Flowerdale Primary School
Small Schools Are Great Schools
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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 fully complies with Ministerial Order 706 and the associated guidelines published by the department.

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 or inhaled through the nose 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 enrols 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
- 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

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.

Risk Minimisation Strategies

RISK	Considerations when you have a child at risk of anaphylaxis in your care
Food brought to school	- Students are not to share or touch another student's food. - Non-food rewards are encouraged. - Food provided to a student at risk of anaphylaxis must be consistent with their Individual Anaphylaxis Management Plan and agreed arrangements with parents/carers. - Where required, parents/carers may provide a clearly labelled treat box for special celebrations. - Students are encouraged to wash their hands regularly, particularly before and after eating. - Staff should be aware of identified allergens and individual risk-minimisation strategies when food is brought into the classroom.
Class parties, celebrations and fundraisers	- Consider the needs of students at risk of anaphylaxis when planning celebrations, fundraising activities, cultural days and other special events involving food. - Parents/carers of students at risk should be consulted in advance where appropriate. - Relevant staff are to be informed of identified allergens and required risk-minimisation strategies before the activity. - Do not represent the school or an activity as "allergen free", as this cannot be guaranteed. - Students are not to share food.
Cooking, Science & class activities	- Check ingredients and materials for identified allergens before activities commence. - Parents/carers of students at risk should be consulted prior to activities involving food or other identified allergens where required - Consider possible allergens in craft, sensory and science materials, not only food intended for eating. - Appropriate handwashing and cleaning procedures are to be followed after activities.
School grounds, Yard Duty & Rubbish	- Students with relevant allergies should not be required to handle food waste, wrappers or other materials that may expose them to an identified allergen. - Gloves must be worn when collecting rubbish in the playground. - Garbage bins are to remain covered with lids to reduce access to food waste and the attraction of insects. - Staff should remain alert to insect activity where a student has an identified insect allergy. - Identified risks should be communicated to staff undertaking yard duty.
Class pets and visiting animals	- Staff are to be aware of students with identified animal allergies.

	- Consider potential allergens associated with animal fur, saliva, bedding and feed. - Animal feed may contain common food allergens, including seeds, nuts, eggs, milk or fish. - Appropriate risk controls must be established before students at risk participate in activities involving animals.
Class rotations and Casual Relief Teachers	- All staff, including CRTs and specialist staff, must be made aware of students at risk of anaphylaxis for whom they are responsible. - Relevant staff must know the student's identified allergen/s and required risk-minimisation strategies. - Staff must know where the student's ASCIA Action Plan and adrenaline injector are located. - Staff must know the school's emergency response procedure for anaphylaxis. - Anaphylaxis information is to form part of staff induction processes. - Regular CRTs should be included in relevant school anaphylaxis training where appropriate.
Breakfast Club, school-provided & community provided food	- Check food and ingredients against the individual needs of students at risk of anaphylaxis. - Appropriate procedures must be in place for food preparation, storage and serving. - Students are not to share food. - Staff and volunteers involved in providing food must be informed of relevant risk-minimisation requirements. - Where the safety of a food item cannot be established, it should not be provided to the student at risk.
Excursions and sporting activities outside school	- Anaphylaxis risks and emergency response procedures must be considered as part of excursion planning. - The student's ASCIA Action Plan and adrenaline injector must accompany the student and remain readily accessible at all times. - Check that the adrenaline injector is in date prior to departure. - Consider access to the school's general-use adrenaline injector as part of emergency planning. - Staff must know the exact location/address of the activity and how emergency services can access the site. - Staff should carry mobile phones and consider mobile reception at the location. - Appropriate supervision must be maintained. - Check whether the excursion includes food-related activities or exposure to other identified allergens. - Food is not to be consumed on the bus. - All supervising staff must know who is at risk of anaphylaxis and where medication is located.
Medical kits & adrenaline injectors	- Medical kits containing the student's ASCIA Action Plan and adrenaline injector must be readily accessible to the student and responsible adults at all times. - Adrenaline injectors must not be locked away or stored where they cannot be accessed quickly in an emergency. - Adrenaline injectors must not be left in direct sunlight or in parked cars or buses. - Expiry dates must be regularly monitored. - Staff must know the location of student-specific and general-use adrenaline injectors.
School Camps	- Individual anaphylaxis risks must be considered during camp planning. - Parents/carers are to be consulted regarding their child's individual needs, food arrangements and risk-minimisation strategies. - The camp provider must be informed of relevant dietary and anaphylaxis requirements and emergency arrangements discussed before camp.

	- All attending staff must understand the school's emergency response procedures. - The student's ASCIA Action Plan and adrenaline injector must remain readily accessible. - Appropriate additional adrenaline injectors should be considered as part of camp risk planning. - Mobile phone/network coverage and access to emergency medical assistance must be considered. - Food arrangements must be agreed between the school, family and camp provider. - Parent/carer attendance may be discussed where appropriate, but should not be relied upon as the primary risk-control measure.
OSHC	- Ensure relevant OSHC staff are aware of students at risk of anaphylaxis and their individual requirements. - Staff must know where the student's ASCIA Action Plan and adrenaline injector are located and how these can be accessed immediately. - Parents/carers and the OSHC service should communicate regarding food and individual risk-minimisation strategies. - Students are not to share or touch another student's food. - Non-food rewards are encouraged. - Where required, parents/carers may provide a clearly labelled treat box. - Students are encouraged to wash their hands before and after eating. - OSHC must also follow the policies, procedures and regulatory requirements applicable to its service.

