



Anaphylaxis Management Policy

St Bernard's College is committed to a culture of "zero tolerance" for child abuse. We promote a culture that prioritises the safety and wellbeing of all young people, and continue to respond positively and proactively to Ministerial Order 870 in relation to related policies, procedures, strategies, risk mitigation and our responsiveness to emerging issues.

Rationale

St Bernard's College places a high priority in providing duty of care for all students and therefore has developed this policy to ensure the ongoing management of procedures to minimise the potential harms of those students at risk of anaphylaxis and to comply with Ministerial Order No. 706 and associated Anaphylaxis guidelines for Victorian.

Anaphylaxis is a severe, rapidly progressive and potentially life-threatening allergic reaction. The most common allergens in children are peanuts, tree nuts (e.g. cashews), eggs, cow's milk, fish, shellfish, sesame seeds/oil, wheat, soybean, kiwi fruit, certain insect stings, medications and contact with latex. Although these are the most common allergens, any food can trigger an allergic reaction.

Aims

The Anaphylaxis Management Policy aims to:

- Raise awareness of anaphylaxis and the College's Anaphylaxis Management Policy in the College community.
- Provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of school life.
- Engage with parents and caregivers of students who are at risk of anaphylaxis, in assessing risks and developing risk minimisation strategies and management strategies for identified students.
- Ensure that all staff members are trained regarding allergies, anaphylaxis and the College's policies and procedures about responding to an anaphylactic reaction.

Implementation

It is the responsibility of the College Nurse to:

- Ensure that an Individual ASCIA (Australasian Society of Clinical Immunology and Allergy) Action plan and required medications are provided by the students' parent/caregiver for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis. The Individual ASCIA Action Plan for Anaphylaxis must be provided to the College and in place by their first day of school.
- Ensure that there are always clearly marked general use EpiPen's available to staff. Seven (7) general use EpiPen's located in various areas of the College as documented on the MySBC First Aid page and one (1) general use EpiPen to be kept in Sick Bay at all times and within their expiry dates.
- Remind parents/caregivers via email one month prior to when Individual ASCIA Action plans and EpiPen's expire.
- Ensure student EpiPen's are stored within the College sickbay in a clear and organised manner within a safe temperature range.

- Provide staff taking students offsite with a detailed health report of all students in attendance after parental consent has been provided.
- Ensure staff accompanying students offsite sign out the EpiPen's from the College reception upon leaving the College grounds and sign them back in upon returning.
- Deliver the twice-yearly briefing to staff on Anaphylaxis Awareness.
- Ensure all staff members are anaphylaxis trained in accordance with Ministerial Order 706 and supporting documentation stored in a centralised location.
- Perform the Annual Risk Management Checklist and implement any necessary changes as required.
- Complete a Communication Plan in consultation with the Assistant Principal (Student Wellbeing) to provide information to all staff, students and parents/caregivers about anaphylaxis and the development of the College's anaphylaxis management strategies.

The students' individual management plan will be reviewed by the College Nurse in consultation with the student's parent/caregiver:

- Annually.
- If the student's conditions change.
- Immediately after a student has an anaphylactic reaction whether it is at school or out of school hours.
- When student participation in an offsite activity or special event is required.

It is the responsibility of staff to:

- Know and understand the requirements of this policy and the Emergency Response Procedures and their role to responding to an Anaphylactic reaction.
- Know how to identify students at risk of anaphylaxis, where to locate their ASCIA Action plan and follow it in the event of an allergic reaction.
- Know where the students EpiPen's are located and the general use EpiPen's are kept
- Successfully complete Anaphylaxis training in accordance with Ministerial Order No. 706.

It is the responsibility of the parent/caregiver to:

- Provide the College with an Individual ASCIA Action Plan for Anaphylaxis which has been completed by a medical practitioner upon enrolment and whenever and Action plan is updated.
- Provide the school with an EpiPen (within the expiry date) and renew the EpiPen as directed by the College Nurse.
- Provide any listed medications that may also be required on the Individual ASCIA Action Plan for Anaphylaxis.
- Inform the school if their son's medical condition changes, and if relevant provide an updated Individual ASCIA Action Plan.

If an EpiPen and/or ASCIA Action Plan is not provided, school attendance may be suspended until these are provided by the parent/caregiver.

Responsibility will not be taken for EpiPen's of students that are not accompanied by an ASCIA Action plan.

It is the responsibility of the student to:

- Be aware of surroundings and alert staff of any possible risk factors.

- Understand their own management plan.

