

### **Anaphylaxis Policy**

### **Purpose**

To explain to Bentleigh Secondary College parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that Bentleigh Secondary College is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

### Scope

This policy applies to:

- all staff, including casual relief staff and volunteers
- all students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction, and their parents and carers.

#### **Policy**

### **School Statement**

Bentleigh Secondary College will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

### **Anaphylaxis**

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school-aged children are nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

Symptoms

Signs and symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- tingling in the mouth.

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

- difficult/noisy breathing
- swelling of tongue
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- student appears pale or floppy
- abdominal pain and/or vomiting.

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen, but can appear within a few minutes.

### Treatment

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline auto injector for use in an emergency. These adrenaline auto injectors are designed so that anyone can use them in an emergency.

### Individual Anaphylaxis Management Plans

All students at Bentleigh Secondary College who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When



notified of an anaphylaxis diagnosis, the principal of Bentleigh Secondary College is responsible to organise the First Aid Co-ordinator to develop a plan in consultation with the student's parents/carers.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrols at Bentleigh Secondary College and where possible, before the student's first day.

#### Parents and carers must:

- obtain an Australian Society of Clinical Immunology and Allergy (ASCIA) Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as possible
- immediately inform the school in writing if there is a relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
- provide the school with a current adrenaline auto injector for the student that has not expired;
- Participate in annual reviews of the student's Plan.

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, 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 risk minimisation strategies, which have been identified in the Plan
- information about where the student's medication will be stored
- the student's emergency contact details
- An up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

Review and updates to Individual Anaphylaxis Plans

A student's Individual Anaphylaxis Plan will be reviewed and updated on an annual basis in consultation with the student's parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

- as soon as practicable after the student has an anaphylactic reaction at school
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- When the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

Our school may also consider updating a student's Individual Anaphylaxis Management Plan if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

### Location of plans and adrenaline auto injectors

Depending on the age of the students who are at risk of anaphylaxis, the severity of their allergies and the content of their plan, some students may keep their adrenaline auto injector on their person, rather than in a designated location. The majority of students have their adrenaline auto injectors stored in the Staffroom.

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in the Staffroom together with the student's adrenaline auto injector. Adrenaline auto injectors must be labelled with the student's name.



### **Risk Minimisation Strategies**

Risk minimisation and prevention strategies should be considered for all relevant in-school and out-of-school settings and during all times of the school day, which include the following:

#### Staffrooms / Classrooms

- Keep a copy of the student's Individual Anaphylaxis Management Plan in the Staffroom/s
- Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible
- Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth
- Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars). An auto injector will be stored in DV06.
- Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc. are washed and cleaned thoroughly after preparation of food and cooking

### **Canteens**

 Canteen staff should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.

### **Evacuations**

During an evacuation the adrenaline auto injectors are taken by the First Aid Coordinator to the evacuation area.

### Yard

- If the college has a student who is at risk of anaphylaxis, sufficient staff on yard duty must be trained in the administration of the adrenaline auto injector (i.e. EpiPen®) to be able to respond quickly to an anaphylactic reaction if needed.
- The adrenaline auto injector and each student's Individual Anaphylaxis
  Management Plan are easily accessible from the yard, and staff should
  be aware of their exact location (Staffroom)
- Students are discouraged from sharing food
- Gloves must be worn when picking up rubbish from the playground
- Staff and students are reminded to wash their hands after eating



### Field trips/excursions/sporting events

- If the college has a student at risk of anaphylaxis, sufficient staff supervising the special event must be trained in the administration of an adrenaline auto injector and be able to respond quickly to an anaphylactic reaction if required
- A staff member trained in the recognition of anaphylaxis and the administration of the adrenaline auto injector must accompany any student at risk of anaphylaxis on field trips or excursions.
- The adrenaline auto injector and a copy of the Individual Anaphylaxis
   Management Plan for each student at risk of anaphylaxis should be easily
   accessible and staff must be aware of their exact location. (Staffroom)

### **Camps and Tours**

- Prior to engaging a camp owner/operator's services the college should make enquiries as to whether it can provide food that is safe for anaphylactic students
- The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
- The student's adrenaline auto injector, Individual Anaphylaxis
   Management Plan, including the ASCIA Action Plan for Anaphylaxis and
   a mobile phone must be taken on camp. If mobile phone access is not
   available, an alternative method of communication in an emergency
   must be considered, e.g. a satellite phone
- Staff should consider taking an adrenaline auto injector for general use on a school camp, even if there is no student at risk of anaphylaxis, as a back-up device in the event of an emergency

Appendix F of the Department's Anaphylaxis Guidelines includes detailed risk mitigation strategies.

