



## Anaphylaxis Policy

(Ratified by School Council: May 2026)

### PURPOSE:

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 schooling. In achieving this, the School will comply with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

To raise awareness about anaphylaxis and the school's anaphylaxis management plan in the school community.

To engage with parent/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and the management strategies for the student.

To ensure that each staff member has adequate training about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

This policy describes the school's management of the risk of anaphylaxis.

### SCOPE:

This policy applies to:

- all staff, including casual relief staff and volunteers
- all students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction, and their parents and carers.

### BACKGROUND:

On 14 July 2008, the Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008 came into effect, amending the Children's Services Act 1996 and the Education and Training Reform Act 2006, requiring that all licensed children's services and schools have an anaphylaxis management policy in place.

**Ministerial Order 706** - Anaphylaxis Management in Victorian Schools outlines points that schools need to include in their Anaphylaxis Management Policy. Ministerial Order 706 came into effect on 3rd December 2015.

**Ministerial Order 706 - School Requirement**- Schools must review and update their existing policy and practices in managing students at risk of anaphylaxis to ensure they meet the legislative and policy requirements outlined below.



## What is 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. It is considered a medical emergency that requires a rapid response.

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of the triggers (allergens) and prevention of exposure to those triggers

### *Symptoms*

Signs and symptoms of a mild to moderate allergic reaction which may occur before anaphylaxis can include:

- swelling of the lips, face and eyes
- hives or welts
- tingling in the mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

- difficult/noisy breathing
- swelling of tongue
- Swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- student appears pale or floppy in young children
- abdominal pain and/or vomiting (these are signs of anaphylaxis for insect allergy)

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 (epinephrine) 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 (EpiPen) are designed so that anyone can use them in an emergency.

Anapen given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis. Anapen 500 (500 micrograms) is prescribed for adults and children over 50kg (aged around 12 or over)

Jext delivers a single dose of adrenaline (also called epinephrine) as an injection and is suitable for adults and children aged 4 years and older who weigh 15 kg or more.

Jext is available in 2 doses:

- Jext Jr (150 microgram) for children over 4 years of age weighing between 15 to 30 kg
- Jext (300 microgram) for adults and older children weighing over 30 kg.

Neffy delivers a single dose of adrenaline (also called epinephrine) using a nose spray and is suitable for adults and children aged 4 years and older who weigh 15 kg or more.

Neffy is available in 2 doses:

- 1 mg for children over 4 years of age weighing between 15 to 30 kg
- 2 mg for people weighing over 30 kg.

## Individual Anaphylaxis Management Plans

All students at Glen Waverley 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 Anaphylaxis Supervisor of Glen Waverley Primary School (School Nurse), is responsible for developing a plan in consultation with the student's parents/carers.

An Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrolls at Glen Waverley Primary School and where possible, before the student's first day.

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner annually 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 that Plan is provided to the school and each time it is reviewed
- provide the school with a current adrenaline autoinjector and any antihistamine needed for the student that has not expired
- participate in annual reviews of the student's plan.

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's medical condition that relates to 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 Plan
- information about where the student's medication will be stored
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

## *Review and updates to Individual Anaphylaxis Management Plans*

A student's Individual Anaphylaxis Management Plan will be reviewed and updated on an annual basis in consultation with the student's parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

- as soon as practicable after the student has an anaphylactic reaction at school
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

Our school may also consider updating a student's Individual Anaphylaxis Management Plan if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

## Location of plans and adrenaline autoinjectors

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

Copies of the plans will be displayed in First Aid, the individual student's classroom, photocopy room, specialist areas and staffroom.

Adrenaline autoinjectors for general use are available at First Aid and are labelled "general use".

## Risk Minimisation Strategies

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

- staff and students are regularly reminded to wash their hands after eating
- students do not share food at school and food is not to be used as a reward
- garbage bins at school are to remain covered with lids to reduce the risk of attracting insects
- gloves must be worn when picking up papers or rubbish in the playground
- year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays
- planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, appropriate number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending.



## Adrenaline autoinjectors for general use

Glen Waverley Primary School will maintain an adrenaline autoinjector 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.

A general use EpiPen will be stored at the school First Aid for ease of access. Adrenaline autoinjectors for general use will be stored at First Aid and labelled "general use".

