



# St Mary's School, Geelong Anaphylaxis Management Policy



## 1. Introduction

Melbourne Archdiocese Catholic Schools Ltd (**MACS**) is a company limited by guarantee established in 2021 by the Archbishop of the Catholic Archdiocese of Melbourne to assume the governance and operation of MACS schools across the Archdiocese of Melbourne. MACS subsequently established Melbourne Archdiocese Catholic Specialist Schools Ltd (**MACSS**) to provide educational services to children with diverse needs and Melbourne Archdiocese Catholic Schools Early Years Education (**MACSEYE**) to provide early years care and education services.

The [Statement of Mission](#) in the MACS Constitution, and the constitutions of its subsidiaries, MACSS and MACSEYE, sets out the Archbishop's expectations of Catholic schooling in the Archdiocese and provides an important context and grounding for the company and the direction which the MACS Board must always observe in the pursuit of the company's objects.

The Board must ensure that all policies and procedures concerning the operations of MACS, and its subsidiaries are consistent with the Statement of Mission and company objects, as well as any directions issued by the Archbishop from time to time.

## 2. Purpose

St Mary's School is a school which operates with the consent of the Catholic Archbishop of Melbourne and is owned, operated and governed by Melbourne Archdiocese Catholic Schools Ltd (MACS).

This policy aligns with the *Anaphylaxis Management Policy for MACS Schools* and ensures that St Mary's School provides, as far as practicable, safe and supportive environments in which students at risk of anaphylaxis receive reasonable adjustments that enable them to fully participate in school programs and activities.

## 3. Scope

This policy applies to the following people in our school:

- the principal, all staff including volunteers and casual relief staff (**staff**)
- students who have been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction, where the school has been notified of that diagnosis
- parents and carers of students who have been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction.

## 4. Principles

The following principles underpin this policy:

- MACS seeks to ensure the safety and wellbeing of all students whilst at school.
- The principal and all staff work with parents and carers 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 all staff take reasonable steps to reduce and manage risks to students with anaphylaxis in the school environment and at school-approved activities.
- The principal, at all times, ensures the school complies with *Ministerial Order 706: Anaphylaxis Management in Victorian Schools and School Boarding Premises* and the associated *Anaphylaxis Guidelines* as published and amended by the Department of Education from time to time.

## 5. Ministerial Order 706 – School requirements

St Mary's School will fully comply with [Ministerial Order 706: Anaphylaxis Management in Victorian Schools and School Boarding Premises](#) (MO 706) and the associated [Anaphylaxis Guidelines](#) (Guidelines) as published and amended by the Department of Education (DE) from time to time to support the implementation of MO 706.

The principal, at all times, has the overall responsibility to comply with and implement the requirements of MO 706 and the associated Guidelines. The principal may allocate tasks under MO 706 to other staff at the school, such as the assistant principal or other appropriate school staff members, as outlined in this policy. Where the principal has allocated tasks to other staff, the principal retains final oversight of all responsibilities under MO 706.

The principal works collaboratively with parents and carers to ensure the timely provision of up-to-date Australasian Society of Clinical Immunology and Allergy (ASCI) Action Plan for Anaphylaxis (RED), in accordance with MO 706, for each student diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction.

## 6. Individual Anaphylaxis Management Plan and ASCIA Action Plan for Anaphylaxis (RED)

### 6.1. Individual Anaphylaxis Management Plan (IAMP)

The principal is responsible for ensuring that every student at the school diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction has an Individual Anaphylaxis Management Plan (IAMP) developed using the approved MACS template. The IAMP must be in place as soon as practicable after the student enrolls at the school, and where possible before the student's first day of attendance at the school.

Each student's IAMP is completed by the school in consultation with the student's parents and carers and includes:

- information about the medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy or allergies the student has (based on a written diagnosis from a medical practitioner)
- strategies that will be implemented by the school to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of school staff, for settings in and out of the school, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
- whether the student can self-administer their medication
- the name of the person/s responsible for implementing the risk minimisation/prevention strategies
- information on where the student's medication will be stored
- the student's emergency contact details
- a copy of the action plan for anaphylaxis in an ASCIA-approved Action Plan for Anaphylaxis (RED) template completed and signed by a medical practitioner provided by the parents and carers.

