

Policy Title	Anaphylaxis Policy		
Date approved	17/02/2026	Review Date:	17/02/2027
Revision No:		Revision Date:	



Help for non-English speakers

If you need help to understand the information in this policy please contact the General Office on 9466 0900.

PURPOSE

To explain to Reservoir High School 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 Reservoir High School 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

Reservoir High School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education.

Key Terms:

Anaphylaxis Supervisor: Staff member overseeing the management of Anaphylaxis

Teacher in Charge: Teacher supervising the anaphylaxis student ie. Classroom or events

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 Reservoir High School who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan (See Appendix 2). When notified of an anaphylaxis diagnosis, the Principal of Reservoir High 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 enrolls at Reservoir High School 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 autoinjector 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 will be 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 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

Copies of all students Individual Anaphylaxis Management plans, including the ASCIA Action Plan for Anaphylaxis (RED), are located together in the General Office, all Sub schools, the General Staff Room, Canteen, Food Technology & Arts Centre, PAC and the Stadium.

All students at risk of Anaphylaxis have a personal adrenaline autoinjector stored in the General Office and labelled with their name.

General Use adrenaline autoinjector's are located in the General Office, all Sub-school Offices, Food & Technology Centre, Stadium, PAC and the General Office. At external events, including sports' days, excursions and camps, a plan for location of General Use adrenaline autoinjector's, individual adrenaline autoinjector's and student Individual Anaphylaxis Management Plans must be devised by the teacher-in-charge and communicated to all staff in attendance.

Risk Minimisation Strategies

The staff at Reservoir High School have put in place the following risk minimisation strategies to reduce the possibility of a student suffering from an anaphylactic reaction at school.

This is not an exhaustive list and staff should use additional prevention strategies as appropriate

ALL STAFF WILL:

1. Know the School Anaphylaxis Management Policy and act on it as it applies to them in carrying out their role in the school.
2. Know the specific responsibilities regarding implementation of the Reservoir High Anaphylaxis Policy as they relate to their role or position in the school. (Appendix 1)
3. Know the identity of the students who are risk of anaphylaxis.
4. Always take seriously a student who is at risk of anaphylaxis if they complain of feeling unwell.
5. **NEVER** leave a student alone, who is at risk of anaphylaxis, when feeling unwell, including in sickbay.
6. Understand the causes, symptoms and treatment of anaphylaxis.
7. Attend regular training at staff briefings, in accordance with the Order, in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector (EpiPen, Anapen® or Jext®).
8. Know the location of student Individual Anaphylaxis Management Plans and adrenaline autoinjector (EpiPen®, Anapen® or Jext®) and General Use adrenaline autoinjector (EpiPen®,

Anapen® or Jext®), both at school and while on school activities away from the school – e.g. sports days, excursions, camps.

