

Anaphylaxis Management Policy

Rationale

Tintern Grammar is committed to providing a safe school environment for students and staff. In the interests of student and staff health and wellbeing, the School has established processes and protocols for dealing with illnesses, injuries/accidents and medical emergencies.

The School is required by law to fully comply with *Ministerial Order 706 – Anaphylaxis Management in Schools* and the associated guidelines published, and amended from time to time, by the Department of Education and Early Childhood Development.

Policy Scope

This policy applies to all students of Tintern Grammar. All members of the School community should be familiar with this policy.

Definition

Anaphylaxis is a severe, rapidly progressive and potentially life threatening allergic reaction. The most common triggers (allergens) are peanuts, tree nuts (e.g. hazelnuts, cashews and almonds), cows' milk, eggs, wheat, soybean, sesame (sees/oil), fish and shellfish.

Although these are the most common triggers, any food can trigger an allergic reaction. Other common allergens include latex, insects and medications. Peanuts and tree nuts are the allergens that most often associated with fatal reactions; however, people have died as a result of other triggers such as milk and shellfish.

The incidence of allergy, including anaphylaxis is increasing. Although severe allergy/anaphylaxis is now more common than it was in the 1990's, death from anaphylaxis remains rare. The only way to prevent anaphylaxis is to avoid the triggers.

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers, and prevention of exposure to these allergens. Most allergic reactions can be prevented.

First aid treatment for anaphylaxis is adrenaline. In the community setting, adrenaline is administered via an adrenaline auto-injector, following instruction on the individual's Allergy Action Plan for Anaphylaxis.

Those at risk of anaphylaxis are prescribed an adrenaline auto-injector. The adrenaline auto-injectors currently available in Australia are Epipen® and Anapen®.

Purpose

The Anaphylaxis Management Policy aims to:

- provide, as far as possible, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of school life;
- raise awareness about anaphylaxis and emergency procedures for anaphylaxis in the School community;
- engage with parents/guardians/carers ("parents") of any student who has been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction ("at-risk students"), in assessing risks and developing risk minimisation and management strategies for those at-risk students ; and

- ensure that school staff have adequate knowledge about allergies, anaphylaxis and the School's policies and procedures for responding to an anaphylactic reaction.

Responsibilities

Parent Responsibilities

Parents of students who have been prescribed an adrenaline auto-injector, must provide the School with the auto-injector and a doctor-authorised Australasian Society of Clinical Immunology and Allergy Action Plan for Anaphylaxis ("ASCIA Action Plan").

There are three different types of ASCIA Action plans: for use with EpiPen; for use with Anapen and for use when no adrenaline auto-injector has been prescribed.

An ASCIA Action Plan:

- is completed and signed by the at-risk student's treating doctor and then provided to the School by the parent;
- sets out the signs and symptoms of a mild to moderate or severe allergic reaction and includes the emergency procedures to be taken in the event of an allergic reaction; and
- includes an up-to-date colour photograph of the student.

An at-risk student must have a current ASCIA Action Plan, which is accessible to all staff, including catering staff within the School and staff conducting trips/excursions/sporting events or supervising these events.

During on-site school activities each individual student's ASCIA Action Plan is stored in a variety of locations: the School's Sick Bay; the staffrooms of each section of the school; a scanned copy is kept on the School's synergetic database.

When the student is involved in off-site activities the student's ASCIA Action Plan will be transported by the teacher in charge of the activity – excursion, camp, sport etc.. – as required in the School's Risk Management Policy. The School's First Aid Officers are aware of all student attendees at excursions, camps, sport and other off-site activities and have responsibility for ensuring that auto-injectors and ASCIA Action Plans are packed in appropriately labelled First Aid kits. The staff member in charge of the activity has responsibility from ensuring that they are in possession of the First Aid kit before leaving the School. Sufficient School staff who have up-to-date current accredited training in Anaphylaxis management are required to be in attendance at all off-site activities.

