Billanook Primary School
ANAPHYLAXIS POLICY

PURPOSE

To explain to Billanook Primary 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 Billanook Primary 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
Billanook Primary will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education.

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 a device for use in an emergency. These devices are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

All students at Billanook Primary 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 Billanook Primary is responsible for developing 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 Billanook Primary and where possible, before the student's first day.

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis (RED) from the student's medical practitioner and provide a copy to the school as soon as practicable
- 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 (RED)
- provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis (RED) when and provided it to the school and each time it is updated
- provide the school with a current device for the student that has not expired;
- participate in annual reviews of the student's individual Anaphylaxis Management Plan that is prepared by the school.

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's 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 Individual Anaphylaxis Management 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 (RED) completed by the student's medical practitioner.

Review and updates to Individual Anaphylaxis Management Plans
A student's Individual Anaphylaxis Management 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 devices

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis (RED) at our school sick bay. Whilst some students keep their adrenaline device on their person, medication for those that do not will be stored and labelled with their name at the sick bay, next to the general office together with adrenaline autoinjectors for general use.

Risk Minimisation Strategies

To reduce the risk of a student suffering from an anaphylactic reaction at Example School, we have put in place the following strategies:

- staff and students are regularly reminded to wash their hands after eating
- students are discouraged from sharing food
- garbage bins at school are to remain covered with lids to reduce the risk of attracting insects
- gloves must be worn when picking up papers or rubbish in the playground
- school canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination
- year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays
- a general use adrenaline autoinjector will be stored at the school canteen, office and in the yard duty bag for ease of access
- Planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, appropriate number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending.

More specific risk minimisation strategies are below;

RISK	Minimisation strategies
Food brought to school	• Communicate information to the parent community on severe allergy and the risk of anaphylaxis (yearly – newsletter and Compass) • Alert parents to strategies that the school has in place and the need for their child to not share food and to wash hands after eating (once per term via Compass)
Part time educators and casual relief teachers	• Casual staff, who work at school regularly, will be included in anaphylaxis training sessions (see *Staff training* section below). • Educational tools such as adrenaline autoinjector training devices and access to 'how to administer' videos will be made available to all staff. • A free online training course for school and childcare staff is available from the ASCIA website (www.allergy.org.au). This course can also be undertaken as refresher training. https://www.allergy.org.au/patients/anaphylaxis-e-training-schools-and-childcare

	• Consider children with food allergy when planning any fundraisers, cultural days or stalls for fair/fete days, breakfast mornings etc by consulting parents in advance to either develop an alternative food menu or request parents to send an alternate meal for the students. • Sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required. • Notices to be sent via Compass to parent community discouraging specific food/allergens (e.g. nuts, kiwi, soy sauce) where appropriate. • Where food is for sale, a list of ingredients should be available for each food. • The use of food as a reward or as part of learning will be discouraged
Insect sting allergy	• Have honey bee and wasp nests removed by a professional; • Cover garbage receptacles in the courtyard that may attract stinging insects. • When purchasing plants for an existing or new garden, consider those less likely to attract bees and wasps. • Specify play areas that are lower risk and encourage the student and their peers to play in these areas (e.g. away from garden beds or garbage storage areas). • Ensure students adhere to uniform requirements to ensure they wear appropriate clothing and covered shoes when outdoors. • Be aware of bees around water taps and in grassed or garden areas. • Educate children to avoid drinking from open drink containers, particularly those containing sweet drinks that may attract stinging insects. • Children with food and insect allergy should not be asked to pick up litter by hand. Where possible, these types of duties should not put them at increased risk of an allergic reaction.
Latex allergy	• Where a student with a latex allergy is identified non latex gloves should be made available in the sickbay, first aid kits, canteen and kitchens. • Non latex balloons should also be considered during all activities (including celebrations, classroom activities)
Medication allergy	• Documentation regarding known or suspected medication allergy to be recorded by the school on enrolment and recorded on Compass. • Any medication administered in the school setting should be undertaken in accordance with departmental guidelines and with the written permission of parents or guardians.

