

Anaphylaxis Policy

PURPOSE

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 (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medications.

The key to prevention of anaphylaxis in schools is knowledge of those students who are at risk, awareness of triggers (allergens) and prevention of exposure to these.

Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at the school or at a school event.

Croydon Hills Primary School is committed to

- providing, as far as practicable, a safe and supportive environment in which students, at risk of anaphylaxis, can participate equally in all aspects of schooling
- raising awareness about allergies and anaphylaxis in the school community
- engaging with the parents/carers of each student at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student
- ensuring that each staff member has adequate knowledge of the school's policy and procedures in responding to an anaphylactic reaction
- following and adhering to all DET requirements under the Children's Services and Education Legislation amendment (anaphylaxis management) Act 2008

POLICY

Croydon Hills Primary School complies with Ministerial Order 706 and associated guidelines regarding Anaphylaxis Management. In the event of an anaphylactic reaction, the school's first aid and emergency management response procedures and the student's Individual Anaphylaxis Management Plan must be followed.

1. Roles and Responsibilities

Parents/Carers will;

- inform the classroom teachers and the principal nominee if they believe their child has a severe allergy that may impact on their safety at school
- inform the school in writing if their child's medical condition changes insofar as it relates to allergy and the potential for anaphylactic reaction and if relevant provide an updated ASCIA Action Plan
- provide the ASCIA Action Plan completed by family doctor or specialist giving authority to administer an individual child's **Autoadrenaline injecting device**.
- The school requires that this advice be updated annually (at the beginning of the school year)
- will meet with the school to develop the child's individual **Anaphylaxis Management Plan** (Preferably prior to enrolment and transition)

- shall provide an individual **Autoadrenaline injecting device** for their child and ensure that it has not expired. Parents must replace **Autoadrenaline injecting device** when it has expired or has been used. Students should have an adequate supply of appropriate medication available to them at school or at a school event at all times.
- are to supply specific food requirements for camps, excursions and special days/activities if required
- must inform staff of any changes to their child's condition and/or emergency contact details

School Principal/Assistant Principal will;

- seek information to identify students with severe life-threatening allergies at enrolment
- conduct a risk assessment of the potential for accidental exposure to allergens while the student is in the care of the school
- ensure the canteen displays/supplies lists of ingredients when requested
- ensure there is an **Individual Anaphylaxis Management Plan** for the student. This includes documenting practical strategies for in-school and out-of-school settings to minimise the risk of exposure to allergens, and nominating staff that are responsible for the implementation
- ensure that staff are trained in recognising and responding to an anaphylactic reaction, including administering an **Autoadrenaline injecting device**, once each semester by a staff member who has up to date anaphylaxis training
- provide information to **all** staff (including specialist staff, education support staff, canteen staff (and parent volunteers where appropriate), and office staff) so they are aware of students who are at risk of anaphylaxis, the student's allergies, the school's management strategies and first aid procedures
- ensure these procedures are in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response. (Specific information in class rolls and class CRT folders)
- ensure all staff complete an accredited anaphylaxis training course every three years as well as attend twice yearly briefings
- encourage ongoing communication between parents/carers and staff about the current status of the student's allergies, the school's policies and their implementation
- ensure the Anaphylaxis Risk Management Checklist and Individual Management Plan is completed annually, or if the student's medical condition changes, insofar as it relates to allergy and the potential for anaphylactic reaction; as soon as practicable after the student has an anaphylactic reaction at school –See Appendix

School staff will;

- know the students who are at risk of an anaphylaxis reaction throughout the school
- train in how to recognise and respond to an anaphylactic reaction, including administering an **Autoadrenaline injecting device**
- know the school's first aid emergency procedures and what their role is in relation to responding to an anaphylactic reaction

