

Anaphylaxis Management Policy

Rationale

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 medication.

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school.

Adrenaline given through an EpiPen® autoinjector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

Policy Statement

This policy complies with: [Ministerial order 706](#) (3rd December 2015).

The staff at Wilandra Rise Primary school aim:

- 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.
- to raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community
- to engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- 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. **All staff will be trained in accordance with Ministerial Order 706 and briefed at least twice a year with the first briefing to occur at the beginning of the year.**

Implementation

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

Note: A template of an individual anaphylaxis management plan can be found: [Individual Anaphylaxis Management Plan Template \(docx - 10.11mb\)](#)

The **First Aid Officer** will ensure that an individual management plan is developed, in consultation with the student's parents, 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 their first day of school. An interim plan will be in place until the completed plan is submitted. If a briefing has not occurred to develop a plan with the child's parents, it is the Principals responsibility to develop an interim intervention plan until such a meeting can be arranged. The Principal will also provide the necessary training and briefing to staff as soon as possible after the interim plan has been developed.

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; and

- an ASCIA Action Plan.
- An emergency procedures plan (ASCIA Action Plan), provided by the parent, that:
 - sets out the emergency procedures to be taken in the event of an allergic reaction;
 - is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan; and
 - includes an up to date photograph of the student.

Note: The red and blue 'ASCIA Action Plan' is the most common form of emergency procedures plan that is provided by medical practitioners to parents when a child is diagnosed as being at risk of anaphylaxis.

The student's individual management plan will be reviewed, in consultation with the student's parents/ carers:

- annually;
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
- as soon as practicable after the student has an anaphylactic reaction at School; and
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions).

It is the responsibility of the parent to:

- provide the ASCIA Action Plan;
- inform the School in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan;
- provide an up to date photo for the ASCIA Action Plan when that Plan is provided to the School and when it is reviewed; and
- provide the School with an Adrenaline Autoinjector that is current and not expired for their child which will be held at the First Aid Centre with clear labels to identify each individual student ownership and need

STORAGE OF AUTO-INJECTORS

All students' prescribed auto-injectors will be stored in the First Aid Centre in an unlocked area with individual names clearly labelled on each.

The student's emergency contact details will be stored and kept up-to-date on the school's database. These details are also on the ASCIA plan and the IAMP

If attending an off-site activity, a student at risk of anaphylaxis will have their anaphylaxis kit signed out from the First Aid Centre by a first aid officer who will also ensure the kit is returned to first aid room on return to the school.

Back up auto injectors

Taking into account the number of children enrolled at the school, the principal will ensure that there are sufficient back-up auto injectors available for general use. Initially these will be stored in the following locations:-

- First Aid centre
- Jeannie Baker Learning Community
- Young Einstein Wing
- Roald Dahl Learning Community
- JK Rowling Wing
- Paul Jennings Wing

COMMUNICATION PLAN

The school is responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents/guardians about anaphylaxis and the school's anaphylaxis management policy. Information about anaphylaxis and the school's anaphylaxis policy can be obtained by visiting the school website. Key information includes:

Classroom

- details on all anaphylactic students will be posted on staffroom notice board and communicated in staff meetings and training
- staff are to be trained on prevention (ie food related class activities), recognition and treatment of anaphylactic reactions.
- There will be no burning of peanuts or tree nuts in Science experiments
- Appropriate risk minimization strategies will be discussed and implemented where required for any classroom activities which may involve food

No Sharing of Food Recommendation

- Students are asked to not share food with one another which ensures that all students are eating the food packed or ordered for them by their parents/guardians. This minimizes the risk of exposure to confirmed allergens for those students at risk of anaphylaxis to food allergens.

Birthdays and Special Celebrations

- Birthdays are celebrated at school with a class birthday card and another activity organized by the class teacher which does not involve food.
- Parents/guardians of children who are at risk of anaphylaxis will be informed in advance by the school of any activity which involves food and risk minimization strategies will be discussed and put in place.

