



Anaphylaxis Management Policy

Rationale

Al Iman College is committed to providing a safe school environment for students and staff. In the interests of student and staff health and wellbeing, the college has established processes and protocols for dealing with illnesses, injuries/accidents and medical emergencies.

The College is required by law to fully comply with *Ministerial Order 706 – Anaphylaxis Management in Schools* and the associated guidelines published, and amended from time to time, by the Department of Education and Early Childhood Development.

Policy Scope

This policy applies to all students of Al Iman College. All members of the College community should be familiar with this policy.

Definition

Anaphylaxis is a severe, rapidly progressive and potentially life threatening allergic reaction. The most common triggers (allergens) are peanuts, tree nuts (e.g. hazelnuts, cashews and almonds), cows' milk, eggs, wheat, soybean, sesame (sees/oil), fish and shellfish.

Although these are the most common triggers, any food can trigger an allergic reaction. Other common allergens include latex, insects and medications. Peanuts and tree nuts are the allergens that most often associated with fatal reactions; however, people have died as a result of other triggers such as milk and shellfish.

The incidence of allergy, including anaphylaxis is increasing. Although severe allergy/anaphylaxis is now more common than it was in the 1990's, death from anaphylaxis remains rare. The only way to prevent anaphylaxis is to avoid the triggers.

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers, and prevention of exposure to these allergens. Most allergic reactions can be prevented.

First aid treatment for anaphylaxis is adrenaline. In the community setting, adrenaline is administered via an adrenaline auto-injector, following instruction on the individual's Allergy Action Plan for Anaphylaxis.

Those at risk of anaphylaxis are prescribed an adrenaline auto-injector. The adrenaline auto-injectors currently available in Australia are Epipen® and Anapen®.

Purpose

The Anaphylaxis Management Policy aims to:

- provide, as far as possible, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of college life;
- raise awareness about anaphylaxis and emergency procedures for anaphylaxis in the College community;
- engage with parents/guardians/carers (“parents”) of any student who has been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction (“at-risk students”), in assessing risks and developing risk minimisation and management strategies for those at-risk students; and
- ensure that college staff have adequate knowledge about allergies, anaphylaxis and the College’s policies and procedures for responding to an anaphylactic reaction.

Responsibilities

Parent Responsibilities

Parents of students who have been prescribed an adrenaline auto-injector, must provide the College with the auto-injector and a doctor-authorised Australasian Society of Clinical Immunology and Allergy Action Plan for Anaphylaxis (“ASCIA Action Plan” appendix 3).

There are three different types of ASCIA Action plans: for use with Epipen; for use with Anapen and for use when no adrenaline auto-injector has been prescribed.

An ASCIA Action Plan:

- is completed and signed by the at-risk student’s treating doctor and then provided to the College by the parent;
- sets out the signs and symptoms of a mild to moderate or severe allergic reaction and includes the emergency procedures to be taken in the event of an allergic reaction; and
- includes an up-to-date colour photograph of the student.

An at-risk student must have a current ASCIA Action Plan, which is accessible to all staff, including catering staff within the College and staff conducting trips/excursions/sporting events or supervising these events.

During on-site college activities each individual student’s ASCIA Action Plan is stored in a variety of locations: the College’s Sick Bay; the staffrooms of each section of the college; a scanned copy is kept on the College’s synergetic database.

When the student is involved in off-site activities the student's ASCIA Action Plan will be transported by the teacher in charge of the activity – excursion, camp, sport etc. – as required in the College's Risk Management Policy. The College's First Aid Officers are aware of all student attendees at excursions, camps, sport and other off-site activities and have responsibility for ensuring that auto-injectors and ASCIA Action Plans are packed in appropriately labelled First Aid kits. The staff member in charge of the activity has responsibility from ensuring that they are in possession of the First Aid kit before leaving the College. Sufficient College staff who have up-to-date current accredited training in Anaphylaxis management are required to be in attendance at all off-site activities.

It is the responsibility of the parent of at-risk students to:

- inform the College 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. In addition, an updated photograph must also be provided when the ASCIA Action Plan is reviewed or updated.
- ensure their child's prescribed auto-injector has been lodged with the College's Office Manager/Registrar, and that their child carries an additional auto-injector in their school bag to and from the College.
- ensure that these prescribed auto-injectors are current and within the expiry date.

It is requested that parents actively encourage their children not to share food with peers, whether supplied from home or purchased at College.

