159 Bennett Road
NANNEELLA 3561

Acting Principal: Ms Sandi Spittal

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ANAPHYLAXIS MANAGEMENT POLICY

Nanneella Estate Primary School will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

The Principal will ensure that an Individual Anaphylaxis 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 enrols, and where possible before their first day of school.
School Staff will then implement and monitor the student's Individual Anaphylaxis Management Plan.
The student's Individual Anaphylaxis Management Plan will be reviewed annually or more often if deemed necessary, in consultation with the student's Parents.
It is the responsibility of the Parents to:

- provide the ASCIA Action Plan;
- inform the School in writing of 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.

PREVENTION STRATEGIES

- Make sure the ASCIA Action Plan and Epipen are easily accessible at all times.
- Liaise with Parents about food-related activities ahead of time.
- Never give food from outside sources to a student who is at risk of anaphylaxis.
- Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
- Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
- Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
- Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
- A designated staff member should inform casual relief teachers, 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.
- All staff are to have completed Anaphylaxis training every 12 months.
- 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.
- For camps and excursions a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. Teachers must ensure they take the Anaplylaxis Management Plan, Epipen and contact details for students at risk

- 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.
- 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.

SCHOOL MANAGEMENT AND EMERGENCY RESPONSE

The school is to

- have a complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction;
- have up to date Individual Anaphylaxis Management Plans and ASCIA Action Plans displayed in a prominent place in the school office.
- ensure Adrenaline Autoinjectors (Epipens) are stored in the school office in an insulated container.
- communicate with School Staff, students and Parents on any relevant anaphylaxis issues.

ADRENALINE AUTOINJECTORS FOR GENERAL USE

The Principal will purchase Adrenaline Autoinjector(s) for General Use (purchased by the School) and as a back up to those supplied by Parents.
The Principal will determine the number of additional Adrenaline Autoinjector(s) required.
The Adrenaline Autoinjectors for General Use have a limited life, usually expiring within 12-18 months, and will need to be replaced at the School's expense, either at the time of use or expiry, whichever is first.

COMMUNICATION PLAN

The principal will ensure that the relevant staff members complete anaphylaxis management training every 12 months.
All school staff and relevant volunteers, specialist teachers and casual relief teachers will be briefed on anaphylaxis management procedures twice per year by a relevant staff member who has completed anaphylaxis management training within the past twelve months.
Staff will discuss the topic with all students during class, outlining things to be aware of with regard to anaphylaxis management.
The school will raise awareness about anaphylaxis in the school community so that there is an increased understanding of the condition by including information in the school newsletter.

ANNUAL RISK MANAGEMENT CHECKLIST

The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations if there are any current students who have been diagnosed as being at risk of anaphylaxis.

REVIEW CYCLE & APPROVAL

Policy last reviewed	May 2026
Approved by	Principal
Next Scheduled Review date	May 2027

Signed: ……. Date: ……..

Nanneella Estate Primary School
Annual Risk Management Checklist

School Name:	NANNEELLA ESTATE PRIMARY SCHOOL
Date of Review:	
Who completed this checklist?	Name:
	Position:
Review given to:	Name
	Position
Comments:	

General Information	
1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an Adrenaline Autoinjector?	
2. How many of these students carry their Adrenaline Autoinjector on their person?	
3. Have any students ever had an allergic reaction requiring medical intervention at school?	☐ Yes ☐ No
a. If Yes, how many times?	
4. Have any students ever had an Anaphylactic Reaction at school?	☐ Yes ☐ No
a. If Yes, how many students?	
b. If Yes, how many times	
5. Has a staff member been required to administer an Adrenaline Autoinjector to a student?	☐ Yes ☐ No
a. If Yes, how many times?	
6. Was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?	☐ Yes ☐ No

SECTION 1: Individual Anaphylaxis Management Plans	
7. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an Adrenaline Autoinjector have an Individual Anaphylaxis Management Plan and ASCIA Action Plan completed and signed by a prescribed Medical Practitioner?	☐ Yes ☐ No
8. Are all Individual Anaphylaxis Management Plans reviewed regularly with Parents (at least annually)?	☐ Yes ☐ No
9. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?	
a. During classroom activities, including elective classes	☐ Yes ☐ No

