

Park Ridge Primary School

Anaphylaxis Policy

February 2026

Purpose

To explain to Park Ridge 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 Park Ridge 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

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

Anaphylaxis

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

Symptoms

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

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

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

- difficult/noisy breathing

- swelling of tongue
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- student appears pale or floppy
- abdominal pain and/or vomiting.

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen, but can appear within a few minutes.

Treatment

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

Treatment required on an Individual Anaphylaxis Management Plan is to be given prior to any relevant Asthma action plan treatment.

Individual Anaphylaxis Management Plans

All students at Park Ridge 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 Park Ridge 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 Park Ridge Primary School and where possible, before the student's first day.

Parents and carers must:

- obtain an Australasian Society of Clinical Immunology and Allergy (ASCI) 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 Management Plans and adrenaline autoinjectors

Individual management plans will be located in:

- the Administration Office
- each affected student's classroom office and/or each teacher's classroom roll
- in the black and red bags that contain individual EpiPens that accompany students to special events.

The Adrenaline Autoinjectors

A copy of each student's Individual Anaphylaxis Management Plan will be stored with his or her ASCIA Action Plan for Anaphylaxis in an individual, clearly labelled black and red bag at the office, together with the student's adrenaline autoinjector. Adrenaline autoinjectors will be clearly labelled with the student's name.

Risk Minimisation Strategies

Within the classroom, the school will ensure that:

- A copy of the student's Individual Anaphylaxis Management Plan is easily accessible in the classroom and that the location of the adrenaline autoinjector is known and easily accessible
- There is liaison with parents/carers about food-related activities ahead of time
- If food treats are used in class, it is recommended that parents/carers of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student
- Food from outside sources is not given to a student who is at risk of anaphylaxis
- Products labelled 'may contain traces of nuts' or 'may contain milk or egg' may not be served to students with these allergies
- There is an awareness of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes

- Regular discussions are held with students about the importance of washing hands, eating their own food and not sharing food, and promote awareness of anaphylaxis within the school community
- A designated staff member should inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and adrenaline autoinjector, the school's Anaphylaxis Policy, and each individual person's responsibility in managing an incident, e.g. seeking a trained staff member.

At the canteen

- Canteen staff (whether internal or external) should be able to demonstrate satisfactory training in 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, labelling reading, etc.
- Canteen staff, including volunteers, will be briefed about students at risk of anaphylaxis and, where the Principal determines in accordance with clause 12.1.2 of the Order, have up-to-date training in an Anaphylaxis Management Training Course as soon as practical after a student enrolls.
- The student's name and a current photo will be displayed in the canteen as a reminder to staff.
- Canteens should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.
- Tables and work surfaces are wiped down with warm soapy water regularly and utensils are to be cleaned to remove any allergens.
- Compliance with this policy shall be a mandatory requirement for any contract between the school and a third-party provider of canteen services.

Within the playground

- The adrenaline autoinjector and each student's Individual Anaphylaxis Management Plan will be easily accessible from the yard, and staff will be aware of their exact location.
- All staff should be able to recognise the students at risk of anaphylaxis. To assist, the photographs of all students at risk will be placed in the yard duty bags.
- In the event of an incident, the yard duty teacher will seek assistance by sending for help, or calling 000, whereupon the first aider on duty will collect the relevant Anaphylaxis kit from the office and implement the "Action" directives of the Anaphylaxis Plan.
- Students eating food outside in the school playground will only be permitted to eat around the podium area.
- Grassed areas will be kept at manageable lengths through regular mowing.

Special events – Excursions, Sport and Camps

- Staff attending these special events should be trained in the use of the adrenaline auto-injector in order to respond quickly if and when required.
- Where meals are provided, school staff 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.
- Parents/carers of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at school or at a special school event.
- A black and red bag on which can be found a photograph of the student and containing the student's emergency management plan, their adrenaline autoinjector and any other relevant

items will be in the possession of a trained supervising adult who will accompany the student and be in their close proximity at all times during the course of any special event.

- For each excursion, event, etc. a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.
- All school staff present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
- Prior to engaging a camp owner/operator's services the school should make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the school, then the school should consider using an alternative service provider.
- The camp cook and/or those in charge of the kitchen and catering facilities should be able to demonstrate satisfactory training in 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.

Adrenaline autoinjectors for general use

Park Ridge 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 Office and labelled "general use".

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

- the number of students enrolled at Park Ridge 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.

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 will be maintained by the school administration team and is stored in the school office. 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	<p>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 the school office. If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5.</p>
2	<p>Administer an <i>EpiPen</i> or <i>EpiPen Jr</i></p> <p>Remove from plastic container. Form a fist around the EpiPen and pull off the blue safety release (cap). Hold leg still and place orange end against the student's outer mid-thigh (with or without clothing). Push down hard until a click is heard or felt and hold in place for 3 seconds. Remove EpiPen. Note the time the EpiPen is administered. Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration.</p> <p>OR</p> <p>Administer an <i>Anapen</i>[®] 500, <i>Anapen</i>[®] 300, or <i>Anapen</i>[®] Jr.</p> <p>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 <i>Anapen</i>[®] - Cover the exposed needle or place in a jar/container Note the time the <i>Anapen</i> is administered. Retain the used <i>Anapen</i>.</p> <p>OR</p> <p>Administer <i>Neffy</i>[®] 1mg or 2mg.</p> <p>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).</p>

	<p>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.</p> <p>Keep the nozzle pointed towards the forehead. Do not angle the nozzle of the nasal spray to the inner or outer walls of the nose. Press the plunger up firmly until the dose is administered and it sprays into the nostril. Note the time the Neffy device is administered. The used adrenaline device must be handed to the ambulance paramedics along with the time of administration</p>
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.

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/carers of the student whose device was used and immediately replace the device.

Where possible, schools should consider using the correctly dosed adrenaline device depending on the weight of the student. However, in an emergency if there is no other option available, any device should be administered to the student.

Communication Plan

This policy will be available on Park Ridge Primary School's website so that parents and other members of the school community can easily access information about Park Ridge Primary School's procedures for anaphylaxis management. The parents and carers of students who are enrolled at Park Ridge 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 Park Ridge 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.

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:

- School staff who conduct classes attended by students who are at risk of anaphylaxis.
- School staff who conduct specialist classes, 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.

Park Ridge Primary School uses the following training courses - 22578VIC Course in First Aid Management of Anaphylaxis provided as both an ASCIA e-training course and in-person training (Hero HQ).

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 Anaphylaxis Supervisors. Each briefing should address:

- the school's Anaphylaxis Policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students diagnosed as being at risk of anaphylaxis, their allergens and the location of their Individual Anaphylaxis Management Plans and their medication/s
- discussion on staff anaphylaxis training and renewal
- how to use an adrenaline device, including hands-on practice with an adrenaline device trainer device (which does not contain adrenaline)

- the school's general first aid and emergency procedures
- the location of adrenaline autoinjector devices prescribed for individual students that have been purchased by their family
- the location of adrenaline devices that the school has purchased for general use
- how to access on-going support and training.

When a new student enrolls at Park Ridge Primary School who is at risk of anaphylaxis, the Principal will develop an interim plan in consultation with the student's parents/carers and ensure that appropriate staff are trained and briefed as soon as possible.

Further Information and Resources

- The Department and Education's Policy and Advisory Library (PAL):
- [Anaphylaxis](#)
- [Allergy & Anaphylaxis Australia](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)

Review Cycle and Evaluation

This Policy was last updated in February 2026 and is scheduled for review in February 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.

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