Principal's Responsibilities

The Principal has a responsibility to ensure that identified college staff have current accredited training in anaphylaxis management and are briefed at least twice per calendar year.

The Principal will identify the school staff to be trained, based on the definition in *Clause 5.9 of Ministerial Order 706*, and assess the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the College.

At other times while students are under the care or supervision of the College (including during excursions, camps, and special event days) the Principal will ensure that there are sufficient staff present who have current, accredited training in Anaphylaxis management.

The college staff identified by the Principal, will undertake an Anaphylaxis Management Training Course every three years. In addition, all college staff will be required to undergo twice a calendar year briefings, with the first occurring in the staff in-service program at the start of the year. The briefings are to be delivered by a staff member who has successfully completed an Anaphylaxis management course within the last 12 months.

At these two briefings, staff will be informed of:

- the College's Anaphylaxis Management Policy
- the updated identity of students at risk of Anaphylaxis and the details of their medical

condition

- the causes, symptoms and treatments of Anaphylaxis
- how to use an adrenaline auto-injector, including practising with a “trainer” adrenaline auto-injector
- the College’s general first-aid and emergency response procedures
- the location of, and access to, adrenaline auto-injectors that have been provided by parents for specific students as well as those purchased by the College for general use.

In the event that the relevant training has not occurred, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the Parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction. Training will be provided to relevant college staff as soon as practicable after the student enrolls, and preferably before the student’s first day of attendance at the College.

Implementation

Individual Anaphylaxis Management Plans

The Principal has a responsibility to ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student’s parents, for any at-risk student, where the College has been notified of the diagnosis. This will include the student’s ASCIA Action Plan.

The Individual Anaphylaxis Management Plan must be put in place as soon as practicable after the student enrolls, and where possible before the student’s first day of attendance at the College. The Principal is responsible for ensuring that students with identified risk of Anaphylactic reaction have provided the College with a current auto-injector and a doctor-authorised Australasian Society of Clinical Immunology and Allergy Action Plan for Anaphylaxis (“ASCIA Action Plan”) and to inform the parents that the student cannot attend the College or College events until these are received.

The Individual Anaphylaxis Management Plan will include the following information (see Appendix 1 for template):

- information about the student’s medical condition/diagnosis that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on diagnosis from the medical practitioner);
- strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of college staff, both in and out of College settings (including the college yard, camps, excursions, and special events conducted, organised or attended by the College, for example);
- the name(s) of the person(s) responsible for implementing the strategies;
- information regarding the storage and location of the student’s medication;
- the student’s emergency contact details;
- an ASCIA Action Plan.

The College will then implement and monitor the student’s Anaphylaxis Management Plan.

The student's Individual Anaphylaxis Management Plan must be reviewed, in consultation with the student's parents in all of the following circumstances:

- annually;
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
- as soon as practical after the event of the student having anaphylactic reaction at the College; and
- when the student is to participate in a college camp or overseas exchange.

Copies of Individual Anaphylaxis Management Plans, including the ASCIA Action Plan for Anaphylaxis, will be accessible to all staff on the College's Synergetic database and:

- will be accessible to all staff generating trips, camps and excursions;
- will be accessible for all activities where the student is under the care and supervision of College staff.

Adrenaline Auto-injectors for General Use

The College has a number of adrenaline auto-injectors for general use, which will act as a back up to those supplied by Parents.

The Principal will determine the number of additional adrenaline auto-injectors required, taking into account the following considerations:

- the number of at-risk students enrolled at the College;
- the accessibility of prescribed adrenaline auto-injectors that have been provided by parents of at-risk students;
- the availability and sufficient supply of adrenaline auto-injectors for general use in specified locations at the College, including for excursions, camps and special events; and
- that 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 College's expense, either at the time of use or expiry, whichever is first.

School Management and Emergency Response

In the event of an allergic reaction, the College will follow the student's ASCIA Action Plan for Anaphylaxis, in addition to the College's emergency documents and procedures.

These emergency documents and procedures include:

- First Aid protocol and procedures, stored on the Portal;
- a complete and up-to-date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction;
- details of Individual Anaphylaxis Management Plans (containing ASCIA Action Plans);
- information about the storage and accessibility of adrenaline auto-injectors;
- how communication with college staff, students and parents is to occur in accordance with a communications plan.

