



The Japanese School of Melbourne

Anaphylaxis Policy

If you need help to understand this policy, please contact school office on 03 9528 1978.

Purpose

To explain to The Japanese School of Melbourne (JSM) 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 JSM 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; and
- all students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction, and their parents and carers.

Policy

JSM 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; and/or
- 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; and/or
- abdominal pain and/or vomiting.

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

Treatment

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plan

All students at JSM who are diagnosed by a medical practitioner as being at risk of suffering from anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the principal of JSM is responsible for developing an Individual Anaphylaxis Management 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 JSM 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;
- bring a current adrenaline autoinjector for the student to the school every day that has not expired; and
- participate in annual reviews of the student's individual anaphylaxis management plan.

Each student's Individual Anaphylaxis Management Plan must include:

- information based on a written diagnosis from a medical practitioner 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 and notified allergens while the student is under the care or supervision of school staff, for setting in and out of school, 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;
- information about where the student's medication will be stored;
- the student's emergency contact details; and
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

Review and updates to Individual Anaphylaxis Management Plan

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 Record 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; and
- 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 Individual Anaphylaxis Management Plan and adrenaline autoinjectors

A copy of each student's Individual Anaphylaxis Management Plan and ASCIA Action Plan for Anaphylaxis will be stored in the Staffroom. The student's Individual Anaphylaxis Management Plan and adrenaline autoinjector will be stored in the school Classroom. Adrenaline autoinjectors must be labelled with the student's name.

A copy of each student's Individual Anaphylaxis Management Plan and adrenaline auto injectors for general use are also stored in the Sick Bay. Spare EpiPen case is carried for the yard duty. Student ASCIA Action Plan with photo are displayed in the Staffroom.

The teacher in charge of the events outside of the school including camps, excursions and other events carry an Individual Anaphylaxis Management Plan, ASICA Action Plan for Anaphylaxis and Adrenaline Auto Injector during the events.

Risk Minimisation Strategies

To reduce the risk of a student suffering from an anaphylactic reaction at JSM, 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;
- Year groups will be informed of allergens that must be avoided in advance of class parties or events;
- A school use EpiPen will be stored at the Sick Bay and taken for the yard duty for ease of access; and
- 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.
- Students' Adrenaline Auto Injector is taken to the activities outside of the school including camps, excursions and other events and the teacher in charge of the events has an Individual Anaphylaxis Management Plan, ASICA Action Plan for Anaphylaxis and Adrenaline Auto Injector.

Adrenaline autoinjectors for school use

JSM will maintain a supply of adrenaline autoinjectors for school 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 autoinjectors for school use will be stored in the Sick Bay and are dated, as well as labelled "school use".

The principal is responsible for arranging the purchase of adrenaline autoinjectors for school use, and will consider:

- the number of students enrolled at JSM that have been diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction;
- the availability of a sufficient supply of autoinjectors for general use in specified locations at the school, including in the school yard, and at camps, excursions and special events conducted, organised or attended by the school; and
- that adrenaline autoinjectors have a limited life, usually expire within 12 – 18 months, and will need to be replaced at the school's expense, either at the time of use or expiry, whichever is first
- the accessibility of adrenaline autoinjectors that have been provided by parents.

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 and stored and displayed in the Staffroom. 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 Plan and adrenaline autoinjectors, where appropriate.

If a student experiences an anaphylactic reaction at school or during school activities, 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 unconscious, place in recovery position• If breathing is difficult, allow them to sit• Be calm and reassuring• Do not leave them alone• Seek assistance from another staff member to locate the student's adrenaline autoinjector and the student's Individual Anaphylaxis Management Plan stored in a classroom, or a school use autoinjector and the student's Individual Anaphylaxis Management Plan stored in the Sick Bay• If the student's Individual Anaphylaxis Management Plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5

2.	Administer an EpiPen or EpiPen Jr (if the student is under 20kg) for general use <ul style="list-style-type: none"> • Remove from plastic container • Form a fist around the EpiPen and pull off the blue safety release (cap) • Place orange end against the student's outer mid-thigh (with or without clothing) • Push down hard until a click is heard or felt and hold in place for 3 seconds • Remove EpiPen • Note the time the EpiPen is administered • Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration
3.	Call an ambulance (000)
4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.
5.	Contact the student's emergency contacts.

If a student experiences an anaphylactic reaction during off-site or out of school activities, 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 unconscious, place in recovery position • If breathing is difficult, allow them to sit • Be calm and reassuring • Do not leave them alone • Seek assistance from another staff member to locate the student's adrenaline autoinjector and the student's Individual Anaphylaxis Management Plan carried by the teacher in charge of the out of school activity, or a school use autoinjector and the student's Individual Anaphylaxis Management Plan carried by the teacher in charge of the out of school activity, • If the student's Individual Anaphylaxis Management Plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5
2.	Administer an EpiPen or EpiPen Jr (if the student is under 20kg) for general use <ul style="list-style-type: none"> • Remove from plastic container • Form a fist around the EpiPen and pull off the blue safety release (cap) • Place orange end against the student's outer mid-thigh (with or without clothing) • Push down hard until a click is heard or felt and hold in place for 3 seconds • Remove EpiPen • Note the time the EpiPen is administered • Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration
3.	Call an ambulance (000)
4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.
5.	Contact the student's emergency contacts.

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

[Note: If in doubt, it is better to use an adrenaline autoinjector than not use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful and potentially life threatening than over-treatment of a mild to moderate allergic reaction.

Communication Plan

This policy will be available on the JSM website so that parents and other members of the school community can easily access information about the school's anaphylaxis management procedures.

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

The principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management at least twice per calendar year.

Staff training

The principal will ensure that all school staff are appropriately trained in anaphylaxis management. Staff who are required to undertake training must have completed:

- an approved face-to-face anaphylaxis management training course in the last three years; or
- an approved online anaphylaxis management training course in the last two years.

The principal will ensure that all school staff attends 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 a face-to-face anaphylaxis management course within the last 3 years including (but not limited to) the 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, including hands on practise with a trainer adrenaline autoinjector;
- the school's general first aid and emergency response procedures; and
- the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for school use.

When a new student enrolls at JSM 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 briefed as soon as possible. If for any reason training and briefing has not yet occurred, the principal must develop an interim plan in consultation with the parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction, and training must occur as soon as possible thereafter.

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.

If for any reason training and briefing ha not yet occurred the principal must develop an interim plan in consultation with the parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction, and training must occur as soon as possible thereafter.

Annual Risk Management Checklist

The Principal complete an annual Risk Management Checklist to monitor school’s obligations, as published and amended by the Department from time to time.

Related policies and resources

- [Asthma Policy](#)
- [Medication Policy](#)
- [Duty of Care Policy](#)

Approval

Created date	April 2025
Consultation	Staff, School board
Endorsed by	School Board
Endorsed on	April 2025
Next review date	November 2026

This policy was drafted in English, and translated into Japanese for reference purposes only. In the case of a difference in interpretation the English version will prevail.