



Anaphylaxis Management Policy 2026



Help for non-English speakers

If you need help understanding the information in this policy, please contact the school office on 51365568.

Commitment:

All students who attend Morwell Central Primary School have a right to feel and to be safe. The wellbeing and safety of all students in our care is our priority, and we have zero tolerance to child abuse. The protection of students is the responsibility of everyone who is employed at or is engaged by Morwell Central Primary School in child-connected work. To ensure the safety and best interests of all students, we consider the needs of those with an Aboriginal or Torres Strait Islander heritage, those from culturally and/or linguistically diverse backgrounds and those with a disability.

Introduction:

Morwell Central Primary School complies with Ministerial Order 706 and the Anaphylaxis guidelines-A resource for managing severe allergies in Victorian Schools as published by the Department of Education and Early Childhood Development.

In the event of an anaphylactic reaction, Morwell Central Primary School first aid and emergency response procedures as well as the procedures in this policy, the student's ASCIA plan and Individual Anaphylaxis Management Plan (IAMP) will be followed.

The Australasian Society of Clinical Immunology and Allergy (ASCIA) plan is a device specific plan outlining the type of auto injector prescribed and is completed by the student's medical practitioner.

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening, with the worst-case scenario being death in 3-5 minutes. Anaphylaxis always requires an emergency response. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

Signs and symptoms of anaphylaxis include swelling of the tongue, difficulty/noisy breathing, swelling/tightness in throat, difficulty talking and/or hoarse voice, wheeze or persistent cough, persistent dizziness or collapse, pale and floppy (young children). In addition, for those diagnosed at risk of anaphylaxis to insects, abdominal pain, and/or vomiting are considered as signs of a severe allergic reaction (anaphylaxis)

The signs and symptoms of anaphylaxis usually develop within a few minutes and up to two hours following exposure to an allergen.

Adrenaline given through an auto-injector to the muscle of the outer middle thigh is the most effective first aid treatment for anaphylaxis as it raises the heart rate significantly, causing an increase in blood flow.

The key to preventing anaphylaxis in schools is knowledge of the students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers.

Morwell Central Primary School acknowledges that the management of a student diagnosed at risk of anaphylaxis is a joint responsibility of the school and staff, the student, the student's parents/guardians and the student's Medical Practitioner.

Morwell Central Primary School is **"allergy aware" and not a NUT-FREE SCHOOL**. A nut-free environment is not recommended as it is impossible to guarantee, which potentially provides a false sense of security to students, parents/guardians, and staff.

A NUT-FREE SCHOOL environment does not protect students whose allergens may be egg, insect bite etc. A NUT-FREE SCHOOL environment does not enable the school to prepare a student with life skills in teaching them how to manage their risk of anaphylaxis.

Purpose:

To ensure that Morwell Central Primary School can:

- Ensure that the School Principal and School Staff, parents, students and the broader community remember that minimization of the risk of anaphylaxis is everyone's responsibility.
- Support parents/guardians in the management of their child's severe allergy
- Support students in the management of their severe allergy
- Provide resources and training to staff enabling them to respond appropriately to an anaphylactic emergency
- Instill preventative measures to minimise the risk of exposure to an identified allergen
- Promote awareness of anaphylaxis within the school community
- Design and implement an Emergency Response Strategy within Morwell Central Primary School (Morwell Central Primary School Anaphylaxis Emergency Response).

Aims:

- To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of schooling.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy within the school community.
- To engage with parents/guardians of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the individual student based on their activity profile.
- To ensure that each staff member understands allergies, anaphylaxis, and the school's anaphylaxis management policy and procedures in responding to an anaphylactic reaction.

ASCIA PLAN:

It is the responsibility of the parent to provide a copy of the ASCIA plan prior to the student commencing at Morwell Central Primary School. The parent must also supply the school with an in-date auto-injector and any other prescribed medications such as antihistamine as per the ASCIA plan.

The ASCIA plan clearly sets out the emergency procedures to be taken in the event of an allergic reaction and needs to be signed by a medical practitioner. An up-to-date colour photograph of the student must also be included.

Information regarding this will be obtained from the Student Information Medical Sheets which are to be completed by all parents / guardians, prior to the student commencing.

