



Anaphylaxis Management

Rationale

Mount Alexander College has a duty of care towards students, which includes protecting an anaphylactic student from risks that the college should reasonably have foreseen.

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening and therefore must be regarded as a medical emergency requiring immediate and rapid response. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medications.

Signs and symptoms of anaphylaxis

A *mild to moderate* allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- abdominal pain and/or vomiting.

A *severe* allergic reaction can include:

- difficulty breathing or noisy breathing
- swelling of the tongue
- swelling/tightness in the throat
- difficulty talking and/or a hoarse voice
- wheezing or persistent coughing
- loss of consciousness and/or collapse
- young children may appear pale and floppy

Aim

To facilitate the safety of students suffering from anaphylaxis, the college will comply with Ministerial Order 706 (22 April 2014) and the associated DET Anaphylaxis guidelines for students who are recognised as at risk.

We will:

- ensure all staff can recognise signs and symptoms of anaphylaxis as early as possible
- train all staff to respond promptly and effectively in an emergency

School staff must complete one of the following options to meet the anaphylaxis training requirements of MO706:

Option 1

All school staff - ASCIA Anaphylaxis e-training for Victorian Schools followed by a competency check by the School Anaphylaxis Supervisor. This course is provided by ASCIA, is free for all Victorian schools and valid for 2 years.

AND

2 staff per school or per campus (School Anaphylaxis Supervisor) - *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC*. This course is provided by the Asthma Foundation, is free to government schools and is valid for 3 years.

Option 2

School staff (as determined by the principal) - *Course in First Aid Management of Anaphylaxis 22300 VIC (previously 22099VIC)*. This course is provided by St John Ambulance. Schools may elect to pay for this

course through any other RTO that has 22300 VIC in their scope of practice. The training is valid for 3 years.

Option 3

School staff (as determined by the principal) - *Course in Anaphylaxis Awareness 10313NAT*. This course is provided by any RTO that has this course in their scope of practice paid for by each school. The training is valid for 3 years.

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

- implement prevention strategies to minimise risk as far as possible
- raise community awareness of the most common causes of reactions.

Implementation

Anaphylaxis Management Plans will be developed for every student who has been diagnosed as being at risk of anaphylaxis. The student's Individual Anaphylaxis Management Plan (**Appendix 1**) should clearly set out:

- the type of allergy or allergies
- the student's emergency contact details
- practical strategies to minimise the risk of exposure to allergens for in-school and out of class settings, including:
 - during classroom activities
 - in the canteen or during recess/lunch times
 - before and after school in the yard and during breaks
 - for special events such as incursions, sport days or class parties
 - for excursions and camps.
- the name of the person/s responsible for implementing the strategies
- information on where the EpiPen will be stored.

The Anaphylaxis Management Plan should also include an Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan. It is the responsibility of parents/carers to complete an ASCIA Action Plan, in consultation with their child's medical practitioner, and provide a copy to the school. The ASCIA Action Plan must be signed by the student's medical practitioner, and have an up to date photograph of the student.

A copy of the student's ASCIA Action Plan and each student's EpiPen along with other medication that may be required will be kept in the First Aid Office and will be easily accessible by staff in the event of an incident.

Information is to be kept up to date and reviewed annually with the student's parents/carers. When reviewed, parents should also provide an updated photo of the child for the ASCIA Action Plan.

Storage and Accessibility of EpiPen

If a student has been prescribed an EpiPen, the EpiPen must be provided by the student's parent/carers to the school.

- EpiPen will be located in the **Heads of House Office Reception Counter in clearly labelled containers with student's name** and, when deemed appropriate by parents and the school, another EpiPen may be carried by an anaphylactic student.
- EpiPen should be clearly labelled with the student's name and kept in a clearly marked unlocked cabinet in individual, labelled pouches in alphabetical order.
- A copy of the student's ASCIA Action Plan should be kept with the EpiPen.
- All staff should know where the EpiPen is located.
- EpiPen should be signed in and out when taken from the usual place, for example for camps or excursions.

- The school will store **FIVE** backup EpiPens for emergency use. These will be stored in the General Office, Heads of House Office, Gymnasium, Science Department, Resource Centre.
- A backup EpiPen will be sent with the individual students EpiPen in emergency situations and will only be used at the direction of medical personnel.

