

Craigieburn Primary School

Anaphylaxis Policy



Help for non-English speakers

If you need help to understand the information in this policy, please contact Craigieburn Primary School 9308 3133

PURPOSE

To explain to Craigieburn 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 Craigieburn 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 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

Craigieburn Primary School 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 Craigieburn 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 Craigieburn 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 Craigieburn Primary School 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 their classroom's medical tub, together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.

Adrenaline auto injectors for general use are available at in the First aid room and are labelled "general use". Generic use auto injectors will also be kept in all excursion bags for use when offsite

RISK MINIMISATION STRATEGIES

In the classrooms

- Keep a copy of the student's ASCIA Action Plan for Anaphylaxis in the classroom's student medical tubs
- Liaise with parents/carers about food-related activities ahead of time.
- Never give food from outside sources to a student who is at risk of anaphylaxis
- Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts
- Be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons). Note: that year level/specialist teachers must consider the risk-minimisation strategies of the student diagnosed at risk, even if that student is not in their class
- Have regular discussions with students about the importance of informing teachers when they have food containing nuts or other foods students in your grade may be allergic to (eg. peanut butter, nutella, eggs)
- Remind students they are not to share food
- Ensure students wash their hands if food containing nuts or other allergens which could potentially result in an anaphylactic reaction have been consumed

- Wipe down tables if food containing nuts or other allergens which could potentially result in an anaphylactic reaction have been consumed
- All staff supplied with information for their own classroom, identifying those students at risk of allergies and anaphylaxis
- A designated staff member should inform casual relief teachers of students at risk of anaphylaxis and the preventive strategies

During recess and lunchtimes

- Sufficient staff on yard duty will be trained in the administration of the adrenaline auto injector (i.e. EpiPen/Anapen) and will be able to respond quickly to an anaphylactic reaction if needed
- The generic adrenaline auto injectors will be located in the First Aid room
- Anaphylaxis and/or Allergy Management Plans will be displayed in a folder on the desk of the First Aid room for all students with anaphylaxis and/or allergies
- All staff supplied with information for their own yard duty bag, identifying those students at risk of allergies and anaphylaxis
- All staff on yard duty will be aware of the emergency management plan and how to notify the general office/first aid team of an anaphylactic reaction in the yard.
- Staff are to alert the Office/ First Aid Room via phone of the emergency. This will direct staff member to bring the adrenaline auto injector with them to the student. A student who is experiencing an anaphylactic reaction MUST never be left unattended and should not be moved
- Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants
- Consideration should be given to the placement plants and sources of water in the playground so that students at risk of anaphylaxis from insect stings can avoid these areas without being unfairly restricted in their movement. Keep lawns and clover mowed and outdoor bins covered
- All food to be consumed in the classroom or canteen area. No food to be taken into the playground.

In the canteen

- If using an external canteen provider, the provider should be able to demonstrate satisfactory training in the food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
- Refer to <http://www.allergyfacts.org.au/component/virtuemart/>
- Liaise with parents/carers about food for the student. Parents/carers are the best resource available to the school and should be used as such.
- Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts
- Canteens should provide a range of healthy meals/ products that are designed to exclude any traces of peanut or other nut products
- 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
- Make sure that tables and surfaces are wiped down regularly

- Refer to 'Safe Food Handling' in the School Policy and Advisory Guide, available at <http://www.education.vic.gov.au/management/governance/spag/governance/safetymgt/foodhandling.htm>

Special Events, including class parties and sporting events

- Staff must know where the adrenaline auto injector is located and how to access it if required
- Staff should avoid using food in activities or games, including as rewards
- For special occasions, class teachers 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. In all situations, the child at risk of anaphylaxis should not be placed in a position in which they are discriminated against
- Parents/carers of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and requested that they avoid them in treats brought from home
- Party balloons should not be used if any student is allergic to latex
- Swimming caps or goggles should not be used for a student who is allergic to latex

Excursions and out of school activities

- The student's adrenaline auto injector and ASCIA Action Plan must be taken on all excursions
- A staff member or team of staff trained in the recognition of anaphylaxis and the administration of the adrenaline auto injector must accompany the student on excursions.
- All staff members present during the excursion need to be aware of the identity of any student at risk of anaphylaxis attending
- The Emergency Management Plan must include the first aid procedures for anaphylaxis students in the event of an anaphylactic reaction
- Consult with parents/carers of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the parent/carer send a meal (if required)
- Staff need to consider the potential exposure to allergens when consuming food on buses. If this risk is assessed as too high it may well be deemed necessary for students to refrain from eating on the school bus.

