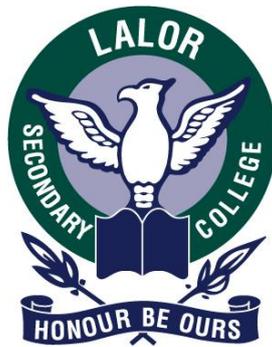


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LALOR SECONDARY COLLEGE

Anaphylaxis Management Policy

2026 - 2027

AIM

To explain to Lalor Secondary College parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that Lalor Secondary College is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

Date ratified by School Council: 26th February 2026

Review date: February 2027



Help for non-English speakers

If you need help to understand the information in this policy please contact the general office on 9463 7300

PURPOSE

To explain to Lalor Secondary College parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that Lalor Secondary College is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

SCOPE

This policy applies to:

- all staff, including casual relief staff and volunteers
- all students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction, and their parents and carers.

POLICY

School Statement

Lalor Secondary College will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

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 or Adrenaline given as a nasal spray needs to be inserted by the nozzle into one nostril, press the plunger firmly until it clicks.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline injector device for use in an emergency. These adrenaline injector and adrenaline nasal spray devices are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

All students at Lalor Secondary College who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the Principals representative of Lalor Secondary College is responsible for developing a plan in consultation with the student's parents/carers.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrolls at Lalor Secondary College and where possible, before the student's first day.

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- immediately inform the school in writing if there is a relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
- provide the school with a current adrenaline injector device for the student that has not expired;
- participate in annual reviews of the student's Plan.

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has
- information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
- the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the Plan
- information about where the student's medication will be stored
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

Review and updates to Individual Anaphylaxis Management Plans

A student's Individual Anaphylaxis Management Plan will be reviewed and updated on an annual basis in consultation with the student's parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

- as soon as practicable after the student has an anaphylactic reaction at school
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

Our school may also consider updating a student's Individual Anaphylaxis Management Plan if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

Location of plans and adrenaline injector and adrenaline nasal spray devices

Example for where some students keep their adrenaline autoinjectors or adrenaline nasal spray on their person and others store them elsewhere:

A copy of each student's Individual Anaphylaxis Action Plan will be stored with their Autoinjector or adrenaline nasal spray at the front office as well as uploaded and pinned to compass. A copy of each student's Anaphylaxis Management Plan will be uploaded and pinned on compass. Whilst some students keep their adrenaline autoinjector or adrenaline nasal spray on their person, medication for those that do not will be stored and labelled with their name at the general office], together with adrenaline autoinjectors for general use.

Risk Minimisation Strategies

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

- *staff and students are regularly reminded to wash their hands after eating;*
- *students are discouraged from sharing food*
- *garbage bins at school are to remain covered with lids to reduce the risk of attracting insects*
- *tongs must be used when picking up papers or rubbish in the playground;*
- *school canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination*
- *classes or year groups will be informed by the classroom teacher of allergens that must be avoided in advance of class celebrations and events*
- *a general use adrenaline injector or adrenaline nasal spray device will be stored at the general, office*
- *Planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, appropriate number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending.*

Adrenaline injector or adrenaline nasal spray device for general use

Lalor Secondary College will maintain a supply of adrenaline injector or adrenaline nasal spray device 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.

Adrenaline injector and adrenaline nasal spray device for general use will be stored at the general office and labelled "general use" (this needs to be followed up, once training has occurred the questions

is if a child has been prescribed a adrenaline nasal spray does the school have to have the same general devices as prescribed by doctor as it's a different application process.)

The Principal's representative is responsible for arranging the purchase of an adrenaline injector and adrenaline nasal spray device for general use, and will consider:

- the number of students enrolled at Example School at risk of anaphylaxis
- the accessibility of adrenaline injector and or adrenaline nasal spray device supplied by parents
- the availability of a sufficient supply of an adrenaline injector or adrenaline nasal spray device for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of an adrenaline injector device and or adrenaline nasal spray, and the need for general use of adrenaline injector device and adrenaline nasal spray 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 injector and or adrenaline nasal spray devices to purchase.

