POLICY: ANAPHYLAXIS MANAGEMENT

1. **STATEMENT OF BELIEF:**
Drouin Secondary College believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility. We are committed to:

- providing, as far as practicable, a safe and healthy environment in which children at risk of anaphylaxis can participate equally in all aspects of the student program’s and experiences.
- actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child.
- ensuring each staff member and other relevant adults have adequate knowledge of allergies, anaphylaxis and emergency procedures.

2. **OBJECTIVES:**
The aim of this policy is to:

- minimise the risk of an anaphylactic reaction occurring while the child is in the care of the school community.
- ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an EpiPen®.
- raise the school community’s awareness of anaphylaxis and its management through education and policy implementation.
- minimise use of sweets as reward in class settings

3. **IMPLEMENTATION:**
This policy applies when a child is enrolled at Drouin Secondary College and diagnosed as being at risk of anaphylaxis by a qualified medical practitioner is enrolled at the DSC. It applies to children enrolled at DSC, their parents/guardians and staff. It also applies to other relevant members of the service community, such as volunteers and visiting specialists.

DSC shall:

- ensure staff responsible for the child/ren at risk of anaphylaxis attend anaphylaxis management training, that is reinforced at yearly intervals.
- ensure that all relieving staff are aware of symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child’s allergies, anaphylaxis action plan and EpiPen® kit.
- ensure that no child who has been prescribed an EpiPen® is permitted to attend the school or its programs without that EpiPen®.
- make parents/guardians aware of this policy, and provide access to it on request.
- encourage ongoing communication between parents/guardians and staff regarding the current status of the child’s allergies, this policy and its implementation.
- display an ASCIA generic poster called Action plan for Anaphylaxis in a key location at the school, the office, the staff room or sick bay.
- comply with the procedures outlined in Schedule 1.
- Schools with a child or young person at risk of anaphylaxis must purchase a spare or backup adrenaline auto-injection device(s) as part of school first aid kit(s), for general use. Adrenaline auto-injection devices can be purchased without prescription at local chemists. (Schools must regularly check the expiry date of the backup device).
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- Schools must determine the number of backup adrenaline auto-injection devices to be purchased for general use, taking into account the number of students at risk of anaphylaxis and the likely availability of a backup device in various settings, including school excursions and camps.
- Schools must complete the Anaphylaxis Risk Management Checklist on an annual basis.
- Schools must meet with the parents/carers of each student diagnosed as at risk, to develop an Individual Anaphylaxis Management Plan, which includes an ASCIA Action Plan for Anaphylaxis, completed and signed by a medical practitioner. This information must be distributed to all appropriate teachers.
- Schools should conduct the first of their two anaphylaxis management briefings in 2013 by 30 June.

Staff responsible for the child at risk of anaphylaxis shall:
- ensure a copy of the child’s anaphylaxis action plan is visible to all staff.
- follow the child’s anaphylaxis action plan in the event of an allergic reaction, which may progress to anaphylaxis.
- in the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
  - Call an ambulance immediately by dialling 000.
  - Commence first aid measures.
  - Contact the parent/guardian.
  - Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.
- practise EpiPen® administration procedures using an EpiPen® trainer and “anaphylaxis scenarios” on a regular basis, preferably quarterly.
- ask all parents/guardians as part of the enrolment procedure, prior to their child’s attendance at the school, whether the child has allergies and document this information on the child’s enrolment record. If the child has allergies, ask the parents/guardians to provide a medical management plan signed by a Doctor.
- ensure that parents/guardians provide an anaphylaxis action plan signed by the child’s Doctor and a complete EpiPen® kit while the child is present at the service.
- ensure that the EpiPen® kit is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat.
- ensure that the EpiPen® kit for each child at risk of anaphylaxis is carried by a trained adult on excursions that this child attends.
- regularly check the EpiPen® expiry date. (The manufacturer will only guarantee the effectiveness of the EpiPen® to the end of the nominated expiry month.)
- provide information to the service community about resources and support for managing allergies and anaphylaxis.
- comply with the procedures outlined in Schedule 1.

