



ANAPHYLAXIS POLICY



Help for non-English speakers

If you need help to understand the information in this policy, please contact the office on 9439 6201.

PURPOSE

To explain to Montmorency South Primary School (MSPS) 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 MSPS 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

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

Anaphylaxis Definition

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 of Anaphylaxis

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 of Anaphylaxis

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 devices are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

All students at MSPS 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/Assistant Principal of MSPS 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 MSPS and where possible before the student's first day.

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis (RED) 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 (RED)
- provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis (RED) and provide it to the school each time it is updated
- 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 by the school.

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's 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 is 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 (RED) in the First Aid room, together with the student's adrenaline device. Adrenaline devices must be labelled with the student's name. Electronic copies of the students' plans are attached to the students' profile on CASES21 and Compass. Classroom teachers have a hard copy of the students' plan in their first aid folders. Some students may have a second adrenaline device stored in their school bag which is managed by the students' parents. Adrenaline devices for general use are available in the First Aid Room & in the 5 Camps/Excursions first aid kits, these are labelled "general use". Devices for "general use" are additional to student owned devices.

Risk Minimisation Strategies

All staff attend twice yearly anaphylaxis briefings run by the school anaphylaxis supervisor; these are recorded for further reference if needed. All staff are trained in the emergency management of anaphylaxis and administration of adrenaline devices. Staff are able to identify known students at risk of anaphylaxis. A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the school MAWO.

CLASSROOMS (including Specialist areas)

1. A copy of the student's Individual Anaphylaxis Management Plan is stored in the classroom in the teacher's first aid folder.
2. Classroom Teachers will liaise with parents/carers about food-related activities ahead of time.
3. Classroom Teachers will use non-food treats where possible, but if food treats are used in class, it is recommended that parents/carers of anaphylactic students provide a treat box with alternative treats. Treat boxes will be clearly labelled and only handled by the student.
4. Parents/carers of other students in the class are informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis. Parents/carers are requested to avoid providing students with foods that contain the allergen the student is anaphylactic to whilst they are at school or at a special school event. If these foods are provided and identified, staff will ensure this student washes their hands well after eating and that the table, they ate at is disinfected immediately after eating.
5. Products labelled 'may contain (allergen)' and '(allergen) may be present' will not be served to students with the allergy.
6. Classroom/Specialist Teachers are aware of the possibility of hidden allergens in cooking, food technology, and science and art classes (ex. egg/milk/nut butter cartons) and act accordingly to consider the risk-minimisation strategies of the student diagnosed at risk of anaphylaxis, even if that student is not in their class.
7. Classroom Teachers have regular discussions with students about the importance of washing hands, eating their own food, and not sharing food.
8. Classroom/Specialist Teachers implement a handwashing routine in their classrooms. This routine consists of ensuring the children wash their hands before and after eating and upon return to the classroom.
9. Classroom Teachers implement a table washing routine whereby the tables are cleaned with disinfectant after the children eat at them and at the end of each day.

STEPHANIE ALEXANDER KITCHEN

1. Staff facilitating the kitchen program 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.
2. Volunteers working in the kitchen are briefed about students at risk of anaphylaxis. The student's name and allergen are placed on whiteboards at their cooking station.
3. Known allergens are substituted with suitable ingredients – parents/guardians of students with food allergy may be asked to provide advice when required. Where substitutes are not practical, another recipe will be used by the student with food allergy, or a different recipe will be used for all students. This will be planned well in advance of the cooking lesson so alternate ingredients can be provided/purchased.
4. Products labelled 'may contain (allergen)' and '(allergen) may be present' will not be served to students with the allergy.
5. If other students are using ingredients that a student is allergic to, consideration will be given to cross contamination risk during preparation and cooking. Physical isolation of students at risk of anaphylaxis is not recommended.
6. Staff facilitating the kitchen program ensure that tables and surfaces are wiped down/disinfected regularly.

SCHOOL YARD

1. Staff members on yard duty carry their mobile phones.
2. The adrenaline devices and Individual Anaphylaxis Management Plans for each student at risk of anaphylaxis are easily accessible from the yard, and staff are aware of their exact locations.
3. Students with anaphylactic responses to insects are encouraged to stay away from water and flowering plants. Parents/carers are encouraged to provide students with closed shoes and long-sleeved garments when outdoors. Students are encouraged to keep drinks and food covered while outdoors.
4. Lawns are mowed and outdoor bins are covered.

SPECIAL EVENTS (ex. incursions, excursions, camps, class parties etc.)

1. The individual student's adrenaline device will be packed by the school's MAWO and will be given to the nominated First Aid Teacher.
2. The nominated First Aid Teacher will ensure that the individual student's adrenaline device and action plan are placed in the first aid bag that will accompany them on the excursion/Sports Day/Special Event.
3. Classroom teachers will carry their first aid folders with them.
4. Where possible the MAWO will attend the event and the student's medications will be kept with them at all times. If this does not occur, the staff member supervising a student with anaphylaxis will carry their adrenaline device and Individual Anaphylaxis Management Plan with them and will ensure it is transferred appropriately between supervising staff when the activities/supervising is on rotation. If supervision is more generalised (ex. free time at camp), these items will be stored in an accessible location (ex. staff/first aid room).
5. Staff will avoid using food in activities or games, including as rewards.
6. Parents/Carers of students with anaphylaxis will be offered a meeting with the Classroom Teacher & MAWO before camps to discuss any concerns/risks & go over the camp menu. Parents/carers can send meals for the student if required.
7. Party balloons and swimming caps will not be used if any student is allergic to latex.

