



10 Laceys Rd, PO Box 140, Cottles Bridge VIC 3099 Phone: 9718 1481
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ANAPHYLAXIS MANAGEMENT POLICY

Rationale

We recognise the serious and sudden nature of an anaphylaxis episode for a student, teacher, parent, or visitor and formally acknowledge the Ministerial Order 706 regarding anaphylaxis management at the school. The Anaphylaxis Policy covers the guidelines and management procedures that are implemented to identify and monitor students with a specific diagnosis of 'at risk of anaphylaxis'. This policy should be read in conjunction with the First Aid Policy, which provides guidelines and management procedures regarding the application of first aid.

Aims

This policy aims to outline the following procedures in relation to the management of anaphylaxis:

1. General management strategies,
2. Individual anaphylaxis management plans,
3. Anaphylaxis communication strategy
4. On-going Anaphylaxis-management Training,
5. Prevention strategies,
6. Emergency response procedures,
7. Purchase and maintenance of Epi-pens.

Implementation

1. General Management Strategies

All relevant information regarding students at risk of anaphylaxis and the critical response plan is displayed on the door of the first aid cupboard. This includes their management and ASCIA plans.

It is the parents' responsibility to:

- Provide an individualised ASCIA Action Plan with a recent photo of their child.



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- Inform the co-operative, in writing, if there is a change in their child's allergenic medical condition, and the potential for anaphylactic reaction, and provide an updated ASCIA Action Plan if required.
- Provide the School with a current Adrenaline Autoinjector for their child.

The Co-operative management strategies are:

- Conduct an annual risk management checklist:
The First Aid Officer/s in consultation with the coordinator will complete an annual risk management checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations (See appendix 2).
- Safe and effective Epi pen storage and use:
There are two epi-pens at the Co-operative: Both are kept in insulated bags in the first aid cupboard, and one should be taken on the bus for all outings. In the event of an episode of anaphylaxis, it is preferable a teacher/parent trained in Epi-Pen use administer the auto-injector. For this reason, all co-operative members must familiarise themselves with the information in appendix.

For a Severe allergic reaction one adult calls 000 as another administers the Epi-pen. Further adrenaline injector (Epi-pen) doses may be given if no response after 5 minutes.

2. Individual Anaphylaxis Management Plan

The coordinator, in consultation with the co-operative's first aid officer, will ensure any student diagnosed at-risk of anaphylaxis has an individual anaphylaxis management plan (*see Appendix 1*), developed, in consultation with the student's parents and medical practitioner.

The coordinator and teachers are primarily responsible for managing the student's individual plan during school hours and must relay information to other staff/parents regarding the plan at the earliest.

This individual anaphylaxis management plan is put in place at the time of the student's enrolment and before they commence their first day at the school. The individual anaphylaxis management plan includes:



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- Specific information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the nature of the allergies.
- Strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of the co-operative's staff and parents, including while on excursions and during special events after school hours.
- Information about specific medications, which are stored in the first aid shelf above the fridge in the Co-operative's kitchen.
- The student's emergency contact details.
- An ASCIA Action Plan.

3. Anaphylaxis communication strategy

School staff and parents must be informed of any new individual management plan at the fortnightly meetings and via email. It is the responsibility, firstly, of the coordinator and first-aid officer, but secondly with all members of the Learning Co-operative to implement and monitor each student's Individual Anaphylaxis Management Plan.

The student's Individual Anaphylaxis Management Plan is reviewed, in consultation with the student's Parents in all the following circumstances:

- Annually.
- If there is a change in the student's allergenic medical condition (in relation to the anaphylaxis risk).
- As soon as practicable after the student has an anaphylactic reaction at the co-operative.
- When the student is participating in an off-site activity, such as camps and excursions, or at special events organised by the co-operative.

4. On-going Anaphylaxis-management Training

It is the coordinators' responsibility to ensure that all school staff and an acceptable ratio of parents are trained and briefed twice a year. The completion of the online e-training course and competency in using an autoinjector (tested in person within 30 days of completing the course) will be considered minimum training for each staff member and offered to all parents to complete. Appropriate Training involves:

I. Online e-training course and follow up competency check.



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II.A twice-yearly briefing on:

- Co-operative's Anaphylaxis Management Policy.
- Causes, signs and symptoms, and treatment of anaphylaxis.
- Those students who have 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, including hands on practice with a trainer Adrenaline Autoinjector device under the guidance of an individual who has completed the course in "Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC, and the location of these devices."

Annual review of the Co-operative's general first aid and emergency response procedures.

