

Parkdale Primary School

ANAPHYLAXIS POLICY



Help for non-English speakers

If you need help to understand the information in this policy please contact the school office on 03 9580 1451.

PURPOSE

To explain to Parkdale 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 Parkdale 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, 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

Parkdale Primary School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education.

Anaphylaxis

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school-aged children are nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

Symptoms

Signs and symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- tingling in the mouth.

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 Parkdale 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 Parkdale 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 Parkdale Primary 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
- 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 will be stored with their ASCIA Action Plan 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 Parkdale 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 are 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 adrenaline autoinjector will be stored in the first aid room.
- Planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, appropriate number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending.

Adrenaline autoinjectors for general use

Parkdale Primary School 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.

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 autoinjectors for general use will be stored in the first aid room 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 Parkdale 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 the First Aid Co-ordinator and displayed in the staff room and 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 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 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.	<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)

	<ul style="list-style-type: none"> • 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. • 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.

Communication Plan

This policy will be publicly available on This policy will be available on Parkdale Primary School's website so that parents and other members of the school community can easily access information about Parkdale Primary School's anaphylaxis management procedures. The parents and carers of students who are enrolled at Parkdale Primary School and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

The Principal is responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and Parkdale Primary School's procedures for anaphylaxis management. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this policy, their role in responding to an anaphylactic reaction and where required, the identity of students at risk.

We will also communicate this policy through:

- Compass (school community communication platform)
- School Council induction materials
- Annual communication to school community
- Parent information night
- Focus Newsletter
- Foundation Enrolment Information

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 all school staff are appropriately trained in anaphylaxis management.

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.

Parkdale Primary School uses the following training course ASCIA eTraining course (with 22579VIC).

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 (School Anaphylaxis Supervisors). 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 Parkdale Primary 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.

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.

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	March 2026
Approved by	Principal
Next scheduled review date	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.

Appendix: Prevention Strategies

Meals and mealtime supervision

Mealtimes

- All students should be encouraged to wash hands before eating (especially children with food allergy).
- All students should be encouraged to wash their hands after eating, especially if they have eaten something that another student in their class is allergic to.
- Hand wipes can be used to remove allergens from hands (and faces) if running water and soap is not available.
- Hand sanitiser should not be used as a substitute to washing hands with soap and water as it does not remove allergens.
- Food, utensils and containers should not be shared.
- Supervision of students eating is recommended in early primary years for students with food allergy. However, students that have food allergy should not be isolated from their peers.
- If using shared platters (such as fruit), give the student with food allergy their own separate serving of fruit on a separate plate.

Indoor activities

- Non-food rewards (such as pencils, stickers, privileges) are encouraged.
 - If food rewards are used, staff should only offer this to a student with food allergy if the parent/guardian has given them permission to do so and ingredients and precautionary allergen statements have been checked for the student's allergens.
 - Parents/guardians of students with food allergy may provide food treats in a clearly labelled 'treat box' for their child.
- Discuss cooking, science experiments using foods, incursions and any other onsite activities involving food with parents/guardians of students with food allergy in advance.
- Games and activities should not involve the use of any foods that students are allergic to.
- Wind toys and instruments (such as whistles, recorders) are high risk. Discuss with parents/guardians the provision of the student's own instrument if they have a food allergy.
- Avoid using recycled craft items that can contain food allergens (empty plastic milk bottles, egg cartons, cereal boxes, empty peanut and tree nut spread jars, ice cream containers).
- Activities such as face painting or mask making (when moulded on the face of the student), should be discussed with parents/guardians prior to the activity, as products used may contain food allergens such as peanut, tree nut, wheat, milk or egg.
- Some materials (such as play dough) can contain food allergens.
 - Discuss options with parents/guardians of students with food allergy (such as using wheat-free flour).
 - Check that nut oils have not been used in the manufacturing process.
 - If a student with food allergy is unable to use the play dough provided for their classmates, provide an alternative material for the student to use and adequate supervision to avoid cross contamination.

