



Anaphylaxis / Allergic Reactions Policy for Students and Staff

Document Control

Document Details

Document Name	Anaphylaxis / Allergic Reactions Policy for Students and Staff
Document created by	School Nurse Director of Risk and Compliance / Child Safety Officer
Document Approval	Leadership Team School Nurses

Document Management

Relevant to	All Staff, Students, Parents/Caregivers, School Nurses and First Aid Officers
Related documents include but not limited to:	• Parent Code of Conduct • Student Code of Conduct • Child Safety Code of Conduct • OHS Policy • Best Practice Guidelines for Anaphylaxis Prevention & Management in Schools • Camps and Excursions Policy • Student Medication Policy • Distribution of Medicine Procedure • Health Centre Procedure • Staff First Aid Qualifications • Emergency Management Plan • Joigny Food Sharing Policy
Related Legislation includes but not limited to:	• The Occupational Health and Safety Act 2004 (OHS Act) • The Occupational Health and Safety Regulations 2017 (OHS Regulations) • The Occupations Health and Safety Compliance Codes of practice • Ministerial Order 706 (MO706) • Education and Training Reform Act 2006 • Equal Opportunity Act 2010 (Vic) • Disability Discrimination Act 1992
Review	The Policy shall be reviewed annually as per MO 706 guidelines

Change History

Author	Date	Change Description	Version
MW and JC	June 2017	2014 Policy updated by MW. Reviewed by WR and Draft sent to Leadership Team for endorsement.	V1
MW, JC, MZ and NV	April 2021	Policy reviewed and updated. Policy reviewed and endorsed by School Nurses, Director of Risk and Compliance and Leadership Team. Communicated to all staff and published on Firefly and the School Website.	V2
MW, JC and NV	March 2023	Policy updated due to a non-material process amendment (not requiring leadership endorsement).	V3
NV	May 2024	Policy updated with relevant material amendments in line with Ministerial Order 706. Updated Policy reviewed/endorsed by Leadership and School Nurses and communicated/published on School Website.	V4
MW, JC	Dec 2024	Policy updated to reflect Reception Process changes	V5
NV	July 2026	Policy updated to reflect key amendments as per Ministerial Order 760 and Victorian Anaphylaxis Management Guidance.	V6



Anaphylaxis / Allergic Reactions Policy

Introduction

It is the policy of Sacré Cœur to live out the values that reflect its Sacred Heart tradition. These values are embodied in the Five Goals of Sacred Heart education, which are:

1. A personal and active faith in God
2. A deep respect for intellectual values
3. The building of community as a Christian value
4. A social awareness that impels to action
5. Personal growth in an atmosphere of wise freedom

1. Allergic Reactions and Anaphylaxis

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school-aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication. The key to prevention of anaphylaxis and allergic reactions in schools is knowledge of those students who are diagnosed to be at risk of allergic reactions and anaphylaxis, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools, students and parents are important in ensuring that the student while at school avoids certain foods and other triggers. Antihistamine medication as prescribed by a doctor as outlined on a student's ASCIA Action Plan for Allergic Reactions is the most effective treatment for a mild to moderate allergic reaction. Adrenaline administered through an approved adrenaline device (e.g. Epipen®Anapen®, Jext® or Neffy® (via the nose) (where prescribed) to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

Our school requires the active engagement of parents/caregivers in the provision of up to date to Anaphylaxis Management Plans (ASCIA Action Plan) that comply with [Ministerial Order 706: Anaphylaxis Management in Victorian schools](#) (Ministerial Order 706) for each student diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction.

The Principal at all times ensures the school complies with Ministerial Order 706: Anaphylaxis Management in Victorian Schools (Ministerial Order 706). The school will also comply with the associated guidelines from time to time to support implementation of Ministerial Order 706 in Victorian schools. The school's processes are documented in the procedures for the management of anaphylaxis.

2. Scope

This policy applies to:

- staff, including volunteers and casual relief staff
- all students who have been diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction, where the school has been notified of that diagnosis, or who may require emergency treatment for anaphylactic reaction
- parents/caregivers of students who have been diagnosed as at risk of anaphylaxis or who may require emergency treatment for anaphylactic reaction.

3. Principles

The following principles underpin this policy:

- Sacré Cœur principal and staff are responsible in ensuring the safety and wellbeing of all students in the school environment.
- The principal and all staff work with parents/caregivers to ensure, as far as practicable, that the needs of children at risk of anaphylaxis will be considered, mitigated, and minimised during school activities.
- The principal and staff take reasonable steps to reduce and manage risks to students with anaphylaxis in the school environment and school approved activities.

4. Definitions

Anaphylaxis

- A severe, rapidly progressive allergic reaction that is potentially life-threatening and requires immediate medical treatment with adrenaline.

ASCIA

- The Australasian Society of Clinical Immunology and Allergy (ASCIA), the peak professional body for clinical immunology and allergy in Australia and New Zealand. ASCIA develops Action Plans and First Aid Plans for the management of allergic reactions and anaphylaxis.

Adrenaline Device

- A prescribed emergency medication device used to administer adrenaline (epinephrine) to a person experiencing anaphylaxis. Adrenaline devices approved for use in Australia may include Epipen®, Anapen®, Jext® and Neffy®, where prescribed by a medical practitioner.

Adrenaline Device for General Use

An unassigned or backup adrenaline device purchased and maintained by the School for use in an emergency where:

- a student's prescribed adrenaline device is not available, has malfunctioned, or has already been used
- a person is experiencing a first-time anaphylactic reaction and does not have their own prescribed adrenaline device available.

School Environment

Any location where a student is under the care, supervision or authority of the School, including:

- school grounds and buildings
- sporting facilities
- outdoor learning areas
- camps and excursions
- school transport
- venues used for school activities and events
- online or virtual learning environments authorised by the School.

School-Approved Activities

Any educational, sporting, cultural, social, recreational or other activity that is organised, approved, endorsed or supervised by the School, whether conducted on or off the School site and during or outside normal school hours.

5. Policy

Sacré Cœur with the parents/caregivers of students at risk of anaphylaxis to develop risk minimisation strategies and management strategies.

As reflected in Ministerial Order 706 and the school's Enrolment Agreement, parents/caregivers are required to provide the school with up-to-date medical information to enable the school to carry out its duty of care.