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLAN (IAMP):

Morwell Central Primary School will ensure that an individual anaphylaxis management plan is developed, in consultation with the student's parents/guardians, student (where appropriate) and the Principal, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The student's individual anaphylaxis management plan will be reviewed by the Principal, in consultation with the student's parents/guardians:

- Every year, and/or
- If the student's condition changes, or
- Immediately after a student has an anaphylactic reaction at school or out of school

This is in addition to the ASCIA plan which is provided by the parents/guardians.

It is the responsibility of the Principal (or delegate) to:

- Keep up-to-date records of students with anaphylaxis
- Obtain training in the treatment of anaphylaxis and attend regular trainer updates as required
- Ensure auto injectors are stored correctly
- Notify parents/guardians to replace the student's auto injector and/or antihistamine prior to expiry
- Communicate with staff to ensure they are aware of anaphylactic students when in class, on excursion, school events, or camps
- Keep staff up to date with any changes to information regarding students at risk of anaphylaxis and strategies to minimize the risk of exposure to allergens
- Keep an up-to -date list of anaphylactic students and ASCIA action plans to be given to all casual relief teachers (CRTs)
- Conduct staff training in an accredited anaphylaxis management training course that meets the requirements of Ministerial Order 706. These are:
 1. **ASCIA Anaphylaxis e-training for Victorian Schools followed by a competency check by the School Anaphylaxis Supervisor AND 2 staff per campus (4 in total) Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC.** These staff are the School Anaphylaxis Supervisors
 2. **22300VIC Course in First Aid Management of Anaphylaxis**
 3. **10313NAT Course in Anaphylaxis Awareness**
- Conduct twice yearly staff briefings to staff where the first one is held at the beginning of the school year. This will include: the school's anaphylaxis management policy, the causes, symptoms and treatment of anaphylaxis, the identities of students at risk of anaphylaxis and location of their medication, how to use an adrenaline auto-injector which includes hands on practice with a trainer auto-injector, Morwell Central Primary School first aid and emergency response procedures and the location of and access to adrenaline auto-injector provided to the school by parents/guardians as well as the adrenaline auto-injector which have been purchased by the school as "back up" or for general use
- Ensure that the students diagnosed at risk of anaphylaxis have their ASCIA plan displayed in the Learning Hubs, sick bay, specialist rooms, and yard duty folders.
- Keep back up auto-injectors within the school which can be used where required and replace these prior to expiry
- Provide informal education to students diagnosed at risk of anaphylaxis where required

- Conduct an annual risk management checklist in conjunction with review of the Morwell Central Primary School Anaphylaxis Management Policy and Procedures in April of every year or as required in response to any legislative requirements.

Storage of auto-injectors

All student-prescribed auto-injectors are stored in an unlocked box in the central R & R area with individual names clearly labeled on each.

The student's emergency contact details will be stored and kept up to date on the school's database. These details are also on the ASCIA plan and the IAMP.

Back up auto injectors

Morwell Central Primary School will ensure that there are an adequate number of auto injectors available for general use. These will be stored in the following location:

- First Aid room.

It is the responsibility of the parent to:

- Provide the ASCIA action plan including an up-to-date colour photo of the student.
- Inform the school if their child's medical condition changes, and if relevant, provide an updated ASCIA plan with a colour photo.
- Provide the school with their child's auto-injector and any other medications prescribed. ie antihistamine.
- Replace the auto-injector and any other medications as prescribed on the ASCIA plan **prior to expiry**
- Supply alternative food options when required.
- Supply a second auto-injector for camps and other school events if required after notification from the school.

Communication Plan:

Morwell Central Primary School will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents/guardians about anaphylaxis and the school's anaphylaxis management policy. Information about anaphylaxis and the school's anaphylaxis policy can be obtained by visiting the school website.

The following steps will be taken to respond to an anaphylactic reaction by a student in the following locations:

Learning Hubs

- Details on all anaphylactic students will be posted on the Learning Hub notice board and communicated in staff meetings and training.
- Staff are trained in prevention (ie: food related class activities), recognition and treatment of anaphylactic reactions.
- There will be no burning of peanuts or tree nuts in science experiments.
- Appropriate risk minimization strategies will be discussed and implemented where required for any classroom activities which may involve food.

No Sharing of Food Recommendation

Morwell Central Primary School recommends no sharing of food. This is important to minimize the risk of exposure to confirmed allergens whilst at school.

- Students are asked not to share food with one another, which ensures that all students are eating the food packed or ordered for them by their parents/guardians. This minimizes the risk of exposure to confirmed allergens for those students at risk of anaphylaxis to food allergens.

