



Flowerdale Primary School

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- 3377 Whittlesea Yea Road, Flowerdale VIC 3717
- Phone: (03) 5780 1264 ▪ Email: flowerdale.ps@edumail.vic.gov.au

ANAPHYLAXIS POLICY



Help for non-English speakers

If you need help to understand this policy, please contact Flowerdale Primary School (03)5780 1264

PURPOSE

To explain to Flowerdale 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 Flowerdale 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

Flowerdale Primary School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

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



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- 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 Flowerdale 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 Flowerdale 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 Flowerdale 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



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- 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 auto-injectors

Example for when students will not keep their adrenaline autoinjectors on their person:

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in the Staffroom on the First Aid wall; in the First Aid room; and also, in a classroom information folder available to all staff.

The student's adrenaline auto-injector labelled with the student's name will be kept in the classroom in the student's bag.

Example for when students will keep their adrenaline autoinjectors on their person:

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in the Staffroom on the First Aid wall; in the First Aid room; and also, in a classroom information folder available to all staff.

Students are encouraged to keep their adrenaline autoinjectors on their person. Adrenaline autoinjectors for general use are available in the First Aid Room and are labelled "general use".

Risk Minimisation Strategies

RISK	Considerations when you have a child at risk of anaphylaxis in your care
Food brought to school	<ul style="list-style-type: none"> • Students are not to share or touch the food of other students • Non-food rewards are encouraged at our school • Children at risk should only eat food supplied by their parents • If required a clearly labelled "treat box" can be organised by parents to have at school for special celebrations • Students are encouraged to wash hands regularly particularly before and after meals



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Class parties, celebrations and fund raisers	<ul style="list-style-type: none"> • Consideration is given to children with a food allergy when planning special events, fund raisers or cultural days etc. notices discouraging specific food products to be sent home to parents • Teacher may ask parent to attend special events as a parent helper.
Cooking, Science & class activities	<ul style="list-style-type: none"> • Parents to be involved in discussion prior to activities using food products
Picking up papers	<ul style="list-style-type: none"> • Students at risk of Anaphylaxis will not participate in picking up any food wrappers
Class pets and visiting animals	<ul style="list-style-type: none"> • All staff to be aware of students with animal allergens • Some animal feed contains food allergens. Staff to be aware of animal feed containing seeds, nuts, eggs, milk, fish etc.
Class rotations and Casual relief teachers	<ul style="list-style-type: none"> • ALL staff members including casual relief teachers should be made aware of students at risk of anaphylaxis. • Anaphylaxis awareness training to form part of staff induction processes • Casual staff, who work at the school regularly, should be included in anaphylaxis training sessions • Casual relief staff should be made aware of the school's management plans and know where to find and how to administer the adrenaline auto-injector
Excursions and Sporting Activities outside school	<ul style="list-style-type: none"> • Staff organising/attending the event should plan an emergency response procedure prior to the event • Location of the event, including street reference should be known to staff in case of an emergency See: Student Activity Locator • Staff should carry mobile phones and consider phone reception at the location • Increased supervision at events • Food is not to be consumed on buses • Check if excursion includes a food related event • Ensure all staff are aware of the location of the medical kit containing the auto injector
Medical kits	<ul style="list-style-type: none"> • Medical kit containing ASCIA Action Plan for Anaphylaxis and adrenaline auto injector should be easily accessible to the child at risk and adults responsible for their care at all times. • Adrenaline auto injectors should not be left sitting in the sun or in parked cars or buses.
School Camps	<ul style="list-style-type: none"> • Parent involvement in school camps requested • School's emergency response procedures clearly outlined to staff • All staff attending camp should carry laminated emergency cards • Staff to practise with adrenaline auto injectors prior to camp • Confirm mobile phone network coverage prior to camp • Parents encouraged to provide two auto injectors • Parents of child at risk and the school to communicate about food during the duration of the camp. • Parents may prefer to provide all of their child's food for the duration of the camp or make meals themselves if they are attending • Discussion held by school staff and parents with the operators of the camp facility to take place.



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Risk minimisation strategies to reduce the possibility of a student suffering from an anaphylactic reaction at school.

<https://edugate.eduweb.vic.gov.au/edulibrary/Schools/teachers/health/riskminimisation.pdf>

Adrenaline auto-injectors for general use

[Note: for guidance on the appropriate number of general use adrenaline autoinjectors for your school, refer to chapter 10 of the Department's [Anaphylaxis Guidelines](#)]

Flowerdale Primary School will maintain a supply of adrenaline auto-injectors 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 in the first Aid room 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 Example 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 Cherie Graham and stored in the first Aid room, Staff first Aid notice board and class folders. 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• If breathing is difficult, allow them to sit• Be calm and reassuring• Do not leave them alone



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	<ul style="list-style-type: none"> • 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 • 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 EpiPen or EpiPen Jr (if the student is under 20kg)</p> <ul style="list-style-type: none"> • Remove from plastic container • Form a fist around the EpiPen and pull off the blue safety release (cap) • Place orange end against the student's outer mid-thigh (with or without clothing) • Push down hard until a click is heard or felt and hold in place for 3 seconds • Remove EpiPen • Note the time the EpiPen is administered • Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration <p>OR</p> <p>Administer an Anapen® 500, 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 <p>Retain the used Anapen to be handed to ambulance paramedics along with the time of administration</p>
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 – 5 as above.

Refer to [Frequently asked questions — Anaphylaxis](#)].

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.



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Communication Plan

This policy will be available on Flowerdale Primary School's website so that parents and other members of the school community can easily access information about Flowerdale Primary School's anaphylaxis management procedures. The parents and carers of students who are enrolled at Flowerdale 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 Flowerdale 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*.

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 and all other staff members including regular casual relief teachers.

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.

Flowerdale Primary School's uses the following training course, e.g. ASCIA eTraining course and Vic First Aid course

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, i.e. principal or School Anaphylaxis Supervisor. 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.



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When a new student enrolls at Flowerdale 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 within the First Aid Training Register and through the school's online Emergency Management Plan.

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

FURTHER INFORMATION AND RESOURCES

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

REVIEW CYCLE AND EVALUATION

Policy last reviewed	February 2025
Approved by	Principal
Next scheduled review date	February 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.