9. Know the school's Anaphylaxis Emergency Procedures in relation to responding to an anaphylactic reaction.
10. Know and follow the prevention and risk minimization strategies in the student's Individual Anaphylaxis Management Plan.
11. Avoid the use of food treats or rewards, as these may contain hidden allergens.
12. Be aware of the possibility of hidden or traces of food allergens if using food or food containers in class e.g. for model construction or in science experiments.
13. **Food Technology:** Teaching and support staff of food technology classes will use the following strategies to minimise the risk of an anaphylactic reaction:
 - Ensure safe food handling techniques are taught to all classes and used by all staff and students to reduce the risk of contamination for allergens
 - Be aware of the risks of hidden allergens in food used in cooking
 - At the start of each new class or elective for a semester, teach students about the risks of severe allergies and anaphylaxis
 - Teach students not to share food they have prepared with other students
 - Where students with anaphylaxis are enrolled in a food technology class, the Class Teacher is to liaise directly with parent/guardian and the student, prior to the student commencing the class, re the risks of anaphylaxis in class and to plan strategies to reduce the risks
14. **Special events at school** such as cultural days, fund raisers, sausage sizzles and incursions all present challenges due to increased risk of anaphylactic reaction. The Teacher-In-Charge of any such event will take actions to reduce this risk including:
 - For a class event, the class teacher will consult with parents/guardians of the at risk student in their class re food alternatives
 - Where events are whole school, the organising teacher can provide safe food alternatives
 - Raise student organisers' awareness of food allergens
 - Use warning signs that a food may contain food allergens
15. **Breakfast Club:**
The organiser will:
 - Participate in staff anaphylaxis training
 - Know the identity of students who are at risk of anaphylaxis and brief any volunteers as necessary
 - Supply safe food alternatives
 - Be aware of the risk of cross contamination when preparing and handling food
 - Maintain good hygiene especially of work surfaces, equipment and crockery
16. **Canteen:**
 - The Principal will require evidence of knowledge of safe food handling by canteen contractors as it applies to anaphylaxis
 - Canteen staff will be invited to participate in staff anaphylaxis training
 - With parent permission students' individual Anaphylaxis Management Plans will be displayed in the Canteen food preparation area.
17. **Work Experience**
The Teacher-In-Charge will:
 - Consult with student, parents and employer to inform employer and make arrangements regarding access to the student's adrenaline autoinjector (EpiPen®, Anapen® or Jext®)
 - Discuss with the employer possible workplace risks and readiness of the workplace to respond to an anaphylactic emergency and discuss strategies to overcome difficulties.
18. **OUT OF SCHOOL EVENTS-EXCURSIONS, SPORTS DAYS AND CAMPS:**
The Teacher-In-Charge will:
 - Notify the Administration Committee of any students at risk of anaphylaxis who will be attending the out of school event at time of application for approval for the event

- For camps, submit a risk assessment for an at risk of anaphylaxis student who will be attending. Risks may vary according to number of anaphylactic students attending, type of event, size of venue, distance from medical assistance, nature of excursion and staff/student ratio. For excursions & sports days a risk assessment is to be supplied at request of the Administration Committee.
- Consult with parent/guardian of any student attending who is at risk of anaphylaxis regarding their Individual Anaphylaxis Management Plan, provision of the student's adrenaline autoinjector (EpiPen®, Anapen® or Jext®) and any other specific requirements for the event. The teacher should ensure they have accurate emergency contact numbers for the event.
- Notify all staff attending the event of any anaphylactic students attending
- Plan ahead to ensure the student's Individual Anaphylaxis Management plan, adrenaline autoinjector (EpiPen®, Anapen® or Jext®) and sufficient General Use adrenaline autoinjector (EpiPen®, Anapen® or Jext®) for at risk students attending and a copy of the school Emergency Response Plan are available and taken to event
- Devise an Emergency Anaphylaxis Response Plan for the event which includes the location of and immediate access for at risk students to the above items at all times.
- Inform all staff attending the event of the Emergency Anaphylaxis Response Plan
- Ensure sufficient school staff trained in the administration of an adrenaline autoinjector (EpiPen®, Anapen® or Jext®) to attend the event
- Contact camp management in advance to discuss requirement of a student with anaphylaxis. Consult with camp re meals. Make arrangements for alternative meals as necessary.

19. Overseas Travel

- To include all of the above as well as all Reservoir High School and the Department's policies and requirements for overseas travel.

Adrenaline autoinjectors for general use

Reservoir High School 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 General Office, Sub-school Offices, Stadium, Food Technology & Arts Centre and PAC 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 Reservoir High 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 Anaphylaxis supervisor and stored at the General Office, all Sub schools, the General Staff Room, Canteen, Food Technology & Arts Centre, PAC and the Stadium. 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 events, together with their Individual Anaphylaxis Management Plans and adrenaline devices, 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 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 at the General Office, the closest Sub school, Food Technology & Arts Centre, Stadium or PAC. • 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 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 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 5 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.