### Reviewing the IAMP

The principal is responsible for ensuring that each student's IAMP is reviewed in consultation with their parents and carers in all the following circumstances:

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

- Before and after school where supervision is provided (excluding OSHC)
- During recess and lunchtimes
- Between classes and other breaks

## 6.2. ASCIA Action Plan for Anaphylaxis (RED)

The principal is responsible for ensuring that a copy of the signed ASCIA Action Plan for Anaphylaxis (RED) is held by the school for every student diagnosed with a medical condition related to allergy and at risk of anaphylactic reaction. This plan must be provided by the parents and carers and retained by the school together with the student's IAMP.

Each student's ASCIA Action Plan for Anaphylaxis (RED) must:

- outline the student's severe allergies and the steps to take in the event of an anaphylactic reaction
- include designated fields for medical information and a current photograph, which must be completed by the student's medical practitioner or nurse practitioner. As a formal medical document, these sections cannot be completed by parents, carers or school staff
- be updated according to the review date specified by the student's doctor or nurse practitioner, identified on the current plan. If there is no change in the student's allergy, the plan is updated by the date specified by the student's medical practitioner or nurse practitioner on the current plan. This typically occurs every 12 to 18 months, in line with the student's medical review and renewal of their adrenaline prescription.

## 6.3. Parent and carer responsibilities

The principal is responsible for working collaboratively with parents and carers to ensure they understand and fulfil their responsibilities to:

- provide the school with a copy of their child's current ASCIA Action Plan for Anaphylaxis (RED) signed by the student's medical practitioner or nurse practitioner and:
  - include an up-to-date photo of their child for the ASCIA Action Plan for Anaphylaxis (RED) when that plan is provided to the school or provider of school boarding services and when it is reviewed
  - promptly inform the school in writing of any changes to their child's allergy-related medical condition and, where applicable, provide an updated ASCIA Action Plan for Anaphylaxis (RED) with an updated photo whenever the plan is reviewed. The principal is responsible for ensuring that updated documentation or medication is obtained from parents and carers as required, in accordance with the school's Communication plan (as outlined at (12))
- supply the school with an adrenaline device that is current and not expired for their child and replace the prescribed medication and/or adrenaline device before its expiry date
- participate in a Program Support Group (PSG) meeting at least annually, or as required, to review and update the child's IAMP based on medical advice
- provide an [ASCIA Travel Plan for People at Risk of Anaphylaxis](#) prepared by a registered medical practitioner, as well as an [ASCIA Action Plan for Anaphylaxis \(RED\)](#), when the student is attending a school-related excursion, camp or travel involving an aeroplane.

The Principal and their nominee work with the parent to support the student's needs. The Principal develops a communication process for when new or updated medical documentation and/or medication is required as part of the annual or triggered reviews. The school staff engaged in this process are to make communication accessible and culturally appropriate.

### Initial Notification

- At the start of the school year, upon enrolment and /or when a plan is due to expire, the school communicates to the Parent informing them of the need to update their child's medical management and/or anaphylaxis action plans.

## Follow-Up Communication

- School staff to remind Parents as deadline approaches
- Escalate if updated information/medication is not obtained (email reminder, phone call, in-person meeting)
- Schools are to inform the Parent of any impact on child's safe participation in school activities without updated medical plans and medication, and work to develop a plan for updating information
- For further support on seeking required updated information and/or medication, schools can contact their Senior Manager, School Leadership.

## Ongoing Communication

- Schedule periodic check-ins with the Parent prior to potential review points to ensure the medical information remains current and encourage the Parent to inform the school of any changes in their child's health status throughout the year.

