

Anaphylaxis Policy

Purpose: To fully comply with Ministerial Order 706 and the associated Guidelines, as published and amended by the Department of Education from time to time, and the Education and Training Reform Act 2006 (Vic)

To outline the management of Anaphylaxis within our school, including staff training, the identification and monitoring of students who have pre-existing Anaphylaxis and the emergency response to an Anaphylactic event.

Scope: School Coordinator (Principal), school staff (including casual relief staff), volunteers and parents of students.

Implemented by: OHS Coordinator, School Coordinator and Teachers, School Anaphylaxis Supervisor (School Coordinator)

Approved by: LC Parent Group, LC Board

Communicated via: Staff induction, anaphylaxis training and briefings, staff meetings, enrolment agreements, parent meetings

Reviewed: Annually, after an incident, as legislative changes arise, or if improvements are identified



Overview

The Anaphylaxis Management Policy covers the guidelines and management procedures that are implemented to identify and monitor students with a specific diagnosis of '**at risk of anaphylaxis**'.

Students **at risk** are those students with a diagnosed medical condition relating to allergies and who have the potential for anaphylactic reaction. An assessment as to whether a student is at risk should be made by a medical practitioner.

This policy should be read in conjunction with the First Aid Policy, which provides guidelines and management procedures regarding the application of first aid.

The school will comply with Department of Education guidelines related to anaphylaxis management in schools and update its practices in line with emerging anaphylaxis treatments and devices, as advised by the Department of Education and ASCIA.

Definitions

Anaphylaxis is a severe, rapidly progressing allergic reaction that is potentially life threatening, and should always be treated as a medical emergency. Anaphylaxis occurs after exposure to an allergen (usually to foods, insects or medicines), to which a person is allergic. Not all people with allergies are at risk of anaphylaxis.

Symptoms of anaphylaxis are potentially life threatening and include any one of the following:

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness and/or collapse
- Pale and floppy (in young children)
- Abdominal pain and/or vomiting are signs of a severe allergic reaction to insects

Symptoms of **mild to moderate allergic reaction** can include:

- swelling of the lips, face and eyes
- hives or welts
- tingling mouth
- 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.



For the purpose of this policy, the **school environment** is defined as school buildings and grounds, along with any other location or facility where school activities or events are undertaken.

Adrenaline Delivery Devices

Medications used to treat anaphylaxis by delivering adrenaline (epinephrine). These may include:

- **Autoinjectors** (e.g. EpiPen®, Anapen®, Jext®), which deliver adrenaline via injection into the thigh
- **Intranasal adrenaline** (e.g. Neffy®), which delivers adrenaline via a nasal spray

These devices must be prescribed by a medical practitioner and align with the student's ASCIA Action Plan.

Individual Anaphylaxis Management Plans

The School Coordinator (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 having a medical condition that relates to allergy and the potential for anaphylactic reaction, where the school has been notified of that diagnosis.

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.

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 grounds, 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 plan and strategies.
- Information on where the student's medication will be stored.
- The student's emergency contact details.
- An up-to-date ASCIA (Australasian Society of Clinical Immunology & Allergy) Action Plan for Anaphylaxis, completed by the student's medical practitioner.

School Staff (OHS Coordinator, Teaching Staff) will then implement and monitor the student's Individual Anaphylaxis Management Plan.

The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's Parents in the following circumstances:



- 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 (e.g. festivals).

It is also recommended that a student's individual anaphylaxis management plan is reviewed if the school is advised by Parents that there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

It is the responsibility of the Parents to:

- provide the ASCIA Action Plan from the student's medical practitioner as soon as practicable;
- inform the School in writing immediately 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;
- provide the School with the adrenaline delivery device prescribed for their child (e.g. EpiPen®, Anapen®, Jext®, or Neffy®) that matches the ASCIA Action Plan and is current and not expired
- Participate in an annual review of the Individual Anaphylaxis Management Plan.

School Management

All processes contained in this policy will be carried out in a manner consistent with those contained in the School's First Aid Policy and Medical Care Policy.

The following procedures are established in relation to students who have a diagnosis of '**at risk of anaphylaxis**':

- The School Coordinator (Principal) will ensure that an up-to-date list of students at risk of anaphylaxis will be maintained at all times
- The School Coordinator (Principal) will ensure that a Communication Plan is developed and provided to all school staff (include casual relief staff), volunteers, students and parents about anaphylaxis and the school's anaphylaxis management policy.
- The School Coordinator (Principal) will ensure each student will have an Individual Anaphylaxis Management Plan, including an up-to-date photo and ASCIA Action Plan,



developed in conjunction with parents and on the basis of a written diagnosis from a medical practitioner

- All staff members will be able to identify, by face, any student who has an Individual Anaphylaxis Management Plan
- Staff will receive training in how to recognise and respond to an anaphylactic reaction, and how to administer an adrenaline delivery device appropriate to the student's ASCIA Action Plan
- Administration will be responsible for monitoring the expiry date of the adrenaline delivery devices supplied by the family and any additional adrenaline delivery devices supplied by the school
- The School Coordinator (Principal) will ensure sufficient staff maintain current anaphylaxis management training in accordance with Ministerial Order 706
- All staff will know their responsibilities in relation to risk minimisation for all activities while students are under the care or supervision of the School
- All occurrences of an allergic reaction which require the administration of first aid, including use of an adrenaline delivery device will be recorded as a First Aid Incident in the School's student management system.