Communication Plan

The Principal is responsible for ensuring a communication plan is developed to provide information to all staff, students and parents/guardians about allergy, anaphylaxis and this policy.

Information regarding emergency response procedures in classrooms, the college grounds, or on college camps, excursions, trips and on special event days (such as sport days) is contained in the Staff Handbook and on the College Portal.

The College will raise student, parent and community awareness through a variety of methods, including staff meetings, Induction Folder, guidelines, policies and information contained on the Parent Portal.

All Casual Relief Teachers and volunteers who are likely to have contact with students who are identified as having a medical condition that relates to allergy and have the potential for an anaphylactic reaction are to be informed of these students by the manager responsible for their employment. They must also be advised of: the College's Anaphylaxis Management Policy; the updated identity of students at risk of Anaphylaxis and the details of their medical condition; the College's general first-aid and emergency response procedures; contact numbers for the First Aid Staff and for Reception areas around the college and also of staffroom telephone numbers; and, the location of adrenaline auto-injectors around the College.

Risk Minimisation and Prevention Strategies

The College will implement risk minimisation and prevention strategies for all relevant in-college and out-of-college settings, as outlined below.

Sufficient college staff supervising students at any time must be trained in the administration of an auto-injector and be able to respond quickly to an anaphylactic reaction if required.

Classrooms

The College has implemented a Food in Classrooms procedure and associated paperwork to ensure that the risk of anaphylaxis is identified and appropriately managed.

Appropriate labelling should be used for food and substances containing possible allergens, particularly in Food Technology, Science and Art classes.

Yard

The College will ensure that a communication plan exists for teachers on yard duty. Individual Anaphylaxis Management Plans and auto-injectors are located throughout the College to enable easy access in the event of an anaphylactic reaction.

Canteen

All canteen staff, including volunteers, will receive information and procedures regarding anaphylaxis management and safe food-handling practices. Posters and relevant documentation will also be located in the canteen.

In addition to food safety procedures, all surfaces will regularly be wiped down with warm soapy water and products containing possible allergens will be appropriately labelled.

In-College Special Events

For special events involving food, staff are required to follow the College's Nut Aware policy guidelines and the Food Safety policy guidelines.

The use of party balloons must also be authorised by Office Manager/Registrar, and will not be permitted should a student who is allergic to latex be involved.

Travel to and from the College

Parents of at-risk students should ensure that their child carries an additional auto-injector in their school bag to and from the College.

Excursions and Sporting Events

For each excursion or sporting event a risk assessment will be undertaken and for those events in which an at-risk student is participating, the organising staff member will consult with First Aid to assess the at-risk student's Anaphylaxis Management Plan. The assessment will vary according to the number of at-risk students, the nature of the excursion/sporting event, size of the venue, distance from medical assistance, the structure of the excursion and the corresponding staff-student ratio.

The College will bring an auto-injector for general use on all excursions/sporting events, as well as individual Anaphylaxis Management plans for at-risk students.

Camps and Overseas Travel

For any college camp or overseas trip, a risk assessment will be undertaken, including an assessment for each individual at-risk student. The risks may vary according to the number of at-risk students, the nature of the camp/trip, location and length of the camp/trip, distance from medical assistance, the structure of the camp/trip and the corresponding staff-student ratio.

Staff may consult parents of at-risk students in advance to develop suitable arrangements.

The College will bring an auto-injector for general use on all college camps/trips, as well as individual Anaphylaxis Management plans for at-risk students. The College will also bring an auto-injector on college camps without at-risk students in the event of a first-time reaction.

Work Experience

The College will liaise with the student, parents and employer regarding risk management prior to an at-risk student attending work experience. Supervisors must be shown the ASCIA Action Plan and how to use the auto-injector in the event of a reaction whilst on work experience.

Annual Risk Management Checklist

The Principal is required to complete an annual Risk Management Checklist to monitor compliance with their obligations, as published, and amended from time to time, by the Department of Education and Early Childhood Development. This checklist is located in Appendix 2.

Evaluation:

This policy will be reviewed as part of the College' four year review cycle.

Date Reviewed/Implemented	Week 4 – Term 4 – 2020
Next Review Date	Week 4 – Term 4 – 2024 (or earlier if deemed necessary)

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Individual Anaphylaxis Management Plan

This plan is to be completed by parent/carer on the basis of information from the student's medical practitioner. The Principal or nominee on the basis of information from the student's medical practitioner (ASCIA Action Plan for Anaphylaxis) provided by the Parent. Actions included are examples only and must be reviewed on an individual bases.