**Table 1: Summary of documentation and medication required for anaphylaxis management**

Document or equipment	Who provides/creates it?	Who signs it?	When?
ASCIA Action Plan for Anaphylaxis (RED) along with updated photo	Parents and carers	Doctor, Nurse Practitioner	At diagnosis, by the date specified on the student's ASCIA plan – in line with the student's medical review annually, before excursions and camps, as required.
Individual Anaphylaxis Management Plan (IAMP)	School	Principal/principal nominee, parents and carers	At diagnosis, annually, before a school-related excursion, camp or travel and if the student has an anaphylactic reaction at school.
Medication (EpiPen®, Anapen®, etc.)	Parents and carers	N/A, as prescribed in the ASCIA Action Plan for Anaphylaxis (RED)	At diagnosis, at the time of use or before expiry date (usually within 12–18 months).
ASCIA Travel Plan for People at Risk of Anaphylaxis	Parents and carers	Doctor, Nurse Practitioner	Before going on a school-related excursion, camp or travel involving an aeroplane.

## 7. Anaphylaxis and Allergy Register

The principal is responsible for ensuring that a register of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction is accurately maintained, kept up-to-date and regularly communicated to all staff. The register must be easily accessible to all staff at all times, including during emergencies.

### Register of students with anaphylaxis

- The register of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction is located on the Staff Google Drive and in the First Aid Room – Medical Management Plans for Students Folder. In addition, all Allergic Reaction and Anaphylaxis Plans for each student are displayed on the walls in the first aid room and staff room.

- The Principal nominates the School Administration Officer as responsible for maintaining the register of students at risk of anaphylactic reaction.

## 8. Location of IAMPs, ASCIA Action Plans for Anaphylaxis (RED) and Adrenaline Autoinjectors for General Use

The principal is responsible for ensuring that:

- all school staff are informed of the location of student IAMPs and ASCIA Action Plans for Anaphylaxis (RED) during normal school activities including in the classroom, the school yard, all school buildings and sites including gymnasiums and halls
- this information is accessible during excursions, camps and any special events conducted, organised or attended by the school
- if a student is participating in domestic or overseas travel, the [ASCIA Travel Plan for People at Risk of Anaphylaxis](#) is completed by a registered medical practitioner.

### 8.1. Location, storage and accessibility of adrenaline autoinjectors

The principal is responsible for ensuring that:

- a sufficient supply of adrenaline autoinjectors for general use are purchased at the expense of the school, no prescription is necessary
- adrenaline autoinjectors for general use are stored in multiple, clearly labelled locations around the school, including the sick bay or first aid room, and portable first aid kits, as required
- adrenaline autoinjectors for general use are replaced immediately after use or upon expiry; whichever occurs first. (Expiry dates are usually within 12–18 months).

At our school, adrenaline autoinjectors for general use serve as a back-up to those supplied by parents and carers for individual students. These adrenaline autoinjectors may also be required in emergencies for another student who has not previously been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction.

### 8.2. Determining minimum adrenaline autoinjector requirements

The principal is responsible for determining the number and type of adrenaline autoinjectors for general use required by the school. In making this decision, the principal will consider:

- the number of students enrolled at the school who have been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction, where the school has been notified of that diagnosis, and the type and accessibility of the adrenaline device supplied by parents and carers for each student
- the number of and location of storage points across the school, including the school yard
- the frequency and nature of school-approved off-site activities, such as excursions, camps and special events
- the expiry period of the different brands of adrenaline autoinjectors for general use (usually 12–18 months)
- the type and brand of adrenaline autoinjectors for general use, considering:
  - available brands in Australia registered with the Therapeutic Goods Administration (TGA) (EpiPen®, EpiPen Jr®, Anapen 500®, Anapen 300® and Anapen Jr®, Jext® and Neffy® (nasal spray)). All devices can be used when provided by parents and carers for students, however, the principal can only purchase EpiPen®, Anapen® or Jext® autoinjectors for general use
  - types suitable for emergency use
  - brands that are widely accessible and do not require a prescription.

St Mary's School provides adrenaline (epinephrine) autoinjector (EpiPen® and EpiPen Jr®) for general use.

### 8.3. Storage requirements

The principal is responsible for ensuring that adrenaline autoinjectors for general use purchased by the school and adrenaline devices supplied by parents and carers are stored in a cool dark place at room temperature, which is defined as between 15 and 25 degrees Celsius. Where these temperatures cannot be maintained, ASCIA recommends storing the device in an insulated wallet. Students who have been approved to self-administer, may choose to keep their prescribed adrenaline device on them.

