



Anaphylaxis Management Policy and Procedures

POLICY CATEGORY: STUDENT DUTY OF CARE

PUBLIC POLICY
STATUS: APPROVED

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I. POLICY OBJECTIVE

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. Cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

Woodleigh School has a commitment to protect the students in our care. We have a duty of care towards students which includes protecting a student under the School's charge from risks of injury that the school should reasonably have foreseen.

We will work in partnership with parents / carers and the student to support students to be safe at school. We commit to comply in full with all the directions outlined in the Ministerial Order 706 Anaphylaxis Management in Victorian Schools. This policy outlines our expectations of staff, parents and students to maintain this compliance.

The objective of this policy is 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 raise awareness about anaphylaxis and the Woodleigh School Anaphylaxis Management Policy in the School community;
- engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student;
- ensure that all School staff have adequate knowledge about allergies, anaphylaxis and the Woodleigh School policy and procedures in responding to an anaphylactic reaction;
- ensure that when a student at risk of an anaphylactic reaction is under the care or supervision of the school inside and outside of normal class activities, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school, there are a sufficient number of school staff present who have been trained in accordance with the Ministerial Order 706;
- meet in full, the requirements of Ministerial Order 706.

I.I. Scope

This policy applies to all Woodleigh School staff, volunteers with direct student contact and Board members. This policy and procedure will allow for required adjustments in its implementation so as to be inclusive and supportive of all the diverse needs of our school community.

This policy applies to all School activities and locations during and outside of school hours. This includes School activities that are occurring on school campus, offsite, online, extracurricular, sport activities and programs, excursions, camps, interstate and overseas travel.