	• Students and parents reminded that all medication needs to be administered by school staff and not kept on their persons for individual use.
Food allergy - **In the classroom**	**Food rewards** • Food rewards should be discouraged and non-food rewards encouraged. • If food rewards are being used, parents or guardians should be given the opportunity to provide a clearly labelled 'treat box' for their child. **Class parties or birthday celebrations** • Discuss these activities with the parents or guardians of the child with allergy well in advance. • Suggest that a notice is sent home to all parents prior to the event, discouraging specific food products (e.g. nuts) where appropriate. • Teacher may ask the parent to attend the party as a 'parent helper'. • Child at risk of anaphylaxis should not share food brought in by other children. Ideally they should bring their own food. • Child can participate in spontaneous birthday celebrations by parents supplying 'treat box' or safe cupcakes stored in the freezer in a labelled sealed container. **Cooking/food technology** • Engage parents or guardians and older children in discussions prior to cooking sessions and activities using food. • Remind all children to not share food they have cooked with others at school including during morning tea and lunch breaks. **Science experiments** • Engage parents in discussion prior to experiments containing foods. **Music** • There should be no sharing of wind instruments (e.g. recorders). • Teacher should discuss with the parent or guardian about providing the child's own instrument where appropriate. **Art and craft classes** • Ensure containers used by students at risk of anaphylaxis do not contain allergens (e.g. egg white or yolk on an egg carton). • Activities such as face painting or mask making (when moulded on the face of the child), should be discussed with parents prior to the event, as products used may contain food allergens such as peanut, tree nut, milk or egg. • Care should be taken with play dough etc. Check that nut oils have not been used in their manufacture. Discuss options with parents or guardians of wheat

	allergic children. If unable to use the play dough, provide an alternative material for the child to use. **Class rotations** • All teachers will need to consider children at risk of anaphylaxis when planning rotational activities for year level, even if they do not currently have a child enrolled who is at risk, in their class
Canteen and food services	• Liaise with the canteen/food service providers (TK Tuckshop) to ensure that food containing allergens are not offered to students • Staff (including volunteer helpers) educated on food handling procedures and risk of cross contamination of foods. • Photos of children with food allergy should be placed in the hall kitchen/OSCH kitchen. • Encourage parents or guardians of children with allergy to visit the TK Tuckshop website to view products available.
Playground	Ensure that all school staff on yard duty are trained in the administration of the Adrenaline autoinjectors to be able to respond quickly to an anaphylactic reaction if needed. All staff on yard duty are aware of the School's Emergency Response Procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard and how to retrieve student medical information quickly. **Litter duty** • Non rubbish collecting duties are encouraged for students at risk of insect sting or anaphylaxis due to increased risk of allergen contact. • Students at risk of food allergy anaphylaxis should either be provided with gloves or an instrument to pick up the rubbish to avoid skin contact with potential allergens. **Sunscreen** • Parents of children at risk encouraged to provide their own sunscreen as some sunscreens may contain nut oils. • Staff not to apply sunscreen to students at risk due to possibility of contamination.
School gardens	• As school gardens are considered part of the educational program, peanuts and tree nuts should be excluded from future garden plantings in future. • The presence and removal of existing nut trees should be considered as part of a risk assessment. • Students to be strongly encouraged to keep food and drink eating inside, or eat in a supervised space of the courtyard if necessary. • Lawns will be kept mowed and outdoor bins covered

Class pets, pet visitors	• Be aware that some animal feed contains food allergens (e.g. nuts in birdseed and cow feed, milk and egg in dog food, fish in fish food). • Have a strategy to reduce risk of the children with egg allergy coming into contact with raw egg if there are chickens in the farmyard that enables them to still participate.
Incursions	• Prior discussion with parents if incursions/on-site activities include any food activities.
Excursions	• Teacher in charge of excursion and/or classroom teacher of student at risk to liaise with parent of child at risk prior to excursions. • Student at risk to always be in a teacher supervised group (not volunteer, unless the volunteer is the parent of the student at risk) • For each field trip, excursion etc, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio. • All School Staff members present during the excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face. • Teachers organising/attending excursions or sporting events should plan an emergency response procedure prior to the event. This should outline the roles and responsibilities of teachers attending, if an anaphylaxis occurs. • Staff should also: o Carry mobile phones. Prior to event, check that mobile phone reception is available and if not, consider other forms of emergency communication (e.g. walkie talkie, satellite phone). o Consider increased supervision depending on the size of the excursion/sporting event (e.g. if students are split into groups at large venue such as a zoo or at large sports venue for a sports carnival). o Consider adding a reminder to all parents regarding children with allergies on the excursion/sports form and encourage parents not to send in specific foods in lunches (e.g. foods containing nuts). o Discourage eating on buses. o Check if excursion includes a food related activity, if so discuss with the parent or guardian. • Ensure that all staff are aware of the location of the emergency medical kit containing the adrenaline autoinjector and ASCIA Action Plan for Anaphylaxis and ensure the child at risk of anaphylaxis is in the care of the person carrying the adrenaline autoinjector.

