

This document is to be known as St Francis de Sales, Primary School Anaphylaxis Management Policy.

1. School Statement:

This Anaphylaxis Management Plan complies with the directives and associated guidelines as outlined in Ministerial Order 706 on Anaphylaxis Management.

This policy will be maintained and amended as required and is designed to:

- To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of schooling.
- To raise awareness about anaphylaxis and the school's anaphylaxis management plan in the school community.
- To engage with parents/carers of students at risk of anaphylaxis in assessing risks, develop risk minimisation strategies and the management strategies for the student.
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

2. Rationale:

Anaphylaxis is a potentially life-threatening condition that is affecting an increasing number of students. It is an allergic reaction caused by direct or indirect exposure to products such as nuts, tree nuts, eggs, shellfish, latex, wheat, cow's milk, sesame seeds, soy and some insect bites. Our task is to implement procedures that minimise the risk to students.

3. Emergency Procedures and Action Plans ([Appendix A](#)):

In the event of an Anaphylactic reaction the school's first aid procedures and the students Individual Anaphylaxis Action Plan must be followed.

4. Individual Anaphylaxis Management Plan ([Appendix B](#)):

Individual Management Plans will be developed in consultation with parent/s/guardian/s for any diagnosed Anaphylactic student. This will be done annually with the Principal and/or person delegated by the Principal. **Students will not be able to attend school without providing a current Epipen and Anaphylaxis Management Plan.**

5. Action Plans of Individual Students – Responsibilities of Parent /Guardian:

It is the responsibility of the parent/guardian to:

- a) Provide the ASCIA Action Plan (Appendix A).
- b) Inform the school in writing if their child's medical condition insofar as it relates to allergy and the potential for Anaphylactic reaction, changes and if relevant provide an updated ASCIA Action Plan.
- c) Provide an up to date photo with the ASCIA Action Plan when that plan is provided to the school and when it is reviewed.



- d) Provide the school with an Adrenaline Auto-injector (EpiPen) that is current and not expired for their child.
- e) Replace the student's Adrenaline Autoinjector (EpiPen) and any other medication as needed before their expiry date or when used.
- f) The Principal and/or delegated person will meet annually with the parent/guardian of every child with Anaphylaxis to discuss Individual Management Plans.

Necessary changes to Anaphylaxis Plans and Individual Management Plans may be made at any stage.

6. Communication Plans [\(Appendix C\)](#):

Communication Plans are distributed to each teacher for directions of protocols to be followed in the case of an Anaphylactic emergency for the Classroom, Outside, Camps and Off-site activities.

7. New Students:

Parents/guardians are required to inform the school of any medical diagnosis for their child on the enrolment form. Administration staff are to ensure an Action Plan is provided with the enrollment form. Any prescribed medications are to be received prior to the commencement of the school year.

8. Storage of Auto-Injectors:

EpiPens and medications for Anaphylactic students are to be stored in the First Aid room (at a temperature of less than 25 degrees and out of direct light) in the corresponding storage box. These boxes will have individual photos and student names prominently displayed for easy identification and also contain a copy of the student's Anaphylaxis Plan and Individual Management Plan. Staff are to make themselves familiar with Anaphylactic children for facial identification.

9. General Use Auto-Injectors:

The school will purchase 'General Use Auto-Injectors' for use at school, on excursions and camps. The PE teacher carries a 'General Use Auto-Injectors' during PE lessons out on the school yard.

10. Interim Action Plan:

Should an EpiPen be out of date (and no replacement has been supplied by the parent/guardian) or it has been used or it is deemed to be faulty/damaged, the student will not be permitted to attend school. **REFER TO POINT 4.**

11. Expiry Dates And Out Of Date EpiPens:

Auto-injectors will be checked at the beginning of each school term to check for expiry dates and faults e.g. Cloudy or red windows.

If EpiPen has an expiry date within that term, a note shall be sent home to advise parent/guardian that a replacement is to be received by the school before the expiry date.

If any fault is found with the EpiPen a note will be sent home to the parent/guardian asking for an immediate replacement.

12. Training of Staff

Option	Completed by	Course	Provider	Cost	Valid for
Option 1	All school staff	<i>ASCIA Anaphylaxis e-training for Victorian Schools</i> followed by a competency check by the School Anaphylaxis Supervisor	ASCIA	Free to all schools	2 years
		<i>Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC</i>	Asthma Foundation	Free from the Asthma Foundation (for government schools)	3 years
Option 2	School staff as determined by the principal	<i>Course in First Aid Management of Anaphylaxis 22300 VIC (previously 22099VIC)</i>	St John Ambulance or any RTO that has this course in their scope of practice	Free from St John Ambulance (for government schools) until 30/6/16, then paid by each school	3 years
Option 3	School staff as determined by the principal	<i>Course in Anaphylaxis Awareness 10313NAT</i>	Any RTO that has this course in their scope of practice	Paid by each school	3 years

Please note: First Aid training does NOT meet anaphylaxis training requirements under MO706.