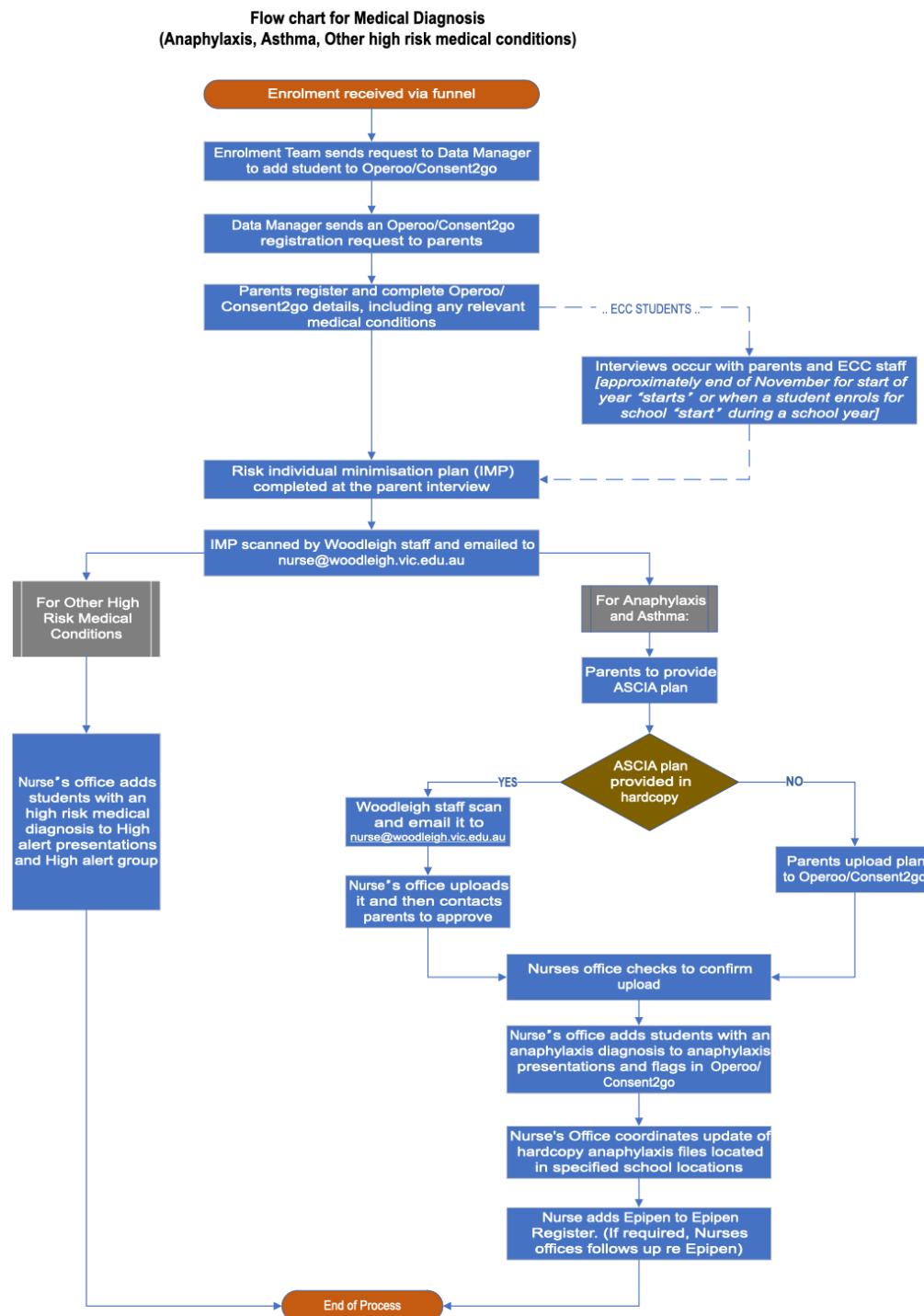
2. ROLES AND RESPONSIBILITIES

Role	Responsibilities
Board	<ul style="list-style-type: none"> The Board is responsible for endorsing this policy, ensuring this policy is reviewed and update as needed and reviewing the School's compliance with this policy and child safety obligations. Confirming this policy is consistent with Board guidelines
Principal	<ul style="list-style-type: none"> Overall responsibility for implementing all strategies and process for ensuring a safe and supportive environment for students at risk of anaphylaxis ensure that the School develops, implements and annually reviews this Policy in accordance with Ministerial Order No. 706 and the Anaphylaxis Guidelines Sign off or delegate to Heads of Campus, the responsibility to sign off on the Individual Management Plans for all relevant students at their campus The annual anaphylaxis risk assessment is to be completed by the Risk Manager and signed off by the Principal
Risk Manager	<ul style="list-style-type: none"> Complete the annual risk assessment with the Principal Ensure that an appropriate Communication Plan is developed to provide information to all Staff, students and parents/carers about anaphylaxis and this Policy Ensure that relevant School staff have successfully completed an approved Anaphylaxis Management Training Course in the prior three years (for face-to-face training) or two years (for the ASCIA e-training) ensure that all teaching staff are briefed at least twice a year by the Anaphylaxis Supervisor (or other appropriately trained member of the staff)
Enrolment Team	<ul style="list-style-type: none"> Actively seek information to identify students with severe life-threatening allergies or those who have been diagnosed as being at risk of anaphylaxis, at the time of enrolment. Ensure that any medical information provided by parents is scanned and emailed to nurse@woodleigh.vic.edu.au as soon as received.
Anaphylaxis Supervisors / School Nurse and Campus First Aid Officers	<ul style="list-style-type: none"> Work with the Principal to develop, implement and regularly review this policy. When informed of students' anaphylaxis diagnosis, actively seek additional information on these students. Work with the Principal, parents/carers and students to develop, implement and review each Individual Anaphylaxis Management Plan (IMP) in accordance with this policy. Ensure that existing IMPs are reviewed annually and, where relevant, post incident or treatment adjustments. Ensure student's Individual Anaphylaxis Management Plans are appropriately communicated to all relevant staff. Undertake appropriate training to be able to verify the correct use of auto-injector devices and lead the twice-yearly briefings on the school's anaphylaxis policy.

	<ul style="list-style-type: none"> • Review as part of start of year process, all new enrolled students including those moving from ECC4 to Foundation, with regard to medical and anaphylaxis issues. • Undertake other duties as described in the guidelines
Head of Campus or Deputy Principal	<ul style="list-style-type: none"> • Ensure that the canteen provider at their campus and all its employees can demonstrate satisfactory training in the area of food allergy and anaphylaxis and its implications for food-handling practices • Ensure there are procedures in place for providing information to the School volunteers and casual relief staff about: <ul style="list-style-type: none"> ○ students who are at risk of anaphylaxis, and ○ their role in responding to an anaphylactic reaction of a student in their care • Ensuring that all new staff at their campus are briefed about students with an anaphylaxis diagnosis
Teaching and relevant staff	<ul style="list-style-type: none"> • All school teaching and student support staff have a duty of care to take reasonable steps to avoid reasonably foreseeable risks of injury to students. • Staff should know and understand the requirements of this policy, including undertaking training and being aware of students who are at risk of anaphylaxis.
Parents and carers	<ul style="list-style-type: none"> • Parents have an important role in working with the school to minimise the risk of Anaphylaxis. Including: <ul style="list-style-type: none"> ○ Informing the School promptly in writing of the student's allergies. ○ Obtaining and providing the school with an ASCIA Action Plan and any subsequent updates in a timely manner. ○ Providing the school with an adrenaline autoinjector and any other medication as needed before the expiry date or when used. ○ Providing an updated Individual Anaphylaxis Management Plan annually

3. POLICY SECTION

3.1 Flowchart For Managing Students With A Medical Diagnosis



3.2 The School Nurse and Anaphylaxis Supervisors

The School Nurse and Anaphylaxis Supervisors:

- works with the Principal to develop, implement and regularly review this Policy
- undertakes training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector - 22579VIC: Course in Verifying the Correct Use of Adrenaline Injector Devices
- provides access to the adrenaline autoinjector (trainer) device for practice by 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 a briefing or meeting to familiarise staff with responding to an emergency requiring anaphylaxis treatment, for example:
 - if a bee sting occurs on School grounds and the student is conscious
 - 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 to:
 - ensure that the student’s emergency contact details are up to date
 - ensure that the student’s ASCIA Action Plan for Anaphylaxis matches the student’s supplied adrenaline autoinjector
 - regularly check that the student’s adrenaline autoinjector is not out of date, such as at the beginning or end of each term, and record this information in the register of adrenaline autoinjectors
 - inform parents in writing that the adrenaline autoinjector needs to be replaced one month prior to the expiry date, and follow up with parents if the autoinjector is not replaced
 - ensure that the student’s adrenaline autoinjector is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place
 - ensure that a copy of each student’s ASCIA Action Plan for Anaphylaxis is stored with that student’s adrenaline autoinjector
- provide advice and guidance to School staff about anaphylaxis management in the School, and undertake regular risk identification and implement appropriate minimisation strategies
- work with School staff to develop strategies to raise their own, students and School community awareness about severe allergies
- provide or arrange post-incident support (e.g. counselling) to students and School staff, if appropriate.

3.3 Individual Management Plans

The Principal or their delegate is responsible for ensuring that an Individual Anaphylaxis Management Plan (IMP) is completed, in consultation between the school and the student’s parents/carer, for any student at risk of anaphylaxis diagnosed by a medical practitioner.

The school nurse is to ensure the IMP plan template is maintained and approved annually by the Principal or their delegate and the Director of Risk.

The individual management plan must be in place as soon as practicable after the student enrols, and where possible before the student’s first day of attendance at the School and reviewed on an annual basis for currency of condition, response and other details.

The individual management plan must include:

- Information about the medical condition; this includes potential for anaphylactic reaction, the type of allergy or allergies the student has (based on written diagnosis by medical practitioner).
- Strategies to minimise risk of exposure to known and notified allergens while the student is under the care or supervision of School staff, for in-school and out of school settings including camps and excursions.
- The name of person/s responsible for implementing strategies.
- Information on where student medication is stored.
- The student's current emergency contact details.
- The type of injector approved for use in the ASCIA plan.
- Supported with an action plan for anaphylaxis in the ASCIA (Australasian Society of Clinical Immunology and Allergy) format *, provided by the parent/carer, that:
 - sets out the emergency procedures to be taken in the event of an allergic reaction;
 - defines the approved autoinjector that the student has and which can be used in response to an allergic reaction
 - is signed by a medical practitioner who was treating the child, on the date the practitioner completed the emergency procedures plan;
 - reviewed and updated annually or less frequently if directed by the medical practitioner (as will be noted in the next review date field) and
 - includes an up to date photograph of the student.

