



MULGRAVE PRIMARY SCHOOL

Gladeswood Drive, Mulgrave Vic 3170

ANAPHYLAXIS POLICY



Help for non-English speakers

If you need help to understand the information in this policy please contact Mulgrave Primary School via phone: 03 9795 2477 or at Mulgrave.ps@education.vic.gov.au

PURPOSE

To explain to Mulgrave 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 Mulgrave 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, canteen operators 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

Mulgrave Primary School fully complies 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 or inhaled through the nose 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 Mulgrave 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 Mulgrave 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 Mulgrave 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 is 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 is 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

Mulgrave Primary School's Anaphylaxis Management Policy, a current list of Mulgrave Primary School students identified as being at risk of anaphylaxis and all original Individual Anaphylaxis Management Plans and ASCIA action plans will be stored in the Anaphylaxis folder in the school office. Copies will also be in each student's classroom, in each specialist classroom, in the staff room, in the staff resource room, in the first aid room and with the student's adrenaline autoinjector.

All student adrenaline devices and ASCIA plans will be stored in the first aid room in an identifiable cupboard. This cupboard will remain unlocked and be easily accessible by all staff at all times.

Risk Minimisation Strategies

Mulgrave Primary School will use the following risk minimisation strategies:

In the Classroom

1. A copy of each student's Individual Anaphylaxis Management Plan will be kept in their classroom and a copy of their ASCIA Action Plan for Anaphylaxis will also be in their classroom and specialist classrooms and will be easily accessible by all staff, including casual relief teachers.
2. Staff will liaise with parents about food-related activities well ahead of time.
3. Non-food treats will be used where possible, but if food treats are used in class, parents of students with food allergy are to provide a treat box with alternative treats. Alternative treat boxes will be clearly labelled and only handled by the student.
4. Food from outside sources will not be given 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. Non-food treats will be used where possible.
6. Products labelled 'may contain traces of nuts' will not be served to students allergic to nuts. Products labelled 'may contain milk or egg' will not be served to students with milk or egg allergy and so forth.

7. Staff are to be made 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).
8. Staff are to ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
9. Staff will have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
10. The School Anaphylaxis Supervisors 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.

Onsite Canteens

1. Canteen staff (whether internal or external) must be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
2. Canteen staff, including volunteers, will be briefed about students at risk of anaphylaxis and, where the principal determines in accordance with clause 12.1.2 of the Order, these individual have up to date training in an anaphylaxis management training course as soon as practical after a student enrolls.
3. A copy of the student's ASCIA Action Plan for Anaphylaxis will be displayed in the canteen as a reminder to canteen staff and volunteers.
4. Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
5. Canteens will provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.
6. Canteen staff will make sure that tables and surfaces are wiped down with warm soapy water regularly.
7. Food containing known allergens will not be banned, instead, a 'no-sharing' with the students with food allergy approach will be adopted for food, utensils and food containers.
8. Canteen staff are to 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.

In The Yard

1. The principal will ensure sufficient school staff on yard duty are trained in the administration of the adrenaline autoinjector (i.e. EpiPen®) and are able to respond quickly to an allergic reaction if needed.
2. The adrenaline autoinjector and each student's individual ASCIA Action Plan for Anaphylaxis will be easily accessible from the yard, and staff will be made aware of their exact location.
3. Mulgrave Primary School will have an emergency response procedure in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. All yard duty staff are to carry yard duty bags which contain emergency cards that are to be used in the event of an anaphylactic reaction. All staff on yard duty will be made 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 will receive appropriate training to enable them to identify, by face, those students at risk of anaphylaxis.
5. Students with severe allergies to insects will be encouraged to stay away from water or flowering plants. School staff will 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. Lawns and clover will be kept mowed and outdoor bins will be covered.
7. Students will be encouraged to keep drinks and food covered while outdoors.

At Special events (eg sporting events, incursions, class parties)

1. The principal will ensure that sufficient school staff supervising the special event are trained in the administration of an adrenaline autoinjector and are able to respond quickly to an anaphylactic reaction if required.
2. School staff are to avoid using food in activities or games, including as rewards.
3. For special events involving food, school staff will 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 will be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and they will be requested to avoid providing students with treats whilst they are at school or at a special school event.
5. Party balloons will not be used if any student is allergic to latex.
6. Students from other schools at risk of anaphylaxis will be encouraged to bring their own adrenaline devices with them to events held at Mulgrave Primary School.

