ANAPHYLAXIS MANAGEMENT AND RESPONSE PROCEDURE

This Procedure must be followed to support the implementation of the St Michael's Catholic Primary School, Heyfield (the School) to the *Anaphylaxis Management and Response Policy* (Policy).

1.0 PURPOSE

The *Anaphylaxis Management and Response Procedure* (Procedure) provides clarity in relation to the process for anaphylaxis management and response at the School to ensure all staff can respond appropriately to an anaphylactic reaction.

2.0 SCOPE

This Procedure applies to the School and to all the primary and secondary Catholic schools governed by the Diocese of Sale Catholic Education Limited (DOSCEL) in the Diocese of Sale.

This Procedure is informed by *Anaphylaxis Management and Response Policy*.

3.0 CONTEXT

St Michael's Primary School, Heyfield is a Catholic primary school serving students from Foundation to Year 6 in a rural community. Drawing enrolments from Heyfield and surrounding areas, we are part of the St Michael's Heyfield–Cowwarr and St Mary's Maffra Parishes, with our other parish school being St Mary's Primary School, Maffra.

4.0 PROCEDURES

4.1 Individual Anaphylaxis Management Plans

4.1.1 The Principal ensures an *Individual Anaphylaxis Management Plan* (IAMP) (see APPENDIX 1) is developed for every student diagnosed as being at risk of anaphylaxis, in consultation with parents/guardians/carers, based on the student's ASCIA Action Plan.

4.1.2 Each student's IAMP:

- includes information about the student's allergies and the potential for anaphylactic reaction, including the type of allergies the student has
- includes 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

- includes 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
- includes the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the IAMP
- includes information about where the student's medication will be stored
- includes the student's emergency contact details
- includes an up-to-date ASCIA Action Plan for Anaphylaxis (RED) completed by the student's medical practitioner.
- is in place as soon as practicable after enrolment and preferably before the first day of school
- is available to relevant staff (classrooms, staff administration area, yard duty folders, excursion folders)
- includes medical details, symptoms, treatment, risk minimisation strategies, responsible staff, medication storage, emergency contacts and the ASCIA Action Plan.

4.1.3 IAMPs are reviewed:

- annually
- when the medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- after any anaphylactic reaction
- before off-site activities (camps/excursions/events).
- the School may also consider updating a student's IAMP if there is an identified and significant increase in the student's potential risk of exposure to allergens at the School.
- parent/guardian/carer responsibilities include providing updated ASCIA Plans, current photos and in-date devices, and participating in reviews.

4.1.4 The School identifies specific actions it takes ensure IAMPs are developed and communicated

4.1.5 The School identifies the location where the IAMPs are stored.

4.2 Risk Minimisation Strategies

4.2.1 To reduce the risk of a student suffering from an anaphylactic reaction, the School has in place the following strategies:

- staff and students are regularly reminded to wash their hands after eating
- students are discouraged from sharing food
- garbage bins at school are to remain covered with lids to reduce the risk of attracting insects

- gloves must be worn when picking up papers or rubbish in the playground
- school canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination
- year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays
- general use adrenaline autoinjectors will be stored at the school canteen, office and in the yard duty bag for ease of access
- planning for off-site activities will 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

4.2.2 The Principal ensures appropriate risk minimisation strategies are implemented in all environments, including:

- Risk management strategies for in the classroom such as:

  -staff are aware of students with anaphylaxis and their specific triggers.

  - Provide age-appropriate education to students about allergies and safe practices.

  - Keep student medication (e.g. adrenaline autoinjectors) accessible at all times.
- Risk management strategies for between classes and other such as:

  - Monitor high-risk areas such as eating spaces.

  - Supervise students to prevent food sharing.
- Risk management strategies for food related activities such as:

  - Notify parents/carers in advance of planned food activities.

  - Consider alternative activities where risk cannot be adequately managed.
- Risk management strategies for yard duty such as:

  - Ensure duty staff are aware of students at risk and can identify them if needed.

  - Monitor eating areas closely.
- Risk management strategies for before and after school areas such as:

  - Ensure supervision arrangements include staff trained in anaphylaxis management.

  - Ensure student medication is accessible during these times.

Strategies are selected in consultation with staff using the DOSCEL Risk Management Checklist, and considering student age, facilities and school environment.

