

ANAPHYLAXIS POLICY



HELP FOR NON-ENGLISH SPEAKERS

If you need help to understand the information in this policy, please contact Selby Primary School on 03 9754 2675 or selby.ps@education.vic.gov.au.

PURPOSE

To explain to Selby 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 Selby 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

1. School Statement

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

2. 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

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- 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.

3. Individual Anaphylaxis Management Plans

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

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- immediately inform the school in writing if there is a relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
- provide the school with a current adrenaline 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.

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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.

4. Location of plans and adrenaline autoinjectors

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis, together with the student's adrenaline autoinjector:

Prep - year 2	In Junior School Literacy Room, out of students reach but not locked away.
Years 3-6	Stored on shelves in classroom teacher's office, with identification label.
Additional Auto Adrenaline Injectors	Shelf in First Aid Room- out of student reach but not locked away 2 x (300 micrograms)

5. Risk Minimisation Strategies

To reduce the risk of a student suffering from an anaphylactic reaction at Selby 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;
- year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays
- a general use Adrenaline autoinjector will be stored at the First Aid room 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.

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Classrooms/Inside Spaces

1. A copy of each student's ASCIA Action Plan will be on display in the Kitchen Classroom, First Aid Room, Staff Room, After School Care Room as well as being in each Yard Duty folder.
2. Liaise with parents about food-related activities ahead of time. At the commencement of each year and prior to special events, an overview will be provided to all families highlighting the different allergens and where those students are placed. No student will be identified.
3. Use non-food treats where possible, but if food treats are used in class it is recommended that teachers have alternative treats prepared for students with allergies.
4. Never give food from outside sources to a student who is at risk of anaphylaxis.
5. 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.
6. 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).
7. Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc. are washed and cleaned thoroughly after preparation of food and cooking.
8. Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food- publish reminders in the newsletter regularly- including prior to end of year class parties.
9. The Principal, Assistant Principal or Business Manager should inform casual relief teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Auto Adrenaline injector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. I.e. seeking a trained staff member. All emergency teacher folders contain each student's ASCIA Action Plan.
10. 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, schools should carefully consider the use of peanuts, nuts, peanut butter or other peanut or nut products during in-school and out-of-school activities. It is recommended that school activities don't place pressure on student to try foods, whether they contain a known allergen or not.
11. Storage of Auto Adrenaline injector devices

Prep - year 2	In Early Learning Centre common area, out of students reach but not locked away
Years 3-6	Specific students' bag, with identification label.
Additional Auto Adrenaline Injectors	Shelf in First Aid Room- out of student reach but not locked away 2 x Junior (150 units) 2 x Senior (300 units)

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Yard

1. A copy of each student's ASCIA Action Plan will be on display in the Kitchen Classroom, First Aid Room, Staff Room, After School Care Room as well as being in each Yard Duty folder.
2. The Auto Adrenaline injector and each student's Individual Anaphylaxis Management Plan and ASCIA Action Plan for Anaphylaxis are easily accessible from the yard, and staff should be aware of their exact location.
3. All yard duty staff must carry the yard duty folders and yard duty first aid bags. All staff on yard duty must be aware of the School's Emergency Response Procedures and how to notify the general office of an anaphylactic reaction in the yard. (Yellow anaphylactic tokens which are kept in the yard duty first aid bags to be brought to the office or staffroom in the event of an anaphylactic reaction taking place)
4. Yard duty staff should also be able to identify, by face, those students at risk of anaphylaxis and utilise the photos in the yard duty folder to support them.
5. Keep lawns and clover mowed and outdoor bins covered.
6. Students should keep drinks and food covered while outdoors.