Evaluation

The Evaluation of this policy will be done by the Wellbeing Leadership Team under the direction of the Assistant Principal (Student Wellbeing). It will occur at the end of each year which will involve the completion of an Anaphylaxis Risk Management Checklist.


Related Policies

First Aid Policy

Policy Review

Ratified:	June 2020
Last Reviewed:	June 2020
Next Review Date:	June 2023

Individual ASCIA Action Plan



www.allergy.org.au

ACTION PLAN FOR

Anaphylaxis

Name: _____ For use with **EpiPen®** adrenaline (epinephrine) autoinjectors

Date of birth: _____

Confirmed allergens: _____

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np): _____

The treating doctor or np hereby authorises:


- Medications specified on this plan to be administered according to the plan.
- Prescription of 2 adrenaline autoinjectors.
- Review of this plan is due by the date below.

Date: _____


Signed: _____

Date: _____

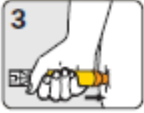
How to give EpiPen® adrenaline (epinephrine) autoinjectors



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 3 seconds **REMOVE EpiPen®**

EpiPen® is prescribed for children over 20kg and adults. EpiPen® Jr is prescribed for children 7.5-20kg.

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 seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Locate 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 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

- If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this action plan for the person with the allergic reaction.

© ASCIA 2020 This plan was developed as a medical document that can only be completed and signed by the patient's doctor or nurse practitioner and cannot be altered without their permission.

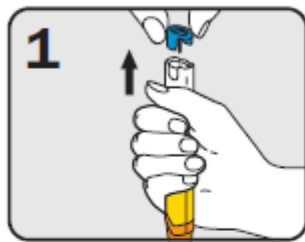
ASCIA Action Plan for General Use



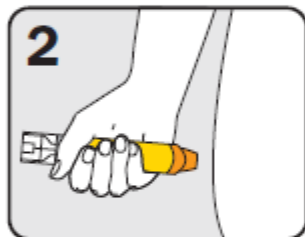
FIRST AID PLAN FOR Anaphylaxis

For use with **EpiPen®** adrenaline (epinephrine) autoinjectors

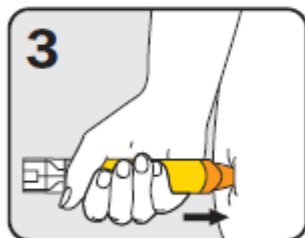
How to give EpiPen® adrenaline (epinephrine) autoinjectors



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



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



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

EpiPen® is prescribed for children over 20kg and adults.
EpiPen® Jr is prescribed for children 7.5-20kg.

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 seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- 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 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

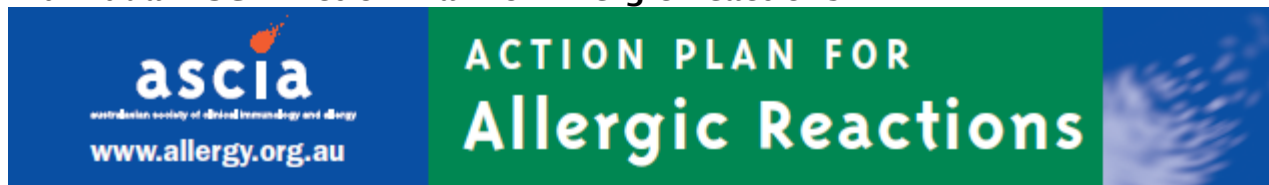
Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST, if someone has SEVERE AND SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms. THEN SEEK MEDICAL HELP.

- If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this plan for the person with the allergic reaction.

© ASCIA 2020 This document has been developed for use as a poster, or to be stored with general use adrenaline autoinjectors.

Individual ASCIA Action Plan for Allergic Reactions



Name:

Date of birth:



Confirmed allergens:

Family/emergency contact name(s):

Work Ph:

Home Ph:

Mobile Ph:

Plan prepared by doctor or nurse practitioner (np):

The treating doctor or np hereby authorises:

- Medications specified on this plan to be administered according to the plan.
- Use of adrenaline autoinjector if available.
- Review of this plan is due by the date below.

Date:

Signed: 

Date:

Note: This ASCIA Action Plan for Allergic Reactions is for people with mild to moderate allergies, who need to avoid certain allergens.

For people with severe allergies (and at risk of anaphylaxis) there are red ASCIA Action Plans for Anaphylaxis (brand specific or generic versions) for use with adrenaline (epinephrine) autoinjectors.

Instructions are on the device label.

