buses and in cabins.

Overseas travel

- Review and consider the strategies listed under "Excursions/Sporting Events" and "Camps and Remote Settings". Where an excursion or camp is occurring overseas, schools should involve parents in discussions regarding risk management well in advance.
- Investigate the potential risks at all stages of the overseas travel such as:
 - a. travel to and from the airport/port
 - b. travel to and from Australia (via aeroplane, ship etc)
 - c. accommodation venues
 - d. all towns and other locations to be visited

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- e. sourcing safe foods at all of these locations
- f. risks of cross contamination, including:
- g. exposure to the foods of the other students
- h. hidden allergens in foods
- i. whether the table and surfaces that the student may use will be adequately cleaned to prevent a reaction
- j. whether the other students will be able to wash their hands when handling food.
- Assess where each of these risks can be managed using minimisation strategies such as the following:
 - a. translation of the student's Individual Anaphylaxis Management Plan and ASCIA Action Plan for Anaphylaxis into the local language
 - b. sourcing of safe foods at all stages
 - c. obtaining the names, address and contact details of the nearest hospital and medical practitioners at each location that may be visited
 - d. obtaining emergency contact details
 - e. determine the ability to purchase additional autoinjectors.
- Record details of student travel insurance, including contact details for the insurer. Determine how any costs associated with medication, treatment and/or alteration to the travel plans as a result of an anaphylactic reaction will be paid.

Plan for the appropriate supervision of students at risk of anaphylaxis at all times, including that:

- a. there are sufficient school staff attending the excursion who have been trained in accordance with section 12 of the Ministerial Order 706
- b. there is an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are taking medication, eating food or being otherwise exposed to potential allergens
- c. there will be capacity for adequate supervision of any affected student(s) requiring medical treatment, and that adequate supervision of the other students will be available
- d. staff/student ratios should be maintained during the trip, including in the event of an emergency where the students may need to be separated.
- The school should re-assess its emergency response procedures, and if necessary adapt them to the particular circumstances of the overseas trip. Keep a record of relevant information such as the following:
 - a. dates of travel
 - b. name of airline, and relevant contact details
 - c. itinerary detailing the proposed destinations, flight information and the duration of the stay in each location
 - d. hotel addresses and telephone numbers
- proposed means of travel within the overseas country
- 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 familiarise themselves with the students' Individual Anaphylaxis Management Plans AND plan emergency response procedures for anaphylaxis prior to camp and be clear about their roles and responsibilities in the event of an anaphylactic reaction.
- emergency contact details of hospitals, ambulances, and medical practitioners in each location
- details of travel insurance
- plans to respond to any foreseeable emergency including who will be responsible for the implementation of each part of the plans
- possession of a mobile phone or other communication device that would enable the school staff to contact emergency services in the overseas country if assistance is required.

Work experience

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Schools should involve parents, the student and the work experience employer in discussions regarding risk management prior to a student at risk of anaphylaxis attending work experience. The employer and relevant staff must be shown the ASCIA Action Plan for Anaphylaxis and how to use the adrenaline autoinjector in case the work experience student shows signs of an allergic reaction whilst at work experience. It may be helpful for the teacher and the student to do a site visit before the student begins placement.

Staff should also consult the Risk Minimisation Strategies for schools included in the Anaphylaxis Guidelines for Victorian Schools ([Anaphylaxis: Policy | education.vic.gov.au](https://www.education.vic.gov.au/anaphylaxis-policy)). This framework is supported using Consent2Go for all excursions / incursions / events across the school.

LOCATIONS OF AUTOINJECTORS AND ACTION PLANS

The school will purchase and maintain an appropriate number of Generic Auto injectors for general use and as a back up to those supplied by parents. These autoinjectors will be stored as part of the School's First Aid kits along with a copy of a generic ASCIA action plan.

The Principal and Head of Boarding in consultation with the Health Centre Nurse will determine the appropriate number and type of Generic autoinjectors provided by the school and in doing so consider the availability of a sufficient supply of adrenaline autoinjectors for general use in specified locations at the school boarding premises, including other locations provided by the provider of school boarding premises for a child's use (including at excursions, camps and special events conducted, organised or attended by the school boarding premises). This will be based on the accessibility of auto injectors that have been supplied by parents and the number of students at the school and Boarding House with diagnosed Anaphylaxis and the potential for an Anaphylactic reaction.

