

Monbulk College

Policy:

Date Ratified:

Date of Last Review

Asthma

March 2021

February 2021

BASIC BELIEFS:

Monbulk College believes that:

- it is imperative to appropriately support students diagnosed with Asthma.

AIMS:

Monbulk College aims to:

- explain to parents/carers, staff and students the processes and procedures in place to support students diagnosed with asthma.

IMPLEMENTATION PROCEDURES

This policy applies to:

- all staff, including casual relief staff, contractors and volunteers
- all students who have been diagnosed with asthma or who may require emergency treatment for asthma and their parents/carers.

Asthma

Asthma is a long term lung condition. People with asthma have sensitive airways in their lungs which react to triggers, causing a 'flare-up'. In a flare-up, the muscles around the airway squeeze tight, the airways swell and become narrow and there is more mucus. This makes it hard to breathe. An asthma flare-up can come on slowly (over hours, days or even weeks) or very quickly (over minutes). A sudden or severe asthma flare-up is sometimes called an asthma attack.

Symptoms

Symptoms of asthma can vary over time and often vary from person to person. The most common asthma symptoms are:

- breathlessness
- wheezing (a whistling noise from the chest)
- tight feeling in the chest
- persistent cough

Symptoms often occur at night, early in the morning or during/just after physical activity. If asthma is well controlled, a person should only have occasional asthma symptoms.

Triggers

A trigger is something that sets off or starts asthma symptoms. Everyone with asthma has different triggers. For most people with asthma, triggers are only a problem when asthma is not well controlled with medication. Common asthma triggers include:

- exercise
- colds/flu
- smoke (cigarette smoke, wood smoke from open fires, burn-offs or bushfires)
- weather changes such as thunderstorms and cold, dry air

- house dust mites
- pollens
- chemicals such as household cleaning products
- food chemicals/additives
- laughter or emotions, such as stress
- moulds
- animals such as cats and dogs
- deodorants (including perfumes, aftershave, hair spray and aerosol deodorant sprays)
- certain medications (including aspirin and anti-inflammatories)

Asthma management

If a student diagnosed with asthma enrolls at Monbulk College:

1. Parents/carers must provide the school with an Asthma Action Plan which has been completed by the student's medical practitioner. The plan must outline:
 - the prescribed medication taken by the student and when it is to be administered, for example as a pre-medication to exercise or on a regular basis
 - emergency contact details
 - the contact details of the student's medical practitioner
 - the student's known triggers
 - the emergency procedures to be taken in the event of an asthma flare-up or attack.
2. Parents/carers should also provide a photo of the student to be included as part of the student's Asthma Action Plan.
3. Example School will keep all Asthma Action Plans:
 - Sick Bay
4. School staff may also work with parents/carers to develop a Student Health Support Plan which will include details on:
 - how the school will provide support for the student
 - identify specific strategies
 - allocate staff to assist the student

Any Student Health Support Plan will be developed in accordance with Monbulk College's Healthcare Needs Policy.

5. If a student diagnosed with asthma is going to attend a school camp or excursion, Monbulk College parents/carers are required to provide any updated medical information.
6. If a student's asthma condition or treatment requirements change, parent/carers must notify the school and provide an updated Asthma Action Plan.
7. School staff will work with parents/carers to review Asthma Action Plans (and Student Health Support Plans) at the beginning of the school year.

Student asthma kit

All students diagnosed with asthma are required to have a student asthma kit at school which contains:

- their own prescribed reliever medication labelled with the student's name
- their spacer (if they use one)

Students will be required to keep their asthma kits with them while at school.

Spare generic asthma supplies will be stored **Sick Bay**.

Asthma emergency response plan

If a student is:

- having an asthma attack
- difficulty breathing for an unknown cause, even if they are not known to have asthma

School staff will endeavour to follow the Asthma First Aid procedures outlined in the table below. School staff may contact Triple Zero “000” at any time.

Step	Action
1.	Sit the person upright <ul style="list-style-type: none"> • Be calm and reassuring • Do not leave them alone • Seek assistance from another staff member or reliable student to locate the student’s reliever, the Asthma Emergency Kit and the student’s Asthma Action Plan (if available). • If the student’s action plan is not immediately available, use the Asthma First Aid as described in Steps 2 to 5.
2.	Give 4 separate puffs of blue or blue/grey reliever puffer: <ul style="list-style-type: none"> • Shake the puffer • Use a spacer if you have one • Put 1 puff into the spacer • Take 4 breaths from the spacer Remember – Shake, 1 puff, 4 breaths
3.	Wait 4 minutes <ul style="list-style-type: none"> • If there is no improvement, give 4 more separate puffs of blue/grey reliever as above (or give 1 more dose of Bricanyl or Symbicort inhaler)
4.	If there is still no improvement call Triple Zero “000” and ask for an ambulance. <ul style="list-style-type: none"> • Tell the operator the student is having an asthma attack • Keep giving 4 separate puffs every 4 minutes until emergency assistance arrives (or 1 dose of Bricanyl or Symbicort every 4 minutes – up to 3 doses of Symbicort)
5.	If asthma is relieved after administering Asthma First Aid, stop the treatment and observe the student. Notify the student’s emergency contact person and record the incident