The principal is responsible for ensuring that an Individual Anaphylaxis Management Plan is developed in consultation with the student's parents/caregivers, for any student who has been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for an anaphylactic reaction, where the school has been notified of the diagnosis, which includes an action plan for anaphylaxis in a format approved by the ASCIA (otherwise known as an [ASCIA Action Plan for Anaphylaxis](#)).

Parents/caregivers are responsible for the provision of an updated ASCIA Action Plan with any relevant changes to the student's medical condition as it relates to their allergy and potential for anaphylactic reaction, signed by the treating medical practitioner, together with a recent photo of their child and any medications and adrenaline autoinjector/devices referenced in the plan and recommended for administration. Parents/caregivers are also responsible for providing an up to date photo for the ASCIA Action Plan when it is reviewed

For excursions, camps or school-related travel involving air travel, parents/caregivers must provide an ASCIA Travel Plan for People at Risk of Anaphylaxis completed by a registered medical practitioner in addition to the student's ASCIA Action Plan for Anaphylaxis.

Parent/caregivers must inform the school in writing if their child's medical condition changes, insofar as it relates to allergy and the potential for anaphylactic reaction, and if relevant, provide an updated ASCIA Action Plan.

Parents/caregivers are also responsible for replacing the recommended medication and/or adrenaline /devices prior to their expiry date. The principal will ensure the storage and display of completed ASCIA Action Plans to facilitate access for staff e.g. Health Centre.

Parents/caregivers must participate in an annual Program Support Group (PSG) meeting to revise their child's anaphylaxis management plan and update the plan based on medical advice.

The principal will purchase additional adrenaline /devices for general use. They will decide on the type or brand of adrenaline /device that is purchased for general use. These will be stored in the Health Centre. A [First Aid Plan for Anaphylaxis](#) and emergency procedures are to be stored or posted with general use adrenaline devices. The principal is responsible for ensuring that general use adrenaline /devices are replaced at time of use or expiry, whichever is first. The expiry period is generally 12-18 months.

The principal must complete the Annual Anaphylaxis Risk Management Checklist for Schools at the start (this usually happens later in the year) of each year to monitor the school's compliance with Ministerial Order 706 and monitoring obligations as published and amended by the Department from time to time.

The principal takes reasonable steps to ensure each Sacré Cœur staff member has adequate knowledge and training about allergies, anaphylaxis, and the school's expectations in responding to an anaphylactic reaction. The principal is responsible for ensuring that all staff undertake and successfully complete appropriate training for anaphylaxis management in accordance with Ministerial Order 706. Sacré Cœur will conduct twice yearly anaphylaxis management staff briefings including information set out by the Department of Education (DE) for use in Victorian schools, with one briefing at the commencement of the school year.

6. Roles and Responsibilities

Role	Responsibility
Principal	Maintain a register of students at risk of anaphylactic reaction
Principal	Ensure adequate adrenaline autoinjector/devices for general use are available in the school and that they are replaced at time of use or expiry, whichever is first
Principal	Ensure twice yearly briefings on anaphylaxis management are conducted, with one briefing held at the commencement of the school year
Principal	Ensure staff have completed appropriate training and that adequate staff trained in anaphylaxis management are available for all school activities including off-site activities and school approved activities outside school hours
Principal	Ensure a communication plan is developed to provide information to all school staff, students, parents/caregivers about the school's policy and procedures for anaphylaxis management
Principal	Ensure this policy is published and available to the school community
Principal	Ensuring post-incident reviews occur Ensuring annual risk checklist completion
Anaphylaxis Supervisor or other staff member who has completed Anaphylaxis Management course successfully in past two years	Conduct twice yearly briefings for all staff on anaphylaxis management

7. Signs and Symptoms of Anaphylaxis

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

- Swelling of the lips face and eyes
- Hives or welts
- Tingling mouth
- Abdominal pain and/or vomiting (these are signs of a severe allergic reaction in the case of insect allergy)

7.2 Anaphylaxis (severe allergic reaction) can include:

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- persistent dizziness or collapse
- Pale and floppy (young children)
- Abdominal pain and/or vomiting are signs of a severe allergic reaction to insects.

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

8. Purpose

- To provide, as far as practicable, a safe and supportive environment in which a student at risk of allergic reactions / anaphylaxis can participate in all aspects of her schooling.
- To communicate with parents/caregivers of students at risk of allergic reactions / anaphylaxis in assessing risks, ensuring emergency medication and ASCIA action plans signed by a medical practitioner are provided to the School annually and as required.
- Actively involving parents in developing risk minimisation and management strategies for each student in the form of annually updated Individual Risk Management Plans
- To ensure that each staff member has adequate knowledge and first aid training to recognise allergies / anaphylaxis and be aware of the School's policy and procedures in responding to an allergic reaction / anaphylactic reaction. In the event of an anaphylactic reaction, the School's Administration of First Aid and Emergency Management Plan procedures and the student's Individual Anaphylaxis Management Plan must be followed.
- To raise awareness about allergic reactions/anaphylaxis and the School's Anaphylaxis/Allergic Reactions Policy in the School community through newsletters and parent information nights.
- To ensure the School fully complies with Ministerial Order 706 and associated guidelines published and amended periodically by the Department of Education and Training.

9. Process for Treating Allergic Reactions / Anaphylaxis

Staff responding to an anaphylactic reaction will follow this policy and Emergency Management Plan procedures and the student's Individual Anaphylaxis Management Plan/ASCIA Action Plan.

General Emergency Response Principles

In the event of a suspected anaphylactic reaction:

- The student should be laid flat and must not be allowed to stand or walk.
- If breathing is difficult, the student may be allowed to sit with their legs outstretched.
- The student should not be moved unless they are in immediate danger.
- Adrenaline should be administered as soon as signs of anaphylaxis are recognised.
- If there is any doubt whether the student is experiencing anaphylaxis, administer adrenaline and call emergency services immediately.
- A staff member must remain with the student at all times until emergency services arrive.

9.1 Joigny - In Class Time

- Teacher to send a student to Health Centre to collect the Medbag containing the student's Adrenaline device.