b. In canteens or during lunch or snack times	☐ Yes ☐ No
c. Before and after School, in the school yard and during breaks	☐ Yes ☐ No
d. For special events, such as sports days, class parties and extra-curricular activities	☐ Yes ☐ No
e. For excursions and camps	☐ Yes ☐ No
f. Other	☐ Yes ☐ No
10. Do all students who carry an Adrenaline Autoinjector on their person have a copy of their ASCIA Action Plan kept at the School (provided by the Parent)?	☐ Yes ☐ No
a. Where are they kept?	
11. Does the ASCIA Action Plan include a recent photo of the student?	☐ Yes ☐ No
SECTION 2: Storage and Accessibility of Adrenaline Autoinjectors	
12. Where are the student(s) Adrenaline Autoinjectors stored?	
13. Do all School Staff know where the School's Adrenaline Autoinjectors for General Use are stored?	☐ Yes ☐ No
14. Are the Adrenaline Autoinjectors stored at room temperature (not refrigerated)?	☐ Yes ☐ No
15. Is the storage safe?	☐ Yes ☐ No
16. Is the storage unlocked and accessible to School Staff at all times? Comments:	☐ Yes ☐ No
17. Are the Adrenaline Autoinjectors easy to find? Comments:	☐ Yes ☐ No
18. Is a copy of student's Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) kept together with the student's Adrenaline Autoinjector?	☐ Yes ☐ No
19. Are the Adrenaline Autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student's names?	☐ Yes ☐ No
20. Has someone been designated to check the Adrenaline Autoinjector expiry dates on a regular basis? Who? ……	☐ Yes ☐ No
21. Are there Adrenaline Autoinjectors which are currently in the possession of the School and which have expired?	☐ Yes ☐ No
22. Has the School signed up to EpiClub or ANA-alert (optional free reminder services)?	☐ Yes ☐ No

23. Do all School Staff know where the Adrenaline Autoinjectors and the Individual Anaphylaxis Management Plans are stored?	☐ Yes ☐ No
24. Has the School purchased Adrenaline Autoinjector(s) for General Use, and have they been placed in the School's first aid kit(s)?	☐ Yes ☐ No
25. Where are these first aid kits located?	
26. Is the Adrenaline Autoinjector for General Use clearly labelled as the 'General Use' Adrenaline Autoinjector?	☐ Yes ☐ No
27. Is there a register for signing Adrenaline Autoinjectors in and out when taken for excursions, camps etc?	☐ Yes ☐ No
SECTION 3: Prevention Strategies	
28. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	☐ Yes ☐ No
29. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why?	☐ Yes ☐ No
30. Have all School Staff who conduct classes with students with a medical condition that relates to allergy and the potential for anaphylactic reaction successfully completed an Anaphylaxis Management Training Course in the three years prior and participated in a twice yearly briefing?	☐ Yes ☐ No
31. Are there always sufficient School Staff members on yard duty who have successfully completed an Anaphylaxis Management Training Course in the three years prior?	☐ Yes ☐ No
SECTION 4: School Management and Emergency Response	
32. Does the School have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	☐ Yes ☐ No
33. Do School Staff know when their training needs to be renewed?	☐ Yes ☐ No
34. Have you developed Emergency Response Procedures for when an allergic reaction occurs?	☐ Yes ☐ No
a. In the class room?	☐ Yes ☐ No
b. In the school yard?	☐ Yes ☐ No
c. In all School buildings and sites, including gymnasiums and halls?	☐ Yes ☐ No
d. At school camps and excursions?	☐ Yes ☐ No
e. On special event days (such as sports days) conducted, organised or attended by the School?	☐ Yes ☐ No
35. Does your plan include who will call the Ambulance?	☐ Yes ☐ No

36. Is there a designated person who will be sent to collect the student's Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan)?	☐ Yes ☐ No
37. Have you checked how long it will take to get to the Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) to a student from various areas of the School including:	☐ Yes ☐ No
a. The class room?	☐ Yes ☐ No
b. The school yard?	☐ Yes ☐ No
c. The sports field?	☐ Yes ☐ No
38. On excursions or other out of school events is there a plan for who is responsible for ensuring the Adrenaline Autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIAAction Plan) and the Adrenaline Autoinjector for General Use are correctly stored and available for use?	☐ Yes ☐ No
39. Who will make these arrangements during excursions? ……..	
40. Who will make these arrangements during camps? ……..	
41. Who will make these arrangements during sporting activities? ……..	
42. Is there a process for post incident support in place?	☐ Yes ☐ No
43. Have all School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction and any other staff identified by the Principal, been briefed on:	
a. The School's Anaphylaxis Management Policy?	☐ Yes ☐ No
b. The causes, symptoms and treatment of anaphylaxis?	☐ Yes ☐ No
c. The identities of students with a medical condition that relates to allergy and the potential for an anaphylactic reaction, and who are prescribed an Adrenaline Autoinjector, including where their medication is located?	☐ Yes ☐ No
d. How to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector?	☐ Yes ☐ No
e. The School's general first aid and emergency response procedures for all in-school and out-of-school environments?	☐ Yes ☐ No
f. Where the Adrenaline Autoinjector(s) for General Use is kept?	☐ Yes ☐ No
g. Where the Adrenaline Autoinjectors for individual students are located including if they carry it on their person?	☐ Yes ☐ No

SECTION 4: Communication Plan	
44. Is there a Communication Plan in place to provide information about anaphylaxis and the School's policies?	
a. To School Staff?	☐ Yes ☐ No
b. To students?	☐ Yes ☐ No
c. To Parents?	☐ Yes ☐ No
d. To volunteers?	☐ Yes ☐ No
e. To casual relief staff?	☐ Yes ☐ No
45. Is there a process for distributing this information to the relevant School Staff?	☐ Yes ☐ No
a. What is it?	
46. How is this information kept up to date?	
47. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	☐ Yes ☐ No
48. What are they?	