Meal Times - Learning Communities

- All students are encouraged to wash their hands pre and post snack time and lunchtime will only eat food provided by their parents/guardians to minimize the risk of food cross contamination.
- Where students are eating within the Learning Community environment, they will eat at their tables, seated on chairs. All students will only eat food provided by their parents/guardians to minimize the risk of food cross contamination

Canteen

- Training of canteen coordinator in anaphylaxis management and food handling practices
- ASCIA Action Plans to be displayed in canteen
- Canteen staff / volunteers to be briefed about risks of anaphylaxis
- No sharing recommendation is to be implemented
- Food known to contain traces of nuts are not to be served to students who are identified as being at risk of anaphylaxis to nuts

In the school yard

Staff on grounds duty will be knowledgeable of students with anaphylaxis and will be trained in prevention, recognition and treatment of an anaphylactic reaction.

Laminated anaphylaxis alert cards are within the first aid kit for teachers on yard duty. In the event of a child experiencing an anaphylactic reaction, the teacher on yard duty can give the laminated anaphylaxis card to a responsible student who will run to reception or the staffroom to obtain assistance.

On School excursions / camps / special events / exchanges / overseas travel

The Principal will ensure that all staff attending an off-site activity have up to date training in an accredited anaphylaxis management training course, as per Ministerial Order 706.

School Staff taking students at risk of anaphylaxis on the above are required to take a first aid kit at all times which will contain a "back up" auto-injector. A student's auto-injector will be kept in their designated pouch which will also contain a copy of their ASCIA Plan and antihistamine if prescribed.

School risk management requires that for any food preparation, peanuts or tree nuts are not used as ingredients. In addition where relevant, a review of the concerned student's ASCIA Action Plan and Individual Anaphylaxis Management Plan will occur prior to any food related activity, which may deem that other ingredients identified as allergens will not be used.

School risk management requires that all student medical details are screened for allergies and all relevant administrators are informed of this including the School Nurse.

Appropriate precautions are to be taken based on each student's Individual Anaphylaxis Management Plan.

Students at risk of anaphylaxis are required to bring two auto-injectors, ASCIA plan and Travel ASCIA Plan if required. Parents/guardians will be notified where this may be the case.

Volunteers and casual relief staff of students at risk of anaphylaxis will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the Daily Organiser or First Aid Officer via a 'CRT Booklet'.

Raising student awareness

Wilandra Rise Primary School recognizes the importance of raising student awareness and will achieve this by the use of age appropriate resources such as allergy books within the Junior and Senior School libraries, at school assemblies, the celebration of Allergy Awareness Week annually and other forums in response to specific need.

Foods served to members of our school community

Wilandra Rise Primary School will not serve foods to any members of our school community where peanuts or tree nuts are listed in the main body of ingredients. Please note this does not mean that we are a "nut free" school. Where packaging states that there may be traces of nuts and the food being served to parents, visitors or students who do not have an allergy/anaphylaxis to peanuts or tree nuts, this is acceptable. However, foods which are labeled as may contain traces of nuts should not be served to those who are known to have an allergy/anaphylaxis to peanuts or tree nuts.

EMERGENCY RESPONSE/FIRST AID PROCEDURE

Noted is the importance of maintaining an up-to-date list of students at risk of anaphylaxis. This list will be in yard Duty folders, on the wall in the First Aid room, and in the school's Emergency Evacuation folder.

- Always follow the student's ASCIA Plan which outlines the emergency response required as well as the relevant first aid procedures for an anaphylactic reaction.
- Person 1 must remain with the student.
- Person 2 obtains student's kit which contains the student's auto-injector, ASCIA plan, IAMP and antihistamine if prescribed. They must also obtain a back-up auto-injector which is the same dose of the student's prescribed auto injector. These are located next to the student's kits.
- Person 2 returns to the student and the ASCIA plan is followed.
- Person 1 is to remain with the student at all times and wait for an ambulance
- Person 2 is to notify the school nurse, Principal, Assistant Principal and the other members of the leadership team as relevant
- The Principal to notify the relevant co-ordinator
- Parents/guardians are to be contacted.
- The incident is to be recorded.
- Follow up and counselling/debrief to be offered to relevant parties.
- Update of the student's IAMP as soon as is practicable.