Parents/guardians of a child at risk of anaphylaxis shall:
- inform staff, either on enrolment or on diagnosis, of their child’s allergies.
- provide staff with an anaphylaxis action plan and written consent to use the EpiPen® in line with this action plan.
- provide staff with a complete EpiPen® kit.
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• regularly check the EpiPen® expiry date.
• assist staff by offering information and answering any questions regarding their child’s allergies.
• notify the staff of any changes to their child’s allergy status and provide a new anaphylaxis action plan in accordance with these changes.
• communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child.
• comply with the schools policy that no child who has been prescribed an EpiPen® is permitted to attend the school or its programs without that EpiPen®.
• comply with the procedures outlined in Schedule 1.

4. EVALUATION:
The school shall:
• discuss with staff their knowledge of issues following staff participation in anaphylaxis management training.
• selectively audit enrolment checklists (e.g. annually) to ensure that documentation is current and complete.
• discuss this policy and its implementation with parents/guardians of children at risk of anaphylaxis to gauge their satisfaction with both the policy and its implementation in relation to their child.
• respond to complaints.
• review the adequacy of the response of the service if a child has an anaphylactic reaction and consider the need for additional training and other corrective action.

The school shall nominate a staff member to:
• conduct ‘anaphylaxis scenarios’ and supervise practise sessions in EpiPen® administration procedures to determine the levels of staff competence and confidence in locating and using the EpiPen® kit.
• routinely (e.g. monthly) review the EpiPen® kit to ensure that it is complete and the EpiPen® is not expired.
• liaise with the staff and parents of children at risk of anaphylaxis.

Parents/guardians shall:
• read and be familiar with the policy.
• identify and liaise with the nominated staff member.

This policy will be reviewed by the Education Policy Committee as part of the school’s four-year cycle.

5 RELATED DOCUMENTS

Procedures (See Schedule 1)
Enrolment checklist (See Schedule 2)
Risk Management Plan (See schedule 3)

Schedule 1
The following procedures should be implemented to help protect the child at risk of anaphylaxis from accidental exposure to food allergens:
In relation to the child at risk:

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- This child should only eat food that has been specifically prepared for him/her.
  - Where the service is preparing food for the child, ensure that it has been prepared according to the parent’s instructions.
  - Some parents will choose to provide all food for their child.
- All food for this child should be checked and approved by the child’s parent/guardian and be in accordance with the risk minimisation plan.
- Bottles, other drinks and lunch boxes, including any treats, provided by the parents/guardians for this child should be clearly labelled with the child’s name.
- There should be no trading or sharing of food, food utensils and containers with this child.
- In some circumstances it may be appropriate that a highly allergic child does not sit at the same table when others consume food or drink containing or potentially containing the allergen. However, children with allergies should not be separated from all children and should be socially included in all activities.
- Parents/guardians should provide a safe treat box for this child.
- Where this child is very young, provide his/her own high chair to minimise the risk of cross-contamination.
- When the at risk child is allergic to milk, ensure non-allergic babies are held when they drink formula/milk.
- Increase supervision of this child on special occasions such as excursions, incursions or family days.

In relation to other practices at the centre:
- Ensure tables and bench tops are washed down after eating.
- Ensure hand washing for all children upon arrival at the service, before and after eating.
- Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children. Staff should discuss the use of foods in such activities with parents/guardians of this child and these foods should be consistent with the risk minimisation plan.
- All children need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk children should not ‘wander around’ the centre with food.
- Staff should use non-food rewards, for example stickers, for all children.
- The risk minimisation plan will inform the children’s service’s food purchases and menu planning.
- Food preparation personnel (staff and volunteers) should be instructed about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food – such as careful cleaning of food preparation areas and utensils.
- Where food is brought from home to the School, all parents/guardians will be asked not to send food containing specified allergens or ingredients as determined in the risk minimisation plan.

