

Anaphylaxis Policy



Help for non-English speakers

If you need help to understand the information in this policy please contact the office on 03 5973 9100.

Rationale

Benton Junior College (BJC) needs to ensure the college is taking appropriate steps to ensure the safety of students at risk of anaphylaxis.

Aim

To explain to Benton Junior 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 Benton Junior College is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

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.

School Statement

Benton Junior College will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

Implementation

Definition

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 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 Benton Junior 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 Benton Junior 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 enrolls at Benton Junior College 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.

Review and updates to Individual Anaphylaxis Plans

A student's Individual Anaphylaxis 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.

The 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

- A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in Sick Bay. A general Adrenaline Autoinjector will be kept in Sick Bay for emergencies.
- A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in the Red folder that is kept in the classroom. The student's Adrenaline Autoinjector, labelled with the student's name, and is kept in the medical cupboard in the classroom. Emergency teachers will be given a blue folder that identifies students with a medical issue such as anaphylaxis and location of their Individual Anaphylaxis Management Plan and ASCIA Action Plan.
(Appendix 1)
- A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the student's classroom, together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name. Adrenaline autoinjectors for general use are available at First Aid Room and are labelled "general use".

Risk Minimisation Strategies

Prevention Strategies

It is important to remember that minimisation of the risk of anaphylaxis is everyone's responsibility: BJC (including the Principal and all college staff), parents/carers, students and the broader college community. Parents have important obligations under the Order (and the college's Anaphylaxis Management Policy).

Parents/Carers must:

- communicate their child's allergies and risk of anaphylaxis to BJC at the earliest opportunity, preferably on enrolment;
- continue to communicate with BJC staff and provide up to date information about their child's medical condition;
- provide the college with an ASCIA Action Plan for Anaphylaxis;
- participate in yearly reviews of their child's Individual Anaphylaxis Management Plan; and
- ensure that their child has an Adrenaline Autoinjector that is current and not expired at all times.

The College will:

In College Settings

- keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan is easily accessible even if the Adrenaline Autoinjector is kept in another location. Parents/Carers should be informed that for safety reasons and communication, the plan will be displayed;
- liaise with parents/carers about food-related activities ahead of time;
- use non-food treats where possible, but if food treats are used in class parents/carers of students with food allergy provide a treat box with alternative treats. To avoid cross-contamination, treat boxes should be clearly labelled and only handled by the student;
- never give food from outside sources to a student who is at risk of anaphylaxis unless it has been approved by the student's parents/carers;
- 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;

- 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;
- have regular discussions with students about the importance of washing hands, eating their own food and not sharing food;
- be aware of the possibility of hidden allergens in food and other substances used in cooking, science and art classes (e.g. egg or milk cartons, empty peanut butter jars);
- ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking;
- during Physical Education lessons that are conducted outside of the sports stadium, the Physical Education teacher will carry their mobile phone in case they need urgent assistance; and
- a designated staff member should inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Autoinjector, the college's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. i.e. seeking a trained staff member. At BJC this information will be available in the front of each classroom roll.

In the School Yard

- if BJC has a student who is at risk of anaphylaxis, sufficient college staff on yard duty must be trained in the administration of the Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if needed;
- the Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location;
- at BJC all yard duty staff will carry their mobile phones, so they can notify office staff/first aid staff that a student is having a potential anaphylactic reaction and that an Adrenaline Autoinjector needs to be delivered to the yard;
- yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis, these are identified on the first aid bag that each yard duty teacher must carry when on duty;
- keep lawns and clover mowed.

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

- if a BJC has a student at risk of anaphylaxis, sufficient college 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;
- BJC staff should avoid using food in activities or games, including as rewards;
- for special occasions, BJC staff should consult parents in advance to either develop an alternative food menu or request the parents to send a meal for the student;
- where it is deemed necessary, 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 college or at a special college event; and
- party balloons should not be used if any student is allergic to latex.

Excursions/Sporting Events

- if a BJC has a student at risk of anaphylaxis, sufficient college 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;
- a BJC staff member trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector must accompany any student at risk of anaphylaxis on excursions;

- BJC staff should avoid using food in activities or games, including as rewards;
- the Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis should be easily accessible and BJC staff must be aware of their exact location;
- 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 college staff members and parent helpers 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;
- BJC staff should consult parents/carers of students with known anaphylaxis in advance to discuss issues that may arise to develop an alternative food menu or request the parents/carers provide a meal (if required);
- parents/Carers may wish to accompany their child on field trips and/or excursions. This should be discussed with parents/cares as another strategy for supporting the student who is at risk of anaphylaxis; and
- prior to the excursion taking place BJC staff should consult with the student's parents/carers and Medical Practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan and ASCIA Action Plan for Anaphylaxis to ensure that it is up to date and relevant to the particular excursion activity.