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 Reservoir High School's website and Compass so that parents and other members of the school community can easily access information about Reservoir High School's anaphylaxis management procedures. The parents and carers of students who are enrolled at Reservoir High School 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 Reservoir High School's procedures for anaphylaxis management. We will communicate this policy through staff induction and training materials, and twice yearly staff briefings. 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.

We will also communicate this policy through:

- Compass (school community communication platform)
- Staff manual
- Parent information night
- Newsletter
- Enrolment Pack

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, all canteen staff, 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.

Reservoir High School uses the following training course ASCIA eTraining course with 22579VIC and/or 22578VIC

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 Reservoir High School Nurse and/or School Anaphylaxis Supervisor. Each briefing will address:

- the school's anaphylaxis management 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 procedures
- the location of adrenaline autoinjector 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.

When a new student enrolls at Reservoir High School who is at risk of anaphylaxis, the Principal/ Anaphylaxis Supervisor 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 Edusafe Plus and also the OHS Training Planner.

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.

LIST OF APPENDICES

Appendix 1 – Responsibilities of School Staff

Appendix 2 – Individual Anaphylaxis Management Plan proforma

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 and can be found on our website.

- Health Care Needs Policy
- First aid Policy
- Administration of Medication Policy
- Duty of Care Policy

POLICY REVIEW AND APPROVAL

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. This Policy will be reviewed annually as part of the school's review cycle.

Principal Signature:



Date: 23rd February 2026

Appendix 1: Responsibilities of School Staff

ACTION	Person Responsible/Timing
1. Liaising with parents/Students	
1.1. Establish student at risk of anaphylaxis on enrolment. Inform Sub School Manager/Anaphylaxis Supervisor, at time of enrolment of student.	• Assistant principal • At enrolment
1.2 Meet with parents of students and students where appropriate at risk of anaphylaxis to develop/review the student's Individual Anaphylaxis Management Plan.	• Anaphylaxis Supervisor/School Nurse • On enrolment/Annually
1.3 Liaising with parents of students at risk of anaphylaxis to ensure they supply an ASCIA Action Plan for Anaphylaxis (RED) signed by a medical practitioner and with current student photo, and the appropriate in-date medication – EpiPen®, Anapen® or Jext® and/or antihistamines.	• Anaphylaxis Supervisor (Action Plans) • First Aider General Office (In date medications) • Following enrolment/ annually and also as medications expire.
1.4 Maintain a Communication Log documenting communication with Parents/Carers on issues regarding their child's allergies	• Anaphylaxis Supervisor • First aider- General Office. • Sub School Office Manager
2. Managing documentation and medication	
2.1 Enter alerts for allergy and adrenaline autoinjector EpiPen®, Anapen® or Jext®) expiry date on Epiclub , Anapen® website and Jext® website	• Anaphylaxis Supervisor
2.2. Provide for each student at risk, copies of current Individual Anaphylaxis Management Plan (including ASCIA plan) to General Office, each sub-school office, Food Technology & Art Centre, Stadium and PAC as well as an electronic copy in Student chronicle on Compass.	• Anaphylaxis Supervisor • On enrolment/ • Annually
2.3 Provide for each student at risk, a copy of the ASCIA plan with a current photo, to the following school locations: • Social staff room noticeboard • Food technology prep room notice board • Science/Technology staffroom notice board • Staffrooms • Canteen staff preparation area • General Office • Sub School Offices • Stadium Office	• Anaphylaxis Supervisor • On enrolment/Annually