* *The red and blue 'ASCLA Action Plan' is the most common form of emergency procedures plan that is provided by medical practitioners to parents when a child is diagnosed as being at risk of anaphylaxis.*

The student's individual management plan must be reviewed and updated in consultation with the parents/carer:

- Annually, and as applicable,
- If the student's medical condition, relating to the allergy and potential for anaphylactic reactions, changes
- Immediately after a student has an anaphylactic reaction or near miss at school; and
- Before a student is to participate in an off-site activity or special event organised by the School.

It is a requirement that parents will advise the School at the time of enrolment if their child has been diagnosed by a medical practitioner as being at risk of anaphylaxis and provide the School with an ASCIA Action Plan for Anaphylaxis as soon as possible. When the School receives the ASCIA Action Plan for Anaphylaxis, an Individual Anaphylaxis Management Plan will be developed and provided to the parent for their input.

All Individual Anaphylaxis Management Plans must be updated annually and submitted to the school a minimum of 3 business days before the return of school. The Anaphylaxis Supervisor will contact the parents/carers of each child with known anaphylaxis annually, to initiate the process of updating the student's Individual Anaphylaxis Management Plan.

Parents / guardians are required to:

- Communicate their child's allergies and risk of anaphylaxis or any changes to these to the school at the earliest opportunity, via Operoo / Consent2go or in writing;
- Continue to communicate with school staff and provide up to date information about their child's medical condition and risk factors;

- Provide the school with an ASCIA Action Plan for Anaphylaxis completed and signed by a medical practitioner which includes a current photo of their child and a review date, by the due date communicated to the Parents annually by the Principal (or delegate);
- Inform the School in writing and/or via the Operoo / Consent2go system if their child's medical condition changes, and if relevant provide an updated ASCIA Action Plan.
- Provide the School with an adrenaline auto injector that is current and not expired, approved by their medical practitioner and with the correct dose for the child's age/weight.
- Co-operate with the school to complete the individual management plan on an annual basis.
- Confirm prior to all School activities in the consent system that all medical records and information on the student's medical care and medication is current.
- Ensure that their child has an adrenaline autoinjector at school at all times.

A template of an Individual Anaphylaxis Management Plan (IMP) has been attached to this policy. Ref Appendix A.

3.4 Commitment to Child Safety

No student who has been prescribed an adrenaline auto-injector (EpiPen or Anapen) is permitted to attend Woodleigh School or participate in its programs without providing an in-date EpiPen or Anapen and doctor-authorised ASCIA Action Plan for Anaphylaxis. This will be communicated to the parent as part of the enrolment agreement and reminded in annual communications to our parent community.

School teaching and student support staff, canteen contractors and volunteers with direct contact and any other person that the Principal determines should comply with the school's anaphylaxis management policy, who are responsible for the care of students at risk of anaphylaxis, have a duty to take steps to protect students from risks of injury that are reasonably foreseeable.

3.5 Coaches, Volunteers and Casual Relief Teachers

External sport coaches, volunteers and casual relief teachers also have a duty of care to students at risk of anaphylaxis. The level of anaphylaxis training to be completed depends on their role and associated risk level.

3.6 Communication

The Principal and the Risk Manager are responsible for ensuring that a communication plan is developed and delivered to provide information to all staff, students and parents about anaphylaxis and the school's anaphylaxis management policy. This is to be reviewed and updated annually.

The communication plan must include steps on how to respond to an anaphylactic reaction during normal School activities including in the classroom, sports fields or schoolyard and during off-site or out of school activities including camps and excursions.

This plan will also outline the communication with parents on their obligations to comply with these relevant elements of this policy. This communication will provide clear timelines, actions and escalation contacts for any clarification or concerns.

Briefing sessions

The Principal is responsible for ensuring that the Anaphylaxis Supervisors conduct briefing sessions to all school teaching and student support staff, and any other person that the Principal determines should comply with the school's anaphylaxis management policy, at minimum twice per calendar year, with the first briefing to be held at the start of the school year, as the key communication and awareness tool.

External sport coaches, volunteers with direct contact and casual relief teachers will be briefed on their role in responding to an anaphylactic reaction along with anaphylactic students that are in their care. As a minimum, they must be informed of students at risk of anaphylaxis in their care and their role in responding to an anaphylactic reaction by a First Aid officer, Head of Campus, Deputy Head of Campus, Daily Organiser, Head of Activities, Head of Sport or other staff member delegated by the Principal. They will be advised of the school's general first aid and emergency response procedures and the student's emergency procedure plan (ASClA Action Plan) and their Individual Anaphylaxis Management Plan. Alternatively they can attend the twice yearly briefing sessions.

New staff must be briefed as part of the induction process.

The Anaphylaxis Supervisor delivering all training and demonstrations must have successfully completed an Anaphylaxis management training course in the last 36 months. The Principal must ensure that the Anaphylaxis Supervisor delivering the briefing session is current in their anaphylaxis training and experienced in the school setting.

The school nurse should monitor the ASICA school guidelines and publications to maintain currency over the requirements for compliance and student support. Briefings from the school nurse of any changes, recommendations or guidance should occur as soon as possible after the change occurs. The aim is to keep all informed and provide for response to any changes and guidelines.

Accessibility

Personal Anaphylaxis Kits, Individual Anaphylaxis Management Plans and ASCIA Plans are kept at the relevant First Aid Centre of each Campus.

A copy of the Individual Anaphylaxis Management Plan is kept at the following locations:

- Within Personal Anaphylaxis Kits in the First Aid Centre
- On TASS and SEQTA
- Hard copy in First Aid Centre

The Individual Anaphylaxis Management Plan is also available on Operoo / Consent2go if parents provide access via this software tool.

Hard copy details of those with a current diagnosis (including photographs) can be found in the following locations at each campus. Staff will be made aware of this in the twice annual briefing sessions.

SENIOR CAMPUS

- Each homestead staff office, kitchen, canteen, gym, Jago, staff room, library, sustainability centre, regenerative futures studio, science building and the yard duty bags.

