Anaphylaxis Policy

North Melbourne Primary School

Issue Date: February 2026

Review Date: February 2027

ANAPHYLAXIS POLICY

Help for non-English speakers
If you need help to understand the information in this policy, please contact the school office on (03) 9329 6902.

PURPOSE

To explain to North Melbourne Primary School (Errol Street Campus and Molesworth Street Campus) 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 North Melbourne Primary School is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

SCOPE

This policy applies to all North Melbourne Primary School campuses and includes:

- all staff, including casual relief staff and volunteers
- all students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction, and their parents and carers.

POLICY

School Statement

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

Anaphylaxis

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

Symptoms

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

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

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

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

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

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

Treatment

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

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

Individual Anaphylaxis Management Plans

All students at North Melbourne Primary School who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must provide an ASCIA Action Plan for Anaphylaxis.

When notified of an anaphylaxis diagnosis, the principal of the school is primarily responsible for ensuring that an Individual Anaphylaxis Management Plan is developed for each student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis. The plan is to be developed in consultation with the student's parents or carers and is implemented, monitored and reviewed annually.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrols at North Melbourne 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. These plans are medical documents that are completed and signed by the treating doctor or nurse practitioner
- 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 Individual Anaphylaxis Plan.

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has
- information about the signs or symptoms the student might exhibit in the event of an allergic

reaction based on a written diagnosis from a medical practitioner

- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
- the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the Plan
- information about where the student's medication will be stored
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

Review and updates to Individual Anaphylaxis Management Plans

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

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

North Melbourne Primary 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

Each student's autoinjector is stored in a named red EpiBag, along with a copy of their Individual Anaphylaxis Management Plan and their ASCIA Action Plan for Anaphylaxis. If parents/carers supply antihistamine mediation to treat mild allergy symptoms, this will also be stored in the red EpiBag and will be documented on the student's Individual Anaphylaxis Management Plan.

Location of Adrenaline Autoinjectors

Molesworth Street Campus	**Errol Street Campus**
The adrenaline autoinjector for each student: ● Stored within the EpiBag in the Molesworth Street Campus First Aid room. Adrenaline autoinjectors must be labelled with the student's name.	The adrenaline autoinjector for each student: ● Stored within the EpiBag in the Errol Street Campus First Aid room. Adrenaline autoinjectors must be labelled with the student's name.

<table>
<tr>
<td>Generic school-supplied adrenaline autoinjector:

● MSC Generic EpiPen #1 – First Aid Room
● MSC Generic EpiPen #2 – Level 1, PLT room, next to the asthma and first aid kit
● MSC Generic EpiPen #3 – Level 2, EAL room, next to the asthma and first aid kit
● MSC Generic EpiPen #4 – Level 3, Intervention room, next to the asthma and first aid kit
● MSC Generic EpiPen #5 – Level 4, Intervention room, next to the asthma and first aid kit
● MSC Generic EpiPen #6 - Basement, GYM, next to the asthma and first aid kit</td>
<td>Generic school-supplied adrenaline autoinjector:

● ESC Generic Epipen #1 - First Aid Room
● ESC Generic Epipen #2 - SAKGP Kitchen / Biz-e-Kidz (Northside)
● ESC Generic Epipen #3 - Old Building (West Wing)
● ESC Generic Epipen #4 - Lower Flex (Southside)
● ESC Generic Epipen #5 - Lower Cloud (Southside)</td>
</tr>
<tr>
<td colspan="2">Depending on the age of the student and as disclosed by their parents/carers, a student at risk of anaphylaxis may carry a secondary adrenaline autoinjector on their person or within their school bag. This is done with the approval by North Melbourne Primary School and will be documented on their Individual Anaphylaxis Management Plan</td>
</tr>
</table>

Location of Plans

Each Anaphylaxis Action Plans and Individual Anaphylaxis Management Plans are also filed in the First Aid Room (Molesworth Street Campus and Errol Street Campus) and are uploaded to Compass and attached to the student's medical file.

Teachers of students diagnosed with anaphylaxis will be given a hard copy of their Anaphylaxis Action Plan and Individual Anaphylaxis Management Plan to store in their classroom in the event of an anaphylactic reaction.