- Teacher to send another student to the Health Centre to alert the Nurse to call emergency services and bring a general use Adrenaline device.
- As soon as an Adrenaline device is available, the staff member in attendance is to administer the Adrenaline device and note the time the Adrenaline device was administered.
- The student experiencing the anaphylactic reaction should not be allowed to stand or walk and should remain lying flat where possible. If breathing is difficult, they may sit with their legs outstretched.
- A staff member is to stay with the student until emergency services arrives. If after 5 minutes there is little or no improvement a second Adrenaline device should be administered.
- Reception is to be notified by the attending staff member that there is a student experiencing an anaphylactic reaction, the location of the student and that emergency services have been contacted and are on their way.
- Receptionist is to notify a member of the Leadership Team that a student has experienced an anaphylactic reaction and that emergency services are on their way to the School.
- A member of the Leadership Team or their delegate is to walk out to the driveway of the School to meet the emergency service vehicle and direct them to the location of the student.
- If the student's parent is not present, a member of the Leadership Team is to accompany the student in the ambulance and stay with them until a parent arrives at the hospital.
- A staff member (normally the School Nurse or member of the Leadership Team) is to contact the student's parents/caregivers as soon as possible.

9.2 Joigny - Outside Class Time

- A bag containing a school general use Adrenaline device and a copy of the ASCIA General Use Action Plan for Anaphylaxis accompanies each teacher on yard duty. The duty bag also includes a first aid folder which contains individual cards displaying the name & photo of each student with allergies and anaphylaxis and 2 red laminated cards marked "Attention Adrenaline device" and the location of the Yard duty staff member (Joigny Senior Playground, Joigny Junior Playground)
- In the event that a student has symptoms of an anaphylactic reaction the staff member on yard duty must:
 - Locate the student's photo card in the first aid folder and hand it to a nearby student directing them to go straight to the Health Centre to hand it to School Nurse to collect the student's named Medbag containing their Adrenaline device. The School Nurse will then bring the Medbag/Adrenaline device back to the staff member on duty in the yard.
 - Locate the red laminated card marked 'Attention: Nurse' in the duty bag and give to a second student instructing them to take it directly to the Health Centre and give it to the Nurse.
 - Locate a second red laminated card marked 'Attention: Staff Centre' in the duty bag and give to a third student instructing them to take it directly to the Staff Centre for help.
- The staff member in attendance is to administer student's own Adrenaline device immediately if it is available, if unavailable the student is to be administered the general use Adrenaline device located in the duty bag and note the time the Adrenaline device is administered.
- The School Nurse will phone emergency services when alerted by the student coming to the Health Centre for help. If, however, the staff member on duty is carrying a mobile phone they should phone emergency services immediately. Notify the School Nurse that the emergency services have been contacted.
- The School Nurse will attend the location as soon as possible with their mobile phone and a general use Adrenaline device in case the student requires a second dose.
- If the incident occurs when the School Nurse is not at school, e.g. before school in the Kirby Centre or anywhere else in the School, one staff member should stay with the student. Another staff member should go to Reception to collect the student's named Medbag with Adrenaline device inside or use any general use Adrenaline device from the closest location to the incident. The student experiencing an anaphylactic reaction should NOT be moved. A student should be sent to Reception to ask for emergency services to be called or staff member in attendance can use their own mobile phone where available to call for emergency services. A staff member or delegate is to walk out to the driveway of the School to meet the emergency service vehicle and direct them to the location of the student.
- A staff member (normally the School Nurse or member of the Leadership Team) is to contact the student's parents/caregivers as soon as possible.

9.3 Secondary - In Class Time

- Staff member is to administer the student's own Adrenaline device immediately if it is available. If not available locate the closest general use Adrenaline device and administer immediately. The student experiencing reaction should NOT be moved. Send a student to the Health Centre for the School Nurse. Note the time the Adrenaline device is administered.
- The School Nurse will ring emergency services when the student comes to the Health Centre for help. If, however the staff member on duty is carrying a mobile phone they should call emergency services immediately. Notify the School Nurse that an ambulance has been called.
- The School Nurse will come to the student's location with their mobile phone and a general use Adrenaline device, or the student's own Adrenaline device in case the student requires a second dose.
- If after 5 minutes there is little or no improvement a second Adrenaline device is to be administered. A staff member is to stay with the student until emergency services arrives.
- The School Nurse is to notify Reception that there is a student experiencing an anaphylactic reaction, the location of the student and that emergency services have been contacted and are on their way.
- The Receptionist is to notify a member of the Leadership Team that a student has had an anaphylactic reaction and the emergency services are on their way to the School.
- A member of Leadership Team or their delegate is to walk out to the driveway of the School to meet the emergency service vehicle and direct them to the location of the student.
- If the student's parent is not present, a member of the Leadership Team is to accompany the student in the ambulance and stay with them until a parent arrives at the hospital.
- A staff member (normally the School Nurse or member of the Leadership Team) is to contact the student's parents/caregivers as soon as possible.

9.4 Secondary - Outside Class Time

- If the incident occurs when the School Nurse is not at school, e.g. before school or after school, the staff member should immediately administer the student's own Adrenaline device and call emergency services if they have a mobile phone. If a second staff member is present, they should collect a general use Adrenaline device from either the Health Centre or from the closet general use Adrenaline device location. If no second staff member is present, send a student to the closest general use Adrenaline device location to collect the general use Adrenaline device. If no mobile phone, send a student to find a person who has a mobile phone to call emergency services.
- If the incident occurs off-site the staff member should immediately administer the student's own Adrenaline device and call emergency services on their mobile phone. The student experiencing reaction should NOT be moved.
- A Staff member is to locate the general use Adrenaline device that has been taken on the off-site activity in case a further Adrenaline device is required.
- If after 5 minutes there is little or no improvement a second Adrenaline device is to be administered. A staff member is to stay with the student until emergency services arrives.
- A staff member is to contact student's parents/caregivers as soon as possible.
- In the event that a parent/caregiver cannot be present whilst the ambulance is transporting the student to hospital from the offsite event and if there is more than one staff member present at the off-site event, one staff member is to travel with the student in the ambulance and stay with the student until parent/caregiver can be present. If there is no other staff member present at the offsite event, the staff member in attendance is to contact the School Reception to request a staff member attend the off-site event as soon as possible to provide assistance.

- A staff member (normally the School Nurse or member of the Leadership Team) is to contact the student's parents/caregivers as soon as possible.

9.5 If a member of staff or guest or visitor experiences an anaphylactic reaction

Follow general first aid plan for anaphylaxis (Appendix 1).

