



POLICY 4

ANAPHYLAXIS



Help for non-English speakers

If you need help to understand the information in this policy, please contact Gordon Primary School on 03 5368 9223 or gordon.ps@education.vic.gov.au.

Purpose

To explain to Gordon 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 Gordon 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 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

Gordon Primary School will fully comply 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 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 are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

All students at Gordon 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 Gordon 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 Gordon 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 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 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 at the front office, together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.

Risk Minimisation Strategies

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

- staff and students are regularly reminded to wash their hands after eating
- students are discouraged from sharing food
- 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
- All year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays
- a general use Adrenaline autoinjector will be stored at the front office

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

Gordon Primary School will maintain 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.

Adrenaline autoinjectors for general use will be stored at the front office and labelled "general use".

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

- the number of students enrolled at Gordon 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 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 in the [all classrooms and staff room]. 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">• Lay the person flat• Do not allow them to stand or walk

	<ul style="list-style-type: none"> • If breathing is difficult, allow them to sit • Be calm and reassuring • Do not leave them alone • 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 in the front office • If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5
2	<p>Administer an Adrenaline autoinjector or Adrenaline autoinjector Jr</p> <ul style="list-style-type: none"> • Remove from plastic container • Form a fist around the Adrenaline autoinjector and pull off the blue safety release (cap) • 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 Adrenaline autoinjector • Note the time the Adrenaline autoinjector is administered • Retain the used Adrenaline autoinjector to be handed to ambulance paramedics along with the time of administration <p>OR</p> <p>Administer an Anapen® 500, Anapen® 300, or Anapen® Jr.</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) • 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
3	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 emergency contacts.

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 to 5 as above. Schools can use either the EpiPen® and Anapen® on any student suspected to be experiencing an anaphylactic reaction, regardless of the device prescribed in their ASCIA Action Plan. Where possible, schools should consider using the correct dose of adrenaline autoinjector 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.

Staff training

The Principal will ensure 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, 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.

Gordon Primary School uses the following training course: Online training — *ASCIA Anaphylaxis e-training for Victorian Schools* with Anaphylaxis Supervisors completing *Course in Verifying the Correct Use of Adrenaline Injector Devices 22579VIC*.

Gordon Primary School uses the following training course: Face-to-face training — *Course in First Aid Management of Anaphylaxis 22578VIC*.

Gordon Primary School uses the following training course: Face-to-face training — *Course in Anaphylaxis Awareness 10710NAT*.

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 including [Principal and nominated staff]. 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 Gordon Primary School who is at risk of anaphylaxis, the Principal will develop an interim plan in consultation with the student's parents and ensure that appropriate staff are trained and briefed as soon as possible.

A record of staff training courses and briefings will be maintained through the school's online Emergency Management Plan and training proforma]

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

The principal is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and Gordon 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 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](#).

FURTHER INFORMATION and resources

This policy should be read in conjunction with the [Anaphylaxis](#) policy on the Department's Policy and Advisory Library (PAL) and the following resources:

- [Allergy & Anaphylaxis Australia](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)

Policy REVIEW and Approval

Policy last reviewed	13 th February 2025
Approved by	Principal
Next scheduled review date	March 2026

The principal will complete the Department's Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review

ACTION PLAN FOR Anaphylaxis

For EpiPen® adrenaline (epinephrine) autoinjectors

Name: _____

Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by medical or
nurse practitioner:

I hereby authorise medications specified on this
plan to be administered according to the plan

Signed: _____

Date: _____

Action Plan due for review: _____

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- Give other medications (if prescribed)
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

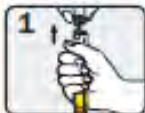
5 Further adrenaline doses may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and PLACE ORANGE END against 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®

All EpiPen®s should be held in place for 3 seconds regardless of instructions on device label

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: ☐ Y ☐ N

© ASCIA 2017 This plan was developed as a medical document that can only be completed and signed by the patient's medical or nurse practitioner and cannot be altered without their permission.