It is the responsibility of the parent of at-risk students to:

- 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. In addition, an updated photograph must also be provided when the ASCIA Action Plan is reviewed or updated.
- ensure their child's prescribed auto-injector has been lodged at the School's First Aid Department, and that their child carries an additional auto-injector in their school bag to and from the School.
- ensure that these prescribed auto-injectors are current and within the expiry date.

It is requested that parents actively encourage their children not to share food with peers, whether supplied from home or purchased at School.

Principal's Responsibilities

The Principal has a responsibility to ensure that identified school staff have current accredited training in anaphylaxis management and are briefed at least twice per calendar year.

The Principal will identify the school staff to be trained, based on the definition in *Clause 5.9 of Ministerial Order 706*, and assess the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the School.

At other times while students are under the care or supervision of the School (including during excursions, camps, and special event days) the Principal will ensure that there are sufficient staff present who have current, accredited training in Anaphylaxis management.

The school staff identified by the Principal, will undertake an Anaphylaxis Management Training Course every three years. In addition, all school staff will be required to undergo twice a calendar year briefings, with the first occurring in the staff in-service program at the start of the year. The briefings are to be delivered by a staff member who has successfully completed an Anaphylaxis management course within the last 12 months.

At these two briefings, staff will be informed of:

- the School's Anaphylaxis Management Policy
- the updated identity of students at risk of Anaphylaxis and the details of their medical condition
- the causes, symptoms and treatments of Anaphylaxis
- how to use an adrenaline auto-injector, including practising with a "trainer" adrenaline auto-injector
- the School's general first-aid and emergency response procedures
- the location of, and access to, adrenaline auto-injectors that have been provided by parents for specific students as well as those purchased by the School for general use

In the event that the relevant training has not occurred, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the Parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction. Training will be provided to relevant school staff as soon as practicable after the student enrolls, and preferably before the student's first day of attendance at the School.

Implementation

Individual Anaphylaxis Management Plans

The Principal has a responsibility to ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents, for any at-risk student, where the School has been notified of the diagnosis. This will include the student's ASCIA Action Plan.

The Individual Anaphylaxis Management Plan must be put in place as soon as practicable after the student enrolls, and where possible before the student's first day of attendance at the School. The Principal is responsible for ensuring that students with identified risk of Anaphylactic reaction have provided the School with a current auto-injector and a doctor-authorized Australasian Society of Clinical Immunology and Allergy Action Plan for Anaphylaxis ("ASCIA Action Plan") and to inform the parents that the student cannot attend the School or School events until these are received.

The Individual Anaphylaxis Management Plan will include the following information (see Appendix 1 for template):

- information about the student's medical condition/diagnosis that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has

- (based on diagnosis from the 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, both in and out of School settings (including the school yard, camps, excursions, and special events conducted, organised or attended by the School, for example);
 - the name(s) of the person(s) responsible for implementing the strategies;
 - information regarding the storage and location of the student's medication;
 - the student's emergency contact details;
 - an ASCIA Action Plan.

The School will then implement and monitor the student's Anaphylaxis Management Plan.

The student's Individual Anaphylaxis Management Plan must be reviewed, in consultation with the student's parents in all of the following circumstances:

- annually;
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
- as soon as practical after the event of the student having anaphylactic reaction at the School; and
- when the student is to participate in a school camp or overseas exchange.

Copies of Individual Anaphylaxis Management Plans, including the ASCIA Action Plan for Anaphylaxis, will be accessible to all staff on the School's *Synergetic* database and:

- will be accessible to all staff generating trips, camps and excursions;
- will be accessible for all activities where the student is under the care and supervision of School staff.

Adrenaline Auto-injectors for General Use

The School has a number of adrenaline auto-injectors for general use, which will act as a back up to those supplied by Parents.