- Lay the person flat and DO NOT move them. If unconscious place in the recovery position, if having difficulty breathing allow them to sit.
- Locate the person's own Adrenaline device if available or closest general use school Adrenaline device available and administer as soon as possible. Note time Adrenaline device was administered.
- A student or the closest staff member should be sent to notify the School Nurse as soon as possible who will call emergency services if they have not already been called. Notify the School Nurse if the emergency services have already been contacted. The School Nurse will attend with a mobile phone and another general use Adrenaline device. If after 5 minutes there is little or no improvement a second Adrenaline device should be given.
- The School Nurse is to notify Reception that there is a person experiencing an anaphylactic reaction, the location of the person and that emergency services have been contacted and are on their way.
- Receptionist is to notify a member of the Leadership Team that a staff member or other person on site has had an anaphylactic reaction and emergency services are on their way to the School.
- A member of Leadership Team or their delegate to walk out to the driveway of the School to meet the emergency service vehicle and direct them to the person experience an anaphylactic reaction.
- If the person is a staff member, their emergency contact is to be notified as soon as possible.
- Medical response to a staff member will be recorded in Synergetic. Medical response to a visitor or guest will be recorded in an Incident Report.

9.6 Post Incident Review

Following an allergic reaction or anaphylactic reaction requiring the administration of an adrenaline device, the School will undertake a post-incident review to ensure the ongoing safety and wellbeing of the student and to evaluate the effectiveness of the School's response.

The following actions will be undertaken as soon as practicable after the incident:

- The incident will be documented and recorded in accordance with the School's incident reporting and first aid procedures.
- Parents/caregivers will be notified as soon as possible and provided with information regarding the incident and actions taken by the School.
- The student's Individual Anaphylaxis Management Plan (IAMP) and ASCIA Action Plan will be reviewed in consultation with the student's parents/caregivers and updated where required.
- Any student adrenaline device that has been administered will be replaced by the parents/caregivers as soon as practicable.
- Any general-use adrenaline device administered during the incident will be replaced by the School as soon as practicable.
- The School will review the circumstances surrounding the incident, including the effectiveness of risk minimisation and emergency response procedures, and identify any improvements required.
- A staff debrief may be conducted following the incident to discuss the response, provide support to staff involved, and identify any training or procedural improvements.
- Where appropriate, the School's Anaphylaxis/Allergic Reactions Policy, procedures and risk management strategies will be reviewed and updated.

10. Location of General Use Adrenaline devices

The School maintains a sufficient supply of general-use adrenaline devices for emergency use.

General-use adrenaline devices:

- are stored in locations that are readily accessible to staff at all times

- are regularly monitored to ensure they remain within their expiry date and are in good condition
- are replaced immediately following use or upon expiry, whichever occurs first
- are strategically located throughout the School to support a timely response to an anaphylactic emergency
- are supplemented as required to ensure an adequate supply is available for school activities, excursions, camps and major events.

General use Adrenaline devices have been purchased by the School and placed in the following locations:

- Health Centre
- Nurses backpack
- Senior Library
- Joigny Library
- Kirby on the Betty O'Brien Room door
- Year 7/9 corridor outside S09
- JES Kitchen Hallway
- Reception back office
- Joigny yard duty bags
- Joigny PE bum bag first aid kit – stored in the PE office in the Gym
- Staff Centre
- Music Office
- There are also several general use Adrenaline devices in the Health Centre for use on off-site activities

10.1 Register of Students at Risk of Anaphylaxis

The School maintains a register of students who have been diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction. The School Nurse is responsible for maintaining and updating the register and ensuring that information remains current and accurate. The register includes relevant medical information, identified allergens, the location of the student's ASCIA Action Plan for Anaphylaxis, Individual Anaphylaxis Management Plan (IAMP), and prescribed adrenaline device. The register is maintained within the School's student management and health records systems, including Student Health Reports and Public Medical Alerts, and is available to relevant staff who require access to this information as part of their duty of care.

School staff are able to access information regarding students at risk of anaphylaxis through:

- Student Health Reports
- Public Medical Alerts
- ASCIA Action Plans displayed in designated locations
- Individual Anaphylaxis Management Plans held electronically and/or in the Health Centre
- Information provided through staff briefings and induction processes

The register is reviewed and updated:

- whenever a student is newly diagnosed with an allergy or anaphylaxis risk
- whenever updated medical information or ASCIA Action Plans are received
- following any anaphylactic incident requiring review of student health information
- at least annually as part of the School's medical management review process.

All staff are responsible for familiarising themselves with the students at risk of anaphylaxis and the location of relevant medical information and emergency medication.

11. Off-site Activities and Major School Events

Organisers, or staff members, who are in charge of any off-site activities/major events take a First Aid Kit and must ensure that any student who is diagnosed with anaphylaxis who is attending, has their own individual Adrenaline device with them. For excursions, camps or school-related travel involving air travel, staff must ensure that an ASCIA Travel Plan for People at Risk of Anaphylaxis has been provided by the parent/caregiver and completed by the student's registered medical practitioner. Organisers or staff members are also to ensure that one of the general use Adrenaline devices is attached to the First Aid Kit being taken off-site or to event. This will be facilitated by the School Nurse.

12. ASCIA Action Plans and Individual Allergic Reaction / Anaphylaxis Risk Management Plans

An ASCIA Action Plan for Allergic Reactions / Anaphylaxis is required by the school, to be developed and provided by the student's parents/caregivers in consultation with their doctor, when a student has been diagnosed by a medical practitioner as being at risk of allergic reactions / anaphylaxis.

12.1 The ASCIA Allergic Reaction / Anaphylaxis Action Plan is to include the following:

- Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner)
- Sets out the emergency procedures to be taken in the event of allergic reaction / anaphylaxis
- Is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency Action Plan
- Includes an up to date photograph of the student

12.2 An updated student ASCIA Allergic Reaction /Anaphylaxis Action Plan will be required, annually, via the Family Information Form, and as applicable:

- If the student's condition changes, or
- Immediately after a student has an anaphylactic reaction at school
- By the review date specified by the student's treating medical practitioner on the ASCIA Action Plan, even where there has been no change in the student's allergy status.

12.3 It is the responsibility of parents/caregivers to:

- Provide an ASCIA Action Plan
- Inform the School in writing if their child's medical condition changes, and if relevant, provide an updated ASCIA action plan
- Provide replacement adrenaline devices before expiry.
- Provide an ASCIA Travel Plan for People at Risk of Anaphylaxis completed by a registered medical practitioner for any school-related excursion, camp or travel involving air travel.
- Notify the school immediately of changes to allergy status.
- Provide an up-to-date photograph for the ASCIA Action Plan when the plan is first provided to the School and whenever an updated or reviewed ASCIA Action Plan is submitted.
- Participate in an annual review of their child's Individual Allergic Reactions / Anaphylaxis Management Plan
- Parents should notify the School if their child is having oral immunotherapy (OIT) or desensitisation and provide written risk minimisation strategies from their allergy specialist.