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

Flowerdale Primary School maintains 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".

There are currently 4 adrenaline devices approved by the Therapeutic Goods Administration for use in Australia: the EpiPen®, the Anapen®, Jext® and Neffy®. All devices can be used when provided by families for students, however, the principal or allocated staff member can only use Epipen®, Anapen® or Jext® adrenaline autoinjector for general use. For more information about which autoinjector to purchase for general use, refer to Adrenaline autoinjectors for 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 Flowerdale 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 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 participating students who are at risk of anaphylaxis together with their Individual Anaphylaxis Management Plans and adrenaline devices, where appropriate.

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

Step	Action
1.	- Lay the person flat - Do not allow them to stand or walk - If breathing is difficult, allow them to sit with legs outstretched - Be calm and reassuring - Do not leave them alone - Seek assistance from another staff member or reliable student to locate the student's adrenaline device or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan stored in the first aid room cupboard. - If the student's plan is not immediately available, or they appear to be experiencing a first-time reaction, continue with steps 2 to 5 and refer to the ASCIA First Aid Plan for Anaphylaxis (Orange), stored with the school's adrenaline autoinjector for general use at stored in the first aid room cupboard, if immediately accessible.
2.	Administer an EpiPen or EpiPen Jr - Remove from plastic container - Form a fist around the EpiPen and pull off the blue safety release (cap) - Hold leg still and 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. **OR** - Administer an Anapen® 500 - 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. **OR** Administer Jext 150 or 300 - Form fist around Jext and pull off yellow cap - Place black injector tip against outer-mid thigh (with or without clothing)

	- Push black tip firmly until a click is heard and hold in place for 3 seconds. - Remove Jext - Note the time the Jext device is administered. - The used adrenaline device must be handed to the ambulance paramedics along with the time of administration **OR** Administer Neffy® 1mg or 2mg - Hold the nasal spray with your thumb on the bottom of the plunger and a finger on either side of the nozzle. - Do not pull or push on the plunger. Do not test or prime (pre-spray). Each Neffy nasal spray contains only one spray. - 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. - 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. - Press the plunger up firmly until the dose is administered and it sprays into the nostril. - Note the time the Neffy device is administered. - The used adrenaline device must be handed to the 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.
6.	The principal or a staff member allocated to do so must contact the Incident Support and Operations Centre (ISOC) on 1800 126 126 to report 'High' or Extreme' severity incidents to report the incident. Incidents assessed as 'Low' or 'Medium' can be reported directly into EduSafe Plus by the principal or their allocated staff member.

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.

For first time anaphylactic reactions, the school's general use adrenaline autoinjector device must be used. If the general use device is not immediately available in an anaphylaxis emergency, staff may use another student's adrenaline device, including the Epipen®, Anapen®, Jext® or Neffy® device. This may save a life. If another student's adrenaline device is used in an anaphylaxis emergency, the school must notify the parents of the student whose device was used and immediately replace the device.

Where possible, schools should consider using the correctly dosed adrenaline device 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.

Communication Plan

This policy will be available on Flowerdale Primary School's website so that parents/carers 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. We will communicate this policy through staff induction and training materials, and twice yearly staff briefings. 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 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 ensures that the following school staff are appropriately trained in anaphylaxis management:

- First aid officer
- School staff who conduct classes attended by students who are at risk of anaphylaxis and all other staff members including regular casual relief teachers.
- School staff who conduct specialist classes, all canteen staff, 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.

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:

- the school's anaphylaxis management policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students diagnosed as being at risk of anaphylaxis, their allergens and the location of their Individual Anaphylaxis Management Plans and their medication/s
- discussion on staff anaphylaxis training and renewal
- how to use an adrenaline device, including hands-on practice with an adrenaline device trainer device (which does not contain adrenaline)
- the school's general first aid and emergency procedures
- the location of adrenaline devices prescribed for individual students that have been purchased by their family
- the location of adrenaline devices that the school has purchased for general use
- how to access on-going support and training.

When a new student enrols at Flowerdale Primary School who is at risk of anaphylaxis, the principal will develop an interim plan in consultation with the student's parents/carer and ensure that appropriate staff are trained and briefed as soon as possible.

A record of staff training courses and briefings is maintained within the First Aid Training Register and through the school's online Emergency Management Plan.

The principal ensures 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 communicated to our school community in the following ways:

- Available publicly on our school's website
- Included in staff induction processes and staff training
- Discussed at staff briefings/meetings as required
- Included in staff handbook/manual
- Included in transition and enrolment packs
- Discussed at parent information nights/sessions
- Reminders in our school newsletter
- Hard copy available from school administration upon request

FURTHER INFORMATION AND RESOURCES

- The department's Policy and Advisory Library (PAL):
  - Anaphylaxis
  - Allergies
  - First Aid for Students and Staff
  - Health Care Needs
  - Managing Reporting School Incidents (Including Emergencies)
  - Medication
- Allergy & Anaphylaxis Australia
- ASCIA Guidelines: Schooling and childcare
- https://allergyfacts.org.au/__interest/anaphylaxis/
- Royal Children's Hospital: Allergy and immunology

REVIEW CYCLE AND EVALUATION

Policy last reviewed	August 2026
Approved by	Principal
Next scheduled review date	August 2027 This policy has a mandatory review cycle of 1 year

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.