Risk Minimisation Strategies

North Melbourne Primary School ensures the safety of all children while in our care and take responsibility in implementing risk minimisation strategies that reduce the possibility of a student suffering from an anaphylactic reaction while at school.

This includes:

- during classroom activities (including class rotations, specialist, and elective classes)
- between classes and other breaks
- during recess and lunch times
- before and after school - once students enter the school grounds and prior to collection from

parents/carers

- camps and excursions, or at special events conducted, organised or attended by the school (e.g. class parties, elective subjects and work experience, cultural days, fetes, concerts, events at other schools, competitions, or incursions).

To reduce the risk of a student suffering from an anaphylactic reaction at Example School, North Melbourne Primary School utilises the following strategies:

Classroom and Specialist Rooms

- Keep a copy of the student's ASCIA Action Plan in the classroom accessible to all staff, yet out of public view
- Students are discouraged from sharing food
- Staff and students are regularly reminded to wash their hands after eating
- Stephanie Alexander Kitchen Garden Program (SAKGP) staff are trained in appropriate food handling to reduce the risk of cross-contamination and do not stock any high-allergen foods. They are also advised of all food allergies and intolerances prior to student commencing in the Stephanie Alexander Kitchen Garden Program.

School Yard

- Yard Duty Staff are familiar with the School's Emergency Response Procedure, and are aware of the location of all Adrenaline Autoinjectors and Management Plans in the First Aid Room.
- Yard Duty Staff can identify those students at risk of anaphylaxis by using the photo key tags attached to the yard duty bag.
- 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
- General use adrenaline autoinjector will be stored in multiple locations across each campus (Appendix 1 and 2) for ease of access during an anaphylactic reaction

School Events

- If at-risk students are attending these events, sufficient School Staff must be trained to quickly locate and administer an Adrenaline Autoinjector.
- Parents/carers of other students will be informed in advance about foods that may cause allergic reactions in at-risk students, and request they avoid them in treats brought from home.
- Foods provided (e.g. for bake sale or class party) must have a clear ingredient list or remain in original packaging so allergens can be detected prior to consumption.
- Class teachers will consult parents/carers in advance to develop an alternative food menu, or request that they provide a meal for the student, if appropriate.
- Party balloons and swimming caps should not be used if a student is allergic to latex.

School Excursions and Off-Site activities

- The student's Individual Adrenaline Autoinjectors, medications and ASCIA Action Plan must be signed out and taken on all excursions, including local walk excursions
- A mobile phone must be taken on all excursions, including local excursions
- A staff member who has been trained in the recognition of anaphylaxis and the administration of an Adrenaline Autoinjector must accompany the student on excursions. All staff present during the excursion need to be aware if there is a student at risk of anaphylaxis.
- Staff must develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.
- The school should consult parents/carers in advance to discuss possible issues, e.g. the need for staff to develop an alternative food menu, or to request the parent/carer send an appropriate meal for their student.
- Parents/carers may wish to accompany their child on excursions. This should be discussed with parents/carers as another strategy for supporting the students.
- Consider the potential exposure to allergens when consuming food on buses.
- 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.

Camps

- A risk management strategy for students at risk of anaphylaxis for school camps will be developed in consultation with the student's parents/carers.
- Camps will be advised in advance of any students with food allergies.
- Staff will liaise with parents/carers to develop alternative menus or allow students to bring their own meals.
- The student's signed out Individual Adrenaline Autoinjector, medication, and ASCIA Action Plan must be taken on camp.
- Staff who have been trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjectors must accompany the student on camp. All staff present need to be aware if there is a student at risk of anaphylaxis.
- The Adrenaline Autoinjector should remain close to the and staff must be aware of its location at all times.
- A backup Adrenaline Autoinjector for general use will be available in the first aid kit taken to camp.
- 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.

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.

Adrenaline autoinjectors for general use

North Melbourne Primary School will maintain a supply of adrenaline autoinjectors for general use, as a back-up to those provided by parents and carers for specific students, and for students who may suffer from a first-time reaction at school.