12.4 Develop an Individual Allergic Reaction / Anaphylaxis Risk Management Plan

The School Nurse, as delegated by the Principal, in consultation with teaching staff and parents will develop an Individual Allergic Reaction / Anaphylaxis Risk Management Plan for each student diagnosed by a medical practitioner as being at risk of allergic reactions / anaphylaxis.

The ASCIA Allergic Reactions / Anaphylaxis Action Plan and school Individual Allergic Reactions / Anaphylaxis Management Plan will be in place as soon as practicable after the student enrolls and where possible before their first day at school.

The school Individual Allergic Reactions / Anaphylaxis Management Plan will be written annually, and updated as applicable. School staff will then implement the student's Individual Allergic Reactions / Anaphylaxis Management Plan as required.

The Individual Allergic Reactions / Anaphylaxis Risk Management Plan will include:

- Student's personal details including confirmed allergens, other health issues, medications required at school
- Parents' contact details
- Emergency contacts details
- Doctor's details
- All risk management strategies identified by the school for the individual student
- Actions required to minimise the risks
- Those responsible for risk management strategies
- Completion date for each risk management strategy

- Signature of parents/caregivers and school representative ensuring the allergic reactions / anaphylaxis management plan and risk management strategies are clearly understood by parents and the School

When a student is newly diagnosed with an allergic reaction / anaphylaxis, an interim management plan will be devised in consultation with the parents/caregivers. This will be replaced by a permanent plan as soon as possible.

13. Communication Plan

The Principal is responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the School's Anaphylaxis/Allergic Reactions Policy. The Principal is responsible for ensuring that a Communication Plan is developed, implemented and reviewed to provide information to staff, students, parents/caregivers, volunteers and the broader School community regarding anaphylaxis management and the School's Anaphylaxis / Allergic Reactions Policy.

The Communication Plan aims to ensure that:

- Parents/caregivers are informed of their responsibilities regarding the provision and review of ASCIA Action Plans, Individual Anaphylaxis Management Plans, photographs and prescribed medication.
- Parents/caregivers receive reminders when updated ASCIA Action Plans, photographs, medication or other medical documentation are required, including as part of annual reviews and when plans are approaching their review date.
- Staff are informed of their responsibilities regarding anaphylaxis management through induction programs, regular communications, mandatory training, and twice-yearly anaphylaxis briefings.
- Volunteers working with students are informed of relevant anaphylaxis management procedures, emergency response requirements and the location of emergency medication.
- Casual Relief Teachers (CRTs) are provided with information regarding students at risk of anaphylaxis, the location of student medical information and emergency medication, and emergency response procedures relevant to their duties.
- Students participate in age-appropriate awareness activities that promote understanding of allergies and anaphylaxis and encourage safe practices such as not sharing food and maintaining good hand hygiene.
- The School's Anaphylaxis / Allergic Reactions Policy is published on the School website and made available to staff, parents/caregivers and students.
- Awareness of anaphylaxis management is promoted across the School community through newsletters, parent communications, information sessions and other appropriate communication channels.
- Staff, students and parents/caregivers are informed of the School's procedures for responding to allergic and anaphylactic reactions during normal school activities, excursions, camps, sporting events and other school-approved activities.

13.1 ASCIA Actions Plans

All Joigny and Secondary students' ASCIA Action Plans will be displayed in the Health Centre and Individual Anaphylaxis Management Plans will be available electronically. Each secondary student's ASCIA Action Plan will be prominently displayed in the Staff Center with copies also kept in the Year Level Pastoral Files. For Joigny students, the ASCIA Action Plan will be displayed in the Joigny Workroom P08 and the student's classroom.

13.2 Staff Briefings

Staff are briefed once each semester by the School Nurse, who has up to date allergic reaction / anaphylaxis management training, about what steps are to be taken to respond to an allergic / anaphylactic reaction by a student or staff member in a classroom, in the schoolyard, on school excursions, on school camps and special event days. The briefing also includes the School's Allergic Reaction / Anaphylaxis Management Policy, the causes, symptoms and treatment of allergic reactions / anaphylaxis, how to use an Adrenaline device, the identities of students diagnosed at risk of allergic reactions / anaphylaxis and where their medication is located.

13.3 School's Allergic Reaction Anaphylaxis Policy for Students and Staff

The School's Allergic Reaction Anaphylaxis Policy for Students and Staff is accessible to all staff, parents/caregivers and students via the school's website and SchoolBox. Student Health Reports are made available to Joigny Class Teachers and Year Level Co-ordinators (YLC's) at the beginning of the School year and updated and re-issued when changes occur. A copy of the Joigny Health Report is available to all staff in the Joigny Workroom P08 and a copy of the Senior Health Report is available to staff in the Staff Centre.

13.4 Joigny School Events

Prior to School events/activities involving food such as Sacred Heart Day and French Day, information will be sent home to Joigny parents in a letter outlining the availability of food for group consumption. Signed consent regarding student participation in the event needs to be returned to school and held by the Class Teacher. Parents of a child with food allergies are requested to provide their daughter's food for that day. In the case of partial consent or ambiguity regarding food consumption indicated in the consent form, a phone call to the student's parents needs to be placed by the Class Teacher to clarify management of the student's participation in the event.

13.5 Joigny Allergy Awareness Lessons

Allergy awareness lessons are to be delivered through the Health component of the Wellness Program and the Connect Us transition program in Joigny. Joigny staff to have regular discussions with students about the importance of washing hands, and not sharing food, food utensils or food containers. A letter is written by the Head of Joigny to parents at the beginning of each year requesting that food products that have life-threatening implications to Joigny students not be sent to school. Foods presenting risk are listed in the letter and Year level handbooks. Policy information sent home in information pack at the start of the school year.

13.6 School Community

Awareness in the School community about anaphylaxis is to be raised through newsletters and parent information nights.

