

ANAPHYLAXIS POLICY

PURPOSE

To explain to Heatherwood 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 Heatherwood 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

Heatherwood 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.

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 Heatherwood 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 or delegate (First Aid Coordinator) 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 Heatherwood School 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
- provide any prescribed antihistamine medication listed on the student's ASCIA Action Plan for Anaphylaxis for storage at the school
- 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 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 is stored with their current ASCIA Action Plan for Anaphylaxis (RED) in the student's year level classroom and in the First Aid room. Copies of the ASCIA Action Plan are also located in specialist learning areas, including Art, Food Technology and Digital Technology, as well as in the Staffroom, to ensure staff have immediate access when required.

Students with an ASCIA Action Plan for Anaphylaxis are required to provide two prescribed adrenaline autoinjectors to the school. One autoinjector is carried by the student in their schoolbag. The second autoinjector is stored in the Front Office, clearly labelled with the student's full name and kept with the student's Individual Anaphylaxis Management Plan and ASCIA Action Plan. A sign-out process is in place when the office-based device is required for excursions or off-site activities.

In an anaphylaxis emergency, staff must immediately contact the office (ext. 100). Office staff will dispatch the student's prescribed adrenaline autoinjector or a general use device in accordance with the Heatherwood School Emergency Response procedure. The office-based device is the primary point of retrieval during break times and transitions.

All adrenaline autoinjectors are stored in a manner that ensures they are readily accessible and not locked or inaccessible during school hours

Adrenaline autoinjectors for general use are stored in the Front Office and are clearly labelled "General Use".

All medication is checked regularly to ensure it remains in date, and families are contacted when replacement medication is required.

Risk Minimisation Strategies

To reduce the risk of a student suffering from an anaphylactic reaction at Heatherwood School, the following risk minimisation strategies are implemented across all school environments and activities:

Classroom Activities (including rotations and specialist classes)

- Staff are informed of all students diagnosed at risk of anaphylaxis via Sentral and daily notices.
- A copy of each student's ASCIA Action Plan for Anaphylaxis (RED) is displayed in the student's year level classroom and in specialist learning areas.

- Students are educated not to share food in line with the school's "Be a Mate" expectations.
- Staff remind students to wash hands after eating.
- When food rewards are used, staff check dietary information and provide suitable alternative food options where required.
- On wet weather days when students eat inside classrooms, staff supervise closely to ensure allergen risk is minimised.

Trade Kitchen / Food Technology

- Ingredient lists are checked against students' ASCIA Action Plans prior to practical classes.
- Alternative ingredients are provided where required.
- Risk assessments are completed to ensure correct food handling procedures are followed.
- Cross-contamination is avoided and ingredients processed through nuts are not used when a student at risk is participating.
- Specialist teachers check Sentral prior to practical lessons.
- Individual ASCIA Action Plans are displayed in specialist areas.

Yard, Recess and Lunchtimes

- The general use adrenaline autoinjector is stored in the School Office.
- All staff, including CRTs, are informed of its location through twice yearly Anaphylaxis Briefings and Anaphylaxis Training.
- Staff on yard duty are aware of students at risk of anaphylaxis and follow the school's First Aid Response to Anaphylaxis procedures.
- Garbage bins remain covered to reduce the risk of attracting insects.
- Gloves are worn when handling rubbish.

Before and After School

- Students are required to carry one prescribed adrenaline autoinjector in their schoolbag.
- A second prescribed autoinjector is stored in the Front Office with a sign-out process in place.
- For excursions and off-site activities, staff take both the student's schoolbag autoinjector and the office-based autoinjector.

Camps, Excursions and Special Events

- Current ASCIA Action Plans are stored with each student's autoinjector.
- Staff also carry copies of ASCIA Action Plans in a separate folder for accessibility.
- Excursion planning includes specific allergen risk assessment and supervision requirements.
- The First Aid Coordinator ensures all ASCIA Action Plans are current.

- Office-based autoinjectors are checked monthly and recorded on a register.
- Risk minimisation strategies are documented within each student's Anaphylaxis Student Health Management Plan.

Communication and Monitoring

- New or updated ASCIA Action Plans are uploaded immediately to Sentral and communicated via daily notices.
- Annual risk assessments are conducted, including response time checks to various school areas (e.g., playground, oval, junior building).
- The First Aid Coordinator conducts and oversees twice yearly Anaphylaxis Briefings and Training, including CRT participation.
- Teachers communicate with families prior to class parties or special events where food is involved.