The Anaphylaxis Supervisor (School Nurse) is responsible for arranging the purchase of adrenaline autoinjectors for general use, and will consider:

- the number of students enrolled at Glen Waverley 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
- the weight of the students at risk of anaphylaxis to determine the correct dosage of EpiPen 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 School Nurse and stored at First Aid – the same location that the plans are stored. For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

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

Step	Action
1.	<ul style="list-style-type: none"><li>• Lay the person flat</li><li>• Do not allow them to stand or walk</li><li>• If unconscious, place in the recovery position</li><li>• If breathing is difficult, allow them to sit</li><li>• Be calm and reassuring</li><li>• Do not leave them alone</li><li>• Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored at First Aid.</li><li>• If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5</li></ul>
2.	<p>Administer an adrenaline autoinjector (EpiPen or EpiPen Jr - if the student is under 20kg) or Adrenaline autoinjector Jr</p> <ul style="list-style-type: none"><li>• Remove from plastic container</li></ul>

	<ul style="list-style-type: none"> <li>• Form a fist around the EpiPen and pull off the blue safety release (cap)</li> <li>• Place orange end against the student's outer mid-thigh (with or without clothing)</li> <li>• Push down hard until a click is heard or felt and hold in place for 3 seconds</li> <li>• Remove EpiPen</li> <li>• Note the time the EpiPen is administered</li> <li>• Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration</li> </ul> <p><b>OR</b></p> <p>Administer an Anapen® 500, Anapen® 300, or Anapen® Jr.</p> <ul style="list-style-type: none"> <li>• Pull off the black needle shield</li> <li>• Pull off grey safety cap (from the red button)</li> <li>• Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing)</li> <li>• Press red button so it clicks and hold for 3 seconds</li> <li>• Remove Anapen®</li> <li>• Note the time the Anapen is administered</li> </ul> <p>Retain the used Anapen to be handed to ambulance paramedics along with the time of administration</p> <p><b>OR</b></p> <p><b>administer Jext:</b></p> <ol style="list-style-type: none"> <li>1. <b>Form fist around Jext and pull off yellow cap</b></li> <li>2. <b>Place black injector tip against outer-mid thigh (with or without clothing)</b></li> <li>3. <b>Push black tip firmly until a click is heard and hold in place for 3 seconds</b></li> <li>4. <b>Remove Jext</b></li> <li>5. <b>The used adrenaline device must be handed to the ambulance paramedics along with the time of administration</b></li> </ol> <p><b>OR</b></p> <p><b>administer Neffy:</b></p> <ol style="list-style-type: none"> <li>1. <b>Hold the nasal spray with your thumb on the bottom of the plunger and a finger on either side of the nozzle.</b></li> </ol> <p><b>Do not pull or push on the plunger. Do not test or prime (pre-spray). Each Neffy nasal spray contains only one spray.</b></p> <ol style="list-style-type: none"> <li>2. <b>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.</b></li> </ol> <p><b>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.</b></p> <ol style="list-style-type: none"> <li>3. <b>Press plunger up firmly until the dose is administered and it sprays into the nostril. The used adrenaline device must be handed to the ambulance paramedics along with the time of administration.</b></li> </ol>
3.	If an adrenaline device is administered the school must call an ambulance (000)



4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.
5.	Contact the student's parents/emergency contacts or, if unable to contact immediate family

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.

Note: If in doubt, it is better to use an adrenaline autoinjector than not use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful and potentially life threatening than over-treatment of a mild to moderate allergic reaction.

Where possible, a student's weight will be considered to supply the correct does of an adrenaline autoinjector. However, in an emergency, if there is no other option available, any device should be administered to the student.

## Communication Plan

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

The principal is responsible for ensuring that all relevant staff, including casual relief staff, and volunteers are aware of this policy and Glen Waverley Primary School's procedures for anaphylaxis management. 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 receive a copy of the student's individual anaphylaxis plan and their role in responding to an anaphylactic reaction.

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



## **GUIDELINES:**

Guidelines have been developed to assist all Victorian schools in planning for and supporting students with severe allergies. Schools should use the Guidelines as a resource to assess and review their current management practices, and to develop a School Anaphylaxis Management Policy which complies with the Order.

### **Staff training**

The principal will ensure that all school staff are appropriately trained in anaphylaxis management annually.

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.

Glen Waverley Primary School uses the following training course ASCIA eTraining every two years and (22578VIC, course in first aid management of anaphylaxis every three years.

All staff are 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 the School Anaphylaxis Supervisor who has successfully completed an anaphylaxis management course within the last 3 years including. Each briefing will address:

- this policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located
- how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

When a new student enrolls at Glen Waverley Primary School who is at risk of anaphylaxis, the School Nurse will develop a plan in consultation with the student's parents and distribute and all staff are notified as soon as possible.

