



1. RATIONALE

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 (eg. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

2. PURPOSE

- To provide a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.
- To engage with parents/carers of students at risk of anaphylaxis in assessing risks, develop risk minimisation strategies and management strategies for the student.
- To ensure that each staff member has knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.
- To comply with Ministerial Order 706 (MO706) and associated guidelines.

3. GUIDELINES

- All staff will be trained annually in the management of anaphylaxis and the use of EpiPens/Anapens.
- Each child who has a diagnosed risk of anaphylaxis will have an individual Anaphylaxis Management Plan located in the school office with a copy in the First Aid Room and copy given to the class teacher and specialist teachers.
- Information about students with a diagnosed risk of anaphylaxis will be provided to all staff.
- All staff must know the emergency procedure in the event of an anaphylactic reaction.
- Regular updates related to students diagnosed with anaphylaxis will be communicated to staff at the beginning of the year and at weekly briefings as appropriate.
- The school will comply with Ministerial Order 706 and associated guidelines.

4. IMPLEMENTATION

Students who have been diagnosed with an acute anaphylactic reaction to a nominated allergen will require an EpiPen or Anapen to be administered by a trained staff member in the event of an anaphylactic reaction.

- EpiPens and Anapens will be securely stored in the First Aid Room. They will be clearly labelled with the student's name and details of their condition, dosage and emergency numbers and Anaphylaxis Management Plan. Expiry dates will be checked regularly.
- The school will have a back-up adrenaline auto-injectors as part of the school first aid kit.
- Information about students with a diagnosed risk of anaphylaxis will be provided to all staff. All staff must know the emergency procedure in the event of an anaphylactic reaction.

- Each student with a diagnosed risk of anaphylaxis will have their name on an alert card that is located in every teacher's yard duty bag carried while on yard duty. Copies will also be displayed in the First Aid Room and Staff Room with details of their allergy and course of action in an emergency.
- Casual replacement staff will be alerted to those students in the class with special medical needs including anaphylaxis. A photo of the student together with relevant information will be included in the class roll for casual replacement staff.
- Strategies to reduce risk of exposure to anaphylactic triggers to be discussed between students, staff and parents.
- The first aid coordinator will keep all information regarding students at risk up to date and annually review Anaphylaxis Management Plans.
- The school will complete an annual anaphylaxis risk management checklist.

Preventing Allergic Reaction

- Students will not be allowed to share food or snacks at any time.
- The school requires that no food consumed at school contains nuts.
- The Canteen Coordinator will induct volunteers with information regarding students diagnosed with anaphylaxis and guidelines for food preparation.
- Staff will be made aware that products such as sunscreens, play-doh, latex and cooking oil may contain nut products.
- Staff will be made aware that bee, wasp and insect stings may cause allergic reactions in children.
- Staff will be made aware that eggs, nuts, fish and shell fish, wheat, sesame, soy and dairy products may cause allergic reactions in children.
- Classroom teachers of those children diagnosed with a risk of anaphylaxis will be aware of the risks during cooking sessions and will provide alternative ingredients.
- Lollies, chocolates etc. should not be used as treats/rewards.
- Planning for special school events, excursions or camps should include consideration for the potential for anaphylactic reactions in diagnosed students.
- Students diagnosed with anaphylaxis will be encouraged to only pick up rubbish in the yard if they are wearing gloves and/or using tongs.
- Hand washing for all staff and students will be encouraged, particularly in relation to eating food and cooking.

Individual Anaphylaxis Management Plan

- The principal will ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.
- The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrolls, and where possible before their first day of school.
- The Individual Anaphylaxis Management Plan will set out the following:
 - information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a written diagnosis from a medical practitioner)

- strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of school staff, for in-school and out-of-school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
 - the name of the person(s) responsible for implementing the strategies
 - information on where the student's medication will be stored
 - the student's emergency contact details
 - an ASCIA Action Plan for Anaphylaxis.
- It is the responsibility of the parents to:
 - provide the ASCIA Action Plan
 - inform the school in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan
 - provide an up to date photo for the ASCIA Action Plan when that Plan is provided to the school and when it is reviewed
 - provide the school with an adrenaline autoinjector that is current (the date has not expired) for their child.