- ensure individual student's autoinjector bags are taken with them when they leave the school grounds. These bags must be signed in and out of the sick bay.
- plan ahead for special activities or occasions such as excursions, sport days, camps, cooking and parties (refer to Risk Management plan)
- work with parents/carers to provide appropriate food for the student
- **be very careful** of food 'treats' given to students in class, as these may contain hidden allergens
- ensure that identified students are not isolated or excluded, within reason from any activity.
- communicate with parents/carers if they have concerns with the use of specific rooms and equipment.
- ensure casual relief teachers information books will contain current information regarding anaphylactic student in the class
- raise student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers
- all staff are to carry first aid bags with the details of anaphylactic students when on yard duty.
- teachers must be vigilant in supervising lunch eating times

Ensuring that the following Prevention Measures are taken into account

- Good hygiene and vigilance is vital as varied food products can have traces of allergens
- No sharing of snacks, drinks or lunches by students
- Some soaps, sunscreens, play dough, cooking oil can contain nut traces or other food allergens
- The anaphylactic student will not be required to pick up papers in the school ground
- Students are not to buy treats for other students from the canteen

Camps/excursions coordinators will;

- ask a parent or trusted adult to attend the school camp/ excursion with the student if the food allergy is life-threatening
- ensure auto injecting devices are taken on outings and are signed in and out of the sick bay
- liaise with campsite personnel, staff and parents to ensure that adequate precautions and safety measures are instituted
- ensure all adults attending the activity have an understanding of the treatment necessary for students who may have an anaphylactic reaction
- ask parent to supply specific food if necessary

First aid coordinator will;

- keep an up to date register of students at risk of anaphylaxis including expiry dates of **Autoadrenaline injecting device**.
- ensure that students known to have severe allergic reactions are known by sight by all staff through staff briefings, photo display, yard duty bags and in relevant classrooms.
- ensure that students' emergency contact details are up to date.

- ensure there is training in recognising and responding to an anaphylactic reaction, including administering an **Autoadrenaline injecting device** for staff
- at the beginning or end of each term, check that the **Autoadrenaline injecting device** is not cloudy or out of date, and inform parents/carers
- complete the Anaphylaxis Risk Management Checklist annually (Appendix)
- inform students and their families of that class, of any anaphylactic students in the class (Appendix)
- ensure that the **Autoadrenaline injecting device** is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place, and it is appropriately labelled
- ensure the school has a spare **Autoadrenaline injecting device** which is not out of date
- ensure the **Autoadrenaline injecting device** will be kept in an individually named bag including photo of the child along with any other medicine the student requires. The bag will be kept in the First Aid Room (in a cool / easily accessible position). The bag will also contain the student's individual **Anaphylaxis Management Plan** including directions for correct use of **Autoadrenaline injecting device**.
- ensure an Alert Register about each student and their individual **Anaphylaxis Management Plan** and photo is to be kept in the Sick Bay, Staff Room, Canteen, CRT Information book, Yard Duty bags, and on each student's class roll and on display in classroom. Specialist Teachers are to be informed.

2. Implementation

- All staff are to carry first aid bags with the details of anaphylactic students when on yard duty
- The students known to have severe allergic reactions are known by sight by all staff
- Letters will be sent home to parents in a class of an anaphylactic student asking them not to send their child to school with products containing food allergens eg nuts
- The school must inform the Canteen and Out of School Hours staff and other relevant adults responsible for the child and operating in the school of the child's allergy and the appropriate medical response
- The teacher and parent will communicate whenever the class is planning to have special food days (eg: a barbecue). A detailed list of foods will be included in the information note

EMERGENCY RESPONSE TO INCIDENT AT SCHOOL

- An adult is to administer an **Autoadrenaline injecting device** immediately.
- An adult is to stay with the child at all times
- Call the office and announce Epipen for _ room or – location if in the yard. If there is no response from the office send students to the office
- An adult (office staff) is to ring an ambulance and ask for the MICA ambulance and contact the parents/ carer.
- An adult is to meet the ambulance.
- Keep the used **Autoadrenaline injecting device** - noting time given – to give to the paramedics.

