



ANAPHYLAXIS POLICY



Help for non-English speakers

If you need help to understand the information in this policy please contact Moonee Ponds Primary School on 9375 2511.

RATIONALE:

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school.

PURPOSE:

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

SCOPE:

This policy applies to:

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

SCHOOL STATEMENT:

Moonee Ponds Primary School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

POLICY:

Implementation:

1. Anaphylaxis
2. Individual Anaphylaxis Management Plans
3. Location of plans and adrenaline autoinjectors
 - Storage Of Adrenaline Auto-injectors
 - Adrenaline Auto-injectors For General Use
4. Risk Minimisation Strategies
5. Emergency Response
6. Communication Plan
7. Staff Training
8. Anaphylaxis Risk Management Checklist

1. Anaphylaxis

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

Symptoms

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

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

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

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

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

Treatment

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

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

2. Individual Anaphylaxis Management Plans

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

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

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- immediately inform the school in writing if there is a relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis when that plan is provided to the school and each time it is reviewed
- provide the school with a current adrenaline autoinjector for the student that has not expired;
- participate in annual reviews of the student's plan.

Each student's Individual Anaphylaxis Management Plan must include:

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

Review and updates to Individual Anaphylaxis Management Plans

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

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

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

Note: A management template is an appendix to this policy (Appendix 2).

3. Location of plans and adrenaline autoinjectors

Storage of Adrenaline Auto-injectors

- Adrenaline Auto-injectors for individual students will be stored in the general office.
- Each adrenaline auto-injector will be in a container clearly labelled with the student's name/photo and be stored with a copy of the student's ASCIA action plan;
- An adrenaline auto-injector for general use will be clearly labelled and distinguishable from those for students at risk of anaphylaxis; and
- Adrenaline auto-injectors for individual students will be signed in and out when taken from its usual place, e.g. for camps and excursions.

MPPS has a designated school staff member (Education Support Staff (ESS) – office administration) to conduct regular reviews of the adrenaline auto-injectors to ensure they are not out of date.

If the designated staff member identifies any adrenaline auto-injectors which are out of date, they will complete the following:

1. send a written reminder to the student's parents to replace the adrenaline auto-injector;
2. advise the Principal that an adrenaline auto-injector needs to be replaced by a parent;

3. work with the Principal to prepare an interim individual anaphylaxis management plan pending the receipt of the replacement adrenaline auto-injector.

Adrenaline Auto-injectors for General Use:

The school will purchase an appropriate number of additional adrenaline auto-injector device(s) for general use and as a back-up to those supplied by parents/carers. Noting the following:

- the number of students enrolled at the school who have been diagnosed as being at risk of anaphylaxis;
- the accessibility of adrenaline auto-injectors that have been provided by parents of students who have been diagnosed as being at risk of anaphylaxis;
- the availability and sufficient supply of adrenaline auto-injectors for general use in specified locations at the school, including
- in the school yard, and at excursions, camps and special events conducted or organised by the school; and
- the adrenaline auto-injectors for general use have a limited life, usually expiring within 12-18 months, and will need to be replaced at the school's expense, either at the time of use or expiry, whichever is first.

4. Risk Minimisation Strategies

Minimisation of the risk of anaphylaxis is everyone's responsibility: the school (including the Principal and School Staff), parents, carers, students and the broader school community.

The school will do the following:

In-school settings:

Classrooms

- Keep a copy of the student's individual anaphylaxis management plan in the classroom attendance roll folder. Be sure the ASCIA action plan is easily accessible even if the adrenaline auto-injector is kept in another location.
- Liaise with parents about food-related activities ahead of time.
- Use non-food treats where possible, but if food treats are used in class it is recommended that Parents of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
- Never give food from outside sources to a student who is at risk of anaphylaxis.
- Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
- Casual relief teachers (CRTs), specialist teachers and volunteers will be made aware of any students at risk of anaphylaxis, the location of each student's individual anaphylaxis management plan and adrenaline auto-injector, the school's anaphylaxis management policy, and each individual person's responsibility in managing an incident. ie seeking a trained staff member. This information is also included in the CRT folder.