Adrenaline autoinjectors (300 mcg) are prescribed for children over 20kg and adults. Adrenaline autoinjectors (150 mcg) are prescribed for children 7.5-20kg.

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Tingling mouth
- Hives or welts
- 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 seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- 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/nosy breathing
- Difficulty talking and/or hoarse voice
- Swelling of tongue
- Persistent dizziness or collapse
- Swelling/tightness in throat
- Pale and floppy (young children)
- Wheeze or persistent cough

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 adrenaline (epinephrine) autoinjector if available

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

4 Phone family/emergency contact

5 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 if available, 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

- If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this action plan for the person with the allergic reaction.

Individual Anaphylaxis Management Plan

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 Parents' 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	St Bernard's College	Phone	9289 1000
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	As Per Action Plan		
Storage of EpiPen®	Stored at front administration		
ENVIRONMENT			
To be completed by Principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.			
Name of environment/area: <i>Classroom</i>			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Knowledge of student at risk of anaphylaxis	Medical Alert on student profile in SYNERGETIC to alert classroom teachers he is at risk of anaphylaxis.	College nurse	Upon enrolment
Collection of epi-pen	Making staff and students aware of epi-pen locations	College nurse/ school staff	Ongoing
Food related activities	Liase with parents about food related activities ahead of times	Classroom teacher/homeroom teacher	Ongoing
Name of environment/area: <i>Canteen</i>			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Knowledge of student at risk of anaphylaxis	Display a colour photo of students at risk of anaphylaxis along with their allergen	College nurse/Canteen Staff	Beginning f school year
Food related activities	Ensure cooking equipment and surface areas are wiped down thoroughly with warm soapy water regularly	Canteen Staff	Ongoing

Collection of Epi-Pen	Making staff/students aware of epi-pen locations	College Nurse	Checked each term
	Have a general use anaphylactic kit located in canteen	College Nurse	Checked each term
Name of environment/area: <i>Excursions</i>			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Knowledge of student at risk of anaphylaxis	A student health report is generated through SYNERGETIC and forwarded to the supervising teacher to alert them that student is at risk of anaphylaxis	College nurse	Pre-excursion
Buying Lunch	Educate Students	Parent	ongoing
Collection of Epi-Pen	Anaphylaxis kits and general use kits are signed out by the supervising staff member to be taken on the excursion	College nurse/ Class Teacher	Checked each term
Name of environment/area: <i>Camps</i>			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Knowledge of student at risk of anaphylaxis	A student health report is generated through synergetic and forwarded to the camp staff to alert risk of anaphylaxis	College nurse/Camp Coordinator	Pre-camp
Trained staff availability	Staff participating at the camp are clear about their roles and responsibilities in the event of an anaphylactic reaction	Camp staff/school staff	Ongoing
Collection of Epi-Pen	Making staff/students aware of epi-pen locations and procedure for collection	Camp Coordinator	Duration of camp
Exposure to insects which may cause anaphylaxis	Students with anaphylactic responses to insects should always wear closed shoes and long sleeved tops when outdoors		Duration of camp
Name of environment/area: <i>Food Technology</i>			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Knowledge of student at risk of anaphylaxis	A colour photo of all students at risk of anaphylaxis are displayed along with their allergen	College Nurse	Upon enrolment ongoing
Collection of epi-pen	Making staff and students aware of epi-pen locations	College nurse/Food staff	ongoing
Food related activities	Inform students of all ingredients remove/replace where necessary	Food staff	Ongoing
	Ensure cooking equipment and surface areas are wiped down thoroughly with warm soapy water regularly	Students /Food Staff	ongoing

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; and
- 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 (eg. 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 - Prevention 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:	



Annual Risk Management Checklist

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

General Information

1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an Adrenaline Autoinjector?	
2. How many of these students carry their Adrenaline Autoinjector on their person?	
3. Have any students ever had an allergic reaction requiring medical intervention at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?	
4. Have any students ever had an Anaphylactic Reaction at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many students?	
b. If Yes, how many times	
5. Has a staff member been required to administer an Adrenaline Autoinjector to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?	
6. Was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting System?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 1: Individual Anaphylaxis Management Plans

7. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an Adrenaline Autoinjector have an Individual Anaphylaxis Management Plan and ASCIA Action Plan completed and signed by a prescribed Medical Practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are all Individual Anaphylaxis Management Plans reviewed regularly with Parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. 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

Annual Risk Management Checklist (continued)