PAC	
2.4 Review adrenaline autoinjector's (EpiPen®, Anapen® or Jext®) (and antihistamines - General Office only) in the first week of every term to check for fluid deterioration/expiry date. Notify General Office First Aider if requiring replacement.	- Sub-school managers & General Office - First Aider. - Each Term
2.5 Notify parent/carer of need for individual adrenaline autoinjector (EpiPen®, Anapen® or Jext®) replacement. Continue to monitor replacement. Notify principal if not replaced.	- General Office First Aider/Anaphylaxis Supervisor - As necessary
2.6 Purchase replacement school General Use adrenaline autoinjector's EpiPen®, Anapen® or Jext®).	- General Office First Aider. - As necessary
2.7 Provide for each student at risk, a copy of the ASCIA plan with a current photo, to the Teacher-In-Charge, of any school event, excursion, camp.	- General Office First Aider. - As necessary
2.8 Maintain and monitor log of EpiPen®, Anapen® or Jext® borrowing for school events, excursions, camps.	- General Office First Aider. - As necessary
3. Informing Staff	
3.1 Provide staff with up to date information regarding students at risk of anaphylaxis	- Anaphylaxis Supervisor - On enrolment/ - Annually
3.2 Provide induction for new staff regarding the Anaphylaxis policy, procedures and also current students at risk of anaphylaxis.	- Principal - PD Co-ordinator - Anaphylaxis Supervisor
3.3 Inform Casual Relief Staff of identity of students at risk of Anaphylaxis and their responsibilities in particular the Anaphylaxis Emergency Procedures.	- Daily Organiser - Regularly
4. Implementing and enforcing the policy	
4.1 Conduct staff information sessions each semester, including identity of current students at risk and their allergens, location of EpiPen®, Anapen® or Jext®), the school Anaphylaxis Emergency Plan and practice in using an EpiPen®, Anapen® or Jext®.	- Anaphylaxis Supervisor - Week 1 of Sem1 & start of Semester 2
4.2 Review annually the Anaphylaxis Management Checklist with staff	- Principal and leadership team/Anaphylaxis Supervisor - End of Term 1
4.3 Review annually the Anaphylaxis Management Policy	- Principal and leadership team - Anaphylaxis Supervisor - End of Term 1

4.4 Work with school staff, students and parents to raise awareness about severe allergies	• Student Wellbeing Coordinator/Anaphylaxis Supervisor and School nurse • Ongoing
4.5 Organise anaphylaxis training for staff	• Anaphylaxis Supervisor • As required
5. Looking after students	
5.1 Know and implement school prevention strategies both general and specific to a teaching area or event in order to minimise risks of exposure to allergens and thus an anaphylactic episode.	• All staff

Appendix 2 - Individual Anaphylaxis Management Plan

Individual Anaphylaxis Management Plan

This plan is to be completed by the principal or nominee on the basis of information from the student's medical practitioner (ASCIA Action Plan for Anaphylaxis) provided by the parent. It is the parent's responsibility to provide the school with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's medical practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.			
School		Phone	
Student			
DOB		Year level	
Severely allergic to:			
Other health conditions			
Medication at school			
EMERGENCY CONTACT DETAILS (PARENT)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
EMERGENCY CONTACT DETAILS (ALTERNATE)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
Medical practitioner contact	Name		
	Phone		
Emergency care to be provided at school			

Storage location for adrenaline autoinjector (device specific) (EpiPen®)			
ENVIRONMENT			
To be completed by principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.			
Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):

- annually
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- as soon as practicable after the student has an anaphylactic reaction at school
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects, cultural days, fetes, incursions).

I have been consulted in the development of this Individual Anaphylaxis Management Plan.

I consent to the risk minimisation strategies proposed.

Risk minimisation strategies are available at Chapter 8 – Risk Minimisation Strategies of the Anaphylaxis Guidelines

Signature of parent:	
Date:	
I have consulted the parents of the students and the relevant school staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.	
Signature of principal (or nominee):	
Date:	

Ascia Action Plans for Anaphylaxis – EpiPen®, Anapen®, Jext® and Neffy®

EpiPen® Action Plan



australian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

Photo

Name: _____ Date of birth: DD / MM / YYYY

Confirmed allergen(s): _____

Family/emergency contact(s):

1. _____ Mobile: _____

2. _____ Mobile: _____

Plan prepared by: _____ (prescriber) who authorises medications to be given, as consented by the parent/guardian, according to this plan.