Schedule 2 Enrolment Checklist for Children at Risk of Anaphylaxis

- A risk minimisation plan is completed, which includes strategies to address the particular needs of each child at risk of anaphylaxis, and this plan is implemented.
- Parents of a child at risk of anaphylaxis have been provided a copy of the service’s Anaphylaxis policy.
- All parents/guardians are made aware of the Anaphylaxis policy.
- Anaphylaxis action plan for the child is signed by the child’s Doctor and is visible to all staff.
- EpiPen® (within expiry date) is available for use at any time the child is in the care of the school.
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- EpiPen® is stored in an insulated container, in a location easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat
- All staff, including relief staff, are aware of each EpiPen® kit location
- Staff responsible for the child/ren at risk of anaphylaxis undertake anaphylaxis management training, which includes strategies for anaphylaxis management, recognition of allergic reactions, emergency treatment and practise with an EpiPen® trainer, and is reinforced at yearly intervals
- The service’s emergency action plan for the management of anaphylaxis is in place and all staff understand the plan
- A treat box is available for special occasions (if relevant) and is clearly marked as belonging to the child at risk of anaphylaxis
- Parent/guardian’s current contact details are available
- Information regarding any other medications or medical conditions (for example asthma) is available to staff
- If food is prepared at the school, measures are in place to prevent contamination of the food given to the child at risk of anaphylaxis

Schedule 3 Sample Risk Minimisation Plan for Anaphylaxis

The following suggestions may be considered when developing or reviewing a children’s service risk minimisation plan.

<table>
<thead>
<tr>
<th>How well has the school planned for meeting the needs of children with allergies who are at risk of anaphylaxis?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Who are the children?</td>
<td>• List names of each of the at risk children</td>
</tr>
</tbody>
</table>
| 2. What are they allergic to? | • List all of the known allergens for each of the at risk children
• List potential sources of exposure to each known allergen and strategies to minimise the risk of exposure. This will include requesting that certain foods/items not be brought to the service |
| 3. Does everyone recognise the at risk children? | • List the strategies for ensuring that all staff, including relief staff and cooks, recognise each of the at risk children
• Confirm where each child’s Action Plan (including the child’s photograph) will be displayed |

Do families and staff know how the school manages the risk of anaphylaxis?

- Record when each family of an at risk child is provided a copy of the school’s Anaphylaxis policy
- Record when each family member provides a complete EpiPen® kit
- Test that all staff, including relief staff, know where the EpiPen® kit is kept for each at risk child
- Regular checks of the expiry date of each EpiPen® are undertaken by a nominated staff member and the families of each at risk child

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- School writes to all families requesting that specific procedures be followed to minimise the risk of exposure to a known allergen. This may include requesting the following are not sent to the service:
  - Food containing the major sources of allergens, or foods where transfer from one child to another is likely, for example peanut, nut products, whole egg, chocolate
  - Food packaging of risk foods (see known allergens at point 2), for example cereal boxes, egg cartons and so on
- A new written request is sent to families if the food allergens change
- Ensure all families are aware of the policy that no child who has been prescribed an EpiPen® is permitted to attend the school without that EpiPen®
- The service displays the ASCIA generic poster, Action plan for anaphylaxis, in a key location and locates a completed ambulance card by the telephone/s
- The EpiPen® kit is taken on all excursions attended by the at risk child

Do all staff know how the children’s service aims to minimise the risk of a child being exposed to an allergen?

