ANAPHYLAXIS POLICY 2026

Help for non-English speakers
If you need help to understand the information in this policy, please contact the General Office.

PURPOSE

To explain to Vermont Secondary College 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 Vermont Secondary College 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 (CRTs) 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

Vermont Secondary College fully complies with Ministerial Order 706 and the associated guidelines published by the department.

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 Vermont Secondary College 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 Vermont Secondary College 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 enrols at Vermont Secondary College 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 Individual Anaphylaxis Management Plan
- information about where the student's medication is stored
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis (RED) completed by the student's medical practitioner.

Review and updates to Individual Anaphylaxis Management Plans:

A student's Individual Anaphylaxis Management Plan is 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 devices

Depending on the age of the students who are at risk of anaphylaxis, the severity of their allergies and the content of their plan, some students may keep an adrenaline device on their person, rather than in the First Aid Centre (unlocked metal cabinet on the right-hand side as you enter).

All students will also be encouraged to keep an additional adrenaline autoinjector on their person.

Copies of the plans will be kept in various locations around the school so that the plan is easily accessible by school staff in the event of an incident. These include the relevant Student Management office, the First Aid Centre, the Staff Lounge, the Canteen and the Food Studies Preparation Room.

A soft copy of each student's plan will be available on Compass also.

A copy of each student's Individual Anaphylaxis Management Plan is stored with their ASCIA Action Plan for Anaphylaxis (RED) and an adrenaline autoinjector in the First Aid Centre (unlocked metal cabinet on the right-hand side as you enter).

Whilst some students may choose to keep an additional adrenaline device on their person, medication for these students, and also for those that do not, is stored and labelled with their name in the First Aid Centre (unlocked metal cabinet on the right-hand side as you enter), together with adrenaline autoinjectors for general use.

Risk Minimisation Strategies

Vermont Secondary College is not a declared 'nut free' school, as this can never be guaranteed. However, Vermont Secondary College will put risk minimisation strategies in place to reduce the possibility of a student suffering from an anaphylactic reaction at school and for all school activities, including:

- during classroom activities (including class rotations, specialist and elective classes)
- between classes and other breaks
- at the Canteen
- during recess and lunchtimes
- before and after school
- on camps and excursions, or at special events conducted, organised or attended by the school (e.g. class activities, elective subjects and work experience, cultural days, concerts, events at other schools, competitions or incursions).

These strategies will be influenced by the nature of the allergy of the student.
Chapter 8 of the department's Anaphylaxis Guidelines includes detailed risk mitigation strategies that you may choose to adopt.

https://www2.education.vic.gov.au/pal/anaphylaxis/guidance/8-risk-minimisation-strategies

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

- key staff (First Aid Attendant/s, Assistant Principal, Student Manager, Program Manager) meet with the student and parents on enrolment or diagnosis. Together, they review the student's Plan, the VSC policy and Response Procedure, the Student Health Support Plan and likely camps and programs;
- replicate the above meeting before camps and especially tours and overseas trips;
- the student is informed of all relevant college processes, and is also reminded how to take effective responsibility for own wellbeing and safety;
- the student is reminded to raise immediately any concerns around bullying by other students;
- ensure that anaphylaxis awareness is part of all program planning processes, and that all programs involving foods require approval form the Local Consultative Committee;
- inform all key staff and students (friends, classes etc.) of the student's condition and allergen/s;
- conduct staff training annually and staff briefing every semester;
- staff and students are regularly reminded to wash their hands after eating;

- students are discouraged from sharing food;
- 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
- a general use adrenaline autoinjector is stored at several locations around the school;
- the policy and response procedure will be included in all staff and pre-service teacher inductions, and also as part of canteen volunteers induction;
- 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

Note: for guidance on the appropriate number of general use adrenaline autoinjectors for your school, refer to chapter 10 of the Department's Anaphylaxis Guidelines

Vermont Secondary College maintains a supply of adrenaline autoinjectors for general use, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first-time reaction at school.

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 are labelled "general use" and are stored at:

- the First Aid Centre;
- all Student Management offices (7, 8, 9, 10, Senior)
- the Food Studies preparation room;
- the Science Office
- the Music Centre;
- the Art Office
- the PE Office.

