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1. INTRODUCTION

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening and should always be treated as a medical emergency.

The most common allergens in school aged children are:

- Peanuts
- Eggs
- Tree nuts
- Cow's milk
- Fish and shellfish
- Wheat
- Soy
- Sesame
- Latex
- Insect stings
- Medications

Bairnsdale Secondary College recognises its role to provide a safe environment for students and staff to participate equally to learn and work.

2. AIM

The Education Reform Act 2006 requires all schools to have an Anaphylaxis Management Policy, incorporating Ministerial Order 706 (M0706) and its associated updates to ensure the safety of students at risk of anaphylaxis. M0706 provides the regulatory framework for the management of anaphylaxis in Victorian schools.

3. POLICY

Bairnsdale Secondary College has a responsibility to support students diagnosed with anaphylaxis and to effectively treat all students who develop signs or symptoms of anaphylaxis. It is a primary purpose of the College to treat all people with dignity and respect and provide an educational environment that is safe, supportive and inclusive.

This policy applies to all staff and students of Bairnsdale Secondary College.

Bairnsdale Secondary College will fully comply with Ministerial Order 706 and associated guidelines published and amended by the Department from time to time for the management of anaphylaxis including:

- development and regular review of Individual Anaphylaxis Management Plans and ASCIA Individual Anaphylaxis Action Plans for all affected students,
- implementation of prevention strategies used by the school to minimise the risk of an anaphylactic reaction,
- purchase of back up Adrenaline auto-injectors for general use by the school,
- development of a communication plan to provide information to all school staff, students and parents about anaphylaxis and the College's Anaphylaxis Policy
- ensuring all staff members are trained to respond appropriately in the case of an anaphylactic reaction,
- completion of an annual risk management checklist.

4. IMPLEMENTATION

Individual Anaphylaxis Management Plans

The College First Aid Assistant, as the Principal's delegate, is responsible for ensuring that Individual Management Plans are developed, in consultation with students' parents/carers, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Plan will be in place as soon as practical after student enrolment, and where possible before their first day of school.

An Emergency Procedures Plan, ASCIA Action Plan, is supplied by the parent/carer to the school includes the following information:

- The medical condition relating to the type of allergy or allergies the student has,
- 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,
- The emergency procedures to follow in the event of an allergic reaction,
- Signature of the child's medical practitioner,
- An up to date photograph of the student.

The student's Individual Management Plan will be reviewed in consultation with the student's parents / carers:

- annually,
- whenever a student is to participate in an off-site activity organised or attended by the school,
- if the student's condition changes, or
- immediately after a student has an anaphylactic reaction at school.

It is the responsibility of the parent/carer to:

- provide in writing the Emergency Procedure Plan, ASCIA Action Plan including student emergency contact details,
- provide two adrenaline auto-injectors - one to be carried by the student at all times and one stored by the College in the Main Administration Building. The student must know the location of both adrenaline auto-injectors.
- inform the school in writing if the child's medical condition changes, and if relevant provide an updated Emergency Procedures Plan, ASCIA Action Plan,
- provide an up to date photo of the child for the Emergency Procedure Plan when it is reviewed.

The first aid and emergency response procedures for student's Individual Anaphylaxis Plans must be followed if the student has an anaphylactic reaction. Student Emergency Management Plans are clearly displayed in the following locations:

- Wallace Street Campus - staff room notice board.
- McKean Street photocopy room – notice board.

Student Emergency Management Plans are stored in a clearly labelled folder in the following locations:

- Welfare building x 3.

- Year 7, Year 8/9 and Senior Hub offices.
- Science Centre office.
- McKean Street and Wallace Street Main Administration Building.
- McKean Street and Wallace Street sickbay.
- Library (McKean Street).
- Canteen.
- Food Technology (Wallace Street).

Staff members must refer to the procedures outlined on the student Individual Management Plan in the event of an anaphylactic reaction.

Prevention Strategies

Under MO706, a school's policy must include prevention strategies used by the school to minimise the risk of an anaphylactic reaction. College staff members have a duty of care to protect students in their care from risks of injury that are reasonably foreseeable. Prevention strategies to be used by the College to minimise the risk of an anaphylactic reaction include:

- Removal of all nut products from the school
- Ensuring all staff are trained to understand triggers of anaphylaxis and management of students,
- Student awareness is raised through health education classes, including emergency management of anaphylaxis.

Implementation of appropriate prevention strategies will minimise the risk of anaphylaxis occurring. Refer to Appendix 2 for detailed list of prevention strategies.

