



CLIFTON HILL PRIMARY SCHOOL ANAPHYLAXIS POLICY 2026



Help for non-English speakers

If you need help to understand the information in this policy please contact 94898333.

PURPOSE

To explain to Clifton Hill Primary School's (CHPS) 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 CHPS 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

CHPS 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 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 CHPS 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 CHPS 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 CHPS 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 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



- 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 class cooking, whole school lunch order and concerts.

CHPS 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 (RED) in the First Aid room near the main office, together with the student's adrenaline device. Adrenaline devices must be labelled with the student's name. A copy of each student's ASCIA Action Plan for Anaphylaxis will also be displayed in that student's classroom.

General use autoinjector's are also kept with a generic ACSIA action plan in the upstairs first aid box of the Organ Factory, in the First Aid room at the Senior Campus and in the park bag at the front office.

RISK MINIMISATION STRATEGIES

To reduce the risk of a student suffering from an anaphylactic reaction at CHPS, we have put in place the following strategies:

Risk minimisation strategies for the school environment

- Staff and students are regularly reminded to wash their hands after eating
- Students are discouraged from sharing food
- Anaphylaxis students are excluded from picking up papers or rubbish in the school yard



- Teacher to complete a risk assessment and contact the anaphylactic student's parents before any classroom-based food activity. School nurse to be notified of activity.
- Parents/carers of year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays
- Only give foods approved by the child's parents to those students identified as anaphylactic, including for class food-based activities.
- Use non-food treats where possible, but if food treats are used, give only those provided by the parents to a student who is at risk of anaphylaxis (encourage parents to provide a container of safe treats from home)
- Never give food from outside sources to a student who is at risk of anaphylaxis
- If an anaphylactic student has no snack or lunch, the classroom teacher will call the parent of the student
- Raise awareness of anaphylaxis with children through class discussions and newsletters
- Ensure that, should a student bring foods containing the anaphylactic trigger for a student in their classroom, the student will, under the supervision of the classroom teacher, eat lunch in a designated area within the classroom, dispose of rubbish appropriately and wash their hands thoroughly. The table this student sat at will be cleaned thoroughly with hot, soapy water. The Principal or classroom teacher will contact the family of the student who brought the food to discuss anaphylactic triggers.
- Designate a staff member to inform casual relief teachers, specialist teachers, canteen staff and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Action Plan and adrenaline autoinjector, the school's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. ie seeking a trained staff member.
- Train canteen staff in appropriate food handling to reduce the risk of cross-contamination
- Provide multiple general use EpiPens in the Park duty bag (stored in main office), Organ Factory and Senior campus sites.
- Display a photo of each student with Anaphylaxis in the EpiPen cupboard, first aid rooms, staff room, staff offices, CRT folders and yard duty bags

Risk minimisation strategies for yard duty and the park

A photo of each student with Anaphylaxis will be included in the yard duty bags

When students are taken to the park during lunchtime or for a curriculum-based activity, the following risk minimisation strategies are in place:

- There will be a minimum of one teacher who will have up to date anaphylaxis training



- Teachers will carry a first aid bag that contains photos of all children at risk of anaphylaxis. They also take two general use autoinjectors with them and a general ACSIA action plan
- At least one teacher will carry a charged mobile phone

Risk Minimisation Strategies for Excursions and Sports

- Ensure that planning for off-site activities 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.
- Ensure a student's personal adrenaline devices, along with an appropriate number of general use autoinjectors, will accompany the student to all excursions, sports events and camps
- The adrenaline device will be kept within close proximity of the student

Risk Minimisation Strategies for Camps

- The school will inform the camp of any students with anaphylaxis to ensure that appropriate arrangements are made for students participating in the class
- A review of the Anaphylaxis Management Plan will take place between the teacher/parents/nurse to discuss any risks such as location of camp, mobile phone coverage etc
- A student's personal adrenaline device from school and an additional one from home, along with an appropriate number of general use autoinjectors, will accompany the student to all activities undertaken while on camp
- The adrenaline device will be kept within close proximity of the student
- In the event of an anaphylactic episode, the supervising teacher will administer the adrenaline device and ring 000 for further medical attention

Adrenaline autoinjectors for general use

CHPS will maintain 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.

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 Main Building Office, the Organ Factory first aid cupboard, the Senior Campus First Aid room and park duty bags and labelled "general use" or "back up epipen".



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

- the number of students enrolled at Clifton Hill Primary 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 School Nurse and printed and displayed in the staff room, staff offices, CRT folders and yard duty bags. 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.	• Lay the person flat • Do not allow them to stand or walk • If breathing is difficult, allow them to sit with legs outstretched • Be calm and reassuring • Do not leave them alone • Seek assistance from another staff member or reliable student to locate the student's adrenaline device or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored at the first aid room near the main office • 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, if immediately accessible.
2.	Administer an EpiPen or EpiPen Jr • 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. OR Administer an Anapen® 500 ● Pull off the black needle shield ● Pull off grey safety cap (from the red button) ● Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing) ● Press red button so it clicks and hold for 3 seconds ● Remove Anapen® ● Note the time the Anapen is administered ● Retain the used Anapen to be handed to ambulance paramedics along with the time of administration. OR Administer Jext 150 or 300 ● 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 OR Administer Neffy® 1mg or 2mg ● 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.
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	• 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. 3. The used adrenaline device must be handed to the ambulance paramedics along with the time of administration
4.	Call an ambulance (000)
5.	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.
6.	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 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 CHPS's website so that parents and other members of the school community can easily access information about Clifton Hill Primary 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 CHPS's procedures for anaphylaxis management. This policy is included in a full staff meeting at the commencement of the year as well as the school's formal induction program. 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 policy is included in new staff and CRT induction folders.

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:

- First Aid Officer
- School staff who conduct classes attended by students who are at risk of anaphylaxis
- School staff who conduct specialist classes, canteen manager, 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.

CHPS uses ASCIA anaphylaxis e-training for Victorian Schools with 22579VIC, or 22578VIC followed by a competency check by the school anaphylaxis supervisor or a face-to-face anaphylaxis management course (22578VIC and 22579VIC) by HeroHQ.

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 nurse. Each briefing will 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 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 CHPS 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 eduSafe.

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

REVIEW REVIEW AND APPROVAL

Policy last reviewed	August 2026
Approved by	Principal
Next scheduled review date	August 2027

The Principal (or delegate) 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.