Adrenaline autoinjectors for general use

Heatherwood School will maintain a supply of adrenaline autoinjector(1) 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®. General use devices will be purchased in accordance with current Department of Education guidance. 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 Heatherwood 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 the First Aid Coordinator 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.	<ul style="list-style-type: none"> • Lay the person flat • Do not allow them to stand or walk • If breathing is difficult, allow them to sit with legs outstretched • Be calm and reassuring • Do not leave them alone • Seek assistance from another staff member or reliable student to locate the student's adrenaline device or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored 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.	<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.

	<ul style="list-style-type: none"> • 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. • 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 5 minutes, if other adrenaline autoinjectors are available.
5.	Contact the student's emergency contacts.
6.	The principal or a staff member allocated to do so must contact the Incident Support and Operations Centre (ISOC) on 1800 126 126 to report 'High' or Extreme' severity incidents to report the incident. Incidents assessed as 'Low' or 'Medium' can be reported directly into EduSafe Plus by the principal or their allocated staff member.

If a student appears to be having a severe allergic reaction but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 – 5 as above.

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

Where possible, schools should consider using the correctly dosed adrenaline device depending on the weight of the student. However, in an emergency if there is no other option available, any device should be administered to the student.

Note: If in doubt, it is better to use an adrenaline device than not use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful and potentially life threatening than over-treatment of a mild to moderate allergic reaction. Refer to 'Frequently asked questions' on the [Resources tab](#) of the department's Anaphylaxis Policy.

Communication Plan

This policy will be publicly available on Heatherwood School's website so that parents and other members of the school community can easily access information about Heatherwood School'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 Heatherwood School's procedures for anaphylaxis management. We will communicate this policy through staff induction and training materials, and twice yearly staff briefings. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis 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.

We will also communicate this policy through:

- Usual school community communication platform (Sentral)
- Staff manual
- School Council induction materials
- Annual communication to school community
- Parent information night
- Newsletter

Enrolment 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
- The Principal has determined that all school staff, including teaching staff, Education Support staff, administration staff, specialist teachers, and Casual Relief Teachers (CRTs), are required to undertake anaphylaxis training based on a risk assessment of the school environment and the number of students diagnosed at risk of anaphylaxis.
- This ensures that all staff are equipped to recognise and respond to an anaphylactic reaction across all school settings, including classrooms, specialist areas, yard duty, camps and excursions.
- 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.
 - Heatherwood School uses the ASCIA Anaphylaxis eTraining course for Victorian Schools (22578VIC or 22579VIC), as approved by the Victorian Department of Education.
 - All staff, including teaching staff, Education Support staff, administration staff and Casual Relief Teachers (CRTs), are required to complete the approved ASCIA eTraining course every two years.
 - In addition to completing the ASCIA eTraining course every two years, staff competency in the administration of adrenaline autoinjectors will be verified by the Heatherwood School Anaphylaxis Supervisor during the twice-yearly Anaphylaxis Briefings.

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 Heatherwood School Anaphylaxis Supervisor.

Each briefing should 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 enrolls at Heatherwood 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.

Record Keeping of Staff Anaphylaxis Training

A comprehensive register of all staff anaphylaxis management training is maintained by the First Aid Coordinator. The register includes each staff member's full name, the type of ASCIA training completed (22578VIC or 22579VIC), date of completion, renewal due date, and a copy of the training certificate.

Digital copies of all training certificates are securely stored, and a current training register is maintained electronically. A hard copy summary is also displayed on the staff training board for reference.

Heatherwood School conducts twice-yearly anaphylaxis briefings in Term 1 and Term 3. Attendance at these sessions is recorded via signed attendance sheets, including Casual Relief Teachers engaged at the time. Records of briefing attendance are retained as evidence of compliance.

New staff are required to provide current ASCIA training certification upon commencement. Where a certificate is not current, staff are provided with ASCIA eTraining access details and required to complete the course promptly.

The First Aid Coordinator monitors all training expiry dates and proactively follows up with staff to ensure renewal occurs prior to the due date.

All records can be produced upon request as evidence of compliance with Ministerial Order 706 – Anaphylaxis Management in Victorian Schools.

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 enough school staff present who have been trained in anaphylaxis management.

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](#)

POLICY REVIEW AND APPROVAL

Policy last reviewed	February 2026
Approved by	Principal
Next scheduled review date	February 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.