

School Management and Emergency Response Procedures

To ensure the efficient and effective management of emergency situations, the College ensures the following:

- Maintenance of folders of all high risk medical students, including students at risk of anaphylaxis. Copies of these folders are maintained and distributed to the relevant staff.
- For both preventative and emergency use, student ACSIA Action Plans are located:
 - In the general staffroom, canteen and all sub-school and gymnasium staffrooms.
 - On the student's electronic profile on the College's roll markings system
- Student **Adrenaline Auto-Injector** are stored correctly (at room temperature and away from light) in the First Aid room. They are clearly labelled, and are easily accessible to all front office staff and Principals. Three general purpose **Adrenaline Auto-Injector** are also stocked in the First Aid office for emergency use, should they be required.
- Effective procedures are in place for all teachers taking camps or excursions; this includes mandatory requirements that a first aid kit is collected from the school nurse, and where applicable, that a student's *Adrenaline Auto-Injector* is carried. The College checks student lists prior to departure to determine if there are any known medical conditions that require an *Adrenaline Auto-Injector*. Supervising teachers are required to carry an emergency folder which contains a copy of the student's ACSIA plan. General purpose *Adrenaline Auto-Injector* are carried for remote excursions/camps.
- Whilst on yard duty, all teachers are required to wear high visibility vests to ensure quick identification for students, and are also required to carry their mobile phones to ensure fast communication to emergency services should an anaphylactic reaction be encountered.
- In accordance with the College's communications plan, all staff are routinely briefed regarding Emergency Response principles for anaphylaxis, and the College also ensures that a critical mass of teachers have Level 2 First Aid training, and ASCIA Anaphylaxis e-training plus competency check completed by the School Anaphylaxis Supervisor.
- In the event of an anaphylactic incident, standard emergency response procedures are activated, including contact emergency medical services. The response procedures are as follows:

Signs and Symptoms

All reactions should be taken seriously, but not all require adrenaline. Signs include:

- Hives/rash
- Tingling feeling around mouth abdominal pain, vomiting or Diarrhea
- Localised swelling
- Facial swelling
- Cough or wheeze
- Difficulty in breathing or swallowing
- Loss of consciousness, collapse and/or breathing

If an Allergic Reaction Occurs

The following support and procedures are required:

1. Someone must stay with the student.
2. Someone must get the *Adrenaline Auto-Injector* and apply it.
3. Someone must call 000 and provide details to them:
 - Location of emergency nearest intersection
 - Nearest gate entrance
 - The number of the phone for ambulance to contact the school for further advice
 - The age of the student
 - Is the patient conscious?
 - Is the patient breathing?
4. Someone to direct the ambulance
5. Someone to supervise other students in the emergency area

Using an *Adrenaline Auto-Injector*.

How to administer an <i>Adrenaline Auto-Injector</i>.	
1.	Remove from plastic container.
2.	Form a fist around <i>Adrenaline Auto-Injector</i> and pull off the blue safety cap.
3.	Place orange end against the student's outer mid-thigh (with or without clothing).
4.	Push down hard until a click is heard or felt and hold in place for 3 seconds.
5.	Remove <i>Adrenaline Auto-Injector</i> .
6.	Note the time you administered the <i>Adrenaline Auto-Injector</i> .
7.	The used <i>Adrenaline Auto-Injector</i> must be handed to the ambulance paramedics along with the time of administration.

- Monitor student's breathing and condition until ambulance arrives
- Apply lifesaving procedures (DRABCD) should breathing fail

Post Incident Actions

- Contact parents/carers or Emergency Contacts to advise them of the incident
- Request a replacement of the *Adrenaline Auto-Injector*.
- Record incident in student injury register
- Conduct post critical incident review with staff / students involved
- Arrange counselling services, if required.
- Contact Security Services Unit, Department of Education and Early Childhood Development to report the incident on 9589 6266 (available 24hours, 7 days a week). A report will then be lodged on IRIS (Incident Reporting Information System).

