

ANAPHYLAXIS

POLICY

Included in this document

1. Anaphylaxis Policy
2. Individual Anaphylaxis Management Plan
3. Anaphylaxis Action Plan
4. Anaphylaxis Management Briefing Notes
5. Annual Risk Management Checklist

Statement

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

Purpose

Templeton Primary School recognises:

- Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts, cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.
- The key to prevention of anaphylaxis in schools is knowledge of those students identified as at risk, awareness of triggers (allergens) and prevention of exposure to these triggers. Partnership between schools and parents are important in ensuring allergens are isolated from the student while at school.
- Adrenaline administered through an EpiPen auto injector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

Templeton Primary School

- As far as practicable, provides a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the school curriculum.
- Raises awareness about anaphylaxis and the school's anaphylaxis policy in the school community.
- Engages with parents/guardians of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.

- Ensures that each staff member has adequate knowledge of allergies, anaphylaxis and the school policy and procedures in responding to an anaphylactic reaction.

Implementation

- Individual management plans developed in consultation with parents of any student diagnosed by a medical practitioner as being at risk of anaphylaxis.
- Individual management plans in place as soon as practicable after student enrolment, and where possible, before the first day of school.
- The Principal will ensure that all school stakeholders be provided information about the anaphylaxis and the anaphylaxis policy.
- Casual Relief Teachers (CRT) of students at risk of anaphylaxis informed of their role in responding to anaphylactic reaction via CRT information pack in classroom rolls.
- All school staff who conduct classes with students at risk of anaphylaxis attend training in anaphylaxis management.
- Training provided to these staff as soon as practicable after the student enrolls.
- Wherever possible, training will take place before the first day of school.
- Where this is not possible, an interim plan developed in consultation with the parents.
- The Templeton Primary School first aid procedures and Whole School Anaphylaxis Management Plan followed when responding to an anaphylactic reaction.
- At other times the student is under care or supervision of the school, including excursions, yard duty, camps and special events, the Principal must ensure a sufficient number of staff who have current training in anaphylaxis management.

Whole School Anaphylaxis Management Plan

- Staff receive annual training by an officer from Australian Training Corporation.
- Photos and appropriate details displayed in staffroom, Sick Bay, Specialists office areas, classrooms and CRT information pack kept in classroom rolls.
- In emergencies, the yard duty teacher will call for assistance via mobile phone to the school office.
- Properly labelled EpiPens (detailing child's name and expiry date) stored in separate cooler boxes in the office area.
- Qualified First Aid Officer check viability of EpiPens at the beginning of each term.

- EpiPens in cooler boxes will accompany each student on excursions.
- If any teacher observes allergic reactions in these identified students, that teacher should follow the Action Plan for Anaphylaxis.

Procedure

- Check reaction of child
- Watch for signs of anaphylaxis
- If there are signs of anaphylaxis
 - call for help
 - call ambulance 000
 - state that there is an anaphylaxis reaction
 - give school address, staff car park entrance
 - intention to give EpiPen or that EpiPen has been administered
- keep child lying down
- contact parent
- do not relocate child
- comfort child
- contact Emergency Services Management DET phone 9589 6266
- **NOTE: If in doubt, administer EpiPen**

Responsibility of the Principal

- Seek information to identify students with life threatening allergies upon enrolment
- Conduct risk assessment of potential exposure to allergens in the school environment
- Ensure First Aid Officer develops Anaphylaxis Action Plan for individual students
- Request parents provide Australasian Society of Clinical Immunology (ASCIA) signed by medical practitioner and recent student photograph
- Request parents provide valid EpiPen to office
- Ensure staff training in Anaphylaxis Management is current
- Ensure staff and CRT staff are aware of at-risk students, school management strategies and first aid procedures
- Encourage ongoing communication between parents/guardians and staff about current status of at-risk students

Responsibility of Parent/Guardian

- Provide Australasian Society of Clinical Immunology (ASCIA) signed by medical practitioner and recent student photograph
- Inform school of any change to child's medical condition and provide updated ASCIA
- Provide EpiPen and other medications to the school
- Replace EpiPen before expiry
- Assist school in planning and preparation for school camps, excursions, incursions or special events
- Supply alternative food options when appropriate
- Inform school of any change to child's emergency contact details
- Participate in review of child's Anaphylaxis Management Plan

References: School Policy and Advisory Guide
 Anaphylaxis Management in Schools
 Anaphylaxis Guidelines for Victorian Schools