Communication Plan

- The Principal of the school is responsible for ensuring that a Communication Plan is developed to provide information to all staff, students and parents about anaphylaxis and the School's Anaphylaxis Management Policy.
- Consultation will occur between students, parents and staff via a communication plan to inform of strategies to reduce the risk of exposure to anaphylactic triggers including:
 - during classroom activities
 - during snack and lunch time
 - before and after school, in the yard and during breaks
 - for special events such as cooking, incursions, sports days and class parties
 - for excursions, special event days and camps
- The Communication Plan will include information as to how to respond to an anaphylactic reaction by a student.
- The Communication Plan will include the procedure to inform casual relief teachers of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction.
- The Principal of the school is responsible for ensuring that all school staff are briefed twice a year by a staff member who has up to date anaphylaxis training on:
 - a) the school's anaphylaxis management policy
 - b) the causes, symptoms and treatment of anaphylaxis
 - c) identities of students with a diagnosed risk of anaphylaxis and where the EpiPen/Anapen is stored
 - d) how to use the EpiPen/Anapen
 - e) the school's Emergency Procedure in the event of an anaphylactic reaction

Staff Training and Emergency Response

The following school staff will be appropriately trained:

- School staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction
- Any other school staff as determined by the principal to attend.
- School staff must complete anaphylaxis training requirements outlined in the MO706.
- First Aid training does **NOT** meet anaphylaxis training requirements under MO706.
- In addition, all staff to participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year) on:
 - the school's Anaphylaxis Management Policy
 - the causes, symptoms and treatment of anaphylaxis
 - the identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located
 - how to use an adrenaline autoinjector, including hands on practise with a trainer adrenaline autoinjector device
 - the school's general first aid and emergency response procedures
 - the location of, and access to, adrenaline autoinjector(s) that have been provided by parents or purchased by the school for general use.
- The briefing must be conducted by a member of the school staff nominated as the School Anaphylaxis Supervisor who has successfully completed an Anaphylaxis Management Training Course in the last 2 years.
- In the event that the relevant training has not occurred for a member of staff who has a child in their class at risk of anaphylaxis, the principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents of any affected student. Training will be provided to relevant school staff as soon as practicable after the student enrolls, and preferably before the student's first day at school.
- The Principal will ensure that while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, there is a sufficient number of school staff present who have successfully completed an Anaphylaxis Management Training Course.
- The school's Emergency Procedure based on the student's individual Anaphylactic Management Plan will be followed in responding to an anaphylactic reaction.

Emergency Procedure

In the event of an anaphylactic reaction during recess the yard duty supervisor should:

- Locate coloured alert card with student's name in their yard duty bag
- Remain with child and send two students with the alert card to staff room to alert a staff member to bring the EpiPen and to alert staff to the emergency.
- First staff member alerted should ring 000 to get an ambulance. They should also contact the parents and provide the ambulance with the student's details and Anaphylaxis Management Plan.
- A trained staff member should administer the EpiPen and give any other required first aid. They should remain with the child until the emergency ambulance arrives.
- Additional staff members should be alerted to support the situation in relation to crowd control.
- A staff member must man the school gate and direct the ambulance when it arrives.

Adrenaline Autoinjectors for General Use

The principal will purchase adrenaline autoinjector(s) for general use (purchased by the school) and as a back up to those supplied by parents.

The principal will determine the number of additional adrenaline autoinjector(s) required. In doing so, the principal will take into account the following relevant considerations:

- the number of students enrolled at the school who have been diagnosed as being at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors that have been provided by parents of students who have been diagnosed as being at risk of anaphylaxis
- the availability and sufficient supply of adrenaline autoinjectors for general use in specified locations at the school, including:
 - in the school yard, and at excursions, camps and special events conducted or organised by the school
 - adrenaline autoinjectors for general use have a limited life, usually expiring within 12-18 months, and will need to be replaced at the school's expense, either at the time of use or expiry, whichever is first.

Annual Risk Management Checklist

The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Training to monitor compliance with their obligations.

This policy is underpinned by the:

- Duty of Care Policy & Procedures
- First Aid Policy & Procedures
- Medication Management Policy & Procedures
- Student Engagement and Wellbeing Policy & Procedures
- Student Welfare Policy & Procedures

Appendix A: Individual Anaphylaxis Management Plan

Appendix B: Annual Risk Management Checklist

5. EVALUATION

- This policy will be reviewed annually and amended in accordance with DET guidelines .