Student Lunches/Canteens/Parents Association Events

- Canteen staff (whether internal or external) should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
Refer to:
 - 'Safe Food Handling' in the School Policy and Advisory Guide, available at:<http://www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx>
 - Helpful resources for food services:
<http://www.allergyfacts.org.au/component/virtuemart/>
- Food banning is not generally recommended. Instead, a 'no-sharing with students with a food allergy' approach is recommended for food, utensils and food containers. This approach is used for students with all food allergies, including egg, shellfish, nuts, dairy etc. However, Moonee Ponds Primary School agrees to not stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds, etc.), including chocolate/hazelnut spreads and to request that parents do not include nut products in student lunches to minimise exposure to nuts.
- Parents are asked to include an ingredients list when providing food for school events such as cake stalls or lunches.
- Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.

Yard

- If Moonee Ponds Primary School has a student who is at risk of anaphylaxis, sufficient school staff on yard duty must be trained in the administration of the adrenaline auto-injector (i.e. EpiPen®) to be able to respond quickly to an anaphylactic reaction if needed.
- The Adrenaline Auto-injector and each student's individual anaphylaxis management plan are easily accessible from the yard, and staff are aware of their exact location. (Remember that an anaphylactic reaction can occur in as little as a few minutes).
- If a reaction occurs in the yard. The teacher is to obtain the student's medical information and medication. The teacher will send a student with the red "emergency card" and "anaphylaxis ID card" to the office/staff room where a second staff member will bring the medication and ASCIA action plan to the student. All staff on yard duty must be aware of the school's emergency response procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.
- Photos of students with an individual anaphylaxis management plan are displayed in the staff room, in class attendance books and displayed in staff office areas to ensure that yard duty staff are able to identify, by face, those students at risk of anaphylaxis.

Special events (e.g. sporting events, incursions, class parties, etc.)

- If Moonee Ponds Primary School has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an adrenaline auto-injector to be able to respond quickly to an anaphylactic reaction if required.
- School staff should avoid using food in activities or games, including as rewards.
- For special occasions, school staff should consult parents in advance to either develop an alternative food menu or request the parents to send a meal for the student.

- Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at school or at a special school event.

Out-of-school settings

Field trips/excursions/sporting events

- If a school has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an adrenaline auto-injector and be able to respond quickly to an anaphylactic reaction if required.
- The adrenaline auto-injector and a copy of the individual anaphylaxis management plan for each student at risk of anaphylaxis should be easily accessible and school staff must be aware of their exact location.
- Where there is a student at risk of anaphylaxis, it is the classroom teacher's responsibility to ensure that the adrenaline auto-injector and a copy of the individual anaphylaxis management plan is taken on the excursion.
- For each field trip, excursion etc, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.
- All school staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
- The school should consult parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the parents provide a meal (if required).
- Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with parents as another strategy for supporting the student who is at risk of anaphylaxis.
- Where the student is attending a school organised event without a teacher from the school (eg. representing the school at a district sports event) it is the parent's responsibility to ensure that the adrenaline auto-injector and a copy of the individual anaphylaxis management plan is taken on the excursion. Parents may wish to accompany their child on such excursions/events.
- Prior to the excursion taking place school staff should consult with the student's parents and medical practitioner (if necessary) to review the student's individual anaphylaxis management plan to ensure that it is up to date and relevant to the particular excursion activity.

Camps and remote settings

- Prior to engaging a camp owner/operator's services, the school should make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the school, then the school should consider using an alternative service provider.
- The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.

- MPPS will not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
- MPPS will conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
- School staff will consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.
- Use of substances containing allergens should be avoided where possible.
- Camps should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts.
- The student's adrenaline auto-injector, individual anaphylaxis management plan, including the ASCIA action plan for anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.
- Prior to the camp taking place school staff should consult with the student's parents to review the student's individual anaphylaxis management plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
- School staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all school staff participating in the camp are clear about their roles and responsibilities.
- Contact local emergency services and hospitals prior to the camp. Advise full medical conditions of students at risk, location of camp and location of any off camp activities. Ensure contact details of emergency services are distributed to all school staff as part of the emergency response procedures developed for the camp.
- An adrenaline auto-injector for general use will be taken on all school camps, even if there is no student at risk of anaphylaxis, as a back-up device in the event of an emergency.
- The adrenaline auto-injector should remain close to the student and school staff must be aware of its location at all times.
- The adrenaline auto-injector should be carried in the school first aid kit; however, schools can consider allowing students, particularly adolescents, to carry their adrenaline auto-injector on camp. This depends on the individual student and will be discussed as part of school/parent consultation before the camp. Remember that all school staff members still have a duty of care towards the student even if they do carry their own adrenaline auto-injector.