PENBANK CAMPUS

- Music room, gym, kitchens, office, ECC
- All classrooms

MINIMBAH CAMPUS

- Canteen, Inclusion, Music House, Art, Library, ECC
- Student specific classrooms – those with current diagnosis

Interim and Contingency Planning

If for any reason, training and briefing has not yet occurred in accordance with Sections 12.2.1 and Sections 12.2.2 of the Ministerial Order 706, the Principal must develop an interim plan in consultation with any parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction, and training must occur as soon as possible thereafter.

3.7 Adrenaline Auto-injectors (Epi-Pens and Anapens)

The Principal is responsible for arranging for the purchase of additional adrenaline auto injector/s for general use and as a back up to those supplied by parents. The Principal will determine the number and type of adrenaline auto injector/s for general use to purchase and in doing so consider all of the following:

- The number of students enrolled at the School that have been diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction;
- The ratio of Epi-Pen and Anapens needed to support our students
- The accessibility of adrenaline auto injectors that have been provided by parents;
- The maintenance of a register in the online system of adrenaline auto injectors for traceability in the event of a recall or incident
- The availability of a sufficient supply of adrenaline auto injectors (EpiPen and Anapen) for general use in specified locations at the School campus, as well as at excursions and camps, and special events organised by the School;
- The adrenaline auto injectors have a limited life, usually expires within 12-18 months, and will need to be replaced at the School's expense, either at time of use or expiry, whichever comes first;
- The School nurse/First Aid officer should dispose of used and expired EpiPens and Anapens in line with Australian (ASClA) guidelines.

Storage and accessibility of auto-injectors at Woodleigh School

Adrenaline auto-injectors are to be stored in an unlocked, easily accessible location away from direct heat. They will not be stored in the refrigerator or freezer.

- The ASClA Action Plan is to be stored with auto-injector.
- Each student's auto-injectors will be stored in an individually named container
- All staff will be informed of the location of the individual adrenaline auto-injectors by the nurse or the school's anaphylaxis supervisor.
- Adrenaline auto-injectors will be double signed in and out (i.e. Staff member taking the EpiPen or Anapen from the First Aid location and the School Nurse/First Aid Officer) when taken from its usual place, for example for camps and excursions. The staff member in charge of the excursion or designated first aid officer will be responsible for the student's auto-injector and management plan whilst away from the school. It is to remain with them at all times. The auto-injector must be returned to the First Aid Room as soon as possible on return to school.
- A record of all auto-injector expiry dates will be kept by the School nurse and checked on a termly basis for currency

General use location of adrenaline auto-injectors

Location of General Use Adrenaline Auto-Injectors	
Campus Location	Notes
Senior Campus	First aid room Jago Gym Sustainability Centre Regenerative Futures Studio Yard duty bags x 3 Maintenance
Penbank	First aid room, Gym Yard duty bags The Springs ECC
Minimbah	First aid room Gym Yard duty bags ECC Maintenance

- Plus; 15 Generic Epipens for distribution for relevant camps and excursions at the Senior Campus
- Plus; 5 Generic Epipens for distribution for relevant camps and excursions at Penbank Campus
- Plus; 3 Generic Epipens for distribution for relevant camps and excursions at Minimbah Campus

3.8 Prevention Strategies

To prevent an anaphylactic reaction, the following strategies will be in place and the Anaphylaxis Supervisors will take a lead role in supporting the Principal and staff to implement prevention and management strategies. This includes the following strategies:

Anaphylaxis Supervisors prevention strategies

Student information which includes each student at risk of anaphylaxis with their: school picture, full name, and their allergy, will be available in staff rooms and food preparation areas to raise awareness.

- An up-to-date register on TASS/SEQTA will be maintained by Anaphylaxis Supervisors.
- Anaphylaxis Supervisors keep the display of student information up to date. These will be reviewed and updated every 6 months including prior to the beginning of the school year;
- Inform parents / carers a month prior in writing if the adrenaline auto-inject needs to be replaced
- Work with staff to complete incident forms for near miss, risk alerts or incidents related to anaphylaxis and student care.
- Work with staff to conduct regular reviews of incidents, prevention and management strategies

School food management strategies

- Woodleigh School's focus is not on food banning, but instead is on raising the awareness of risks associated with anaphylaxis, and to implement practical, age-appropriate strategies to minimise exposure to known allergens.
- Volunteers involved in food handling will be briefed on the students at risk of anaphylaxis in their care and their role in responding to an anaphylactic reaction. They will be advised of the school's general first aid and emergency response procedures and the student's emergency procedure plan (ASCIA Action Plan) and IMP (Individual Management Plan) that will be followed in responding to an anaphylactic reaction.
- Tables and surfaces are to be wiped down regularly in all food consumption areas
- Staff are encouraged in briefing sessions to not use food as a reward or treat
- Staff will be reminded in briefing sessions to never give food from an outside source to a student with anaphylaxis
- Staff will be reminded that products labelled "may contain traces of nuts or milk and dairy" should not be given to students with food related allergies or anaphylaxis.
- Staff to be reminded to be aware of the possibility of hidden allergens used in Science and Arts classes e.g. egg or milk cartons, empty peanut butter jars.
- Staff to ensure all cooking utensils, plates, cups etc. are thoroughly washed.
- Staff to have discussions with students about washing hands and not sharing food.
- School nurse, key staff and students can attend the Woodleigh Committee to drive further continuous improvement and prevention strategies to support students
- All staff are to use latex free gloves when handling food.

When food is provided to a student with a diagnosis of anaphylaxis (e.g. School camps or school events)

- A staff member managing the event or attending the camp must ring parents prior to camp and specifically discuss the anticipated menu, management of food and the child's anaphylaxis diagnosis.
- During the planning stage, a staff member managing the event or attending the camp must discuss and confirm with the provider the dietary needs and restrictions of our students.
- On arrival at the venue / camp a staff member needs to meet with the provider to double check that the dietary needs and restrictions of our students has been understood by those preparing the food.
- Before the provision of any food / before each meal, a staff member needs to double check the menu on offer for students with anaphylaxis and sight the food before it is provided to the student.

3.9 Emergency Response

In the event of an anaphylactic reaction, the School emergency response procedure must be followed, together with the School general first aid and the student's ASCIA and IMP Action Plan. A reminder that a student identified at risk of Anaphylaxis is under the care or supervision of the school including when they are outside normal class activities, including the school yard, camps and excursions or at special events conducted by the school.