- Think about times when the child could potentially be exposed to allergens and develop appropriate strategies, including who is responsible for implementing them (See following section for possible exposure scenarios and strategies)
- Menus are planned in conjunction with parents/guardians of at risk children
  - Food for the at risk child is prepared according to their parents'/guardians’ instructions to avoid the inclusion of food allergens
  - As far as practical the food on the menu for all children should not contain ingredients such as milk, egg and peanut/nut products to which the child is at risk
  - The at risk child should not be given food if the label for the food states that the food may contain traces of a known allergen
- Hygiene procedures and practices are used to minimise the risk of contamination of surfaces, food utensils and containers by food allergens
- Consider the safest place for the at risk child to be served and consume food, while ensuring they are socially included in all activities, and ensure this location is used by the child
- School develops procedures for ensuring that each at risk child only consumes food prepared specifically for him/her
- Teaching strategies are used to raise awareness of all children about anaphylaxis and no food sharing with the at risk child/ren and the reasons for this
- Bottles, other drinks and lunch boxes provided by the family of the at risk child should be clearly labelled with the child’s name

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- A safe 'treat box' is provided by the family of each at risk child and used by the service to provide 'treats' to the at risk child, as appropriate

Do relevant people know what action to take if a child has an anaphylactic reaction?

- Know what each child’s Action Plan says and implement it
- Know who will administer the EpiPen® and stay with the child; who will telephone the ambulance and the parents; who will ensure the supervision of the other children; who will let the ambulance officers into the service and take them to the child
- All staff with responsibilities for at risk children have undertaken anaphylaxis management training and regular practise sessions

How effective is the service's risk minimisation plan?

- Review the risk minimisation plan with families of at risk children at least annually, but always upon enrolment of each at risk student and after any incident or accidental exposure.

Possible exposure scenarios and strategies

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Strategy</th>
<th>Who</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food is provided by the school and a food allergen is unable to be</td>
<td>Menus are planned in conjunction with parents of at risk</td>
<td>Cook, Primary Nominee,</td>
</tr>
<tr>
<td>removed from the school’s menu (for example milk)</td>
<td>child/ren and food is prepared according to parents instructions</td>
<td>Parent</td>
</tr>
<tr>
<td>Alternatively the parent provides all of the food for the at risk child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure separate storage of foods containing allergen</td>
<td></td>
<td>Cook</td>
</tr>
<tr>
<td>Cook and staff observe food handling, preparation and serving practices</td>
<td></td>
<td>Cook &amp; Staff</td>
</tr>
<tr>
<td>to minimise the risk of cross contamination. This includes hygiene of</td>
<td></td>
<td></td>
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<tr>
<td>surfaces in kitchen and children's eating area, food utensils and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>containers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>There is a system in place to ensure the at risk child is served only</td>
<td></td>
<td>Cook &amp; Staff</td>
</tr>
<tr>
<td>the food prepared for him/her</td>
<td></td>
<td></td>
</tr>
<tr>
<td>An at risk child is served and consumes their food at a place</td>
<td></td>
<td>Staff</td>
</tr>
<tr>
<td>considered to pose a low risk of contamination from allergens from</td>
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<td></td>
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<tr>
<td>another child’s food. This place is not separate from all children and</td>
<td></td>
<td></td>
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<tr>
<td>allows social inclusion at mealtimes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children are regularly reminded of the importance of no food sharing</td>
<td></td>
<td>Staff</td>
</tr>
<tr>
<td>with the at risk child.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Party or celebration</th>
<th>Give plenty of notice to families about the event</th>
<th>Qualified Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure a safe treat box is provided for the at risk child</td>
<td></td>
<td>Parent/ Staff</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ensure the at risk child only has the food approved by his/her parent/guardian</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify a range of foods that families may send for the party and note particular foods and ingredients that should not be sent</td>
<td>Staff</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Protection from insect bite allergies</th>
<th>Specify play areas that are lowest risk to the at risk child and encourage him/her and peers to play in the area</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease the number of plants that attract bees</td>
<td>Licensee</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ensure the at risk child wears shoes at all times outdoors</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quickly manage any instance of insect infestation. It may be appropriate to request exclusion of the at risk child during the period required to eradicate the insects</td>
<td>Licensee</td>
</tr>
</tbody>
</table>

| Latex allergies | Avoid the use of party balloons or contact with latex gloves | Staff |