The School Anaphylaxis Supervisors are responsible for ensuring that all school staff are familiar with the locations, storage and accessibility of adrenaline devices in the school, including those purchased for general use.

### 8.4. When to use an adrenaline autoinjector for general use

The principal is responsible for ensuring that adrenaline autoinjectors for general use are used under the following circumstances:

- a student's prescribed adrenaline device does not work, is misplaced, misfires, has accidentally been discharged, is out of date or has already been used
- a student previously diagnosed with a mild or moderate allergy who was not prescribed an adrenaline device has their first episode of anaphylaxis
- when instructed by a medical officer after calling 000
- first time reaction to be treated with adrenaline before calling.

Where school staff are in doubt, the student will be given the adrenaline device as per the ASCIA Action Plan for Anaphylaxis (RED) and in alignment with the [ASCIA First Aid Plan for Anaphylaxis](#).

### 8.5. Self-administration

The decision as to whether a student may carry their own adrenaline device is made during the development of the student's IAMP, in consultation with the student, the parents and carers and the student's medical practitioner or nurse practitioner.

If a student is ordinarily capable of self-administering their adrenaline device, they may sometimes be unable to do so during a severe reaction. In such cases, school staff must administer the adrenaline device to the student as part of their duty of care.

If a student self-administers an adrenaline device:

- one member of school staff should supervise and monitor the student at all times
- another member of school staff should immediately contact an ambulance (000).

If a student carries their own adrenaline device, the school will keep a second adrenaline device (supplied by the parents and carers) in an easily accessible, unlocked location known to all school staff.

#### **Location of IAMPs, ASCIA Action Plans for Anaphylaxis (RED) and adrenaline devices**

- IAMPs with ASCIA Action Plans for Anaphylaxis (RED) are stored on the Staff Google Drive, First Aid Room Folder, Staffroom and First Aid Rooms' display board and with the students' individual Red Satchel containing the adrenaline device.
- Adrenaline devices (both student supplied and those purchased for general use) are stored in an accessible area to staff – Administration Hallway cupboard, and a second device is stored in the student's individual learning space – teacher's POD.
- Procedures for camps, excursions and special activities: refer to *Off-site Risk Management Checklist for Schools*. Information about the procedures for each camp is included in the risk assessment and the pre-activity briefing.

## 9. Staff training

The principal is responsible for ensuring that:

- reasonable steps are taken to ensure that all school staff have adequate knowledge and training about allergies, anaphylaxis and the school's expectations in responding to an anaphylactic reaction
- all school staff successfully complete an anaphylaxis management training course (either online in the last two years or face-to-face in the last three years) if they:
  - conduct classes attended by students with a medical condition relating to allergy and the potential for anaphylactic reaction, or
  - 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. For example, those teaching health and physical education, attending school camps or who are new to the school that require training
- volunteers and regular casual relief teachers (CRT) receive appropriate anaphylaxis training during induction sessions, when any student who has been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction, where the school has been notified of that diagnosis, enrol in the school, or when the IAMP for current students are changed. CRTs who are not regular at the school are informed about any at risk students attending their classes or as relevant to the duties assigned to the CRT. This includes informing them of the location of the IAMPs and adrenaline devices both student-supplied and those purchased by the school for general use throughout the school
- staff training takes place as soon as practicable after a student at risk of anaphylaxis enrolls and, where possible, before the student's first day at school
- all staff participate in twice yearly anaphylaxis management staff briefings including information set out by the DE for use in Victorian schools, with one briefing at the commencement of the school year
- where the school has been notified and if for any reason the staff training and the required briefing have not yet occurred, the principal is responsible for ensuring that an interim plan is developed, in consultation with parents and carers, of any student who has been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction, and training must occur as soon as possible thereafter. When preparing the interim plan, the principal will also consider consulting the School Anaphylaxis Supervisor, the school nurse (if applicable) and the student's treating medical practitioner.

