Belgrave South Primary School

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Anaphylaxis Policy

Help for non-English speakers

If you need help to understand the information in this policy, please contact 97542505.

PURPOSE

To explain to Belgrave South Primary School parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that Belgrave South Primary School is compliant with Ministerial Order 706 and the department's guidelines for anaphylaxis management.

SCOPE

This policy applies to:

- all staff, including casual relief staff, canteen operators and volunteers
- all students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction, and their parents and carers.

POLICY

School Statement

Belgrave South Primary School fully complies with Ministerial Order 706 and the associated guidelines published by the department.

Anaphylaxis

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen and should always be treated as a medical emergency. The most common allergens for school-aged children are nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

Symptoms

Signs and symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- tingling in the mouth.

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

- difficult/noisy breathing

- swelling of tongue
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- student appears pale or floppy
- abdominal pain and/or vomiting.

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen, but can appear within a few minutes.

Treatment

Adrenaline given as an injection into the muscle of the outer mid-thigh or inhaled through the nose is the first aid treatment for anaphylaxis.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline device for use in an emergency. These adrenaline devices are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

All students at Belgrave South Primary School who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the principal of Belgrave South Primary School is responsible for developing a plan in consultation with the student's parents/carers.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrols at Belgrave South Primary School and where possible, before the student's first day.

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis (RED) from the student's medical practitioner and provide a copy to the school as soon as practicable
- immediately inform the school in writing if there is a relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis (RED)
- provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis (RED) and provide it to the school each time it is updated
- provide the school with a current adrenaline device for the student that has not expired
- participate in annual reviews of the student's Individual Anaphylaxis Management Plan that is prepared by the school.

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's allergies and the potential for anaphylactic reaction, including the type of allergies the student has
- information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
- the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the Individual Anaphylaxis Management Plan
- information about where the student's medication is stored
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis (RED) completed by the student's medical practitioner.

Review and updates to Individual Anaphylaxis Management Plans:

A student's Individual Anaphylaxis Management Plan is reviewed and updated on an annual basis in consultation with the student's parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

- as soon as practicable after the student has an anaphylactic reaction at school
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

Our school may also consider updating a student's Individual Anaphylaxis Management Plan if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

Location of plans and adrenaline devices

A copy of each student's Individual Anaphylaxis Management Plan is stored with their ASCIA Action Plan for Anaphylaxis (RED) on the wall in the Sick Bay room, together with the student's adrenaline device. Adrenaline devices must be labelled with the student's name.

Adrenaline autoinjectors for general use are available at Sick Bay room and are labelled "general use".

Staff take a pouch with them on yard duty containing an EpiPen.

A pouch with an EpiPen is located in Sophie's, and Gym.

Risk Minimisation Strategies

Within The School

To reduce the risk of a student suffering from an anaphylactic reaction at Belgrave South Primary School, we have put in place the following strategies:

- *staff and students are regularly reminded to wash their hands after eating;*
- *students are discouraged from sharing food*
- *garbage bins at school are to remain covered with lids to reduce the risk of attracting insects*
- *gloves must be worn when picking up papers or rubbish in the playground;*
- *school canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination*
- *year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays*
- *a general use adrenaline autoinjector will be stored at the school canteen, office and in the yard duty bag for ease of access.*
- *Planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, appropriate number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending.*
- There is a ten-minute eating time within the classroom for fruit time and lunch. Students are encouraged to eat food bought from home only.
- The teacher will have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
- Liaise with parents about food-related school activities ahead of time.
- Treats for 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.
- Never give food from outside sources to a student who is at risk of anaphylaxis. 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

- Casual Relief teachers will be provided with a CRT folder containing a copy of the ASCIA Action Plan and management plan.
- For special occasions school staff should consult with parents in advance to either develop an alternative food menu or request the parents to send a meal for the student.

Music/Performing Arts Room

- Teacher shall instruct students not to share instruments

Visual Art Room

- Activities such as mask making (where masks are moulded onto the face) should be discussed with the parent prior to the event, as products used may contain traces of food such as peanut, tree nut, milk or egg.

Sophie's Restaurant

- When booking, parents will need to advise the teacher in charge for the week of any allergies. The kitchen will then prepare an alternative menu option
- Kiwi fruit, peanuts, cashew and pistachio nuts will not be stocked or stored at Sophie's restaurant kitchen. Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
- Ensure all cooking utensils, preparation dishes, plates, and knives and forks, etc., are washed and cleaned thoroughly after preparation of food and cooking.
- Parents are to discuss with their child which foods can be consumed and are encouraged to discuss with our kitchen specialist allergies to food.
- Students at risk of anaphylaxis are not to be exposed to allergens at any time

Excursions & Camps

- Parents will be requested to complete and sign a "medical form" for each individual excursion/camp.
- Prior to the camp taking place School Staff should consult with the student's Parents to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
- Parents will be given the opportunity to volunteer to accompany their child on excursions or camps.
- The school should consult Parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the Parents provide a meal (if required
- Consider the potential exposure to allergens when consuming food on buses and in cabins.
- The Adrenaline Autoinjector should remain close to the student and School Staff must be aware of its location at all times.
- 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

Overseas travel

- Where an excursion or camp is occurring overseas, the school will involve parents in discussions regarding risk management well in advance.