Out of School Settings

Excursions/Sporting Events

1. The principal will ensure school staff supervising the special event are trained in the administration of an adrenaline autoinjector and will be able to respond quickly to an anaphylactic reaction if required.
2. A school staff member or team of school staff trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector will accompany any student at risk of anaphylaxis on field trips or excursions.
3. School staff will avoid using food in activities or games, including as rewards.
4. The adrenaline autoinjector and a copy of the individual ASCIA Action Plan for Anaphylaxis for each student at risk of anaphylaxis will be easily accessible and school staff will be made aware of their exact location.
5. For each field trip, excursion etc, a risk assessment will 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 will be made aware of the identity of any students attending who are at risk of anaphylaxis and must be able to identify them by face.

6. The school will consult with parents of anaphylactic students in advance to discuss issues that may arise, for example to develop an alternative food menu or request the parents provide a special meal (if required).
7. Parents may accompany their child on field trips and/or excursions if this is mutually agreeable by the school and parents. This will 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 will 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.
9. Students at risk of anaphylaxis will take their own adrenaline autoinjector with them to events being held at other schools (the autoinjector will be held by the staff member in charge of first aid).

Camps and remote settings

1. Prior to engaging a camp owner/operator's services the school will make enquiries as to whether the operator can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation in writing to the school, then the school will strongly consider using an alternative service provider. This is a reasonable step for a school to take in discharging its duty of care to students at risk of anaphylaxis.
2. The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
3. Mulgrave Primary School will 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. Mulgrave Primary School has a duty of care to protect students in their care from reasonably foreseeable injury and this duty will not be delegated to any third party.
4. The teacher co-ordinating the camp will conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis while they are on camp. This will be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp's commencement.
5. School staff will consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate procedures are in place to manage an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken in order for the school to adequately discharge its non-delegable duty of care.
6. If the school has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it will raise these concerns in writing with the camp owner/operator and will also consider alternative means for providing food for those students.
7. Use of substances containing known allergens will be avoided altogether where possible.
8. Camps will be strongly discouraged from 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. If eggs are to be used there must be suitable alternatives provided for any student known to be allergic to eggs.

9. Prior to the camp taking place school staff will 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.
10. 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.
11. All staff attending camp are to familiarise themselves with the students' Individual Anaphylaxis Management Plans AND plan emergency response procedures for anaphylaxis prior to camp and be clear about their roles and responsibilities in the event of an anaphylactic reaction.
12. Local emergency services and hospitals will be contacted well before the camp to provide details of any medical conditions of students, location of camp and location of any off-camp activities. Contact details of emergency services will be distributed to all school staff as part of the emergency response procedures developed for the camp.
13. Mulgrave Primary School will purchase general adrenaline autoinjectors for general use (number to be determined by the Principal) that will be available as part of the school's first aid kit and can be taken on a school camp (even if there is no student who is identified as being at risk of anaphylaxis) as a back-up device in the event of an emergency.
14. Each student's adrenaline autoinjector will remain close to the student and school staff must be aware of its location at all times.
15. The adrenaline autoinjector for general use will be carried in the school first aid kit.
16. Students with allergies to insects will be advised to always wear closed shoes and long-sleeved garments when outdoors and will be encouraged to stay away from water or flowering plants.
17. Cooking and art and craft games will not involve the use of known allergens.
18. Students are not to consume food on buses or in cabins without teacher supervision

Adrenaline autoinjectors for general use

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

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

Adrenaline autoinjectors for general are stored in the labelled cupboard in the First Aid Room and labelled "general use".

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

- the number of students enrolled at Mulgrave Primary School at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors supplied by parents/carers

- 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 Business Manager and stored at the front office. For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of participating students who are at risk of anaphylaxis, together with their Individual Anaphylaxis Management Plans and adrenaline devices, 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"> • Lay the person flat • Do not allow them to stand or walk • If breathing is difficult, allow them to sit with legs outstretched • Be calm and reassuring • Do not leave them alone • Seek assistance from another staff member or reliable student to locate the student's adrenaline device or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored at the front office. • If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, continue with steps 2 to 5 and refer to the ASCIA First Aid Plan for Anaphylaxis (Orange), stored with the school's adrenaline autoinjector for general use in the First Aid Room, if immediately accessible.
2.	<p>Administer an EpiPen or EpiPen Jr</p> <ul style="list-style-type: none"> • Remove from plastic container • Form a fist around the EpiPen and pull off the blue safety release (cap) • Hold leg still and place orange end against the student's outer mid-thigh (with or without clothing) • Push down hard until a click is heard or felt and hold in place for 3 seconds • Remove EpiPen • Note the time the EpiPen is administered • Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration. <p>OR</p> <p>Administer an Anapen® 500</p> <ul style="list-style-type: none"> • Pull off the black needle shield • Pull off grey safety cap (from the red button) • Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing)