### 9.1. Staff training options

The principal is responsible for ensuring that relevant staff have access to training. The following training is provided:

- [ASCIA Anaphylaxis e-training course Victorian Schools](#) – A free course for all Victorian school staff (and the general public) and is delivered online. It is developed specifically for Victorian school staff to increase the quality of course delivery and consistency of training so all school staff are trained in the same way. Relevant staff must:
  - complete this course every two years
  - have a School Anaphylaxis Supervisor verify their competency in the correct use of adrenaline autoinjectors (EpiPen and Anapen) in line with the Anaphylaxis Management School Training Checklist, within 30 days of successfully completing this course
  - have the ASCIA certificate signed by a School Anaphylaxis Supervisor to confirm the staff member has also demonstrated proficiency in using an adrenaline autoinjector device.

### 9.2. Twice yearly staff briefings

The principal is responsible for ensuring that School Anaphylaxis Supervisors or another staff member who has successfully completed an anaphylaxis management training course referred to in

MO706 in the two years prior, lead all staff in twice yearly staff briefings on anaphylaxis management, with one held at the start of the school year. The school uses the Anaphylaxis management briefing presentation template, including the facilitator guide and presentation for briefings on the DE website: [Resources page](#). The staff briefings will include information on:

- the school's Anaphylaxis Management Policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students, where the school has been notified, who have been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction and the location of their IAMP and their medication/s
- how to use an adrenaline autoinjector, including hands-on practice with an adrenaline autoinjector trainer device (which does not contain adrenaline)
- the school's general first aid and emergency procedures
- the location of and access to the adrenaline devices supplied by parents and carers for individual student use
- the location of and access to the adrenaline autoinjectors that the school has purchased for general use
- information on staff anaphylaxis training and renewal requirements and how to access ongoing support and training.

The principal is responsible for establishing clear expectations regarding anaphylaxis training requirements, the processes for completing training and the systems for maintaining training records, including assigning responsibility for record-keeping.

- The school maintains a Staff Compliance Register for individuals to upload their signed training certificate for record of training and proficiency. Managed by School Leadership
- Staff twice-yearly briefings are held.

### 9.3. School Anaphylaxis Supervisors

The principal is responsible for ensuring that each school campus appoints two staff members to perform the role of School Anaphylaxis Supervisors. These supervisors will be authorised to sign ASCIA certificates for staff within their campus/school.

#### Eligibility requirements

To be eligible for the role, staff must hold and maintain the following certifications:

- [ASCIA anaphylaxis e-training course](#), completed every two years
- *Course in Verifying the Correct Use of Adrenaline Injector Devices 22579VIC*, completed every 3 years (provided by Hero)
  - staff must also have completed the ASCIA e-training course within the previous 12 months before enrolling
- *First Aid Management of Anaphylaxis 22578VIC*, completed every 3 years (provided by Hero).

#### Device specific training requirements

On 1 September 2021, the Anapen® adrenaline (epinephrine) autoinjector was introduced into Australia for the treatment of anaphylaxis. School Anaphylaxis Supervisors must complete the Anapen® workshop when the school has a student enrolled with an [ASCIA Action Plan for Anaphylaxis \(RED\) Anapen](#).

On 24 January 2026, the DE announced two additional adrenaline devices approved for emergency anaphylaxis treatment, both registered with the TGA and available in Australia from 2026:

- Neffy® adrenaline nasal spray
- Jext® adrenaline injector.

School Anaphylaxis Supervisors are required to complete an online workshop on Neffy® or Jext® devices if:

- their current *Course in Verifying the Correct Use of Adrenaline Injector Devices (22579VIC)* certificate has more than six months remaining before renewal; or
- the school has a student with an ASCIA Action Plan for Anaphylaxis (RED) specifying Neffy® or Jext® and the School Anaphylaxis Supervisor has not previously been trained in these devices.

School Anaphylaxis Supervisors who complete the *Course in Verifying the Correct Use of Adrenaline Injector Devices (22579VIC)* on or after the first day of Term 1, 2026 are not required to undertake the online workshop, as the updated course includes training specifying Neffy® and Jext®.