4.3 General Use Adrenaline Devices

The School maintains a supply of Adrenaline Devices for general use and as a backup. The Principal is responsible for arranging the purchase and determines the quantity based on:

- number of at risk students
- accessibility of student devices
- school layout and activities (yard, excursions, camps)
- expiry dates (12 to 18-month shelf life)
- the weight of the students at risk of anaphylaxis to determine the correct dosage of adrenaline autoinjector/s
- cost replacement after use or expiry.

General Use Adrenaline Devices are stored in the First Aid Room and First Aid

4.4 School Planning and Emergency Response

4.4.1 During an anaphylactic reaction, staff follow:

- the School's *Anaphylaxis Management and Response Policy*
- the School's *First Aid Policy*
- the School's *Emergency Response Procedures*
- the student's IAMP.

4.4.2 The Principal ensures:

- The School maintains a current and confidential Anaphylaxis Register of all students diagnosed as being at risk of anaphylaxis.
- The School ensures that all staff are aware of the location and access arrangements for adrenaline autoinjectors (e.g. EpiPens).
- The School ensures clear, consistent and effective communication processes are in place to respond to anaphylaxis incidents.

4.5 Excursions and Camps

Each event has a designated staff member responsible for student lists, IAMPs and anaphylaxis devices.

Risk Assessments are completed for each at-risk student. Events must include:

- trained staff
- clear communication methods
- clear roles for:
  - device location
  - transporting the device to the student
  - calling ambulance services with precise location details.

- Actions to mitigate risk on camps and excursion:

- Risk assessments are conducted prior to all offsite activities.
-Staff attending are informed of students at risk and trained in anaphylaxis management.
-Student medication and action plans are taken on all excursions.
-Reliable communication methods (e.g. mobile phones) are carried at all times.

- -Emergency procedures mirror those used onsite, including immediate response and contacting emergency services.

4.6 Emergency Management (see Appendix 3 for further information)

- To mitigate risk related to emergency planning the school:
  - In the event of an anaphylactic reaction, staff will:
  -Follow the student's ASCIA Action Plan
  -Administer the adrenaline autoinjector without delay
  -Call emergency services (000)
  -Contact parents/carers
  -All incidents are documented and reviewed to strengthen future planning and response procedures.

4.7 Communication Plan

The Principal ensures:

- this Procedure and related documents are available on the School website
- Parents of children with anaphylaxis receive direct communication from the school upon enrolment or diagnosis. *See Appendix 4 Anaphylaxis Communication Plan Parent Template*.
- The School ensures all staff, including Casual Relief Teachers (CRTs) and volunteers, are informed of their responsibilities and aware of students at risk of anaphylaxis.

  -Staff are regularly informed of students at risk through the Anaphylaxis Register, Individual Management Plans and staff briefings.

  -CRTs receive an induction on arrival, including students at risk, locations of adrenaline autoinjectors, and emergency procedures.

  -Volunteers are provided with relevant information appropriate to their role and instructed to seek staff support in an emergency.

  -Information is accessible in key locations (e.g. office, staffroom, CRT folders) while maintaining confidentiality.

  -Updates to student information are communicated promptly to all relevant staff.
- CRT induction packs include student plans where relevant.
- Strategies for student education such as:

  - Students are explicitly taught no food sharing practices.

  -Regular reinforcement of hand washing before and after eating.

  -Age-appropriate education about allergies and how to support peers.

-Display of awareness posters in classrooms and eating areas.

-Promotion of inclusive practices that support the safety and wellbeing of all students.

- How the school informs and educates parents of allergy related information:

- updates are provided through newsletter, and digital communication platform.
-Allergen-related notices are shared prior to events, excursions, and food-based activities.
-Parents/carers of students at risk are engaged in developing and reviewing Individual Anaphylaxis Management Plans.

- Specific actions to communicate with volunteers engaged in school based activities:

  - Volunteers receive a briefing prior to activities, outlining relevant anaphylaxis risks and procedures.

  -Where applicable, volunteers are informed of students at risk and general safety expectations.

  -Volunteers are instructed to immediately seek assistance from a staff member in the event of a suspected allergic reaction.

  -A staff member remains responsible for supervision and management of all medical needs.

  -Key information and procedures are available during activities, including excursions and events.

4.8 Annual Risk Management Checklist

The Principal completes the checklist annually to ensure the School meets all Ministerial Order 706 – *Anaphylaxis Management in Victorian Schools* (MO706) requirements.

