

ANAPHYLAXIS POLICY



Help for non-English speakers

If you need help to understand the information in this policy please contact Ripponlea Primary School via email ripponleaps@education.vic.gov.au or phone (03) 9527 5728.

PURPOSE

To explain to Ripponlea Primary School (RPS) 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 RPS is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

This policy also assists RPS to:

- provide as far as is practicable, a safe and supportive environment in which students, at risk of anaphylaxis, can participate equally in all aspects of their schooling;
- raise awareness about anaphylaxis and RPS' anaphylaxis management policy in the school community;
- engage with parents/carers of students at risk of anaphylaxis in assessing students' risks, developing risk minimisation strategies and management strategies for such students;
- ensure that each staff member has adequate knowledge of allergies, anaphylaxis management and RPS' policy and procedures in responding to an anaphylactic reaction.

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

RPS 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 RPS 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 Assistant Principal of RPS 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 RPS 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 for Anaphylaxis in the First Aid room at the Eastern end of the main building. Each autoinjector is labelled with the student's name.

Further copies of plans are contained with the medical alerts folders in the main office and the staffroom as well as in individual classroom roll folders.

ASCIA plans are also on display in the staffroom, first aid room and 'Snack Shack' (canteen), together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.

Given the age of our students, adrenaline autoinjectors are located in the first aid room or can be located in the student's classroom. However, in the event that this is required as part of their management plan, the location of the plan and autoinjector will be clearly communicated to all staff via Compass and staff briefings.

Risk Minimisation Strategies

To reduce the risk of a student suffering from an anaphylactic reaction at RPS, we have put in place a range of strategies across different environments and contexts. These strategies are listed in **Appendix 1**.

Adrenaline autoinjectors for general use

RPS will maintain a supply of adrenaline autoinjectors 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.

Adrenaline autoinjectors for general use will be stored in the First Aid room and labelled “SPARE”.

The Principal is responsible for arranging the purchase of adrenaline autoinjectors for general use, and will consider:

- the number of students enrolled at Ripponlea Primary School and 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 First Aid officers and stored at Medical Alerts noticeboard in the staffroom, first aid room and snack shack.

For camps, excursions and special events, a designated staff member (the student’s primary classroom teacher) will be responsible for collecting and carrying the bag containing the child’s Individual Anaphylaxis Management Plans and adrenaline autoinjector.

The designated first aid officer will maintain 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"> ● 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. These items are stored within the student’s autoinjector location, on the medical alert noticeboard in the staffroom, in the child’s regular classroom (in the class roll), in the Snack Shack, and in the Medical Alerts folders in the main office, first aid room and the staffroom. ● 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) ● 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, Anapen® 300, or Anapen® Jr.</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 10 seconds ● Remove Anapen® ● Note the time the Anapen is administered ● Retain the used Anapen to be handed to ambulance paramedics along with the time of administration
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.

Schools can use either the EpiPen® **and Anapen® on any student** suspected to be experiencing an anaphylactic reaction, regardless of the device prescribed in their ASCIA Action Plan.

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 the RPS website so that parents and other members of the school community can easily access information about our anaphylaxis management procedures. The parents and carers of students who are enrolled at RPS 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 RPS’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 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
- Staff which the Principal has determined through a risk assessment require training in anaphylaxis management according to the medical needs profile of RPS. These additional staff may be admin staff, integration aides or intervention specialists, school staff who conduct specialist classes, all Snack Shack staff, first aiders.

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.

RPS staff usually attend approved face-to-face training every year with an accredited provider. Some staff members may choose instead to do the ASCIA eTraining course every two years and be verified by our two First Aid Officers trained as School Anaphylaxis Supervisors who have completed the course in First Aid Management of Anaphylaxis 22578VIC.

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 Supervisors.

Each briefing will address:

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

When a new student enrolls at RPS 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 in the school’s 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.