The following are general principles to apply in response to an emergency situation:

- A member of the school staff should remain with the student who is displaying symptoms of anaphylaxis at all times.
- As per instructions on the ASCIA Action Plan for Anaphylaxis:
'Lay the person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.'
- Another member of the school staff should immediately locate the student's adrenaline autoinjector and the student's ASCIA Action Plan for Anaphylaxis.

- The adrenaline autoinjector should then be administered following the instructions in the student's ASCIA Action Plan for Anaphylaxis.
- It is important that in responding to an incident, the student does not stand and is not moved unless in further danger (for example, the anaphylactic reaction was caused by a bee sting and the bee hive is close by).
- After administration of an EpiPen or Anapen a staff member will immediately call 000 for an ambulance.
- The person who administered the EpiPen or Anapen will stay with the student at all times. Other staff and students must get more EpiPens or Anapen or the student's individual pack and also alert the leadership team of the incident.
- An adult or student will be sent to call or find the Anaphylaxis Supervisor, School nurse or Campus First Aid Officer to assist with response.
- Parents to be called as soon as possible.
- If a student has been prescribed an Anapen and one is not available in an emergency, a school generic epipen will be used to meet the medical needs of the student.

Anaphylaxis is a severe allergic reaction and potentially life threatening. It should always be treated as a medical emergency, requiring immediate treatment. Most cases of anaphylaxis occur after a person with a severe allergy is exposed to the allergen they are allergic to (usually a food, insect or medication).

Mild to moderate allergic reaction

In some cases, anaphylaxis is preceded by signs of a mild to moderate allergic reaction:

- Swelling of face, lips and eyes
- Hives or welts on the skin
- Tingling mouth
- Stomach pain, vomiting (these are signs of a mild to moderate allergic reaction to most allergens, however, in insect allergy these are signs of anaphylaxis).

Specific Action

1. For insect allergy, flick out the sting if it can be seen (but do not remove ticks)
2. Stay with person and call for help
3. Give medications if prescribed (whilst antihistamines may be used to treat mild to moderate allergic reactions, if these progress to anaphylaxis then adrenaline is the only suitable medication).
4. Locate adrenaline auto-injector if available (instructions are included in the ASCIA Plan for Anaphylaxis which should be stored with the adrenaline auto-injector)
5. Contact the parent/guardian or other emergency contact
6. Contact 000 should the reaction progress to an Anaphylactic or a severe allergic reaction, or if an auto-injector has been administered.

Anaphylaxis (Severe Allergic Reaction)

Continue to watch for any one of the following signs of 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 (in young children)

Specific Action

1. Lay person flat - if breathing is difficult, allow to sit - do not allow them to stand or walk. If person is unconscious or vomiting, then place them in the recovery position on the ground.
2. Give the adrenaline auto-injector if available without delay (instructions are included in the ASCIA Action Plan for Anaphylaxis, stored with the adrenaline auto-injector)
3. Call Ambulance 000
4. Contact parent/guardian or other emergency contact
5. Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a worsening condition.
6. Ask another member of the school staff to move other students away in a calm manner and reassure them. These students should be adequately supervised during this period.
7. Further adrenaline doses may be given (when an additional adrenaline auto-injector is available), if there is no response after 5 minutes.
8. If in doubt, give the adrenaline auto-injector.
9. If vomiting or unconscious, lay them on their side (recovery position) and check their airway for obstruction.
10. Commence CPR at any time if person is unresponsive and not breathing normally.
11. If uncertain whether it is asthma or anaphylaxis, give adrenaline auto-injector FIRST, then asthma reliever medication.

Adrenaline is life saving and must be used promptly. Withholding or delaying the giving of adrenaline can result in deterioration and death. This is why giving the adrenaline auto-injector is the first instruction on the ASCIA Action Plan for Anaphylaxis. If cardiopulmonary resuscitation (CPR) is given before this step there is a risk that adrenaline is delayed or not given.

How to administer an EpiPen

1. Remove from plastic container.
2. Form a fist around EpiPen and pull off the blue safety release (cap).
3. Place orange end against the student's outer mid-thigh (with or without clothing).
4. Push down hard until a click is heard or felt and hold in place for 3 seconds.
5. Remove EpiPen. Make the EpiPen safe.
6. Note the time you administered the EpiPen.
7. The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

How to administer an Anapen

1. Pull off the black needle shield.
2. Pull off grey safety cap (from the red button).
3. Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing).
4. Press red button so it clicks and hold for 10 seconds.
5. Remove Anapen. Make the Anapen safe.

Responding in Various Environments.

During normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls.

- Follow the general and specific actions outlined above.
- In all situations, call for help as soon as practicable.
- Stay with the student at all times.
- On yard duty use the preprogrammed phone to call for assistance

Reminder: Students' personal anaphylaxis kits containing their EpiPen/ Anapen and ASCIA Plan, along with their Individual Anaphylaxis Management Plans are located in the First Aid room(Junior Campuses) or Nurse's Office(Senior Campus) in clearly labelled bags.

During off-site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the school.

- Follow the general and specific actions outlined above.
- In all situations, call for help as soon as practicable.
- Follow the students Individual Anaphylaxis Management Plan and ASCIA Action Plan
- Stay with the student at all times.
- Notify the Head of Campus as soon as practicable.

Reminder: Students' personal anaphylaxis kits containing their EpiPen/ Anapen and ASCIA Plan, along with their Individual Anaphylaxis Management Plans will be carried by a designated staff member on all off-site activities. A second generic epipen will also be carried on all off-site activities.

Casual Relief Staff

Casual relief staff will be briefed if they have at risk students in their care by the Head of Campus or their delegate.

- Follow the general and specific actions outlined above.
- In all situations, call for help as soon as practicable.
- Stay with the student at all times.

Volunteers

Volunteers are under the supervision of the class teacher and are to follow any instructions provided by the teacher or other member of staff.

Reminder: Students' personal anaphylaxis kits containing their EpiPen/ Anapen and ASCIA Plan, along with their Individual Anaphylaxis Management Plans are located in the First Aid room(Junior Campuses) or Nurse's Office(Senior Campus) in clearly labelled bags.