13.7 Volunteers and Casual Relief Staff

Volunteers in contact with students at risk of allergic reactions/anaphylaxis will be informed of their role in responding to an allergic reaction / anaphylactic reaction. Casual Relief Teachers (CRTs) in contact with students at risk of allergic reactions/anaphylaxis will be offered training through Sacré Cœur as per staff induction. They will be directed to student Action Plans by the School Organiser (Secondary) via the CRT laptop with instructions on how to access students Public Medical Alert information and DocMan as part of the electronic roll marking process for senior CRT's or by the Head of Joigny.

13.8 Immersion Students

Immersion students (both ANZNET and International) must carry their own Adrenaline device at all times. Information regarding these students will be disseminated to the relevant teachers.

14. Staff Training and Emergency Response

In compliance with Ministerial Order 706, it is recommended that all staff undertake one of three accredited training options.

14.1 Completion of Anaphylaxis Training

The principal requires all staff to participate in training to manage an anaphylaxis incident. The training should take place as soon as practicable after a student at risk of anaphylaxis enrolls and, where possible, before the student's first day at school.

Staff undertakes training to manage an anaphylaxis incident if they:

- conduct classes attended by students with a medical condition related to allergy and the potential for anaphylactic reaction
- are specifically identified and requested to do so by the principal based on the principal's assessment of the risk of an anaphylactic reaction occurring while a student is under that staff member's care, authority or supervision.

The principal considers where appropriate whether casual relief teachers and volunteers should also undertake training.

Sacré Cœur staff are to:

- successfully complete an approved anaphylaxis management training course in compliance with Ministerial Order 706
- participate in the school's twice yearly briefings conducted by the school's anaphylaxis supervisor or another person nominated by the principal, who has successfully completed an approved anaphylaxis management training program in the past two years.

A range of training programs are available, and the principal determines an appropriate anaphylaxis training strategy and implement this for staff. The principal ensures that staff are adequately trained and that a sufficient number of staff are trained in the management of anaphylaxis noting that this may change from time to time dependent on the number of students with ASCIA plans.

The principal has identified two staff to become school anaphylaxis supervisors (School Nurses). The School Nurses requirements include:

- ASCIA e-training every 2 years
- Or: 22578VIC First Aid Management of Anaphylaxis every 3 years
- 22579VIC Verifying Correct Use of Adrenaline Injector Devices.

School Nurses responsibilities include:

- Sign ASCIA competency certificates.
- Verify staff competency.
- Monitor training currency.
- Support staff with allergy management advice.
- Lead staff briefings.

A key role undertakes competency checks on all staff who have successfully completed the ASCIA online training course. To qualify as a school anaphylaxis supervisor, the School Nurses will need to complete an accredited short course that teaches them how to conduct a competency D23/55076[v2] – Anaphylaxis Procedures and check on those who have completed the online training course e.g., Course in Verifying the Correct Use of Adrenaline Injector Devices 22579VIC. At the end of the online training course, participants who have passed the assessment module will be issued a certificate which needs to be signed by the school anaphylaxis supervisor to indicate that the participant has demonstrated their competency in using an adrenaline device.

School staff who complete the online training course are required to repeat that training and the adrenaline /device competency assessment every two years.

Hero HQ usually deliver training in the Course in Verifying the Use of Adrenaline Injector Devices 22579VIC at no cost to Catholic schools. Training in this course is current for three years. Course in First Aid Management of Anaphylaxis 22578VIC (every 3 years) is a face-to-face course that complies with the training requirements outlined in Ministerial Order 706 and enables graduates to identify and provide a first aid response to anaphylaxis, develop strategies to prevent exposure to known allergens and minimise risks related to anaphylaxis. School staff who have completed this course will have met the anaphylaxis training requirements for the documented period.

14.2 Options for staff training

Option 1. All school staff complete the online ASCIA Anaphylaxis e-training for Victorian Schools and have their competency in using an adrenaline /device tested by the school Anaphylaxis Supervisor in person within 30 days of completing the course. The school Anaphylaxis Supervisor will have completed Course in Verifying the Correct Use of Adrenaline Injector Devices 22579VIC. Staff are required to complete the ACSIA online training every two years.

Option 2. School staff undertake face-to-face training Course in First Aid Management of Anaphylaxis 22578VIC. Accredited for three years.

14.3 Twice yearly staff briefing

The principal ensures that twice yearly anaphylaxis management briefings are conducted, with one briefing held at the start of the year. The briefing is to be conducted by the school anaphylaxis supervisor or another staff member who has successfully completed an Anaphylaxis Management Course in the previous three years. The school use the Anaphylaxis Management Briefing Template provided by the Department of Education for use in Victorian schools. A facilitator guide and presentation for briefings created by Department of Education is available in the resources section of the procedures.

The briefing includes information about the following:

- The school's legal requirements as outlined in Ministerial Order 706
- The school's Anaphylaxis Management Policy
- The causes, signs and symptoms of anaphylaxis and its treatment

- The identification of students at risk of anaphylaxis, including their name, photograph, details of their year level, allergens, medical condition and risk management plans
- The location of students' ASCIA Action Plans for Anaphylaxis, Individual Anaphylaxis Management Plans (IAMPs) and prescribed medication.
- Relevant anaphylaxis training requirements and training renewal obligations.
- ASCIA Action Plan for Anaphylaxis and correct use of approved adrenaline devices, including practical training using trainer devices (this is duplicated in the next dot point)
- ASCIA Action Plans for Anaphylaxis and the correct use of approved adrenaline devices, including practical training using trainer devices.
- The location of and access to adrenaline devices provided by parents/caregivers for individual students.
- The location of and access to adrenaline devices purchased by the School for general use.
- The School's general first aid procedures and emergency response procedures for anaphylaxis, including responses in classrooms, playgrounds, excursions, camps and other school activities.
- Hands-on practice and competency in the use of adrenaline devices, including any device used by enrolled students. (this dot point could be amalgamated with the dot point higher up mentioning practical training)

All school staff are to be briefed on a regular basis about anaphylaxis and the school's anaphylaxis management policy.

15. Onsite School Canteen

Canteen staff are adequately trained in food allergen management and its implications for food handling practices, including knowledge of common allergens that may trigger allergic reactions or anaphylaxis and strategies to minimise allergen exposure.

Canteen staff are responsible for implementing reasonable measures to reduce the risk of cross-contamination during food preparation, storage, handling and serving. This includes maintaining appropriate food handling practices, checking ingredient information where available, using designated preparation areas and utensils where appropriate, and exercising caution when preparing or serving food to students known to be at risk of anaphylaxis.