Prevention Strategies

LC will implement an allergy aware approach rather than banning specific allergens. The use of many strategies is important in reducing the risk of accidental exposure to an allergen and by taking an allergy aware approach it ensures that there is a high level of awareness and knowledge and avoids reliance on avoidance, which is not an effective strategy.

LC will put into place the strategies below to minimise the risk of a student suffering an anaphylactic reaction.

- The school will follow the Allergy Aware best practice guidelines produced by the National Allergy Council.
- The school will have a Communication Plan in place to inform school staff (including casual relief staff), volunteers, and parents of students who are at risk of anaphylaxis and of their role in responding to an anaphylactic reaction experienced by a student in their care.
- Staff will discuss Anaphylaxis with students and how they can keep their friends and peers safe, including highlighting the risks of sharing food from home.
- All staff will be briefed upon enrolment and thereafter, twice-annually, regarding the student's Individual Anaphylaxis Management Plan, the prevention strategies that it contains, and the location of the student's plan and student's adrenaline delivery device.
- The School Coordinator (Principal) is responsible for advising relief teachers, specialist teachers and volunteers regarding any student with a risk of anaphylaxis and the action plan that is in place should an anaphylactic reaction occur.
- All staff must be able to identify, by face, those students at risk of anaphylaxis



- There will be a copy of the student's Individual Anaphylaxis Management Plan in the school's first aid area.
- The school will implement a range of risk minimisation strategies around meal times and food consumption appropriate to identified allergens and the student cohort to minimise the risks of an anaphylactic event. Some risk minimisation strategies the school will consider include procedures at meal and snack times to ensure that students at risk of anaphylaxis get the right food, supervision of students at risk of anaphylaxis at meal and snack times, not sharing food and drinks or drink bottles, not serving food from unknown sources to a student at risk of anaphylaxis, not serving products with 'may contain' labels to students at risk of anaphylaxis to an allergen listed, 'implementing allergen free zones' for food serving or consumption.
- The school will communicate with parents about any school activities that involve known allergens.
- Staff will be aware of hidden allergens in food and other substances used in cooking, science and art classes.
- Staff responsible for food preparation should undertake the All about Allergens for Schools online training every two years.
- Staff will ensure students are not sharing wind instruments (eg. recorders).
- The School Coordinator (Principal) will ensure staffing ratios and rosters provide for a staff member who has been trained in the administration of the adrenaline delivery device to be available to respond to an anaphylactic reaction, at all times.
- The school's General Use adrenaline autoinjectors will be kept in a location that is known by all staff and easily accessible from the outdoor play areas

Special Events and Out-of-School Settings

The School Coordinator (Principal) is responsible for ensuring that a plan to minimise the risk of and manage any exposure to allergens is developed to ensure adequate supervision of students at risk of anaphylaxis during school activities outside those normally conducted at school. This will involve speaking with parents to determine a plan to minimise the risk of anaphylaxis during excursions and camps, which may include some or all of the following:

- A sufficient number of staff members who have been trained in the administration of the adrenaline delivery device will accompany the group at all times and carry the student's ASCIA Action Plan and delivery device
- Ensuring that sufficient numbers of trained staff are supervising student(s) at risk of anaphylaxis for the activity.
- A risk assessment will be undertaken of the venue and possible exposure to the allergen.
- An appropriate food menu will be arranged, or meals will be provided by the parents.

Emergency Response

Responding to an Incident

The student's ASCIA Action Plan should be followed if there has been a known exposure to allergens, even if there are no immediate symptoms.

Lay the person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.

Another member of the school staff (or if necessary, send a student messenger) should immediately locate the student's adrenaline delivery device and the student's ASCIA Action Plan for Anaphylaxis.

A Staff member will remain with the student experiencing an anaphylactic response, at all times.

A staff member should call 000 or 112 and request an ambulance at the earliest opportunity.

The adrenaline delivery device specified in the student's ASCIA Action Plan should be administered in accordance with:

- the ASCIA Action Plan, and
- the manufacturer's instructions for that device

A staff member should call Parents/Carers (or, if not available, emergency contact) at the earliest opportunity.

It is important that the student does not stand and is not moved unless in further danger (for example, the anaphylactic reaction was caused by a bee sting and the beehive is close by). Care of the Students will be transferred to ambulance personnel upon their arrival.

If a student has a severe allergic reaction but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, the School Staff should follow the School's first aid procedures, which will include immediately contacting an ambulance using 000 or 112 and may include administering an adrenaline delivery device for General Use.

If an anaphylactic event occurs as part of a larger emergency staff should also refer to the Emergency Management Plan.

Depending on the circumstances of the anaphylactic event, the School Coordinator (Principal) should determine if the Critical Incident Plan should be implemented.

After an incident has concluded it should be documented in the School's Accident and Incident Register.