5. Prevention Strategies

Due to the nature of the space, regarding the daily sharing and cooking of food, the importance of cookery as a vehicle for delivering curriculum, there exists a potential for an at-risk student to be exposed to an allergen that could cause an anaphylactic episode. For this reason, the following strategies are extremely important and will be revisited at the beginning of each school term. It is vital that the parents of any at-risk child communicate the anaphylactic risk in the following ways:

- Explaining their child's allergy and management plan to the parent body at the beginning of each term.
- Discussing this with the students regularly during the student meeting
- Educating their child on the risk and impacts of their specific allergy
- The coordinators and parent/s must also remind staff and parents about this risk prior to any excursion or school event.

The co-operative's community will also amend and change the use of the kitchen if a child is identified as having a severe risk. If necessary, a group email will be sent with the relevant information and a phone call made to those not on email, along with an agenda item at every parent meeting. This would be activated if a change to a child's allergic status alters.



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6. Emergency response procedures

The following procedure should be followed in the event of an anaphylactic episode. This follows the key incident management team structure from the Co-operative's Emergency Management Plan, which is:

1. Incident Controller: Coordinators (or other Teaching staff) Overall leader and manager in any emergency.
2. Child Supervision: Person assigned to manage the welfare and wellbeing of the student body.
3. Information Person: Person assigned to communicate information externally and internally.
4. Logistics Person: Responsible for securing resources and external/internal assistance.

In an episode of anaphylaxis, follow this procedure:

Incident Controller (Coordinator)	<ul style="list-style-type: none"> ● Assign Crisis Team support roles ● Administer First Aid/Epi-Pen as required and provide comfort and reassurance. Where possible, do not move the patient.
Child Supervisor	<ul style="list-style-type: none"> ● Supervise the children away from the incident to reduce trauma from the incident. ● Keep in contact with Coordinator regarding the incident status. ● Reassure children and maintain supervision until advised by Coordinator to do otherwise.
Information Person	<ul style="list-style-type: none"> ● Call Ambulance ● Contact the injured child's family. Inform them of the incident and that an ambulance has been called. ● If parents can't attend immediately, reassure them you'll update them as soon as Emergency Services arrive. ● Assist with child supervision.



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Logistics Person	<ul style="list-style-type: none"> ● Access the Epi pen and take it to the incident location. ● Support the first aid provided by the coordinator. ● Meet the emergency services and direct to the incident location
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7. Purchase and maintenance of Epi-pens

The First Aid Officer/s is responsible for checking the expiration dates of the EpiPens monthly and to assess status of the pen; and to ensure they are replaced as needed.

Evaluation

This policy was ratified by the School Board on: **11/10/2021**

This policy will be reviewed every two years as part of the ongoing overall policy review process.

Chairperson's signature:

(MYRA THEISZ)

Version and revision control record

Previous Version Recorded in Archives

Date	Version	Approver	Next Review Date
15/10/2021	V.2 (2022)	Name: MYRA THEISZ Position: Chairperson of the School Board Signature:	September 2023



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Appendix 1 Individual Anaphylaxis Management Plan

<p>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.</p>			
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	



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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 Autoinjector (device specific) (EpiPen®/ Anapen®)			
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?



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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?



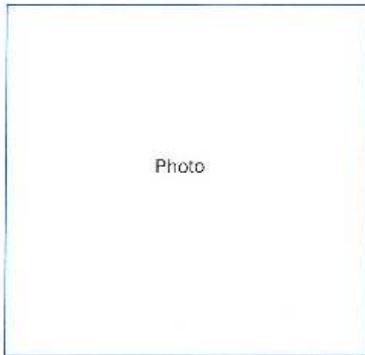
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ascia
australian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR
Anaphylaxis

For use with EpiPen® Adrenaline Autoinjectors

Name: _____
 Date of birth: _____



Confirmed allergens:

Asthma Yes No

Family/emergency contact name(s):

Work Ph: _____
 Home Ph: _____
 Mobile Ph: _____

Plan prepared by:
 Dr: _____
 Signed: _____
 Date: _____

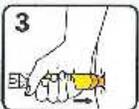
How to give EpiPen®



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



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 10 seconds.

REMOVE EpiPen®. Massage injection site for 10 seconds.