5. Emergency Response

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

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by designated office admin staff member and stored in the general office. For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

In-School Environment

- Classrooms - Moonee Ponds Primary School utilise an emergency card system (laminated red card stating emergency), whereby students go to the nearest teacher, office or other predetermined point to raise an alarm which triggers getting an adrenaline auto-injector to the child and other emergency response protocols.
- Yard - Moonee Ponds Primary School utilise an emergency card system (laminated card stating anaphylaxis emergency) whilst on yard duty.

Staff may also use classroom phones/personal mobile phones to raise the alarm depending on the situation.

Out-of-School Environments

- Excursions and Camps - Each individual camp and excursion requires risk assessment for each individual student attending who is at risk of anaphylaxis. Therefore emergency procedures will vary accordingly. A team of school staff trained in anaphylaxis need to attend each event, and appropriate methods of communication need to be discussed, depending on the size of excursion/camp/venue.

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

If an Adrenaline Auto-injector is administered, the School must:

1.
 - Lay the person flat.
 - Do not allow them to stand or walk.
 - If breathing is difficult for them, allow them to sit.
 - Be calm and reassuring
 - Do not leave them alone
 - Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored at the office.
 - If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5

2. Administer an EpiPen or EpiPen Jr (if the student is under 20kg)

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

OR

Administer an Anapen® 500, Anapen® 300, or Anapen® Jr.

- Pull off the black needle shield
- Pull off grey safety cap (from the red button)
- Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing)
- Press red button so it clicks and hold for 10 seconds
- Remove Anapen®
- Note the time the Anapen is administered
- Retain the used Anapen to be handed to ambulance paramedics along with the time of administration

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. Ask another member of the school staff to move other students away and reassure them elsewhere.

3. Call an ambulance (000)

4. If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.

5. Contact the student's emergency contacts.

6. For government schools - later, contact Security Services Unit, Department of Education and Early Childhood Development to report the incident on 9589 6266 (available 24 hours a day, 7 days a week). A report will then be lodged on IRIS (Incident Reporting Information System).

First-time reactions

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

Schools can use either the EpiPen® and Anapen® on any student suspected to be experiencing an anaphylactic reaction, regardless of the device prescribed in their ASCIA Action Plan.

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

Post-incident support

An anaphylactic reaction can be a very traumatic experience for the student, others witnessing the reaction, and Parents. In the event of an anaphylactic reaction, students and school staff may benefit from post-incident counselling, provided by the student welfare coordinator or school psychologist.

Review

After an anaphylactic reaction has taken place that has involved a student in the school's care and supervision, it is important that the following review processes take place.

1. The Adrenaline auto-injector must be replaced by the Parent as soon as possible.
2. In the meantime, the Principal should ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement Adrenaline auto-injector being provided.
3. If the Adrenaline auto-injector for General Use has been used this should be replaced as soon as possible.
4. In the meantime, the Principal should ensure that there is an interim plan in place should another anaphylactic reaction occur prior to the replacement Adrenaline auto-injector for General Use being provided.
5. The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's Parents.
6. The school's Anaphylaxis Management Policy should be reviewed to ensure that it adequately responds to anaphylactic reactions by students who are in the care of school staff.

6. Communication Plan:

This policy will be available on Moonee Ponds Primary School's website so that parents and other members of the school community can easily access information about Moonee Ponds Primary School's anaphylaxis management procedures. The parents and carers of students who are enrolled at Moonee Ponds Primary School and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

The principal is responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and Moonee Ponds Primary School's procedures for anaphylaxis management.

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

Staff awareness

At the beginning of each school year staff will be provided with a list of students that have medical conditions including allergies and the potential for anaphylactic reaction. These will be updated throughout the year if necessary. Copies of this list are also included in the casual relief teachers' folders.

Any student identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction will have their photo displayed in the staffroom on the anaphylaxis notice board.