FURTHER INFORMATION AND RESOURCES

- The Department’s Policy and Advisory Library (PAL):
 - [Anaphylaxis](#)
- [Allergy & Anaphylaxis Australia](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- [Best Practice Guidelines for Anaphylaxis Prevention & Management In Schools](#)
- [First Aid Poster – Managing Anaphylaxis](#)
- Royal Children’s Hospital: [Allergy and immunology](#)
- [Camps and Excursions](#)
- [Duty of Care](#)
- [First Aid](#)
- [Health Care Needs](#)
- [Healthy Eating at School](#)
- [Privacy Collection Notice](#)

POLICY REVIEW AND APPROVAL

Policy last reviewed	July 2025
Approved by	Principal
Next scheduled review date	July 2026

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 – Anaphylaxis Minimisation Strategies at RPS

Classrooms

1. Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan for Anaphylaxis is easily accessible even if the adrenaline autoinjector is kept in another location.
2. Liaise with parents/carers about food-related activities well ahead of time.
3. Use non-food treats where possible, but if food treats are used in class it is recommended that parents/carers of students with food allergy provide a treat box with alternative treats. Alternative 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. Students with food allergy need special care when doing food technology and an appointment should be organised with the student's parents/carers prior to the student undertaking any food technology activities. Helpful information is available at: www.allergyfacts.org.au/images/pdf/foodtech.pdf.
10. Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
11. A designated staff member should 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, RPS's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident (i.e. seeking a trained staff member).

Snack Shack

12. Snack Shack Committee members should be aware of food allergen management and its implications for food handling practices and take necessary precautions when determining the food to be offered and food handling practices.
13. Snack Shack parent volunteers will be advised of students at risk of anaphylaxis by way of the student's ASCIA Action Plan for Anaphylaxis on display in the canteen. Snack Shack parent volunteers will be advised to contact staff on duty in the event of a student experiencing an allergic reaction.
14. Display a copy of the student's ASCIA Action Plan for Anaphylaxis in the Snack Shack as a reminder to Snack Shack staff and volunteers.
15. Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
16. Snack Shack should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.
17. Make sure that tables and surfaces are wiped down with warm soapy water regularly.
18. Food banning is not generally recommended. Instead, a 'no-sharing' with the students with food allergy approach is recommended for food, utensils and food containers.
19. 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

20. Sufficient RPS staff on yard duty must be trained in the administration of the adrenaline autoinjector (e.g. EpiPen®) and be able to respond quickly to an allergic reaction if needed.
21. The adrenaline autoinjector and each student's individual ASCIA Action Plan for Anaphylaxis must be easily accessible from the yard, and staff should be aware of their exact location. Where appropriate, an adrenaline autoinjector may be carried in the RPS yard duty bag.
22. RPS has an emergency response procedure in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. This may include all yard duty staff carrying emergency cards in yard-duty bags and yard-duty mobile phones. All staff on yard duty must be aware of RPS's emergency response procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.
23. Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.
24. Students with severe allergies to insects should be encouraged to stay away from water or flowering plants. School staff should liaise with parents/carers to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
25. Keep lawns and clover mowed and outdoor bins covered.
26. Students should keep drinks and food covered while outdoors.

Special events (e.g. sporting events, incursions, class parties, etc.)

27. Sufficient RPS 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.
28. School staff should avoid using food in activities or games, including as rewards.
29. For special events involving food, school staff should consult parents/carers in advance to either develop an alternative food menu or request the parents/carers to send a meal for the student.
30. Parents/carers of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at school or at a special school event.
31. Party balloons should not be used if any student is allergic to latex.
32. If students from other schools are participating in an event at RPS, consider requesting information from the participating schools about any students who will be attending the event who are at risk of anaphylaxis.
33. Agree on strategies to minimise the risk of a reaction while the student is visiting RPS. This should include a discussion of the specific roles and responsibilities of the host and visiting school.
34. Students at risk of anaphylaxis should bring their own adrenaline autoinjector with them to events outside their own school.

