Anaphylaxis Management Policy

September 2026

VIRTUAL SCHOOL VICTORIA

ANAPHYLAXIS POLICY

Help for non-English speakers

If you need help to understand the information in this policy please contact Virtual School Victoria on 8480 0000 or feedback@vsv.vic.edu.au.

PURPOSE

To explain to Virtual School Victoria 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 Virtual School Victoria 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 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.

CONTEXT

Virtual School Victoria (VSV) is committed to providing a safe, supportive and inclusive environment for all students, staff and members of our community. Our school recognises the importance of the partnership between our school, parents, carers and enrolling schools to support student learning, engagement and wellbeing. We share a commitment to, and a responsibility for, creating an inclusive and safe school environment for our students. We bring trauma informed practice to our work, striving to recognise and mitigate the impacts of trauma on our students and families through our focus on child safety.

POLICY

School Statement

Virtual School Victoria fully complies 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
- 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 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 Virtual School Victoria 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 Virtual School Victoria 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 Virtual School Victoria 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 autoinjectors

A copy of a student's Individual Anaphylaxis Management Plan (RED) is saved in the relevant Student Folder along with a copy of the ASCIA Action Plan and an alert is placed on the student database.

- Students are encouraged to keep their adrenaline autoinjectors on their person. Spare Adrenaline autoinjectors for general use are available at the Enrolment Office and in the school first aid kits, Admin storeroom.

- Whilst some students keep their adrenaline autoinjector on their person, medication for those that do not will be stored and labelled with their name at Reception together with adrenaline autoinjectors for general use.

Risk Minimisation Strategies

VSV teachers have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. Appropriate prevention strategies to minimise the risk of incidents of anaphylaxis are important when trying to satisfy this duty of care. This section details the risk minimisation and prevention strategies that are in place at the VSV:

- Actively seek information to identify students with severe life-threatening allergies or those who have been diagnosed as being at risk of anaphylaxis. This is undertaken at enrolment and recorded on the student database.
- A general use adrenaline autoinjector is stored at the school reception, and in the medical first aid kits for ease of access

- A copy of a student's Individual Anaphylaxis Management Plan is saved in the relevant Student Folder along with a copy of the ASCIA Action Plan (RED) and an alert is placed on the student database.
- Teachers are responsible for identifying students attending a VSV event (E.g. excursions/seminars/practical's/field trips/camps etc.) who are at risk of anaphylaxis. Students are identified on the student database and have required permission forms.
- The Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan (RED) should be easily accessible and the supervising teacher should be aware of their exact location.
- Sufficient teachers supervising the event must be trained in the administration of an Adrenaline Autoinjector and be able to respond quickly to an anaphylactic reaction, if required. Anaphylactic trained staff (including photos) will be identified and an anaphylactic reaction flowchart will be displayed on notice boards around the school.
- A risk assessment should be undertaken by the supervising teacher for each individual student attending the event who is at risk of anaphylaxis. The risks and risk management strategies may vary according to the number of anaphylactic students attending, the nature of the event, size of venue, distance from medical assistance, the structure of the event and corresponding staff-student ratio. E.g. students may be informed that the event is a nut free event if a student attending has a nut allergy.
- Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Likewise, products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
- It is recommended to avoid providing food during VSV events. If provided, students should be advised that the food provided may contain allergens and should not be eaten by students at risk of anaphylaxis.
- School staff should consult parents/carers of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the parents/carers provide a meal (if required).
- The VSV Cafe will display visual resources related to allergens, which should not be eaten by students at risk of anaphylaxis. A disclaimer is to be displayed that warns customers that food purchased from the canteen may contain ingredients that have the potential to cause an anaphylactic reaction.

Adrenaline autoinjectors for general use

Virtual School Victoria will maintain a supply of adrenaline autoinjector(s) 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 will be stored at the Reception 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 Example School 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.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the relevant Student Coordinators and stored in the relevant Student Folder along with a copy of the ASCIA Action Plan (RED) and an alert is placed on the student database.

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.	• 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 onsite, (Or in the School's mobile backpack first aid kit), and the student's Individual Anaphylaxis Management Plan, stored in their Individual Student folder in the Enrolments Office. • 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 at [insert location], 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) • 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 five 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.

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.

Communication Plan

This policy will be available on Virtual School Victoria's website so that parents and other members of the school community can easily access information about Virtual School Victoria's anaphylaxis management procedures. The parents and carers of students who are enrolled at Virtual School Victoria 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, canteen staff and volunteers are aware of this policy and Virtual School Victoria'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.

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

- Available publicly on the VSV website
- Included in staff induction processes and training materials
- Discussed at twice yearly staff briefings or meetings, as required

Staff training

The Principal will ensure that the following school staff are appropriately trained in anaphylaxis management:

- School staff who conduct on-site classes (Incursions) attended by students who are at risk of anaphylaxis
- Staff supervising / conducting (face-to-face) school activities, both on-site and off-site.
- School staff who conduct specialist classes, 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

- The ASCIA Anaphylaxis e-training module, required for all staff.

Virtual School Victoria's uses the following DE&T accredited anaphylaxis training group, Hero HQ

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 2 School Anaphylaxis Supervisors. Each briefing will address:

- this 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 response procedures
- the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.
- the location of adrenaline devices that the school has purchased for general use
- how to access on-going support and training.

When a new student enrols at Virtual School Victoria 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 record of staff training courses and briefings will be maintained through the school's online Emergency Management Plan.

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

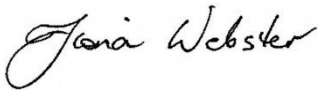
- The department's Policy and Advisory Library (PAL):
  - Anaphylaxis
  - Allergies
  - First Aid for Students and Staff
  - Health Care Needs
  - Managing Reporting School Incidents (Including Emergencies)
  - Medication
- Allergy & Anaphylaxis Australia
- ASCIA Guidelines: Schooling and childcare
- Hero HQ Anaphylaxis Management Training
- https://allergyfacts.org.au/__interest/anaphylaxis/
- Royal Children's Hospital: Allergy and immunology

The following school policies are also relevant to this Anaphylaxis Policy

- Administration of Medication Policy

- First Aid Policy
- Asthma Policy
- Duty of Care Policy
- Health Care Needs Policy

POLICY REVIEW AND APPROVAL

Created date	**September 2026**
Reviewed date	September 2026
Policy Authors	Deanna Butler - Business Manager Irena Clark - Assistant Principal
Approved by	Fiona Webster Executive Principal  Signature:
Endorsed on	Date: 03/09/2026
Next 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.