Canteen staff are briefed regarding students at risk of anaphylaxis and are aware of the School's emergency response procedures. Canteen staff complete relevant anaphylaxis awareness and emergency response training as determined by the Principal and participate in School anaphylaxis briefings where required.

A list of students with allergies or anaphylaxis, including photographs and relevant medical information, is displayed in the Canteen and updated as required.

Joigny students ordinarily purchase food from the canteen via the lunch order system or via a slip issued at Reception after a phone call to parents. **Parents/caregivers of Joigny students in years 3-6 with an allergy or anaphylaxis who have breakfast at school after morning sport shall speak with Canteen staff at the beginning of the school year and throughout the year, as required, to discuss options for safe food consumption at breakfast. Parents/caregivers will then share their safest permitted breakfast choices with their daughter.**

16. Annual Risk Management Checklist

The Principal will complete an annual Anaphylaxis Risk Management Checklist as published by the Department of Education and Training to monitor compliance with the School's obligations.

17. Risk Minimisation Strategies

Risk Minimisation Strategies

Sacré Cœur is committed to minimising the risk of exposure to allergens for students diagnosed as being at risk of allergic reactions and anaphylaxis. Risk minimisation strategies are developed in consultation with parents/caregivers and are documented in each student's Individual Anaphylaxis Management Plan.

The following risk minimisation strategies apply throughout the School:

Classrooms

- Teachers are informed of students at risk of anaphylaxis and have access to relevant medical information and ASCIA Action Plans.
- Students are encouraged not to share food, drinks, eating utensils or food containers.
- Activities involving food are planned with consideration of known allergens.
- Classroom teachers reinforce handwashing before and after eating.
- Staff supervising classes are aware of emergency response procedures and the location of student medication.

Food Technology and Practical Learning Areas

- Teachers review ingredients and activities before lessons involving food.
- Alternative ingredients or activities are provided where required.
- Students at risk of anaphylaxis are not required to handle known allergens where reasonably practicable.
- Safe food preparation and cleaning procedures are followed to minimise cross-contamination.

Recess and Lunchtimes

- Students are reminded not to share food or drinks.
- Staff supervising eating areas remain aware of students at risk of anaphylaxis.
- Students have access to their prescribed medication and emergency response procedures.
- Eating areas are monitored to encourage safe food practices.

Camps and Overnight Activities

- Student medical information, ASCIA Action Plans and prescribed medication accompany the student.
- Staff attending camps are informed of students at risk and emergency procedures.
- Risk assessments are completed prior to the activity.
- Appropriate general-use adrenaline devices are available throughout the activity.

Excursions and Off-Site Activities

- Excursion planning includes consideration of allergy and anaphylaxis risks.
- Student medication and ASCIA Action Plans are taken on all excursions.
- At least one staff member attending is aware of emergency response procedures and medication locations.
- General-use adrenaline devices are available where required.

Incursions

- External providers are advised of relevant allergy management requirements where food or allergen exposure may occur.
- Activities are reviewed beforehand to identify and manage potential allergy risks.

School Events and Celebrations

- Consideration is given to food provided at assemblies, celebrations, fundraising activities, Sacred Heart Day, French Day and other special events.
- Parents/caregivers of students with allergies may be consulted regarding appropriate food options.
- Staff supervising events are aware of students at risk and emergency procedures.

Before and After School Activities

- Staff supervising before-school, after-school and extracurricular activities are informed of students at risk of anaphylaxis.
- Access to student medication and emergency response procedures is maintained.
- General-use adrenaline devices remain accessible where required.

Food Sharing

- Students are regularly reminded not to share food, drinks, eating utensils or food containers.
- Food-based rewards are avoided where possible.
- Parents/caregivers are encouraged to provide food appropriate to their own child's dietary requirements.

- Staff monitor activities involving shared food and implement risk management strategies where required.

Canteen

- Canteen staff receive information and training regarding food allergens and anaphylaxis.
- Reasonable measures are implemented to minimise allergen exposure and cross-contamination.
- Information regarding students at risk of anaphylaxis is available to canteen staff as required.

Ongoing prevention strategies are in place at the school which includes:

Prevention Type	How?	Who?
Awareness	• Allergic Reaction / Anaphylaxis Policy for Students and Staff • Allergic Reaction / Anaphylaxis First Aid Sheet (Appendix 1) • ASCIA Action Plan for general use Adrenaline device located with each general use Adrenaline device located throughout the school (Appendix 2) • ASCIA Action Plan for Anaphylaxis for individual student use including photo displayed on the wall in Staff Center, Joigny Work Room, and Health Center. Plan uploaded to DocMan in Synergetic with a copy made available to Class Teacher /YLC's and as required to teaching staff of individual students. Copy in Individual Risk Management Plan and attached to Students own Adrenaline device kept at school, Copy placed in Nurse's black backpack first aid kit. (Appendix 3) • ASCIA Action Plan for Allergic Reactions for individual student use including photo displayed on the wall in the Staff Center and Joigny Work Room and in a folder in the Health Center. Copy uploaded to DocMan in Synergetic with a copy made available to Class Teacher/YLC's and as required to teaching staff of individual students. Copy in Individual Risk Management Plan (removed this as it is an allergy plan the student doesn't have an adrenaline device) and, in Nurse's black back pack first aid kit. (Appendix 4) • Contact details for resources and support imbedded in policy (appendix 5)	School Nurse / Registered Trainer
First Aid Kits	Regular First Aid kits review and expiry checks of medication, students own individual Adrenaline devices and general use Adrenaline devices located throughout the school (Appendix 1)	School Nurses
First Aid Training	Annual First Aid training and briefings in place	School Nurses/ Registered Trainer
Medical History	Report medical history of student/staff at enrolment or commencement of employment	Parent/caregiver People and Culture Manager
Action Plans	Obtain and inform the School of student/staff action plans annually and as required	Parents/caregivers School Nurse

APPENDIX 1 - Allergic Reaction / Anaphylaxis First Aid Sheet



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

FIRST AID PLAN FOR

Anaphylaxis

Anaphylaxis is the most severe type of allergic reaction and should always be treated as a medical emergency. Anaphylaxis requires immediate treatment with adrenaline (epinephrine). If treatment with adrenaline is delayed, this can result in fatal anaphylaxis.