Instructions are also on the device label and at:
www.allergy.org.au/anaphylaxis

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- **For insect allergy, flick out sting if visible. Do not remove ticks.**
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr
- Give other medications (if prescribed)
- Dose:
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.**
- 2 Give EpiPen® or EpiPen® Jr**
- 3 Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)**
- 4 Phone family/emergency contact**
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)**

If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally. If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

EpiPen® is generally prescribed for adults and children over 5 years.
 EpiPen® Jr is generally prescribed for children aged 1-5 years.
 *Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information _____



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<p>This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):</p> <ul style="list-style-type: none"> • 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 the Co-operative; <p>and</p> <ul style="list-style-type: none"> • 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 Co-operative (e.g. class parties, elective subjects, cultural days, fetes, incursions). <p>I have been consulted in the development of this Individual Anaphylaxis Management Plan. I consent to the risk minimisation strategies proposed.</p> <p>Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines</p>	
Signature of parent:	
Date:	
<p>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.</p>	
Signature of Principal (or nominee):	
Date:	



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Appendix 2

Annual Risk Management Checklist

School Name:		
Date of Review:		
Who completed this checklist?	Name:	
	Position:	
Review given to:	Name	
	Position	
Comments:		
General Information		
1.	How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an Adrenaline Autoinjector?	
2.	How many of these students carry their Adrenaline Autoinjector on their person?	
3.	Have any students ever had an allergic reaction requiring medical intervention at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a.	If yes, how many times?	
4.	Have any students ever had an Anaphylactic Reaction at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a.	If Yes, how many students?	
b.	If Yes, how many times	
5.	Has a staff member been required to administer an Adrenaline Autoinjector to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a.	If yes, how many times?	



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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 and ASCIA Action Plan completed and signed by a prescribed Medical Practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are all Individual Anaphylaxis Management Plans reviewed regularly with Parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?	
a. During classroom activities, including elective classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. 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 kept at the School (provided by the Parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are they kept?	



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



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21. Are there Adrenaline Auto injectors which are currently in the possession of the School and which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Has the School signed up to EpiClub or ANA-alert (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Do all School Staff know where the Adrenaline Auto injectors and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Has the School purchased Adrenaline Autoinjector(s) for General Use, and have they been placed in the School's first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Where are these first aid kits located?	
26. Is the Adrenaline Autoinjector for General Use clearly labelled as the 'General Use' Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Is there a register for signing Adrenaline Auto injectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 3: Prevention Strategies	
28. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Have all School Staff who conduct classes with students with a medical condition that relates to allergy and the potential for anaphylactic reaction successfully completed an Anaphylaxis Management Training Course in the three years prior and participated in a twice yearly briefing?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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31. Are there always sufficient School Staff members on yard duty who have successfully completed an Anaphylaxis Management Training Course in the three years prior?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4: School Management and Emergency Response	
32. Does the School have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Do School Staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you developed Emergency Response Procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the 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 Anaphylaxis Management Plan (including the ASCIA Action Plan)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Have you checked how long it will take to get to the Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) to a student from various areas of the School including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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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 that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction and any other staff identified by the Principal, been briefed on:	
a. The 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 practise 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



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f.	Where the Adrenaline Autoinjector(s) for General Use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g.	Where the Adrenaline Auto injectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4: Communication Plan		
44.	Is there a Communication Plan in place to provide information about anaphylaxis and the School's policies?	
a.	To School Staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	To Parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
45.	Is there a process for distributing this information to the relevant School Staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a.	What is it?	
46.	How is this information kept up to date?	
47.	Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
48.	What are they?	



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Appendix 3

Epi-Pen Instructions

Whilst one adult administers the Epi-pen, another is phoning 000.

1. Prepare the Epi-pen For Injection

- Remove the auto-injector from the clear carrier tube.
- Flip open the yellow cap of your Epi-pen or the green cap of your Epi-pen Jr Auto- Injector carrier tube.
- Tip and slide the auto-injector out of the carrier tube.
- Grasp the auto-injector in your fist with the orange tip pointing downward.
- With your other hand, remove the blue safety release by pulling straight up without bending or twisting it.

Note:

- The needle comes out of the orange tip.
 - Never put your thumb, fingers or hand over the orange tip.
- #### 2. Administer the Epi-pen Auto- Injector
- Hold the auto-injector with orange tip near the outer thigh.
 - Swing and firmly push the orange tip against the outer thigh until it 'clicks'. Keep the auto- injector firmly pushed against the thigh at a 90° angle (perpendicular) to the thigh.
 - Hold firmly against the thigh for approximately 10 seconds to deliver the drug. The injection is now complete.

3. **Finalize** the Injection Process

- Remove the auto-injector from the thigh. The orange tip will extend to cover the needle.
- Massage the injection area for 10 seconds.
- Note the time the Epi-pen was given.

Source: EpiPen Website.