The Principal will determine the number of additional adrenaline auto-injectors required, taking into account the following considerations:

- the number of at-risk students enrolled at the School;
- the accessibility of prescribed adrenaline auto-injectors that have been provided by parents of at-risk students;
- the availability and sufficient supply of adrenaline auto-injectors for general use in specified locations at the School, including for excursions, camps and special events; and
- that the adrenaline auto-injectors 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.

School Management and Emergency Response

In the event of an allergic reaction, the School will follow the student's ASCIA Action Plan for Anaphylaxis, in addition to the School's emergency documents and procedures.

These emergency documents and procedures include:

- First Aid protocol and procedures, stored on the Portal;
- a complete and up-to-date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction;

- details of Individual Anaphylaxis Management Plans (containing ASCIA Action Plans);
- information about the storage and accessibility of adrenaline auto-injectors;
- how communication with school staff, students and parents is to occur in accordance with a communications plan.

Communication Plan

The Principal is responsible for ensuring a communication plan is developed to provide information to all staff, students and parents/guardians about allergy, anaphylaxis and this policy.

Information regarding emergency response procedures in classrooms, the school grounds, or on school camps, excursions, trips and on special event days (such as sport days) is contained in the Staff Handbook and on the School Portal.

The School will raise student, parent and community awareness through a variety of methods, including staff meetings, Induction Folder, guidelines, policies and information contained on the Parent Portal.

All Casual Relief Teachers and volunteers who are likely to have contact with students who are identified as having a medical condition that relates to allergy and have the potential for an anaphylactic reaction are to be informed of these students by the manager responsible for their employment. They must also be advised of: the School's Anaphylaxis Management Policy; the updated identity of students at risk of Anaphylaxis and the details of their medical condition; the School's general first-aid and emergency response procedures; contact numbers for the First Aid Staff and for Reception areas around the school and also of staffroom telephone numbers; and, the location of adrenaline auto-injectors around the School.

Risk Minimisation and Prevention Strategies

The School will implement risk minimisation and prevention strategies for all relevant in-school and out-of-school settings, as outlined below. Detailed information is also contained in the Tintern Grammar First Aid Protocol and Procedures.

Sufficient school staff supervising students at any time must be trained in the administration of an auto-injector and be able to respond quickly to an anaphylactic reaction if required.

Classrooms

The School has implemented a Food in Classrooms procedure and associated paperwork to ensure that the risk of anaphylaxis is identified and appropriately managed. This is detailed in Tintern Grammar' First Aid protocol and procedures.

Appropriate labelling should be used for food and substances containing possible allergens, particularly in Food Technology, Science and Art classes.

Yard

The School will ensure that a communication plan exists for teachers on yard duty. Individual Anaphylaxis Management Plans and auto-injectors are located throughout the School to enable easy access in the event of an anaphylactic reaction.

Canteen

All canteen staff, including volunteers, will receive information and procedures regarding anaphylaxis management and safe food-handling practices. Posters and relevant documentation will also be located in the canteen.

In addition to food safety procedures, all surfaces will regularly be wiped down with warm soapy water and products containing possible allergens will be appropriately labelled.

In-School Special Events

For special events involving food, staff are required to follow the Schools Nut Aware policy guidelines and the Food Safety policy guidelines.

The use of party balloons must also be authorised by First Aid Staff, and will not be permitted should a student who is allergic to latex be involved.

Travel to and from the School

Parents of at-risk students should ensure that their child carries an additional auto-injector in their school bag to and from the School.

Excursions and Sporting Events

For each excursion or sporting event a risk assessment will be undertaken and for those events in which an at-risk student is participating, the organising staff member will consult with First Aid to assess the at-risk student's Anaphylaxis Management Plan. The assessment will vary according to the number of at-risk students, the nature of the excursion/sporting event, size of the venue, distance from medical assistance, the structure of the excursion and the corresponding staff-student ratio.

The School will bring an auto-injector for general use on all excursions/sporting events, as well as individual Anaphylaxis Management plans for at-risk students.