Signed: _____ Date: DD / MM / YYYY

Antihistamine: _____ Dose: _____

This plan does not expire but review is recommended by: DD / MM / YYYY

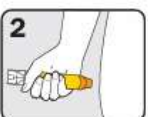
How to give EpiPen® adrenaline (epinephrine) device

1



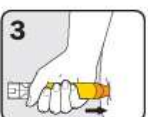
Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE

2



Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)

3



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds. REMOVE EpiPen®

Scan for adrenaline device instructions, which are also on the device label.



EpiPen® Jr (150 mcg) is prescribed for children 7.5-20kg

EpiPen® (300 mcg) is prescribed for children over 20kg and adults

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS:

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - **these are signs of anaphylaxis for insect allergy**

ACTIONS:

- Stay with person, call for help
- Locate adrenaline device
- Give antihistamine - see above
- Phone family/emergency contact
- Insect allergy - flick out sting if visible
- Tick allergy - seek medical help or freeze tick and let it drop off

Mild to moderate allergic reactions may not always occur before anaphylaxis

SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

Watch for ANY ONE of the following signs:

- Difficult or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough

- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)
- Abdominal pain, vomiting - **these are signs of anaphylaxis for insect allergy**

ACTIONS FOR ANAPHYLAXIS

1 LAY PERSON FLAT - do NOT allow them to stand or walk

- If unconscious or pregnant, place in recovery position - on left side if pregnant
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



2 GIVE ADRENALINE DEVICE

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

IF IN DOUBT GIVE ADRENALINE DEVICE

Commence CPR at any time if person is unresponsive or not breathing normally

ALWAYS GIVE ADRENALINE DEVICE FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication (who may have been exposed to the allergen) has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice. Anaphylaxis can occur without skin symptoms.

If device is accidentally injected, use another adrenaline device if available, and contact the local poisons information centre.

© ASCIA 2026 This plan is a medical document that can only be completed by the prescriber and cannot be altered without their permission.

Anapen® Action Plan



australian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

Photo

Name: _____ Date of birth: DD / MM / YYYY

Confirmed allergen(s): _____

Family/emergency contact(s):

1. _____ Mobile: _____

2. _____ Mobile: _____

Plan prepared by: _____ (prescriber) who authorises medications to be given, as consented by the parent/guardian, according to this plan.

Signed: _____ Date: DD / MM / YYYY

Antihistamine: _____ Dose: _____

This plan does not expire but review is recommended by: DD / MM / YYYY

How to give Anapen® adrenaline (epinephrine) device



1

PULL OFF **BLACK** NEEDLE SHIELD



2

PULL OFF **GREY** SAFETY CAP from red button



3

PLACE NEEDLE END FIRMLY against outer mid-thigh at 90° angle (with or without clothing)



4

PRESS **RED** BUTTON so it clicks and hold for 3 seconds. REMOVE Anapen®

Scan for adrenaline device instructions, which are also on the device label.



Anapen® 500 is prescribed for children and adults over 50kg

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS:

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - **these are signs of anaphylaxis for insect allergy**

Mild to moderate allergic reactions may not always occur before anaphylaxis

ACTIONS:

- Stay with person, call for help
- Locate adrenaline device
- Give antihistamine - see above
- Phone family/emergency contact
- Insect allergy - flick out sting if visible
- Tick allergy - seek medical help or freeze tick and let it drop off

SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

Watch for **ANY ONE** of the following signs:

- Difficult or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough

- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)
- Abdominal pain, vomiting - **these are signs of anaphylaxis for insect allergy**