Staff will also receive twice yearly school briefings to be delivered in Term 1 & Term 3 by the School Anaphylaxis Supervisor

Training will include:

- the school's Anaphylaxis Management Policy.
- the causes, symptoms and treatment of Anaphylaxis.
- the identities of the students with a medical condition that relates to an allergy and the potential for Anaphylactic reaction and where their medication is located.
- how to use an adrenaline autoinjector, (EpiPen) including hands on practise with a trainer adrenaline autoinjector device.
- the school's general first aid and emergency response procedures.
- the location of and access to adrenaline autoinjector(s) that have been provided by parents or purchased by the school for general use.
- Investigating and discussing possible scenarios

The briefing must be conducted by a member of the school staff nominated as the School Anaphylaxis Supervisor who has successfully completed an Anaphylaxis Management Training Course in the last 2 years.

In the event that the relevant training has not occurred for a member of staff who has a child in their class at risk of Anaphylaxis the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the parent/guardian of any affected student. Training will be provided to relevant school staff as soon as practicable after the student enrolls and preferably before the student's first day at school.

The Principal will ensure that while the student is under the care or supervision of the school including excursions, yard duty, camps and special event days, there is a sufficient number of school staff present who have successfully completed an Anaphylaxis Management Training Course.

13. Aims – Prevention Strategies:

Aims:

- a) To ensure the health and safety of all students at St Francis de Sales Primary School who suffer from Anaphylaxis.
- b) To ensure staff who conduct classes with students with a medical condition that relates to allergy and the potential for Anaphylactic reaction are trained in Anaphylaxis Management
- c) To heighten awareness of Anaphylaxis and associated issues amongst the school and its community.

Strategies:

- a) Students are encouraged to wash their hands after eating to minimise contamination.
- b) Food and utensils will not be shared between students.
- c) Food products or latex products will not be distributed for student birthdays or other special occasions.
- d) Anaphylactic students will not handle rubbish bins or wipe down tables.
- e) Classroom teachers are to audit their supplies for safety requirements eg. No cereal boxes or food containers.
- f) Families will be discouraged from providing lunches that include nuts, tree nuts, sesame and other high-risk foods.
- g) Photos of students will be placed in a folder at the entrance to all classrooms along with a copy of the student's ASCIA Action Plans. Staff, relief teachers and volunteers are to make themselves familiar with these for facial recognition.
- h) Parent/guardian of students with Anaphylaxis must supply the school with an EpiPen to be stored in a general area.
- i) Parent/guardian have the option of supplying the school with a secondary device to be kept in the classroom.
- j) Virgin Olive Oil is the only product to be used for cooking at school functions.
- k) All prevention strategies are to be followed on camps, outdoor activities, excursions and special events.
- l) Students EpiPens and ASCIA Action Plan must be taken on every excursion or camp.
- m) EpiPens are to be stored in a cooler bag on all excursions and camps.
- n) Products labeled "may contain nuts" should not be served to students allergic to nuts.
- o) Canteen to provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain' statement.



- p) If a special event is being held at the school and stalls or food are available letters will be sent home before the event to notify all families that food that may contain allergens to some students could be present at the event.

14. Canteen:

Canteen staff should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergies, triggering anaphylaxis, cross-contamination issues specific to food allergy label reading etc.

Refer to: *'Safe Food Handling in the School Policy and Advisory Guide'* Helpful resources for food services.

Canteen staff should be briefed about students at risk of anaphylaxis and, where deemed necessary by the Principal, have up to date training in Anaphylaxis Management. Display students name and photo in the canteen.

Tables and surfaces are to be wiped down with hot soapy water regularly.

15. Annual Risk Management Checklist – (Appendix D)

To be conducted by the Principal on an annual basis.