Responsibility of Staff

- Ensure training in Anaphylaxis Management is current
- Aware of at-risk students, school management strategies and first aid procedures
- Aware of location of ASCIA Action Plans and follow in the event of an allergic reaction
- Aware of EpiPen location
- Aware of and adherence to prevention strategies in Anaphylaxis Management Plan
- Plan ahead in preparation for school camps, excursions, incursions or special events
- Work with parent/guardian to provide appropriate food for at-risk student
- Avoid use of food as rewards or treats, as they may contain hidden allergens
- Care in risk of cross contamination when preparing, handling and displaying food
- Ensure tables and surfaces are washed regularly and students wash hands after food handling

Responsibility of Student (with support from staff, parents and first aid staff and appropriate to level of development)

- Ensure they do not eat food items not supplied by parents, or in accordance with their Anaphylaxis Management Plan
- Communicate restrictions applicable to their allergy
- Communicate symptoms of allergic reaction to staff or supervising adult immediately
- Take control of their food intake as per medical guidelines

Evaluation

This policy will be reviewed in accordance with the school's three-year review cycle.

This Policy was last ratified by School Council	February 2019
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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 parent's 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	
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Storage location for adrenaline autoinjector (device specific) (EpiPen®)	
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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:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

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Name of environment/area:

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Name of environment/area:

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

(continues on next page)

ACTION PLAN FOR Anaphylaxis

Name: _____
Date of birth: _____

For EpiPen® adrenaline (epinephrine) autoinjectors



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: _____

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

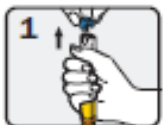
5 Further adrenaline doses may be given if no response after 5 minutes

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

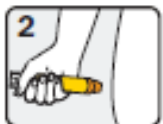
If in doubt give adrenaline autoinjector

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

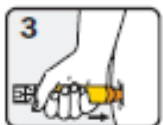
How to give EpiPen®



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 3 seconds REMOVE EpiPen®

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

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

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

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

- annually
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- as soon as practicable after the student has an anaphylactic reaction at school
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects, cultural days, fetes, incursions).

I have been consulted in the development of this Individual Anaphylaxis Management Plan.

I consent to the risk minimisation strategies proposed.

Risk minimisation strategies are available at Chapter 8 – Risk Minimisation Strategies of the Anaphylaxis Guidelines

Signature of parent:	
Date:	
I have consulted the parents of the students and the relevant school staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.	
Signature of principal (or nominee):	
Date:	

Anaphylaxis Management Briefing:

Facilitator's Notes

What is the purpose of the anaphylaxis management twice-yearly briefing?

The delivery of a twice-yearly anaphylaxis briefing is a requirement for all Victorian schools under Ministerial Order 706.

The purpose of these briefings is to sustain the awareness of anaphylaxis in your school community. It also aims to ensure that staff remain confident in identifying the signs and symptoms, and the treatment, of anaphylaxis.

Who should facilitate the briefing?

In order to deliver this briefing you should have been nominated by your school principal to perform the role of **School Anaphylaxis Supervisor**. To perform the role of **School Anaphylaxis Supervisor**, you must have current approved* anaphylaxis training.

In order to verify the correct use of adrenaline autoinjector devices by others, the **School Anaphylaxis Supervisor** must also complete and remain current in:

- *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC* (every 3 years) and,
- the *ASCIA Anaphylaxis e-training for Victorian Schools* (every 2 years).

Ideally you will already be overseeing the anaphylaxis policy and procedures at the school, which may include managing the location of adrenaline autoinjector devices (EpiPens®). You should be familiar with all of the content within the provided PowerPoint presentation and confident to deliver the briefing.

How often should the briefing be delivered?

This briefing should be delivered by schools twice a year (Term 1 and Term 3).

What is in the presentation?

The presentation is in PowerPoint format and all slides come with notes as a guide to support you in the delivery of this briefing. Some slides require you to include school specific content.

The slides include:

- Slide 1: Title and legal requirements as outlined in Ministerial Order 706
- Slide 2: Pictures of the students at your school at risk of anaphylaxis, their allergens, year levels and risk management plans that are in place

*courses that are considered approved anaphylaxis training for Victorian schools are outlined in MO706 and the Department's guidelines on anaphylaxis management in schools.

- Slide 3: Signs and symptoms of anaphylaxis
- Slide 4: Relevant anaphylaxis training
- Slide 5: ASCIA Anaphylaxis e-training cont.

References: School Policy and Advisory Guide
Anaphylaxis Management in Schools
Anaphylaxis Guidelines for Victorian Schools

- Slide 6: ASCIA Action Plan and how to administer an EpiPen®
- Slide 7: Your school's First Aid Policy and the Emergency Response Procedures
- Slide 8: How to access on-going support and training

How long should the briefing run for?