Consideration must be given to the limited shelf life of autoinjectors. Where possible the school will purchase autoinjectors with no less than a 12-18 month lifespan. The School Health Officer at the Senior School Campus will be responsible for maintaining a list of expiry dates of all autoinjectors and replacing these either at the time of use or at the date of expiry (whichever occurs first).

Firbank Grammar has a schedule of locations of Adrenaline autoinjectors for general use, across all 3 campuses. A detailed list is maintained by the Health Centre Manager including expiry dates and updated on an as needs basis. Locations of the EpiPen's listed below and are also noted on the school maps.

Any changes to these locations are to be notified by the School Nurse/Health centre manager:

- To the Risk and Compliance Manager who will ensure the maps are updated accordingly.
- To all staff via email.

Campus	Location	Details
Sandringham Campus	Health Centre	ASCIA action plans for Prep-Y6 Student owned Auto Injectors Action Plans Generic auto injector x 4
	Canteen	ASCIA action plans Generic auto injector x1

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	Classrooms	ASCIA action plan of students within the class Student owned Auto Injectors Generic Autoinjector x1
	First Aid Kits	Generic ASCIA action plan Generic Auto Injector x 1
Turner House Campus	Health Centre	ASCIA action plans for Prep-Y6 Student owned Auto Injectors Action Plans Generic auto injector x 4
	Sport Bag	Generic ASCIA action plans Generic auto injector x1
	Canteen	ASCIA action plans Generic auto injector x1
	Classrooms	ASCIA action plan of students within the class Student owned Auto Injectors Generic Autoinjector x1
Senior Campus	Student Health Centre	ASCIA action plans for Prep-Y6 Student owned Auto Injectors Action Plans Generic auto injector x 2?
	School Buildings <ul style="list-style-type: none"> • Hospitality Centre • Art Department • Library • Music Department • Science Centre • Midhurst Staff Centre 	Generic ASCIA action plan Generic Auto Injector x 1
	Reception First Aid kit	Generic ASCIA action plan Generic Auto Injector x 1
	Canteen First Aid kit	ASCIA action plans Generic auto injector x1
	With Student in School Bag	ASCIA action plans Prescribed Auto Injector x 1
	PESC Centre – 9 First Aid kits (taken offsite for sport events) Rowing Boatsheds (offsite) and First Aid Bag – 4 First Aid kits	Generic ASCIA action plan Generic Auto Injector
Boarding House	First Aid Cupboard	Generic ASCIA action plan Generic Auto Injector x 1

	With the Student	ASCIA action plan Prescribed auto injector device x1
Camps Excursions Special Events	All portable First Aid kits	Generic ASCIA action plan Generic Auto Injector x 2
	With Student	Auto Injector x 2

EMERGENCY RESPONSE - COMMUNICATION PLAN

Emergency Response to an Anaphylactic reaction during school days

In the event of an anaphylactic reaction, the student's ASCIA Action Plan should be implemented immediately:

- Administer adrenaline autoinjector and call 000.
- Ideally there is more than one staff member available. Alternatively stay with the student affected and ask another student to assist in calling a staff member for help and/or notifying Reception that assistance is required.
- Reception to coordinate emergency procedures and direct the ambulance.
- Record the time of administering the adrenaline autoinjector. Watch to see if signs of anaphylaxis subside or return. If necessary, administer another adrenaline autoinjector after 5 minutes and continue until emergency services arrive.

Special Event Days, Excursions and Camps

In the event of an anaphylactic reaction away from school, the teacher is to immediately implement the student's emergency ASCIA Action Plan, call an ambulance, and then notify the school. The Head of Campus and School Nurse should be notified without delay. They will arrange for parents or guardians to be notified and for appropriate reports to be made.