PREVENTION STRATEGIES

Statistics show that peanuts and nuts are the most common trigger for an anaphylactic reaction and fatality due to food anaphylaxis. To minimise the risk of a first time reaction to peanuts and nuts, Schools should carefully consider the use of peanuts, nuts, peanut butter or other peanut or nut products during in-school and out-of-school activities. It is recommended that school activities don't place pressure on student to try foods, whether they contain a known allergen or not. More information about peanut and nut banning can be found in the ASCIA Guidelines for Prevention of Food Anaphylactic Reactions in Schools, available from the ASCIA website at: www.allergy.org.au

Risk minimisation and prevention strategies will be considered for all relevant in-school and out-of-school settings which include (but are not limited to) the following:

- during classroom activities (including class rotations, specialist and elective classes);
- between classes and other breaks;
- in canteens;
- during recess and lunchtimes;
- before and after school; and
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

School Staff are reminded that they have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. The development and implementation of appropriate prevention strategies to minimise the risk of incidents of anaphylaxis is an important step to be undertaken by School Staff when trying to satisfy this duty of care. All staff are required to have completed an online anaphylaxis management training course in the two years prior to commencing at the school. All staff will be briefed at the beginning of each semester by a staff member who has completed an updated anaphylaxis training course.

Set out below are a range of specific strategies which, as a minimum, will be considered by School Staff, for the purpose of developing prevention strategies for in-school and out-of-school settings. Staff will determine which strategies are appropriate after consideration of factors such as the age of the student, the facilities and activities available at the School, and the general School environment. Where relevant, it would be prudent to record the reason why a decision was made to exclude a particular strategy listed in these Guidelines.

Suggested prevention strategies in our school are as follows:-

Classrooms	
	Should an anaphylactic reaction occur, refer separately to the school's EMERGENCY RESPONSE/FIRST AID PROCEDURE
1.	Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan is easily accessible even if the Adrenaline Autoinjector is kept in another location.
2.	Liaise with Parents about food-related activities ahead of time.
3.	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.
4.	Never give food from outside sources to a student who is at risk of anaphylaxis.
5.	Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.
6.	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.
7.	Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (eg egg or milk cartons, empty peanut butter jars).
8.	Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
9.	Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
10.	The first aid coordinator will inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Autoinjector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. ie seeking a trained staff member.

Canteen

Canteen staff (whether internal or external) 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. Refer to:

- 'Safe Food Handling' in the School Policy and Advisory Guide, available at: <http://www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx>
- Helpful resources for food services: <http://www.allergyfacts.org.au/component/virtuemart/>

Canteen staff, including volunteers, are to be briefed about students at risk of anaphylaxis and, where the Principal determines in accordance with clause 12.1.2 of the Order, have up to date training in an Anaphylaxis Management Training Course as soon as practical after a student enrolls.

Display the student's name and photo in the canteen as a reminder to School Staff.

Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.

Canteens should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.

Make sure that tables and surfaces are wiped down with warm soapy water regularly.

Food banning is not generally recommended. Instead, a 'no-sharing' with the students with food allergy approach is recommended for food, utensils and food containers. However, school communities can agree to not stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds, etc.), including chocolate/hazelnut spreads.

Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.

Yard

Should an anaphylactic reaction occur, refer separately to the school's **EMERGENCY RESPONSE/FIRST AID PROCEDURE**

1. Sufficient School Staff on yard duty must be trained in the administration of the Adrenaline Autoinjector (i.e. EpiPen®/ Anapen®) to be able to respond quickly to an anaphylactic reaction if needed.
2. 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**).
3. A Communication Plan will be in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. This will include options of all yard duty staff carrying emergency cards in yard-duty bags, walkie talkies or yard-duty mobile phones. All staff on yard duty must be 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.
4. Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.
5. 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.
6. Keep lawns and clover mowed and outdoor bins covered.
7. Students should keep drinks and food covered while outdoors.

Special events (e.g. sporting events, incursions, class parties, etc.)	
	Should an anaphylactic reaction occur, refer separately to the school's EMERGENCY RESPONSE/FIRST AID PROCEDURE
1.	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.
2.	School Staff should avoid using food in activities or games, including as rewards.
3.	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.
4.	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.
5.	Party balloons should not be used if any student is allergic to latex.