School Management and Emergency Response

All students at risk of anaphylaxis have a Medical Alert clearly displayed on their Compass Profile. Students' ASCIA Action Plans can be downloaded directly from their Compass Profile. A paper copy of the Action Plan is kept in individual student files and stored together in a folder at the relevant hub.

Each student must carry their ASCIA Plan an adrenaline auto-injector and any other medication listed on the Action Plan at all times, on or off the College campus. A second adrenaline auto-injector provided by the student's parent / carer should be stored in the Main Administration Building along with a copy of the student's Action Plan. For a detailed list of roles and responsibilities refer to Appendix 3.

General use adrenaline auto-injectors

Back up adrenaline auto-injectors are purchased by the College and stored in a box in a clearly labelled location in the following areas:

- Wallace Street Main Administration Building - main office.
- McKean Street Main Administration Building - main office.
- First aid kit in the Science Centre - office.
- Food Technology (Wallace Street) - office.
- Satellite VCAL Campus / Changing Lanes office.
- Canteen.

Back up adrenaline auto-injectors should be used in the following situations:

- If a student's medication is not accessible quickly
- If a student does not carry an adrenaline auto-injector but is displaying the signs and symptoms of anaphylaxis
- If a second dose of adrenaline is required

Back up auto-injectors are checked and are replaced if used, damaged or out of date as soon as practically possible.

Off school campus or / overnight trips

Staff members must access the student's medical summary and ASCIA Action Plan from Compass and carry this in either hardcopy or digital format for all activities off College campus. Staff members must be aware of all students with anaphylaxis plans and where the plans and medications are stored. The organiser attending the tour / trip must bring a spare adrenaline auto-injector if there is a student at risk of anaphylaxis attending and communicate this to other staff on the tour / trip. The student must carry their ASCIA Action Plan and all related medications in their bag while off campus.

Emergency response to an anaphylaxis reaction in the classroom, yard or on excursion

In a first aid emergency where any student appears to be having an anaphylactic reaction staff must follow the student's ASCIA Action Plan for Anaphylaxis. Follow first aid principles if student has no Anaphylaxis Plan. It is important to administer an adrenaline auto-injector as a matter of priority.

- Administer an adrenaline auto-injector (note time).
- Immediately call an ambulance (OOO).
- Do not move patient. Reassure Patient. Do not leave patient alone and be alert to repeat reaction.
- Ask another staff member to move other people away and reassure them separately.
- Contact the Administration Office.
- Where there is no marked improvement and severe symptoms, as described in the student's ASCIA Action Plan for Anaphylaxis, are present, a second injection of the same dose may be administered after 5 to 10 minutes.

Communication Plan

The College Principal is responsible for ensuring that a communication plan is delivered to provide information to all staff, students, parents / carers about anaphylaxis and the College's Anaphylaxis Management Policy. This policy is available to all staff via SharePoint. All new staff are given this policy as part of their induction package and asked to sign off that they have read and understood the policy.

Information about students with anaphylaxis is communicated in the following ways:

- The College First Aid Assistant will email all staff a list of students with anaphylaxis at the start of each year or as soon as a new student is enrolled.
- ASCIA Action Plans for Anaphylaxis are available on Compass.
- Student medical alerts appear clearly on student profiles on Compass.

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- Emergency / casual and volunteer staff members are provided with relevant information regarding students' medical alerts including life threatening allergy.
- Staff will be briefed twice per year regarding students with anaphylaxis.

Staff Training

Training of College staff members on anaphylaxis management includes the following measures:

- Eight staff members at the College and one at Changing Lanes are qualified in 'Course in Verifying Correct Use of Adrenaline Auto-injector Devices 22303VIC' (see Appendix 5).
- All staff members complete the 'ASCIA Anaphylaxis e-training for Victorian Schools' followed by a competency check by a School Anaphylaxis Supervisor within 30 days every 2 years.
- All College staff members are briefed twice per calendar year by a staff member who has completed the Anaphylaxis Management Training in the last 2 years. This information includes:
 - the College's Anaphylaxis Management Policy
 - the causes, symptoms and treatment of anaphylaxis,
 - the identities of students diagnosed at risk of anaphylaxis and where their medication and action plans are located,
 - measures taken by the College and individual staff members to minimise the risk of anaphylaxis,
 - the locations of and how to use an adrenaline auto-injecting devices,
 - the College's first aid and emergency response procedures.

A record of attendance will be kept by the First Aid Assistant to ensure all staff members have received this information.

Annual risk management checklist

The Principal will direct the First Aid Assistant to complete an annual Risk Management Checklist (see Appendix 4) as published by the Department of Education and Training to monitor compliance with the College's obligations.

