



## IRAMOO PRIMARY SCHOOL No 5152

# ANAPHYLAXIS POLICY



### Help for non-English speakers

If you need help to understand the information in this policy, please contact Iramoo Primary School on (03) 9741 2803 or <https://www.iramoops.vic.edu.au/>.

### Purpose

To explain to Iramoo Primary School community, 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 Iramoo 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, contractors 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

Iramoo 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
- abdominal pain, vomiting – **these are signs of anaphylaxis for insect allergy.**

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

- difficult or noisy breathing
- swelling of tongue
- swelling or tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- student appears pale or floppy
- abdominal pain and/or vomiting – **these are signs of anaphylaxis for insect allergy.**

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 or as a nasal spray via the Neffy device.

Individuals diagnosed as being at risk of anaphylaxis are prescribed adrenaline for use in an emergency. The adrenaline autoinjector is designed so that anyone can use them in an emergency.

### **Individual Anaphylaxis Management Plans**

All students at Iramoo 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 and ASCIA Action Plan for Anaphylaxis.

When notified of an anaphylaxis diagnosis, the principal of Iramoo Primary School (or their nominee) is responsible for developing a plan in consultation with the student's parents/carers.

An Individual Anaphylaxis Management Plan will be in place before a student commences at Iramoo Primary School.

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis (RED form) from the student's medical practitioner and provide a copy to the school before commencing school
- 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 (RED form)
- provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis (RED form) when that Plan is provided to the school and each time it is reviewed/updated
- provide the school with a current adrenaline device for the student that has not expired
- complete a Medication Authorisation form
- participate in annual reviews of the student's ASCIA Action 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 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 form) 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 or at any other place; e.g. home
- 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 (RED form) in the first aid room, together with the student's adrenaline device.

The Adrenaline device must be labelled with the student's name. Copies of student plans will also be provided to any staff member who has direct involvement with the student.

### **Risk Minimisation Strategies**

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

- staff and students are regularly reminded to wash their hands before and after eating
- students are discouraged from sharing food
- outdoor rubbish bins at school are to remain covered with lids to reduce the risk of attracting insects
- tongs are used 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 adrenaline device will be stored in the first aid room.

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**

Iramoo Primary School will maintain its own adrenaline autoinjector 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 autoinjector for general use will be stored in the first aid room and labelled as 'School EpiPen'.

### 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 first aid attendant and stored in the first aid 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"><li>• Lay the person flat.</li><li>• Do not allow them to stand or walk.</li><li>• If unconscious, place in recovery position.</li><li>• If breathing is difficult, allow them to sit with legs outstretched</li><li>• Be calm and reassuring.</li><li>• Do not leave them alone.</li><li>• 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.</li><li>• If the student's plan is not immediately available, or they appear to be experiencing a first-time reaction, follow steps 2 to 5.</li></ul>
2.	<p>Administer an EpiPen or EpiPen Jr./Adrenaline Autoinjector.</p> <ul style="list-style-type: none"><li>• Remove from plastic container.</li><li>• Form a fist around the EpiPen and pull off the blue safety release (cap).</li><li>• Place orange end against the student's outer mid-thigh (with or without clothing).</li><li>• Push down hard until a click is heard or felt and hold in place for 3 seconds.</li><li>• Remove EpiPen.</li><li>• Note the time the EpiPen is administered.</li><li>• Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration.</li></ul> <p><b>OR</b></p> <p>Administer an Anapen® 500, Anapen® 300, or Anapen® Jr./Adrenaline Autoinjector.</p> <ul style="list-style-type: none"><li>• Pull off the black needle shield.</li><li>• Pull off grey safety cap (from the red button)</li><li>• Place needle end firmly against the student's outer mid-thigh at 90-degree angle (with or without clothing).</li><li>• Press red button so it clicks and hold for 3 seconds.</li><li>• Remove Anapen®.</li><li>• Note the time the Anapen is administered.</li><li>• Retain the used Anapen to be handed to ambulance paramedics along with the time of administration.</li></ul>

	<p><b>OR</b> Administer Jext 150 or 300</p> <ul style="list-style-type: none"> <li>• Form fist around Jext and pull off yellow cap.</li> <li>• Place black injector tip against outer-mid thigh (with or without clothing).</li> <li>• Push black tip firmly until a click is heard and hold in place for 3 seconds.</li> <li>• Remove Jext.</li> <li>• Note the time the Jext device is administered.</li> <li>• The used adrenaline device must be handed to the ambulance paramedics along with the time of administration.</li> </ul> <p><b>OR</b> Administer Neffy® 1mg or 2mg</p> <ul style="list-style-type: none"> <li>• Hold the nasal spray with your thumb on the bottom of the plunger and a finger on either side of the nozzle.</li> <li>• Do not pull or push on the plunger. Do not test or prime (pre-spray). Each Neffy nasal spray contains only one spray.</li> <li>• Place the nozzle of the nasal spray into a nostril until fingers touch the nose.</li> <li>• For smaller nostrils, aim for the fingers to touch the nose.</li> <li>• 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.</li> <li>• Press the plunger up firmly until the dose is administered and it sprays into the nostril and a click is heard.</li> <li>• Note the time the Neffy device is administered.</li> <li>• The used adrenaline device must be handed to the ambulance paramedics along with the time of administration.</li> </ul>
3.	Call an ambulance (000), if haven't already.
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 after five minutes, if other adrenaline devices 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 <a href="#">EduSafe</a> 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.

If a student with known asthma and allergy to food, insect or medication (who may have been exposed to the allergen) has sudden breathing difficulty, always give adrenaline first and then asthma reliever puffer.

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 an 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.

### **Management of confidential medical information**

Confidential medical information provided to Iramoo Primary School to support a student diagnosed with anaphylaxis will be:

- recorded on the student's file on Compass
- shared with all relevant staff so that they are able to properly support students diagnosed with anaphylaxis and respond appropriately if necessary.

### **Communication Plan**

This policy will be available on Iramoo Primary School's website so that parents/carers and other members of the school community can easily access information about Iramoo Primary School's anaphylaxis management procedures. The parents and carers of students who are enrolled at Iramoo 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 Iramoo 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 that 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
- school staff who conduct specialist classes, 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.

Iramoo Primary School uses Hero HQ Anaphylaxis Management Training ASCIA anaphylaxis e-training for Victorian Schools with 22579VIC, or 22578VIC followed by a competency check by the school anaphylaxis supervisor.

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. 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 device, including hands on practice with a trainer adrenaline device
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline devices that have been provided by parents or purchased by the school for general use.

When a new student enrolls at Iramoo Primary School who is at risk of anaphylaxis, the Principal (or their nominee) will develop an interim plan in consultation with the student's parents/carers 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 our 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.

### **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 packs and staff training
- Discussed at staff briefings/meetings as required
- Reminders in our school newsletter
- Hard copy available from our school office 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](#)

ASCI Guidelines: [Schooling and childcare](#)

Hero HQ Anaphylaxis Management Training

<https://allergyfacts.org.au/interest/anaphylaxis/>

Royal Children's Hospital: [Allergy and immunology](#)

Iramoo Primary School policies:

- [Administration of Medication Policy](#)
- [First Aid Policy](#)
- [Health Care Needs Policy](#)

### **Policy REVIEW and Approval**

Policy last reviewed	April 27, 2026
Approved and ratified by	School Council
Next scheduled review date (1 year)	April, 2027