The briefing should take about 30 minutes to deliver. It may take longer depending on how many students are diagnosed at risk of anaphylaxis, and if your school will use the briefing as an opportunity to undertake adrenaline autoinjector competency checks of staff who have successfully completed the *ASCIA Anaphylaxis e-training for Victorian Schools*.

Who should attend?

The briefing needs to be attended by all school staff, including casual relief staff, non-teaching staff and canteen staff - anyone who may be in contact with a student diagnosed at risk of anaphylaxis.

What preparation is required prior to delivery?

Before you can deliver the briefing you need to:

1. Have a thorough knowledge of Ministerial Order 706 and the associated Anaphylaxis Guidelines for Victorian Schools
2. Have a thorough knowledge of the School's First Aid Procedures for Anaphylaxis for all in-school and out-of-school environments
3. Upload photographs of students diagnosed at risk of anaphylaxis and insert into Slide 2
4. Be familiar with the students at your school and their ASCIA Action Plans, their allergens, their Year Levels and the measures taken to minimise risk in relation to accidental exposure to their allergens.
5. It may be valuable to complete the *ASCIA Anaphylaxis e-Training for Victorian Schools* shortly before delivering the briefing to increase your knowledge and awareness of anaphylaxis and to assist you with delivering this briefing to staff.
6. Talk to any other staff at your school who are trained in undertaking in-person autoinjector competency checks to determine your school's strategy for undertaking these checks (input detail into slide 5).

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?	
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

7. Have all school staff who conduct classes with students who are at risk of anaphylaxis successfully completed an approved anaphylaxis management training course, either: <ul style="list-style-type: none"> • online training (ASCIA anaphylaxis e-training) within the last 2 years, or • accredited face-to-face training (22300VIC or 10313NAT) within the last 3 years? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does your school conduct twice-yearly briefings annually? If no, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do all school staff participate in a twice-yearly anaphylaxis briefing? Ifn, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)?	
b. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen®) within 30 days of completing the ASCIA Anaphylaxis e-training for Victorian Schools?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2: Individual Anaphylaxis Management Plans	
11. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an adrenaline autoinjector have an Individual Anaphylaxis Management Plan, which includes an ASCIA Action Plan for Anaphylaxis completed and signed by a prescribed medical practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out-of-class settings?	
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
14. Do all students who carry an adrenaline autoinjector on their person have a copy of their ASCIA Action Plan for Anaphylaxis kept at the school (provided by the parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are the Action Plans kept?	
15. Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are Individual Management Plans (for students at risk of anaphylaxis) reviewed prior to any off-site activities (such as sport, camps or special events), and in consultation with the student's parent/s?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 3: Storage and accessibility of adrenaline autoinjectors	
17. Where are the student(s) adrenaline autoinjectors stored?	
18. Do all school staff know where the school's adrenaline autoinjectors for general use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No

19. Are the adrenaline autoinjectors stored at room temperature (not refrigerated) and out of direct sunlight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is the storage unlocked and accessible to school staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Are the adrenaline autoinjectors easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan for Anaphylaxis) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis? Who?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Are there adrenaline autoinjectors currently in the possession of the school that have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Has the school signed up to EpiClub (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Do all school staff know where the adrenaline autoinjectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Has the school purchased adrenaline autoinjector(s) for general use, and have they been placed in the school's first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Where are these first aid kits located? Do staff know where they are located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4: Risk Minimisation strategies	
33. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you implemented any of the risk minimisation strategies in the Anaphylaxis Guidelines? If Yes, list these in the space provided below. If No, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 5: School management and emergency response

36. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Do school staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Have you developed emergency response procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In all school buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA Action Plan for Anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Have you checked how long it takes to get an individual's adrenaline autoinjector and corresponding individual ASCIA Action Plan for Anaphylaxis to a student experiencing an anaphylactic reaction from various areas of the school including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. The school canteen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. On excursions or other out-of-school events, is there a plan for who is responsible for ensuring the adrenaline autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the adrenaline autoinjector for general use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Who will make these arrangements during excursions?	
44. Who will make these arrangements during camps?	
45. Who will make these arrangements during sporting activities?	
46. Is there a process for post-incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47. Have all school staff who conduct classes attended by students at risk of anaphylaxis, and any other staff identified by the principal, been briefed by someone familiar with the school and who has completed an approved anaphylaxis management course in the last 2 years on:	
a. The school's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No

c. The identities of students at risk of anaphylaxis, and who are prescribed an adrenaline autoinjector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the adrenaline autoinjector(s) for general use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 6: Communication Plan

48. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?	
a. To school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49. Is there a process for distributing this information to the relevant school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	
50. How will this information be kept up to date?	
51. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52. What are they?	