ACTIONS FOR ANAPHYLAXIS

- 1 LAY PERSON FLAT - do NOT allow them to stand or walk**
 - If unconscious or pregnant, place in recovery position - on left side if pregnant
 - If breathing is difficult allow them to sit with legs outstretched
 - Hold young children flat, not upright
- 2 GIVE ADRENALINE DEVICE**
- 3** Phone ambulance - 000 (AU) or 111 (NZ)
- 4** Phone family/emergency contact
- 5** Further adrenaline may be given if no response after 5 minutes
- 6** Transfer person to hospital for at least 4 hours of observation

IF IN DOUBT GIVE ADRENALINE DEVICE

Commence CPR at any time if person is unresponsive or not breathing normally

ALWAYS GIVE ADRENALINE DEVICE FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication (who may have been exposed to the allergen) has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice. Anaphylaxis can occur without skin symptoms.

If device is accidentally injected, use another adrenaline device if available, and contact the local poisons information centre.

© ASCIA 2026 This plan is a medical document that can only be completed by the prescriber and cannot be altered without their permission.

Parents and guardians (via their medical practitioner) can access the ASCIA Action Plan from:

<http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>



australian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

Photo

Name: _____ Date of birth: DD / MM / YYYY

Confirmed allergen(s): _____

Family/emergency contact(s):

1. _____ Mobile: _____

2. _____ Mobile: _____

Plan prepared by: _____ (prescriber) who authorises medications to be given, as consented by the parent/guardian, according to this plan.

Signed: _____ Date: DD / MM / YYYY

Antihistamine: _____ Dose: _____

This plan does not expire but review is recommended by: DD / MM / YYYY

How to give Jext® adrenaline (epinephrine) device



1

Form fist around Jext® and PULL OFF YELLOW CAP



2

PLACE BLACK INJECTOR TIP against outer mid-thigh (with or without clothing)



3

PUSH BLACK TIP FIRMLY until a click is heard and hold in place for 3 seconds. REMOVE Jext®

Scan for adrenaline device instructions, which are also on the device label.



Jext® Jr (150 mcg) is prescribed for children 7.5 - 20kg

Jext® (300 mcg) is prescribed for children over 20kg and adults

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS:

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - **these are signs of anaphylaxis for insect allergy**

ACTIONS:

- Stay with person, call for help
- Locate adrenaline device
- Give antihistamine - see above**
- Phone family/emergency contact
- Insect allergy - flick out sting if visible
- Tick allergy - seek medical help or freeze tick and let it drop off

Mild to moderate allergic reactions may not always occur before anaphylaxis

SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

Watch for ANY ONE of the following signs:

- Difficult or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)
- Abdominal pain, vomiting - **these are signs of anaphylaxis for insect allergy**

ACTIONS FOR ANAPHYLAXIS

1 LAY PERSON FLAT - do NOT allow them to stand or walk

- If unconscious or pregnant, place in recovery position - on left side if pregnant
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright







2 GIVE ADRENALINE DEVICE

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

IF IN DOUBT GIVE ADRENALINE DEVICE

Commence CPR at any time if person is unresponsive or not breathing normally

ALWAYS GIVE ADRENALINE DEVICE FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication (who may have been exposed to the allergen) has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice). **Anaphylaxis can occur without skin symptoms.**

If device is accidentally injected, use another adrenaline device if available, and contact the local poisons information centre.

© ASCIA 2026 This plan is a medical document that can only be completed by the prescriber and cannot be altered without their permission.



australian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR

Anaphylaxis

Photo

Name: _____ Date of birth: DD / MM / YYYY

Confirmed allergen(s): _____

Family/emergency contact(s):

1. _____ Mobile: _____

2. _____ Mobile: _____

Plan prepared by: _____ (prescriber) who authorises medications to be given, as consented by the parent/guardian, according to this plan.

Signed: _____ Date: DD / MM / YYYY

Antihistamine: _____ Dose: _____

This plan does not expire but review is recommended by: DD / MM / YYYY

How to use neffy® adrenaline (epinephrine) device

DO NOT test or pre-spray.
DO NOT pull or push on the plunger until ready to give the dose.
Each device is for single-use only.