4.9 Staff Training

4.9.1 The Principal ensures all relevant staff are trained and briefed in anaphylaxis management in accordance with the DOSCEL Anaphylaxis Management School Training Checklist.

4.9.2 Training includes:

- As a minimum all staff with a student with an Anaphylaxis Management Plan in their classroom, including specialist classes and all staff deemed appropriate by the Principal will complete the ASCIA anaphylaxis e-training for Victorian Schools, followed by a competency check by the School Anaphylaxis Supervisor within 30 days.
- Two staff members trained as School Anaphylaxis Supervisors by completing the *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22579VIC* (valid for three years).
- Additional staff trained where the Principal identifies risk (e.g. specialist teachers, canteen staff, yard duty staff).

- Training occurs as soon as practicable after a new student at risk enrols and preferably before the student's first day. If training has not yet occurred, the Principal develops an interim *Individual Anaphylaxis Management Plan* in consultation with parents/guardians/carers.
- The Principal ensures a sufficient number of trained staff are always available, including during excursions, camps, events and yard duty.
- A record of all staff anaphylaxis management training courses and the dates of the twice-yearly briefing sessions is maintained as evidence of compliance with the training requirements of MO706. The record includes the names of staff who have undertaken the training course and the date the training is due for renewal, as well as the names of the staff who attended the twice-yearly briefing to staff (if this is all staff you can just write 'all staff').
- The record of staff training courses and briefings is maintained on the school server under staff compliance.
- The School identifies specific actions it takes to train staff including action taken for twice yearly briefings the first of which must be at the beginning of the school year:

- All staff complete accredited anaphylaxis management training in accordance with regulatory requirements.

-Staff participate in annual anaphylaxis briefings, including recognition of symptoms and emergency response procedures.

-Training includes the use of adrenaline autoinjectors and familiarity with ASCIA Action Plans.

-Records of all training are maintained and monitored to ensure compliance.

- New staff, including CRTs, receive induction training on anaphylaxis management and school procedures.

    - Briefings must cover:
        - legal obligations under MO706
        - photos of students diagnosed as being at risk of anaphylaxis, their allergens and the location of their Individual Anaphylaxis Management Plans and their medication/s
        - causes, signs, symptoms and treatment of anaphylaxis
        - locations and access points for student specific and general use adrenalin devices
        - ASCIA training requirements and how to administer adrenalin devices
        - related school policies and emergency procedures
        - hands on practice with trainer devices
    - Briefings must be delivered by the School Anaphylaxis Supervisor, who must hold a current approved qualification (completed within two years).

- The School Anaphlaxis Supervisor is responsible for signing off on the training.
- The training register is maintained and updated by Admin staff.

4.10 Responding to Anaphylaxis

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 device for use in an emergency. These adrenaline devices are designed so that anyone can use them in an emergency.

4.10.1 Positioning of Person having Anaphylaxis

As stated and illustrated in the ASCIA Action Plan for Anaphylaxis and ASCIA First Aid Plan for Anaphylaxis when an adrenaline device is being given (or self-administered) the person having anaphylaxis should be lying flat, in the recovery position or sitting with their legs outstretched.

- 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, and if unconscious, place in recovery position.
- The person having anaphylaxis should remain in this position (not standing or walking) after the adrenaline device has been given, until they have fully recovered.
- 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 First Aid Room or Classroom.
- If the student's plan is not immediately available, or they appear to be experiencing a first-time reaction, administer the student's adrenaline device or the School's general use autoinjector.
- Do not leave the person alone.

4.10.2 Administering Adrenaline (Epinephrine) Devices

There are currently four adrenaline devices approved by the Therapeutic Goods Administration for use in Australia: EpiPen®, 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 devices for general use.

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 Epipen®, Anapen®, Jext® or *neffy*®. 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, the School 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.

For the correct doses, see Appendix 2 – Adrenaline (Epinephrine) Device Doses.

Note: Where possible, these devices should only be used by staff that have undertaken appropriate training to administer the treatment. However, in an emergency, treatments may be administered by any person following instruction from the student's *Medication Administration Plan for Anaphylaxis*.