Special Celebrations

- Parents/guardians of children who are at risk of anaphylaxis will be informed in advance by the school of any activity which involves food and risk minimization strategies will be discussed and put in place.

In the school yard

Staff on yard duty will be knowledgeable of students with anaphylaxis and will be trained in prevention, recognition, and treatment of an anaphylactic reaction.

Laminated anaphylaxis alert cards are in the yard duty folders for teachers on yard duty. In the event of a child experiencing an anaphylactic reaction, the teacher on yard duty can give the laminated anaphylaxis card to a responsible student who will run to reception or the staffroom to obtain assistance.

On School excursions/camps/special events/exchanges/overseas travel

Morwell Central Primary School will ensure that all staff attending have up to date training in an accredited anaphylaxis management training course, as per Ministerial Order 706.

- School staff taking students at risk of anaphylaxis on the above are required to always take a first aid kit which will contain a “back up” auto-injector. A student’s auto-injector will be kept in their designated pouch, which will also contain a copy of their ASCIA Plan and antihistamine if prescribed.
- School risk management requires that for any food preparation, peanuts or tree nuts are not used as ingredients. In addition, where relevant, a review of the concerned student’s ASCIA Action Plan and Individual Anaphylaxis Management Plan will occur prior to any food related activity, which may deem that other ingredients identified as allergens will not be used.
- School risk management requires that all student medical details are screened for allergies, and all relevant administrators are informed of this.
- Appropriate precautions are to be taken based on each student’s Individual Anaphylaxis Management Plan.

Students at risk of anaphylaxis are required to bring two auto-injectors, an ASCIA plan and a Travel ASCIA Plan if required. Parents/guardians will be notified where this may be the case.

Volunteers and casual relief staff of students at risk of anaphylaxis will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the principal.

Raising student awareness

Morwell Central Primary School recognises the importance of raising student awareness and will achieve this using age-appropriate resources such as allergy books within the library, at school assemblies and other forums in response to specific needs.

Foods served to members of our school community

Morwell Central Primary School will not serve food to any members of our school community where peanuts or tree nuts are listed in the main body of ingredients. Please note this does not mean that we are

a “nut free” school. Where packaging states that there **may be traces of nuts** and the food being served to parents, visitors or students who do not have an allergy/anaphylaxis to peanuts or tree nuts, this is acceptable. However, foods which are labeled as may contain traces of nuts should not be served to those who are known to have an allergy/anaphylaxis to peanuts or tree nuts.

Staff Training:

Where a student has a medical condition that relates to allergy and the potential for an anaphylactic reaction, all school staff will have up-to-date training in an anaphylaxis management training course which complies with Ministerial Order 706 and includes a competency check in the administration of an adrenaline auto injector.

These include:

- Epipen®
- Anapen®
- neffy®
- Jext®

These courses which are approved by the Secretary, Department of Education and Training are:

- **ASCIA Anaphylaxis e-training for Victorian Schools followed by a competency check by the School Anaphylaxis Supervisor AND 2 staff per campus (4 in total) Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC.** These staff are the School Anaphylaxis Supervisors
- **22300VIC Course in First Aid Management of Anaphylaxis,**
- **10313NAT Course in Anaphylaxis Awareness**

In addition, the Principal will provide briefings to all staff twice a year. The first session will occur at the beginning of the school year.

The content will include information on:

- The Morwell Central Primary School anaphylaxis management policy and procedures.
- The Morwell Central Primary School first aid and emergency response procedures.
- A demonstration of how to use an adrenaline auto injector device, including “hands on” practice with a trainer adrenaline auto injector.
- The causes, symptoms and treatment of anaphylaxis.
- Identities of students diagnosed with a medical condition that relates to allergy and the potential for an anaphylactic reaction, and where their medication is located and their ASCIA anaphylaxis action plan and their IAMP which includes risk minimization.

Information will also be regularly disseminated to staff throughout the course of the year reflecting any changes where this occurs.

At other times while the student is under the care or supervision of the school, including sporting activities, excursions, yard duty, camps and special event days, the school will ensure that the staff present have up to date training in an anaphylaxis management training course including how to administer an auto injector.

Staff will also be made aware of preventative measures including use of food, possible hidden allergens such as in milk or egg cartons, food handling, cleaning and raising student awareness. All staff will be made aware of students with anaphylaxis during the training course and via regular updates from the Principal.

