ANAPHYLAXIS POLICY 2026

PURPOSE

To explain to Emerald 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 Emerald 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, canteen operators 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

Emerald 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
- 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 device for use in an emergency. These adrenaline devices are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

All students at Emerald 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 Emerald 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 Emerald 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 device for the student that has not expired;
- participate in annual reviews of the student's Individual Anaphylaxis Management Plan that is prepared at the school.

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 Individual Anaphylaxis Management 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 (RED) 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 devices

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the office, together with the student's adrenaline device, and any other medications prescribed. Adrenaline devices must be labelled with the student's name. A copy of the plan will be stored also in a visible place in the classroom and in the CRT folders.

Risk Minimisation Strategies

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

- during classroom activities, including specialist classes:
  - All teachers will need to consider children at risk of anaphylaxis when planning rotational activities for year level, even if they do not currently have a child enrolled who is at risk, in their class.

  Cooking:
  - Engage parents in discussion prior to cooking sessions and activities using food.
  - Remind all children to not share food they have cooked with others at school.

  Science:
  - Engage parents in discussion prior to experiments containing foods.

- between classes and other breaks
- in canteens during recess and lunchtimes: food brought to school:
  - Consider sending out an information sheet to the parent community on severe allergy and the risk of anaphylaxis.
  - Alert parents to strategies that the school has in place and the need for their child to not share food and to wash hands after eating.
  - Does canteen offer foods that contain the allergen?
  - What care is taken to reduce the risk to a child with allergies who may order/ purchase food?

Strategies to reduce the risk of an allergic reaction can include:

- Staff (including volunteer helpers) educated on food handling procedures and risk of cross contamination of foods said to be 'safe'
- Child having distinguishable lunch order bag
- Restriction on who serves the child when they go to the canteen
- Discuss possibility of photos of the children at risk of anaphylaxis being placed in the canteen/children's service kitchen.
- Encourage parents of child to visit canteen/Children's Service kitchen to view products available.
- See Anaphylaxis Australia's School Canteen poster, Preschool/Playgroup posters and School Canteen Discussion Guide. www.allergyfacts.org.au
- Classmates encouraged to wash their hands after eating

- before and after school
- camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions).

Excursions:

- Teachers organising/attending excursion or sporting event should plan an emergency response procedure prior to the event. This should outline the roles and responsibilities of teachers attending, if an anaphylactic reaction occurs.

Procedure for calling ambulance, advising life threatening allergic reaction has occurred and adrenaline is required.

- Carry mobile phones. Prior to event, check that mobile phone reception is available and if not, consider other form of emergency communication i.e., walkie talkie.
- Consider increased supervision depending on size of excursion/sporting event i.e., if students are split into groups at large venue e.g. zoo, or at large sports venue for sports carnival.
- Discourage eating on buses.
- Check if excursion includes a food related activity, if so discuss with parent.
- Ensure that all teachers are aware of the location of the emergency medical kit containing adrenaline autoinjector

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Camps: Parent involvement at primary school camps is often requested. Many primary schools invite the parent of the child at risk of anaphylaxis to attend as a parent helper. Irrespective of whether child is attending primary school or secondary college, parents of child at risk should have face to face meeting with school staff/camp coordinator prior to camp to discuss safety including the following:

- **School's emergency response procedures,** should clearly outline roles and responsibilities of the teachers in policing prevention strategies and their roles and responsibilities in the event of an anaphylactic reaction.
- **All teachers attending the camp should carry laminated emergency cards,** detailing the location of the camp and correct procedure for calling ambulance, advising the call centre that a life threatening allergic reaction has occurred and adrenaline is required.
- **Staff to practise with adrenaline autoinjector training devices** (EpiPen® Trainers) and view DVDs prior to camp..
- **Consider contacting/location of local emergency services and hospital prior to camp** and advise that xx children in attendance at xx location on xx date including child/ren at risk of anaphylaxis. Ascertain location of closest hospital, ability of ambulance to get to camp site area i.e., consider locked gates etc in remote areas.
- **Confirm mobile phone network coverage** for standard mobile phones prior to camp. If no access to mobile phone network, alternative needs to be discussed and arranged.