4.10.3 Prior to use

- Confirm the expiry date to ensure it is 'in-date' (not expired). If the device has expired, use an alternative device if an alternative is easily accessible. Only use the expired device if no alternative devices are available or easily accessible.
- Check the viewing window in the device to ensure the adrenaline is not cloudy or discoloured. If the device is cloudy or discoloured, use an alternative device if easily accessible. Only use the cloudy or discoloured device if no alternative devices are available or easily accessible.
- Ensure the device is the correct medication for the student being treated, or the device is the School's adrenaline autoinjector for general use.

4.10.4 Administering an EpiPen® or EpiPen® Jr (EpiPen®)

Stage	Description
1	Remove the EpiPen® from the plastic container.
2	Form a fist around the EpiPen® and pull off the **blue** safety release (cap).
3	Hold the leg still and place the **orange** end against the outer mid-thigh (with or without clothing).
4	Push down hard until a click is heard or felt and hold in place for three (3) seconds.
5	Remove the EpiPen®, being careful not to touch the needle, and return the needle to its plastic container. **Do not** discard the device.
6	Note the time the EpiPen® device was administered.

4.10.5 Administering an Anapen®

Stage	Description
1	Pull off the **black** needle shield.
2	Pull off the **grey** safety cap from the **red** button.
4	Hold the leg still and place the needle end firmly against the outer mid-thigh at a 90° angle (with or without clothing).
5	Press the **red** button so it clicks and hold in place for three (3) seconds.
6	Remove the Anapen®, being careful not to touch the needle, and place the needle into the wide end of the **black** needle shield or place in a container. **Do not** discard the device.
7	Note the time the Anapen® device was administered.

4.10.6 Administering an Jext® 150 or 300 (Jext®)

Stage	Description
1	Form a fist around the Jext® and pull off the **yellow** cap.
2	Hold the leg still and place the **black** injector tip against the outer mid-thigh (with or without clothing).
3	Push the **black** tip firmly until a click is heard and hold in place for three (3) seconds.
4	Remove the Jext®, being careful not to touch the needle, and place in a container. **Do not** discard the device.
5	Note the time the Jext® device was administered.

4.10.7 Administering a *neffy*® 1mg or 2 mg

Stage	Description
1	**Do not** test or pre-spray. **Do not** pull or push on the plunger until ready to give the dose. Each devise is for **single-use only**.
2	Hold the nasal spray with your thumb on the bottom of the plunger and a finger on either side of the nozzle. Do not test spray.
3	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.
4	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 plunger firmly until the dose is administered and it sprays into the nostril..
5	Remove the *neffy*® and place the used device in a container. **Do not** discard the device.
6	Note the time the *neffy*® device was administered.

4.10.8 Self-Administering of an Adrenalin Autoinjector

This table describes items in relation to students self-administering an adrenaline autoinjector, such as EpiPen®.

Item	Description
Determining capability	The decision about whether a student is capable of carrying and potentially self-administering the adrenaline autoinjector is made while developing the student's *Medication Administration Plan for Anaphylaxis*.
Duty of care	Staff duty of care extends to administering an adrenaline autoinjector for the student even if their *Medication Administration Plan for Anaphylaxis* states the student can self-administer.
Responsibility to inform	When students carry their own adrenaline autoinjector, they must inform staff if they use it, so an ambulance can be called immediately.
Rights	Students have a right to self-administer the adrenaline autoinjector but may not be physically able.

Important: Where there is no marked improvement and severe symptoms are present (as described in the student's *Medication Administration Plan for Anaphylaxis*), a second injection of the same dose may be administered after 5 to 10 minutes.

4.10.9 Immediately After Administration of Adrenaline (Epinephrine) Devices

Stage	Description
1	Call an ambulance on **000** as soon as possible.
2	The used autoinjector must be handed to the ambulance paramedics along with the time of administering and other details of treatment provided.
3	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.
3	Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened. Do not move the student.
4	Ask another staff member to move other students away and reassure them separately.
5	Watch the student closely in case of repeat reaction.
6	Contact the student's emergency contacts.
7	When appropriate to do so, contact the DOSCEL Occupational Health and Safety (OHS) Adviser on 03 5622 6600 to advise of the treatment.

