



## **ANAPHYLAXIS POLICY**

### **Purpose**

To explain to Courtenay Gardens Primary School 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 Courtenay Gardens Primary School 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**

Courtenay Gardens Primary School 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 an adrenaline device for use in an emergency. These adrenaline devices are designed so that anyone can use them in an emergency.

### **Individual Anaphylaxis Management Plans**

All students at Courtenay Gardens Primary School 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 Courtenay Gardens Primary School 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 enrolls at Courtenay Gardens Primary School 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) and provide it to the school each time it is updated
- provide the school with a current adrenaline 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 autoinjectors**

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the First Aid Room, together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.

## **Risk Minimisation Strategies**

### **Classrooms**

- 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
- letter to inform all parents of students in that class, there is a student with a specified allergy.
- Specialists and class teacher has a copy of each student's ASCIA plan – on display in the teacher's office area.
- The CRT folder for the class, has information on the students with a food anaphylaxis.
- For class parties/events- the teacher will notify parents making/bringing food that ingredients/allergens must be listed for all foods to be shared. All foods containing nut products are not permitted. For a child with a food allergy, the parent must be notified prior to the event by the class teacher and food options discussed, including the child having their own specific food to eat supplied by the parent.
- Food rewards are discouraged. Parents of a student at risk of food allergy should be asked to provide a 'treat box' for their child.
- For any 'class cooking' activities, the teacher discusses food options for the child with a food allergy prior to the event.
- For Science classes, in which food is used, the teacher engages the parent prior to the classes.
- For Music classes, in which wind instruments may be shared, the teacher speaks with the parent about them providing their own instrument for the child.
- For Art classes, the Art Teacher, to be mindful of any activities involving food, including play dough and face painting. The teacher to engage the parent in any discussion if needed.
- For sunscreen, the teacher should not provide any sunscreen. The parent should be engaged to provide this for their child.

## **Canteen**

- Canteen staff notified of students in the school (picture, name, grade, type of allergy) with an ASCIA Action Plan at the start of the year. This is displayed in the canteen for all canteen staff.
- School canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination.
- If possible, parent to provide distinguishable lunch order bag or notification through the canteen QKR app.

## **In the Yard: recess and lunch-time**

- All staff on yard duty, have a Yard Duty Folder (red) which has an up to date information on identified students (picture, name, grade, type of allergy).
- In the yard duty bum bag, is a red 'anaphylaxis' card which the yard duty teacher can send into the office to alert an anaphylactic emergency.
- Gloves/tongs must be worn/used when picking up papers or rubbish in the playground;

## **Special Events**

- Consideration of students with a food allergy for all events. E.g. Harmony Day, Fundraiser, Breakfast mornings etc.
- Notice to be sent to families/other providing food, to discourage specific allergens, i.e. nut products.

## **Travel to and from school on a bus**

- Discourage eating on buses/sharing of food.
- Placement of students with food anaphylaxis to be seated in close proximity to a staff member.
- Staff to have epipen/ASCIA plan on bus, not in bus storage, for each specific student (multiple buses).
- Staff to carry mobile phones.

## **Excursions**

- 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.
- The excursion co-ordinator (school based) must brief all staff, including parent helpers, to ensure they are aware of how to manage an anaphylactic reaction. Review the emergency response procedures, including awareness of nearest medical facility/hospital. Access to transport.
- The student with food anaphylaxis to be placed in the teacher's group who is trained in anaphylaxis management at all times.
- For visits to farm yards/zoos, teachers to be mindful of allergy for touching animals/animal feed. Teachers to discuss prior to the event with the parent.
- Recommended to have the parent of a child with food anaphylaxis as a parent helper if possible.

- Consider student with allergies to wear gloves.
- Staff to carry mobile phones.
- EpiPen not to be left in the sun for prolonged periods.
- Students with an anaphylactic response to insects/bees should always wear closed shoes and long-sleeved clothes when outdoors, and should be encouraged to stay away from water or flowering plants.

### **Camps**

- 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.
- The camp co-ordinator (school based) must brief all staff on camp, including parent helpers, to ensure they are aware of how to manage an anaphylactic reaction. Review the emergency response procedures, including awareness of nearest medical facility/hospital. Access to transport.
- The student with food anaphylaxis to be placed in the teacher's group who is trained in anaphylaxis management at all times.
- Supervising teacher of student to have epiPen/ASCIA plan and mobile phone for activities during the day.
- Camp co-ordinator (school based) to contact parents, so they can directly speak to camp cooks/co-ordinator re: dietary/allergy concerns and precautions for camp menu. Parent may prefer to provide some/all foods for camp, including treats.
- Camp co-ordinator (school based) to consider all activities, rewards, kitchen duty to minimise risks to students with food anaphylaxis. This includes kitchen duty, for example, prefer to set table than clean food scraps.
- Back up epiPen sent from home by parent.
- EpiPen not to be left in the sun for prolonged periods.
- Students with an anaphylactic response to insects/bees should always wear closed shoes and long-sleeved clothes when outdoors and should be encouraged to stay away from water or flowering plants.

### **Adrenaline autoinjectors for general use**

Courtenay Gardens Primary School will maintain a supply of four 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 in first aid 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 Example School 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 the First Aid Officer and stored at 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:

Step	Action
1.	<ul style="list-style-type: none"> <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 autoinjector or the school’s general use autoinjector, and the student’s Individual Anaphylaxis Management Plan, stored at First Aid room.</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.	<p>Administer an EpiPen or EpiPen Jr (if the student is under 20kg)</p> <ul style="list-style-type: none"> <li>• Remove from plastic container</li> <li>• Form a fist around the EpiPen and pull off the blue safety release (cap)</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 EpiPen</li> <li>• Note the time the EpiPen is administered</li> <li>• Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration</li> </ul> <p><b>OR</b></p>

	<p>Administer an Anapen® 500</p> <ul style="list-style-type: none"> <li>• Pull off the black needle shield</li> <li>• Pull off grey safety cap (from the red button)</li> <li>• Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing)</li> <li>• Press red button so it clicks and hold for 3 seconds</li> <li>• Remove Anapen®</li> <li>• Note the time the Anapen is administered</li> <li>• Retain the used Anapen to be handed to ambulance paramedics along with the time of administration.</li> </ul> <p><b>OR</b></p> <p>Administer Jext 150 or 300</p> <ul style="list-style-type: none"> <li>• Form fist around Jext and pull off yellow cap</li> <li>• Place black injector tip against outer-mid thigh (with or without clothing)</li> <li>• Push black tip firmly until a click is heard and hold in place for 3 seconds.</li> <li>• Remove Jext</li> <li>• Note the time the Jext device is administered.</li> <li>• The used adrenaline device must be handed to the ambulance paramedics along with the time of administration</li> </ul> <p><b>OR</b></p> <p>Administer Neffy® 1mg or 2mg</p> <ul style="list-style-type: none"> <li>• Hold the nasal spray with your thumb on the bottom of the plunger and a finger on either side of the nozzle.</li> <li>• Do not pull or push on the plunger</li> <li>• Do not test or prime (pre-spray)</li> <li>• Each Neffy nasal spray contains only one spray.</li> <li>• Place the nozzle of the nasal spray into a nostril until fingers touch the nose.</li> <li>• For smaller nostrils, aim for the fingers to touch the nose.</li> <li>• 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.</li> <li>• Press the plunger up firmly until the dose is administered and it sprays into the nostril.</li> <li>• Note the time the Neffy device is administered.</li> <li>• The used adrenaline device must be handed to the 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 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.
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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.

[Note: If in doubt, it is better to use an adrenaline autoinjector 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 [Frequently asked questions — Anaphylaxis](#)].

### **Communication Plan**

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

The principal is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and Courtenay Gardens Primary School's procedures for anaphylaxis management.

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

### **All Staff, including ES**

- At the beginning of the school year, the school will conduct a briefing for all staff, identifying the names/class/picture of each student with an ASCIA plan at risk of anaphylaxis.
- At the beginning of the school year, the Anaphylaxis Policy will be discussed and reviewed by all staff, as part of staff induction.
- The Anaphylaxis Policy will be made available to all staff for reference on the school Sharepoint and school website.
- A meeting of teachers who have a student at risk of anaphylaxis with an ASCIA plan will be held to brief them specifically.

## **CRTs**

- The Anaphylaxis policy will be provided to all CRT teachers in their CRT Folder, given by the office, on arrival at the school.
- CRT teachers who have a student at risk of anaphylaxis with an ASCIA plan, will be verbally told this by the office staff. The teacher will be shown the specific ASCIA plan for the specified student, as included in the CRT folder.
- The adjacent teacher to the CRT teacher is asked to remind the CRT that there is a student with risk to anaphylaxis and note the ASCIA plan also on display in the staff office area.

## **Volunteers**

- Volunteers on signing in at the office, will be asked to read induction information indicating there are students at the school who have a food/other allergy at risk of anaphylaxis. This is on the Compass Kiosk.
- As part of this induction information, they are asked to minimise foods brought on to the school premise containing nuts, not to share food with students, and practice hand hygiene.

## **Canteen Staff**

- Canteen staff are notified of students in the school (picture, name, grade, type of allergy) with an ASCIA Action Plan at the start of the year. This is displayed in the canteen for all canteen staff.
- School canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination.