- **Parents should be encouraged to provide two adrenaline autoinjectors** along with the Action Plan for Anaphylaxis and any other required medications whilst the child is on the camp.
- Clear advice should be communicated to all parents prior to camp on what foods are not allowed.
- Parents of child at risk of anaphylaxis and school need to communicate about food for the duration of the camp. Parent should communicate directly with the provider of the food/chef/caterer and discuss food options/menu, cross contamination risks, safest food choices, bringing own food.
- Parents may prefer to provide all child's food for the duration of the camp. This is the safest option. If this is the case, storage and heating of food needs to be organised as well.

Discussions by school staff and parents with the operators of the camp facility should be undertaken well in advance of camp. Example of topics that need to be discussed would be:

1. Possibility of removal of peanut/tree nut from menu for the duration of the camp.
2. Creation of strategies to help reduce the risk of an allergic reaction where the allergen cannot be removed i.e., egg, milk, wheat. A decision may be made to remove pavlova as an option for dessert if egg allergic child attending for example.
3. Awareness of cross contamination of allergens in general i.e. during storage, preparation and serving of food.
4. Discussion of menu for the duration of the camp.
5. Games and activities should not involve the use of known allergens.
6. Camp organisers need to consider domestic activities which they assign to children on camp. It is safer to have the child with food allergy set tables, for example, than clear plates and clean up. Allergy & Anaphylaxis Australia has launched a new publication titled *Preparing for Camps and Overnight School Trips with Food Allergies*. This comprehensive booklet consists of concise and easy-to-read information and ideas on preparing for school camp when you have students at risk of anaphylaxis.
To purchase or for more information call 1300 728 000 or visit www.allergyfacts.org.au

Medical Kits: **Student's own and school's autoinjector for general use:**

- Medical kit containing ASCIA Action Plan for Anaphylaxis and adrenaline autoinjector should be easily accessible to child at risk and the adult/s responsible for their care at all times. On excursions ensure that the teacher accompanying the child's group carries the medical kit. For sporting events this may be more difficult, however, all staff and parent volunteers must always be aware of who has the kit and where it is.

Be aware - adrenaline autoinjectors should not be left sitting in the sun, in parked cars or buses.

Parents are often available to assist teachers on excursions in Children's Services and primary schools. If child at risk is attending without a parent, the child should remain in the group of the teacher who has been trained in anaphylaxis management, rather than be given to a parent volunteer to manage. This teacher should carry the medical kit.

Class Parties:
- Discuss these activities with parents of allergic child well in advance
- Suggest that a notice is sent home to all parents prior to the event, discouraging specific food products
- Teacher may ask the parent to attend the party as a 'parent helper'
- Child at risk of anaphylaxis should not share food brought in by other students. Ideally, they should bring own food.
- Child can participate in spontaneous birthday celebrations by parents supplying 'treat box' or safe cupcakes stored in freezer in a labelled sealed container

To reduce the risk of a student suffering from an anaphylactic reaction at Emerald 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.*
- *school canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination.*
- *year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays.*
- *a general use EpiPen will be stored at the 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

Emerald 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.

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.

Adrenaline autoinjectors for general use will be stored at the 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 Emerald 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 Bronwyn Thomas-Smith (Administration) and stored at the office. 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 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 • 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 at the 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.	Administer an EpiPen or EpiPen Jr (if the student is under 20kg) • 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 OR Administer an Anapen® 500, Anapen® 300, or Anapen® Jr. • 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 10 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 (RED)), 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 correct dose of 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 Emerald Primary School's website so that parents and other members of the school community can easily access information about Emerald Primary School's anaphylaxis management procedures. The parents and carers of students who are enrolled at Emerald 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 Emerald 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. CRT staff will receive a copy of the students plan and photos of all students with anaphylaxis in the introduction pack.

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
- All 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.

Emerald Primary School uses the following training course ASCIA eTraining course with 22579VIC, or 22578VIC or 10710 NAT.

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 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 autoinjector 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 Emerald 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 under all First Aid Training register.

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

- School Policy and Advisory Guide:
  - Anaphylaxis
  - Anaphylaxis management in schools
- Allergy & Anaphylaxis Australia: Risk minimisation strategies
- ASCIA Guidelines: Schooling and childcare
- Hero HQ Anaphylaxis Management Training
- https://allergyfacts.org.au/__interest/anaphylaxis/
- Royal Children's Hospital: Allergy and immunology

REVIEW CYCLE AND EVALUATION

This policy was last updated on 04/03/2026 and is scheduled for review in February 2027.