

# Murrumbeena Primary School Policy

## Anaphylaxis Policy



### Help for non-English speakers

If you need help to understand the information in this policy, please contact the Principal or Assistant Principal on 9568 1300.

## PURPOSE

To explain to Murrumbeena 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 Murrumbeena 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, 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

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

### Anaphylaxis

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

### *Symptoms*

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

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

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

- difficult/noisy breathing
- swelling of tongue
- difficulty talking and/or hoarse voice

- wheeze or persistent cough
- persistent dizziness or collapse
- student appears pale or floppy
- abdominal pain and/or vomiting.

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

#### *Treatment*

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

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline 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 Murrumbeena 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 Murrumbeena 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 Murrumbeena Primary School and where possible, before the student's first day.

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis (RED) 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 (RED)
- provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis (RED) and provide it to the school each time it is updated
- 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, or at special events conducted, organised or attended by the school
- the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the Plan
- information about where the student's medication will be stored

- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

#### *Review and updates to Individual Anaphylaxis Management Plans*

A student's Individual Anaphylaxis Management Plan will be reviewed and updated on an annual basis in consultation with the student's parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

- as soon as practicable after the student has an anaphylactic reaction at school
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

Our school may also consider updating a student's Individual Anaphylaxis Management Plan if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

#### **Location of plans and adrenaline autoinjectors**

Adrenaline devices for individual students, or for general use, will be stored in the first aid room and be able to be accessed quickly. *All Student's adrenaline devices will be stored in the Sick Bay in Individual RED plastic boxes labelled in alphabetical order by student's first name.*

*For the students who are Anaphylactic to airborne particles of their allergens, their second Adrenaline device will also be stored in their classroom.*

Adrenaline devices are stored in an unlocked and easily accessible place (away from direct light and heat but not in a refrigerator or freezer)

Each Adrenaline device is clearly labelled with the student's name and stored with a copy of the student's ASCIA Action Plan and Individual Anaphylaxis Management Plans.

Adrenaline devices for General Use (junior and adult dosage) are clearly labelled and distinguishable from those for students at risk of anaphylaxis. These are stored in a white Anaphylaxis Storage Cabinet on the wall in Sick Bay.

ASCIA Action Plans will be displayed in the staff room, classrooms and in excursion folders.

**Trainer Adrenaline devices (which do not contain adrenaline or a needle) are not stored in the same location due to the risk of confusion. These are stored in a filing cabinet in the Library Office.**

#### **Risk Minimisation Strategies**

*To reduce the risk of a student suffering from an anaphylactic reaction at Murrumbeena Primary School, we have put 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*
- *a general use adrenaline device will be stored at the school canteen, Japanese room, Visual Arts room, SAKG 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.*

Statistics show that peanuts and nuts are the most common trigger for an anaphylactic reaction and fatality due to food anaphylaxis. To minimise the risk of a first time reaction to peanuts and nuts, peanuts, nuts, peanut butter or other peanut or nut products are not used during in-school and out-of-school activities. School activities do not place pressure on students to try foods, whether they contain a known allergen or not. More information about peanut and nut banning can be found in the ASCIA Guidelines for Prevention of Food Anaphylactic Reactions in Schools, available from the ASCIA website at: [www.allergy.org.au](http://www.allergy.org.au)

Risk minimisation and prevention strategies should be considered for all relevant in-school and out-of-school settings which include (but are not limited to) the following:

- during classroom activities (including class rotations, specialist and elective classes)
- between classes and other breaks
- at the canteen and the Stephanie Alexander kitchen and garden
- during recess and lunchtimes
- before and after school
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

Banning of food or other products is not used as a risk minimisation and prevention strategy. The reasons for this are as follows:

- it can create complacency among staff and students
- it does not eliminate the presence of hidden allergens
- it is difficult to ‘ban’ all triggers (allergens) because these are not necessarily limited to peanuts and nuts. Triggers and common allergens can also include eggs, dairy, soy, wheat, sesame, seeds, fish and shellfish.

School staff members have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. Set out below are a range of specific strategies as a minimum, should be considered by school staff, for the purpose of developing prevention strategies for in-school and out-of-school settings. The development and implementation of appropriate prevention strategies to minimise the risk of incidents of anaphylaxis.