Responsibilities:

School - Responsible for:

- actively seeking information to identify students with severe life threatening allergies at enrolment
- meeting with parents/carers to obtain information about student's allergies and prevention strategies if a student has been diagnosed as being at risk of anaphylaxis, with First Aid Officer prior to commencing
- conducting a risk assessment to allergens while the student is in the care of the school
- ensuring that parents provide an **ASCIA Action Plan** that has been signed by the student's medical practitioner and has an up to date photograph of the student.
- ensuring that parents provide the student's EpiPen and that it is not out of date
- ensuring that relevant staff obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen
- developing a communication plan to raise student, staff and parent awareness about severe allergies and the school's policies through newsletters, posters, meetings and training
- briefing staff at least twice per calendar year, including watching the anaphylaxis DVD and covering the school's anaphylaxis management policy, the causes, symptoms and treatment of anaphylaxis, the identities of students at risk of anaphylaxis and the details of their medical conditions, and where the medication is located
- using the speaking notes and facilitation guide for the briefing presentation
- practising with the replica adrenaline auto injectors (EpiPen)
- providing information to all staff (including teaching and non-teaching, CRT staff, new staff, canteen staff and volunteers) so that they are aware of students who are at risk of anaphylaxis, the student's allergies, the college's management strategies and first aid procedures
- ensuring that the canteen and other program providers can demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling practices
- developing and reviewing the student's Anaphylaxis Management Plan annually and if the student's medical condition changes, including an annual risk assessment, in consultation with parents
- completing an **Annual Risk Management Checklist**. See Appendix 2

Relevant staff - Responsible for:

- knowing the identity of students who are at risk of anaphylaxis via Quick Compass and posters including student photos posted in staffrooms and other prominent locations.
- understanding the causes, symptoms, and treatment of anaphylaxis
- obtaining training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen
- knowing the school's first aid emergency procedures and what their role is in relation to responding to an anaphylactic reaction
- knowing where the student's EpiPen is kept. Remember that the EpiPen is designed so that anyone can administer it in an emergency.
- knowing and following the prevention strategies in the student's Anaphylaxis Management Plan
- planning ahead for special class activities or special occasions such as excursions, incursions, sport days, camps and parties. Working with parents/carers to provide appropriate food for the student.
- avoiding the use of food treats in class or as rewards, as these may contain hidden allergens
- being careful of the risk of cross-contamination when preparing, handling and displaying food
- in food technology, making sure that tables and surfaces are wiped down regularly and that students at risk are given an allocated workspace

- raising student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.

First Aid Officer - Responsible for supporting principals and teachers to implement prevention and management strategies for the school that include:

- maintaining an up to date register of students at risk of anaphylaxis
- ensuring the college community is aware of students on the register
- expecting that students' emergency contact details are up to date
- obtaining training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen
- checking that the EpiPen is not cloudy or out of date regularly, e.g. at the beginning or end of each term. Expiry dates and photos are displayed in several locations around the school.
- informing parents/carers a month prior if the EpiPen needs to be replaced
- ensuring that the EpiPen is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place, and that it is appropriately labelled
- supporting staff in conducting regular reviews of prevention and management strategies and individual student management plans
- supporting staff in developing strategies to raise school staff, student and community awareness about severe allergies.

Parents/carers of a student at risk of anaphylaxis - Responsible for:

- informing the school, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed as being at risk of anaphylaxis
- obtaining information from the student's medical practitioner about their condition and any medications to be administered. Inform school staff of all relevant information and concerns relating to the health of the student.
- meeting with the school to develop the student's Anaphylaxis Management Plan
- providing an ASCIA Action Plan, or copies of the plan to the school that is signed by the student's medical practitioner and has an up to date photograph
- providing the EpiPen and any other medications to the school
- replacing the EpiPen and/or medications before it expires
- assisting school staff in planning and preparation for the student prior to school camps, field trips, incursions, excursions or special events such as class parties or sport days
- supplying alternative food options for the student when needed
- informing staff of any changes to the student's emergency contact details
- participating in reviews of the student's Anaphylaxis Management Plan, e.g. when there is a change to the student's condition or at an annual review.

Action Plan for Reaction

- Staff member is to stay with the student. Do NOT leave the student unattended.
- Urgently send another staff member or student to the **First Aid office to collect the EpiPen** requesting URGENTLY that the correct EpiPen is sent to the location. Or call First Aid Office on **9376-1622** and clearly state the student's name and location.
- First Aid Officer is to ensure correct EpiPen is sent to the location and the First Aid Officer or other First Aider is to attend the student urgently.
- Follow the individual student's Action Plan (ASCIA) - stored with the EpiPen.
- In mild/moderate reactions - give medications if prescribed and directed in plan.
- With severe reactions - give EpiPen - note time administered.
- Attending staff member to ensure an ambulance is called.
- Contact the parents/carers.
- Administer first aid as required.