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	Al Iman College	Phone	03 9743 4140
Student			
DOB		Home Group	
Severely allergic to:			
Other health conditions:			
Name of medication at school:		Adrenaline Auto injector (EPIPEN)	
Strength/Dose:		300mcgs	
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		
Allergist contact	Name		
	Phone		
Emergency care to be provided at school:	As per ASCIA Action Plan		
Storage for Allergy Medication	Home Emergency pack to be carried by student: Yes School Emergency pack kept in Sickbay Yes * Adrenaline Auto Injector (AAI) referred to as EpiPen® throughout this document. Additional school owned 'general use' EpiPen® located in Sick bays		

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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: Classrooms			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Risk of exposure to an allergen during class time	Teachers are aware of the students who are diagnosed with allergies potential for severe allergy through Compass, staff briefings & staff room displays	Teacher s	
	Teachers are trained in emergency management of anaphylaxis	Teachers Principal	
	Food treats in class should be avoided	Teachers	
	All student teachers and CRT's provided with information book by DORG	Daily Organiser (DORG)	
Name of environment/area: Cafeteria			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Risk of exposure to an allergen in the Cafeteria	Student actions plans provided to Cafeteria for staff to identify students diagnosed at risk and with severe allergy	Café management Nurses	
	Teacher trained in Anaphylaxis present in Cafeteria during recess and lunch	Daily Organiser Principal	
	Staff members in the cafeteria minimise the use of nut and nut products including peanut and are aware of the other high risk foods	Café management	
	Staff members practise safe food handling to ensure cross contamination of foods is avoided	Café management	
	Providers for school canteen services are provided with A3 Poster School Canteen Checklist and Food Allergies – What you need to know	Nurses	
	Canteen staff are aware of their role in calling for immediate help from yard duty staff allocated to the school canteen and assisting in first aid	Canteen Staff Nurses	
	Canteen staff are aware of the location of the nearest College owned EpiPen	Canteen Staff Nurses	
Name of environment/area: College Grounds			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Risk of exposure to an allergen at lunchtime or recess	General use EpiPen® located in First Aid Office of each Campus	Nurses	
	Teachers are trained in emergency management of anaphylaxis	Teachers Principal	
	All staff on yard duty must be aware of the School's Emergency Response Procedures and how to notify	Staff	

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	the general office/first aid team of an anaphylactic reaction in the yard.		
Name of environment/area: Excursions			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Risk of exposure to an allergen on an excursion	When an excursion is being organised, staff must check the Student Medical Alerts and consult with the Nurses prior to the event to see who is at risk of severe allergy and note the confirmed allergens. Risk at that particular excursion must be assessed	Teachers Nurses	
	Sufficient staff are trained in Anaphylaxis Emergency Management	Teachers Principal	
	Attending staff members are expected to inform organisers if their qualifications have expired or not been completed	Staff	
	All staff have been briefed on the students that are at risk of anaphylaxis	Nurses Principal	
Name of environment/area: Camps			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Risk of exposure to an allergen on a camp	Camp coordinator and organising staff should conduct a risk assessment and develop a risk management strategy for students at risk of severe allergy. This should be developed in consultation with Parents of students at risk of severe allergy and camp owners/operators prior to the camp dates.	Camp Organiser Parents	
	Camp coordinator and organising staff check the Student Medical Alerts and consult with the Nurses prior to the event to see who is at risk of severe allergy and note the confirmed allergens. Risk at that particular camp is then assessed	Camp Organiser Nurses	
	Sufficient staff are trained in Anaphylaxis Emergency Management	Staff Principal PL	
	Attending staff members are expected to inform organisers if their qualifications have expired or not been completed	Staff Camp Organiser	
	If the parent has concerns about whether the food provided on a camp will be safe for students at risk of severe allergy alternative means for providing food should be discuss with Camp organiser	Parents Camp Organiser	
	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.	Camp Organiser Other staff	

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Name of environment/area: Special events such as class parties and extra curricular activities			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Risk of exposure to an allergen	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.	Staff Parents	
	School Staff should avoid using food in activities or games, including as rewards. Students should not share in any activities involving foods unless checked as safe for consumption	Staff Student	
	Sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.	DORG Staff	
Name of environment/area: Before and after school			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Risk of exposure to allergen before and after school	Students are educated in the signs and symptoms of anaphylaxis and be able to seek first aid care as required.	Parent Student	
Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Medication administration			