Enrolment Checklist for Children at Risk of Anaphylaxis



- ☐ A risk minimisation plan is completed, which includes strategies to address the particular needs of each child at risk of anaphylaxis, and this plan is implemented
- ☐ Parents of a child at risk of anaphylaxis have been provided a copy of the service's Anaphylaxis policy
- ☐ All parents/guardians are made aware of the Anaphylaxis policy
- ☐ Anaphylaxis action plan for the child is signed by the child's Doctor and is visible to all staff
- ☐ EpiPen[®] (within expiry date) is available for use at any time the child is in the care of the service
- ☐ EpiPen[®] is stored in an insulated container, in a location easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat
- ☐ All staff, including relief staff, are aware of each EpiPen[®] kit location
- ☐ Staff responsible for the child/ren at risk of anaphylaxis undertake anaphylaxis management training, which includes strategies for anaphylaxis management, recognition of allergic reactions, emergency treatment and practise with an EpiPen[®] trainer, and is reinforced at yearly intervals
- ☐ The service's emergency action plan for the management of anaphylaxis is in place and all staff understand the plan
- ☐ Parent/guardian's current contact details are available
- ☐ Information regarding any other medications or medical conditions (for example asthma) is available to staff
- ☐ If food is prepared at school (Special Lunch Days), measures are in place to prevent contamination of the food given to the child at risk of anaphylaxis

ANAPHYLAXIS RISK MANAGEMENT CHECKLIST

School Name: _____

Primary / Secondary (Please Circle)

Primary ☐ Secondary ☐

Location / Address: _____

Date of Review: _____

Time: _____

School Contact Person: Name: _____

(Who provided information collected)

Position: _____

Review given to: Name: _____

(If different from above)

Position: _____

Comments: _____

1. How many current students are diagnosed with anaphylaxis? _____

2. Have any students ever had an allergic reaction while at school? YES ☐ NO ☐

If Yes, how many times? _____

3. Have any students had an Anaphylactic Reaction at school? YES ☐ NO ☐

If Yes, how many times? _____

4. Has a staff member been required to administer an EpiPen® to a student? YES ☐ NO ☐

If yes, how many times? _____



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Reference: Anaphylaxis Guidelines for Victorian Government Schools, DEECD 2007

ANAPHYLAXIS RISK MANAGEMENT CHECKLIST

SECTION 1: Anaphylaxis Management Plans and ASCIA Action Plans

1. Does every student who has been diagnosed at risk of anaphylaxis have an individual Anaphylaxis Management Plan in place (see Section 4.1 and Appendix 1, Anaphylaxis Guidelines)? YES ☐ NO ☐
2. Are all Anaphylaxis Management Plans reviewed regularly with parents (at least annually)? YES ☐ NO ☐
3. Do they set out strategies to minimise the risk of exposure to allergens for in-school and out of class settings?
 - During classroom activities, including elective classes YES ☐ NO ☐
 - In canteens or during lunch or snack times YES ☐ NO ☐
 - Before and after school, in the school yard and during breaks YES ☐ NO ☐
 - For special events, such as excursions, sport days, class parties and extra curricular activities? YES ☐ NO ☐
 - For excursions and camps YES ☐ NO ☐
 - Other _____
4. Do all students who suffer from anaphylaxis have a copy of their ASCIA Action Plan kept at school (provided by the parent)? YES ☐ NO ☐
5. Where are they kept? _____
6. Do the anaphylaxis action plans have a recent photo of the student with them? YES ☐ NO ☐
- Comments _____



ANAPHYLAXIS RISK MANAGEMENT CHECKLIST

SECTION 2: Storage and Accessibility of the EpiPen®

1. Where are the students EpiPen's® Stored?

2. How are the EpiPens® stored?

3. Is the storage safe (out of reach of students)? YES ☐ NO ☐
Is the storage unlocked and accessible to staff at all times? YES ☐ NO ☐
Comments _____

Is the EpiPen® easy to find? YES ☐ NO ☐
Comments _____

4. Is a copy of students' ASCIA Action Plans kept together with their EpiPen®? YES ☐ NO ☐
Comments _____

5. Are EpiPen's® and Action Plans clearly labelled with students' names? YES ☐ NO ☐
Comments _____

6. Has someone been designated to check the EpiPen's®
expiry dates on regular basis? YES ☐ NO ☐
WHO? _____
Comments _____
7. Has the school signed up to EpiClub (a free reminder service)? YES ☐ NO ☐
8. Do all staff know where the EpiPens® and Action Plans are Stored? YES ☐ NO ☐
Comments _____