## Responsibilities

School Anaphylaxis Supervisors are responsible for:

- providing evidence of completed training to the principal or nominated staff member
- assessing and confirming correct use of adrenaline autoinjector (trainer) devices by staff completing ASCIA e-training
- sending reminders to staff and inform new staff about anaphylaxis training requirements
- liaising with the principal or the nominated staff member to ensure training records are maintained
- providing access to adrenaline autoinjector (trainer) devices for staff practice
- offering advice and guidance to staff on allergy and anaphylaxis management, as needed
- collaborating with parents and carers (and students where appropriate) to implement IAMPs
- where possible, lead the school's twice-yearly anaphylaxis briefing.

The School Anaphylaxis Supervisors are: Annice Lappin and Hannah Jackson.

**Table 2: Summary of training requirements**

Who	Training requirements	Additional requirements
Relevant school staff nominated by the principal	Option 1: ASCIA e-training course every two years OR AND • Anaphylaxis management staff briefings twice yearly	For Option 1 only: School Anaphylaxis Supervisor must evaluate an individual's competency in administering an adrenaline autoinjector within 30 days of successful course completion.
School staff with a student with anaphylaxis in their class or as deemed required by the principal	Option 1: ASCIA e-training course every two years OR AND • Anaphylaxis management staff briefings twice yearly	For Option 1 only: School Anaphylaxis Supervisor must evaluate an individual's competency in administering an adrenaline autoinjector within 30 days of successful course completion.
All school staff, including casual staff and volunteers	• Anaphylaxis management staff briefings twice yearly	
School Anaphylaxis Supervisor/s	<ul style="list-style-type: none"> <li>• ASCIA e-training course</li> <li>• Verifying the correct use of adrenaline injector devices 22579VIC</li> <li>• First aid management of anaphylaxis 22578VIC</li> <li>• Anapen® (epinephrine) adrenaline autoinjector workshop if there is a student enrolled with an ASCIA Action Plan for Anaphylaxis Red Anapen</li> <li>• Online workshop on Neffy® adrenaline nasal spray and/or Jext® adrenaline</li> </ul>	<ul style="list-style-type: none"> <li>• Minimum of two supervisors per school campus.</li> <li>• Must sign ASCIA certificates for staff.</li> <li>• Lead twice-yearly staff briefings.</li> </ul>

Who	Training requirements	Additional requirements
	injector if there is a student enrolled with an ASCIA Action Plan for Anaphylaxis (RED) specifying the use of a Neffy® or Jext® device (if previous training has not been completed)	

## 10. Risk minimisation and prevention strategies

The principal is responsible for ensuring that the [Risk Minimisation Strategies for MACS Schools](#) template is completed, regularly reviewed in light of information provided by parents and carers, and effectively implemented so that:

- risk minimisation and prevention strategies are applied across all relevant in-school and outside of school settings to prevent and reduce the risk of exposure to allergens
- the strategies in place actively reduce the likelihood of a student experiencing an anaphylactic reaction
- a sufficient number of trained school staff are present, in accordance with the MO 706 (refer to Staff training as outlined at (9)), whenever a student at risk of anaphylactic reaction is under the school's care or supervision, including outside normal class activities such as in the school yard, during camps and excursions, and at special events conducted, organised or attended by the school
- all staff are regularly reminded of their duty of care to take reasonable steps to protect students from reasonably foreseeable risks of injury, and understand that developing and implementing effective risk minimisation strategies is a critical component of this duty
- all school staff, parents and carers, students and the wider school community understand that risk minimisation is a shared, whole-school responsibility.