Emergency Response/First Aid Procedure:

1. Always follow the student's ASCIA Plan, which outlines the emergency response required as well as the relevant first aid for an anaphylactic reaction.
2. Person 1 must remain with the student.
3. Person 2 obtains a student's kit which contains the student's auto-injector, ASCIA plan, IAMP, and antihistamine if prescribed. They must also obtain a back-up auto-injector which is the same dose as the student's prescribed auto injector. These are located next to the student kits.
4. Person 2 returns to the student, and the ASCIA plan is followed.
5. Person 1 is to remain with the student at all times and wait for an ambulance.
6. Person 2 is to notify the Principal, Assistant Principal and the other members of the leadership team as relevant.
7. Parents/guardians are to be contacted.
8. The incident is to be recorded in CASES.
9. Follow up and counselling/debrief to be offered to relevant parties.
10. Update the student's IAMP as soon as it is practical.

Important Points:

Always follow the student's ASCIA Plan.

A copy of the most recent Anaphylaxis Management Briefing with an up-to-date list of the students at risk of anaphylaxis at Morwell Central Primary School is available to staff in the sick bay, Learning Hub Offices and specialist classrooms.

Further information can be obtained from:

- The Royal Children's Hospital Anaphylaxis Advisory Line on 1300 725 911 or (03) 9345 4235
- 1300 728 000 or www.allergyfacts.org.au

Attachments:

- Annual Risk Management Checklist
- Individual Anaphylaxis Management Plan
- Anaphylaxis Action Plan, First Aid Plan and How to use adrenaline devices

Evaluation:

This Anaphylaxis Policy will be reviewed as part of the school's one-year review cycle or earlier as required.

This policy was last reviewed by Principal:

20/3/2026

Annual Risk Management Checklist

A school's anaphylaxis policy must require the principal or their allocated staff member complete an annual risk management checklist to monitor their compliance with the Ministerial Order, the department's Anaphylaxis Guidelines, and their legal obligations. If a staff member is allocated to undertake this task, the principal must approve the checklist.

This checklist is to be completed when the school has a student at risk of anaphylaxis. It must be reviewed at the start of each year.

If you need help with this checklist, or meeting your school's obligations under Ministerial Order 706, contact the Royal Children's Hospital **Anaphylaxis Advice Line**. The advisory line is available between the hours of 8.30am to 5.00pm, Monday to Friday.

Phone [1300 725 911](tel:1300725911) or [03 9345 4235](tel:0393454235) or email anaphylaxisadvice@rch.org.au

For more information and resources, see the department's [Anaphylaxis policy](#).

School name:	
Date of review:	
Who completed this checklist?	Name:
	Position:
Review given to:	Name:
	Position: Principal
Comments:	

General information	
1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an adrenaline device?	
2. How many of these students carry their adrenaline device on their person?	
3. If your school is a government school, are you aware that every incident in which a student suffered an anaphylactic reaction must be reported to the Incident Support Operations Centre (ISOC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you aware that schools can contact the Royal Children's Hospital Anaphylaxis Advice Line (by emailing: anaphylaxisadvice@rch.org.au or by phone: 1300 725 911) to help schools meet their obligations under the department's Anaphylaxis Policy ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 1: Training	
5. Have all school staff who conduct classes with students who are at risk of anaphylaxis successfully completed an approved anaphylaxis management training course, either: <ul style="list-style-type: none"> online training (Australasian Society of Clinical Immunology and Allergy (ASCIA) (anaphylaxis e-training for Victorian Schools) within the last 2 years, or accredited face to face training (22578VIC) within the last 3 years? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does your school conduct anaphylaxis briefings twice every year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do all school staff participate in a twice-yearly anaphylaxis briefing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools: <p>a. Has your school trained a minimum of 2 school staff per school or per campus (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline devices (EpiPen®, Anapen®, Jext and Neffy)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b. Are your school staff being assessed for their competency in using adrenaline devices (EpiPen®, Anapen®, Jext and Neffy) within 30 days of completing the ASCIA Anaphylaxis e-training for Victorian Schools?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
SECTION 2: Individual Anaphylaxis Management Plans	
9. Does every student who is at risk of anaphylaxis have an Individual Anaphylaxis Management Plan (developed by the school) that includes an ASCIA Action Plan for Anaphylaxis (RED) completed and signed by a prescribed medical practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually and after any changes to the student's medical condition, after any anaphylactic reaction at the school, or where the student is to participate in an offsite activity such as sport, camps or special events)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?	
a. During classroom activities, including elective classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In canteens or during lunch or snack times	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Before and after school, in the school yard and during breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. For special events, such as sports days, class parties and extra-curricular activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. For excursions and camps	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. In the event of an emergency, do staff know where to find a student's ASCIA Action Plans for Anaphylaxis (RED)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do the ASCIA Action Plans for Anaphylaxis (RED) include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 3: Storage and accessibility of adrenaline devices	
14. Does the school have a process for storing all student adrenaline devices, supplied by the family, and do staff know where and how to access them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Does the school have a process for storing all general use adrenaline autoinjectors purchased by the school, and do staff know where and how to access them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are all the adrenaline devices stored at room temperature (not refrigerated) and out of direct sunlight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Is the storage unlocked and accessible to school staff at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis (RED) kept together with the student's adrenaline device?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the adrenaline devices and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan for Anaphylaxis (RED)) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No