An anaphylactic reaction can be a very traumatic experience for the student, others witnessing the reaction, and Parents. In the event of an anaphylactic reaction, students and School Staff may benefit from post-incident debriefing, provided by the School Coordinator (Principal), or counselling provided by a psychologist or EAP.

Post-incident Review

After an anaphylactic reaction has taken place for a student while in the School's care, the following processes will take place.

- The School Coordinator (Principal) will ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement of the student's personal adrenaline delivery device being provided by the family.
- The student's personal adrenaline delivery device must be replaced by the family as soon as possible.
- The student's Individual Anaphylaxis Management Plan will be reviewed in consultation with the student's Parents.
- The School's Anaphylaxis Management Policy will be reviewed to ensure that it adequately responds to anaphylactic reactions by students who are in the care of School Staff.

Adrenaline Delivery Devices for General Use

The School will purchase and maintain general use adrenaline autoinjectors (e.g. EpiPen®) in accordance with current Department of Education and ASCIA guidance.

Note: At the time of this policy, intranasal adrenaline devices (e.g. Neffy®) are not recommended for general-use school supply unless approved by relevant health authorities.

The School Coordinator (Principal) will determine the number of additional adrenaline delivery device(s) required. In doing so, will take into account the following relevant considerations:

- the number of students enrolled at the School who have been diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction;
- the accessibility of adrenaline delivery devices that have been provided by Parents of students who have been diagnosed as being at risk of anaphylaxis;
- the accessibility of adrenaline delivery devices for general use in specified locations at the School, including the overall school site and distance to school buildings and outdoor areas, and at off-site excursions, camps and special events conducted or organised by the School.



Adrenaline delivery devices for general use, which have a limited life (usually expiring within 12-24 months), will be monitored by Administration and will be replaced at the School's expense, either at the time of use or expiry, whichever is first.

The school will ensure that all adrenaline delivery devices are stored in accordance with manufacturer guidelines, including temperature requirements and accessibility.

Adrenaline delivery devices for general use are stored in the First Aid Cupboard, an easily accessible, clearly identified, unlocked cupboard that is known to all School Staff.

Staff Training

The School Coordinator (Principal) is responsible for ensuring there is a sufficient number of appropriately trained staff available to respond to an anaphylaxis emergency while students are under the care or supervision of the School.

In accordance with Ministerial Order 706 school staff that conduct classes attended by a student at risk of anaphylaxis, and any additional staff that the School Coordinator (Principal) identifies based on a risk assessment, must complete approved anaphylaxis management training.

Staff training will include:

- the successful completion of one of the following options:
 - ASCIA Anaphylaxis e-training for Victorian Schools, followed by a competency check in the correct use of adrenaline delivery device devices, conducted by a nominated School Anaphylaxis Supervisor; or
- Successful completion of the Course in First Aid Management of Anaphylaxis (22578VIC) delivered by a Registered Training Organisation.
- Participation in a twice-yearly briefing, delivered by a staff member who has completed an anaphylaxis management training course within the last two years, the first of which will be held at the beginning of a school year, including:
 - the School's Anaphylaxis Management Policy;
 - causes, symptoms and treatment of anaphylaxis;
 - identification of students who are at risk of anaphylaxis, including allergens and relevant risk management strategies, and where their medicine and auto-injectors are located;
 - ASCIA Action Plans and the administration of adrenaline delivery devices (including hands on practise with trainer adrenaline delivery devices);
 - the School's general first aid and emergency response procedures; and
 - the location of, and access to, adrenaline delivery devices that have been provided by the parents or purchased by the school for general use



Training will include **familiarisation with all adrenaline delivery devices used within the school**, including:

- EpiPen®
- Anapen® (if prescribed for a student)
- Jext® (if prescribed for a student)
- Neffy® (if prescribed for a student)

Where a student is prescribed a device not commonly used in the school, targeted training or briefing will be provided to relevant staff.

If the relevant training and briefing has not occurred prior to the student's first day at the school, the School Coordinator (Principal) will develop an interim Individual Anaphylaxis Management Plan in consultation with the Parents. The interim Individual Anaphylaxis Management Plan will be provided to relevant School Staff before the student's first day at school and training will be provided as soon as practicable after this time.

Annual Risk Management Checklist

The School Coordinator (Principal) will complete an annual Anaphylaxis Risk Management Checklist to monitor the School's compliance with Ministerial Order 706 and the associated Guidelines.

Related Documentation

- Individual Anaphylaxis Management Plan template
- Staff Training Register
- Annual Anaphylaxis Risk Management Checklist
- Anaphylaxis Communication Plan
- Register of Students at Risk of Anaphylaxis
- Enrolment Agreement
- Allergy Aware Approach
https://allergyaware.org.au/images/2023areas/Best_practice_guidelines_schools_v2.1_220324.pdf
- All about Allergens for Schools online training
<https://foodallergytraining.org.au/mod/page/view.php?id=113>

Related Policies

- First Aid Policy
- Medical Care Policy
- Emergency Management Plan

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Ratified by the Board: 23/2/2026

Review due: February 2027