Risk minimisation and prevention strategies at our school include but are not limited to the following school-specific settings:

Settings	Minimisation and prevention strategies
Classroom activities (including class rotations, and specialist classes)	<p>A copy of each student's Individual Anaphylaxis Management Plan (IAMP) is easily accessible kept in the Staffroom, CRT Folder, Yard duty Bags, First Aid Students' Medical Management Folder, Staff Drive/Medical Management Students Google Folder, with the student's EpiPen in the Administration area, and with the spare school autoinjector in the student's class space.</p> <p>Where food-related activities are planned, staff liaise with parents and carers ahead of time.</p> <p>Use non-food treats where possible, but if food treats are used in class, it is recommended that parents and carers of students with food allergy provide a treat box with alternative treats. Alternative treat boxes should be clearly labelled and only handled by the student.</p> <p>Staff do not provide food items from external sources to students who are at risk of anaphylaxis.</p> <p>Lunch box items/treats from other students in class should not contain the substances to which the student is allergic. Staff will avoid the use of food items as treats.</p> <p>Products labelled as containing specific allergens known to impact students such as may contain traces of nuts,</p>

Settings	Minimisation and prevention strategies
	<p>should not be served to students allergic to nuts. Products labelled may contain milk or egg, should not be served to students with milk or egg allergy.</p> <p>Staff are to be aware of possible hidden allergens in food and other substances used in cooking, food technology, science and art classes including packaging e.g., peanut butter containers, egg containers.</p> <p>All cooking utensils, preparation dishes, plates, knives and forks are to be washed and cleaned thoroughly after preparation of food and cooking.</p> <p>The school acknowledges that students with food allergies need special care when cooking or undertaking food technology subjects. School staff liaise with parents and carers prior to the student undertaking these activities/subjects. School staff are supported in their decision making through the use of evidence-based resources, including guidance available at: <a href="http://www.allergyfacts.org.au/images/pdf/foodtech.pdf">www.allergyfacts.org.au/images/pdf/foodtech.pdf</a></p> <p>Regular discussions with students occur about the importance of washing hands, eating their own food and not sharing food.</p> <p>The Principal and administration informs emergency teachers, specialists, teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's IAMP and adrenaline device, the School's Anaphylaxis Management Policy and each person's responsibility in managing an incident i.e. seeking a trained staff member.</p>
<p>Transitions between classes and breaks and Recess and Lunchtimes</p>	<p>The principal regularly reviews plans to ensure that sufficient school staff trained in administering adrenaline autoinjectors are on yard duty and are able to access the adrenaline device and respond quickly to an allergic reaction if needed.</p> <p>The principal reviews processes to ensure that adrenaline devices and IAMPs are easily accessible from the school grounds.</p> <p>An emergency response procedure and communication plan is in place for staff on Yard Duty so medical information can be retrieved quickly if an allergic reaction occurs in the yard. All staff will be aware of the school process for seeking support (notify the general office/first aid team) if an anaphylactic reaction occurs during recess or lunchtime.</p> <p>Yard duty staff carry emergency cards in yard duty bags which actions a response to send an EpiPen, staff carry their mobile phone.</p>

Settings	Minimisation and prevention strategies
	<p>Staff on duty can identify by face those students at risk of anaphylaxis.</p> <p>Students with anaphylactic responses to insects are encouraged to stay away from water or flowering plants.</p> <p>The principal ensures lawns are regularly mowed and bins are covered.</p> <p>Students keep drinks and food covered while outdoors.</p>
Food brought into school	<p>Our school does not ban certain types of foods (e.g., nuts) as it is not practicable to do so and is not a strategy recommended by the DE or the Royal Children's Hospital as it can create complacency amongst staff and students, and it cannot eliminate the presence of all allergens.</p> <p>However, our school avoids the use of nut-based products in all school activities, requests that parents and carers do not send those items to school if possible and the school reinforces the rules about not sharing and not eating foods provided from home.</p>
Canteen	<p>School to include school-specific details if a canteen is available at the school (delete if not applicable): The principal or the nominated staff member will ensure that the canteen provider and its employees eliminate or reduce the likelihood of such allergens, can demonstrate satisfactory training in the area of food allergy and anaphylaxis and its implications for food-handling practices.</p>
Special events including incursions, sports, cultural days, fetes or class parties	<p>The principal ensures that sufficient staff, who have been trained in administering adrenaline autoinjectors, are supervising students to be able to respond quickly to an anaphylactic reaction if required.</p> <p>Staff avoid using food in activities or games or as rewards.</p> <p>The principal consults with parents and carers in advance of planned special events to either develop an alternative food menu or request the parents and carers to send a meal for the student/s at risk.</p> <p>Parents and carers of other students are informed in advance about foods that may cause allergic reactions in students at risk and request that they avoid providing students with treats containing known allergens whilst they are at a special school event.</p> <p>Party balloons are not to be used if a student has an allergy to latex.</p> <p>Where students from other schools are participating in a school event, staff consider requesting information from the participating schools about any students who will be</p>