School camps	Consider inviting the parent of the child at risk of anaphylaxis to attend as a parent helper. Parents of children at risk of anaphylaxis should have a face-to-face meeting with school staff/camp coordinator prior to the camp to discuss the following: • School's emergency response procedures should clearly outline roles and responsibilities of the teachers in policing prevention strategies and their roles and responsibilities in the event of an anaphylactic reaction. • Staff should demonstrate correct administration of adrenaline autoinjectors using training devices (EpiPen® and Anapen®) prior to camp. • Ascertain location of closest hospital, ability of ambulance to get to camp site area (e.g. consider locked gates in remote areas). • Confirm mobile phone network coverage for standard mobile phones prior to camp. If no access to mobile phone network, alternative needs to be discussed and arranged. • Parents or guardians should be encouraged to provide two adrenaline autoinjectors along with the ASCIA Action Plan for Anaphylaxis and any other required medications whilst the child is on the camp. The second adrenaline autoinjector should be returned to the parents/guardian on returning from camp. • Clear advice should be communicated to all parents or guardians prior to camp regarding what foods are not allowed. • Parents or guardians of children at risk of anaphylaxis and school staff need to communicate about food for the duration of the camp. • Parents or guardians should also communicate directly with the catering staff and discuss food options/menu, food brands, cross contamination risks to determine the safest food choices for their child. • Parents or guardians may prefer to provide all child's food for the duration of the camp. This is the safest option. If this is the case, storage and heating of food needs to be organised. Discussions by school staff and parents or guardians with the operators of the camp facility should be undertaken well in advance of camp. Example of topics that need to be discussed would be: • Possibility of removal of nuts from menu for the duration of the camp (if nut allergic child attending camp). • Creation of strategies to help reduce the risk of an allergic reaction where the allergen cannot be removed (e.g. egg, milk, wheat). • Awareness of cross contamination of allergens in general (e.g. during storage, preparation and serving of food). • Discussion of the menu for the duration of the camp including morning and afternoon teas and suppers.

	• Games and activities should not involve the use of peanut or tree nut products or any other known allergens. • Camp organisers need to consider domestic activities that they assign to children on camp. It is safer to have the child with food allergy set tables, for example, rather than clear plates and clean up.
Out of hours school care (OSHC)	• Have an adrenaline autoinjector for general use in the first aid kit. • Children at risk of anaphylaxis with a prescribed adrenaline autoinjector should have their adrenaline autoinjector with them when they attend OSHC. The practicalities of this should be discussed with the parent/guardian, particularly for younger children. • The service will also need to consider how to ensure easy access to a child's adrenaline autoinjector whilst they are in OSHC, as well as ensuring that the child's adrenaline autoinjector goes home with them. • Menu options should be discussed with the parent/guardian of the child with food allergy. • Parents/guardians should be encouraged to provide a clearly labelled supply of safe snacks and treats for their child in the OHSC pantry.
Animal allergy	• Exposure to animals such as domestic dogs, cats, rabbits, rats, mice, guinea pigs and horses may trigger contact rashes, allergic rhinitis (hay fever) and sometimes asthma. • Severe allergic reactions are rare but may occur and are of potential relevance with activities such as "show and tell", or visits to farms or zoos. Importantly, animal feed may sometimes contain food allergens (e.g. nuts in birdseed and cow feed, milk and egg in dog food, fish in fish food). • If a child has an egg allergy, they may still wish to participate in activities such as hatching chickens in class, with close supervision and washing of their hands following handling of chickens

Adrenaline autoinjectors for general use

Billanook Primary School will maintain a supply of adrenaline autoinjector(s) for general use, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first time reaction at school.

There are currently 4 adrenaline devices approved by the Therapeutic Goods Administration for use in Australia: the EpiPen®, the Anapen®, Jext® and Neffy®. All devices can be used when provided by families for students, however, the principal or allocated staff member can only use Epipen®, Anapen® or Jext® adrenaline autoinjector for general use. For more information about which autoinjector to purchase for general use, refer to Adrenaline autoinjectors for general use.

Adrenaline autoinjectors for general use will be stored at the sick bay next to the general office and labelled "general use".

The principal is responsible for arranging the purchase of adrenaline autoinjectors for general use, and will consider:

- the number of students enrolled at Billanook Primary at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors supplied by parents
- the availability of a sufficient supply of autoinjectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors to be replaced when used or prior to expiry.
- the weight of the students at risk of anaphylaxis to determine the correct dosage of adrenaline autoinjector/s to purchase.

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 administration staff and stored in the First Aid room. 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 autoinjectors, where appropriate.