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



## **IMPLEMENTATION:**

### **Individual Anaphylaxis Management Plans**

The Principal will ensure that parents of students, who have been diagnosed by a medical practitioner as being at risk of anaphylaxis, understand that their medical practitioner must provide an up-to-date individual anaphylaxis plan to the school as early as possible.

### **School Personnel**

The Principal or nominee has overall responsibility for implementing strategies and processes for ensuring a safe and supportive environment for students at risk of anaphylaxis. The Principal or nominee will:

- Actively seek information to identify students with severe life threatening allergies at enrolment.
- Conduct a risk assessment of the potential for accidental exposure to allergens while the student is in the care of the school.
- Meet with parents/carers to develop an Anaphylaxis Management Plan for the student. This includes documenting practical strategies for in-school and out-of-school settings to minimise the risk of exposure to allergens, and nominating staff who are responsible for their implementation.
- Request that parents provide an ASCIA (Australasian Society of Clinical Immunology and Allergy) Action Plan that has been signed by the student's medical practitioner and has an up-to-date photograph of the student.
- Ensure that parents provide the student's adrenaline auto-injection device and that it is not out of date.
- Ensure that staff obtain training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline auto-injection device.
- Develop a communication plan to raise student, staff and parent awareness about severe allergies and the school's policies.
- Provide information to all staff so that they are aware of students who are at risk of anaphylaxis, the student's allergies, the school's management strategies and first aid procedures. This will include displaying the students' ASCIA Action Plan in the first aid room, photocopy room and staff room, noting privacy considerations.
- Ensure that staff are aware of the need to inform Casual Relief Teachers via their planning documentation about students at risk of anaphylaxis and appropriate treatment.
- Hold briefings in the week before camps to remind staff of students at risk of anaphylaxis, the risk management plan, and the appropriate actions in the event of an anaphylactic reaction.
- Ensure that any external canteen providers can demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling practices.
- Allocate time, such as during staff meetings, to discuss, practise and review the school's management strategies for students at risk of anaphylaxis. Practise using the trainer adrenaline auto-injection device twice yearly and before camps.



- Encourage ongoing communication between parents/carers and staff about the current status of the student's allergies, the school's policies and their implementation.
- Review the student's Anaphylaxis Management Plan annually or if the student's circumstances change, in consultation with parents.
- Principals or their nominees will complete an annual Anaphylaxis Risk Management Checklist to monitor their compliance against their legal obligations and these Guidelines.

A spare or 'backup' adrenaline auto-injection device will be available as part of school first aid kits for general use.

Further, it is the responsibility of the Principal or nominee to ensure that all staff are aware of:

1. **Prevention Strategies:** Appendix  
*(Under Ministerial Order 706, a School's Policy must include prevention strategies used by the School to minimise the risk of an anaphylactic reaction.)*
2. **Communication Plan:** Appendix  
*(A plan developed by the school which provides information to all school staff, students and parents about anaphylaxis and the School's Anaphylaxis Management Policy.)*
3. **Emergency Response Plan:** Appendix  
*(Procedures which each school develops for emergency response to anaphylactic reactions for all in-school and out-of-school activities.)*
4. **Individual Anaphylaxis Management Plans:** Appendix  
*(The parents/ guardians of a student who has been diagnosed as anaphylactic should provide the school with an individualised ASCIA Action Plan)*

All school personnel with a duty of care responsibility for the wellbeing of students at risk of anaphylaxis should receive training in how to recognise and respond to an anaphylactic reaction including administering an adrenaline autoinjector (i.e. EpiPen®/Anapen®, Jext and Neffy).



## **Parents/ Guardians of a Student with Anaphylaxis**

The Principal or nominee will ensure that all staff are aware of relevant documentation which must be provided by the family of a student who has been diagnosed as anaphylactic.

This is:

- **ASCIA Action Plans:** An ASCIA plan must be completed by the student's parents/guardians in consultation with the student's medical/health practitioner and a copy provided to the school. The plan must outline the student's known severe allergies and the emergency procedures to be taken in the event of an allergic reaction.

**Individual Management Plans:** An individual plan for each student at risk of anaphylaxis, developed in consultation with the student's parents. These plans include the ASCIA Action Plan which describes the student's allergies, symptoms, and the emergency response to administer the student's adrenaline auto-injection device should the student display symptoms of an anaphylactic reaction.