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5. EMERGENCY CONTACT NUMBERS

- Ambulance 000
- Poisons Information Service 13 11 26
- Nurse on Call 1300 60 60 24
- DET Emergency & Security Management Unit 9589 6266

6. RELATED DOCUMENTS / KEY REFERENCES

Bairnsdale Secondary College

- First Aid Policy
- Asthma Management Policy

DET Resources

- Anaphylaxis Guidelines for Victorian Schools
- Ministerial Order 706
- Guidance for Developing a School Anaphylaxis Policy
- Anaphylaxis Management in Schools
- Responding to Anaphylaxis

Other Resources

- Royal Children's Hospital Anaphylaxis Advisory Line – available from 8.30am - 5.00pm, Monday to Friday. Phone 1300 725 911 or (03) 9345 4235.
- Australasian Society of Clinical Immunology and Allergy (ASCIA)

7. APPENDICES

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Appendix 1: Individual Anaphylaxis Management Plan

This plan is to be completed by the principal or nominee on the basis of information from the student's medical practitioner (**ASCIA Action Plan for Anaphylaxis**) provided by the parent.

It is the parent's responsibility to provide the College 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 College if their child's medical condition changes.

School		Phone	
Student			
DOB		Year level	
Severely allergic to:			
Other health conditions			
Medication at school			

EMERGENCY CONTACT DETAILS (PARENT)

Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	

EMERGENCY CONTACT DETAILS (ALTERNATE)

Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
Medical practitioner contact	Name		
	Phone		

Emergency care to be provided at school	
Storage location for student's adrenaline auto-injectors	

ENVIRONMENT

To be completed by principal or nominee. Please consider each environment/area (on and off College site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.

Name of environment/area:

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

Name of environment/area:

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

Name of environment/area:

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

Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

(continues on next page)

ACTION PLAN FOR Anaphylaxis

Name: _____
Date of birth: _____

For EpiPen® adrenaline (epinephrine) autoinjectors



Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by Dr or NP:

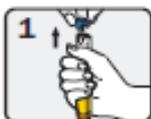
I hereby authorise medications specified on this plan to be administered according to the plan

Signed: _____

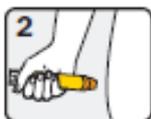
Date: _____

Action Plan due for review: _____

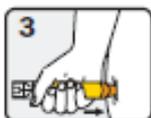
How to give EpiPen®



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



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



3 PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds
REMOVE EpiPen® and gently massage injection site for 10 seconds

Instructions are also on the device label

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

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

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

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

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

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

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

ACTION FOR ANAPHYLAXIS

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

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



2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector

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

4 Phone family/emergency contact

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

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

If in doubt give adrenaline autoinjector

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

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

Asthma reliever medication prescribed: Y N

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

- annually
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- as soon as practicable after the student has an anaphylactic reaction at school
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (e.g. class parties, elective subjects, cultural days, fetes, incursions).

I have been consulted in the development of this Individual Anaphylaxis Management Plan.

I consent to the risk minimisation strategies proposed.

Risk minimisation strategies are available at Chapter 8 – Risk Minimisation Strategies of the Anaphylaxis Guidelines

Signature of parent:

Date:

I have consulted the parents of the students and the relevant school staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.

Signature of principal (or nominee):

Date:

APPENDIX 2: Anaphylaxis Prevention Strategies

Classrooms (all campuses)	Person Responsible
Communicate with parents and students at risk of anaphylaxis about food related activities prior to activity.	
Be aware of hidden dangers of triggers in activities including science, art and food technology classes (use of containers that once contained nuts or milk for example)	
CRT staff are briefed on students with anaphylaxis in their care, ASCIA plans, preventative strategies and the College EMP.	
Preference is for use of non-food treats where possible and if foods are used in the classroom alternatives are sought for students with anaphylaxis.	

Canteen	Person Responsible
Canteen staff make an effort to minimise foods containing nuts and understand that the canteen cannot be considered 'nut free'.	
All canteen staff members are briefed on students with anaphylaxis, including face recognition of at risk students.	
A spare auto-injector is kept in the canteen.	
A high level of hygiene standards are maintained in the canteen.	
ASCIA action plans of students with food allergy are displayed inside the canteen.	
Be aware of cross contamination of foods in food preparation, storage and serving.	
Canteen staff members avoid preparing foods containing triggers to anaphylaxis if students are identified with these allergies.	
Canteen staff members clearly label food with ingredients that may cause anaphylaxis if there is a student at the College who is at risk.	