Kitchen Classroom and Cooking Activities

1. A copy of each student's ASCIA Action Plan will be on display in the Kitchen Classroom, First Aid Room, Staff Room, After School Care Room as well as being in each Yard Duty folder.
2. School staff should consult with parents of students at risk of anaphylaxis for further details of allergens at any point if unsure of how to support the student in the Kitchen Classroom environment. A copy of the recipe to be cooked is sent home to parents prior to the class cooking session if any clarification is needed in relation to the ingredients.
3. In addition to each student's Individual Anaphylaxis Action Plans, a summary of students with intolerances, allergies and who are at risk of anaphylaxis is kept and visible for staff and volunteers within the Kitchen Classroom.
4. Prior to cooking sessions all preparation surfaces are cleaned. All utensils and equipment to be used by students at risk of anaphylaxis is checked to ensure it is clean. Care should be taken with washing up and cleaning up activities if an ingredient has been used that a student in the class is known to be anaphylactic to. An alternative task may be given to the student.
5. Prior to cooking sessions the class teacher needs to meet with the kitchen coordinator to receive a handover and any instructions relating to students at risk of anaphylaxis. The class teacher should communicate with parent helpers any information relating to students at risk of anaphylaxis.
6. Recipes containing nuts are not cooked with any students. Some ingredients used are labelled as 'may contain traces of nuts'. In this instance an alternative ingredient will be provided for students at risk of anaphylaxis. If no alternative is available the ingredient will be omitted.
7. For students at risk of anaphylaxis to any ingredients, an alternative ingredient will be provided by the school if needed in a recipe. In some instances the parents may be asked prior to the cooking session to supply a specific ingredient.
8. When food prepared in the kitchen is not eaten immediately care should be taken to identify any that is free from a specific allergen. It should be labelled with the student's name and stored separately.
9. The Auto Adrenaline injector should remain close to the student and school staff must be aware of its location at all times.

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

1. The Auto Adrenaline injector and a copy of the Individual Anaphylaxis Management Plan and ASCIA Action Plan for Anaphylaxis for each student at risk of anaphylaxis should be easily accessible and school staff must be aware of their exact location. The classroom teacher of a student at risk of anaphylaxis will ensure that the Auto Adrenaline injector is carried.
2. A copy of each student's ASCIA Action Plan will be on display in the Kitchen Classroom, First Aid Room, Staff Room, After School Care Room as well as being in each Yard Duty folder.
3. Prior to engaging an operator's services the school should make enquiries as to whether it can provide food that is safe for anaphylactic students. If an operator cannot provide this confirmation to the school, then the school must investigate using an alternative service provider.
4. Sufficient school staff supervising the special event must be trained in the administration of an Auto Adrenaline injector to be able to respond quickly to an anaphylactic reaction if required.
5. School staff should avoid using food in activities or games, including as rewards.
6. For special occasions, school staff should consult parents in advance to either develop an alternative food menu or request the parents to send alternative food (if required) for the student.
7. 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.
8. Hand sanitiser will be provided for use by any students consuming food containing allergens where hand washing facilities are not readily available.
9. Party balloons should not be used if any student is allergic to latex.

Excursions/sporting events

1. Sufficient school staff supervising the special event must be trained in the administration of an Auto Adrenaline injector and 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. The Auto Adrenaline injector and a copy of the Individual Anaphylaxis Management Plan and ASCIA Action Plan for each student at risk of anaphylaxis should be easily accessible and school staff must be aware of their exact location. The classroom teacher of a student at risk of anaphylaxis will ensure that the Auto Adrenaline injector is carried.
4. For every activity, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. 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.
5. 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 alternative food (if required).
6. 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.
7. 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 and ASCIA Action Plan to ensure that it is up to date and relevant to the particular excursion activity.

Camps and remote settings

1. Prior to engaging a camp owner/operator's services the school should make enquiries as to whether it can

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Camps and remote settings

- provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the school, then the school must investigate using an alternative service provider.
2. Schools must 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.
 3. Schools should 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.
 4. School staff should 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.
 5. If the school has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should provide alternative food for those students.
 6. Use of substances containing allergens should be avoided where possible.
 7. 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.
 8. The student's Auto Adrenaline injector, 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 identified, e.g. a satellite phone.
 9. Prior to the camp taking place school staff should consult with the student's parents to review the student's Individual Anaphylaxis Management Plan and ASCIA Action Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
 10. 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.
 11. Schools should take sufficient Auto Adrenaline injectors to exceed emergency response time for general use on a school camp, even if there is no student at risk of anaphylaxis, as backup in the event of an emergency.
 12. The Auto Adrenaline injector should remain close to the student and school staff must be aware of its location at all times. Remember that all school staff members still have a duty of care towards the student even if they do carry their own Auto Adrenaline injector.
 13. 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.
 14. Cooking and art and craft games should not involve the use of known allergens.
 15. Assess the potential exposure to allergens when consuming food on buses and in cabins.