Adrenaline autoinjectors for general use

Belgrave South Primary School maintains a supply of adrenaline autoinjector(s) for general use, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first-time reaction at school.

There are currently 4 adrenaline devices approved by the Therapeutic Goods Administration for use in Australia: the EpiPen®, the Anapen®, Jext® and Neffy®. All devices can be used when provided by families for students, however, the principal or allocated staff member can only use Epipen®, Anapen® or Jext® adrenaline autoinjector for general use. For more information about which autoinjector to purchase for general use, refer to Adrenaline autoinjectors for general use.

Adrenaline autoinjectors for general are stored at Sick Bay room and labelled "general use".

The principal is responsible for arranging the purchase of adrenaline autoinjectors for general use, and considers:

- the number of students enrolled at Belgrave South Primary School at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors supplied by parents/carers
- the availability of a sufficient supply of autoinjectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors to be replaced when used or prior to expiry
- the weight of the students at risk of anaphylaxis to determine the correct dosage of adrenaline autoinjector/s to purchase.

Emergency Response

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school's general first aid procedures, emergency response procedures and the student's Individual Anaphylaxis Management Plan.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by Office Manager for Belgrave South Primary School and stored at the Sick Bay room.

For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of participating students who are at risk of anaphylaxis, together with their Individual Anaphylaxis Management Plans and adrenaline devices, where appropriate.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

Step	Action
1.	• Lay the person flat • Do not allow them to stand or walk • If breathing is difficult, allow them to sit with legs outstretched • Be calm and reassuring • Do not leave them alone • Seek assistance from another staff member or reliable student to locate the student's adrenaline device or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored at the Sick Bay room. • if the student's plan is not immediately available, or they appear to be experiencing a first-time reaction, continue with steps 2 to 5 and refer to the ASCIA First Aid Plan for Anaphylaxis (Orange), stored with the school's adrenaline autoinjector for general use at the Sick Bay room, if immediately accessible.

2.	Administer an EpiPen or EpiPen Jr • Remove from plastic container • Form a fist around the EpiPen and pull off the blue safety release (cap) • Hold leg still and place orange end against the student's 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 • Note the time the EpiPen is administered • Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration. **OR** Administer an Anapen® 500 • Pull off the black needle shield • Pull off grey safety cap (from the red button) • Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing) • Press red button so it clicks and hold for 3 seconds • Remove Anapen® • Note the time the Anapen is administered • Retain the used Anapen to be handed to ambulance paramedics along with the time of administration. **OR** Administer Jext 150 or 300 • Form fist around Jext and pull off yellow cap • Place black injector tip against outer-mid thigh (with or without clothing) • Push black tip firmly until a click is heard and hold in place for 3 seconds. • Remove Jext • Note the time the Jext device is administered. • The used adrenaline device must be handed to the ambulance paramedics along with the time of administration **OR** Administer Neffy® 1mg or 2mg • Hold the nasal spray with your thumb on the bottom of the plunger and a finger on either side of the nozzle. • Do not pull or push on the plunger. Do not test or prime (pre-spray). Each Neffy nasal spray contains only one spray. • Place the nozzle of the nasal spray into a nostril until fingers touch the nose. • For smaller nostrils, aim for the fingers to touch the nose. • Keep the nozzle pointed towards the forehead. Do not angle the nozzle of the nasal spray to the inner or outer walls of the nose. • Press the plunger up firmly until the dose is administered and it sprays into the nostril.

	• Note the time the Neffy device is administered. • The used adrenaline device must be handed to the ambulance paramedics along with the time of administration
3.	Call an ambulance (000)
4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis (RED)), further adrenaline doses may be administered every 5 minutes, if other adrenaline devices are available.
5.	Contact the student's emergency contacts.
6.	The principal or a staff member allocated to do so must contact the Incident Support and Operations Centre (ISOC) on 1800 126 126 to report 'High' or Extreme' severity incidents to report the incident. Incidents assessed as 'Low' or 'Medium' can be reported directly into EduSafe Plus by the principal or their allocated staff member.

If a student appears to be having a severe allergic reaction but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 – 5 as above.

For first time anaphylactic reactions, the school's general use adrenaline autoinjector device must be used. If the general use device is not immediately available in an anaphylaxis emergency, staff may use another student's adrenaline device, including the EpiPen®, Anapen®, Jext® or Neffy® device. This may save a life. If another student's adrenaline device is used in an anaphylaxis emergency, the school must notify the parents of the student whose device was used and immediately replace the device.