Emergency Response

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school's general first aid procedures, emergency response procedures and the student's Individual Anaphylaxis Management Plan.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the first aid officer and stored at the general office. For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors or adrenaline nasal spray, where appropriate.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

Step	Action
1.	<ul style="list-style-type: none"> • Lay the person flat • Do not allow them to stand or walk • If breathing is difficult, allow them to sit • Be calm and reassuring • Do not leave them alone • Seek assistance from another staff member or reliable student to locate the student's adrenaline injector or adrenaline nasal spray device or the school's general use injector device, and the student's Individual Anaphylaxis Management Plan, stored at the general office • If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5
2.	<p>Administer an EpiPen or EpiPen Jr</p> <ul style="list-style-type: none"> • Remove from plastic container • Form a fist around the EpiPen and pull off the blue safety release (cap) • Place orange end against the student's outer mid-thigh (with or without clothing) • Push down hard until a click is heard or felt and hold in place for 3 seconds • Remove EpiPen • Note the time the EpiPen is administered

	<ul style="list-style-type: none"> • Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration <p>OR</p> <p>Administer an Anapen® 500, Anapen® 300, or Anapen® Jr.</p> <ul style="list-style-type: none"> • Pull off the black needle shield • Pull off grey safety cap (from the red button) • Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing) • Press red button so it clicks and hold for 10 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 <p>OR</p> <p>Administer Jext adrenaline autoinjector - Jext® Jr (150 mcg) is prescribed for children 7.5 - 20kg and Jext® (300 mcg) is prescribed for children over 20kg and adults</p> <ul style="list-style-type: none"> • 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 is administered • Retain the used Jexts to be handed to ambulance paramedics along with the time of administration <p>OR</p> <p>Administer Neffy adrenaline nasal spray - neffy® 1mg is prescribed for children 15 - 30kg (4 years and over) neffy® 2mg is prescribed for children and adults 30kg and over</p> <ul style="list-style-type: none"> • Hold as shown. (as per plan) Do not test spray • Place nozzle into nostril until fingers touch nose. • Press plunger firmly • Note the time the Neffy is administered • Retain the used Neffy to be handed to ambulance paramedics along with the time of administration
3.	Call an ambulance (000)
4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline injector devices are available.
5.	Contact the student's emergency contacts.

If a student appears to be having a severe allergic reaction but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 – 5 as above.

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

Where possible, schools should consider using the correct dose of an adrenaline injector 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 Lalor Secondary College's website so that parents and other members of the school community can easily access information about Lalor Secondary College's anaphylaxis management procedures. The parents and carers of students who are enrolled at Lalor Secondary College and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

The Principal is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and Lalor Secondary College's procedures for anaphylaxis management. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this policy, their role in responding to an anaphylactic reaction and where required, the identity of students at risk as identified on Compass.

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:

- All school staff

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.

Lalor Secondary College uses the following training course Hero HQ – HLTAID0003 Provide First Aid + 22300VIC Anaphylaxis + 22556VIC Asthma

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year (with the first briefing to be held at the beginning of the school year), facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years including the Principal, Assistant Principal or first aid officer. Each briefing will address:

- this policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located
- how to use an adrenaline autoinjector, or adrenaline nasal spray including hands on practice with a trainer of an adrenaline injector and adrenaline nasal spray device
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline injector or adrenaline nasal spray devices that have been provided by parents or purchased by the school for general use.

All staff will need to complete anaphylaxis training and be verified by the school anaphylaxis verifier every 2 years.

When a new student enrolls at Lalor Secondary College who is at risk of anaphylaxis, the first aid officer 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 and held at the general office by the first aid officer.

The Principal will ensure that while students at risk of anaphylaxis are under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special event days, there is a sufficient number of school staff present who have been trained in anaphylaxis management.

FURTHER INFORMATION AND RESOURCES

- The Department's Policy and Advisory Library (PAL):
- [Anaphylaxis](#)
- [Allergy & Anaphylaxis Australia](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)
- <https://www.lalorsc.vic.edu.au/about-us/policies/>

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.