Food technology

- Cooking activities can present a risk to students with food allergy as common allergens such as milk, egg and wheat are often ingredients.
- Engage parents/guardians and older students in discussions prior to cooking sessions and activities using food. Where possible, known allergens should be substituted with suitable ingredients – parents/guardians of students with food allergy can provide advice. Where this is not practical,

another recipe should be used by the student with food allergy, or a different recipe used for all students. This should be planned well in advance of the cooking lesson so alternate ingredients can be provided/purchased.

- If other students are using ingredients a student is allergic to, consideration must be given to cross contamination risk during preparation and cooking.
- Be aware of all students with food allergy when considering options, as food for one student with food allergy might not be safe for another with a different food allergy.
- It is important to ensure that cooking equipment used by students with allergies has been thoroughly cleaned before and after use, preferably in a dishwasher.
- Remind all students not to share food they have cooked with others outside of the class (such as at recess and lunch time). Students with food allergy should only eat food they have prepared themselves using ingredients they are not allergic to.

Outdoor activities

Insect allergy

- Ensure students with insect allergy wear shoes when outside.
- Have bee and wasp nests removed by a professional.
- Consider poisoning of ant nests if there are students with ant allergy (this should be done when students are not at the school).
- Cover outdoor bins as they attract insects.
- Be aware of bees around water and in grassed or garden areas.
- Keep lawns and clover mowed.
- When purchasing plants, consider those less likely to attract bees and wasps (such as non-flowering plants).
- Specify play areas that are lower risk - away from garden beds, flowering plants, water, or garbage storage areas.
- Do not have open drink containers outside, particularly those containing sweet drinks, as they may attract stinging insects.
- Students with insect allergy should not be asked to pick up litter, even with gloves on.

Tick allergy

- To reduce the risk of tick bites in tick prone regions, students should wear a hat and cover skin when outdoors and remove these before going indoors, where possible.
- They should tuck their pants into their socks and wear long sleeved tops, where possible.
- Consider having an ether containing spray in the first aid kit when engaging in activities in areas where ticks may be present.

Animal allergy

- Some animal feed contains food allergens (such as nuts in birdseed and cow feed, milk and egg in dog food, fish in fish food, peanut butter in dog food, fish in cat food). If possible, source animal feed that does not contain foods students are allergic to.
- Students with egg allergy, should only handle chicks that hatched the previous day or longer (no wet feathers) and must wash their hands afterwards.
- Exposure to animals such as domestic dogs, cats, rabbits, rats, mice, guinea pigs and horses may trigger contact rashes including worsening eczema, allergic rhinitis (hay fever) and sometimes asthma.
- Anaphylaxis to animals such as horses or dogs are rare but may occur and should be considered with activities such as “show and tell”, or visits to farms or zoos.

Food allergy

- Consider that the paint/coloured powder used for “colour runs” may contain food allergens.

Ingredients of the paints used in colour runs should be sought and avoided if they contain a student's allergen.

- Do not use sunscreen containing food products (such as nut oils, cow's or goat's milk).
- Students at risk of anaphylaxis to food should be provided with gloves or an instrument to pick up the rubbish to avoid skin contact with potential allergens when doing yard duty, or be offered an alternative duty.
- Mulches used for gardens can contain food allergens (such as peanut shells) and mould allergens. If possible, source mulches that do not contain allergens and store in a dry place to minimise the growth of mould.
- Children may be allergic to foods grown in the garden (it is possible to be allergic to any food including fruits and vegetables).

Off-site activities including camps

Excursions

- Complete an anaphylaxis emergency response plan for each excursion.
- Assess how many general use adrenaline injectors need to be taken (along with ASCIA First Aid Plans).
- Ensure all staff are aware of the location of the student's adrenaline injectors and ASCIA Action Plans, as well as the general use adrenaline injector and ASCIA First Aid Plan.
- Ensure the student at risk of anaphylaxis is in the care of the staff member carrying the adrenaline injector. This staff member should have completed anaphylaxis training.
- Check if the excursion includes a food related activity and if so, discuss with the parents/guardians and plan accordingly.
- Depending on the age of the students and the type of excursion, consider adding a reminder to all parents regarding children with allergies on the excursion form and encourage parents not to include specific foods in lunches (e.g. foods containing peanuts or tree nuts).
- Discourage eating on buses.

