

ANAPHYLAXIS MANAGEMENT

PHILOSOPHY

The management of Anaphylaxis, a severe, rapidly progressive allergic reaction that is potentially life threatening, is an essential component of Mount Waverley North Primary School's practice. It is imperative that we manage and support students and staff who may have an anaphylactic reaction to ensure their safety. As such, the school will provide a range of support structures to ensure that staff are knowledgeable in the treatment of an anaphylactic reaction and in prevention methods. Partnerships between parents and school are an essential part of management and these must be done in conjunction with clear medical advice from a Doctor.

PURPOSE

- To ensure the wellbeing of students at risk of anaphylaxis are managed within the school's resources.
- To outline the school's management of the risk of anaphylaxis.
- To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.
- This is a school-based policy that is required to be developed under s 4.3.1(6) of the Act because the school has at least one enrolled student who has been diagnosed as being at risk of anaphylaxis.
- **Ministerial Order 706** - Anaphylaxis Management in Victorian Schools outlines points that schools need to ensure are included in their Anaphylaxis Management Policy. Ministerial Order 706 comes into effect on 22nd April 2014 and repeals Ministerial Order 90.

DEFINITION:

- Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are:
 - peanuts
 - tree nuts (e.g. cashews)
 - fish and shellfish
 - soy
 - latex
 - medications
 - eggs
 - cow's milk
 - wheat
 - sesame
 - certain insect stings
- Signs of mild to moderate allergic reaction include:
 - swelling of the lips, face and eyes;
 - hives or welts;
 - tingly mouth; or
 - abdominal pain and / or vomiting (signs of a severe allergic reaction to insects).
- Signs of anaphylaxis (severe allergic reaction) include any one of the following:
 - difficult / noisy breathing;
 - swelling of tongue;
 - swelling / tightness in throat;
 - difficulty talking and / or a hoarse voice;
 - wheeze or persistent cough;
 - persistent dizziness or collapse;

- pale and floppy (young children); or
- abdominal pain and / or vomiting (signs of a severe allergic reaction to insects).

IMPLEMENTATION

- The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. A partnership between the school and parents is important in ensuring that certain foods or items are kept away from the student while at school.
- Anaphylaxis Management will conform with the [Anaphylaxis Guidelines for Victorian Government Schools and Ministerial Order 706](#).

Individual Anaphylaxis Management Plans

- The Principal will ensure that the medically endorsed Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents or staff member, for any individual who has been diagnosed by a medical practitioner as being at risk of anaphylaxis. The plan will include:
 - a. The students' allergies
 - b. Locally relevant risk minimisation/prevention strategies
 - c. Names of people responsible for implementing risk minimisation/prevention strategies
 - d. Storage of medication
 - e. Students' emergency contact details
 - f. The student's ASCIA action plan.
- The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrolls and where possible, before their first day at Mount Waverley North Primary School;
- Each Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents or staff member:
 - a. Annually and as applicable
 - b. If the individual's condition changes
 - c. Immediately after an individual has an anaphylactic reaction at school
 - d. When the student is to participate in an off-site excursion or special event organised or attended by the school.
- Individual Anaphylaxis Management Plans and ASCIA Action Plans are kept in the First Aid Room and in the Grade's Roll Folder, which is kept in the classroom and accompanies the grade to all Specialist programs.
- The ASCIA Action Plans are on display in the First Aid Room, Staff Room and appropriate Level Staff Office. A copy is also stored with the adrenaline auto-injector (Epi-Pen) for reference during an emergency and when the student is off site.

It is the Responsibility of the Parent/Guardian to:

- a. provide the emergency procedures plan (ASCIA Action Plan);
- b. inform the school if their child's medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan);
- c. provide an up to date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed; and
- d. provide the school with an Epi-Pen that is current and not expired.

Communication Plan

- The Principal is responsible for ensuring information is provided to all staff, students and parents about anaphylaxis and the school's Anaphylaxis Management Policy. This will be done at the beginning of every year, throughout the year and after an emergency.
- Staff will inform students of the steps taken to respond to an anaphylactic reaction during class time, in the yard and while on a camp or excursion.
- Volunteers and Casual Relief Staff will be informed of students at risk of anaphylaxis, and their role in responding to an anaphylactic reaction by a student in their care. This is done through the CRT Folder and the support of the Level Leader and staff.
- The school community will be informed about allergens through a letter at the beginning of each year and newsletter articles. The Anaphylaxis Management Policy is available on the school's website.

Staff Training

- All staff will be trained as required by Ministerial Order 706.
- The Principal will ensure at least two members of staff have completed the Anaphylaxis Supervisor Course – 22303VIC. This online course is provided free of charge for all Victorian schools by ASCIA, and is valid for 2 years.
- All staff will complete the *ASCIA Anaphylaxis e-training for Victorian Schools* (<https://etrainingvic.allergy.org.au/>) followed by a competency check by the School Anaphylaxis Supervisors (who completed 22303VIC).
- All schools with a child or young person at risk of an anaphylactic reaction are required to undertake twice yearly briefings on anaphylaxis (with the first occurring at the beginning of the year). The presentation will cover:
 - the school's anaphylaxis management policy
 - the causes, symptoms and treatment of anaphylaxis
 - the identities of students diagnosed at risk of anaphylaxis and where their medication is located
 - how to use an auto adrenaline injecting device using an Epi-Pens trainer device
 - the school's first aid and emergency response procedures
 - the location of and access to the student's individual Epi-Pen and the school purchased Epi-Pens.
- If training of staff or a briefing has not occurred as required the Principal will develop an interim plan in consultation with the parents. The Training and/or briefing will occur as soon as possible after the interim plan has been developed.