Incident reporting

For all near misses, medical events or incidents, an incident report must be raised in the CompliSpace assurance module using the links on the policy hub. This must be logged within 24 hours of the incident occurring and rated as High. The school nurse must review all incidents logged. The Head of Campus / Deputy Principal will review and action all incidents logged. All incidents are reported to the Risk committee, leadership and the Board.

Ambulance transportation

Where a student has been transported by ambulance the Principal or Principal's Office must be notified as soon as student care and safety has been addressed. If the Principal or Principal's Office cannot be contacted the Head of Campus or a Deputy Principal must be contacted immediately.

Evaluation

The Anaphylaxis Management Policy, procedures and training will be evaluated and revised by the Principal and school nurse after each anaphylaxis incident using the incident reporting system and the Risk Committee mechanisms for consultation, review, evaluation and incident analyse.

The School's critical incident review will also include the following procedures:

- the Adrenaline Autoinjector must be replaced as soon as possible, by either the parent/carer or the School if the Adrenaline Autoinjector for general use has been used;
- the Principal or delegate should ensure that there is an interim Individual Anaphylaxis Management Plan in place whilst the replacement Adrenaline Autoinjector is sourced and provided to the School;
- the student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's parent/carer; and
- this policy should be reviewed to ascertain whether there are any issues which require clarification or modification.

3.10 Staff Training

The following staff must be trained:

- All school teaching and student support staff employed by the school,
- Any other person that the Principal determines should comply with the school's anaphylaxis management policy

The Anaphylaxis Supervisor delivering all training and demonstrations must have successfully completed an Anaphylaxis management training course in the last 36 months

School staff subject to training requirements must have successfully completed and provided evidence of completion for:

- An online anaphylaxis management training course in the two years prior;
- Demonstration / practical assessment on how to use the auto-injector (Epipen and Anapen) with the School nurse or Anaphylaxis Supervisor which is signed off and recorded as completed, within 30 days of the online training.

Or

- 22300VIC – First Aid Management of Anaphylaxis (or equivalent) – every 3 years.

All teaching and student support staff will be briefed twice yearly by the Anaphylaxis Supervisor in regards to:

- The School Anaphylaxis policy (this policy document)
- The cause, symptoms and treatment of anaphylaxis.
- The identities of students diagnosed at risk of anaphylaxis and their potential for reaction.
- Location of the students' adrenaline auto-injectors and general use adrenaline auto-injectors.

3.11 Specific Contractors Training

Canteen staff who work regularly on our school campus may expose students to risk or be in a position to provide a response to a student. These contractors must be briefed on students in the school with an anaphylaxis diagnosis and their responsibilities in managing an anaphylaxis incident, at induction and then at least annually.

3.12 Out of School Activities – camps, excursions etc

Excursions

- The Anaphylaxis Management Policy, procedures and training will be evaluated for each at risk student attending any excursions, camps and tours
- All staff providing duty of care must have currency in their training – this includes sufficient training in the recognition of anaphylaxis and the administration of the auto-injector
- All staff must review the risk assessment including the mitigation strategies and determine who is providing duty of care and supervision at all times
- All staff must review the Individual Anaphylaxis management plan prior to the excursion
- All staff must be able to identify the student with anaphylaxis by face
- Carry the student's individual anaphylaxis plan (IMP and ASCIA Action Plan)
- Prior to leaving school grounds, the teacher in charge should ensure that students at risk have brought their own individual auto-injector and that it is readily available. However, students who forget their auto injector should not be penalized for a medical problem and they must not be excluded from the excursion. In these situations a second auto-injector should be obtained from the First Aid Centre. If the behaviour is persistent the matter should be raised with the Head of Campus.
- If it is considered that the student is not at an age to carry their own individual auto-injector, the teacher can exercise judgement to hold it. In these cases the staff must ensure that the student remains nearby during the excursion.
- Where the teacher will be a reasonable distance from the student with anaphylaxis, there should be clear communication of a plan in place with the student at risk and the students in that group, to ensure contact with staff in case of an emergency.
- Two epi-pens are to be carried for each at risk student.

Camps

In relation to school camps for all campuses, Woodleigh School will ensure:

- A risk assessment will be prepared for each camp
- All staff providing duty of care and supervisors on camp must have currency in their training – this includes sufficient training in the recognition of anaphylaxis and the administration of the auto-injector
- All staff must review the risk assessment including the mitigation strategies and determine who is providing duty of care and supervision
- All staff review the Individual Anaphylaxis management plan prior to the camp
- Liaise with camp organisers in regard to their policies around safe camp and first aid management of Anaphylaxis emergencies
- They educate students and the school community about food allergy so they understand why they should not share or offer food to students with food allergies.
- Clear communication with a camp cook where this applies, providing a student chart identifying those with anaphylaxis as mentioned in the prevention strategy
- Parents are contacted so that a discussion about their child's anaphylaxis occurs prior to the camp
- That all camp booklets contain the following statements:
 - On Camp, we request that parents/students avoid bringing food products that contain nuts of any kind in order to minimise the risk to our students with severe allergies.
 - The school cannot guarantee that the camp environment will be 100% allergen free, hence students with allergies need to remain vigilant in their decisions around any food that they ingest.

- Prior to leaving school grounds, the teacher in charge should ensure that students at risk have brought their own individual auto-injector and that it is readily available. However, students who forget their auto injector should not be penalized for a medical problem and they must not be excluded from the camp. In these situations a second auto-injector should be obtained from the First Aid Centre. If this occurs, the Head of Campus should be informed prior to camp departure.
- Be aware of the location of the nearest hospital and emergency services available to the camp
- Two Epipens are to be carried for each at risk student.

Overseas Trips

When overseas trips are undertaken by Woodleigh, the following should be in place.

- Staff to follow similar strategies and policy as outlined for camps
- Risks must be investigated, assessed and as best possible, mitigated
- Details of nearest hospital, medical assistance and travel insurance should be maintained with the supervisors at all times
- Detailed plans for supervision and support of students at risk must be in place; including review of student / staff ratios dependent on the number of students at risk

4. POLICY COMPLIANCE

The following provides guidance on the design of the policy compliance for the framework.

4.1 Policy Breach

Wooldeigh enforces this policy and its procedures. In the event of any non-compliance, we will instigate a review that may result in a range of measures including (depending on the severity of the breach):

- remedial education
- counselling
- increased supervision
- the restriction of duties
- suspension
- in the case of serious breaches, termination of employment, contract or engagement.