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

Emergency Response

Step	Action
1	• Lay the person flat • Do not allow them to stand or walk • If breathing is difficult, allow them to sit • Be calm and reassuring • Do not leave them alone • Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored in the First Aid room • If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5
2	Administer an EpiPen or EpiPen Jr • Remove from plastic container • Form a fist around the EpiPen and pull off the blue safety release (cap) • Place orange end against the student's 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 • Note the time the EpiPen is administered • Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration

	OR Administer an Anapen® 500 Pull off the black needle shield Pull off grey safety cap (from the red button) Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing) Press red button so it clicks and hold for 3 seconds Remove Anapen® Note the time the Anapen is administered Retain the used Anapen to be handed to ambulance paramedics along with the time of administration. **OR** Administer Jext 150 or 300 • Form fist around Jext and pull off yellow cap • Place black injector tip against outer-mid thigh (with or without clothing) • Push black tip firmly until a click is heard and hold in place for 3 seconds. • Remove Jext • Note the time the Jext device is administered. • The used adrenaline device must be handed to the ambulance paramedics along with the time of administration **OR** Administer Neffy® 1mg or 2mg • Hold the nasal spray with your thumb on the bottom of the plunger and a finger on either side of the nozzle. • Do not pull or push on the plunger. Do not test or prime (pre-spray). Each Neffy nasal spray contains only one spray. • Place the nozzle of the nasal spray into a nostril until fingers touch the nose. • For smaller nostrils, aim for the fingers to touch the nose. • Keep the nozzle pointed towards the forehead. Do not angle the nozzle of the nasal spray to the inner or outer walls of the nose. • Press the plunger up firmly until the dose is administered and it sprays into the nostril. • Note the time the Neffy device is administered. • The used adrenaline device must be handed to the ambulance paramedics along with the time of administration
3	Call an ambulance (000)
4	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis (RED)), further adrenaline doses may be administered every 5 minutes, if other adrenaline autoinjectors are available.
5	Contact the student's emergency contacts.
6	The principal or a staff member allocated to do so must contact the Incident Support and Operations Centre (ISOC) on 1800 126 126 to report 'High' or Extreme' severity incidents to report the incident. Incidents assessed as 'Low' or 'Medium' can be reported directly into EduSafe Plus by the principal or their allocated staff member.

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.

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.

For first time anaphylactic reactions, the school's general use adrenaline autoinjector device must be used. If the general use device is not immediately available in an anaphylaxis emergency, staff may use another student's adrenaline device, including the Epipen®, Anapen®, Jext® or Neffy® device. This may save a life. If another student's adrenaline device is used in an anaphylaxis emergency, the school must notify the parents of the student whose device was used and immediately replace the device.

Where possible, schools should consider using the correctly dosed adrenaline device depending on the weight of the student. However, in an emergency if there is no other option available, any device should be administered to the student.

Communication Plan

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

The principal is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and Billanook Primary's procedures for anaphylaxis management. We will communicate this policy through staff induction and training materials, and twice yearly staff briefings. 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, their role in responding to an anaphylactic reaction and where required, the identity of students at risk.

We will also communicate this policy through:

- Compass
- Linked in our Staff manual
- School Council induction materials
- Annual communication to school community
- School Newsletter

The principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's *Anaphylaxis Guidelines*.

Staff training

The principal will ensure that the following school staff are appropriately trained in anaphylaxis management:

- School staff who conduct classes attended by students who are at risk of anaphylaxis
- School staff who conduct specialist classes, admin staff, first aiders and any other member of school staff as required by the principal based on a risk assessment.

Staff who are required to undertake training must have completed:

- an approved face-to-face anaphylaxis management training course in the last three years, or

- an approved online anaphylaxis management training course in the last two years.

Billanook uses the following training course: Revive2Survive 22300VIC Course in First Aid Management of Anaphylaxis.

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year (with the first briefing to be held at the beginning of the school year), facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years. At Billanook Primary School this is our Assistant Principal (Nicole Tierney) or our School Anaphylaxis Supervisor (Robyn Duffus) or Administration Manager (Jenny Cox).

Each briefing will address:

- the school's anaphylaxis management policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students diagnosed as being at risk of anaphylaxis, their allergens and the location of their Individual Anaphylaxis Management Plans and their medication/s
- discussion on staff anaphylaxis training and renewal
- how to use an adrenaline device, including hands-on practice with an adrenaline device trainer device (which does not contain adrenaline)
- the school's general first aid and emergency procedures
- the location of adrenaline autoinjector devices prescribed for individual students that have been purchased by their family
- the location of adrenaline devices that the school has purchased for general use
- how to access on-going support and training.

When a new student enrols at Billanook Primary who is at risk of anaphylaxis, the principal 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.

A record of staff training courses and briefings will be maintained through the school's online Emergency Management Plan.

The principal will ensure that while students at risk of anaphylaxis are under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special event days, there is a sufficient number of school staff present who have been trained in anaphylaxis management.

FURTHER INFORMATION AND RESOURCES

- Policy and Advisory Library:
  - Anaphylaxis
- Allergy & Anaphylaxis Australia
- ASCIA Guidelines: Schooling and childcare
- Hero HQ Anaphylaxis Management Training
- https://allergyfacts.org.au/__interest/anaphylaxis/
- Royal Children's Hospital: Allergy and immunology

- Health Care Needs Policy

REVIEW CYCLE AND EVALUATION

Policy last reviewed	February 2026
Approved by	Principal
Next scheduled review date	February 2027

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.