16. Appendices:

- Appendix A:** ASCIA Action Plan
- Appendix B:** Individual Anaphylaxis Management Plan
- Appendix C:** Communication Plans
- Appendix D:** Annual Risk Management Plan
- Appendix E:** CRT Staff Acknowledgement



Appendix A

ASCIA Action Plan (pdf)



australian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

For EpiPen® adrenaline (epinephrine) autoinjectors

Name: _____

Date of birth: _____

Confirmed allergens: _____

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by medical or nurse practitioner: _____

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

Signed: _____

Date: _____

Action Plan due for review: _____

SIGNIS OF MILD TO MODERATE ALLERGIC REACTION

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

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

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




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

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

<ul style="list-style-type: none"> Difficult/noisy breathing Swelling of tongue Swelling/tightness in throat Wheeze or persistent cough 	<ul style="list-style-type: none"> Difficulty talking and/or hoarse voice Persistent dizziness or collapse Pale and floppy (young children)
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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

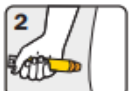
ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

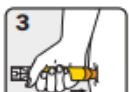
How to give EpiPen®



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®

All EpiPen®s 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



Appendix B

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		Phone	
Student		Date	
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

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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?

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

- a) annually
- b) if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- c) as soon as practicable after the student has an anaphylactic reaction at school

The plan will be used 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:	



Appendix C

Communication Plans



ANAPHYLAXIS ACTION PLAN FOR CLASSROOMS

- Stay with child.
- Stay calm and send a student to the OFFICE to alert staff immediately.
- Nominate someone to call the office on the interphone. immediately to ask for EpiPen/medication stating clearly the name of the student who requires it.
- Office to call **000**.
- Send a student to get the closest teacher to come and assist. This teacher will ensure EpiPen is on the way and office staff are aware of emergency.
- Confirm **000** has been called.
- Follow Action Plan (located with EpiPen).
- Read instructions on EpiPen/Medication.
- Give medication or administer EpiPen immediately. Do not wait for another adult.

IF EPIPEN IS REQUIRED FOLLOW INSTRUCTIONS ON REVERSE.



IF EPIPEN IS REQUIRED:

- Follow these procedures - it will only take a few seconds.
- Remove EpiPen from holder.
- Check expiry date.
- Check EpiPen window making sure it is clear of bubbles or cloudiness.
- Place fist around EpiPen.
- **PULL OFF BLUE SAFETY RELEASE (CAP).**
- **PLACE ORANGE END** against the outer mid-thigh with or without clothing.
- **PUSH DOWN HARD** until a click is heard. Hold down and count slowly to ten.
- EpiPen window should now be **RED**. If window is not **RED** then it has not fired. TRY AGAIN.
- Remove EpiPen carefully and place on the floor.
- Rub injection site for 10 seconds.
- Record time given.
- If needle is visible carefully place the EpiPen back into its container.
- **IF NO IMPROVEMENT AFTER 5 MINUTES** – a second GENERIC EpiPen may be required. School does have this. Get permission from paramedic over the phone.
- Ensure Ambulance and Parents have been called.
- **Do not discard. EpiPen must be given to Paramedics.**



ANAPHYLAXIS ACTION PLAN FOR OUTSIDE

- Stay with child.
- Stay calm and send a student to the OFFICE/STAFF ROOM to alert staff immediately.
- Office to call **000**.
- Send a student to get the closest teacher to come and assist.
- This teacher is to ensure EpiPen is on the way and office staff are aware of emergency. Make sure the name of child is clearly given to office/staff.
- Confirm **000** has been called.
- Follow Action Plan (located with EpiPen).
- Read instructions on EpiPen/Medication.
- Give medication or administer EpiPen immediately. Do not wait for another adult.

IF EPIPEN IS REQUIRED FOLLOW INSTRUCTIONS ON REVERSE.



IF EPIPEN IS REQUIRED:

- Follow these procedures - it will only take a few seconds.
- Remove EpiPen from holder.
- Check expiry date.
- Check EpiPen window making sure it is clear of bubbles or cloudiness.
- Place fist around EpiPen.
- **PULL OFF BLUE SAFETY RELEASE (CAP).**
- **PLACE ORANGE END** against the outer mid-thigh with or without clothing.
- **PUSH DOWN HARD** until a click is heard. Hold down and count slowly to ten.
- EpiPen window should now be **RED**. If window is not **RED** then it has not fired. TRY AGAIN.
- Remove EpiPen carefully and place on the floor.
- Rub injection site for 10 seconds.
- Record time given.
- If needle is visible carefully place the EpiPen back into its container.
- **IF NO IMPROVEMENT AFTER 5 MINUTES** – a second GENERIC EpiPen may be required. School does have this. Get permission from paramedic over the phone.
- Ensure Ambulance and Parents have been called.
- **Do not discard. EpiPen must be given to Paramedics.**



ANAPHYLACTIC PLAN FOR EXCURSIONS, CAMPS AND OFF SITE ACTIVITIES

- Stay with child.
- Stay calm and if possible send for help.
- Ring **000** immediately.
- Alert another teacher or adult to emergency (If possible).
- Follow Action Plan (should be with EpiPen).
- Read instructions on EpiPen/Medication.
- Give medication or administer EpiPen immediately.
- Do not wait for another adult.