### Adrenaline auto injectors for general use

[Note: for guidance on the appropriate number of general use adrenaline auto injectors for your school, refer to page 34 of the Department's Anaphylaxis Guidelines: <a href="http://www.education.vic.gov.au/school/teachers/health/pages/anaphylaxisschl.aspx.">http://www.education.vic.gov.au/school/teachers/health/pages/anaphylaxisschl.aspx.</a>]

Bentleigh Secondary College will maintain a supply of adrenaline auto injector(s) for general use, as a backup to those provided by parents and carers for specific students, and also for students who may suffer from a first time reaction at school.

Adrenaline auto injectors for general use will be stored in the Staffroom, Stadium office (PE) and DV06 Kitchen labelled "general use".



The principal is responsible for arranging for the First Aid Co-ordinator to purchase of adrenaline auto injectors for general use, and will consider:

- the number of students enrolled at Bentleigh Secondary College at risk of anaphylaxis
- the accessibility of adrenaline auto injectors supplied by parents
- the availability of a sufficient supply of auto injectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline auto injectors, and the need for general use adrenaline auto injectors to be replaced when used or prior to expiry

### **Emergency Response**

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school's general first aid procedures, emergency response procedures and the student's Individual Anaphylaxis Management Plan.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the First Aid Co-ordinator and stored in the First Aid Room and the Displan folder (electronic copies are emailed to all staff). For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline auto injectors, where appropriate.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

Step	Action
1.	<ul> <li>Lay the person flat</li> <li>Do not allow them to stand or walk</li> <li>If breathing is difficult, allow them to sit</li> <li>Be calm and reassuring</li> <li>Do not leave them alone</li> <li>Seek assistance from another staff member or reliable student to locate the student's adrenaline auto injector or the school's "general use" auto injector, and the student's Individual Anaphylaxis Management Plan, stored in the staffroom</li> <li>If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5</li> </ul>
2.	<ul> <li>Administer an auto injector (EpiPen)</li> <li>Remove from plastic container</li> <li>Form a fist around the auto injector (EpiPen) and pull off the blue safety release (cap)</li> <li>Check site for barrier (e.g phone)</li> <li>Place orange end against the student's outer mid-thigh (with or without clothing)</li> <li>Push down hard until a click is heard or felt and hold in place for 3 seconds</li> <li>Remove auto injector (EpiPen)</li> <li>Note the time the auto injector (EpiPen) is administered</li> <li>Retain the used auto injector (EpiPen) to be handed to ambulance paramedics along with the time of administration</li> </ul>
3.	Call an ambulance (000)



4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline auto injectors are available.	
5.	Contact the student's emergency contacts.	

If a student appears to be having a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 – 5 as above.

[Note: If in doubt, it is better to use an adrenaline auto injector than not use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful and potentially life threatening than over-treatment of a mild to moderate allergic reaction. Refer to page 41 of the <u>Anaphylaxis Guidelines</u>].

#### **Communication Plan**

This policy will be available on Bentleigh Secondary College's website so that parents and other members of the school community can easily access information about Bentleigh Secondary College's anaphylaxis management procedures. The parents and carers of students who are enrolled at Bentleigh Secondary College and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

The First Aid Co-ordinator is responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and Bentleigh Secondary College's procedures for anaphylaxis management. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this policy by the Daily Organiser.

#### Staff training

Staff at Bentleigh Secondary College will receive appropriate training in anaphylaxis management, consistent with the Department's Anaphylaxis Guidelines.

From 2016 a new online model for anaphylaxis training is available to support Victorian schools to meet their training requirements and to improve schools' capacity to provide safe learning environments for young people with severe allergies.

Ministerial Order 706 has been amended to allow for the new online training model. Under this model it is recommended that **all Victorian school staff** undertake the new Australasian Society of Clinical Immunology and Allergy (ASCIA) e-training course and have their competency in using an auto injector tested in person within 30 days of completing the course.

The online ASCIA e-training course is fully funded for all Victorian school staff. The course will take approximately one hour and can be accessed from the ASCIA site at: <a href="mailto:anaphylaxis-e-training:Victorian-schools">anaphylaxis e-training: Victorian Schools</a>

Additionally every school is invited to nominate two staff members from each campus to undertake face-to-face training to skill them in providing competency checks to assess their colleagues' ability to use an auto-injector (e.g. EpiPen) and become School Anaphylaxis Supervisors.