All breaches, near misses and risks related to this policy should be reported to the Principal or the Director of Risk.

Compliance with this policy will be monitored by the Principal and the Director of Risk and this may include independent audits and reviews.

4.2 Policy Compliance monitoring

The Principal and the Risk Manager will monitor compliance with an annual of currency of plans, sign offs, accessibility and training records. The Principal will complete an annual risk management checklist prepared with the Risk Manager and tabled to Board in May of each calendar year.

The template for our annual Risk Management Checklist is provided at Appendix C.

5. COMMUNICATION OF THIS POLICY

The Anaphylaxis Management Policy and Procedure is made available to all Staff via Policy Hub. It is made available to parents and the community via the Woodleigh website. It is also available in hard copy by request.

6. RELATED POLICIES, PROCEDURES AND LEGISLATION

6.1 Woodleigh School Policy and Procedure linkage

- Child Safety Code of Conduct
- Child Safety and Wellbeing Policy
- Staff training schedule
- Risk Management policy
- Student medical procedures
- Incident reporting framework

6.2 Related Legislative Instruments

The following legislation, standards and regulations apply and this policy aligns with these mandated requirements:

- Ministerial Order 706;
- Ministerial Order 1359;
- Anaphylaxis guidelines – Department of Education;
- VRQA anaphylaxis guidelines;
- Education and Training Reform Act 2006 (Vic);
- Child Wellbeing and Safety Act 2005 (Vic);

POLICY APPROVAL STATUS

REVIEW CYCLE	POLICY REFERENCE	OWNER	APPROVED BY
Annual	SDC - 01	PRINCIPAL	BOARD
VERSION	LOCATION	DATE APPROVED	NEXT REVIEW DATE
Version 6-5	WS Policy and Procedure TEAM > Policies > Student Duty of Care	20/11/2025	Term 4 2026

Appendix A - Individual Anaphylaxis Management Plan



Anaphylaxis Individual 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	WOODEIGH SCHOOL		
Student			
DOB		Year level	
Severely allergic to			
Reaction details			
Treatment details			
Other health conditions			
Medication at school	Please provide name and dosage		
Medical practitioner contact	Name		
	Phone		
Emergency care to be provided at school			
Other information provided by parent as deemed relevant to Anaphylaxis Diagnosis			

EMERGENCY CONTACT DETAILS (PARENT)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
EMERGENCY CONTACT DETAILS (ALTERNATE)			
Name		Mobile	
Relationship		Work	
		Home phone	
Name		Mobile	
Relationship		Work	
		Home phone	
This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier): <ul style="list-style-type: none"> annually if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes as soon as practicable after the student has an anaphylactic reaction at school when the student is to participate in an off-site activity, such as camps. 			
I have been consulted in the development of this Individual Anaphylaxis Management Plan. I consent to the risk minimisation strategies proposed.			
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. I have reviewed the student's IMP, ASICA Plan, details in Operoo, SEQTA and TASS.			
Signature of School Nurse			
Date:			
Signature of Principal (or nominee):			
Date:			

Storage Locations	
Storage location for adrenaline autoinjector (device specific)	<p>First Aid Centre – labelled and accompanied by a copy of ASCIA Plan and adjunct medication as prescribed.</p> <p>All staff are aware of the location of personal anaphylaxis kits.</p> <p>All staff are aware of location of multiple generic EpiPens in key positions around the Campus</p>

Strategies to Minimise Risk of Exposure

ENVIRONMENT			
Name of environment/area: Classroom / Activities / Homestead sessions			
Risk identified	Actions required to minimise the risk	Who is responsible?	Additional Comments / Notes
Exposure to allergen	All teaching staff have access to medical information for the students in their care	School Nurse Administration staff	
	All teaching staff are appropriately trained in anaphylaxis awareness and treatment, and attend a practice session with a training EpiPen at least once each semester	Head of Teaching and Learning School Nurse (Anaphylaxis supervisor)	
	All teaching staff are briefed each semester on current students who are diagnosed with anaphylactic conditions	School Nurse	
	All teaching staff are aware of the location of student personal anaphylaxis kits and also generic EpiPens strategically placed around the campus	School Nurse	

Name of environment/area: Canteen / lunch / recess			
Risk identified	Actions required to minimise the risk	Who is responsible?	Additional Comments / Notes
Exposure to allergen	Duty staff carry the First Aid waist bag. Contained is a set of cards with a colour photo and brief note for each student diagnosed with anaphylaxis. Also contains a generic EpiPen and written instruction leaflet on use.	Staff on duty School Nurse	
	Canteen does not serve food containing nuts as an ingredient however cannot guarantee no traces of nuts exist. Sesame oil is not used. Almond milk is not used.	Canteen Staff	

Name of environment/area: Before / After School			
Risk identified	Actions required to minimise the risk	Who is responsible?	Additional Comments / Notes
Exposure to allergen	All teaching staff have access to medical information for the students in their care	School Nurse	
	Duty staff carry the First Aid waist bag. Contained is a set of cards with a colour photo and brief note for each student diagnosed with anaphylaxis. Also contains a generic EpiPen and written instruction leaflet on use.	Staff on duty School Nurse	
	All teaching staff are appropriately trained in anaphylaxis awareness and treatment, and attend a practice session with a training EpiPen at least once each semester	Head of Teaching and Learning School Nurse	

Name of environment/area: Special events – Sports / Incursions / Parties

Risk identified	Actions required to minimise the risk	Who is responsible?	Additional Comments / Notes
Exposure to allergen	All teaching staff have access to medical information for the students in their care	School Nurse Administration Staff	
Exposure to allergen	All teaching staff are appropriately trained in anaphylaxis awareness and <u>treatment and</u> attend an update session every 6 months.	Head of Teaching and Learning School Nurse	
	Catering staff do not provide food containing nuts as an ingredient however cannot guarantee no traces of nuts exist	Staff event coordinator Caterer	
	All teaching staff are aware of the location of student personal anaphylaxis kits and generic EpiPens strategically placed around the campus	School Nurse	