Outdoor areas of school campuses	Person Responsible
Students' own and school spare auto-injectors are easily accessible from all areas of the school yard.	

Extra-curricular events (sports events, incursions, class parties etc.)	Person Responsible
Organiser has checked student medical records and identified all students with anaphylaxis.	
Students carry their own adrenaline auto-injector with them while off school campus, including at the BARC.	
All staff on the trip are aware of the student/s with anaphylaxis, the locations of the ASCIA Management Plans and medication and how to manage anaphylaxis.	
Students' ASCIA Individual Anaphylaxis Management Plans are updated for all activities that occur off school campus.	

Day excursions & field trips / Overnight trips & school camps	Person Responsible
Students' ASCIA Individual Anaphylaxis Management Plans are updated for all activities that occur off school campus.	
Students' Anaphylaxis Management Plans (including ASCIA Action Plan), student adrenaline auto-injectors, a spare College adrenaline auto-injector and a mobile phone must be taken on any trip off school campus.	
Any student off campus at risk of anaphylaxis must carry 2 of their own adrenaline auto-injectors and their ASCIA Plan and carry these on their person at all times.	

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Staff must know where the auto-injector is located when off school campus at all times.	
All trips with a student at risk of anaphylaxis must include at least one staff member trained in the recognition of anaphylaxis and the administration of an adrenaline auto-injector. All staff members on the trip must be aware of the student/s at risk of anaphylaxis.	
Camps must be advised ahead of time whenever there is a student attending at risk of anaphylaxis with alternative meals provided (include meals on flights).	
College staff, camp staff and parents should work together to develop alternative menus or for students to bring their meals if required.	
College staff, camp staff and parents should work together to ensure protective clothing and/or repellents are brought and used by students at risk of anaphylaxis to insect bites.	
Remind all students that sharing food is not encouraged.	

Overseas travel	Person Responsible
Students' ASCIA Individual Anaphylaxis Management Plans are updated for all activities that occur off school campus.	
A food plan will be developed for all students at risk of anaphylaxis as a result of a dietary trigger, taking into account all the environments that the student will encounter (including on flights).	
Consider the requirement for interpretation of the ASCIA plan when travelling and have the plan translated if required.	
Research and bring copies of the local emergency services including locations and phone numbers of hospitals in each destination and during transit.	
Research the requirement for documentation to verify the requirement for an adrenaline auto-injectors to be brought into other countries and organise this if required.	
Ensure that adrenaline auto-injectors are carried in carry-on luggage when in transit to ensure they are accessible and also to avoid the medication being damaged by x-rays.	
Research the availability of purchasing extra adrenaline auto-injectors (adrenaline auto-injectors) at each location and what these may be called in various other countries including other English speaking destinations.	

APPENDIX 3. Roles and Responsibilities

College Principal:

Role / Responsibility	Nominee
Annually review the College's Anaphylaxis Management Policy	
Request parents / carers provide a full ASCIA Action Plan for Anaphylaxis which is signed by a medical practitioner and includes a current photograph of the student, and ensure this is updated every 12 months.	
Liaise with parents to develop on Individual Anaphylaxis Management Plan for each student diagnosed with anaphylaxis, on enrolment, at the time of diagnosis, following an anaphylactic reaction and at least every 12 months after that.	
Ensure that parents / carers provide of students diagnosed with anaphylaxis provide the College with an adrenaline auto-injector that is in date.	
Ensure that Parents / carers provide 2 adrenaline auto-injector to the College for all excursions and trips off the College campus.	
Develop a communication plan to provide information to all staff, students and volunteers about anaphylaxis and the College's Anaphylaxis Policy.	
Ensure there are procedures in place for providing volunteers and casual staff with the following information: <ul style="list-style-type: none"> • College Anaphylaxis Policy • The causes, symptoms and treatment of anaphylaxis • The identities of students diagnosed at risk of anaphylaxis and the location of the Action Plans and medications • How to use an adrenaline auto-injector including hands on practice with a qualified trainer and training device • The Colleges First Aid Policy and Emergency Management Procedure. 	
Ensure the 'Annual Risk Management Check list' (see Appendix 4) is completed by the end of February each year.	
Purchase and maintain an appropriate number of adrenaline auto-injectors for general use.	
Ensure new staff have the required current qualifications regarding anaphylaxis.	
Ensure a record is kept of staff qualifications and expiry dates regarding anaphylaxis management accreditation and attendance of 6 monthly anaphylaxis updates.	