20. Has someone been designated to check the adrenaline devices expiry dates on a regular basis? Who?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Are there adrenaline devices which are currently in the possession of the school which have expired? If yes, please replace.	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Has the school signed up to MyEpiPen (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Has the school purchased at least 2 adrenaline autoinjectors for general use (one to retain on site and one which can go on all camps/excursions), and have they been placed in the school's first aid kit(s)? This is a requirement under departmental policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Are the adrenaline autoinjectors for general use clearly labelled as a 'General Use' adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4: Risk minimisation strategies	
25. Has your school put in place risk minimisation strategies within the school environment to reduce the potential exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Have you implemented any of the risk minimisation strategies in the Anaphylaxis Guidelines ? If yes, list these in the space provided below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 5: School management and emergency response	
28. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Do school staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. For excursions, camps or other out of school events, is there a plan for who is responsible for ensuring the adrenaline device(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan for Anaphylaxis (RED)) and the adrenaline autoinjector for general use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Do school staff know:	
a. Where the school's local Anaphylaxis Policy is shared with the school community?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The identities of students at risk of anaphylaxis, and who are prescribed an adrenaline device, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 6: Communication Plan	
33. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?	

a. To school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Individual Anaphylaxis Management Plan

This plan details the school's prevention strategies for minimising the risk of the student having an anaphylactic reaction while in the school's care. Refer to the student's [ASCIA Action Plan for Anaphylaxis \(RED\)](#) (attached to this plan) for step-by-step emergency response instructions if the student experiences an allergic reaction or anaphylaxis.

Guidance for developing this plan

This plan must be completed by the principal or nominee in consultation with the student's parent/carer(s) for any student who has been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction, where the school has been notified of that diagnosis. The student's ASCIA Action Plan for Anaphylaxis (RED), signed by their medical practitioner, must be attached.

Parent/carer(s) must provide the school with a copy of the student's ASCIA Action Plan for Anaphylaxis and an up-to-date photo of the student. Parents/carers must inform the school if their child's medical condition changes.

- Risk Minimisation strategies are available at [Anaphylaxis policy: Risk Minimisation Strategies](#).
- Schools can contact the Royal Children's Hospital's **Anaphylaxis Support Advisory Line** at **1300 725 911** or anaphylaxisadvice@rch.org.au for support to develop this plan.

School			
Student		Year level	
Confirmed allergens			
Other relevant medical conditions			
Location of the student's medication at school, including adrenaline (epinephrine) device (EpiPen®, Anapen®, Jext® or Neffy®)			

Student's emergency contact details

Primary contact name		Alternate contact name	
Relationship		Relationship	
Main phone number		Main phone number	
Other phone number		Other phone number	

Possible allergen exposure sites

Consider every area the student will spend time in during the year – both onsite and offsite (for example, classroom, canteen, sports areas, excursions, camps).