Staff will call Triple Zero “000” immediately if:

- the person is not breathing
- if the person’s asthma suddenly becomes worse or is not improving
- if the person is having an asthma attack and a reliever is not available
- if they are not sure if it is asthma
- if the person is known to have anaphylaxis

Training for staff

Monbulk College will arrange the following asthma management training for staff:

Staff	Completed by	Course	Provider	Cost	Valid
Group 1 General Staff	School staff with a direct teaching role with students affected by asthma or other school staff directed by the principal after conducting a risk assessment.	Asthma first aid management for education staff (non-accredited) One hour face-to-face or online training.	Asthma Australia	Free to all schools	3 years
Group 2 Specific Staff	Staff working with high risk children with a history of severe asthma, or with direct student wellbeing responsibility, (including nurses, PE/sport teachers, first aid and school staff attending camp)	<i>Course in Management of Asthma Risks and Emergencies in the Workplace 22282VIC</i> (accredited) OR <i>Course in Emergency Asthma Management 10392NAT</i> (accredited)	Any RTO that has this course in their scope of practice	Paid by Monbulk College	3 years

Monbulk College will also provide this policy to casual relief staff and volunteers who will be working with students, and may also provide a briefing if the principal decides it is necessary depending on the nature of the work being performed.

Asthma Emergency Kit

Monbulk College will provide and maintain at least two Asthma Emergency Kits. One kit will be kept on school premises at Sick Bay and one will be a mobile kit for activities such as:

- Camps
- Excursions

The Asthma Emergency Kit will contain:

- at least 1 blue or blue/grey reliever medication such as Airomir, Admol or Ventolin
- at least 2 spacer devices (for single person use only) to assist with effective inhalation of the blue or blue/grey reliever medication (Monbulk College will ensure spare spacers are available as replacements). Spacers will be stored in a dust proof container.
- clear written instructions on Asthma First Aid, including:
 - how to use the medication and spacer devices
 - steps to be taken in treating an asthma attack
- A record sheet/log for recording the details of an asthma first aid incident, such as the number of puffs administered (See Appendices)

Sick Bay / First Aid Attendant will monitor and maintain the Asthma Emergency Kits. They will:

- ensure all contents are maintained and replaced where necessary
- regularly check the expiry date on the canisters of the blue or blue/grey reliever puffers and place them if they have expired or a low on doses
- replace spacers in the Kits after each use (spacers are single-person use only)
- dispose of any previously used spaces.

The blue or blue/grey reliever medication in the Asthma Emergency Kits may be used by more than one student as long as they are used with a spacer. If the devices come into contact with someone's mouth, they will not be used again and will be replaced.

After each use of a blue or blue/grey reliever (with a spacer):

- remove the metal canister from the puffer (do not wash the canister)
- wash the plastic casing
- rinse the mouthpiece through the top and bottom under running water for at least 30 seconds
- wash the mouthpiece cover
- air dry then reassemble
- test the puffer to make sure no water remains in it, then return to the Asthma Emergency Kit.

Management of confidential medical information

Confidential medical information provided to Monbulk College to support a student diagnosed with asthma will be:

- recorded on the student's file
- shared with all relevant staff so that they are able to properly support students diagnosed with asthma and respond appropriately if necessary.

Communication plan

This policy will be available on Monbulk College website so that parents and other members of the school community can easily access information about Monbulk College's asthma management procedures.

Epidemic Thunderstorm Asthma

Monbulk College will be prepared to act on the warnings and advice from the Department of Education and Training when the risk of epidemic thunderstorm asthma is forecast as high.

References:

- Asthma Australia: [Resources for schools](#)
- Policy and Advisory Library:
 - [Asthma](#)
 - [Treating an asthma attack](#)
- Student Health Care Needs policies
- First Aid Policy
- <https://edugate.eduweb.vic.gov.au/edrms/keyprocess/cp/SitePages/SchoolPoliciesDetail.aspx?CID=24>

Appendices:

1. Asthma Emergency Kit Log

Approved By	School Council
Approval Authority (Signature & Date)	<i>F Ibbott</i> 31/3/2021
Responsible for Review	Assistant Principal – Policy and Planning Sub-Committee
Next Review Date	February 2022 (annually)

Asthma Emergency Kit Log



**Asthma
Australia**

To find out more about asthma
contact your local Asthma Foundation:
1800 278 462 (office hours)
asthmaaustralia.org.au