Resources

www.allergy.org.au (ASCIA)

<http://www.education.vic.gov.au/aboutschool/childhealth/anaphylaxis.htm>
www.education.vic.gov.au/about/news/newsalerts/anaphylaxis.htm
<http://www.vrqa.vic.gov.au/registration/Pages/schanaphylaxis.aspx>

Appendices

Individual Anaphylaxis Management Plan
Annual Risk Management Checklist

Related Policies

First Aid
Ambulance
Sick Bay
Emergency Management Plan
Administration of Medication
Camps, Tours, Excursions, Incursions and Adventure Activities

Evaluation

This policy will be reviewed annually.

Key Reviewer	Date Ratified	Next Review
First Aid Officer	26/06/2017	

Signatures	
Wayne Haworth Principal	School Council President

Appendix 1**Individual Anaphylaxis Management Plan**

This plan is to be completed by the principal or nominee on the basis of information from the student's medical practitioner (ASCIA Action Plan for Anaphylaxis) provided by the parent.

It is the parents' responsibility to provide the school with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's medical practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.

School		Phone	
Student			
DOB		Year level	
Severely allergic to:			
Other health conditions			
Medication at school			
EMERGENCY CONTACT DETAILS (PARENT)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
EMERGENCY CONTACT DETAILS (ALTERNATE)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
Medical practitioner contact	Name		
	Phone		
Emergency care to be provided at school			

Storage for adrenaline autoinjector (device specific) (EpiPen®)

ENVIRONMENT

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

Name of environment/area:

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

Name of environment/area:

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

Name of environment/area:

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

Name of environment/area:

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

Name of environment/area:

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

ACTION PLAN FOR Anaphylaxis

Name: _____

For EpiPen® adrenaline (epinephrine) autoinjectors

Date of birth: _____

Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by medical or nurse practitioner:

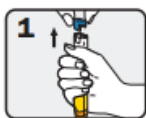
I hereby authorise medications specified on this plan to be administered according to the plan

Signed: _____

Date: _____

Action Plan due for review: _____

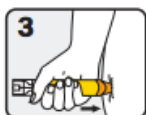
How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



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



PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds

REMOVE EpiPen® and gently massage injection site for 10 seconds

Instructions are also on the device label

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

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

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

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

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 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

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

- annually
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- as soon as practicable after the student has an anaphylactic reaction at school
- 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 (e.g. 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 2

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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?		
4. Have any students ever had an anaphylactic reaction at school?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many students?		
b. If Yes, how many times		
5. Has a staff member been required to administer an adrenaline autoinjector to a student?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?		
6. If your school is a government school, was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?		<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 1: Training	
<p>7. Have all school staff who conduct classes with students with a medical condition that relates to allergy and the potential for anaphylactic reaction successfully completed an approved Anaphylaxis Management Training Course, either:</p> <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? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Does your school conduct twice yearly briefings annually? If no, why not as this is a requirement for school registration?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>9. Do all school staff participate in a twice yearly briefing? If no, why as this is a requirement for school registration?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>10. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2: Individual Anaphylaxis Management Plans	
<p>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?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>13. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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?</p>	
<p>a. During classroom activities, including elective classes</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b. In canteens or during lunch or snack times</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>c. Before and after school, in the school yard and during breaks</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>d. For special events, such as sports days, class parties and extra-curricular activities</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>e. For excursions and camps</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>f. Other</p>	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are the Action Plans kept?	
16. Does the ASCIA Action Plan include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Are the adrenaline autoinjectors stored at room temperature (not refrigerated)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Is the storage unlocked and accessible to school staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Are the adrenaline autoinjectors easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. 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
25. Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis? Who?	<input type="checkbox"/> Yes <input type="checkbox"/> No

27. Are there adrenaline autoinjectors which are currently in the possession of the school and which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Has the school signed up to EpiClub or ANA-alert (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Where are these first aid kits located? Do staff know where they are located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4: 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 5: School management and emergency response	
37. 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
38. Do school staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. 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
40. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	<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
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<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

f. Where the adrenaline autoinjector(s) for general use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 6: Communication Plan	
49. 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
50. 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?	
51. How is this information kept up to date?	
52. 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
53. What are they?	