Field trips/excursions/sporting events

35. Sufficient RPS staff supervising the field trip or excursion or sporting event ("special events") must be trained in the administration of an adrenaline autoinjector and be able to respond quickly to an anaphylactic reaction if required.
36. A RPS staff member or team of RPS staff trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector must accompany any student at risk of anaphylaxis on special events.
37. RPS staff should avoid using food in activities or games, including as rewards.
38. The adrenaline autoinjector and a copy of the individual ASCIA Action Plan for Anaphylaxis for each student at risk of anaphylaxis should be easily accessible and school staff must be aware of their exact location.

39. For each special event a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the special event, size of venue, distance from medical assistance, the structure of the special event and corresponding staff-student ratio.
40. All RPS staff members present during the special event need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
41. RPS should consult parents/carers of anaphylactic students in advance to discuss issues that may arise, for example to develop an alternative food menu or request the parents/carers provide a special meal (if required).
42. Parents/carers may wish to accompany their child on special events. This should be discussed with parents/carers as another strategy for supporting the student who is at risk of anaphylaxis.
43. Prior to the special event taking place RPS staff should consult with the student's parents/carers and medical practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular special event.
44. If the special event is being held at another school then that school should be notified ahead of time that a student at risk of anaphylaxis will be attending, and appropriate risk minimisation strategies discussed ahead of time so that the roles and responsibilities of the host and visiting school are clear.
45. Students at risk of anaphylaxis should take their own adrenaline autoinjector with them to special events being held at other schools.

Camps and remote settings

46. Prior to engaging a camp owner/operator's services RPS should make enquiries as to whether the operator can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation, in writing, to RPS, then RPS should strongly consider using an alternative service provider. This is a reasonable step for a school to take in discharging its duty of care to students at risk of anaphylaxis.
47. The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
48. RPS 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. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
49. RPS will conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis while they are on camp. This should be developed in consultation with parents/carers of students at risk of anaphylaxis and camp owners/operators prior to the camp's commencement.
50. RPS staff should consult with parents/carers of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate procedures are in place to manage an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken in order for RPS to adequately discharge its non-delegable duty of care.
51. If RPS has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should raise these concerns, in writing, with the camp owner/operator and also consider alternative means for providing food for those students.
52. Use of substances containing known allergens should be avoided altogether where possible.
53. Camps should be strongly discouraged from 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.

54. If eggs are to be used there must be suitable alternatives provided for any student known to be allergic to eggs.
55. Prior to the camp taking place school staff should consult with the student's parents/carers to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
56. The student's adrenaline autoinjector, Individual Anaphylaxis Management
57. 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.
58. All staff attending camp should familiarise themselves with the students' Individual Anaphylaxis Management Plans AND plan emergency response procedures for anaphylaxis prior to camp and be clear about their roles and responsibilities in the event of an anaphylactic reaction.
59. Contact local emergency services and hospitals well before the camp to provide details of any medical conditions of students, location of camp and location of any off-camp activities.
60. Ensure contact details of emergency services are distributed to all RPS staff as part of the emergency response procedures developed for the camp.
61. RPS will purchase and take an adrenaline autoinjector for general use on a school camp (even if there is no student who is identified as being at risk of anaphylaxis) as a back-up device in the event of an emergency.
62. Each student's adrenaline autoinjector should remain close to the student and RPS staff must be aware of its location at all times.
63. The adrenaline autoinjector should be carried in RPS first aid kit, however, RPS may consider allowing students, carrying their adrenaline autoinjector on camp. Remember that all RPS staff members still have a duty of care towards the student even if they do carry their own adrenaline autoinjector.
64. Students with allergies 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.
65. Cooking and art and craft games should not involve the use of known allergens.
66. RPS will consider the potential exposure to allergens when consuming food on buses and in cabins.