Registration for the Course in Verifying the Correct Use of Adrenaline Auto injector Devices 22303VIC can be accessed from the Asthma Foundation by phone 1300 314 806 or by visiting: <a href="www.asthma.org.au">www.asthma.org.au</a>
Once the School Anaphylaxis Supervisors have completed their training your school can transition to the online model. Bentleigh Secondary College has transitioned to the online model.

[Note, for details about approved staff training modules, see page 13 of the <u>Anaphylaxis Guidelines</u>]



Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year, facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years, usually the First Aid Co-ordinator. Each briefing will address:

- this policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located
- how to use an adrenaline auto injector, including hands on practice 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 or purchased by the school for general use.

When a new student enrols at Bentleigh Secondary College who is at risk of anaphylaxis, the First Aid Coordinator will develop an interim plan in consultation with the student's parents and ensure that appropriate staff are trained and briefed as soon as possible.

#### **FURTHER INFORMATION AND RESOURCES**

- School Policy and Advisory Guide:
  - o Anaphylaxis
  - o Anaphylaxis management in schools
- Allergy & Anaphylaxis Australia: Risk minimisation strategies
- ASCIA Guidelines: <u>Schooling and childcare</u>
- Royal Children's Hospital: Allergy and immunology

### Policy Review and Approval

Policy last reviewed	March 2023
Ratified by	School Council
Next scheduled review date	2024

The principal will complete the Department's Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.

#### **APPENDIX**

Anaphylaxis Management Plan and Anaphylaxis Annual Risk Management Checklist



### APPENDIX 1 Anaphylaxis Management Plan Cover Sheet

This plan is to be completed by the parent or nominee on the basis of information from the student's medical practitioner provided by the parent/carer

SCHOOL			
Phone Number			
Student's name:			
Date of birth:		Year level:	
Severely allergic to:			
Other health conditions:			
Medication at school:			
Parent/Carer contact:	Parent/Carer information (	1)	Parent/Carer information (2)
	Name:		Name:
	Relationship:		Relationship:
	Home phone:		Home phone:
	Work phone:		Work phone:
	Mobile:		Mobile:
	Address:		Address:



Other emergency contacts (if parent/carer not available):	
Medical practitioner contact:	
Emergency care to be provided at school:	
EpiPen® storage:	
The following Anaphylaxis Management Plan has been develope will be reviewed on	ed with my knowledge and input and
Signature of parent:	Date:
Signature of principal (or nominee):	Date:



### **Strategies To Avoid Allergens**

Student's name:					
Year level:					
Strategy	Who?				



## Annual risk management checklist (reviewed at the start of each year)

School name:	Bentleigh Secondary College	
Date of review:	March 2023	
Who completed this	Name: Mary Gardner	
checklist?	Position: First Aid Co-ordinator	
Review given to:	Name: Schy Prewett	
10.	Position Assistant Principal	
Comments:		
General informat	ion	
-	urrent students have been diagnosed as being at risk of and have been prescribed an adrenaline auto injector?	33
2. How many of person?	these students carry their adrenaline auto injector on their	1
3. Have any studintervention of	dents ever had an allergic reaction requiring medical at school?	☐ Yes ☐ No
a. If Yes, hov	v many times?	
4. Have any stu	dents ever had an anaphylactic reaction at school?	☐ Yes ☐ x No
a. If Yes, hov	v many students?	
b. If Yes, hov	v many times	
5. Has a staff me injector to a s	ember been required to administer an adrenaline auto student?	☐ Yes ☐ x No
a. If Yes, hov	v many times?	
	is a government school, was every incident in which a student naphylactic reaction reported via the Incident Reporting and ystem (IRIS)?	□ x Yes □ 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:	□xYes	□ No
<ul> <li>ASCIA e-training within the last 2 years, or</li> </ul>		
<ul> <li>accredited face to face training (22300VIC or 10313NAT) within the last 3 years?</li> </ul>		
8. Does your school conduct twice yearly briefings annually?	□xYes	□ No
If no, why not as this is a requirement for school registration?		
9. Do all school staff participate in a twice yearly briefing?	□xYes	□ No
If no, why as this is a requirement for school registration?		
10. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline auto injectors (EpiPen®)?	□xYes	□ No
11. Are your school staff being assessed for their competency in using adrenaline auto injectors (EpiPen®) within 30 day of completing the ASCIA Anaphylaxis e-training for Victorian Schools?	□xYes	□ 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 auto injector have an Individual Anaphylaxis Management Plan which includes an ASCIA Action Plan for Anaphylaxis completed and signed by a prescribed medical practitioner?	□xYes	□ No
13. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	□xYes	□ 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	□xYes	□ No
b. In canteens or during lunch or snack times	□xYes	□ No
c. Before and after school, in the school yard and during breaks	□xYes	□ No
d. For special events, such as sports days, class parties and extra-curricular activities	□xYes	□ No
e. For excursions and camps	□xYes	□ No
f. Other	□xYes	□ No