Camps

- Complete an anaphylaxis emergency response plan for each camp.
- Assess how many general use adrenaline injectors need to be taken (along with ASCIA First Aid Plans).
- Ensure all staff attending the camp know the location of the camp and the procedure for calling an ambulance.
 - They need to advise the call centre that anaphylaxis has occurred, and adrenaline and transport to a medical facility is required.
 - They should also know where the closest hospital is located, and the ability of ambulance staff to get to camp site or students (e.g. if hiking), including being able to stretcher the person to the ambulance.
- Encourage parents/guardians to provide two adrenaline injectors along with their child's ASCIA Action Plan for Anaphylaxis and any other medications required.
- Camp organisers need to consider activities (such as cleaning and tidying/packing away) they assign to students on camp. It is safer to have the student with food allergy set tables, for example, rather than clear plates and wipe down tables after eating.
- Avoid using food in activities and games, including as rewards.
- Examples of topics that need to be discussed with parents/guardians in preparation for a camp might include:
 - Food options/menu, food brands, cross contamination risks, food service staff training.

- Whether any foods can be removed from the menu (e.g. if a student with a peanut/tree nut allergy is attending camp).
- Whether there is opportunity for the menu to be adapted to accommodate a student with food allergy (such as removing Pavlova as an option for dessert if a student with egg allergy is attending and there are other dessert options that do not contain egg).
- What risk management strategies will be in place to manage risk of exposure to allergens that cannot be removed (such as egg, milk, wheat)?
- Possibility of the student's parent/guardian providing all or some of the food for the duration of the camp if this is considered the safest option (such as students who have multiple or complex food allergies). Appropriate storage and heating of the food needs to be discussed and organised with staff and the camp caterers.

Special events

- Students should not miss out on activities because of their food allergy, however they (or the school/class as a whole) may have to do things slightly differently to increase safety.
- Special events are high risk for students with food allergy as staff can be distracted with organising extra activities and students may be distracted. Speak with parents/guardians of younger students and students with complex needs that have food allergy to see if they (or trusted relative) can attend as a helper to supervise the student.
- Consider students with food allergy when planning any fundraisers, cultural days or stalls, breakfast mornings, picnics and other celebrations involving food.
- Liaise with the parents/guardians of the student with food allergy well in advance so they can provide suitable food or adjust the activity to accommodate their child's allergies.
- Students with food allergy should not consume food brought in by other students even if they are thought to be safe.
- Students with food allergy can participate in spontaneous birthday celebrations by way of their parents/guardians supplying a 'treat box' or safe cupcakes stored in the freezer in a labelled sealed container to prevent cross contamination.
- Cultural days can be especially difficult for students with food allergies due to the involvement of outside catering (often by parents/guardians). A risk minimisation plan should be put in place for students with food allergies due to the high risk of accidental exposure to a student's allergen. This should be developed with the student's parent.
- Be aware that events where food is being provided (such as Father's Day breakfast) can be a stressful event for parents/guardians of students with food allergy and the student themselves. Try to avoid foods students are allergic to where possible.

Medications, creams and latex

- Any medication administered in the school should be given in accordance with school or education department/sector guidelines; school policy and procedures; and with the written permission of parents/guardians.
- Students in the later years of primary school need to be reminded that they should not share medications for conditions such as asthma.
- Do not use sunscreen containing food products (such as nut oils, cow's/goat's milk).
- Use non-latex gloves in first aid kits and facilities such as kitchens, canteens and the sick bay.
- Food for students with latex allergy should be prepared with clean hands or non-latex gloves.
- A student with latex allergy should not be asked to wear a school latex swimming cap.
- Non-latex balloons should be used when there is a student with latex allergy.
- First aid kits should have non-latex sticking plasters and non-latex gloves available.