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

- the number of students enrolled at Vermont Secondary College 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.

Note: The First Aid Attendants, as delegates of the principal, are responsible for arranging the purchase of adrenaline autoinjectors for general use.

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 First Aid Attendants and displayed in / stored at:

- the First Aid Centre (along with the ASCIA action plans);

- the General Office;
- the Staff Lounge;
- the Daily Organisation Office (for CRT reference);
- the relevant Student Management office;
- the Canteen;
- the Food Studies preparation room;
- on Compass.

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.	• Lay the person flat (if appropriate – refer c. below) • Do not allow them to stand or walk • If breathing is difficult, allow them to sit with legs outstretched • Be calm and reassuring • Do not leave them alone • Seek assistance from another staff member or reliable student to locate the student's adrenaline device or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored at the First Aid Centre (and the locations specified 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 – unlikely at VSC) • Remove from plastic container • Form a fist around the EpiPen and pull off the blue safety release (cap) • Hold leg still and place orange end against the student's outer mid-thigh (with or without clothing) • Push down hard until a click is heard or felt and hold in place for 3 seconds • Remove EpiPen • Note the time the EpiPen is administered • Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration **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 (RED)), further adrenaline doses may be administered every 5 minutes if other adrenaline devices 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.

Note: Call or Send For the First Aid Attendant – 0419-328-267
If severe – also call ambulance 000 immediately and take instructions from the operator.
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.

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

Note: If in doubt, it is better to use an adrenaline device 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 is publicly available on Vermont Secondary College's website so that parents/carers and other members of the school community can easily access information about Vermont Secondary College's anaphylaxis management procedures. The parents and carers of students who are enrolled at VSC and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

The policy will also be provided to all staff in hardcopy on induction, and via the policies available on the College website. It will also be displayed in the Daily Organisation office (for CRTs), Canteen (for Volunteers), and in the Staff Lounge beside the alert posters (for all staff). It is to be emphasised that all staff must be aware of this policy and students in their care at risk of anaphylaxis and their role in responding to an anaphylactic reaction of a student in their care.

The principal is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and Vermont Secondary College'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.

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 ensures that the following school staff are appropriately trained in anaphylaxis management:

- First Aid Officer
- All staff, both Education Support and Teacher Class, but especially school staff who conduct classes attended by students who are at risk of anaphylaxis
- School staff who conduct specialist classes, all contracted 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.

Vermont Secondary College uses ASCIA anaphylaxis e-training for Victorian Schools with 22579VIC, or 22578VIC followed by a competency check by the school anaphylaxis supervisor or verifiers.

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 the Principal or College anaphylaxis supervisor. This will generally be provided by the First Aid Leader. Each briefing should 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, and access to, adrenaline devices that have been provided by parents or purchased by the school for general use
- how to access on-going support and training
- awareness raising around bullying relating to anaphylaxis.

When a new student enrols at Vermont Secondary College 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 is maintained in the First Aid Centre by the ES First Aid Leader.

NOTE: A record of all staff anaphylaxis management training courses and the dates of the twice yearly briefing sessions should be maintained as evidence of compliance with the training requirements of Ministerial Order 706 – Anaphylaxis Management in Victorian Schools. The record should include the names of staff who have undertaken the training course and the date the training is due for renewal, as well as the names of the staff who attended the twice yearly briefing to staff (if this is all staff, you can just write 'all staff'). The school can record these details in your online EMP or any other document.

The Principal ensures 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.

COMMUNICATION

This policy is communicated to our school community in the following ways:

- Available publicly on our school's website
- Included in staff induction processes and staff training
- Discussed at staff briefings/meetings as required
- Reminders in our school newsletter
- Hard copy available from school administration upon request

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/
- Royal Children's Hospital: Allergy and immunology
- Vermont Secondary College policies are available on the College website:
  - Administration of Medication Policy
  - First Aid Policy
  - Health Care Needs Policy

POLICY REVIEW AND APPROVAL

Policy last reviewed	15 July, 2026
Approved by	Aidan Message, Acting Principal
Next scheduled review date	September 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.