

ANAPHYLAXIS POLICY



Help for non-English speakers

If you need help to understand this policy, please contact Campus Principal at blackwood.specialschools.oec@education.vic.gov.au.

PURPOSE

To explain to Blackwood Special Schools Outdoor Education Centre (Blackwood) families, 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 Blackwood is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

SCOPE

This policy applies to:

- all staff, including visiting teachers, 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

Blackwood Special Schools Outdoor Education Centre (Blackwood) Statement

Blackwood will fully comply 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 medications.

BLACKWOOD SPECIAL SCHOOLS OUTDOOR EDUCATION CENTRE

1015 Greendale - Trentham Road,
Blackwood, Victoria 3458, Australia

*Campus of Frankston Special Development School
Member of Residential Outdoor Schools Association (ROSA)*

Post: Post Office, Blackwood, Victoria 3458, Australia

Phone: 03 5368 6768

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Symptoms

Sights and symptoms of a mild to moderate allergic reactions 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 or inhaled through the nose is the first aid treatment for anaphylaxis.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline auto injector 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 attending Blackwood who are diagnosed as being at risk of suffering from an anaphylactic reaction by a medical practitioner must have an **Individual Anaphylaxis Management Plan**. When notified of an anaphylaxis diagnosis, the Home 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 has consent to attend 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 Home School, who will share the plan with Blackwood Staff as part of their Blackwood program planning procedures.

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- immediately inform the Home School of enrolment 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) when that Plan is provided to the Home School of enrolment and each time it is reviewed
- provide the school with a current adrenaline device for the student that has not expired

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 Plans

A student's Individual Anaphylaxis Plan will be reviewed and updated on an annual basis by the Home School in consultation with the student's parents/carers. The plan will also be reviewed and, where necessary, updated by the Home School before the student attends a Blackwood program.

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.

Blackwood may also consider requesting an update to 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 Blackwood.

Location of plans and adrenaline autoinjectors

All auto injectors and Individual Anaphylaxis Management Plans are located with designated staff member from the school of enrolment. Staff member to be specified before arriving at Blackwood.

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A copy of the student's Individual Anaphylaxis Management Plan is stored with their ASCIA Action Plan for Anaphylaxis (RED) and is on display in the Blackwood staff office and the student's adrenaline device is carried by a designated Home School staff member who is always working with them throughout their Blackwood Program. Adrenaline auto injectors must be labelled with the student's name.

While it is recommended that each group attending Blackwood will bring a minimum of one (1) general device and be carried by first aid qualified Home School staff member on the program, it is understood that under Ministerial Order 706 ...

Adrenaline Autoinjectors for General Use

- 10.1. A school's anaphylaxis management policy must prescribe the purchase of adrenaline autoinjectors for general use as follows:
 - 10.1.1. the principal is responsible for arranging for the purchase of additional adrenaline autoinjector(s) for general use and as a back up to those supplied by parents;
 - 10.1.2. the principal will determine the number and type of adrenaline autoinjector(s) for general use to purchase and in doing so consider all of the following:
 - (c) the availability of a sufficient supply of adrenaline autoinjectors for general use in specified locations at the school, including in the school yard, and at excursions, camps and special events conducted, organised or attended by the school

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Risk Minimisation Strategies

RISK MANAGEMENT FOOD ALLERGY	
ON CAMPUS	- All staff and students are reminded to regularly wash their hands. - The school campus community is made aware of what the student is allergic to. Food rewards - Discouraged in place of non-food rewards. - Remind students not to share food including during morning tea and lunch breaks. Class rotations - All teachers will need to consider children at risk of anaphylaxis when planning rotational activities.
PRIOR TO ATTENDING BLACKWOOD	- Parents of children at risk of anaphylaxis may consider having a face-to-face meeting with home school staff and/or Blackwood staff prior to the program to discuss the following: - School's emergency response procedures outlining roles and responsibilities of the teachers in policing prevention strategies and their roles & responsibilities in the event of an anaphylactic reaction. - Confirm mobile phone network coverage for standard mobile phones prior to program. Telstra coverage is reliable at Blackwood however, other network providers are not. Landlines are available at all accommodation sites. - Parents or guardians should be encouraged to provide two adrenaline auto injectors along with the ASCIA Action Plan for Anaphylaxis and any other required medications whilst the child is on the program. The second adrenaline auto injector should be returned to the parents/guardian on returning from a program. - Clear advice should be communicated to all parents or guardians prior to the program regarding what foods are not allowed. - Parents or guardians of children at risk of anaphylaxis and school staff need to communicate about food for the duration of the program. - Parents or guardians should also communicate directly with the catering staff and discuss food options/menu, food brands, cross contamination risks to determine the safest food choices for their child. - Parents or guardians may prefer to provide all child's food for the duration of the program. This is the safest option. If this is the case, storage and heating of food needs to be organised. - Awareness of cross contamination of allergens in general (e.g. during storage, preparation and serving of food).