1

Hold as shown. Do not test spray



2

Place nozzle into nostril until fingers touch nose



3

Press plunger firmly

Each neffy® can only be sprayed 1 time.

Scan for adrenaline device instructions



neffy® 1mg is prescribed for children 15-30kg (4 years and over)
neffy® 2mg is prescribed for children and adults 30kg and over

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS:

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - **these are signs of anaphylaxis for insect allergy**

ACTIONS:

- Stay with person, call for help
- Locate adrenaline device
- **Give antihistamine - see above**
- Phone family/emergency contact
- Insect allergy - flick out sting if visible
- Tick allergy - seek medical help or freeze tick and let it drop off

Mild to moderate allergic reactions may not always occur before anaphylaxis

SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

Watch for **ANY ONE** of the following signs:

- Difficult or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough

- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)
- Abdominal pain, vomiting - **these are signs of anaphylaxis for insect allergy**

ACTIONS FOR ANAPHYLAXIS

- 1 LAY PERSON FLAT - do NOT allow them to stand or walk**
 - If unconscious or pregnant, place in recovery position - on left side if pregnant
 - If breathing is difficult allow them to sit with legs outstretched
 - Hold young children flat, not upright
- 2 GIVE ADRENALINE DEVICE**
- 3 Phone ambulance - 000 (AU) or 111 (NZ)**
- 4 Phone family/emergency contact**
- 5 Further adrenaline may be given if no response after 5 minutes**
- 6 Transfer person to hospital for at least 4 hours of observation**

IF IN DOUBT GIVE ADRENALINE DEVICE

Commence CPR at any time if person is unresponsive or not breathing normally

ALWAYS GIVE ADRENALINE DEVICE FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication (who may have been exposed to the allergen) has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice). **Anaphylaxis can occur without skin symptoms.**

If device is accidentally activated, use another adrenaline device if available.

© ASCIA 2026 This plan is a medical document that can only be completed by the prescriber and cannot be altered without their permission.

How to use adrenaline (epinephrine) devices



australian society of clinical immunology and allergy
www.allergy.org.au

How to use adrenaline (epinephrine) devices

EpiPen®



1

Form fist around EpiPen® and pull off blue safety release



2

Hold leg still and place orange end against outer mid-thigh (with or without clothing)



3

Push down hard until a click is heard or felt and hold in place for 3 seconds. Remove EpiPen®

EpiPen® Jr (150 mcg) is prescribed for children 7.5 - 20kg
EpiPen® (300 mcg) is prescribed for children over 20kg and adults

Jext®



1

Form fist around Jext® and pull off yellow cap



2

Place black injector tip against outer mid-thigh (with or without clothing)



3

Push black tip firmly until a click is heard and hold in place for 3 seconds. Remove Jext®

Jext® Jr (150 mcg) is prescribed for children 7.5 - 20kg
Jext® (300 mcg) is prescribed for children over 20kg and adults

Anapen®



1

Pull off black needle shield



2

Pull off grey safety cap from red button



3

Place needle end firmly against outer mid-thigh at 90° angle (with or without clothing)



4

Press red button so it clicks and hold for 3 seconds. Remove Anapen®

Anapen® 500 is prescribed for children over 50kg and adults

neffy®



1

Hold as shown. Do not test spray



2

Place nozzle into nostril until fingers touch nose.



3

Press plunger firmly

neffy® 1mg is prescribed for children 15 - 30kg (4 years and over)
neffy® 2mg is prescribed for children and adults 30kg and over

Follow the ASCIA Action Plan or First Aid Plan for Anaphylaxis

Each device is for single-use only.

Give the used device to the ambulance with the time it was given.



Scan this QR code for instructions on the ASCIA website.

© ASCIA 2026 ASCIA is the peak professional body of clinical immunology/allergy specialists in Australia and New Zealand.