### *In-school settings*

School staff determine which strategies set out below for various in-school settings are appropriate after consideration of factors such as the age of the student, the facilities and activities available at the school, and the general school environment.

<b>First Aid Administration</b>	
1.	Review Individual Anaphylaxis Management Plans on an annual basis for affected students which includes an individual ASCIA Action Plan for Anaphylaxis.
2.	Complete the Annual Anaphylaxis Risk Management Checklist and take appropriate action as required.
3.	Develop a communication Plan that ensures that all staff (including volunteers and casual staff) students and parents are provided with information about anaphylaxis and the school's Anaphylaxis Management Policy.
4.	Ensure staff are up to date with training and conduct twice yearly anaphylaxis briefings.
5.	Check the School's Adrenaline Autoinjectors to ensure they are within the use by date and ensure staff know where they are located.
6.	Check the Yard Duty folders to ensure red alert cards are up to date and first aid supplies are in the bags. Also checking the Adrenaline Autoinjectors expiry date and condition.
<b>Classrooms</b>	
1.	<b>Display a copy of the ASCIA Action Plan in the classroom so it is easily accessible to teachers, CRT's, Volunteers and students.</b>  Keep a copy of the student's Individual Anaphylaxis Management Plan in the student's individual anaphylaxis red boxes in the First Aid Room along with their ASCIA Action plans.
2.	Liaise with Parents about food-related activities ahead of time.
3.	Use non-food treats where possible, but if food treats are used in class it is recommended that Parents of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
4.	Never give food from outside sources to a student who is at risk of anaphylaxis.
5.	Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.
6.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.

7.	Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
8.	Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
9.	Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
10.	Casual relief teachers and specialist teachers are provided with 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 Management Policy, and each individual person's responsibility in managing an incident e.g. seeking a trained staff member. Folders containing such information are distributed to CRTs and Specialist teachers. Volunteers are always under the supervision of a trained member of staff.

### Canteens

1.	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, label reading, etc. Refer to: <ul style="list-style-type: none"> <li>- 'Safe Food Handling' in the School Policy and Advisory Guide: <a href="http://www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx">http://www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx</a></li> <li>• Helpful resources for food services: <a href="http://www.allergyfacts.org.au/component/virtuemart/">http://www.allergyfacts.org.au/component/virtuemart/</a></li> </ul>
2.	Canteen staff, including volunteers, should 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.
3.	Display the student's name and photo in the canteen as a reminder to School Staff.
4.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
5.	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.
6.	Make sure that tables and surfaces are wiped down with warm soapy water regularly.
	A nut-free environment is provided in the canteen and OSHC. However, the school is not 'nut-free'. A 'no sharing' with the students with food allergy approach for food, utensils and food containers is used.

8.	Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.
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### Yard Duty

Yard duty folders carry information on students who are at risk of anaphylaxis and the yard duty folder contains red alert cards. In an emergency, the red alert card is sent to the office and/or staffroom and immediately prioritised. The student's auto-injector device kit is then taken immediately to the student.

1.	When a student is at risk of anaphylaxis, sufficient school staff on yard duty must be trained in the administration of the Adrenaline Autoinjector (i.e. EpiPen®/ to be able to respond quickly to an anaphylactic reaction if needed.
2.	The Adrenaline Auto-injector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location (First Aid room). <b>(Remember that an anaphylactic reaction can occur in as little as a few minutes).</b>
3.	The student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. <b>This is stored in the First Aid Room in alphabetical order of Students first name in a red coloured plastic box. Yard duty staff carry a general Adrenaline Auto Injector in the yard duty bags along with emergency cards in the Yard Duty Folders.</b> All staff on yard duty are made aware of the School's Emergency Response Procedures.  The staff member sends the red alert card to the office and/or staffroom for immediate attention in the event of an anaphylactic reaction.
4.	Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.
5.	Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. School staff should liaise with parents to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
6.	Keep lawns and clover mowed and outdoor bins covered.
7.	Students should keep drinks and food covered while outdoors.

