



Anaphylaxis Management Policy

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Approved By	Estelle Alder
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Approved by Principal or Nominee	
Responsible for Review	Estelle Alder
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Anaphylaxis Management Policy



Help for non-English speakers

If you need help to understand the information in this policy please contact Monbulk Primary School on 9756 6481.

PURPOSE

To explain to Monbulk 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 Monbulk 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

Monbulk 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 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 Monbulk 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 Monbulk 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 Monbulk 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 (RED) for Anaphylaxis in the First Aid room, 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 Monbulk 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
- tongs will be used when picking up papers or rubbish in the playground;
- 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 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.

See Appendix 1 for comprehensive description of strategies

Adrenaline autoinjectors for general use

Monbulk 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[®], 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 are stored in the First Aid room at the Office and labelled "general use".

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

- the number of students enrolled at Monbulk 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 Cathy Piesley – Office Administrator, 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.	• 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 autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored in the First Aid Room • 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 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 2 mg • 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.

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 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.

Communication Plan

This policy will be available on Monbulk Primary School's website so that parents and other members of the school community can easily access information about Monbulk Primary School's anaphylaxis management procedures.

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 of 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
- 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.

Monbulk Primary School uses ASCIA anaphylaxis e-training for Victorian Schools followed by a competency check by the school anaphylaxis supervisor twice a year and a face-to-face anaphylaxis management course 22578VIC Course in First Aid Management of Anaphylaxis by Hero Headquarters Pty Ltd RTO#40664 every year.

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 the 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 (that 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 school has purchased for general use.
- How to access on-going support and training

When a new student enrolls at Monbulk Primary School who is at risk of anaphylaxis, the principal 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 are maintained in Edusafe Plus and on the school's First Aid digital file.

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
- Hard copy available from school administration upon request
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FURTHER INFORMATION AND RESOURCES

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

REVIEW CYCLE AND EVALUATION

This policy was last updated in August 2026 and is scheduled for review in August 2028.

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.

Appendix 1 Risk Minimisation and Prevention Strategies

CLASSROOMS

1.	Keep a copy of the student's Individual Anaphylaxis Management Plan in the learning space. Be sure the ASCIA Action Plan is easily accessible even if the Adrenaline Autoinjector is kept in another location.
2.	Liaise with Parents about food-related activities ahead of time.
3.	Use non-food treats where possible, but if food treats are used in class it is recommended that Parents of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
4.	Never give food from outside sources to a student who is at risk of anaphylaxis.
5.	Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.
6.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
7.	Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
8.	Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
9.	Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
10.	On arrival at the administration school office ES admin staff will inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Autoinjector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. ie seeking a trained staff member.

KITCHEN GARDEN PROGRAM

1.	Kitchen staff (whether internal or external) are to be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. Refer to: 'Safe Food Handling' Advisory Guide, at: http://www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx
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2.	Kitchen staff, including volunteers, are to be briefed about students at risk of anaphylaxis and, where the Principal determines in accordance with clause 12.1.2 of the Order, have up to date training in an Anaphylaxis Management Training Course as soon as practical after a student enrolls.
3.	Display the student's name and photo in the canteen as a reminder to School Staff.
4.	Products labelled 'may contain traces of nuts' are not be served to students allergic to nuts.
5.	Kitchen should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.
6.	Make sure that tables and surfaces are wiped down with warm soapy water regularly.
7.	'No-sharing' of food, food containers or utensils with the students who have a food allergy will be promoted as preferred practice. The school will not stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds, etc.), including chocolate/hazelnut spreads.
8.	Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.

YARD

1.	Sufficient School Staff on yard duty will be trained in the administration of the Adrenaline Autoinjector (i.e. EpiPen®/ Anapen®) in order to respond quickly to an anaphylactic reaction if needed.
2.	The Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan are to be easily accessible from the yard, and staff should be aware of their exact location.
3.	Schools must have a Communication Plan in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. Area specific yard duty bumbags carry a red Emergency Assistance card. The Emergency Assistance card should be sent to the general office or to the next nearest staff member via two students on the instruction of the yard duty teacher to get a student's adrenaline auto-injector device and put into place school's emergency response procedures.
4.	Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.
5.	Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. School Staff should liaise with Parents to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
6.	Keep lawns and clover mowed and outdoor bins covered.
7.	Students to be reminded regularly to keep drinks and food covered while outdoors.

SPECIAL EVENTS (E.G. INCURSIONS, CLASS PARTIES ETC.)

1.	Sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.
2.	For special occasions, School Staff are to consult Parents in advance to either develop an alternative food menu or request the Parents to send a meal for the student.
3.	Party balloons should not be used if any student is allergic to latex.

Out-of-school settings

FIELD TRIPS, EXCURSIONS AND SPORTING EVENTS

1.	Sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector and be able to respond quickly to an anaphylactic reaction if required.
2.	A School Staff member or team of School Staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions.
3.	The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis is to be easily accessible and School Staff must be aware of their exact location.
5.	For each field trip, excursion etc, a risk assessment will be undertaken for each individual student attending who is at risk of anaphylaxis. The risks will vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio. All School Staff members present during the field trip or excursion are to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them.
6.	The School are to consult Parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the Parents provide a meal (if required).
7.	Prior to the excursion taking place School Staff should consult with the student's Parents to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.

CAMPS AND REMOTE SETTINGS

1.	Prior to engaging a camp owner/operator's services the camp coordinator is to make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the School, then the School will use an alternative service provider.
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2.	The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
3.	The school will not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. The school has a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
4.	Schools should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with Parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
5.	School Staff should consult with Parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.
6.	If the School has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it is to consider alternative means for providing food for those students.
7.	Use of substances containing allergens should be avoided where possible.
8.	Camps should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts.
9.	The student's Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.
10.	Prior to the camp taking place School Staff should consult with the student's Parents to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
11.	School Staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. The camp coordinator is to check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all School Staff participating in the camp are clear about their roles and responsibilities.
12.	Check location and distance to local emergency services and hospitals well prior to the camp. Be aware of the full medical conditions of students at risk, location of camp and location of any off camp activities. Ensure contact details of emergency services are distributed to all School Staff as part of the emergency response procedures developed for the camp.
13.	The school will take an Adrenaline Autoinjector for General Use on a school camp, even if there is no student at risk of anaphylaxis, as a back up device in the event of an emergency.

14.	The school will keep an Adrenaline Autoinjector for General Use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.
15.	The Adrenaline Autoinjector should remain close to the student and School Staff must be aware of its location at all times.
16.	Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
17.	Cooking and art and craft games should not involve the use of known allergens.
18.	Consider the potential exposure to allergens when consuming food on buses and in cabins.