- The principal is to be notified.
- Keep the child lying down or semi sitting if breathing is difficult
- Keep airways clear

EMERGENCY RESPONSE TO INCIDENT ON AN EXCURSION, SPORT DAY OR CAMP

The supervising teacher or a trained adult is to carry the Autoadrenaline injecting device at all times. All adults are to carry an excursion card indicating the Melways reference of the excursion.

- An adult is to administer an **Autoadrenaline injecting device** immediately.
- An adult is to stay with the child at all times
- An adult is to ring an ambulance and ask for the MICA ambulance and a staff member to contact the parents/ carer and the school.
- An adult is to meet the ambulance.
- Keep the used **Autoadrenaline injecting device** - noting time given – to give to the paramedics.
- Keep the child lying down or semi sitting if breathing is difficult
- Keep airways clear

Evaluation

There should be an annual review of each student's individual **Anaphylaxis Management Plan**, or following an incident to ensure the information is current and that all staff are aware of how to respond to an allergic reaction.

REVIEW CYCLE

Ratified by School Council - August 2019

Review Date - August 2020

School: Croydon Hills Primary		
Phone: 9725 1206		
Student's name:		
Date of birth:	Year level:	
Severely allergic to:		
Medication at school: Epi-Pen Ventolin inhaler		
Parent/carer contact:	Parent/carer information (1)	Parent/carer information (2)
	Name:	Name:
	Relationship:	Relationship:
	Home phone:	Home phone:
	Work phone:	Work phone:
	Mobile:	Mobile:
Other emergency contacts (if parent/carer not available):		
Medical practitioner contact:		
Symptoms-		
Emergency care to be provided at school:		
The following Anaphylaxis Management Plan has been developed with my knowledge and input and will be reviewed annually or if my child has an anaphylactic reaction.		
Signature of parent:		Date:
Signature of principal (or nominee):		Date:

Strategies To Avoid Allergens

All staff including relief staff must know who the anaphylactic students are and be able to identify them

Student's name:		
Risk	Strategy	Who?
Food brought to school	Letter to parents in the classroom informing them if there is an anaphylactic child in the class. Classmates encouraged to wash their hands after eating. If eating indoors tables to be washed down	Teacher Sophie Turnham
Food Rewards/Celebrations	Discuss with parent of allergic child and only agreed foods to be eaten by child. Food should not be shared.	Teacher/parent
Cooking at school	Parents to be notified in advance and ingredients discussed	Teacher
Picking up papers	Students at risk of food or insect sting anaphylaxis should be given non rubbish collection duties.	Teachers
Canteen	Canteen staff educated on food handling procedures and risk of cross contamination Distinguishable lunch bag used Photos of anaphylactic children and their allergies on display in the canteen.	Canteen Manager
Sunscreen	Parent is informed that sunscreen is offered	Teacher
CRTS and Religious Instructors	These educators need to be aware of the students with Anaphylaxis and be aware of the school's management plans	Admin staff and Teachers
Pet Visitors	Be aware that some animal feed contains nuts, milk and egg. If chickens are being hatched children should wash hand after handling.	Teacher
Class rotations	All teachers need to be aware of anaphylactic students	Teacher
Excursions/Sporting Events	Teachers organizing the event should plan emergency response prior to the event. This includes laminated cards to attending teachers outlining location of the event including Melways reference or nearest cross street and the procedure for calling an ambulance advising life threatening allergic reaction has occurred.	Teacher in charge of event

	Carry mobile phones and if reception not available use Walkie talkies. Ensure all teachers are aware of the location of the adrenaline autoinjector.	
Medical Kits Student's own and school's auto injector	Medical kit with ASCIA Action plan should be easily available at all times. On excursions the teacher accompanying the child has the kit. (For sporting events this may be more difficult so all staff and parent volunteers must be aware of who has the kit and where it is.	Sophie Turnham Teacher
Camps	<p>Camp Organizer must ensure school's emergency response procedures are clearly outlined and understood.</p> <p>All teachers attending the camp must carry laminated emergency cards outlining location of the event including Melways reference or nearest cross street and the procedure for calling an ambulance advising life threatening allergic reaction has occurred.</p> <p>Carry mobile phones and if reception not available use Walkie talkies. Ensure all teachers are aware of the location of the adrenaline auto injector.</p> <p>Parents encouraged to provide 2 adrenaline auto injectors</p> <p>Clear advice communicated to parents regarding foods on camp</p>	Camp Organizer