15. 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)?	□xYes □ No
a. Where are the Action Plans kept?	Staffroom
16. Does the ASCIA Action Plan include a recent photo of the student?	□xYes □ 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?	□xYes □ No
SECTION 3: Storage and accessibility of adrenaline autoinjectors	
18. Where are the student(s) adrenaline auto injectors stored?	Staffroom
19. Do all school staff know where the school's adrenaline auto injectors for general use are stored?	□xYes □ No
20. Are the adrenaline auto injectors stored at room temperature (not refrigerated)?	□xYes □ No
21. Is the storage safe?	□xYes □ No
22. Is the storage unlocked and accessible to school staff at all times?  Comments:	□xYes □ No
23. Are the adrenaline auto injectors easy to find?	□xYes □ No
Comments: They are now labelled red for easier detection.	
24. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline auto injector?	□xYes □ No
25. Are the adrenaline auto injectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student's names?	□xYes □ No



26. Has someone been designated to check the adrenaline auto injector expiry dates on a regular basis?	□ LlxYes □ No
Who? Mary Gardner First Aid Co-ordinator	
27. Are there adrenaline auto injectors which are currently in the possession of the school and which have expired?	□xYes □ No
28. Has the school signed up to EpiClub or ANA-alert (optional free reminder services)?	☐ Yes ☐ xNo
29. Do all school staff know where the adrenaline auto injectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?	□xYes □ No
30. Has the school purchased adrenaline auto injector(s) for general use, and have they been placed in the school's first aid kit(s)?	□xYes □ No
31. Where are these first aid kits located?	Staffroom
	Stadium
	Da Vinci
	Kitchen
Do staff know where they are located?	□xYes □ No
32. Is the adrenaline auto injector for general use clearly labelled as the 'General Use' adrenaline auto injector?	□xYes □ No
33. Is there a register for signing adrenaline auto injectors in and out when taken for excursions, camps etc?	□xYes □ 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?	□xYes □ 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?	□xYes □ No
36. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	□xYes □ 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?	□xYes □ No



38. Do school staff know when their training needs to be renewed?	□xYes □ No
39. Have you developed Emergency Response Procedures for when an allergic reaction occurs?	□xYes □ No
a. In the class room?	□xYes □ No
b. In the school yard?	□xYes □ No
c. In all school buildings and sites, including gymnasiums and halls?	□xYes □ No
d. At school camps and excursions?	□xYes □ No
e. On special event days (such as sports days) conducted, organised or attended by the school?	□xYes □ No
40. Does your plan include who will call the ambulance?	□xYes □ No
41. Is there a designated person who will be sent to collect the student's adrenaline auto injector and individual ASCIA Action Plan for Anaphylaxis?	□xYes □ No
42. Have you checked how long it will take to get to the adrenaline auto injector and the individual ASCIA Action Plan for Anaphylaxis to a student from various areas of the school including:	□ XYes □ No
a. The class room?	☐ XYes ☐ No
b. The school yard?	☐ XYes ☐ No
c. The sports field?	☐ XYes ☐ No
43. 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?	□xYes □ No
44. Who will make these arrangements during excursions?	
Teacher	
45. Who will make these arrangements during camps?	
Teacher/First Aid Co-ordinator	
46. Who will make these arrangements during sporting activities?	
Teacher/First Aid Co-ordinator	
47. Is there a process for post incident support in place?	□xYes □ 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?	□xYes □ No
b. The causes, symptoms and treatment of anaphylaxis?	□xYes □ 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?	□xYes	□ No
d. How to use an adrenaline auto injector, including hands on practise with a trainer adrenaline auto injector?	□xYes	□ No
e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	□xYes	□ No
f. Where the adrenaline auto injector(s) for general use are kept?	□xYes	□ No
g. Where the adrenaline auto injectors for individual students are located including if they carry it on their person?	□xYes	□ 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?	□xYes	□ No
b. To students?	□xYes	□ No
c. To parents?	□xYes	□ No
d. To volunteers?	□xYes	□ No
e. To casual relief staff?	□xYes	□ No
50. Is there a process for distributing this information to the relevant school staff?	□xYes	□ No
a. What is it?		
Email, Daily organiser, Staff Bulletin board and Staff meetings and briefings.		
51. How is this information kept up to date?		
First Aid Co-ordinator updates communication plan through the OHS Committee and email.		
52. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	□xYes	□ No