Emergency response in the Boarding House

In the event of an anaphylactic reaction at the Boarding House during activities or at mealtime, the student's ASCIA Action Plan should be implemented immediately:

- Administer adrenaline autoinjector and call 000.
- Contact the School Nurse - Penny Featherstone.
- If the School Nurse is unavailable or it is After Hours, call Nurse on Call – 1300 60 60 24
- Contact the Head of Boarding.
- Contact the Deputy Principal (the Head of Boarding or the School Nurse may do this).
- Reassure the patient and keep calm.
- Always stay with the patient.
- If a second staff member on duty is not nearby, send another boarder to fetch her.
- Send a boarder to wait for the ambulance at the Turning Circle. Ambulance should be directed to come up driveway to outside the Boarding House entrance. Entry to the BH should be by the front door.

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- If the second staff member is not required to assist with the patient, she should retrieve patient's file from the student file or Health Centre, support where necessary, keep boarders away and maintain order in the Boarding House.
- One staff member will accompany the patient in the ambulance. This should be the Senior Staff Member on Duty, the Head of Boarding, the School Nurse, or the Deputy Principal
- The Head of Boarding, Principal or the School Nurse will contact the patient's parents or guardians.

Post-incident Action

It is expected that after an incident has occurred and has been resolved, that staff members involved will engage in the following activities:

- completion of an incident report via Complispace that includes full details of the event and what occurred.
- debrief with students directly involved as witnesses to the event.
- debrief of staff involved.
- communication with the principal and assistant principal as appropriate regarding the particulars of the incident, actions taken and outcomes.
- discuss with parents (later) what occurred and ask them to seek medical advice on how it may be prevented in future
- review the student's individual management plan and implement updated risk prevention strategies (where applicable).

ONGOING RISK MANAGEMENT

The school will regularly monitor is compliance requirements in relation to Ministerial Order 706 and update policies and procedures to reflect all obligations.

The school will complete an annual risk assessment on Anaphylaxis policies and processes to meet obligations, keep students with anaphylaxis safe and always ensure best practice.

RELATED POLICIES AND PROCEDURES

This policy should be read in conjunction with the following School policies, procedures, and documents:

1. Asthma
2. First Aid
3. Medication Management
4. Student Duty of Care
5. Student Health Management
6. Anaphylaxis Risk Management Checklist

POLICY FEEDBACK

The school community may provide feedback on this document by emailing: healthcentre@firbank.vic.edu.au or contacting the Head of campus.

Approval and Review

Details

Policy issue date

August 2023

Document updated by

M Hall – Risk and Compliance Manager

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Approval and Review	Details
	P Featherstone – School Health Nurse
Next review date August 2024	Document reviewed by Jenny Williams – Principal, Head of Senior Campus
	Document endorsed by School Board
	Date endorsed September 2023

APPENDIX
<p>1. Useful resources:</p> <p>ASCIA https://www.allergy.org.au/</p> <p>RCH https://www.rch.org.au/allergy/advisory/Anaphylaxis_Support_Advisory_Line/</p>
<p>2. Templates for Individual Anaphylaxis Management Plans (separate documents)</p> <p>Kept in Health Centre – OneDrive</p> <ul style="list-style-type: none"> • IAMP Template Senior School • IAMP Template Junior Schools
<p>3. Staff training Provider</p> <p>Yearly training through APTS (Australian Pacific Training Solutions) at start of school year. Record of staff certificates kept through APTS website portal. HR and Health Centre shared document of all staff First Aid expiry dates.</p>
<p>4. Annual Anaphylaxis Risk Management Checklist</p>

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Annual risk management checklist

(to be completed at the start of each year)

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

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: <ul style="list-style-type: none"> • online training (ASCIA anaphylaxis e-training) within the last 2 years, or • accredited face to face training (22578VIC or 10710NAT) 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen® and Anapen®)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen® and Anapen®) 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 which includes an ASCIA Action Plan for Anaphylaxis 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 for Anaphylaxis 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 for Anaphylaxis 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) and out of direct sunlight?	<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 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 Plans 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
c. 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
d. How to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the adrenaline autoinjector(s) for general use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 6: Communication Plan	
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 will 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?	