### Special events (e.g. sporting events, incursions, class parties, etc.)

1.	Sufficient school staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.
2.	School staff should avoid using food in activities or games, including as rewards.

3.	For special occasions, school staff should consult parents in advance to either develop an alternative food menu or request the parents to send a meal for the student.
4.	Parents 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.
5.	Party balloons should not be used if any student is allergic to latex.

### *Out-of-school settings*

The class teacher will bring the student's auto-injector pen to the event. If another teacher is supervising the student, the class teacher will be responsible for briefing the supervising teacher and delivering the auto-injector pen to the supervising teacher. If the child is not provided with an auto-injector pen then they will not be able to attend sport or excursions. Plan for appropriate supervision of students at risk of anaphylaxis at all times. Ensure that:

- there are sufficient school staff attending the excursion who have been trained
- there is an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are taking medication and eating food
- there will be capacity for adequate supervision of any affected student(s) requiring medical treatment, and that adequate supervision of other students will be available
- staff/student ratios should be maintained during the trip, including in the event of an emergency where the students may need to be separated.

<b>Field trips/excursions/sporting events</b>	
1.	School staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector and be able to respond quickly to an anaphylactic reaction if required.
2.	A school staff member or team of school staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions.
3.	School staff should avoid using food in activities or games, including as rewards.
4.	The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis should be easily accessible and school staff must be aware of their exact location.

5.	For each field trip, excursion 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 members 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.
6.	The school should consult parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the parents provide a meal (if required).
7.	Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with parents as another strategy for supporting the student who is at risk of anaphylaxis.
8.	Prior to the excursion taking place school staff should consult with the student's parents and medical practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.

<b>Camps and remote settings</b>	
1.	Prior to engaging a camp owner/operator's services the school will 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 will consider using an alternative service provider.
2.	The camp cook 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.
3.	The school will not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
4.	The school will conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
5.	School staff will consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.

6.	If the school has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it will also consider alternative means for providing food for those students.
7.	Use of substances containing allergens will be avoided where possible.
8.	Camps should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts.
9.	The student's Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.
10.	Prior to the camp taking place school staff will consult with the student's parents to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
11.	School staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all school staff participating in the camp are clear about their roles and responsibilities.
12.	Identify local emergency services and hospitals well prior to the camp and include address and contact details in the camp risk management plan. Ensure contact details of emergency services are distributed to all school staff as part of the emergency response procedures developed for the camp.
13.	The school will take an Adrenaline Autoinjector for general use on a school camp, even if there is no student at risk of anaphylaxis, as a backup device in the event of an emergency.
14.	The school has an Adrenaline Autoinjector for general use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.
15.	The Adrenaline Autoinjector should remain close to the student and school staff must be aware of its location at all times.
16.	The Adrenaline Autoinjector should be carried in the school first aid kit.
17.	Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
18.	Cooking and art and craft games should not involve the use of known allergens.
19.	No food will be consumed on buses and in cabins as there is a potential exposure to allergens for students with allergies.

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

- *staff and students are regularly reminded to wash their hands before and 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*

***WE HAVE TWO BINS WITH NO LIDS OUTSIDE THE MAIN BUILDING NEAR THE DOUBLE DOORS OF STAFFROOM AND PREP AREA***

- *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*
- *classrooms will be informed of allergens to be avoided in advance of class parties, events or birthdays*
- *Food related birthday treats must be handed out at the end of the day and taken home.*
- *a general use EpiPen will be stored in the First Aid Room, Japanese Room, Visual Arts Room, SAKG 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.*
- *Anaphylactic Students will not be asked to clear tables of food while on school camps*

## **Adrenaline autoinjectors for general use**

Murrumbeena Primary School 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 white Anaphylaxis Cabinet in Sick Bay, in the yard duty bags x 3, in the SAKG kitchen, , in the Japanese Room, in the Performing Arts Area, in the Camp Kit First Kit and the Emergency First Aid Kit] 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 Murrumbeena 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 our First Aid Officer and stored on the wall in the First Aid Room and Staffroom and also in the Yard Duty Folders. 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 devices, where appropriate.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