Adrenaline autoinjectors for general use will be stored:

Molesworth Street Campus	*Errol Street Campus*
Generic school-supplied adrenaline autoinjector: ● MSC Generic EpiPen #1 – First Aid Room ● MSC Generic EpiPen #2 – Level 1, PLT room, next to the asthma and first aid kit ● MSC Generic EpiPen #3 – Level 2, EAL room, next to the asthma and first aid kit ● MSC Generic EpiPen #4 – Level 3, Intervention room, next to the asthma and first aid kit ● MSC Generic EpiPen #5 – Level 4, Intervention room, next to the asthma and first aid kit ● MSC Generic EpiPen #6 - Basement, GYM, next to the asthma and first aid kit	Generic school-supplied adrenaline autoinjector: ● ESC Generic Epipen #1 - First Aid Room ● ESC Generic Epipen #2 - SAKGP Kitchen / Biz-e-Kidz (Northside) ● ESC Generic Epipen #3 - Old Building (West Wing) ● ESC Generic Epipen #4 - Lower Flex (Southside) ● ESC Generic Epipen #5 - Lower Cloud (Southside)

Each general-use Autoinjector has been labelled “NMPS Generic” across both campuses.

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

- the number of students enrolled at North Melbourne Primary School (Errol Street Campus and Molesworth Street Campus) 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.

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. This includes both in-school and out-of-school settings.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the school nurse and OHS Officer and stored in the First Aid room at each campus. 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 in an out-of-school setting, school staff must:

Step	Action
1.	● 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 First Aid Room within their named red EpiBag. If off-site, the teacher-in-charge of the off-site activity will have immediate access to the items listed above. 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 EpiPen or EpiPen Jr (commonly prescribed for students at NMPS)** ○ Remove from plastic container ○ Form a fist around the EpiPen 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 EpiPen ○ Note the time the EpiPen is administered ○ Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration **OR** ● **Administer an Anapen® 500** ○ 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 **OR** ● **Administer Jext 150 or 300**

	○ 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 **OR** ● **Administer Neffy® 1mg or 2mg** ○ 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)
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 – 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. Schools can use these devices on any student suspected to be experiencing an anaphylactic reaction, regardless of the device prescribed in their ASCIA Action Plan.

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.

North Melbourne Primary School recognises, as guided by the Anaphylaxis Guidelines, that it is better to use an adrenaline autoinjector than not 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 North Melbourne Primary School's website so that parents and other members of the school community can easily access information about North Melbourne Primary School's anaphylaxis management procedures. The parents and carers of students who are enrolled at North Melbourne Primary School (Molesworth Street Campus and Errol Street Campus) and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

The Principal is responsible for ensuring that all relevant staff, including casual relief staff, Kitchen Garden staff and volunteers are aware of this policy and North Melbourne Primary School's procedures for anaphylaxis management. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this policy, their role in responding to an anaphylactic reaction and where required, the identity of students at risk.

The Principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's Anaphylaxis Guidelines.

In addition, this policy will also be communicated through:

- Published on the school's website
- Staff handbook
- Annual communication to school community in the school newsletter
- Hard copy available at the office, upon request

Staff training

The Principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the department's Anaphylaxis Guidelines. This includes:

- School staff who conduct classes attended by students who are at risk of anaphylaxis
- School staff who conduct specialist classes (including Kitchen Garden staff), educational support 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.

North Melbourne Primary School utilises the following Anaphylaxis training:

- ASCIA Anaphylaxis e-training Victoria (all staff) followed by a competency check by the School Anaphylaxis Supervisors.
- Anaphylaxis supervisors must have completed the Course in Verifying the Correct Use of Adrenaline Injector Devices 22579VIC to perform competency checks
- 22579VIC Course in Verifying the Correct Use of Adrenaline Autoinjector Devices (staff who are leaders in first aid management at North Melbourne Primary School – at both the Errol Street Campus and Molesworth Street Campuses. A refresher will be conducted to ensure adequate training in Neffy® 1mg or 2mg and Jext 150 or 300.