	<ul style="list-style-type: none"> • Press red button so it clicks and hold for 3 seconds • Remove Anapen® • Note the time the Anapen is administered • Retain the used Anapen to be handed to ambulance paramedics along with the time of administration. <p>OR</p> <p>Administer Jext 150 or 300</p> <ul style="list-style-type: none"> • Form fist around Jext and pull off yellow cap • Place black injector tip against outer-mid thigh (with or without clothing) • Push black tip firmly until a click is heard and hold in place for 3 seconds. • Remove Jext • Note the time the Jext device is administered. • The used adrenaline device must be handed to the ambulance paramedics along with the time of administration <p>OR</p> <p>Administer Neffy® 1mg or 2mg</p> <ul style="list-style-type: none"> • Hold the nasal spray with your thumb on the bottom of the plunger and a finger on either side of the nozzle. • Do not pull or push on the plunger. Do not test or prime (pre-spray). Each Neffy nasal spray contains only one spray. • Place the nozzle of the nasal spray into a nostril until fingers touch the nose. • For smaller nostrils, aim for the fingers to touch the nose. • Keep the nozzle pointed towards the forehead. Do not angle the nozzle of the nasal spray to the inner or outer walls of the nose. • Press the plunger up firmly until the dose is administered and it sprays into the nostril. · Note the time the Neffy device is administered. • The used adrenaline device must be handed to the ambulance paramedics along with the time of administration
3.	Call an ambulance (000)
4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis (RED)), further adrenaline doses may be administered every 5 minutes, if other adrenaline devices are available.
5.	Contact the student's emergency contacts.
6.	The principal or a staff member allocated to do so must contact the Incident Support and Operations Centre (ISOC) on 1800 126 126 to report 'High' or Extreme' severity incidents to report the incident. Incidents assessed as 'Low' or 'Medium' can be reported directly into EduSafe Plus by the principal or their allocated staff member.

If a student appears to be having a severe allergic reaction but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 – 5 as above.

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

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

Communication Plan

This policy is publicly available on Mulgrave Primary School's website so that parents/carers and other members of the school community can easily access information about Mulgrave Primary School's anaphylaxis management procedures.

The Principal is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and Mulgrave Primary School's procedures for anaphylaxis management. We will communicate this policy through staff induction and training materials, and twice yearly staff briefings. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this policy, their role in responding to an anaphylactic reaction and where required, the identity of students at risk.

The Principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's [Anaphylaxis Guidelines](#).

Staff training

The Principal ensures that the following school staff are appropriately trained in anaphylaxis management:

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

Staff who are required to undertake training must have completed:

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

Mulgrave Primary School uses the following training courses:-

ASCIA Anaphylaxis e-training for Victorian Schools with 22579VIC, or 22578VIC followed by a competency check by the school anaphylaxis supervisor.

Or

A face-to-face anaphylaxis management course (22578VIC and 22579VIC) by HERO HQ.

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 should 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 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 Mulgrave Primary School who is at risk of anaphylaxis, the Principal will develop an interim plan in consultation with the student’s parents/carers and ensure that appropriate staff are trained and briefed as soon as possible.

A record of staff training courses and briefings is maintained by administration and through the school’s online Emergency Management Plan

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

COMMUNICATION

This policy will be communicated to our school community in the following ways:

- Available publicly on our school’s website
- Included in staff induction processes and staff training
- Discussed at staff briefings/meetings as required
- Included in staff handbook/manual
- Discussed at parent information nights/sessions
- Reminders in our school newsletter
- Hard copy available from school administration upon request

FURTHER INFORMATION AND RESOURCES

- The Department’s Policy and Advisory Library (PAL):
 - [Anaphylaxis](#)
- [Allergy & Anaphylaxis Australia](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- [Hero HQ Anaphylaxis Management Training](#)
- [Anaphylaxis - Allergy & Anaphylaxis Australia](#)
- Royal Children’s Hospital: [Allergy and immunology](#)
- Mulgrave Primary School’s [Health Care Needs Policy](#)

POLICY REVIEW AND APPROVAL

Policy last reviewed	March 2026
Approved by	Principal
Next scheduled review date	March 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.