Environment or Area:			
Risk identified	Actions to minimise the risk	When is the action required?	Name of person responsible
Environment or Area:			
Risk identified	Actions to minimise the risk	When is the action required?	Name of person responsible
Environment or Area:			
Risk identified	Actions to minimise the risk	When is the action required?	Name of person responsible

Reviewing this plan

The school must review this Individual Anaphylaxis Management Plan in consultation with the parents/carers:

- annually
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- as soon as is practicable after the student has an anaphylactic reaction at school
- immediately before the student attends any off-site activity, such as camps and excursions, or special events conducted, organised or attended by the school (for example, class parties, elective subjects, cultural days, fetes, incursions)

It is also recommended that a student's Individual Anaphylaxis Management Plan is reviewed if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

Parent/carer agreement

- I have been consulted in the development of this Individual Anaphylaxis Management Plan and agree to the risk minimisation strategies proposed.
- I have provided the school with the ASCIA Action Plan for Anaphylaxis (RED), signed by a medical practitioner, and confirm the school has an up-to-date photo of the student.
- I understand that the school will handle all information in accordance with the privacy notice and the laws and policies stated within it.

Signature of parent/carer:	
Date:	

School agreement

- I have consulted the parent/carer(s) of the student and the relevant school staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.
- I have been provided with the student's ASCIA Action Plan for Anaphylaxis (RED), signed by a medical practitioner, and have attached an up-to-date photo of the student.

Signature of principal (or nominee):	
Date:	

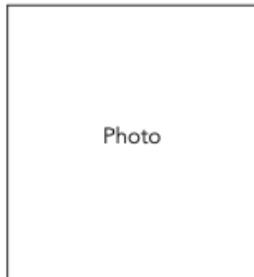
Privacy Notice

This form collects information about your child's health so the school can put in place measures to reduce the risk of your child having an anaphylactic reaction while under the school's care. It will also be used by the school to help manage your child's allergic reaction or anaphylaxis if it occurs. If not all the information is provided on the form, it may affect our ability to reduce your child's risk of anaphylaxis while at school or to manage their condition appropriately.

Information provided in the form will be stored securely in the department's systems, with access restricted to those who need to know how to manage your child's condition, those that need access as outlined in this form, staff that need to provide required technical system assistance to access the information and also any staff that need to know in accordance with the department's privacy policy.

All information will be handled in accordance with the Privacy Notice provided in this form and Victorian privacy laws and the department's schools' policies regarding [privacy](#) and [records](#).

For further information on this Notice, or to request access and correction of personal information, please email (morwell.central.ps@education.vic.gov.au)



Name: _____ Date of birth: DD / MM / YYYY

Confirmed allergen(s): _____

Family/emergency contact(s):

1. _____ Mobile: _____

2. _____ Mobile: _____

Plan prepared by: _____ (prescriber) who authorises medications to be given, as consented by the parent/guardian, according to this plan.

Signed: _____ Date: DD / MM / YYYY

Adrenaline device/s prescribed: _____

Antihistamine: _____ Dose: _____

This plan does not expire but review is recommended by: DD / MM / YYYY

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS



ACTIONS

- Stay with person, call for help
- Locate adrenaline (epinephrine) device
- Give antihistamine - see above
- Phone family/emergency contact
- Insect allergy - flick out sting if visible
- Tick allergy - seek medical help or freeze tick and let it drop off

Mild to moderate allergic reactions may not always occur before anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS



ACTIONS

- 1 LAY PERSON FLAT - do NOT allow them to stand or walk**
 - If unconscious or pregnant, place in recovery position - on left side if pregnant
 - If breathing is difficult allow them to sit with legs outstretched
 - Hold young children flat, not upright



- 2 GIVE ADRENALINE DEVICE**
- 3 Phone ambulance - 000 (AU) or 111 (NZ)**
- 4 Phone family/emergency contact**
- 5 Further adrenaline may be given if no response after 5 minutes**
- 6 Transfer person to hospital for at least 4 hours of observation**



IF IN DOUBT GIVE ADRENALINE DEVICE

Commence CPR at any time if person is unresponsive or not breathing normally

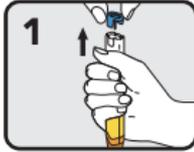


See page 2 for adrenaline device instructions or scan this code

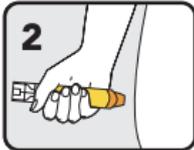
ALWAYS GIVE ADRENALINE DEVICE FIRST, then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication (who may have been exposed to the allergen) has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice). **Anaphylaxis can occur without skin symptoms.**

If device is accidentally injected or activated, use another adrenaline device if available. If adrenaline is accidentally injected, contact the local poisons information centre.