All staff will be briefed once each semester by a staff member who has up to date anaphylaxis management training on:

- the school's anaphylaxis management policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students diagnosed at risk of anaphylaxis and where their medication is located
- how to use an auto-adrenaline injecting device
- the school's first aid and emergency response procedures

Volunteers and casual relief teaching staff of students at risk of anaphylaxis will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the Assistant Principal/daily organiser.

Student awareness

Class teachers can discuss the topic with students in class, with a few simple key messages, outlined in the following:

Student messages about anaphylaxis:

- Always take food allergies seriously – severe allergies are no joke.
- Don't share your food with friends who have food allergies.
- Wash your hands after eating.
- Know what your friends are allergic to.
- If a school friend becomes sick, get help immediately even if the friend does not want to.
- Be respectful of a school friend's Adrenaline Auto-injector.
- Don't pressure your friends to eat food that they are allergic to.

Source: Be a MATE (making allergy treatment easier) kit, published by Anaphylaxis & Allergy Australia.

It is important to be aware that a student at risk of anaphylaxis may not want to be singled out or be seen to be treated differently. Also be aware that bullying of students at risk of anaphylaxis can occur in the form of teasing, tricking a student into eating a particular food or threatening a student with the substance that they are allergic to, such as peanuts. Talk to the students involved so they are aware of the seriousness of an anaphylactic reaction. Any attempt to harm a student diagnosed at risk of anaphylaxis must be treated as a serious and dangerous incident and dealt with in line with the MPPS Engagement policy.

Working with parents:

Parents of children who are at risk of anaphylaxis are encouraged to develop an open and cooperative relationship with the school to ensure they feel confident that appropriate management strategies are in place. This is especially important when planning and preparing for off-site activities.

Raising school community awareness:

- Information about allergies will be published in the newsletter to raise awareness of anaphylaxis
Parent Information Sheets that promote greater awareness of severe allergies can be downloaded from the Royal Children's Hospital website at:
www.rch.org.au/allergy/parent_information_sheets/Parent_Information_Sheets/
- Parents will be asked to refrain from sending certain food items to school; particularly nuts and other foods as applicable.

7. Staff Training:

The principal will ensure that teachers and other school staff who conduct classes which students at risk of anaphylaxis attend, or give instruction to students at risk of anaphylaxis will have up to date training in an anaphylaxis management training course. All training will meet the requirements of Ministerial Order 706.

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

The principal will identify the school staff to be trained based on a risk assessment. Training will be provided to these staff as soon as practicable after the student enrolls. Wherever possible, training will take place before the student's first day at school. Where this is not possible, an interim plan will be developed in consultation with the parents.

The model for training used at Moonee Ponds Primary School will include the following:

- Two staff members will be designated as School Anaphylaxis Supervisors. These staff will:
 - Have an up to date Anaphylaxis Certificate (10313NAT Course in Anaphylaxis Awareness or similar).
 - Complete the course in "Verifying the Correct Use of Adrenaline Auto-injector Devices" (22303VIC).
 - Administer competency checks to assess their colleagues' ability to use an auto-injector (EpiPen).
- All school staff will complete the online ASCIA Anaphylaxis e-training for Victorian Schools and then be verified by the School Anaphylaxis Supervisors as competent in using an auto-injector (EpiPen).

For further information, see the School Anaphylaxis Supervisor Checklist (Appendix 3) which has been developed to guide schools with the requirements of this role. Training agencies that have the Course in Verifying the Correct Use of Adrenaline Auto-injector Devices 22303VIC in their scope of practice are required to use this checklist to guide their training with Victorian Schools.

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

- this policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located
- how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

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

8. Anaphylaxis Risk Management Checklist:

The Principal will complete the Department’s Annual Risk Management Checklist for anaphylaxis management (Appendix 1) to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.