Prevention

- Staff are to ensure that prevention strategies are maintained:
 - a. All staff, students and parents are to be advised of known allergens in their learning areas at the beginning of the year, including the plan to reduce the risk to students affected, this will include a request not to send the allergen to school in their child's lunchbox.
 - b. If an allergen is brought to school, the students will be separated during eating time. The child who has eaten the allergen will be asked to have a drink and wash their face and hands when they have finished their food.
 - c. Hand washing should be encouraged for all staff and students - particularly after eating food
 - d. At risk students will not be permitted to share snacks or lunches with others.
 - e. Any identified insect location (e.g. bee hive) will be isolated or removed as required.

- f. Staff will be vigilant in reviewing the contents of products used within the school. For example sunscreen, playdough and cooking oil.
- g. The school community will be encouraged not to donate packaging that has contained nut products or other anaphylactic allergens (eg: egg cartons, milk cartons)
- h. All classes are to have regular discussions/reminders regarding the issues surrounding anaphylaxis.
- Staff will liaise with campsite personnel to ensure adequate precautions and safety measures are instituted prior to the camp commencing.
- Children known to have anaphylactic conditions will be known by sight to all staff.
- The individual ASCIA Action Plan will set out the following:
 - a. Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner); and
 - b. Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including camps and excursions.

Emergency Response

- The school's First Aid procedures, and Emergency Management Plan, will be followed when responding to an anaphylactic response.
- There are four students enrolled at a risk of anaphylaxis.
- The school will maintain an up to date list of students at risk of anaphylaxis.
- All Epi-Pens are to be centrally located in the First Aid Room.
- Students are to take their Epi-Pens with them whenever they go on a camp or excursion.
- All Epi-Pens are to be in date and monitored annually at the beginning of the school year by the school's First Aid Officer and in partnership with the parent.
- The Principal will ensure the school has back-up Epi-Pens at school and on excursion and camps. The First Aid Coordinator will ensure there are two Epi-Pens and one Epi-Pen Junior available. These will be replaced at the school's expense, when they expire or have been used.
- The number of back-up Epi-Pens required will be reviewed each year in response to students enrolled at risk of anaphylaxis, the Level students are in (which may require the Epi-Pen to leave the school on Camps or excursions) and the availability of parent supplied Epi-Pens.
- Back-up Epi-Pens will be kept in the First Aid Room and in the First Aid kit during camps and excursions.
- The school has an internal phone system, enabling staff to contact the office if the Epi- Pen is required in the classroom.
- Yard Duty teachers carry a yard duty bag that include red cards with the photo of students identified with anaphylaxis. If an Epi-Pen is required, the Yard Duty teacher will send the card to the office with two children for the Epi-Pen to be brought to the child. The child is not to be moved.
- Teachers are encouraged to take a mobile phone out to Yard Duty so they can contact the office quickly if required.
- In the case of an anaphylactic emergency staff will follow the emergency response procedures, the general first aid procedures and the student's ASCIA Action Plan.
- Adrenaline given through an Epi-Pen to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

- As the Epi-Pen is being administered, an ambulance will be called and the parents (or emergency contact) will be contacted.

Annual Risk Management Checklist

- The Principal and First Aid Coordinator will complete a Risk Management Checklist at the beginning of each year, as part of the OH&S Activities Calendar.

APPENDICES

Appendix 1 – Individual Anaphylaxis Management Plan (including the ASCIA Action Plan)

Appendix 2 – Anaphylaxis Risk Management Checklist

RELATED POLICIES

- First Aid
- Camps and Excursions
- Duty of Care

Policy Approved by:	Education Committee – School Council
Effective Date:	November 2016
Review by Date:	February 2017

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 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	
Storage location 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?

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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 Dr or NP:

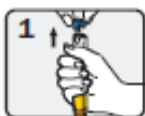
I hereby authorise medications specified on this plan to be administered according to the plan

Signed: _____

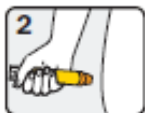
Date: _____

Action Plan due for review: _____

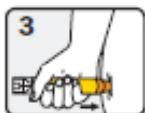
How to give EpiPen®



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 (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:	

Appendix 2

Annual risk management checklist

(to be completed 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 who are at risk of anaphylaxis successfully completed an approved anaphylaxis management training course, either:</p> <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
<p>8. Does your school conduct twice yearly briefings annually? If no, please explain 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 anaphylaxis briefing? If no, please explain why not, as this is a requirement for school registration.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>10. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools:</p> <p>a. 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>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?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2: Individual Anaphylaxis Management Plans

<p>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?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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?</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

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

<p>25. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis?</p> <p>Who?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>26. Are there adrenaline autoinjectors which are currently in the possession of the school which have expired?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>27. Has the school signed up to EpiClub (optional free reminder services)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>28. Do all school staff know where the adrenaline autoinjectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>29. Has the school purchased adrenaline autoinjector(s) for general use, and have they been placed in the school's first aid kit(s)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>30. Where are these first aid kits located?</p> <p>Do staff know where they are located?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>31. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>32. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>SECTION 4: Risk Minimisation strategies</p>	
<p>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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>35. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>SECTION 5: School management and emergency response</p>	
<p>36. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>37. Do school staff know when their training needs to be renewed?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>38. Have you developed emergency response procedures for when an allergic reaction occurs?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. In the class room?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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 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?	