Appendix A: Individual Anaphylaxis Management Plan

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

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

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

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

ENVIRONMENT

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

Name of environment/area:

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

Name of environment/area:

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

Name of environment/area:

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

Name: _____

For use with EpiPen® adrenaline autoinjectors

Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by:

Dr: _____

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

Signed: _____

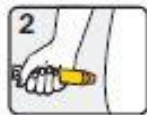
Date: _____

Date of next review: _____

How to give EpiPen®



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



PLACE ORANGE END against outer mid-thigh (with or without clothing).



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

REMOVE EpiPen®. Massage injection site for 10 seconds.

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

MILD TO MODERATE ALLERGIC REACTION

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

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.
- 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 may not always occur before anaphylaxis

Watch for **ANY ONE** of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION FOR ANAPHYLAXIS

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.
- 2 Give EpiPen® or EpiPen® Jr 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, if another adrenaline autoinjector is available.

If in doubt, give adrenaline autoinjector

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

EpiPen® is generally prescribed for adults and children over 5 years.
 EpiPen® Jr is generally prescribed for children aged 1-5 years.

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Asthma: Y N Medication: _____

Appendix B: 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 with a medical condition that relates to allergy and the potential for anaphylactic reaction successfully completed an approved Anaphylaxis Management Training Course, either: <ul style="list-style-type: none"> • ASCIA e-training within the last 2 years, or • accredited face to face training (22300VIC or 10313NAT) within the last 3 years? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does your school conduct twice yearly briefings annually? If no, 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 briefing? If no, why as this is a requirement for school registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen®) within 30 day of completing the ASCIA Anaphylaxis e-training for Victorian Schools?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2: Individual Anaphylaxis Management Plans	
12. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an adrenaline autoinjector have an Individual Anaphylaxis Management Plan which includes an ASCIA Action Plan for Anaphylaxis completed and signed by a prescribed medical practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?	
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
15. Do all students who carry an adrenaline autoinjector on their person have a copy of their ASCIA Action Plan kept at the school (provided by the parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are the Action Plans kept?	
16. Does the ASCIA Action Plan include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Have the Individual Management Plans (for students at risk of anaphylaxis) been reviewed prior to any off site activities (such as sport, camps or special events), and where appropriate reviewed in consultation with the student's parent/s?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 3: Storage and accessibility of adrenaline autoinjectors

18. Where are the student(s) adrenaline autoinjectors stored?	
19. Do all school staff know where the school's adrenaline autoinjectors for general use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Are the adrenaline autoinjectors stored at room temperature (not refrigerated)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Is the storage unlocked and accessible to school staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Are the adrenaline autoinjectors easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis? Who?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Are there adrenaline autoinjectors which are currently in the possession of the school and which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Has the school signed up to EpiClub or ANA-alert (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Do all school staff know where the adrenaline autoinjectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Has the school purchased adrenaline autoinjector(s) for general use, and have they been placed in the school's first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Where are these first aid kits located? Do staff know where they are located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No

33. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4: Prevention strategies	
34. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why not as this is a requirement for school registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 5: School management and emergency response	
37. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Do school staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Have you developed Emergency Response Procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In all school buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA Action Plan for Anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Have you checked how long it will take to get to the adrenaline autoinjector and the individual ASCIA Action Plan for Anaphylaxis to a student from various areas of the school including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No

43. On excursions or other out of school events is there a plan for who is responsible for ensuring the adrenaline autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the adrenaline autoinjector for general use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
44. Who will make these arrangements during excursions?	
45. Who will make these arrangements during camps?	
46. Who will make these arrangements during sporting activities?	
47. Is there a process for post incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
48. Have all school staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction attend, and any other staff identified by the principal, been briefed on:	
a. The school's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students with a medical condition that relates to allergy and the potential for an anaphylactic reaction, and who are prescribed an adrenaline autoinjector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an adrenaline autoinjector, including hands on practise with a trainer adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the adrenaline autoinjector(s) for general use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 6: Communication Plan	
49. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?	
a. To school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No

e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
50. Is there a process for distributing this information to the relevant school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	
51. How is this information kept up to date?	
52. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
53. What are they?	

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 - Prevention Strategies of the Anaphylaxis Guidelines

Signature of parent:

Date:

I have consulted the parents of the students and the relevant school staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.

Signature of principal (or nominee):

Date:

