

CLYDE PRIMARY SCHOOL ANAPHYLAXIS POLICY

Rationale:

Clyde Primary School has a duty of care towards students, which includes protecting a student at risk of anaphylactic reaction from risks that the school should reasonably have foreseen. The key to prevention of anaphylaxis in schools is knowledge of the student who has been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens.

Definition of anaphylaxis

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school-aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medications.

Signs and symptoms of anaphylaxis

For a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes;
- hives or welts, tingling mouth; and
- abdominal pain and/or vomiting (these are signs of a severe allergic reaction to insects).

For a severe allergic reaction can include:

- difficulty breathing or noisy breathing;
- swelling of the tongue;
- swelling/tightness in the throat
- difficulty talking and/or a hoarse voice;
- wheeze or persistent cough;
- persistent dizziness or collapse; and
- young children may appear pale and floppy.

Symptoms usually develop within 10 minutes to several 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 autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

Aims:

1. To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.
2. To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.
3. To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies.
4. To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

Department of Education Policy:
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Clyde Primary School will fully comply with Ministerial Order 706 and the associated guidelines published and amended by the Department from time to time. The school acknowledges its responsibility to develop and maintain an Anaphylaxis Management Policy.

Implementation:

Clyde Primary School has the following in place to manage students with anaphylaxis:

1. An Anaphylaxis Management Plan for each student, developed in consultation with the student's parents/carers and medical practitioner.
2. Prevention strategies for in-school and out-of-school settings.
3. Communication Procedures and Schedule to raise staff, student, canteen and school community awareness about anaphylaxis and the school's policies.
4. Formal training and bi-annual updates for school staff in recognising and responding appropriately to an anaphylactic reaction, including competently administering an adrenaline autoinjector.
5. School management and emergency response

1. INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLAN

The Principal will ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's Parents/Carers, for any student who has been diagnosed by a Medical Practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrolls and where possible before the first day of school.

Parents and carers must:

- Obtain an ASCIA Action Plan for Anaphylaxis 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
- Provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis when the Plan is provided to the school and each time it is reviewed.
- Provide the school with a current adrenaline autoinjector for the student that has not expired
- Participate in annual reviews of the student's plan.

The Individual Anaphylaxis Management Plan will set out the following:

- Information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a written diagnosis from a Medical Practitioner)
- Strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of school staff, for in-school and out-of-school settings 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 strategies
- Information on where the student's medication will be stored
- The student's emergency contact details
- An ASCIA Action Plan

School staff will implement and monitor the student's Individual Anaphylaxis Management Plan. The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents annually, if the student's anaphylaxis plan changes or after an anaphylactic reaction 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 in the school's sick bay, together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.

2. PREVENTION STRATEGIES

The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them. Clyde Primary School provides a range of prevention strategies in various settings to minimise exposure to known allergens.

Setting	Considerations
Classroom	<ul style="list-style-type: none"> • Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan is easily accessible. • Liaise with parents about food-related activities ahead of time. • Use non-food treats where possible, but if food treats are used in class it is recommended that Parents of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student. • Never give food from outside sources to a student who is at risk of anaphylaxis. • Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth. • Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars). • Ensure cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking. • Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food. • A designated staff member should inform casual relief teachers and specialist teachers of the names of any students at risk of anaphylaxis and the location of the student's Individual Anaphylaxis Management Plan.
Canteen	<ul style="list-style-type: none"> • Canteen staff should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. • With permission from parents/guardians canteen staff, including volunteers, should be briefed about students at risk of anaphylaxis. • Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. • Make sure that tables and surfaces are wiped down with warm soapy water regularly. • Be aware of the potential for cross-contamination of other foods when preparing, handling or displaying food.
Yard	<ul style="list-style-type: none"> • Sufficient school staff on yard duty must be trained in the administration of the adrenaline autoinjector to be able to respond quickly to an anaphylactic reaction if needed. • The adrenaline autoinjector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location. (Remember that an anaphylactic reaction can occur in as little as a few minutes).

	<ul style="list-style-type: none"> • Schools must have a Communication Plan in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. Yard duty staff will carry emergency cards in yard-duty bags. Staff on yard duty must be aware of the School's Emergency Response Procedures and how to notify the office of an anaphylactic reaction in the yard. • Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis. • Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. School Staff should liaise with Parents to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors. • Keep lawns and clover mowed and outdoor bins covered. • Students should keep drinks and food covered while outdoors.
Special Events at School	<ul style="list-style-type: none"> • 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. • School staff should avoid using food in activities or games, including as rewards. • For special occasions, school staff should consult parents in advance to either develop an alternative food menu or request the parents to send a meal for the student. • Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at school or at a special school event. • Party balloons should not be used if any student is allergic to latex.
Excursions	<ul style="list-style-type: none"> • Sufficient school staff supervising the excursion must be trained in the administration of an adrenaline autoinjector and be able to respond quickly to an anaphylactic reaction if required. • A school staff member trained in the recognition of anaphylaxis and the administration of an adrenaline autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions. • The adrenaline autoinjector, ASCIA Action Plan and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis must be taken on excursions along with the school's general use adrenaline autoinjector. • 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. School staff members present during the field trip or 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. • The school should consult parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the parents provide food (if required). • Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with parents as another strategy for supporting the student who is at risk of anaphylaxis.
Camps	<ul style="list-style-type: none"> • Prior to engaging a camp owner/operator's services the school should make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this

	<p>confirmation to the school, then the school should consider using an alternative service provider.</p> <ul style="list-style-type: none"> • The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. • Schools must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party. • Schools should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates. • School staff should consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken. • If the school has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should also consider alternative means for providing food for those students. • Use of substances containing allergens should be avoided where possible. • Camps should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts. • The student's adrenaline autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp along with a school's general use adrenaline autoinjector. • Prior to the camp taking place school staff should consult with the student's parents to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp. • School staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure school staff participating in the camp are clear about their roles and responsibilities. • Be aware of what local emergency services are in the area and how to access them. Liaise with them before the camp. Ensure contact details of emergency services are distributed to school staff as part of the emergency response procedures developed for the camp. • Schools should take an adrenaline autoinjector for general use on a school camp, even if there is no student at risk of anaphylaxis, as a back-up device in the event of an emergency. • The adrenaline autoinjector should remain close to the student and school staff must be aware of its location. • The adrenaline autoinjector should be carried in the school first aid kit. • Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
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	<ul style="list-style-type: none"> • Cooking and art and craft games should not involve the use of known allergens. • Consider the potential exposure to allergens when consuming food on buses and in cabins.
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3. COMMUNICATION PLAN

The principal of the school is responsible for ensuring that a communication plan is developed to provide information to school staff, students and parents about anaphylaxis and the School's Anaphylaxis Management Policy. The policy will be available on Clyde Primary School's website so that parents and other members of the school community can easily access information about the school's anaphylaxis management procedures.

The communication plan must include strategies for advising school staff, students and parents about how to respond to an anaphylactic reaction of a student in various environments.

The communication plan must include procedures to inform volunteers, canteen staff and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction by a student in their care.

4. STAFF TRAINING

The following 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 further school staff that are determined by the principal.

The identified school staff will undertake the following training

- An Anaphylaxis Management Training Course in the three years prior or an online anaphylaxis training course in the two years prior.
- Participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year) on:
 - 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 the medication is located
 - how to use an adrenaline autoinjector, including hands on practise with a trainer device
 - the school's general first aid and emergency response procedures
 - the location of, and access to an adrenaline autoinjector that have been provided by parents or purchased by the school for general use.

The briefing must be conducted by a member of school staff who has successfully completed an Anaphylaxis Management Training course in the last 12 months or have completed the Course in Verifying the Correct Use of Adrenaline Auotinjector devices in the past three years.

The Principal will ensure that when the student is under the care or supervision of the school, there will be a sufficient number of school staff present who have successfully completed an Anaphylaxis Management Training Course.

5. SCHOOL MANAGEMENT AND 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 wellbeing coordinator and first aid coordinator 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 autoinjector, where appropriate.

Role and Responsibility of the Principal

- The School will develop, implement and review its School Anaphylaxis Management Policy in accordance with the Order and these Guidelines.
- Actively seek information to identify students with severe life threatening allergies at enrolment.
- Request that parents provide an ASCIA Action Plan that has been signed by the student's medical practitioner and has an up to date photograph of the student.
- Request that parents provide an adrenaline autoinjector and that it is not out of date.
- Develop a communication plan to raise student, staff and parent awareness about severe allergies and the schools anaphylaxis policy.
- Procedures will be in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response.
- School staff have successfully completed an anaphylaxis management training course within the three years prior.
- Twice yearly briefings for school staff are conducted. This includes training on its anaphylaxis management policy, causes, symptoms and treatments of anaphylaxis, students who are identified at risk of anaphylaxis and the location of their medication, how to use an adrenaline autoinjector and the school's first aid and emergency procedures.
- Allocate time, such as during staff meetings, to discuss, practise and review the school's Anaphylaxis Management Policy. Practise using the trainer adrenaline autoinjectors as a group and undertake drills to test effectiveness of the school's general first aid procedures.
- Risk Management Checklist for anaphylaxis is completed annually.
- Arrange to purchase and maintain an appropriate number of adrenaline autoinjectors for general use to be part of the school's first aid kit.
- Develop an interim plan and consult with parents if training or a briefing has not occurred.

Roles and Responsibility of School Staff

- Know and understand the School Anaphylaxis Management Policy.
- Know the identity of students who are at risk of anaphylaxis. Know the students by face.
- Understand the causes, symptoms, and treatment of anaphylaxis.
- Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector.
- Know where to find a copy of each student's Individual Anaphylaxis Management Plan quickly, and follow it in the event of an allergic reaction.
- Know the school's general first aid and emergency response procedures, and understand their role in relation to responding to an anaphylactic reaction.
- Know where students' adrenaline autoinjectors and the adrenaline autoinjectors for general use are kept.
- Know and follow the prevention and risk minimisation strategies in the student's Individual Anaphylaxis Management Plan.
- Plan ahead for special class activities (e.g. cooking, art and science classes), or special occasions (e.g. excursions, incursions, sport days, camp, cultural days, fetes and parties), either at school, or away from school. Work with parents to provide appropriate food for their child if the food the school/class is providing may present a risk for him or her.
- Avoid the use of food treats in class or as rewards, as these may contain hidden allergens. Consider the alternative strategies. Work with parents to provide appropriate treats for students at risk of anaphylaxis.
- Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.

- Be aware of the risk of cross-contamination when preparing, handling and displaying food.
- Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food.
- Raise student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.

Role and Responsibility Welfare Coordinator

The welfare coordinator should take a lead role in supporting the principal and other school staff to implement the School's Anaphylaxis Management Policy.

- Work with principal to develop, implement and review the School's Anaphylaxis Management Policy.
- Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector.
- Provide or arrange regular training to other school staff to recognise and respond to an anaphylactic reaction, including administration of an adrenaline autoinjector.
- Keep an up-to-date register of students at risk of anaphylaxis.
- Keep a register of Adrenaline Autoinjectors as they are 'in' and 'out' from the central storage point. For instance when they have been taken on excursions, camps etc.
- Work with principals, parents and students to develop, implement and review each Individual Anaphylaxis Management Plan
- Ensure that the student's emergency contact details are up-to-date
- Ensure that the student's ASCIA Action Plan matches the student's supplied adrenaline autoinjector.
- Regularly check that the student's adrenaline autoinjector is not out-of-date, such as at the beginning or end of each term
- Inform parents in writing that the adrenaline autoinjector needs to be replaced a month prior to the expiry date
- Ensure that the student's adrenaline autoinjector is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place
- Ensure that a copy of the Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) is stored with the student's adrenaline autoinjector.
- Work with school staff to conduct regular risk prevention, minimisation, assessment and management strategies.
- Work with school staff to develop strategies to raise their own, students and school community awareness about severe allergies.
- Provide or arrange post-incident support (e.g. counselling) to students and School Staff, if appropriate.

Role and Responsibility of Parents

Parents have an important role in working with the school to minimise the risk of anaphylaxis.

- Inform the school in writing, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed at the time as being at risk of anaphylaxis.
- Obtain an ASCIA Action Plan from the student's medical practitioner that details their condition, and any medications to be administered, and other emergency procedures and provide this to the school.
- Inform school staff in writing of any changes to the student's medical condition and if necessary, provide an updated ASCIA Action Plan.
- Provide the school with an up to date photo for the student's ASCIA Action Plan and when the plan is reviewed.
- Meet with and assist the school to develop the student's Individual Anaphylaxis Management Plan, including risk management strategies.
- Provide the school with an adrenaline autoinjector and any other medications that are current and not expired.

- Replace the student's adrenaline autoinjector and any other medication as needed, before their expiry date or when used.
- Assist school staff in planning and preparation for the student prior to camps, field trips, incursions, excursions or special events (e.g. class parties, cultural days, fetes or sport days).
- If requested by school staff, assist in identifying and/or providing alternative food options for the student when needed.
- Inform school staff in writing of any changes to the student's emergency contact details.
- Participate in reviews of the student's Individual Anaphylaxis Management Plan when there is a change to the student's condition, as soon as practicable after the student has had an anaphylactic reaction at school, at the annual review, or prior to the student participating in an off-site activity.

EMERGENCY RESPONSE

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

If an anaphylactic reaction occurs:

- A member of the school staff remains with the student. Lay the student flat; if breathing is difficult allow them to sit.
- A person to take an anaphylaxis emergency card to the office.
- A member of the school staff to locate student's adrenaline autoinjector and the student's Individual Anaphylaxis Management Plan, which includes the ASCIA Action Plan and administer the pen.
- A member of staff to call ambulance 000
- A member of staff to contact family
- A member of staff to wait for and direct ambulance personnel.
- A member of staff to supervise other students in the emergency area.
- The adrenaline autoinjector should be administered following the student's ASCIA Action Plan
 - 1/ Remove from plastic container
 - 2/ Form a fist around adrenaline autoinjector 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 adrenaline autoinjector.
 - 6/ Note the time you administered the adrenaline autoinjector.
 - 7/ The used adrenaline autoinjector must be handed to the ambulance paramedics along with the time of administration.

Note: If adrenaline autoinjector is administered:

- **Immediately** call an ambulance
- Lay the student flat and elevate their legs. Do not allow the student to stand or walk. If breathing is difficult for them, allow them to sit but not to stand.
- Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a worsening condition. Ask another member of the School Staff to move other students away and reassure them elsewhere.
- In the situation where there is no improvement or **severe symptoms** progress (as described in the ASCIA Action Plan), a second injection (of the same dosage) may be administered after five minutes, if a second adrenaline autoinjector is available (such as the Adrenaline Autoinjector for General Use).
- **For government schools - later**, contact Security Services Unit, Department of Education and Early Childhood Development to report the incident on 9589 6266 (available 24 hours a day, 7 days a week). A report will then be lodged on IRIS (Incident Reporting Information System).

First Time Reactions

If a student has a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, the school staff should follow the school's first aid procedures.

This should include immediately contacting an ambulance using 000.

It may also include locating and administering an adrenaline autoinjector for General Use.

Adrenaline Autoinjectors for General Use

Clyde Primary School will maintain a supply of adrenaline autoinjectors for general use, as a back up to those provided by parents and carers for specific students, and also for students who may suffer a first time reaction at school.

Adrenaline autoinjectors for general use will be stored in the sick bay 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 Clyde Primary 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.

Review

After an anaphylactic reaction has taken place that has involved a student in the school's care and supervision, it is important that the following review processes take place.

- The adrenaline autoinjector must be replaced by the parent as soon as possible.
- In the meantime, the principal should ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement adrenaline autoinjector being provided.
- If the adrenaline autoinjector for general use has been used this should be replaced as soon as possible.
- The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's parents.
- The School's Anaphylaxis Management Policy should be reviewed to ensure that it adequately responds to anaphylactic reactions by students who are in the care of school staff.

ANNUAL RISK MANAGEMENT CHECKLIST

The principal or a member of staff nominated by the principal will complete an annual Risk Management Checklist as published by the Department of Education and Training to monitor compliance with their obligations.

EVALUATION:

This policy will be reviewed annually.

ENDORSEMENT:

Ratified by School Council on	October 2019
Due for review...	October 2020