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: _____

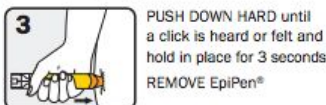
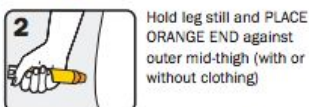
I hereby authorise medications specified on this plan to be administered according to the plan

Signed: _____

Date: _____

Action Plan due for review: _____

How to give EpiPen®



All EpiPen®s should be held in place for 3 seconds regardless of instructions on 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; and
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions).

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

I consent to the risk minimisation strategies proposed.

Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines. Refer to the DET School Policy and Advisory Guide

Signature of parent:	
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Date:	
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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):	
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Date:	
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Date

Dear Parents of

Re. ANAPHYLAXIS

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 (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medications.

The key to prevention of anaphylaxis in schools is knowledge of those students who are at risk, awareness of triggers (allergens) and prevention of exposure to these.

One of your child's classmates has a severe nut allergy that can trigger an anaphylactic reaction. The allergy is so severe that even touching an item that has had contact with nuts or nut products can cause an anaphylactic reaction (even being touched by someone who has had contact with food allergens/nuts or nut products).

In accordance with the Croydon Hills Anaphylaxis Policy, we are requesting that all children from this class refrain from bringing any food items that have nuts or traces of nuts to school in particular **peanut butter and Nutella.**

I am sure that all parents will consider this request and act accordingly. However, if your child does bring a peanut butter or Nutella sandwich to school they will be requested to:

- a) inform the teacher on the day for safety purposes.
- b) wash their hands immediately after eating the product and to wipe down their table.

Please be advised that the child is aware of their condition and is well schooled in taking all necessary precautions as a matter of routine. Combined with the safeguards outlined above, we believe this to be the best course of action in dealing with anaphylaxis at our school.

If you have any concerns please contact me on 97251206

Yours Sincerely,
Carol Wyatt
Assistant Principal

Annual Risk Management Checklist

School Name:	Croydon Hills Primary School	
Date of Review:		
Who completed this checklist?	Name:	
	Position:	
Review given to:	Name	
	Position	
Comments:		
General Information		
1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an Adrenaline Autoinjector?		
2. How many of these students carry their Adrenaline Autoinjector on their person?		
3. Have any students ever had an allergic reaction requiring medical intervention at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many times?		
4. Have any students ever had an Anaphylactic Reaction at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many students?		
b. If Yes, how many times		
5. Has a staff member been required to administer an Adrenaline Autoinjector to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many times?		
6. Was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 1: Individual Anaphylaxis Management Plans

7. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an Adrenaline Autoinjector have an Individual Anaphylaxis Management Plan 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. In canteens or during lunch or snack times	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Before and after School, in the school yard and during breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. For special events, such as sports days, class parties and extra-curricular activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. For excursions and camps	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do all students who carry an Adrenaline Autoinjector on their person have a copy of their ASCIA Action Plan kept at the School (provided by the Parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are they kept?	
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 Autoinjectors

12. Where are the student(s) Adrenaline Autoinjectors stored?	
13. Do all School Staff know where the School's Adrenaline Autoinjectors for General Use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are the Adrenaline Autoinjectors stored at room temperature (not refrigerated)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

15. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is the storage unlocked and accessible to School Staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are the Adrenaline Autoinjectors easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Is a copy of student's Individual 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 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
20. Has someone been designated to check the Adrenaline Autoinjector expiry dates on a regular basis? Who?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Are there Adrenaline Autoinjectors which are currently in the possession of the School 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 Autoinjectors 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 Autoinjectors 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
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

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
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 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?	