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
10. Do all students who carry an Adrenaline Autoinjector on their person have a copy of their ASCIA Action Plan kept at the School (provided by the Parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are they kept?	
11. Does the ASCIA Action Plan include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2: Storage and Accessibility of Adrenaline Autoinjectors	
12. Where are the student(s) Adrenaline Autoinjectors stored?	
13. Do all School Staff know where the School's Adrenaline Autoinjectors for General Use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are the Adrenaline Autoinjectors stored at room temperature (not refrigerated)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is the storage unlocked and accessible to School Staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are the Adrenaline Autoinjectors easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Is a copy of student's Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) kept together with the student's Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the Adrenaline Autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Has someone been designated to check the Adrenaline Autoinjector expiry dates on a regular basis? Who?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No

Annual Risk Management Checklist (continued)

21. Are there Adrenaline Autoinjectors which are currently in the possession of the School and which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Has the School signed up to EpiClub or ANA-alert (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Do all School Staff know where the Adrenaline Autoinjectors and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. 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
25. Where are these first aid kits located?	
26. Is the Adrenaline Autoinjector for General Use clearly labelled as the 'General Use' Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. 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 3: Prevention Strategies	
28. 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
29. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Have all School Staff who conduct classes with students with a medical condition that relates to allergy and the potential for anaphylactic reaction successfully completed an Anaphylaxis Management Training Course in the three years prior and participated in a twice yearly briefing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Are there always sufficient School Staff members on yard duty who have successfully completed an Anaphylaxis Management Training Course in the three years prior?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4: School Management and Emergency Response	
32. 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
33. Do School Staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you developed Emergency Response Procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the classroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Annual Risk Management Checklist (continued)

c. In all School buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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
35. Does your plan include who will call the Ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Is there a designated person who will be sent to collect the student's Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Have you checked how long it will take to get to the Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) to a student from various areas of the School including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The classroom?	<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
38. 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
39. Who will make these arrangements during excursions?	
40. Who will make these arrangements during camps?	
41. Who will make these arrangements during sporting activities?	
42. Is there a process for post incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Have all College staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction and any other staff identified by the Principal, been briefed on:	
a. The College'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 with a medical condition that relates to allergy and the potential for an anaphylactic reaction, 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 practise with a trainer Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The College'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

Annual Risk Management Checklist (continued)

SECTION 4: Communication Plan

44. 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
45. 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?	
46. How is this information kept up to date?	
47. 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
48. What are they?	



Emergency Response Plan

1. When in the Classroom

If an emergency occurs in the classroom the teacher is to remain with the student at risk and calmly direct two students to calmly go and notify the College Nurse or nearest staff member. The notified staff will then render assistance in the classroom. The actions that follow will depend on the nature of the emergency. Contacting 000 may be an appropriate response for a medical emergency or possibly an incident needing police assistance.

2. When on Yard Duty

All yard duty teachers are required to carry a designated first aid kit collected from the staffroom. In the event of a suspected anaphylactic reaction, nearest staff member or student will be directed to obtain the closest general use EpiPen or student's individual EpiPen, whichever is in closer proximity. When an emergency arises, the teacher is to remain at scene of the incident and provide assistance by administering the EpiPen. The staff member on yard duty should send two students or a member of staff to Front Reception to inform the College Nurse.

3. When Off Campus on a Day Activity

It is the responsibility of the staff in charge of the day activity, to ascertain the medical needs of the students attending the activity and to attain the MAP of the respective students. The College Nurse must be informed of any off-campus activity seven days prior in order to prepare the relevant medication/medical kits. This staff member leading the activity must collect any required medications from the College Nurse prior to departing the College. At the end of the excursion, the staff member is to return any medical aids obtained to the College Nurse.

If an emergency occurs during the activity, the staff member in charge will take the appropriate action to ensure the student or students at risk receive the appropriate help required by following the medical action plan. Contacting 000 may be an appropriate response for a medical emergency or possibly an incident needing police assistance.

4. When on Extended Off Campus Activities such as Camps

Staff attending an extended off Campus activity will be briefed by the College Nurse prior to departure. When students are on an extended off campus activity the staff member in charge is to bring with them a copy of the medical action plans of any student with a medical or health need and discuss with the student about them bringing with them any medical aids they may require, the medical action plan and where the medical aids and medical action plan will be stored during the off campus activity. This preparation is undertaken in conjunction with the College Nurse. If an emergency occurs during the activity, the staff member in charge will take the appropriate action to ensure the student or students at risk receive the appropriate help required. Contacting 000 may be an appropriate response for a medical emergency or possibly an incident needing police assistance.