## **RELATED LEGISLATION:**

**Ministerial Order 706-** requires schools to provide regular training and updates for school staff in recognising and responding appropriately to an anaphylactic reaction, including competently administering an adrenaline auto-injection device (EpiPen/Anapen/Jext/Neffy).

Accredited anaphylaxis management that meets the requirements of Ministerial Order 706 are:

- Course in First Aid Management of Anaphylaxis 22578VIC

**Training Requirements and Provider:** the school will complete one of the following options to meet the anaphylaxis training requirements;

- All school staff complete ASCIA *Anaphylaxis e-training for Victorian Schools* followed by a competency check by the School Anaphylaxis Supervisor.  
AND
- Two staff per school complete *Course Verifying the Correct Use of Adrenaline Auto Injector Devices*

**Note:** All schools with a child or young person at risk of an anaphylactic reaction are required to undertake **twice yearly briefings** on anaphylaxis management under Ministerial Order 706.

## **School Policies Advisory Guidelines:**

- The Department's Policy and Advisory Library (PAL):
  - [Anaphylaxis](#)
- [Allergy & Anaphylaxis Australia](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)



## ***Anaphylaxis Management in School- Resources and Contacts:***

<http://www.education.vic.gov.au/school/teachers/health/pages/anaphylaxisschl.aspx>

For all anaphylaxis management enquires, (including the implementation of Ministerial Order 706), schools can call the Royal Children's Hospital Anaphylaxis Advisory Line (toll free) on 9345 4235.

## **RELATED POLICIES:**

Health Care Needs and First Aid Policy  
Administration of Medication Policy  
Food Services Policy

## **POLICY REVIEW AND APPROVAL**

Policy last reviewed	May 2025
Approved by	Principal
Next scheduled review date	May 2026

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.

## **POLICY EVALUATION:**

Evaluation will be conducted annually by the Policy Review (Education) Sub Committee of the School Council.



## Appendix:

School staff who are responsible for the care of students at risk of anaphylaxis have a duty to take steps to protect students from risks of injury that are reasonably foreseeable. This includes administrators, canteen staff, casual relief staff, and volunteers. Members of staff are expected to:

- Know the identity of students who are at risk of anaphylaxis.
- Understand the causes, symptoms, and treatment of anaphylaxis.
- Obtain training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline auto-injection device.
- Know the school's first aid emergency procedures and what their role is in relation to responding to an anaphylactic reaction.
- Know the location of students' ASCIA Action Plan and follow it in the event of an allergic reaction.
- Know where the student's adrenaline auto-injection device is kept. Remember that the adrenaline auto-injection device is designed so that anyone can administer it in an emergency.
- Know and follow the prevention strategies in the student's Anaphylaxis Management Plan.
- Plan ahead for special class activities or special occasions such as excursions, incursions, sport days, camps and parties. Work with parents/guardians to provide appropriate food for the student.
- 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 careful 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.

Every student who has been diagnosed as at risk of anaphylaxis will have an individual Anaphylaxis Management Plan and Communication Plan.

The student's Anaphylaxis Management Plan will clearly set out:

- the type of allergy or allergies.
- the student's emergency contact details.
- practical strategies to minimise the risk of exposure to allergens for in-school and out of class settings, including:
  - » during classroom activities
  - » in canteens or during lunch or snack times
  - » before and after school, in the yard and during breaks
  - » for special events such as incursions, sport days or class parties
  - » for excursions and camps.
- the name of the person/s responsible for implementing the strategies.
- information on where the adrenaline auto-injection device will be stored.



# Glen Waverley Primary School

Established 1960

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GLOBAL EMPATHY.



The Anaphylaxis Management Plan will also include an individual ASCIA Action Plan, which sets out the emergency procedures to be taken in the event of an allergic reaction. (ASCIA, the Australasian Society of Clinical Immunology and Allergy, is the peak body of immunologists and allergists in Australia).

It is the responsibility of parents/carers to complete an ASCIA Action Plan, in consultation with their child's medical practitioner, and provide a copy to the School. The ASCIA Action Plan must be signed by the student's medical practitioner, and have an up to date photograph of the student.

As a student's allergies may change with time, the School will ensure that the student's Anaphylaxis Management Plan, Communication Plan and ASCIA Action Plan are kept current and reviewed annually with the student's parents/carers. When reviewed, an updated photo of the child should accompany the latest ASCIA Action Plan.

**DUE DATE FOR REVIEW:**

Due for review in May 2027.