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**POLICY: ANAPHYLAXIS MANAGEMENT**

**ANAPHYLAXIS RISK MANAGEMENT CHECKLIST**

<table>
<thead>
<tr>
<th>School Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary / Secondary (Please Circle): Primary ○ Secondary ○</td>
</tr>
<tr>
<td>Location / Address:</td>
</tr>
<tr>
<td>Date of Review:</td>
</tr>
<tr>
<td>Time:</td>
</tr>
<tr>
<td>School Contract Person: Name: (Who provided information collected)</td>
</tr>
<tr>
<td>Position:</td>
</tr>
<tr>
<td>Review given to: Name: (If different from above)</td>
</tr>
<tr>
<td>Position:</td>
</tr>
<tr>
<td>Comments:</td>
</tr>
</tbody>
</table>

1. How many current students have been prescribed (and carry) an adrenaline auto injector? Yes ○ No ○
2. Have any students ever had an allergic reaction while at school? Yes ○ No ○
   If Yes, how many times?
   If Yes, how many students?
3. Have any students ever had an Anaphylactic Reaction at school? Yes ○ No ○
   If Yes, how many students?
   If Yes, how many times
4. Has a staff member been required to administer an adrenaline auto injector to a student? Yes ○ No ○
   If Yes, how many times?

**SECTION 1: Anaphylaxis Management Plans and ASCIA Action Plans**

1. Does every student who carries an adrenaline auto injector (either for allergic reaction or anaphylaxis) have an individual Anaphylaxis Management Plan signed by a medical practitioner in place (see Chapter 6 and Appendix 1, Anaphylaxis Guidelines for Victorian Schools)? Yes ○ No ○
2. Are all individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)? Yes ○ No ○

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ANAPHYLAXIS RISK MANAGEMENT CHECKLIST

3. Do the Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for in-school and out of class settings?

- During classroom activities, including elective classes
  - Yes ☐ No ☐
- In canteens or during lunch or snack times
  - Yes ☐ No ☐
- Before and after school, in the school yard and during breaks
  - Yes ☐ No ☐
- For special events, such as sports days, class parties and extra-curricular activities
  - Yes ☐ No ☐
- For excursions and camps
  - Yes ☐ No ☐
- Other
  - Yes ☐ No ☐

4. Do all students who carry an adrenaline auto injector have a copy of their ASCIA Emergency Action Plan for anaphylaxis kept at school (provided by the parent)?

- Yes ☐ No ☐
- Where are they kept?

5. Does the ASCIA Emergency Action Plan for anaphylaxis have a recent photo of the student with them?

- Yes ☐ No ☐

SECTION 2: Storage and Accessibility of adrenaline auto injectors

1. Where are the students' adrenaline auto injectors stored?

2. Are the adrenaline auto injectors stored at room temperature?

3. Is the storage safe (out of reach of students and not refrigerated)?
   - Yes ☐ No ☐
   - Is the storage unlocked and accessible to staff at all times?
   - Yes ☐ No ☐
   - Comments

4. Are the adrenaline auto injectors easy to find?
   - Yes ☐ No ☐
   - Comments

5. Is a copy of students' ASCIA Emergency Action Plan for anaphylaxis kept together with their student's adrenaline auto injector?
   - Yes ☐ No ☐
   - Comments
# POLICY: ANAPHYLAXIS MANAGEMENT

## ANAPHYLAXIS RISK MANAGEMENT CHECKLIST

<table>
<thead>
<tr>
<th>5. Are the adrenaline auto injectors and ASCIA Emergency Action Plans for anaphylaxis clearly labelled with students’ names?</th>
<th>Yes ☐ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments</td>
<td></td>
</tr>
<tr>
<td>6. Has someone been designated to check the adrenaline auto injector expiry dates on a regular basis?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Who?</td>
<td></td>
</tr>
<tr>
<td>Comments</td>
<td></td>
</tr>
<tr>
<td>7. Has the school signed up to EpiClub or Ana-alert (free reminder services)?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>8. Do all staff know where the adrenaline auto injector and ASCIA Emergency Action Plan for anaphylaxis are stored?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Comments</td>
<td></td>
</tr>
<tr>
<td>9. Is there an adrenaline auto injector for general use in the school’s first aid kit?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>If Yes, where is it located?</td>
<td></td>
</tr>
<tr>
<td>10. Is this device clearly labelled as the ‘General Use’ adrenaline auto injector?</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