Step	Action
1.	<ul style="list-style-type: none"> <li>● Lay the person flat (If breathing is difficult, allow them to sit)</li> <li>● Do not allow them to stand or walk</li> <li>● If breathing is difficult, allow them to sit</li> <li>● Be calm and reassuring</li> <li>● Do not leave them alone</li> <li>● 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 in their Red Plastic Box in the First Aid Room.</li> <li>● If the student’s plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5</li> </ul>
2.	<p>Administer an EpiPen or EpiPen Jr</p> <ul style="list-style-type: none"> <li>● Remove from plastic container</li> <li>● Form a fist around the EpiPen and pull off the blue safety release (cap)</li> <li>● Hold leg still and place orange end against the student’s outer mid-thigh (with or without clothing)</li> <li>● Push down hard until a click is heard or felt and hold in place for 3 seconds</li> <li>● Remove EpiPen</li> <li>● Note the time the EpiPen is administered</li> <li>● Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration.</li> </ul> <p><b>OR</b></p> <p>Administer an Anapen® 500</p>

	<ul style="list-style-type: none"> <li>● Pull off the black needle shield</li> <li>● Pull off grey safety cap (from the red button)</li> <li>● Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing)</li> <li>● Press red button so it clicks and hold for 3 seconds</li> <li>● Remove Anapen®</li> <li>● Note the time the Anapen is administered</li> <li>● Retain the used Anapen to be handed to ambulance paramedics along with the time of administration.</li> </ul> <p><b>OR</b></p> <p>Administer Jext 150 or 300</p> <ul style="list-style-type: none"> <li>● Form fist around Jext and pull off yellow cap</li> <li>● Place black injector tip against outer-mid thigh (with or without clothing)</li> <li>● Push black tip firmly until a click is heard and hold in place for 3 seconds.</li> <li>● Remove Jext</li> <li>● Note the time the Jext device is administered.</li> <li>● The used adrenaline device must be handed to the ambulance paramedics along with the time of administration</li> </ul> <p><b>OR</b></p> <p>Administer Neffy® 1mg or 2mg</p> <ul style="list-style-type: none"> <li>● Hold the nasal spray with your thumb on the bottom of the plunger and a finger on either side of the nozzle.</li> <li>● Do not pull or push on the plunger. Do not test or prime (pre-spray). Each Neffy nasal spray contains only one spray.</li> <li>● Place the nozzle of the nasal spray into a nostril until fingers touch the nose.</li> <li>● For smaller nostrils, aim for the fingers to touch the nose.</li> <li>● 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.</li> <li>● Press the plunger up firmly until the dose is administered and it sprays into the nostril.</li> <li>● Note the time the Neffy device is administered.</li> <li>● The used adrenaline device must be handed to the ambulance paramedics along with the time of administration</li> </ul>
3.	Call an ambulance (000)
4.	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 five minutes, if other adrenaline autoinjectors are available.
5.	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 <a href="#">EduSafe Plus</a> by the principal or their allocated staff member.
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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, Murrumbeena Primary School staff will 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® and Jext® 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.

Murrumbeena Primary School will use an EpiPen® **on any student** suspected to be experiencing an anaphylactic reaction, regardless of the device prescribed in their ASCIA Action Plan.

Where possible, Murrumbeena Primary Schools will 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 will be administered to the student.

[Note: If in doubt, it is better to use an adrenaline autoinjector than not to use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful and potentially life threatening than over-treatment of a mild to moderate allergic reaction. Refer to 'Frequently asked questions' on the [Resources tab](#) of the Department's Anaphylaxis Policy.]

## Communication Plan

This policy will be available on Murrumbeena Primary School's website so that parents and other members of the school community can easily access information about Murrumbeena Primary School's anaphylaxis management procedures. The parents and carers of students who are enrolled at Murrumbeena Primary School and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

- The Principal will be responsible for ensuring that the information is provided to all staff, students and parents about anaphylaxis and the school's anaphylaxis management policy.
- This will include information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, in the school yard, on school excursions, on school camps and special event days.
- 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 class teacher or the casual relief staff organiser (as applicable).
- The Anaphylaxis Management policy is available on the school website, and is reviewed regularly.