Day Camps

- Have a risk minimisation strategy in place for students at risk of anaphylaxis for school camps, developed in consultation with their parents/carers, and the students' medical practitioner and camp owners prior to the camp dates.
- The camp provider should be able to demonstrate satisfactory training in the management of food allergens and its implications for food handling practices; namely: knowledge of the major food allergens that cause anaphylaxis, how to avoid cross-contamination and the consequences of cross-contamination of allergens for the food allergic individual
For further information, visit
http://www.health.vic.gov.au/foodsafety/downloads/allergen_intolerance_biz.pdf
- Camps must be advised in advance of any students with food allergies
- We 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. We 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

- If a camp owner/operator cannot confirm with the school that it is able to provide food that is safe for anaphylactic students, then the school should consider using an alternative camp provider
- If we have concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, we will consider alternative means for providing food for those students
- Staff should liaise with parents/carers to develop alternative menus or allow students to bring their own meals
- Camps should avoid 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 (unless it is specifically approved in their individual Anaphylaxis Management Plan)
- Use of other substances containing allergens should be avoided where possible
- The student's adrenaline auto injector, individual Anaphylaxis Management Plan and ASCIA Action Plan for Anaphylaxis must be taken on camp.
- A team of staff who have been trained in the recognition of anaphylaxis and the administration of the adrenaline auto injector must accompany the student on camp. However, all staff present need to be aware if there is a student at risk of anaphylaxis
- Staff must develop first aid procedures that sets out clear roles and responsibilities in the event of an anaphylactic reaction
- Know local emergency services, how to contact them and the time it will take to do so.
- The adrenaline auto injector should remain close to the student and staff must be aware of its location at all times.
- The adrenaline auto injector should be carried in the school first aid kit
- Students with anaphylactic responses to insects will be encouraged to wear closed shoes and long-sleeved garments when outdoors and to stay away from water or flowering plants.
- Cooking and art and craft games should not involve the use of known allergens
- Refer to 'Safe Food Handling' in the *School Policy and Advisory Guide*, available at http://www.education.vic.gov.au/management/governance/spag/governance/safetymgt/food_handling.htm

ADRENALINE AUTOINJECTORS FOR GENERAL USE

Craigieburn 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.

Adrenaline autoinjectors for general use will be stored at the First aid room and are labelled "general use". They are also stored in the Excursion bags for use when offsite.

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

- the number of students enrolled at Craigieburn 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 Officer and stored at 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 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, stored at either classroom, staff centre or 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)• 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 Craigieburn Primary school's website so that parents and other members of the school community can easily access information about Craigieburn Primary School's anaphylaxis management procedures. The parents and carers of students who are enrolled at Craigieburn 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, canteen staff and volunteers are aware of this policy and Craigieburn 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. This will be done by the Daily Organiser and/or Administration Staff when volunteers sign in.

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. This includes

School staff who conduct classes attended by students who are at risk of anaphylaxis

School staff who conduct specialist classes, all canteen staff, admin staff, first aiders and any other member of school staff as required by the Principal based on a 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.

Craigieburn Primary School uses the following training course: ASCIA eTraining course (with 22579VIC/22578VIC)

[Note, for details about approved staff training modules, refer to chapter 5 of the [Anaphylaxis Guidelines](#)]

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 a School Anaphylaxis Supervisor]. Each briefing will address:

- this 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 enrols at Craigieburn Primary School who is at risk of anaphylaxis, the school 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 OHS folder.

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](#)
- Royal Children's Hospital: [Allergy and immunology](#)

POLICY REVIEW AND APPROVAL

Policy last reviewed	2025
Approved by	Principal July 2025
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.