School Camps

- Prior to engaging a camp owner/operator's services BJC staff should make enquiries as to whether it can provide food that is safe for anaphylactic students;
- BJC staff 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. Colleges 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;
- BJC staff 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;
- BJC staff should consult with parents/carers 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;
- if BJC staff or parents/carers have concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, they should also consider alternative means for providing food for those students;
- use of substances containing allergens should be avoided where possible;
- Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts;
- 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;
- prior to the camp taking place BJC staff should consult with the student's parents/carers 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;

- BJC 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 college staff participating in the camp are clear about their roles and responsibilities;
- if the camp is in a remote area contact local emergency services and hospitals well in advance to the camp. Advise full medical conditions of students at risk, location of camp and location of any off-camp activities. Ensure contact details of emergency services are distributed to all college staff as part of the emergency response procedures developed for the camp;
- general use Adrenaline Autoinjectors to be taken on college camp, even if there is no student at risk of anaphylaxis, as a back-up device in the event of an emergency. The number of general use Adrenaline Autoinjectors taken is at the Principal's discretion. The following should be considered: how many students with known anaphylaxis attending the camp; remoteness of the camp; risk assessment. The cost of the spare Adrenaline Autoinjector/s will be built into yearly camp costs;
- the Adrenaline Autoinjector should remain close to the student and BJC staff and parent helpers must be aware of its location at all times;
- the Adrenaline Autoinjector should be carried in the college first aid kit, however, BJC staff can consider allowing students, particularly senior students, to carry their Adrenaline Autoinjector on camp. Remember that all college staff members still have a duty of care towards the student even if they do carry their own Adrenaline Autoinjector;
- 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;
- cooking and art and craft games should not involve the use of known allergens;
- BJC staff should consider the potential exposure to allergens when consuming food on buses and in cabins;

Adrenaline Autoinjectors for general use

Benton Junior College 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 also for students who may suffer from a first time reaction at school.

Adrenaline autoinjectors for general use will be stored at Sick Bay 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 school who are 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 weight of the students at risk of anaphylaxis to determine the correct dosage of adrenaline autoinjector/s to purchase
- the limited life span of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors to be replaced when used or prior to expiry.

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 school's First Aid Officer and stored at Sick Bay. 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 at Sick Bay. ● 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 Auto Injector <ul style="list-style-type: none"> ● Remove from plastic container ● Form a fist around the Adrenaline Auto Injector 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 Auto Injector ● Note the time the Adrenaline Auto Injector is administered ● Retain the used Adrenaline Auto Injector to be handed to 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.

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.

If in doubt, 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 page 41 of the [Anaphylaxis Guidelines](#)).

Communication Plan

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

The First Aid Officer is responsible for ensuring that all relevant staff are aware of this policy and the 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, together with a folio the identity students at risk in their care so as to fulfil their role in responding to an anaphylactic reaction.

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

Staff at Benton Junior College will receive appropriate training in anaphylaxis management, consistent with the Department's *Anaphylaxis Guidelines*. The online training course is free to all Victorian school staff and can be accessed at: <https://etrainingvic.allergy.org.au/>

Staff who are responsible for conducting classes that students who are at risk of anaphylaxis attend, and any further staff that the Principal identifies, 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.

Benton Junior College uses the following training ASCIA eTraining course; 2230VIC, and 22578VIC

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year, facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years including First Aid Officer. 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 enrolls at Benton Junior 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 will be maintained by the Business Manager.

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](#)
- BJC Health Care Needs Policy

Review

Policy last reviewed	June 2025
Approved by	Principal
Next scheduled review date	June 2026

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

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CRT QUICK REFERENCE GUIDE

- Please ensure your time sheet has been signed on arrival
- Refer to buddy teacher with any questions or concerns
 - Your buddy teacher is: **xxxxxxx**
- Refer to **Red Folder** in holder by door:
 - Medical conditions
 - Family contacts
 - Class photos
 - Evacuation and Lockdown procedures
- Roll marking by 9:30am and 2:00pm
 - Please send the **yellow** condensed roll (located in the red folder) to the office by the above times
- Timetable:
 - Start time 9:00am
 - Recess 10:40am – 11:10am
 - Lunch 12:50pm – 1:35pm
 - Dismissal 3:15pm
- Refer to whiteboard in staffroom for yard duty times. A bum bag and vest can be found on a hook in each classroom
- At the end of the day, ensure windows are locked and heaters/coolers off

MEDICAL ALERTS

001

You have **NO**

Severe medical alerts

Or

Access restrictions

Could also say:

Severe medical alert

- Photo and details included

Access restrictions

- Photo and details included