Adrenaline Auto-injectors for General Use

Anaphylaxis may occur in unforeseen circumstances where a prior diagnosis was not made. Furthermore, students who experience anaphylaxis may require more than one *Adrenaline Auto-Injector* to be applied whilst waiting for medical aide. To increase the College's emergency response capacity, the College purchases and maintains several *Adrenaline Auto-Injectors* which are allocated for general use should the need arise. These may also be used for out of school incidents (e.g. excursions, camps)

Communication Plan

A clear Communication Procedures and Schedule exists to ensure that the College provides information to staff, students and parents about anaphylaxis and the College's Anaphylaxis Management Policy.

The key components of this plan are that the College:

- Ensures that appropriate staff receive bi-annual Anaphylaxis Management Training. This covers strategies for prevention and effective management of incidents.
- Ensures that all casual relief teachers are provided with information regarding students with medical alerts and the associated emergency responses.
- Ensures that all pertinent information regarding a student with anaphylaxis is disseminated to relevant teachers, through the internal electronic roll marking system, emails, and hard copy high risk medical folders and through display boards.
- Develops reciprocal communication channels with parents and students through one-to-one meetings at enrolment (or at diagnosis), and periodically throughout the year.
- The Anaphylaxis Management Policy is reviewed annually by the School Council, and disseminated electronically through the College Website.
- Ensure that the community is periodically reminded of Anaphylaxis dangers via the newsletter.

Staff Training Plan

The College implements a regimented Staff Training Plan which ensures bi-annual updates for all school staff to ensure competent response to an anaphylactic emergency. Ministerial Order 706 requires Kambrya College to provide regular training and updates for school staff in recognising and responding appropriately to an anaphylactic reaction, including competently administering an *Adrenaline Auto-Injector*.

The following school staff will be appropriately trained:

- School staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction.
- Any other school staff as determined by the principal to attend (e.g. canteen staff)

School staff must complete one of the following options to meet the anaphylaxis training requirements of MO706:

Option	Completed by	Course	Provider	Cost	Valid for
Option 1	All school staff	<i>ASCIA Anaphylaxis e-training for Victorian Schools</i> followed by a competency check by the School Anaphylaxis Supervisor	ASCIA	Free to all schools	2 years
	AND 2 staff per school or per campus (School Anaphylaxis Supervisor)	<i>Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC</i>	Asthma Foundation	Free from the Asthma Foundation (for government schools)	3 years
Option 2	School staff as determined by the principal	<i>Course in First Aid Management of Anaphylaxis 22300 VIC (previously 22099VIC)</i>	St John Ambulance or any RTO that has this course in their scope of practice	Free from St John Ambulance (for government schools) until 30/6/16, then paid by each school	3 years
Option 3	School staff as determined by the principal	<i>Course in Anaphylaxis Awareness 10313NAT</i>	Any RTO that has this course in their scope of practice	Paid by each school	3 years

All teaching and support staff receive compulsory bi-annual briefings on anaphylaxis management and response delivered by a staff member with Anaphylaxis Management Training. Briefings ensure that all staff are aware of and understand:

- The School's Anaphylaxis Management Policy;
- The causes, symptoms and treatment of anaphylaxis;
- The identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located;
- How to use an Adrenaline Auto-injector, including hands on practice with a trainer Adrenaline Auto-injector device;
- The School's general first aid and emergency response procedures; and
- The location of, and access to, Adrenaline Auto-injector that have been provided by Parents or purchased by the School for general use.

In the event that the relevant training and briefing 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 at School.

The Principal will ensure that while the student is under the care or supervision of the School, including excursions, yard duty, camps and special event days, there is a sufficient number of School Staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.

DET Annual Risk Management Checklist

In order to ensure ongoing compliance with DET regulations regarding Anaphylaxis prevention and management, the Principal ensures that the College completes a [DET Annual Risk Management Checklist](#). (See appendix B)

Sources

This Policy has been developed and informed by the [DET Anaphylaxis Guidelines for Victorian Schools](#).