OUT-OF-SCHOOL SETTINGS

Excursions/sporting events	
	Should an anaphylactic reaction occur, refer separately to the school's EMERGENCY RESPONSE/FIRST AID PROCEDURE
1.	Sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector and be able to respond quickly to an anaphylactic reaction if required.
2.	It is the Principal's responsibility to ensure all staff teaching and non-teaching are trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector. A staff member must accompany any student at risk of anaphylaxis on field trips or excursions. This staff member will carry a copy of the child's management plan at all times.
3.	School Staff should avoid using food in activities or games, including as rewards.
4.	The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis should be easily accessible and School Staff must be aware of their exact location. The location of these Autoinjectors will be held with the child at all times under the supervision of the staff member carrying the management plan.
5.	For each 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 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.
6.	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 a meal (if required).
7.	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.
8.	Prior to the excursion taking place School Staff should consult with the student's Parents and Medical Practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.

Camps

Prior to engaging a camp owner/operator's services the School will make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the School, then the School should consider using an alternative service provider.

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. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.

Prior to the camp taking place School Staff should consult with the student's Parents to review the student's 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 all School Staff participating in the camp are clear about their roles and responsibilities.

Contact local emergency services and hospitals well prior to the camp. Advise full medical conditions of students at risk, location of camp and location of any off camp activities. Ensure contact details of emergency services are distributed to all School Staff as part of the emergency response procedures developed for the camp.

Schools should consider taking 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.

Schools should consider purchasing an Adrenaline Autoinjector for General Use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.

The Adrenaline Autoinjector should remain close to the student and School Staff must be aware of its location at all times.

The Adrenaline Autoinjector should be carried in the school first aid kit; however, Schools can consider allowing students, particularly adolescents, to carry their Adrenaline Autoinjector on camp. Remember that all School Staff members still have a duty of care towards the student even if they do carry their own Adrenaline Autoinjector.

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.

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.

STAFF TRAINING

All school staff who conduct classes where a student has a medical condition that relates to allergy and the potential for an anaphylactic reaction will have up to date training (within the previous three years) in an anaphylaxis management training course which complies with Ministerial Order 706 and includes a competency check in the administration of an adrenaline auto injector. Following the annual risk assessment, the principal may also determine the need for training of other identified staff. E.g. Camp co-ordinator; student welfare co-ordinator; school anaphylaxis supervisor.

Training courses that identified staff are to participate in and which are approved by the Secretary, Department of Education and Training are:

- ASCIA Anaphylaxis e-training for Victorian Schools followed by a competency check by the School Anaphylaxis Supervisor AND 2 staff per campus (4 in total) Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC. These staff are the School Anaphylaxis Supervisors
- 22300VIC Course in First Aid Management of Anaphylaxis,
- 10313NAT Course in Anaphylaxis Awareness

If training has not occurred as required, the Principal will ensure an interim plan, in consultation with the parents, is developed. Training and a briefing will then occur as soon as possible after the interim plan is developed.

In addition the First Aid Officer and a nominated staff member (both whom have been trained (22303VIC) within the previous three years, will provide the staff briefings to all staff twice a year. The first session will occur at the beginning of the school year.

The content will include information on:

- The school's anaphylaxis management policy and procedures
- The school's first aid and emergency response procedures
- A demonstration of how to use an adrenaline auto injector device, including "hands on" practice with a trainer adrenaline auto injector
- The causes, symptoms and treatment of anaphylaxis
- Identities of students diagnosed with a medical condition that relates to allergy and the potential for an anaphylactic reaction, and where their medication is located and their ASCIA anaphylaxis action plan and their IAMP which includes risk minimization

Information will also be regularly disseminated to staff throughout the course of the year reflecting any changes where this occurs.

At other times while the student is under the care or supervision of the school, including sporting activities, excursions, yard duty, camps and special event days, the school will ensure that the staff present, have up to date training in an anaphylaxis management training course including how to administer an auto injector.

Staff will also be made aware of preventative measures including use of food; possible hidden allergens such as in milk or egg cartons; food handling; cleaning and raising student awareness. All staff will be made aware of students with anaphylaxis during the training course and via regular updates from the school nurse.

ANNUAL RISK MANAGEMENT

The principal will oversee the completion of an annual risk management checklist.

POLICY REVIEW

This policy will be reviewed annually.

Further information can be obtained from:

- The Royal Children's Hospital Anaphylaxis Advisory Line on 1300 725 911 (toll free) or (03) 9345 4235
- 1300 728 000 or www.allergyfacts.org.au