



Princes Hill Secondary College

Anaphylaxis Policy

Purpose

To explain to Princes Hill 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 Princes Hill 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 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

Princes Hill Secondary College will fully comply 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 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 Princes Hill 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 Princes Hill 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 enrolls at Princes Hill Secondary 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 Management Plans

A student's Individual Anaphylaxis Management 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.

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 each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at Reception, together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.

Students are also encouraged to keep adrenaline autoinjectors on their person.

Adrenaline autoinjectors for general use are available at Reception and are labelled "general use".

Risk Minimisation Strategies

To reduce the risk of a student suffering from an anaphylactic reaction at Princes Hill Secondary College, we have put in place the following general strategies:

- *students are discouraged from sharing food*
- *garbage bins at school are to remain covered with lids to reduce the risk of attracting insects*
- *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*
- *year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays*
- *a general use adrenaline autoinjector will be stored at the school canteen, office and in the yard duty bag for ease of access.*

Additionally, we use the following strategies:

In-School Settings

- The Anaphylaxis Student Listing with the names and photos of all students at risk of anaphylaxis is posted on the noticeboard of all staff rooms, canteen and at Reception, along with a generic ASCIA Action Plan for Anaphylaxis instructions.
- All staff receive via Compass Newsfeed, a copy of the students at risk of anaphylaxis document at the start of each year and as updated.
- Information folders for casual relief teachers will contain both the above documents as well as instructions on how to respond appropriately to an anaphylaxis emergency.

- All staff are informed of the nature of the risk for each student and advised to minimise the potential for risk.
- No food is to be eaten in the classrooms (Food Technology is an exception).
- Regular information is given to all students about the importance of washing their hands and eating their own food, not sharing food particularly with students known to have allergies and not bringing to school food or treats containing nuts.
- Teachers are made aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons).
- Staff should avoid using food in activities or games, including as rewards.
- Nuts will not be used in camp menus, snacks, rewards, or activities.

Canteen

- Canteen staff, including volunteers, are included in training and update sessions about Anaphylaxis and administering an adrenaline autoinjector (EpiPen).
- The canteen manager will be responsible for ensuring volunteers are briefed about students at risk of anaphylaxis, preventative strategies in place and the information in their ASCIA Action Plans.
- A document with the photos of students at risk of Anaphylaxis will be displayed in the canteen as a reminder to staff and volunteers. The Generic ASCIA Action Plan for Anaphylaxis is displayed in the canteen also.
- The canteen will provide a range of products that are designed not to include peanut or other nut products.
- Ingredients should be displayed with canteen prepared food.
- Tables and surfaces will be wiped down regularly both in the food preparation and eating areas.

School Yard and Princes Park

- All staff undergo anaphylaxis training and will be able to respond appropriately while on Yard Duty.
- Students at risk of anaphylaxis should have their own adrenaline autoinjector (EpiPen) with them at school.
- Staff on yard duty should carry a mobile phone to notify the general office of an anaphylactic reaction in the yard.
- Staff on yard duty in Princes Park carry a first aid kit containing the school's generic adrenaline autoinjector (EpiPen) a generic ASCIA Action Plan and a sheet with the photos of all students at risk of anaphylaxis.

Special Events and Sporting Events

- A sufficient number of trained staff will attend the event and be made aware of the location of first aid equipment and spare student adrenaline autoinjector (EpiPen).
- The spare adrenaline autoinjector (EpiPen) and management plan of students attending the special event will be included in an insulated container (Anaphylaxis Kit) held in a central position.
- Staff must know where the anaphylaxis kit is located and how to access it if required.

Out of School Settings

- Trained staff will be present on all field trips and excursions.
- The student's school held adrenaline autoinjector (EpiPen), ASCIA Action Plan and a mobile phone must be taken by the teacher in charge on all field trips/excursions.
- A staff member or team of staff who have been trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector (EpiPen) must accompany the student on field trips or excursions.
- All staff present during the field trip or excursion need to be aware if there is a student at risk of anaphylaxis.
- Staff must develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.

Camps and Remote Settings

- Students should always carry their personal adrenaline autoinjector (EpiPen).
- The school held adrenaline autoinjector (EpiPen) must be carried in the school first aid kit but always be accessible.
- A risk management strategy for students at risk of anaphylaxis for school camps will be developed in consultation with the student's parents/carers.
- Staff should liaise with parents/carers to develop alternative menus or allow students to bring their own meals.
- The Princes Hill Secondary College Mirrimbah Country Centre will not stock peanut or tree nut products, including nut spreads.
- **Depending on specific event risk assessments, students attending Outdoor Adventure activities away from residential camps and/or at remote locations may be asked not to bring any food, snacks, or treats containing nuts .**
- Camp providers and organisers must be advised in advance of any students with food allergies (including PHSC Mirrimbah Country Centre).
- The student's adrenaline autoinjector (EpiPen), ASCIA Action Plan and a mobile phone must be taken on camp along with a Satellite phone if in remote area.
- All staff who accompany students at risk on camp must be made aware how to: recognise anaphylaxis symptoms and be trained in administering an adrenaline autoinjector (EpiPen).
- A risk assessment and emergency procedure that sets out clear controls, roles and responsibilities in the event of an anaphylactic reaction must be developed.
- 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 areas of high insect concentrations.

Adrenaline autoinjectors for general use

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

Adrenaline autoinjectors for general use will be stored at Reception in all First Aid Kits 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 Princes Hill 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.

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 First Aid Officer and stored at Reception. 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 Reception • 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>Administer an EpiPen or EpiPen Jr</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 • Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration

	<p>OR</p> <p>Administer an Anapen® 500, Anapen® 300, or Anapen® Jr.</p> <ul style="list-style-type: none"> • 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
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.

Schools can use either the EpiPen® **and Anapen® on any student** suspected to be experiencing an anaphylactic reaction, regardless of the device prescribed in their ASCIA Action Plan.

Where possible, schools 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.

Communication Plan

This policy is available on the [Princes Hill Secondary College 'Policies' page](#) so that parents and other members of the school community can easily access information about Princes Hill Secondary College's anaphylaxis management procedures. The parents/carers of students who are enrolled at Princes Hill Secondary College 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 Princes Hill Secondary College'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](#).

Staff training

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

- School staff who conduct classes attended by students who are at risk of anaphylaxis
- School staff who conduct specialist classes, ES 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.

Princes Hill Secondary College uses the following training course - [ASCIA eTraining course](#).

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 School Anaphylaxis Supervisor. 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/carers or purchased by the school for general use.

When a new student enrolls at Princes Hill Secondary College who is at risk of anaphylaxis, the Principal will develop an interim plan in consultation with the student's parents/carers and ensure that appropriate staff are trained and briefed as soon as possible.

A record of staff training courses and briefings will be maintained on the school [Anaphylaxis Staff Training Page](#) (Staff access only).

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 enough 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](#)

POLICY REVIEW AND APPROVAL

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