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, such as the School Anaphylaxis Supervisors. Each briefing will address:

- this policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located
- how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

When a new student enrols at North Melbourne Primary School (Molesworth Street Campus and Errol Street Campus) who is at risk of anaphylaxis, the Principal or nominee 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 register of all staff who have undertaken the training, including the training renewal date, is recorded on the OHS training record, as well as in the Emergency Management Plan. A copy of staff training courses and briefings will be maintained in the OHS Folder on the staff 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
- Allergy & Anaphylaxis Australia
- ASCIA Guidelines: Schooling and childcare
- Royal Children's Hospital: Allergy and immunology

Related School Policies:

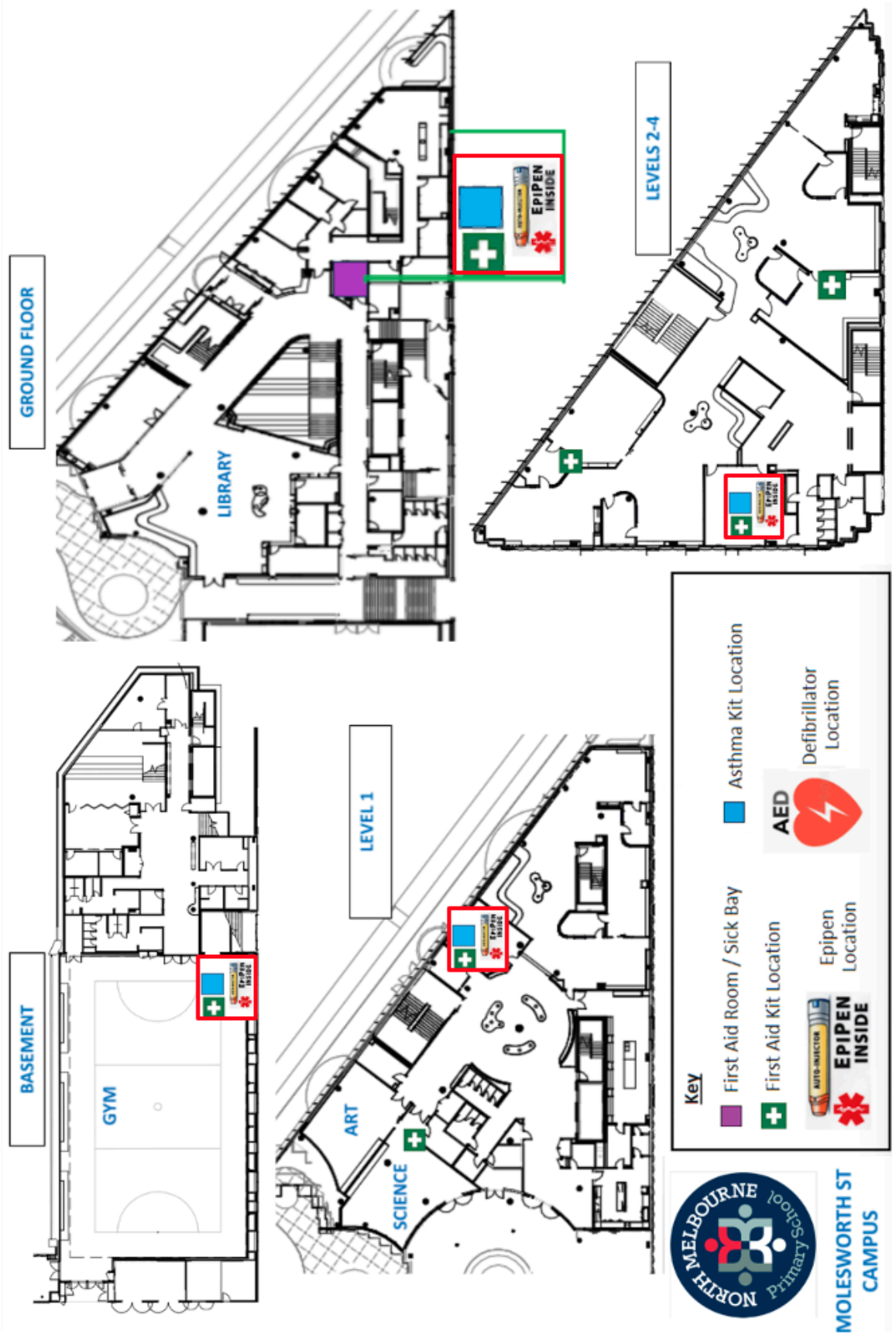
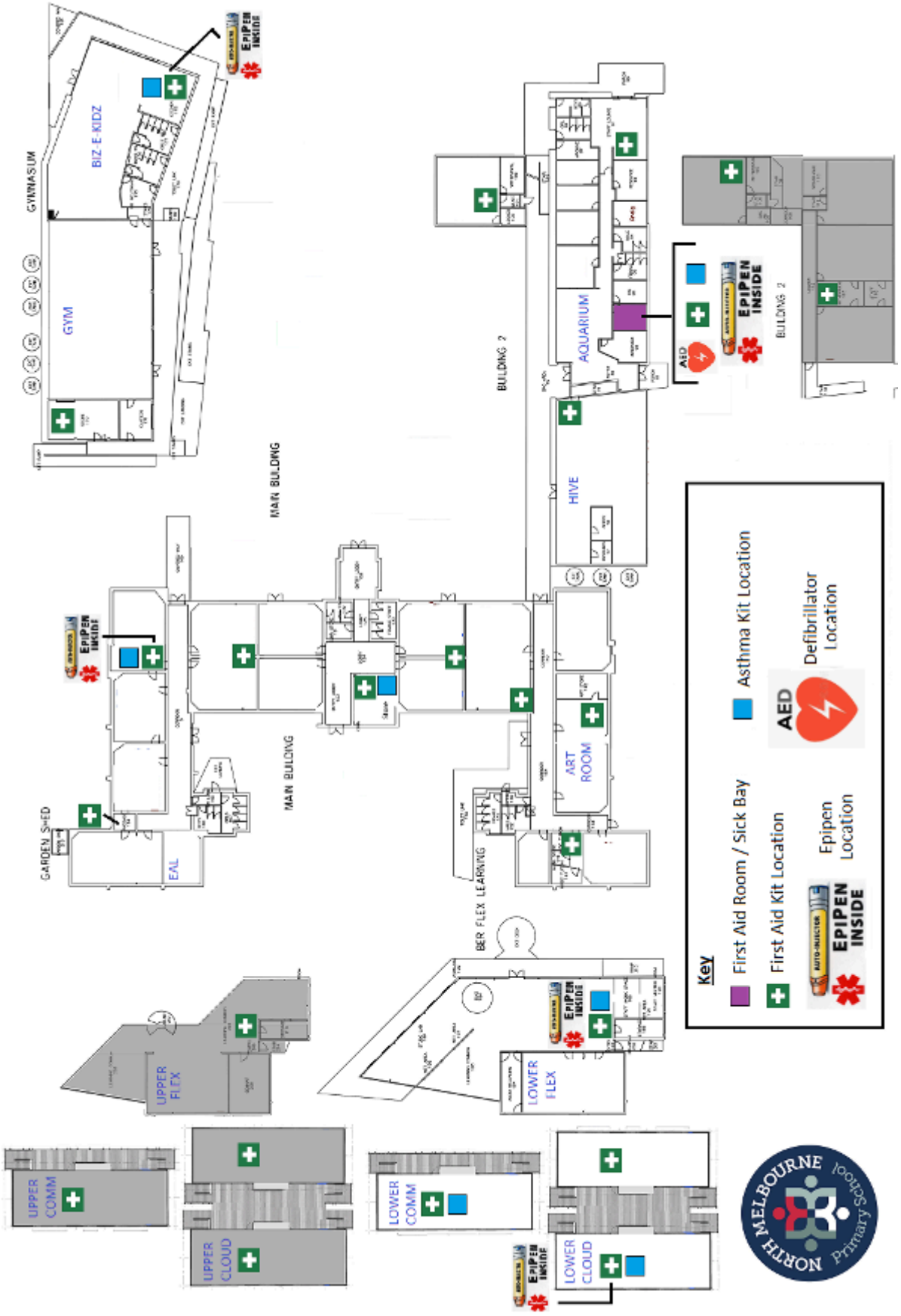
- Administration of Medication Policy
- First Aid Policy
- Health Care Needs Policy

POLICY REVIEW AND APPROVAL

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

The Principal will complete the Department's Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.

Appendix 1: Molesworth Street Campus- Autoinjector locations



Appendix 2: Errol Street Campus- Autoinjector locations