FURTHER INFORMATION & RESOURCES:

- School Policy and Advisory Guide:
[Anaphylaxis](#)
- Allergy & Anaphylaxis Australia:
Risk minimisation strategies in the School and/or Childcare environment:
<https://edugate.eduweb.vic.gov.au/edulibrary/Schools/teachers/health/riskminimisation.pdf>
- Australasian Society of Clinical Immunology and Allergy (ASCI) anaphylaxis e-training provides ready access to anaphylaxis management education throughout Australia and New Zealand, at no charge. The child care versions of the courses, incorporating training in the use of the adrenaline auto-injector devices EpiPen® have been approved by ACECQA for the purposes of meeting the requirements of the National Regulations. Further information is available at: <http://www.allergy.org.au/>
- EpiClub provides a wide range of resources and information for managing the use and storage of the Adrenaline auto-injector device EpiPen®. They also provide a free service that sends a reminder by email, SMS or standard mail prior to the expiry date of an EpiPen®. Further information is available at: www.epiclub.com.au
- Allergy & Anaphylaxis Australia is a non-profit organisation that raises awareness in the Australian community about allergy. A range of items including children’s books and training resources are available from the online store on the Allergy & Anaphylaxis Australia website. Further information is available at: <https://allergyfacts.org.au/allergy-anaphylaxis>
- Royal Children's Hospital Anaphylaxis Advisory Line provides advice and support on implementing anaphylaxis legislation to education and care services and Victorian children's services. The Anaphylaxis Advisory Line is available between the hours of 8:30 a.m. to 5:00 p.m., Monday to Friday. Phone 1300 725 911 (toll free) or (03) 9345 4235. Further information is available at:
http://www.rch.org.au/allergy/advisory/anaphylaxis_Support_advisory_line/
- Royal Children's Hospital, Department of Allergy and Immunology provide information about allergies and the services provided by the hospital. Further information is available at: <http://www.rch.org.au/allergy/>

APPENDIX

- Appendix 1. Anaphylaxis Risk Management Checklist template
- Appendix 2. Individual Anaphylaxis Management Plan template
- Appendix 3. Anaphylaxis Management School Training Checklist

EVALUATION:

This policy is required to be reviewed annually.

Key Person responsible for development of the Policy: Principal

This policy was last ratified by School Council in....	March 2022	
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ANAPHYLAXIS 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. 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

<p>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:</p> <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
<p>8. Does your school conduct twice-yearly briefings annually? If no, please explain why not, as this is a requirement for school registration.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>10. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools:</p> <p>a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen®) within 30 days of completing the ASCIA Anaphylaxis e-training for Victorian Schools?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2: Individual Anaphylaxis Management Plans

<p>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?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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?</p>	
<p>a. During classroom activities, including elective classes</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b. In canteens or during lunch or snack times</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>c. Before and after school, in the school yard and during breaks</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>d. For special events, such as sports days, class parties and extra-curricular activities</p>	<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 currently in the possession of the school that 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 be kept up to date?	
51. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52. What are they?	



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		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 for Adrenaline Auto-injector (device specific) (EpiPen®)			

ENVIRONMENT

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

Name of environment/area:

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

Name of environment/area:

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

Name of environment/area:

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

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)

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ACTION PLAN FOR Anaphylaxis

Name: _____ For EpiPen® adrenaline (epinephrine) autoinjectors
Date of birth: _____

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

Confirmed allergens: _____

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
- 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

How to give EpiPen®

- Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE
- Hold leg coil 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®

All EpiPen® should be held in place for 3 seconds regardless of instructions on device label

© ASCIA 2017. This plan was developed as a medical document that can only be completed and signed by the patient's medical or nurse practitioner and cannot be altered without their permission.

This plan is provided to people with allergies who have been prescribed Anapen® adrenaline autoinjectors will be available in Australia from September 2021.

This plan is provided to people with allergies who have been prescribed EpiPen® adrenaline autoinjectors.

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ACTION PLAN FOR Anaphylaxis

Name: _____ For use with Anapen® adrenaline (epinephrine) autoinjectors
Date of birth: _____

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, call for help and locate adrenaline autoinjector
- Give antihistamine (if prescribed)
- Phone family/emergency contact

Confirmed allergens: _____

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 or noisy breathing
- Swelling of tongue
- Wheeze or persistent cough
- Difficulty talking 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 or pregnant, place in recovery position - on left side if pregnant, as shown below
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright

2 GIVE ADRENALINE AUTOINJECTOR

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

4 Phone family/emergency contact

5 Further adrenaline 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

How to give Anapen®

- PULL OFF BLACK NEEDLE SHIELD
- PULL OFF GREY SAFETY CAP from red button
- PLACE NEEDLE END FIRMLY against outer mid-thigh at 90° angle (with or without clothing)
- PRESS RED BUTTON so it clicks and hold for 10 seconds REMOVE Anapen®

Anapen® is prescribed as follows:

- Anapen® 150 Junior for children 7.5-20kg
- Anapen® 300 for children over 20kg and adults
- Anapen® 500 for children and adults over 50kg

Note: 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 2021. 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.