Camps and Overseas Travel

For any school camp or overseas trip, a risk assessment will be undertaken, including an assessment for each individual at-risk student. The risks may vary according to the number of at-risk students, the nature of the camp/trip, location and length of the camp/trip, distance from medical assistance, the structure of the camp/trip and the corresponding staff-student ratio.

Staff may consult parents of at-risk students in advance to develop suitable arrangements.

The School will bring an auto-injector for general use on all school camps/trips, as well as individual Anaphylaxis Management plans for at-risk students. The School will also bring an auto-injector on school camps without at-risk students in the event of a first-time reaction.

Work Experience

The School will liaise with the student, parents and employer regarding risk management prior to an at-risk student attending work experience. Supervisors must be shown the ASCIA Action Plan and how to use the auto-injector in the event of a reaction whilst on work experience.

Annual Risk Management Checklist

The Principal is required to complete an annual Risk Management Checklist to monitor compliance with their obligations, as published, and amended from time to time, by the Department of Education and Early Childhood Development. This checklist is located in Appendix 2.

Review:

Date of next TSE Review: 14 September 2020

This policy will be reviewed every five years, or as required by legislation.

TINTERN GRAMMAR

Appendix 1 – Example Individual Anaphylaxis Management Plan 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; to provide a personal auto-injector; 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 Auto-injector (device specific) (Epipen®/ Anapen®)	

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?

Copy of ASCIA Action Plan for Anaphylaxis to be inserted

ascia
australian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR
Anaphylaxis

For use with EpiPen® Adrenaline Autoinjectors

Name: _____
Date of birth: _____

Photo

Confirmed allergens:

Asthma Yes No

Family/emergency contact name(s):

Work Ph: _____
Home Ph: _____
Mobile Ph: _____

Plan prepared by:
Dr: _____
Signed: _____
Date: _____

How to give EpiPen®

1



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

2



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

3



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 a severe allergic reaction to insects)

ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.**
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr
- Give other medications (if prescribed)
- Dose:
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede 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

- 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**
- 3 Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)**
- 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.
If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

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.

Additional information _____

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.

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Anaphylaxis Management Policy

Page 10 of 16

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

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

Annual Risk Management Checklist

School Name:	Tintern Grammar	
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 Auto-injector?		
2. How many of these students carry their Adrenaline Auto-injector on their person?		
3. Have any students ever had an allergic reaction requiring medical intervention at school?	■ Yes <input type="checkbox"/> No	
a. If Yes, how many times?		
4. Have any students ever had an Anaphylactic Reaction at school?	■ 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 Auto-injector to a student?	■ 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)?	■ 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 Auto-injector have an Individual Anaphylaxis Management Plan and ASCIA Action Plan completed and signed by a prescribed Medical Practitioner?	■ Yes <input type="checkbox"/> No	
8. Are all Individual Anaphylaxis Management Plans reviewed regularly with Parents (at least annually)?	■ 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?		

TINTERN GRAMMAR

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 Auto-injector 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 Auto-injectors	
12. Where are the student(s) Adrenaline Auto-injectors stored?	
13. Do all School Staff know where the School's Adrenaline Auto-injectors for General Use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are the Adrenaline Auto-injectors 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 Auto-injectors 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 Auto-injector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the Adrenaline Auto-injectors 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 Auto-injector expiry dates on a regular basis? Who?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Are there Adrenaline Auto-injectors 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 Auto-injectors and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Has the School purchased Adrenaline Auto-injector(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 Auto-injector for General Use clearly labelled as the 'General Use' Adrenaline Auto-injector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Is there a register for signing Adrenaline Auto-injectors 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 recorded, 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

TINTERN GRAMMAR

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 Auto-injector 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 Auto-injector 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 Auto-injector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the Adrenaline Auto-injector 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 Auto-injector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an Adrenaline Auto-injector, including hands on practise with a trainer Adrenaline Auto-injector?	<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 Auto-injector(s) for General Use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No

TINTERN GRAMMAR

g. Where the Adrenaline Auto-injectors 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?	

Signature: _____

Date: __/__/__