

Anaphylaxis Policy General

Last Review: N/A	Constructed / Reviewed by: Clayton Utz
Next Review: March 2026	Approval Required: Yes
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1. Statement of Context

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medications. Ministerial Order 706 sets out the requirements that schools must follow as a minimum standard for school registration under Part IV of the *Education and Training Reform Act 2006* (Vic).

2. Reference Points / Background Papers

- 2.1 Ministerial Order 706;
- 2.2 Individual Anaphylaxis Management Plans;
- 2.3 Anaphylaxis Guidelines for Victorian Schools;
- 2.4 www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx ;
- 2.5 Royal Children's Hospital Anaphylaxis Advisory Line 1300 725 911;
- 2.6 DoE Annual Anaphylaxis Risk Management Checklist;
- 2.7 Children's Services Act 1996 (Vic);
- 2.8 The Department's Policy and Advisory Library (PAL): [Anaphylaxis](#);
- 2.9 [Allergy & Anaphylaxis Australia](#);
- 2.10 ASCIA Guidelines: [Schooling and childcare](#);
- 2.11 Royal Children's Hospital: [Allergy and immunology](#);
- 2.12 Education and Training Reform Act 2006 (Vic); and
- 2.13 ISV and VRQA Guidelines.

3. Aims

To raise awareness amongst GISSA Member Schools of the need in relation to GISSA events and activities, to comply with Ministerial Order 706 and associated guidelines on anaphylaxis management, published and amended by the DoE from time to time.

4. Policy details

All GISSA Member Schools are required to develop and maintain an Anaphylaxis Policy that will comply with Ministerial Order 706 and associated guidelines in their prevention and management of anaphylaxis, consistent with the requirements and procedures in this policy. When required, member schools must inform GISSA about students who require an Anaphylaxis management plan.

4.1 Symptoms

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

- (a) swelling of the lips, face and eyes
- (b) hives or welts
- (c) tingling in the mouth.

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

- (a) difficult/noisy breathing
- (b) swelling of tongue
- (c) difficulty talking and/or hoarse voice
- (d) wheeze or persistent cough
- (e) persistent dizziness or collapse
- (f) student appears pale or floppy
- (g) abdominal pain and/or vomiting.

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

4.2 Treatment

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

4.2.2 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.

4.3 Individual Anaphylaxis Management Plans (IAMP)

4.3.1 All students involved in GISSA representative sport who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an IAMP.

4.3.2 Where necessary, an IAMP will be in place as soon as practicable after a student is selected into a GISSA representative team.

4.3.3 Parents and carers must:

- (a) obtain an Australasian Society of Clinical Immunology and Allergy (**ASCI**A) Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to GISSA as soon as practicable;
- (b) immediately inform GISSA in writing if there is a relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis;
- (c) provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to GISSA;
- (d) provide the school with a current adrenaline autoinjector for the student that has not expired.

4.3.4 Each student's Individual Anaphylaxis Management Plan must include:

- (a) 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 based on a written diagnosis from a medical practitioner;
- (b) 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;
- (c) strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of GISSA staff;
- (d) the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the IAMP;
- (e) information about where the student's medication will be stored;
- (f) the student's emergency contact details;
- (g) an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

4.4 **Review and updates to IAMP**

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

4.4.1 as soon as practicable after the student has an anaphylactic reaction;

4.4.2 if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes.

4.5 **Location of IAMPs and Adrenaline Autoinjectors**

- 4.5.1 A copy of each student's IAMP will be stored with their ASCIA Action Plan for Anaphylaxis together with their labelled adrenaline autoinjector (EpiPen or Anapen) in a personal red medical pouch.
- 4.5.2 Each personal red medical pouch will be clearly labelled with the student's name, year level and allergen. This will be stored with GISSA first aid kits.
- 4.5.3 Students are encouraged to keep another extra personal adrenaline autoinjector (EpiPen) in their possession. This is at the discretion of the student, parent/carers and their doctor.

4.6 **Risk Minimisation Strategies**

- 4.6.1 At GISSA, all students at risk of Anaphylaxis will have their information available in the representative sport folder, accessible by all GISSA staff.
- 4.6.2 Staff will be briefed on any student's participating in GISSA sport who is anaphylactic.
- 4.6.3 When students are catered for, GISSA staff will alert catering company to dietary requirements of anaphylactic students.

4.7 **Emergency Response**

- 4.7.1 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 IAMP.
- 4.7.2 A complete and up-to-date list of students identified as being at risk of Anaphylaxis is maintained by GISSA for representative sport.
- 4.7.3 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 event, together with their IAMPs and adrenaline autoinjectors (EpiPens or Anapens), where appropriate.
- 4.7.4 If a student experiences an anaphylactic reaction 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 IAMP, stored at First Aid

Step	Action
	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.	<p><u>Administer an EpiPen or Anapen</u></p> <p>EpiPen:</p> <ul style="list-style-type: none"> • 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 <p>Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration</p> <p>Anapen:</p> <ul style="list-style-type: none"> • Remove from plastic container • Form a fist around the Anapen and pull off the black needle shield & grey safety cap from red button • Place needle end firmly against the student's outer mid-thigh (with or without clothing) • Press red button so it clicks and hold in place 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
3.	Call an ambulance (000)
4.	If there is no improvement or severe symptoms remain (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.	Student must be transported via ambulance.

- 4.7.5 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.
- 4.7.6 Schools can use either the EpiPen and Anapen on any student suspected to be experiencing an anaphylactic reaction, regardless of the device prescribed in the ASCIA Action Plan.
- 4.7.7 Where possible, GISSA 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.

4.8 **Communication Plan**

- 4.8.1 This policy will be available on GISSA's website so that parents and other members of the school community can easily access information about GISSA's Anaphylaxis management procedures.
- 4.8.2 The Executive Officer is responsible for ensuring that all relevant staff, including casuals, can and volunteers are aware of this policy and GISSA's procedures for Anaphylaxis management. Casual 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.
- 4.8.3 The Executive Officer is responsible for ensuring relevant staff are trained and briefed in Anaphylaxis management, consistent with the Department's [Anaphylaxis Guidelines](#).

4.9 **Staff Training**

- 4.9.1 The Executive Officer will ensure that all GISSA staff are appropriately trained in Anaphylaxis management:
- 4.9.2 Staff who are required to undertake training must have completed:
 - (a) an approved face-to-face Anaphylaxis management training course in the last three years, or
 - (b) an approved online Anaphylaxis management training course in the last two years.

5. **Implications for practice**

GISSA will require Member Schools to sign an annual attestation of compliance with this policy.