9. Is there a spare EpiPen®? YES ☐ NO ☐
If Yes, what Type? _____

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ANAPHYLAXIS RISK MANAGEMENT CHECKLIST

SECTION 2: Storage and Accessibility of the EpiPen® *continued*

10. Where is it stored?

11. Is it clearly labelled as the 'backup EpiPen®'? YES ☐ NO ☐

SECTION 3: Prevention Strategies

1. Have you done a risk assessment of the potential for accidental exposure to allergens for a student with anaphylaxis? YES ☐ NO ☐
2. Has the school implemented any of the prevention strategies (in Appendix 2 of the Guidelines)? YES ☐ NO ☐
3. Which ones?

4. Others:

5. Is there always a trained staff member on yard duty? YES ☐ NO ☐
6. How many staff have completed training?

SECTION 4: Training and Emergency Response

1. Have all staff responsible for the care of students with anaphylaxis been trained? YES ☐ NO ☐
2. When does their training need to be renewed?

3. Do all staff have an understanding of the causes, signs and symptoms of anaphylaxis and of their role in the school's first aid and emergency response procedures? YES ☐ NO ☐
4. Have you planned how the alarm will be raised if an allergic reaction occurs?
In the class room? YES ☐ NO ☐
How? _____
- In the school yard? YES ☐ NO ☐
How? _____
- At school camps and excursions? YES ☐ NO ☐
How? _____



ANAPHYLAXIS RISK MANAGEMENT CHECKLIST

SECTION 4: Training and Emergency Response *continued*

On special event days, such as sports days? YES ☐ NO ☐

How?

5. Does your plan include who will call the Ambulance? YES ☐ NO ☐

How?

6. In an emergency is there a plan for who will be sent to collect the EpiPen® and Action Plan? YES ☐ NO ☐

Who will this be when in the class room?

Who will this be when in the school yard?

Who will this be at sporting activities?

7. Have you checked how long will it take to get to the EpiPen® and Action Plan to a student from various areas of the school? YES ☐ NO ☐

How long?

When in the class room? YES ☐ NO ☐

How long?

When in the school yard? YES ☐ NO ☐

How long?

When at sports fields? YES ☐ NO ☐

How long?

8. On excursions or other out of school event is there a plan for who will look after the EpiPen® and Action Plan? YES ☐ NO ☐

Who will do this on excursions?

Who will do this on camps?

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ANAPHYLAXIS RISK MANAGEMENT CHECKLIST

SECTION 4: Training and Emergency Response *continued*

Who will do this on sporting activities?

9. Is there a process for post incident support in place? YES ☐ NO ☐

10. Have all staff been briefed on

the school's Anaphylaxis Management Policy? YES ☐ NO ☐

the causes, symptoms and treatments of anaphylaxis? YES ☐ NO ☐

the identities of students diagnosed at risk of anaphylaxis and where their medication is located? YES ☐ NO ☐

how to use an adrenaline auto-injecting device, including hands on practice with a trainer adrenaline auto-injecting device YES ☐ NO ☐

the schools first aid and emergency response procedures YES ☐ NO ☐

SECTION 5: Communicating with staff, students and parents/ carers

1. Is there a communication plan in place to provide information about anaphylaxis and the school's policies to staff, students and parents/ carers? YES ☐ NO ☐

2. Are there procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response? YES ☐ NO ☐

Comments

3. Do all staff know which students suffer from anaphylaxis? YES ☐ NO ☐

Comments



Ministerial Order 90

SECTION 5: Communicating with staff, students and parents/ carers *continued*

How is this information kept up to date?

4. Are there strategies in place to increase awareness about severe allergies among students?

YES ☐ NO ☐

Comments

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ANAPHYLAXIS RISK MANAGEMENT CHECKLIST

Task/s that need to be completed	Action required	Staff member responsible	Date to be completed
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Anaphylaxis Management Review Action Plan

This table is to be completed if there are outstanding risks/tasks identified after completing the initial Management Review Guide.

Anaphylaxis Management Review Guide