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Appendix 2 – Annual risk management checklist

(to be completed at the start of each year)

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

General information

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

SECTION 1: Individual Anaphylaxis Management Plans

7. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an adrenaline autoinjector have an Individual Anaphylaxis Management Plan which includes an ASCIA Action Plan for Anaphylaxis completed and signed by a prescribed medical practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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9. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?	
a. During classroom activities, including elective classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In canteens or during lunch or snack times	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Before and after school, in the school yard and during breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. For special events, such as sports days, class parties and extra-curricular activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. For excursions and camps	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do all students who carry an adrenaline autoinjector on their person have a copy of their ASCIA Action Plan 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?	
11. Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2: Storage and accessibility of adrenaline autoinjectors	
12. Where are the student(s) adrenaline autoinjectors stored?	
13. Do all school staff know where the school's adrenaline autoinjectors for general use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are the adrenaline autoinjectors stored at room temperature (not refrigerated) and out of direct sunlight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is the storage unlocked and accessible to school staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are the adrenaline autoinjectors easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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19. 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
20. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis? Who?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Are there adrenaline autoinjectors which are currently in the possession of the school which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Has the school signed up to EpiClub (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. 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
24. Has the school purchased adrenaline autoinjector(s) for general use, and have they been placed in the school's first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Where are these first aid kits located? Do staff know where they are located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 3: Risk Minimisation Strategies	
28. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Have you implemented any of the risk minimisation strategies in the Anaphylaxis Guidelines? If no please explain why?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Have all School Staff who conduct classes with students with a medical condition that relates to allergy and the potential for anaphylactic reaction successfully completed an Anaphylaxis Management Training Course in the three years prior and participated in a twice yearly briefing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Are there always sufficient school staff members on yard duty who have successfully completed an Anaphylaxis Management Training Course in the three years prior?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4: School Management and Emergency Response	
32. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Do school staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you developed emergency response procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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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
35. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA Action Plan for Anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. 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
38. On excursions or other out of school events is there a plan for who is responsible for ensuring the adrenaline autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the adrenaline autoinjector for general use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Who will make these arrangements during excursions?	
40. Who will make these arrangements during camps?	
41. Who will make these arrangements during sporting activities?	
42. Is there a process for post-incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Have all school staff who conduct classes attended by students at risk of anaphylaxis, and any other staff identified by the principal, been briefed 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 with a medical condition that relates to allergy and the potential for an anaphylactic reaction, and who are prescribed an Adrenaline Autoinjector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an adrenaline autoinjector, including hands on 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

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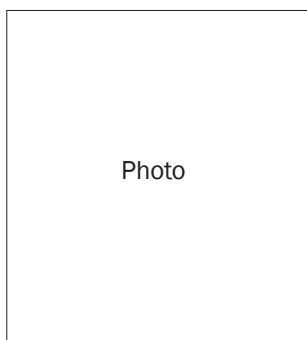
g. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 5: Communication Plan	
44. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?	
a. To school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
45. Is there a process for distributing this information to the relevant school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	
46. How will this information kept up to date?	
47. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
48. What are they?	

Signature: _____ Date: ___/___/___

ACTION PLAN FOR Anaphylaxis

Name: _____

Date of birth: _____



Photo

Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np):

The treating doctor or np hereby authorises:

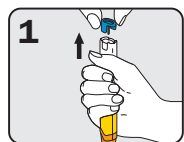
- Medications specified on this plan to be administered according to the plan.
- Prescription of 2 adrenaline autoinjectors.
- Review of this plan is due by the date below.

Date: _____

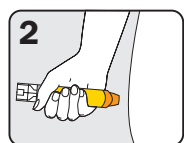
Signed: _____

Date: _____

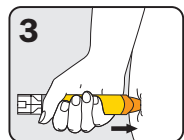
How to give EpiPen® adrenaline (epinephrine) autoinjectors



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



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



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

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

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

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

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

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

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

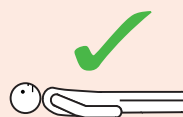
WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION FOR ANAPHYLAXIS

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

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



2 Give adrenaline autoinjector

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

4 Phone family/emergency contact

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

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

If in doubt give adrenaline autoinjector

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

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

Asthma reliever medication prescribed: Y N

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