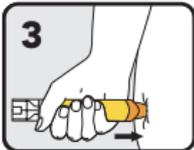
EpiPen®



1 Form fist around EpiPen® and pull off blue safety release



2 Hold leg still and place orange end against outer mid-thigh (with or without clothing)



3 Push down hard until a click is heard or felt and hold in place for 3 seconds. Remove EpiPen®

EpiPen® Jr (150 mcg) is prescribed for children 7.5 - 20kg
EpiPen® (300 mcg) is prescribed for children over 20kg and adults

Jext®



1 Form fist around Jext® and pull off yellow cap



2 Place black injector tip against outer mid-thigh (with or without clothing)



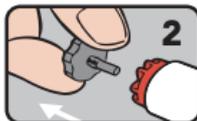
3 Push black tip firmly until a click is heard and hold in place for 3 seconds. Remove Jext®

Jext® Jr (150 mcg) is prescribed for children 7.5 - 20kg
Jext® (300 mcg) is prescribed for children over 20kg and adults

Anapen®



1 Pull off black needle shield



2 Pull off grey safety cap from red button



3 Place needle end firmly against outer mid-thigh at 90° angle (with or without clothing)



4 Press red button so it clicks and hold for 3 seconds. Remove Anapen®

Anapen® 500 is prescribed for children over 50kg and adults

neffy®



1 Hold as shown. Do not test spray



2 Place nozzle into nostril until fingers touch nose.



3 Press plunger firmly

neffy® 1mg is prescribed for children 15 - 30kg (4 years and over)
neffy® 2mg is prescribed for children and adults 30kg and over

Follow the ASCIA Action Plan or First Aid Plan for Anaphylaxis

Each device is for single-use only.

Give the used device to the ambulance with the time it was given.

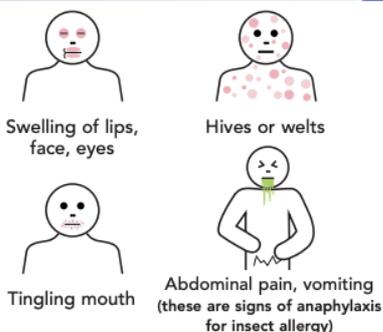


Scan this QR code for instructions on the ASCIA website.

Anaphylaxis is the most severe type of allergic reaction and should always be treated as a medical emergency. Anaphylaxis requires immediate treatment with adrenaline (epinephrine). If treatment with adrenaline is delayed, this can result in fatal anaphylaxis.

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS



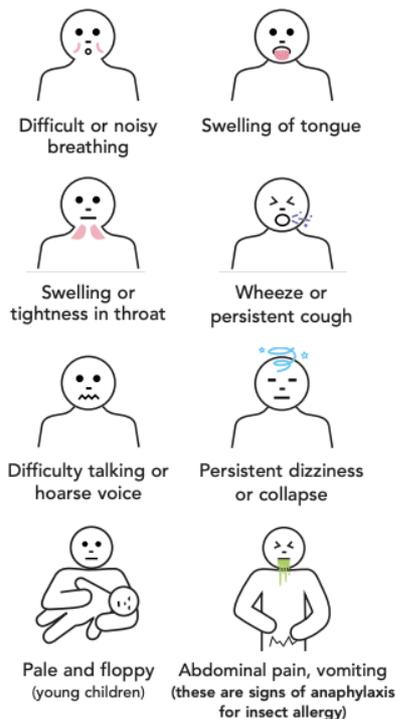
ACTIONS

- Stay with person, call for help
- Locate adrenaline device
- Phone family/emergency contact
- Insect allergy - flick out sting if visible
- Tick allergy - seek medical help or freeze tick and let it drop off

Mild to moderate allergic reactions may not always occur before anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS



ACTIONS

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- 6 Transfer person to hospital for at least 4 hours of observation**



IF IN DOUBT GIVE ADRENALINE DEVICE

Commence CPR at any time if person is unresponsive or not breathing normally



ALWAYS GIVE ADRENALINE DEVICE FIRST if someone has **SEVERE AND SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice). **THEN SEEK MEDICAL HELP. Anaphylaxis can occur without skin symptoms.**



See page 2 for adrenaline device instructions or scan this code



Scan for translations of this plan

If device is accidentally injected or activated, use another adrenaline device if available.
If adrenaline is accidentally injected, contact the local poisons information centre.