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6. Adrenaline autoinjectors for general use

Selby 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 First Aid Room 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 Selby 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
- the weight of the students at risk of anaphylaxis to determine the correct dosage of adrenaline autoinjector/s to purchase.

7. Emergency Response

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school’s general first aid procedures, emergency response procedures and the student’s Individual Anaphylaxis Management Plan.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the Business Manager and 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	<ul style="list-style-type: none"> • 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 in 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
2	Administer an Adrenaline autoinjector or Adrenaline autoinjector Jr

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	<ul style="list-style-type: none"> • Remove from plastic container • Form a fist around the Adrenaline autoinjector and pull off the blue safety release (cap) • 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 Adrenaline autoinjector • Note the time the Adrenaline autoinjector is administered • Retain the used Adrenaline autoinjector to be handed to ambulance paramedics along with the time of administration <p>OR</p> <p>Administer an Anapen® 500, Anapen® 300, or Anapen® Jr.</p> <ul style="list-style-type: none"> • Pull off the black needle shield • Pull off grey safety cap (from the red button) • Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing) • Press red button so it clicks and hold for 3 seconds • Remove Anapen® • Note the time the Anapen is administered • Retain the used Anapen to be handed to ambulance paramedics along with the time of administration <p>OR</p> <p>Administer Jext 150 or 300</p> <ul style="list-style-type: none"> • Form fist around Jext and pull off yellow cap • Place black injector tip against outer-mid thigh (with or without clothing) • Push black tip firmly until a click is heard and hold in place for 3 seconds. • Remove Jext • Note the time the Jext device is administered. • The used adrenaline device must be handed to the ambulance paramedics along with the time of administration <p>OR</p> <p>Administer Neffy® 1mg or 2mg</p> <ul style="list-style-type: none"> • Hold the nasal spray with your thumb on the bottom of the plunger and a finger on either side of the nozzle. • Do not pull or push on the plunger. Do not test or prime (pre-spray). Each Neffy nasal spray contains only one spray. • Place the nozzle of the nasal spray into a nostril until fingers touch the nose. • For smaller nostrils, aim for the fingers to touch the nose. • 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
3	Call an ambulance (000)

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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.
6	The principal or a staff member allocated to do so must contact the Incident Support and Operations Centre (ISOC) on 1800 126 126 to report 'High' or 'Extreme' severity incidents to report the incident. Incidents assessed as 'Low' or 'Medium' can be reported directly into EduSafe Plus by the principal or their allocated staff member.

If a student appears to be having a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 to 5 as above.

For first time anaphylactic reactions, the school's general use adrenaline autoinjector device must be used. If the general use device is not immediately available in an anaphylaxis emergency, staff may use another student's adrenaline device, including the Epipen®, Anapen®, Jext® or Neffy® device. This may save a life. If another student's adrenaline device is used in an anaphylaxis emergency, the school must notify the parents of the student whose device was used and immediately replace the device.

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

8. Communication plan

This policy will be available on Selby Primary School's Compass Portal and Selby Primary School website Selby Primary School's website so that parents and other members of the school community can easily access information about Selby Primary School's anaphylaxis management procedures.

The principal is responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and Selby Primary School's 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 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.

We will also communicate this policy through:

- Usual school community communication platform - Compass
- Staff manual
- On our school website

The principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's [Anaphylaxis Guidelines](#).

9. 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, 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:

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- 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.

Selby Primary School uses the following training course: Online training — *ASCIA Anaphylaxis e-training for Victorian Schools* with Anaphylaxis Supervisors completing *Course in Verifying the Correct Use of Adrenaline Injector Devices 22579VIC*.

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 the principal. 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 autoinjector, including hands on practice with a adrenaline autoinjector trainer device (which does not contain adrenaline)
- the school's general first aid and emergency response 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 Selby 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 staff training courses and briefings will be maintained in the OHS Training Planner and Selby Primary School's Emergency Management Plan.

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

This policy should be read in conjunction with the [Anaphylaxis](#) policy on the Department's Policy and Advisory Library (PAL) and the following resources:

- [Allergy & Anaphylaxis Australia](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)

POLICY REVIEW AND APPROVAL

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

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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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