Where possible, schools should consider using the correctly dosed adrenaline device depending on the weight of the student. However, in an emergency if there is no other option available, any device should be administered to the student.

Communication Plan

This policy is publicly available on Belgrave South Primary School's website so that parents/carers and other members of the school community can easily access information about Belgrave South Primary School's anaphylaxis management procedures.

The principal is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and Belgrave South Primary School's procedures for anaphylaxis management. We will communicate this policy through staff induction and training materials, and twice-yearly staff briefings. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis also receive a verbal briefing on this policy, their role in responding to an anaphylactic reaction and where required, the identity of students at risk.

The principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the department's Anaphylaxis Guidelines.

Staff training

The principal ensures that the following school staff are appropriately trained in anaphylaxis management:

First Aid Officers/Supervisor

Staff who are required to undertake training must have completed:

- an approved face-to-face anaphylaxis management training course in the last three years, or
- an approved online anaphylaxis management training course in the last two years.

Belgrave South Primary School uses ASCIA anaphylaxis e-training for Victorian Schools with 22579VIC, or 22578VIC followed by a competency check by the school anaphylaxis supervisor.

All Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year (with the first briefing to be held at the beginning of the school year), facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years including school anaphylaxis supervisor].

Each briefing should address:

- the school's anaphylaxis management policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students diagnosed as being at risk of anaphylaxis, their allergens and the location of their Individual Anaphylaxis Management Plans and their medication/s
- discussion on staff anaphylaxis training and renewal
- how to use an adrenaline device, including hands-on practice with an adrenaline device trainer device (which does not contain adrenaline)
- the school's general first aid and emergency procedures
- the location of adrenaline devices prescribed for individual students that have been purchased by their family
- the location of adrenaline devices that the school has purchased for general use
- how to access on-going support and training.

When a new student enrols at Belgrave South Primary School who is at risk of anaphylaxis, the principal will develop an interim plan in consultation with the student's parents/carers and ensure that appropriate staff are trained and briefed as soon as possible.

A record of staff training courses and briefings is maintained through the school's OHS planner.

The principal ensures that while students at risk of anaphylaxis are under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special event days, there is a sufficient number of school staff present who have been trained in anaphylaxis management.

COMMUNICATION

This policy will be communicated to our school community in the following ways:

- Available publicly on our school's website
- Included in staff induction processes and staff training
- Discussed at staff briefings/meetings as required
- Discussed at parent information nights/sessions
- Reminders in our school newsletter
- Hard copy available from school administration upon request

FURTHER INFORMATION AND RESOURCES

- The department's Policy and Advisory Library (PAL):
  - Anaphylaxis
  - Allergies
  - First Aid for Students and Staff
  - Health Care Needs
  - Managing Reporting School Incidents (Including Emergencies)
  - Medication
- Allergy & Anaphylaxis Australia
- ASCIA Guidelines: Schooling and childcare

- Hero HQ Anaphylaxis Management Training
- https://allergyfacts.org.au/__interest/anaphylaxis/
- Royal Children's Hospital: Allergy and immunology
- Belgrave South Primary School policies: [Insert links to related local polices. A sample list is provided as follows]
    - Administration of Medication Policy
    - First Aid Policy
    - Health Care Needs Policy

POLICY REVIEW AND APPROVAL

Policy last reviewed	April 2026
Approved	Principal
Next scheduled review date	April 2027

The principal will complete the department's Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.

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 parent's 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	Who is responsible?	Completion date?

Name of environment/area:

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

Name of environment/area:

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

This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):

- annually
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- as soon as practicable after the student has an anaphylactic reaction at school
- when the student is to participate in an off-site activity, such as camps and excursions, or at special

events conducted, organised or attended by the school (e.g. class parties, elective subjects, cultural days, fetes, incursions). I have been consulted in the development of this Individual Anaphylaxis Management Plan. I consent to the risk minimisation strategies proposed. Risk minimisation strategies are available at Chapter 8 – Risk Minimisation Strategies of the Anaphylaxis Guidelines	
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:	

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

ACTION PLAN FOR Anaphylaxis

For use with EpiPen® Adrenaline Autoinjectors

Name: _____
Date of birth: _____

Photo

Confirmed allergens:
_____
_____

Asthma Yes ☐ No ☐

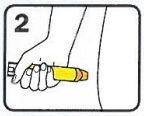
Family/emergency contact name(s):
_____
_____

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

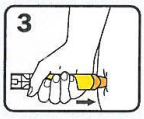
Plan prepared by:
Dr: _____
Signed: _____
Date: _____

How to give EpiPen®

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



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



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

REMOVE EpiPen®. Massage injection site for 10 seconds.