5.0 ROLES, RESPONSIBILITIES AND ACCOUNTABILITIES

ROLE	REPONSIBILITY	ACCOUNTABILITY
Principal	• ensures all required training is completed • ensures procedures are implemented and reviewed • ensures adequate supply and maintenance of adrenaline devices	DOSCEL
Staff	• follow all risk minimisation and emergency procedures • check yard duty bags before duty • know students at risk in their care	Principal
Parents	• provide a current ASCIA Action Plan, photo and adrenaline autoinjector • inform the School of any changes to the student's condition • replace expired devices	Principal
Students (as appropriate)	• avoid sharing food • seek help immediately if unwell • respect medical equipment	Teachers

6.0 DEFINITIONS

Anaphylaxis: A severe, rapid and potentially life-threatening allergic reaction that occurs when a person is exposed to an allergen. It requires immediate treatment with an adrenaline autoinjector.

Allergen: A substance that can cause an allergic reaction in a susceptible individual. Common allergens include foods (e.g., nuts, milk, eggs), insect stings, medications and latex.

Mild to Moderate Allergic Reaction: Symptoms may include swelling of lips, face or eyes; hives or welts; tingling mouth; abdominal pain or vomiting (especially in reactions to insect stings). These may precede anaphylaxis and require monitoring.

Severe Allergic Reaction (Anaphylaxis): A serious allergic reaction that is rapid in onset and may include one or more of the following:

- difficult or noisy breathing
- swelling of tongue
- swelling or tightness in the throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- dizziness or collapse

- pale/floppy appearance in young children (as described in standard ASCIA Action Plans for Anaphylaxis.)

Adrenaline Autoinjector: A medical device used to administer a single, fixed dose of adrenaline for the emergency treatment of anaphylaxis. In Australia, these include EpiPen®, EpiPen Jr®, Anapen® and Jext®, Jext® Jnr.

EpiPen® / EpiPen® Jr: Brands of adrenaline autoinjectors used for the emergency treatment of anaphylaxis.

- **EpiPen®** contains a standard dose for individuals over 20 kg.
- **EpiPen® Jr** contains a lower dose suitable for children 7.5–20 kg.

Anapen® 500: A brand of adrenaline autoinjector available in Australia, designed to deliver a fixed dose of adrenaline for the emergency treatment of anaphylaxis. It is an alternative to the EpiPen® devices.

Jext® / Jext® Jnr: A brand of adrenaline autoinjector available in Australia, designed to deliver a fixed dose of adrenaline for the emergency treatment of anaphylaxis. It is an alternative to the EpiPen® devices.

- **Jext®** contains a standard dose for individuals over 20 kg.
- **Jext® Jnr** contains a lower dose suitable for children 7.5–20 kg.

neffy®: A needle-free adrenaline (epinephrine) nasal spray approved for the emergency treatment of severe allergic reactions (anaphylaxis) in adults and children (weighing 15kg or more).

- **neffy® 2mg** contains a standard dose for individuals over 30 kg.
- **neffy® 1mg** contains a lower dose suitable for children 15–30 kg (minimum age of 4 years).

ASCIA Action Plan for Anaphylaxis: A medical document completed and signed by a medical practitioner that outlines a student's specific allergies, symptoms of anaphylaxis, emergency treatment steps and the prescribed adrenaline autoinjector. Schools are required to store and follow this plan for each diagnosed student.

Medication Administration Plan for Anaphylaxis: A school-developed plan outlining how the student's adrenaline autoinjector is stored, accessed, administered and monitored during school hours and school-approved activities. It complements the ASCIA Action Plan and forms part of the Individual Anaphylaxis Management Plan.

General Use Adrenaline Autoinjector: An adrenaline autoinjector purchased by the School for emergency use, including for individuals experiencing a first-time anaphylactic reaction or when a student-specific device is unavailable, expired or malfunctioning. Required under MO706 for all schools with students at risk.

Self-Administration: Where a student, deemed capable by their medical practitioner and parent/guardian/carer, carries and/or administers their own adrenaline autoinjector. Staff retain duty of care and must intervene and administer treatment when required, even if the student is capable of self-administration.

7.0 COMMUNICATION

This Procedure is available on the School website and provided to parents upon request.

This Procedure is available to staff through staff portal and through annual training and briefings.

8.0 PROCEDURE INFORMATION

Procedure Owner	St Michael's Catholic Primary School, Heyfield
Approving Authority	Principal
Risk Rating	High
Implementation	March 2026
Review Date	2027

PROCEDURE DATABASE INFORMATION	
Supporting Documents	Anaphylaxis Management and Response Policy Anaphylaxis Management: School Training Checklist Individual Anaphylaxis Management Plan DOSCEL Intranet - Anaphylaxis Management