- Details of students at risk of anaphylaxis are provided at the beginning of each year Compass, at staff/ level meetings and at wellbeing meetings conducted with classroom teachers, Principal, Assistant Principal and the Level Wellbeing coordinator.
- All yard duty folders contain summary pages of students with anaphylaxis, including a colour photo and the student's Action Plan.
- Class teachers are responsible for educating students in their class about the nature and effects of severe allergic reactions. Peer support is an important element of the care of students with anaphylaxis. Awareness raising occurs through the use of posters displayed in classrooms and at other strategic places within the school. Class teachers can discuss the topic with their students with a few simple messages.

The Principal is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and Murrumbeena Primary School procedures for anaphylaxis management. We will communicate this policy through staff induction and training materials, and twice yearly staff briefings. 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 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:

- **All school staff** including school staff who conduct classes attended by students who are at risk of anaphylaxis
- Murrumbeena Primary School will train all staff who conduct specialist classes, all canteen staff, admin staff, first aiders and any other member of school staff as required by the Principal based on a risk assessment.

Staff who are required to undertake training must have completed:

- an approved face-to-face anaphylaxis management training course in the last three years, or
- an approved online anaphylaxis management training course in the last two years.

Murrumbeena Primary School uses the following training course: ASCIA eTraining course (with 22579VIC, )

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

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year (with the first briefing to be held at the beginning of the school year), facilitated by a staff member who has successfully completed an anaphylaxis management

course within the last 2 years including School Anaphylaxis Supervisor. 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 Murrumbeena Primary School 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 attendance and completion of staff training courses and briefings will be maintained by our First Aid Officer and Office OHS Nominee:

- First Aid Officers - will keep a hard copy in their records
- Office OHS Nominee - will keep a digital copy on the school's Google Drive

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](#)
  - [Allergies](#)
  - [First Aid for Students and Staff](#)
  - [Health Care Needs](#)
  - [Managing Reporting School Incidents \(Including Emergencies\)](#)
  - [Medication](#)
- [Allergy & Anaphylaxis Australia](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- [Hero HQ Anaphylaxis Management Training](#)
- [https://allergyfacts.org.au/\\_\\_interest/anaphylaxis/](https://allergyfacts.org.au/__interest/anaphylaxis/)
- Royal Children's Hospital: [Allergy and immunology](#)
- [Murrumbeena Primary School Policies](#):

- Asthma Policy
- Administration of Medication Policy
- First Aid Policy
- Health Care Needs Policy

## POLICY REVIEW AND APPROVAL

### Review and approval

<b>Plan last reviewed</b>	May 2026
<b>Consultation</b>	First Aide Officer [May 2026] Principal Advisory Service [May 2026] See NOTE below.
<b>Approved by</b>	Principal
<b>Next scheduled review date</b>	May 2027 The Action Plan has a mandatory review cycle of 1 years or following a relevant child safety incident

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.

#### NOTE:

Advice from [Ashley Spagnol](#), the Principals Advisory Service, on Monday, 4 May 2026 7:36 AM:

**Page 5** speaks to the requirement in Ministerial Order 706 that requires **schools to only purchase “autoinjector” devices for general use** (i.e. to store on hand at the school as a back up emergency device for students experiencing a first-time anaphylaxis, for example.) **Neffy is a nasal spray, not an autoinjector, and so cannot be purchased. Schools can only purchase the Epipen, Jext and Anapen autoinjectors at this time.**

**Page 7** speaks to **what staff should do in a (hopefully) rare scenario where the schools general use autoinjector is not available. In an anaphylaxis emergency, school staff are permitted to use any adrenaline device available** if their general use device is not available – even if the device belongs to another student. **This includes neffy.** Anaphylaxis is a life threatening emergency and immediate treatment is critical.

It is important to note that **neffy is currently excluded as a general use device solely because of the wording of the current Ministerial Order, which specifies “autoinjectors”** must purchased by schools. This is an issue with the legacy definition of an adrenaline device in the Ministerial Order and does not reflect the efficacy or appropriateness of neffy as a

treatment for anaphylaxis. However, until the department updates the Ministerial Order (which is planned), schools must not purchase a neffy as a general use device.