College Staff

Role / Responsibility
Know and understand the College's Anaphylaxis Management Policy.
Know the identity of students in their care who have been diagnosed with anaphylaxis.
Understand the causes, symptoms and treatment of anaphylaxis.
Know where to find students individual ASCIA Anaphylaxis Management Plans, Individual ASCIA Action Plans and adrenaline auto-injectors.
Know and follow the risk minimisation procedures in a student's Individual Anaphylaxis Management Plan.
Maintain current qualifications in anaphylaxis.
Understand their role in an anaphylaxis emergency and know the College's First Aid procedures.
Plan ahead for any class activity that includes the risk of anaphylaxis including class parties, activities involving food, art and science classes and excursions and overnight trips.
Avoid the use of food treats in class.
Raise student awareness about severe allergies and the importance of students fostering a safe and supportive environment for their peers.

College First Aid Assistant

Role / Responsibility
Work with the College Principal to annually update the College's Anaphylaxis Management Policy.
Maintain their qualifications as School Anaphylaxis Supervisors.
Maintain a current list of students diagnosed with anaphylaxis.
Work closely with the Principal to ensure students have all required ASCIA Plans and these are displayed in the correct locations.
Complete the 'Annual Risk Management Check list' (see Appendix 4) and report outcomes to Principal by the end of February each year.
Organise for a 6 monthly update is given to all College staff by a qualified person.
Manage school spare adrenaline auto-injectors – purchase, storage and replacement when required.
Maintain a record is kept of staff qualifications and expiry dates regarding anaphylaxis management accreditation and attendance of 6 monthly anaphylaxis updates.

Parents

Role / Responsibility
Inform the College of their child's diagnosis as soon as they are aware.
Provide the College with a signed ASCIA Anaphylaxis Action Plan every 12 months.
Liaise with the College to develop an Anaphylaxis Management Plan for their child time of enrolment, as soon as practical after diagnosis, after an anaphylactic reaction and annually.
Inform the College as soon as there has been a change to their child's diagnosis.
Provide the College with 2 in date adrenaline auto-injector and any other medications prescribed by the practitioner for the treatment of anaphylaxis for their child.

APPENDIX 4. Annual Risk Management Checklist

(to be completed by the College First Aid Assistant at the by the end of February each year)

School name:	
Date of review:	
Who completed this checklist?	Name:
	Position:
Review given to:	Name
	Position
Comments:	

General information

1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an adrenaline auto-injector?	
2. How many of these students carry their adrenaline auto-injector 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 auto-injector to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?	
6. If your school is a government school, was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 1: Training

7. Have all school staff who conduct classes with students who are at risk of anaphylaxis successfully completed an approved anaphylaxis management training course, either: <ul style="list-style-type: none"> • online training (ASCIA anaphylaxis e-training) within the last 2 years, or • accredited face to face training (22300VIC or 10313NAT) within the last 3 years? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does your school conduct twice yearly briefings annually? If no, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do all school staff participate in a twice yearly anaphylaxis briefing? If no, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools: <ul style="list-style-type: none"> a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline auto injectors (Epipen®)? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> b. Are your school staff members being assessed for their competency in using adrenaline auto-injectors (Epipen®) within 30 days of completing the ASCIA Anaphylaxis e-training for Victorian Schools? 	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2: Individual Anaphylaxis Management Plans

11. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an adrenaline auto-injector 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

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14. Do all students who carry an adrenaline auto-injector 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 auto-injectors 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 auto injector?	<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 auto injector expiry dates on a regular basis? Who?	<input type="checkbox"/> Yes <input type="checkbox"/> No

26. Are there adrenaline auto-injectors 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 auto-injector(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 auto-injector for general use clearly labelled as the 'General Use' adrenaline auto-injector?	<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 auto injector 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 auto injector 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 auto injector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the adrenaline auto injector 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 auto injector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an adrenaline auto injector, including hands on practice with a trainer adrenaline auto injector?	<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

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f. Where the adrenaline auto injector(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?	

APPENDIX 5: Staff with Anaphylaxis Supervisor Qualification

Name	Ext	Work Area	Photo
Renea Betts	852	Year 7 Hub	
Paul Martin	809	Senior Hub	
Gail Daniell	816	Main Admin	
Jaclyn Rutherford (First Aid Assistant)	842 820	Welfare Main Admin	

Name	Ext	Work Area	Photo
Rebecca Reid	857 856	Science Centre Science Office	
Kim Dunwoodie	810	Wallace Street	
Ross Graham	852	Year 7 Hub	
Kristin Bury	867	Senior Hub	No photo available
Michael Nelson		Changing Lanes	