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PRIOR TO ATTENDING BLACKWOOD	○ Discussion of the menu for the duration of the program including morning and afternoon teas and snacks. ○ Games and activities should not involve the use of peanut or tree nut products or any other known allergens. ○ Program organisers need to consider domestic activities that they assign to children on a program. It is safer to have the child with food allergy set tables, for example, rather than clear plates and clean up.
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Adrenaline auto injectors for general use

Blackwood will maintain a supply of adrenaline auto injector(s) 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.

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 auto injectors for general use will be stored in the School 1st Aid Room and with each Blackwood Program Staff Member and labelled "general use".

The principal is responsible for arranging the purchase of adrenaline auto injectors for general use, and will consider:

- the number of students accessing Blackwood at risk of anaphylaxis
- the accessibility of adrenaline auto injectors supplied by parents
- the availability of a sufficient supply of auto injectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline auto injectors, and the need for general use adrenaline auto injectors 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 campus' general first aid procedures, emergency response procedures and the student's Individual Anaphylaxis Management Plan.

A home school designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending Blackwood, together with their Individual Anaphylaxis Management Plans and adrenaline auto injectors, where appropriate. This list will be provided to Blackwood as part of the Program Planning process.

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If a student experiences an anaphylactic reaction at Blackwood, 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 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 electronically on OneDrive or in hard copy in the Blackwood staffroom - if the student's plan is not immediately available, or they appear to be experiencing a first-time reaction, continue with steps 2 to 5 and refer to the ASCIA First Aid Plan for Anaphylaxis (Orange), stored with the school's adrenaline autoinjector for general use in the Blackwood 1st Aid room in the Administration Building, if immediately accessible.
2.	Administer an EpiPen or EpiPen Jr - 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

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	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 auto injectors 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.

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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 will be available on the Blackwood website so that families and other members of the school community can easily access information about Blackwood's anaphylaxis management procedures.

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The Campus Principal is responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and Blackwood'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. Information about the student will be in the Blackwood office.

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 Blackwood will receive appropriate training in anaphylaxis management, consistent with the Department's *Anaphylaxis Guidelines*.

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.

Working onsite with Wilderness 1st Aid Australia the following Blackwood Staff completed the following training on 28th January 2026:-

- VU23090 Provide first aid management for anaphylaxis
- VU23091 Develop risk minimisation & risk management strategies for anaphylaxis
 - David Ogilvie
 - Ella Closter
 - Jaime Henderson
 - Lucas McCall
 - Nick Summit
 - Rose Carrington
 - Shane LeFevre
 - Tony Bellette

Will Morgan completed his Anaphylaxis training as part of his full Wilderness 1st Aid Course recertification in December 2025.

The campus principal will arrange the training of staff on anaphylaxis management and how to use an auto injector twice annually, and include:-

- the school's anaphylaxis management policy.

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- 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 adrenaline devices that the school has purchased for general use
- how to access on-going support and training.

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When a student who is at risk of anaphylaxis accesses Blackwood, the Campus Principal will develop an interim plan in consultation with the student's Home School and ensure that appropriate Blackwood Staff are trained and briefed as soon as possible.

A record of staff training courses is maintained with the Blackwood Emergency Management Plan.

At every weekly staff meeting Program Co-ordinators identify and discuss the needs of students visiting the school that week including those with anaphylaxis plans identifying their triggers and highlighting that their management plans are available on our OneDrive as well as in the staff room.

Throughout each academic year all Blackwood staff complete:-

- Anaphylaxis Management Training Courses including online modules as well as face-to-face training to complete:-
 - VU23090 Provide first aid management for anaphylaxis
 - VU23091 Develop risk minimisation & risk management strategies for anaphylaxis

During the first academic week of Term 1

- During the first academic week of Term 3, staff maintain their anaphylaxis knowledge and currency through a briefing session

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 will be communicated to our school community in the following ways:

- Available publicly on our school's website
- Included in staff induction processes
- Made available in hard copy from school administration upon request

FURTHER INFORMATION AND RESOURCES

- School Policy and Advisory Guide:
 - [Anaphylaxis](#)
 - [Allergy & Anaphylaxis Australia](#)
 - ASCIA Guidelines: [Schooling and childcare](#)

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- [Hero HQ Anaphylaxis Management Training](#)
- https://allergyfacts.org.au/___interest/anaphylaxis/
- Royal Children's Hospital: [Allergy and immunology](#)

REVIEW CYCLE AND EVALUATION

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

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