IF EPIPEN IS REQUIRED FOLLOW INSTRUCTIONS ON REVERSE



IF EPIPEN IS REQUIRED:

- Follow these procedures - it will only take a few seconds.
- Remove EpiPen from holder.
- Check expiry date.
- Check EpiPen window making sure it is clear of bubbles or cloudiness.
- Place fist around EpiPen.
- **PULL OFF BLUE SAFETY RELEASE (CAP).**
- **PLACE ORANGE END** against the outer mid-thigh with or without clothing.
- **PUSH DOWN HARD** until a click is heard. Hold down and count slowly to ten.
- EpiPen window should now be **RED**. If window is not **RED** then it has not fired. TRY AGAIN.
- Remove EpiPen carefully and place on the floor.
- Rub injection site for 10 seconds.
- Record time given.
- If needle is visible carefully place the EpiPen back into its container.
- **IF NO IMPROVEMENT AFTER 5 MINUTES** – a second GENERIC EpiPen may be required. School does have this. Get permission from paramedic over the phone.
- Ensure Ambulance and Parents have been called.
- **Do not discard. EpiPen must be given to Paramedics.**



Appendix D

Annual Risk Management Plan



ANNUAL RISK MANAGEMENT CHECKLIST (REVIEWED AT THE START OF EACH YEAR)

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

General information

1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an adrenaline 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?	Yes No
a. If Yes, how many times?	
4. Have any students ever had an anaphylactic reaction at school?	Yes 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?	Yes 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)?	Yes No

SECTION 1: Training

7. 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 approved Anaphylaxis Management Training Course, either: <ul style="list-style-type: none"> • ASCIA e-training within the last 2 years, or • accredited face to face training (22300VIC or 10313NAT) within the last 3 years? 	Yes No
8. Does your school conduct twice yearly briefings annually? If no, why not as this is a requirement for school registration?	Yes No
9. Do all school staff participate in a twice yearly briefing? If no, why as this is a requirement for school registration?	Yes No
10. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)?	Yes No
11. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen®) within 30 day of completing the ASCIA Anaphylaxis e-training for Victorian Schools?	Yes No

SECTION 2: Individual Anaphylaxis Management Plans		
12. 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?	Yes	No
13. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	Yes	No
14. 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	Yes	No
b. In canteens or during lunch or snack times	Yes	No
c. Before and after school, in the school yard and during breaks	Yes	No
d. For special events, such as sports days, class parties and extra-curricular activities	Yes	No
e. For excursions and camps	Yes	No
f. Other	Yes	No
15. 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)?	Yes	No
a. Where are the Action Plans kept?		
16. Does the ASCIA Action Plan include a recent photo of the student?	Yes	No
17. Have the Individual Management Plans (for students at risk of anaphylaxis) been reviewed prior to any off site activities (such as sport, camps or special events), and where appropriate reviewed in consultation with the student's parent/s?	Yes	No
SECTION 3: Storage and accessibility of adrenaline autoinjectors		
18. Where are the student(s) adrenaline autoinjectors stored?		
19. Do all school staff know where the school's adrenaline autoinjectors for general use are stored?	Yes	No
20. Are the adrenaline autoinjectors stored at room temperature (not refrigerated)?	Yes	No
21. Is the storage safe?	Yes	No
22. Is the storage unlocked and accessible to school staff at all times?	Yes	No
Comments:		
23. Are the adrenaline autoinjectors easy to find?	Yes	No
Comments:		
24. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline autoinjector?	Yes	No
25. Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student's names?	Yes	No