Parents and guardians (via their medical practitioner) can access the ASCIA Action Plan from: <http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>

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:	

Anaphylaxis Management: School Training Checklist

This checklist is designed to assist schools to understand their role and responsibilities regarding anaphylaxis management and to be used as a resource during the delivery of *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC*.

Principal

Stage	Responsibilities	✓ or ✗
Ongoing	Be aware of the requirements of MO706 and the associated guidelines published by the Department of Education and Training.	
Ongoing	Nominate appropriate school staff for the role of School Anaphylaxis Supervisor at each campus and ensure they are appropriately trained.	
Ongoing	Ensure all school staff complete the <i>ASCIA Anaphylaxis e-training for Victorian Schools</i> every 2 years, which includes formal verification of being able to use adrenaline autoinjector devices correctly.	
Ongoing	Ensure an accurate record of all anaphylaxis training completed by staff is maintained, kept secure and that staff training remains current.	
Ongoing	Ensure that twice-yearly Anaphylaxis School Briefings are held and led by a member of staff familiar with the school, preferably a School Anaphylaxis Supervisor .	

Staff training

Staff	Training requirements	✓ or ✗
School Anaphylaxis Supervisor	To perform the role of School Anaphylaxis Supervisor staff must have current approved anaphylaxis training as outlined in MO706. In order to verify the correct use of adrenaline autoinjector devices by others, the School Anaphylaxis Supervisor must also complete and remain current in <i>Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC</i> (every 3 years).	
School staff	All school staff should: <ul style="list-style-type: none"> complete the <i>ASCIA Anaphylaxis e-training for Victorian Schools</i> (every 2 years) and be verified by the School Anaphylaxis Supervisor within 30 days of completing the ASCIA e-training as being able to use the adrenaline autoinjector (trainer) devices correctly to complete their certification. 	

School Anaphylaxis Supervisor responsibilities

Ongoing	Tasks	✓ or ✗
Ongoing	Ensure they have currency in the <i>Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC</i> (every 3 years) and the <i>ASCIA Anaphylaxis e-training for Victorian Schools</i> (every 2 years).	
Ongoing	Ensure that they provide the principal with documentary evidence of currency in the above courses.	
Ongoing	Assess and confirm the correct use of adrenaline autoinjector (trainer) devices by other school staff undertaking the <i>ASCIA Anaphylaxis e-training for Victorian Schools</i> .	
Ongoing	Send periodic reminders to staff or information to new staff about anaphylaxis training requirements.	
Ongoing	Provide access to the adrenaline autoinjector (trainer) device for practice use by school staff.	
Ongoing	Provide regular advice and guidance to school staff about allergy and anaphylaxis management in the school as required.	
Ongoing	Liaise with parents or guardians (and, where appropriate, the student) to manage and implement Individual Anaphylaxis Management Plans.	
Ongoing	Liaise with parents or guardians (and, where appropriate, the student) regarding relevant medications within the school.	
Ongoing	Lead the twice-yearly Anaphylaxis School Briefing	
Ongoing	Develop school-specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency situation requiring anaphylaxis treatment; for example: <ul style="list-style-type: none"> a bee sting occurs on school grounds and the student is conscious an allergic reaction where the child has collapsed on school grounds and the student is not conscious. Similar scenarios will also be used when staff are demonstrating the correct use of the adrenaline autoinjector (training) device.	

Further information about anaphylaxis management and training requirements in Victorian schools can be found at: <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx>

Anaphylaxis Management: School Supervisors' Observation Checklist

An observation record must be made and retained at the school for each staff member demonstrating the correct use of the adrenaline autoinjector (trainer) device. Certification that the device is used correctly can only be provided by the appropriately trained School Anaphylaxis Supervisor.