EVALUATION

This policy will be reviewed annually or more often if necessary due to changes in regulations or circumstance.

Author	Keith Perry- College Principal
Approved by Kambrya College School Council	May 2018
Responsible for Review	Paul Looker- Assistant Principal
Next Review Date	May 2021

Appendix A:

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLAN COVER SHEET

Student's name:	
School: Kambrya College	
Current Teacher/s:	
Severely allergic to:	
Other health conditions:	
Medication at school:	
Parent/Carer contact: First parent/carers Second parent/carers	
<i>Name:</i>	<i>Name:</i>
<i>Relationship:</i>	<i>Relationship:</i>
<i>Home phone:</i>	<i>Home phone:</i>
<i>Work phone:</i>	<i>Work phone:</i>
<i>Mobile:</i>	<i>Mobile:</i>
<i>Address:</i>	<i>Address:</i>
Other emergency contacts (if parent/carers not available):	
Medical practitioner contact:	
Emergency procedure: As per ASCIA Action Plan for Anaphylaxis	
Procedures for calling ambulance: Dial '000' after administering EpiPen	
EpiPen storage: First Aid Room	
The following Anaphylaxis Management Plan has been developed with my knowledge and participation and will be reviewed on: _____	
Parent(s) signature:	
Principal (or nominee) signature:	

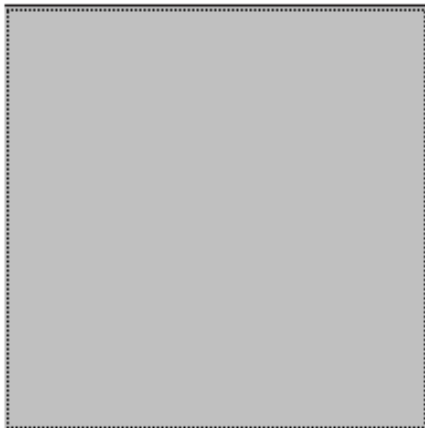
INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLAN COVER SHEET

Strategies to avoid allergens

Student's name:	
Date of birth:	Class:
Severe allergies:	
Other known allergies:	
<p style="text-align: center;">Risk Management Strategies (name identified risks and strategies in place e.g. Excursions, canteen, recess and lunch, Food Technology)</p> <ul style="list-style-type: none"> • EpiPen to accompany student on all camps and excursions. An additional EpiPen, provided by the school, will go out on all camps. All staff attending camp to be trained in the management of anaphylaxis. • Camp Co-ordinator to liaise with school camp operators to discuss menu options when students with anaphylaxis will be attending. • Student's photo and anaphylaxis information to be displayed in the staff room and all sub-school offices. • Food Technology staff to be made aware of student's food allergens, and appropriate substitutes given. If uncertain, contact to be made with the parent/carer to discuss further. • Staff discouraged from using food rewards. 	<p>Responsibility:</p> <p>Qualified First Aid trained staff member</p> <p>School Camp Co-Ordinator</p> <p>First Aid Officer</p> <p>Food Technology staff</p> <p>All staff</p>

Name: _____
Date of birth: _____

For EpiPen® adrenaline (epinephrine) autoinjectors



Confirmed allergens:

Family/emergency contact name(s):

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

Plan prepared by medical or nurse practitioner:

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

Signed: _____

Date: _____
Action Plan due for review: _____

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

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

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline doses may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

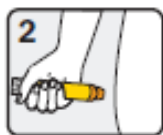
If in doubt give adrenaline autoinjector

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

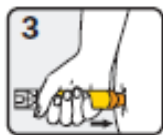
How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

All EpiPen®s should be held in place for 3 seconds regardless of instructions on device label

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

Appendix B - Annual anaphylaxis risk management checklist

(to be completed at the start of each year)

School name:	Kambrya College
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?	
b. Are your school staff being assessed for their competency in using adrenaline autoinjectors 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, organized 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?	