This form is to be used by staff to record use of this Kit. It is in addition to the first aid log as required by worksite policies.
This log should be completed whenever the kit is used and kept with the kit until it needs to be replaced.
Completed forms should be stored with the worksite first aid log.
Additional forms can be downloaded at asthmaaustralia.org.au

DATE	TIME	NAME of casualty	DESCRIBE presentation	ACTION TAKEN	PUFFER count (count down from 200)	WORKSITE REPORT COMPLETED (Yes/No)	EMERGENCY CONTACT notified	NAME of person making entry (print name and sign)
Eg. 1/7/11	10:30am	A. Zmah	Short of breath, coughing	Given 4 puffs with a spacer	196	Yes	Called emergency contact	J. Smith

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 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 of environment/area:

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

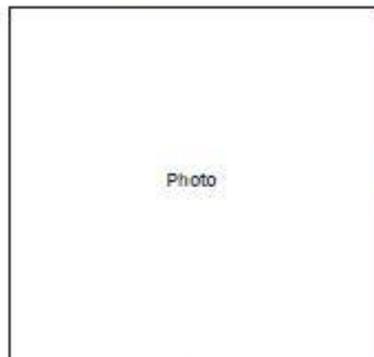
Name of environment/area:

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

ACTION PLAN FOR Anaphylaxis

Name: _____
 Date of birth: _____

For use with EpiPen® adrenaline autoinjectors



Confirmed allergens:

Family/emergency contact name(s):

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

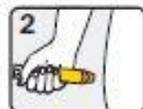
Plan prepared by:
 Dr. _____
 I hereby authorise medications specified on this plan to be administered according to the plan.
 Signed: _____

Date: _____
 Date of next review: _____

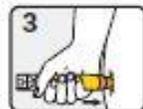
How to give EpiPen®



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 3-5 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: _____

<p>This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):</p> <p>annually</p> <p>if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes</p> <p>as soon as practicable after the student has an anaphylactic reaction at school</p> <p>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 (egg. class parties, elective subjects, cultural days, fetes, incursions).</p> <p>I have been consulted in the development of this Individual Anaphylaxis Management Plan.</p> <p>I consent to the risk minimisation strategies proposed.</p> <p>Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines</p>	
Signature of parent:	
Date:	
<p>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.</p>	
Signature of principal (or nominee):	
Date:	

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	
7. Have all school staff who conduct classes with students who are at risk of anaphylaxis successfully completed an approved anaphylaxis management training course, either: <ul style="list-style-type: none"> • online training (ASCIA anaphylaxis e-training) within the last 2 years, or • accredited face to face training (22300VIC or 10313NAT) within the last 3 years? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does your school conduct twice yearly briefings annually? If no, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do all school staff participate in a twice yearly anaphylaxis briefing? If no, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen®) within 30 days of completing the ASCIA Anaphylaxis e-training for Victorian Schools?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2: Individual Anaphylaxis Management Plans	
11. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an adrenaline autoinjector have an Individual Anaphylaxis Management Plan which includes an ASCIA Action Plan for Anaphylaxis completed and signed by a prescribed medical practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?	
a. During classroom activities, including elective classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In canteens or during lunch or snack times	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Before and after school, in the school yard and during breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. For special events, such as sports days, class parties and extra-curricular activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. For excursions and camps	<input type="checkbox"/> Yes <input type="checkbox"/> No

f. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do all students who carry an adrenaline autoinjector on their person have a copy of their ASCIA Action Plan for Anaphylaxis kept at the school (provided by the parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are the Action Plans kept?	
15. Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are Individual Management Plans (for students at risk of anaphylaxis) reviewed prior to any off site activities (such as sport, camps or special events), and in consultation with the student's parent/s?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 3: Storage and accessibility of adrenaline autoinjectors	
17. Where are the student(s) adrenaline autoinjectors stored?	
18. Do all school staff know where the school's adrenaline autoinjectors for general use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the adrenaline autoinjectors stored at room temperature (not refrigerated) and out of direct sunlight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is the storage unlocked and accessible to school staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Are the adrenaline autoinjectors easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan for Anaphylaxis) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No

25. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis? Who?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Are there adrenaline autoinjectors which are currently in the possession of the school which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Has the school signed up to EpiClub (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Do all school staff know where the adrenaline autoinjectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Has the school purchased adrenaline autoinjector(s) for general use, and have they been placed in the school's first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Where are these first aid kits located? Do staff know where they are located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4: Risk Minimisation strategies	
33. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you implemented any of the risk minimisation strategies in the Anaphylaxis Guidelines? If yes, list these in the space provided below. If no please explain why not as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 5: School management and emergency response	
36. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Do school staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Have you developed emergency response procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

d. How to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the adrenaline autoinjector(s) for general use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 6: Communication Plan	
48. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?	
a. To school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49. Is there a process for distributing this information to the relevant school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	
50. How will this information 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?	