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26. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis? Who?	Yes	No
27. Are there adrenaline autoinjectors which are currently in the possession of the school and which have expired?	Yes	No
28. Has the school signed up to EpiClub or ANA-alert (optional free reminder services)?	Yes	No
29. Do all school staff know where the adrenaline autoinjectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?	Yes	No
30. Has the school purchased adrenaline autoinjector(s) for general use, and have they been placed in the school's first aid kit(s)?	Yes	No
31. Where are these first aid kits located? Do staff know where they are located?	Yes	No
32. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	Yes	No
33. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	Yes	No
SECTION 4: Prevention strategies		
34. 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?	Yes	No
35. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why not as this is a requirement for school registration?	Yes	No
36. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	Yes	No
SECTION 5: School management and emergency response		
37. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	Yes	No
38. Do school staff know when their training needs to be renewed?	Yes	No
39. Have you developed Emergency Response Procedures for when an allergic reaction occurs?	Yes	No
a. In the class room?	Yes	No
b. In the school yard?	Yes	No
c. In all school buildings and sites, including gymnasiums and halls?	Yes	No
d. At school camps and excursions?	Yes	No
e. On special event days (such as sports days) conducted, organised or attended by the school?	Yes	No
40. Does your plan include who will call the ambulance?	Yes	No
41. Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA Action Plan for Anaphylaxis?	Yes	No
42. Have you checked how long it will take to get to the adrenaline autoinjector and the individual ASCIA Action Plan for Anaphylaxis to a student from various areas of the school including:	Yes	No

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a. The class room?	Yes	No
b. The school yard?	Yes	No
c. The sports field?	Yes	No
43. 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?	Yes	No
44. Who will make these arrangements during excursions?		
45. Who will make these arrangements during camps?		
46. Who will make these arrangements during sporting activities?		
47. Is there a process for post incident support in place?	Yes	No
48. Have all school staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction attend, and any other staff identified by the principal, been briefed on:		
a. The school's Anaphylaxis Management Policy?	Yes	No
b. The causes, symptoms and treatment of anaphylaxis?	Yes	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?	Yes	No
d. How to use an adrenaline autoinjector, including hands on practise with a trainer adrenaline autoinjector?	Yes	No
e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	Yes	No
f. Where the adrenaline autoinjector(s) for general use is kept?	Yes	No
g. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	Yes	No
SECTION 6: Communication Plan		
49. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?		
a. To school staff?	Yes	No
b. To students?	Yes	No
c. To parents?	Yes	No
d. To volunteers?	Yes	No
e. To casual relief staff?	Yes	No
50. Is there a process for distributing this information to the relevant school staff?	Yes	No
a. What is it?		
51. How is this information kept up to date?		

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52. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	Yes No
53. What are they?	



Appendix E



CRT Staff Acknowledgement

AIMS – PREVENTION STRATEGIES –

For full details refer to the St. Christopher’s Anaphylaxis Management Policy.

Aims:

- a) To ensure the health and safety of all students at St Christopher’s who suffer from Anaphylaxis.
- b) To ensure maximum number of staff are trained in Anaphylaxis Management
- c) To heighten awareness of Anaphylaxis and associated issues amongst the school and its community.

Strategies:

- a) Students are required to wash their hands after eating to minimise contamination. Students will also need to wash their hands upon entering the classroom on arrival and wipe their tables down after each meal break.
- b) No food is to be consumed outside the classroom.
- c) Food and utensils will not be shared between students.
- d) Food products or latex products will not be distributed for student birthdays or other special occasions.
- e) Anaphylactic students will not handle rubbish bins or wipe down tables.
- f) Classroom teachers are to audit their supplies for safety requirements eg. No cereal boxes or food containers.
- g) Families will be strongly discouraged from providing lunches that include nuts, eggs, dairy products and other high-risk foods.
- h) Photos of students will be posted on the classroom wall for each area. Staff, relief teachers and volunteers are to make themselves familiar with these for facial recognition.
- i) Parent/guardian of students with Anaphylaxis must supply the school with an EpiPen to be stored in a general area.
- j) Parent/guardian have the option of supplying the school with a secondary device to be kept in the classroom.
- k) Virgin Olive Oil is the only product to be used for cooking at school functions.
- l) Anaphylactic children must be given the EpiPen if they state a “no go” food has been consumed.
- m) All prevention strategies are to be followed on camps, outdoor activities, excursions and special events.
- n) Students EpiPens and ASCIA Action Plan must be taken on every excursion or camp.
- o) A copy of the Students ASCIA Action Plans must be kept in the classroom.
- p) EpiPens are to be stored in a cooler bag on all excursions and camps.
- q) Products labeled “may contain nuts” should not be served to students allergic to nuts.
- r) Canteen to provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a ‘may contain’ statement.
- s) If a special event is being held at the school and stalls or food are available letters will be sent home before the event to notify all families that food that may contain allergens to some students could be present at the event.

Signed by:

Full Name:

Dated:

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Policy to be reviewed in accordance with government requirements and/or biannually.