Name of School Anaphylaxis Supervisor: _____ **Signature:** _____

Name of staff member being assessed: _____ **Signature:** _____

Assessment Result: _____ **Competent or Not competent (select as appropriate)**

Assessment date: _____

Verifying the correct use of Adrenaline Autoinjector (trainer) Devices

Stage	Actions	✓ or ✗
Preparation	Verification resources, documentation and adrenaline autoinjector (trainer) devices and equipment are on hand and a suitable space for verification is identified.	
Preparation	Confirmation of the availability of a mock casualty (adult) for the staff member to demonstrate use of the adrenaline autoinjector devices on. Testing of the device on oneself or the verifier is not appropriate.	
Demonstration	Successful completion of the <i>ASCIA Anaphylaxis e-training for Victorian Schools</i> within the previous 30 days is confirmed by sighting the staff member's printed ASCIA e-training certificate.	
Demonstration	Confirmation the staff member has had an opportunity to practise use of the adrenaline autoinjector (trainer) device/s prior to the verification stage.	
Demonstration	To conduct a fair appraisal of performance, the verifier should first explain what the candidate is required to do and what they will be observed doing prior to the demonstration, including a scenario for the mock casualty. This ensures the candidate is ready to be verified and clearly understands what constitutes successful performance or not.	

Practical Demonstration

Stage	The staff member:	Attempts ✓ or ✗		
		1	2	3
Prior to use: <i>Identifying the components of the EpiPen®</i>	<p>Correctly identified components of the adrenaline autoinjector (although some of these are not available on the trainer device, they should be raised and tested): School Anaphylaxis Supervisors to ask the below questions.</p> <ul style="list-style-type: none"> • Where is the needle located? • What is a safety mechanism of the EpiPen®? • What triggers the EpiPen® to administer the medication? • What does the label of the EpiPen® show? 			

Stage	The staff member:	Attempts ✓ or ✗		
		1	2	3
Prior to use: <i>Demonstrated knowledge of the appropriate checks of the EpiPen®</i>	Demonstrated knowledge of the appropriate checks of the adrenaline autoinjector device (although these are not available on the trainer device, they should be raised and tested): School Anaphylaxis Supervisors to ask the below questions. <ul style="list-style-type: none"> • Prior to administering the EpiPen® what should you check? • What do you check the viewing window for? • What do you check the label for? 			
Demonstration: <i>Correct positioning when applying anaphylaxis first aid</i>	Positioned themselves and the (mock) casualty correctly in accordance with ASCIA guidelines ensuring the: <ul style="list-style-type: none"> • casualty is lying flat unless breathing is difficult or placed in a recovery position if unconscious or vomiting • casualty is securely positioned to prevent movement when administering the adrenaline autoinjector device • person administering the adrenaline autoinjector device is facing the casualty. 			
Demonstration: <i>Correct administration of the EpiPen®</i>	Administered the adrenaline autoinjector device correctly (this example is for an EpiPen® device): <ul style="list-style-type: none"> • formed a fist to hold the EpiPen® device correctly • pulled off blue safety release • applied the orange end at right angle to the outer mid-thigh (with or without clothing), ensuring pockets and seams were not in the way • activated the EpiPen® by pushing down hard until a click is heard • held the EpiPen® in position for 10 seconds after activation • removed EpiPen® and massaged the injection site for 10 seconds. 			
Demonstration:	Demonstrated correct use in a realistic time period for treatment in an emergency situation.			
Post use: <i>Handling used EpiPen®</i>	Demonstrated knowledge of correct procedures post use of the adrenaline autoinjector devices: School Anaphylaxis Supervisors to ask the below questions. <ul style="list-style-type: none"> • What information should you record at the time of administering the EpiPen®? • What do you do with the used EpiPen® once it has been administered? 			

Test Outcome

Certifying the correct use of the adrenaline autoinjector (training) device	✓ or ✗
Where checking and demonstration is successful the verifier will: <ul style="list-style-type: none"> • sign and date the staff member's ASCIA e-training certificate • provide a copy to the staff member • store the staff member's ASCIA certificate and this observation record in a central office location to ensure confidentiality is maintained • update school staff records for anaphylaxis training. 	
If the adrenaline autoinjector (trainer) device has NOT been checked or administered correctly through successfully completing all the steps above, the verifier cannot deem the staff member competent. The staff member should be referred back to the <i>ASCIA Anaphylaxis e-training</i> for further training and re-present for verification: <ul style="list-style-type: none"> • this action should be recorded in staff records • the verifier must not provide training to correct practice. 	