### SECTION 3: Prevention Strategies

| 1. Have you done a risk assessment to identify potential accidental exposure to allergens for a student with anaphylaxis? | Yes ☐ No ☐ |
| 2. Have you implemented any of the prevention strategies (in Appendix 2 of the Guidelines)? | Yes ☐ No ☐ |
| 3. Is there always a staff member on yard duty with current training in anaphylaxis emergency management? | Yes ☐ No ☐ |

### SECTION 4: Training and Emergency Response

<table>
<thead>
<tr>
<th>1. Have all staff attended a twice yearly briefing?</th>
<th>Yes ☐ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Have you developed an Emergency Response Plan for when an allergic reaction occurs?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>In the class room?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>In the school yard?</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

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# POLICY: ANAPHYLAXIS MANAGEMENT

## ANAPHYLAXIS RISK MANAGEMENT CHECKLIST

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes ☐</th>
<th>No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>At school camps and excursions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>On special event days, such as sports days?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your plan include who will call the Ambulance?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Is there a designated person who will be sent to collect the student’s adrenaline auto injector and ASCIA Emergency Action Plan?

4. Have you checked how long it will take to get to the adrenaline auto injector and ASCIA Emergency Action Plan to a student from various areas of the school including:
   - The classroom?
   - The school yard?
   - The sports field?

5. On excursions or other out of school events is there a plan for who is responsible for ensuring the adrenaline auto injector(s) are correctly stored and available for use?
   - Who will do this on excursions?
   - Who will do this on camps?
   - Who will do this on sporting activities?

6. Is there a process for post incident support in place?                  | Yes ☐ | No ☐ |

    Comments

7. Have all staff been briefed on:
   - The school’s Anaphylaxis Management Policy?
   - The causes, symptoms and treatment of anaphylaxis?
   - The identities of students who carry an adrenaline auto injector and where their medication is located?
   - How to use an adrenaline auto injector device, including hands on practice with a training adrenaline auto injector device?
   - The school’s first aid and emergency response procedures?
   - Where the adrenaline auto injector for general use is kept?
   - When the adrenaline auto injector for general use can be administered?
# POLICY: ANAPHYLAXIS MANAGEMENT

## ANAPHYLAXIS RISK MANAGEMENT CHECKLIST

**SECTION 5: Communicating with Staff, students and parents/carer**

1. Is there a communication plan in place to provide information about anaphylaxis and the school’s policies?  
<table>
<thead>
<tr>
<th>Yes ☐</th>
<th>No ☑</th>
</tr>
</thead>
<tbody>
<tr>
<td>To staff?</td>
<td>Yes ☑</td>
</tr>
<tr>
<td>To students?</td>
<td>Yes ☐</td>
</tr>
<tr>
<td>To parents/carers?</td>
<td>Yes ☑</td>
</tr>
</tbody>
</table>

2. Are there procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response?  
   | Yes ☑ | No ☐ |
   | Comments |

3. Do all staff know which students suffer from anaphylaxis?  
   | Yes ☑ | No ☐ |
   | Comments |

4. How is this information kept up to date?  
   | Comments |

5. Are there strategies in place to increase awareness about severe allergies among students?  
   | Yes ☑ | No ☐ |
   | Comments |

This policy was last reviewed by School Council in: 2013
POLICY: ANAPHYLAXIS MANAGEMENT

This policy will be reviewed by the Education Policy Committee as part of the school’s one-year cycle.

This policy was last reviewed by School Council in: 2013