## **In the case of a student having an anaphylactic reaction, in the CLASSROOM:**

- Staff member to stay with the student. Do not leave the student alone.
- Have adjacent teacher/ES member/ or a student, to urgently contact the school office. Use classroom phone or mobile phone, or as last resort, send a student/staff member to run to the school office with message “ urgent- anaphylaxis or medical emergency”
- The First Aid Officer, or other qualified (Completed 3 year Anaphylaxis training course or First Aid Level 2) to immediately go to student location with student epipen/ASCIA plan/Student Individual Management plan AND spare school auto-injector.
- Office to notify other school staff, to immediately go to classroom and assist, such as removing and supervising other students of the class.
- Follow ASCIA plan as indicated, including administering medication for a mild reaction.
- For severe reaction, administer epipen and note time given.
- Office staff member to call an ambulance. Office staff member to print student medical information from CASES to give to Ambulance Officers.
- Other attending staff member to request the office contact parent/carer/emergency contacts if needed.
- Continue monitoring student condition. Administer First Aid and second epipen as indicated.

## **In the case of a student having an anaphylactic reaction, in OTHER SCHOOL BUILDINGS:**

- Staff member to stay with the student. Do not leave the student alone.

- Have adjacent teacher/ES member/ or a student, to urgently contact the school office. Use classroom/specialist phone or mobile phone, or as last resort, send a student/staff member to run to the school office with message “ urgent- anaphylaxis in the \_\_\_\_\_(location) or medical emergency at \_\_\_\_\_(location).” For example, “medical emergency in the gym.”
- The First Aid Officer, or other qualified (Completed 3 year Anaphylaxis training course or First Aid Level 2) to immediately go to student location with student epipen/ASCIA plan/Student Individual Management plan AND spare school auto-injector.
- Office to notify other school staff, to immediately go to location and assist, such as removing and supervising other students of the class.
- Follow ASCIA plan as indicated, including administering medication for a mild reaction.
- For severe reaction, administer epipen and note time given.
- Office staff member to call an ambulance. Office staff member to print student medical information from CASES to give to Ambulance Officers.
- Other attending staff member to request the office contact parent/carer/emergency contacts if needed.
- Continue monitoring student condition. Administer First Aid and second epipen as indicated.

**In the case of a student having an anaphylactic reaction, in the YARD/PLAYGROUND:**

- Staff member to stay with the student. Do not leave the student alone.
- Have another teacher if nearby or a student, to urgently contact the school office. If teacher has mobile phone, to call the office on 5995 7139. The teacher to give student the ORANGE CARD, from Yard Duty bum bag, to give to the office and say “ urgent-anaphylaxis or medical emergency at \_\_\_\_\_ (location)” For example, “medical emergency on the oval.” {Orange card is designated for anaphylaxis emergency, indicating this student may need their epipen for administering. The bum bag also has information on each student in the school at risk of anaphylaxis, the allergy or allergies are listed, as well as their picture, name, grade}
- The First Aid Officer, or other qualified (Completed 3 year Anaphylaxis training course or First Aid Level 2) to immediately go to student location with student epipen/ASCIA plan/Student Individual Management plan AND spare school auto-injector.
- Office to notify other school staff, to immediately go to location and assist, such as removing and supervising other students in the area.
- Follow ASCIA plan as indicated, including administering medication for a mild reaction.
- For severe reaction, administer epipen and note time given.
- Office staff member to call an ambulance. Office staff member to print student medical information from CASES to give to Ambulance Officers.
- Other attending staff member to request the office contact parent/carer/emergency contacts if needed.
- Continue monitoring student condition. Administer First Aid and second epipen as indicated.

## **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. These staff members will be briefed on the Anaphylaxis policy, especially the Communication Plan.
- The staff members who are the classroom teachers of students with risk to anaphylaxis reaction, will be sent for the Anaphylaxis Training Course (22300VIC), if they have not done it in the past 3 years. This will be organised by the First Aid officer in term 1 each year.
- The following staff are also trained in Anaphylaxis Training Course (22300VIC), and training undertaken if lapsed. Every 3 years. The First Aid officer keeps a register of training undertaken.
- Matthew Knott – Assistant Principal – Full Time
- Leanne Moss – Reception Staff – Full Time
- Christina Talbot – Reception Staff – Full Time
- Elissa O'Rourke – Reception Staff – Full Time
- Ashley Fenech – PE Teacher – Full Time
- Luke Apps – PE Teacher – Full Time

## **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.

Courtenay Gardens Primary School uses the following training course 22300VIC.

All staff also undergo the Anaphylaxis verification training every 2 years. This includes the eLearning module and in person verification protocol. Matt Knott, Leanne Moss, Elissa O'Rourke and Christina Talbot are trained as verifiers and conduct this verification for staff. A record is maintained by the First Aid Officer of this and staff notified when they are required to redo it.

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. 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 enrolls at Courtenay Gardens Primary School 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.

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: Risk minimisation strategies
- ASCIA Guidelines: Schooling and childcare
- Royal Children's Hospital: Allergy and immunology

#### **Review cycle and evaluation**

##### **Policy Review Information:**

Policy last reviewed	April 2026
Approved by	Principal
Next scheduled review date	April 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. A record of this is kept by the First Aid Officer.