Adrenaline autoinjectors for general use

MSPS will maintain a supply of 6 adrenaline devices 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 devices for general use are stored in the First Aid Room & in the 5 Camps/Excursions first aid kits, these are 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 MSPS at risk of anaphylaxis.
- the accessibility of adrenaline devices supplied by parents.
- the availability of a sufficient supply of devices for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline devices, and the need for general use adrenaline devices 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.

Classroom (including Specialists):

- Classroom/specialist teacher will remain with the child and class.
- Classroom/specialist teacher to dial extension 104 (Main Office) which will alert MAWO to come immediately to the classroom with the individual child's adrenaline device, action plan and school general use device.
- MAWO to administer medication as per training.
- Ambulance called by classroom/specialist teacher.
- Parents immediately notified by office staff.

School Yard: Staff members on yard duty will carry their mobile phone.

- Yard duty teacher will remain with the child.
- Yard duty teacher to phone the office 9439-6201 which will alert MAWO to come immediately to the playground with the individual child's adrenaline device, action plan and school general use device.
- Yard duty teacher to give a student an emergency (red) card and request they find another staff member in the yard to come and assist.
- MAWO to administer medication as per training.
- Ambulance called by yard duty teacher or additional staff member.
- Parents immediately notified by office staff.

Excursion /Sports Days / Special Events / Camp: Staff members supervising the event will carry their mobile phone.

- In the event of an anaphylaxis reaction, the supervising teacher will remain with the child and administer adrenaline device as per training. If adrenaline device is with another staff member, supervising teacher will call that staff member to bring it to the student.
- Ambulance to be called by an available staff member who is nearby and has knowledge of the situation.
- Parents immediately notified by supervising teacher.

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"> • Position the person appropriately. <ul style="list-style-type: none"> - Lay down flat (if no other symptoms) - Sit upright with legs outstretched (if breathing is difficult) - Recovery position (if unconscious or vomiting) • Do not allow them to stand or walk. • 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 device, and the student's Individual Anaphylaxis Management Plan, stored at First Aid room (see above processes). • If the student's plan is not immediately available, or they appear to be experiencing a first-time reaction, follow steps 2 to 5 and refer to the ASCIA First Aid Plan for Anaphylaxis (Orange), stored with the school's adrenaline device for general use in First Aid, if immediately accessible.
2.	<p>Administer an EpiPen or EpiPen Jr</p> <ul style="list-style-type: none"> • Remove from plastic container. • Form a fist around the EpiPen and pull off the blue safety release (cap) • 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. <p>OR</p> <p>Administer an Anapen® 500</p> <ul style="list-style-type: none"> • Pull off the black needle shield. • Pull off grey safety cap (from the red button) • Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing) • Press red button so it clicks and hold for 3 seconds. • Remove Anapen® • Note the time the Anapen is administered. • Retain the used Anapen to be handed to ambulance paramedics along with the time of administration <p>OR</p> <p>Administer Jext 150 or 300</p> <ul style="list-style-type: none"> • 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 <p>OR</p> <p>Administer Neffy® 1mg or 2mg</p> <ul style="list-style-type: none"> • Hold the nasal spray with your thumb on the bottom of the plunger and a finger on either side of the nozzle.

	<ul style="list-style-type: none"> • 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 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 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 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 is publicly available on MSPS's website so that parents and other members of the school community can easily access information about MSPS's anaphylaxis management procedures.

The Principal is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and MSPS's procedures for anaphylaxis management. All staff will be initially alerted as to which students have an anaphylaxis diagnosis via the anaphylaxis briefing at the beginning of the year. Any new diagnosis' will be alerted to staff via the daily bulletin, with a photo of the student attached. This information, as well as the students Individual Anaphylaxis Plan is also provided to the student's classroom teacher in their first aid folders and is updated as required.

Casual Relief Teachers will be alerted of students at risk of anaphylaxis in their class via the CRT 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 ensures that the following school staff are appropriately trained in anaphylaxis management:

- First Aid Officer (MAWO)

- Classroom/specialist teachers who conduct classes attended by students who are at risk of anaphylaxis.
- Education Support staff
- Executive and Administration staff

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.

MSPS uses 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:

- 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 enrolls at MSPS 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 through the school's online Emergency Management Plan.

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

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

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](#)
- [Hero HQ Anaphylaxis Management Training](#)
- https://allergyfacts.org.au/__interest/anaphylaxis/
- Royal Children’s Hospital: [Allergy and immunology](#)
- Other MSPS Policies: [MSPS Policies](#)

POLICY REVIEW AND APPROVAL

Policy last reviewed	25 March 2026
Approved by	Keyla Jeffers - Principal
Next scheduled review date	25 March 2027

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.