Name of environment/area: Excursions / Camps

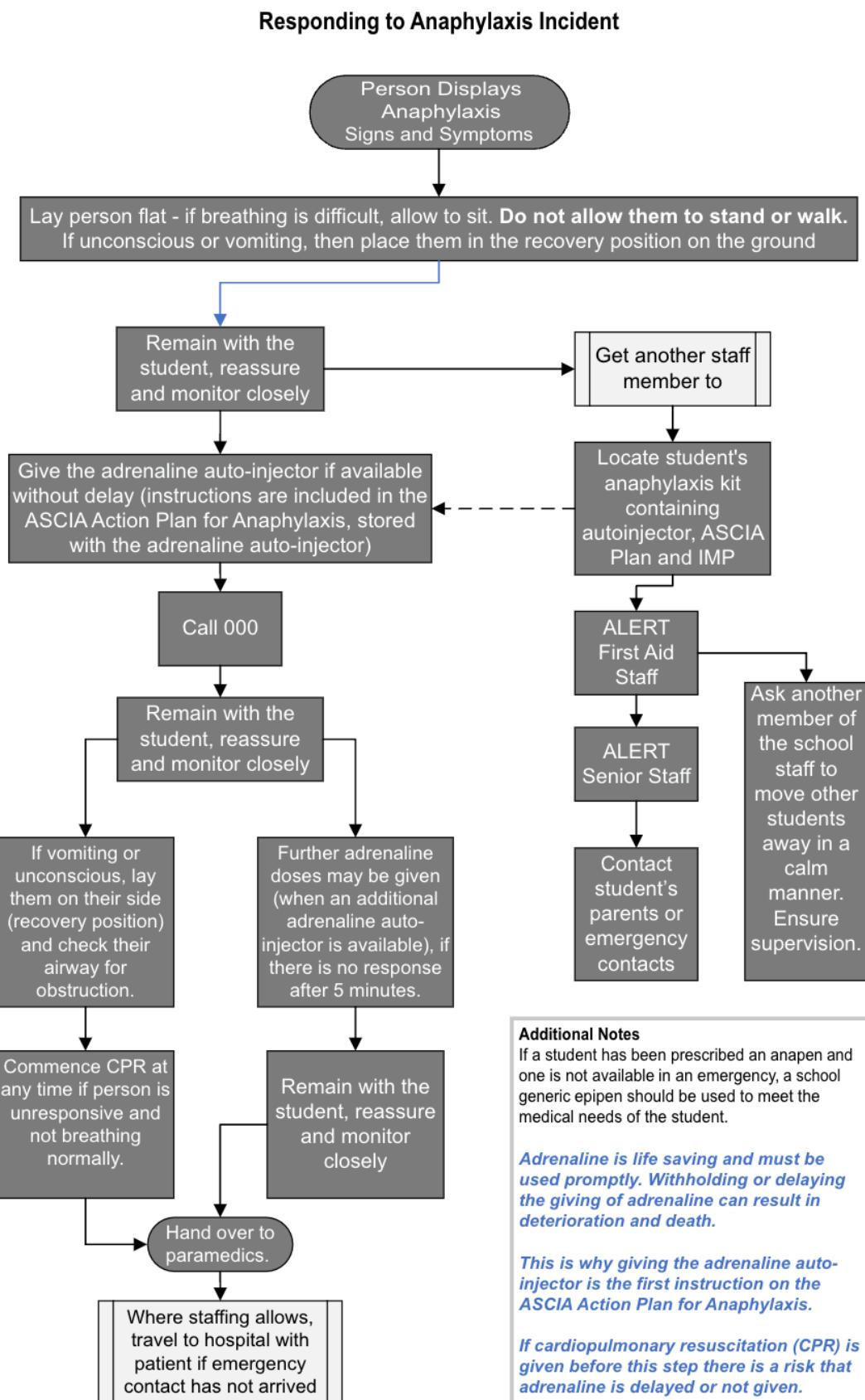
Risk identified	Actions required to minimise the risk	Who is responsible?	Additional Comments / Notes
Exposure to allergen	Students are briefed regarding do not share food without considering any allergies of students involved.	Camp Coordinator School Nurse	
	Catering staff do not provide food containing nuts as an ingredient however cannot guarantee no traces of nuts exist.	Camp Coordinator Caterers	
	All teaching staff have access to medical information for the students in their care	School Nurse Administration Staff	
	All teaching staff are appropriately trained in anaphylaxis awareness and treatment, and attend a practice session with a training EpiPen at least once each semester	Head of Teaching and Learning School Nurse	
	All teaching staff are briefed each semester on current students who are diagnosed with anaphylactic conditions	School Nurse	
	A First Aid Officer is nominated for each excursion / camp. FA Officer consults with School Nurse and parents as appropriate. FA Officer is responsible for collecting and returning student anaphylaxis kits from/to the First Aid Centre. FA Officer to ensure that there are sufficient auto-injectors for the number of students attending. When appropriate, other students may be briefed re: anaphylaxis diagnosis (with parent and student permission).	Camp Coordinator First Aid Officer School Nurse Student with diagnosis Other students	



Annual Sign-Off

Year Level _____	I have reviewed and amended this document as necessary and confirm that the information is true and correct as of this date: Date of Review (YYYY): _____ Parent/Guardian Signature: _____ Staff Signature: _____ Principal Signature: _____
Year Level _____	I have reviewed and amended this document as necessary and confirm that the information is true and correct as of this date: Date of Review (YYYY): _____ Parent/Guardian Signature: _____ Staff Signature: _____ Principal Signature: _____
Year Level _____	I have reviewed and amended this document as necessary and confirm that the information is true and correct as of this date: Date of Review (YYYY): _____ Parent/Guardian Signature: _____ Staff Signature: _____ Principal Signature: _____
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Year Level _____	I have reviewed and amended this document as necessary and confirm that the information is true and correct as of this date: Date of Review (YYYY): _____ Parent/Guardian Signature: _____ Staff Signature: _____ Principal Signature: _____

Appendix B – Responding to Anaphylaxis Incident Flowchart



Appendix C - Annual risk management checklist and mitigation plan

Annual Risk Management Checklist

(to be completed at the start of each year)

School name:	Woodleigh School	
Date of review:		
Who completed this checklist?	Name:	
	Position:	
Review given to:	Name: David Baker	
	Position: Principal	
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 I: 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<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? 		
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®)?	
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?	