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS	ACTIONS
 Swelling of lips, face, eyes  Hives or welts  Tingling mouth  Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)	- Stay with person, call for help - Locate adrenaline device - 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

ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS	ACTIONS
 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)	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 if someone has SEVERE AND SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice). THEN SEEK MEDICAL HELP. Anaphylaxis can occur without skin symptoms.	



See page 2 for adrenaline device instructions or scan this code



Scan for translations of this plan

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

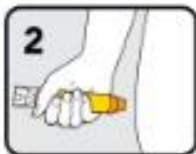
© ASCIA 2026 This document has been developed for use as a poster, or to be stored with general use adrenaline devices.

How to use adrenaline (epinephrine) devices

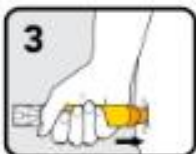
EpiPen®



Form fist around EpiPen® and pull off blue safety release



Hold leg still and place orange end against 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®

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

Jext®



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®

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

Anapen®



Pull off black needle shield



Pull off grey safety cap from red button



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



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

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

neffy®



Hold as shown. Do not test spray



Place nozzle into nostril until fingers touch nose.



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.

Appendix 2 – ASCIA Action Plan for Anaphylaxis for Individual student use with Adrenaline device (includes student photo)



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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



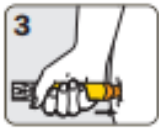
1

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

- 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







- GIVE ADRENALINE DEVICE**
- Phone ambulance - 000 (AU) or 111 (NZ)
- Phone family/emergency contact
- Further adrenaline may be given if no response after 5 minutes
- 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.

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



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®

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

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

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- 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.

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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



PULL OFF **BLACK** NEEDLE SHIELD



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



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



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

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

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**

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- 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

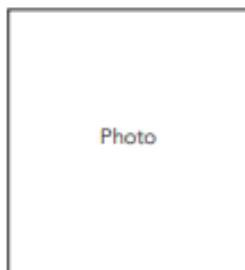
- 3 Phone ambulance - 000 (AU) or 111 (NZ)
- 4 Phone family/emergency contact
- 5 Further adrenaline may be given if no response after 5 minutes
- 6 Transfer person to hospital for at least 4 hours of observation

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.**

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

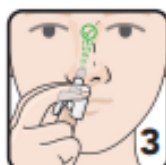
DO NOT test or pre-spray.
DO NOT pull or push on the plunger until ready to give the dose.
Each device is for single-use only.



Hold as shown. Do not test spray



Place nozzle into nostril until fingers touch nose



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**

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 activated, use another adrenaline device if available.

Appendix 4 – ASCIA Action Plan for Allergic Reactions for Individual Student Use (Includes student Photo)



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

ACTION PLAN FOR Allergic Reactions



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 patient or 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

This ASCIA Action Plan for Allergic Reactions is for people who have allergies but do not have a prescribed adrenaline (epinephrine) device.

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
- 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 IF AVAILABLE

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

4 Phone family/emergency contact

5 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



Scan for adrenaline device instructions



ALWAYS GIVE ADRENALINE DEVICE FIRST, 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 adrenaline is accidentally injected or activated, use another device if available. If adrenaline is accidentally injected contact the local poisons information centre.

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

Appendix 5 – ASCIA Travel Plan for People at Risk of Anaphylaxis

 australian society of clinical immunology and allergy www.allergy.org.au		Travel Plan FOR PEOPLE AT RISK OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)		
THIS PLAN IS TO BE USED WITH AN ASCIA ACTION PLAN FOR ANAPHYLAXIS				
Name: (as shown on passport) _____				
Date of birth: DD / MM / YYYY _____				
Confirmed allergen(s): _____				
Family/emergency contact(s):				
1. _____		Mobile: _____		
2. _____		Mobile: _____		
Travel plan prepared by: _____		(prescriber)		
Signed: _____		Date: DD / MM / YYYY _____		
Additional information: _____				
THIS PERSON IS AT RISK OF ANAPHYLAXIS IF EXPOSED TO THEIR CONFIRMED ALLERGEN/S				
• Due to the potential for anaphylaxis, one or more adrenaline (epinephrine) devices and a copy of their ASCIA Action Plan for Anaphylaxis should be available and easily accessible at all times for this person while travelling. • This person may need to carry a safe supply of food and liquids (enough for the travel period) in their hand luggage. This can help them to avoid accidental exposure to their confirmed allergen/s.				
ADRENALINE DEVICES MUST BE CARRIED IN HAND LUGGAGE OR ON THE PERSON				
The luggage hold of an aircraft is NOT an appropriate place for this emergency medication to be stored, due to the reasons listed below.				
Adrenaline devices:				
• Need to be readily available, if required during the flight. • Can be broken with rough handling. • May be lost if luggage goes astray. • Should not be subjected to temperature fluctuations.				
ADRENALINE IS THE FIRST LINE TREATMENT FOR ANAPHYLAXIS				
• Adrenaline devices contain a single, fixed dose of adrenaline. • In an emergency the person at risk of having anaphylaxis requires immediate treatment with adrenaline, which can be lifesaving. • If treatment with adrenaline is delayed, this can result in fatal anaphylaxis. • Adrenaline should be given according to the attached ASCIA Action Plan for Anaphylaxis.				
EMERGENCY PHONE NUMBERS				
When overseas (outside of Australia and New Zealand):				
• Check the local emergency number. • In some countries 112 can be dialled in an emergency.				
			Scan for adrenaline device instructions	
© ASCIA 2026 This plan should be used with an ASCIA Action Plan for Anaphylaxis.				

Appendix 6 – Contact Details for Resources and Support

- Australasian Society of Clinical Immunology and Allergy (ASCIA), at www.allergy.org.au provides information on allergies. Their sample Anaphylaxis Action Plan can be downloaded from this site (see also Appendix II). Telephone 0425 216 402
- Anaphylaxis Australia Inc, at www.allergyfacts.org.au is a non-profit support organization for families with food anaphylactic children. Items such as storybooks, tapes, Adrenaline device trainers and so on are available for sale from the Product Catalogue on this site. Anaphylaxis Australia Inc. provides telephone support line for information and support to help manage anaphylaxis. Telephone 1300 728 000.
- Royal Children's Hospital, Department of Allergy, at www.rch.org.au provides information about allergies and the services provided by the hospital. Contact may be made to evaluate a child's allergies and if necessary, provide an Adrenaline device prescription, as well as to purchase Adrenaline device trainers. Telephone (03) 9345 5701.