



## ANAPHYLAXIS POLICY



### Help for non-English speakers

If you need help to understand the information in this policy, please contact Healesville High School on (03) 5962 4088 or via email at

[healesville.hs@education.vic.gov.au](mailto:healesville.hs@education.vic.gov.au).

### PURPOSE

To explain to Healesville High 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 Healesville High 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

Healesville High School fully complies with Ministerial Order 706 and the associated guidelines published by the Department.

## 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 or inhaled through the nose 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 Healesville High 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 Healesville High 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 Healesville High 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 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 is 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 ASCIA Action Plan for Anaphylaxis (RED) in the First Aid Room and front office.

Students are encouraged to keep their adrenaline device on their person where appropriate and in consultation with parents/carers and the school.

Medication for students who do not keep their adrenaline device on their person is stored and labelled with their name in the First Aid Room.

Adrenaline autoinjectors for general use are available in the First Aid Room, front office and yard duty bags and are clearly labelled "general use".

## **Risk Minimisation Strategies**

To reduce the risk of a student suffering from an anaphylactic reaction at Healesville High 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 remain covered with lids to reduce the risk of attracting insects
- gloves are worn when picking up papers or rubbish in the playground
- school canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination
- year groups are informed of allergens that must be avoided in advance of class parties, events or celebrations
- a general use adrenaline autoinjector is stored in accessible locations including the First Aid Room, front office and yard duty bags
- planning for camps, excursions and off-site activities includes risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, emergency response procedures and appropriate staffing arrangements
- staff responsible for students at risk of anaphylaxis are informed of student allergies and emergency procedures
- Individual Anaphylaxis Management Plans are accessible to relevant staff.

### **Adrenaline autoinjectors for general use**

Healesville High School maintains a supply of adrenaline autoinjector(s) for general use, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first-time reaction at school.

Adrenaline autoinjectors for general use are stored in the First Aid Room, front office and yard duty bags and are labelled “general use”.

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

- the number of students enrolled at Healesville High School at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors supplied by parents/carers
- 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 Officer and stored in the First Aid Room.

For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of participating students who are at risk of anaphylaxis, 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 follow the emergency response procedures outlined in the Department's Anaphylaxis Guidelines and ASCIA Action Plans (reproduced below).

An ambulance must be called immediately by dialling 000.

The principal or delegated staff member must contact the Incident Support and Operations Centre (ISOC) on 1800 126 126 to report High or Extreme severity incidents.

Step	Action
1.	<ul style="list-style-type: none"> <li>• Lay the person flat</li> <li>• Do not allow them to stand or walk</li> <li>• If breathing is difficult, allow them to sit with legs outstretched</li> <li>• Be calm and reassuring</li> <li>• Do not leave them alone</li> <li>• 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 general office.</li> </ul>

	<ul style="list-style-type: none"> <li>• if the student's plan is not immediately available, or they appear to be experiencing a first-time reaction, continue with steps 2 to 5 and refer to the ASCIA First Aid Plan for Anaphylaxis (Orange), stored with the school's adrenaline autoinjector for general use at the first aid office or kit if off site, if immediately accessible.</li> </ul>
2.	<p>Administer an EpiPen or EpiPen Jr</p> <ul style="list-style-type: none"> <li>• Remove from plastic container</li> <li>• Form a fist around the EpiPen and pull off the blue safety release (cap)</li> <li>• Hold leg still and place orange end against the student's outer mid-thigh (with or without clothing)</li> <li>• Push down hard until a click is heard or felt and hold in place for 3 seconds</li> <li>• Remove EpiPen</li> <li>• Note the time the EpiPen is administered</li> <li>• Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration.</li> </ul> <p><b>OR</b></p> <p>Administer an Anapen® 500</p> <ul style="list-style-type: none"> <li>• Pull off the black needle shield</li> <li>• Pull off grey safety cap (from the red button)</li> <li>• Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing)</li> <li>• Press red button so it clicks and hold for 3 seconds</li> <li>• Remove Anapen®</li> <li>• Note the time the Anapen is administered</li> <li>• Retain the used Anapen to be handed to ambulance paramedics along with the time of administration.</li> </ul> <p><b>OR</b></p> <p>Administer Jext 150 or 300</p> <ul style="list-style-type: none"> <li>• Form fist around Jext and pull off yellow cap</li> </ul>

	<ul style="list-style-type: none"> <li>• Place black injector tip against outer-mid thigh (with or without clothing)</li> <li>• Push black tip firmly until a click is heard and hold in place for 3 seconds.</li> <li>• Remove Jext</li> <li>• Note the time the Jext device is administered.</li> <li>• The used adrenaline device must be handed to the ambulance paramedics along with the time of administration</li> </ul> <p><b>OR</b></p> <p>Administer Neffy® 1mg or 2mg</p> <ul style="list-style-type: none"> <li>• Hold the nasal spray with your thumb on the bottom of the plunger and a finger on either side of the nozzle.</li> <li>• Do not pull or push on the plunger. Do not test or prime (pre-spray). Each Neffy nasal spray contains only one spray.</li> <li>• Place the nozzle of the nasal spray into a nostril until fingers touch the nose.</li> <li>• For smaller nostrils, aim for the fingers to touch the nose.</li> <li>• 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.</li> <li>• Press the plunger up firmly until the dose is administered and it sprays into the nostril.</li> <li>• Note the time the Neffy device is administered.</li> <li>• The used adrenaline device must be handed to the ambulance paramedics along with the time of administration</li> </ul>
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 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 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 is publicly available on Healesville High School's website so that parents/carers and other members of the school community can easily access information about the 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 Healesville High School's procedures for anaphylaxis management.

This policy will be communicated through:

- staff induction and training materials
- twice yearly staff briefings
- staff meetings as required
- volunteer and CRT induction processes.

Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis also receive a verbal briefing on this policy, their role in responding to an anaphylactic reaction and, where required, the identity of students at risk.

## 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

### **Staff Training**

The principal ensures that the following school staff are appropriately trained in anaphylaxis management:

- First Aid Officers
- staff who conduct classes attended by students at risk of anaphylaxis
- canteen staff
- administration staff
- yard duty staff
- any other staff identified by the principal based on risk assessment.

Staff who are required to undertake training must have completed:

- an approved face-to-face anaphylaxis management training course in the last three years, or
- an approved online anaphylaxis management training course in the last two years.

Healesville High School uses ASCIA Anaphylaxis e-training for Victorian Schools and competency checks conducted by the school's anaphylaxis supervisor.

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year, including at the beginning of the school year.

A record of staff training courses and briefings is maintained through the school's Emergency Management Plan records and staff training documentation.

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

## **FURTHER INFORMATION AND RESOURCES**

### **Department of Education policies and resources:**

- Anaphylaxis
- Allergies
- First Aid for Students and Staff
- Health Care Needs
- Managing and Reporting School Incidents (Including Emergencies)
- Medication

### **Other resources:**

- Allergy & Anaphylaxis Australia
- ASCIA Guidelines: Schooling and Childcare
- Hero HQ Anaphylaxis Management Training
- Royal Children's Hospital: Allergy and Immunology

### **Related Healesville High School policies:**

- Administration of Medication Policy
- First Aid Policy
- Health Care Needs Policy
- Camps and Excursions Policy

## POLICY REVIEW AND APPROVAL

Policy last reviewed	May 2026
Approved by	_____, Principal
Next scheduled review date	May 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.