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

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MILD TO MODERATE ALLERGIC REACTION

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

ACTION

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

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION

1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.
2 Give EpiPen® or EpiPen® Jr
3 Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)
4 Phone family/emergency contact
5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally.
If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

EpiPen® is generally prescribed for adults and children over 5 years.
EpiPen® Jr is generally prescribed for children aged 1-5 years.
*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information _____

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

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?	☐ Yes ☐ No
a. If Yes, how many times?	
4. Have any students ever had an anaphylactic reaction at school?	☐ Yes ☐ No
a. If Yes, how many students?	
b. If Yes, how many times?	
5. Has a staff member been required to administer an adrenaline autoinjector to a student?	☐ Yes ☐ No
a. If Yes, how many times?	
6. 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)?	☐ Yes ☐ 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?	☐ Yes ☐ No
8. Does your school conduct twice-yearly briefings annually? If no, please explain why not, as this is a requirement for school registration.	☐ Yes ☐ No
9. Do all school staff participate in a twice-yearly anaphylaxis briefing? Ifn, please explain why not, as this is a requirement for school registration.	☐ Yes ☐ 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®)?	☐ Yes ☐ 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?	☐ Yes ☐ 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?	☐ Yes ☐ No
12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	☐ Yes ☐ 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	☐ Yes ☐ No
b. In canteens or during lunch or snack times	☐ Yes ☐ No
c. Before and after school, in the school yard and during breaks	☐ Yes ☐ No
d. For special events, such as sports days, class parties and extra-curricular activities	☐ Yes ☐ No
e. For excursions and camps	☐ Yes ☐ No
f. Other	☐ Yes ☐ No
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)?	☐ Yes ☐ No
a. Where are the Action Plans kept?	
15. Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student?	☐ Yes ☐ 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?	☐ Yes ☐ 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?	☐ Yes ☐ No
19. Are the adrenaline autoinjectors stored at room temperature (not refrigerated) and out of direct sunlight?	☐ Yes ☐ No
20. Is the storage safe?	☐ Yes ☐ No
21. Is the storage unlocked and accessible to school staff at all times? Comments:	☐ Yes ☐ No
22. Are the adrenaline autoinjectors easy to find? Comments:	☐ Yes ☐ No
23. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline autoinjector?	☐ Yes ☐ 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?	☐ Yes ☐ No
25. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis? Who? ……	☐ Yes ☐ No
26. Are there adrenaline autoinjectors currently in the possession of the school that have expired?	☐ Yes ☐ No
27. Has the school signed up to EpiClub (optional free reminder services)?	☐ Yes ☐ 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?	☐ Yes ☐ 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)?	☐ Yes ☐ No

30. Where are these first aid kits located? Do staff know where they are located?	☐ Yes ☐ No
31. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	☐ Yes ☐ No
32. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	☐ Yes ☐ 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?	☐ Yes ☐ 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.	☐ Yes ☐ No
35. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	☐ Yes ☐ 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?	☐ Yes ☐ No
37. Do school staff know when their training needs to be renewed?	☐ Yes ☐ No
38. Have you developed emergency response procedures for when an allergic reaction occurs?	☐ Yes ☐ No
a. In the class room?	☐ Yes ☐ No
b. In the school yard?	☐ Yes ☐ No
c. In all school buildings and sites, including gymnasiums and halls?	☐ Yes ☐ No
d. At school camps and excursions?	☐ Yes ☐ No
e. On special event days (such as sports days) conducted, organised or attended by the school?	☐ Yes ☐ No
39. Does your plan include who will call the ambulance?	☐ Yes ☐ 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?	☐ Yes ☐ 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:	☐ Yes ☐ No
a. The class room?	☐ Yes ☐ No
b. The school yard?	☐ Yes ☐ No
c. The sports field?	☐ Yes ☐ No
d. The school canteen?	☐ Yes ☐ 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?	☐ Yes ☐ 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?	☐ Yes ☐ 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?	☐ Yes ☐ No
b. The causes, symptoms and treatment of anaphylaxis?	☐ Yes ☐ No

c. The identities of students at risk of anaphylaxis, and who are prescribed an adrenaline autoinjector, including where their medication is located?	☐ Yes ☐ No
d. How to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector?	☐ Yes ☐ No
e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	☐ Yes ☐ No
f. Where the adrenaline autoinjector(s) for general use is kept?	☐ Yes ☐ No
g. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	☐ Yes ☐ No
SECTION 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?	☐ Yes ☐ No
b. To students?	☐ Yes ☐ No
c. To parents?	☐ Yes ☐ No
d. To volunteers?	☐ Yes ☐ No
e. To casual relief staff?	☐ Yes ☐ No
49. Is there a process for distributing this information to the relevant school staff?	☐ Yes ☐ No
a. What is it?	
50. How will this information be 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?	☐ Yes ☐ No
52. What are they?	