Settings	Minimisation and prevention strategies
	<p>attending the event who are at risk of anaphylaxis. In this instance, staff seek agreement on strategies to minimise the risk of a reaction while the student is visiting the school. This should include a discussion of the specific roles and responsibilities of the host and visiting school. Students at risk of anaphylaxis are required to bring their own adrenaline device with them to events outside their own school.</p>
<p>Offsite, excursions and camps.</p>	<p>The principal determines which of the strategies set out below apply in the specific context for the out-of-school setting involved in the planned activity. The strategies that are appropriate will be determined by factors such as the age and independence of the student, the facilities and activities available, and the general environment. Not all strategies will be relevant for each school activity.</p> <p><b>Travel to and from school by bus</b></p> <p>School staff consult with parents and carers of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation strategies are in place to manage an anaphylactic reaction should it occur on the way to or from the school or venue on the bus. This includes the availability and administration of an adrenaline device. The adrenaline device and ASCIA Action Plan for Anaphylaxis (RED) must be with the student on the bus even if they are deemed too young to carry an adrenaline device on their person at school.</p> <p><b>Field trips/excursions/sporting events</b></p> <p>The principal undertakes a risk assessment for each individual student attending. If a student/s at risk of anaphylaxis is attending, sufficient school staff supervising the special event will be trained in the administration of an adrenaline autoinjector and be able to respond quickly to an anaphylactic reaction if required.</p> <p>A school staff member or team of school staff trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector attends field trips or excursions.</p> <p>School staff and venue staff should avoid using food in activities or games, including as rewards.</p> <p>The adrenaline device and a copy of the individual ASCIA Action Plan for Anaphylaxis (RED) for each student at risk of anaphylaxis is to be easily accessible and school staff must be aware of their exact location.</p> <p>For each field trip, excursion etc., a risk assessment is to be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of the excursion and corresponding staff-student ratio. All school staff members</p>

Settings	Minimisation and prevention strategies
	<p>present during the field trip or excursion will be made aware of the identity of any students attending who are at risk of anaphylaxis and are able to identify them by face.</p> <p>Staff in charge should consult parents and carers of students at risk of anaphylaxis in advance to discuss issues that might arise; to develop an alternative food menu or request the parents and carers provide a meal (if required).</p> <p>In rare cases where the school deems it necessary, parents and carers may be invited to accompany their child on field trips and/or excursions. This will be discussed with parents and carers as one possible strategy for supporting the student who is at risk of anaphylaxis.</p> <p>Prior to the excursion taking place, the principal or nominated staff member will consult with the student's parents and carers and medical practitioners (if necessary) to review the student's IAMP to ensure that it is up to date and relevant to the excursion.</p> <p>If the field trip, excursion or special event is being held at another school then that school should be notified ahead of time that a student at risk of anaphylaxis will be attending, and appropriate risk minimisation strategies discussed ahead of time so that the roles and responsibilities of the host and visiting school are clear. Students at risk of anaphylaxis should take their own adrenaline device with them to events being held at other schools.</p> <h3>Camps or remote settings</h3> <p>Prior to engaging a camp owner/operator's services, the principal or nominated staff member will make enquiries as to whether the operator can provide food that is safe for any anaphylactic students who may be attending. If a camp owner/operator/camp cook cannot provide this confirmation in writing to the school, the principal or nominated staff member will not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Where this attestation is not provided in writing, then the school will strongly consider using an alternative service provider as a reasonable step in discharging its duty of care to the student/s at risk of anaphylaxis due to food allergens.</p> <p>The principal or nominated staff member conducts a risk assessment and develops a risk management strategy for any student/s at risk of anaphylaxis while they are on camp. This will be developed in consultation with parents and carers of students at risk of anaphylaxis and camp owners/operators prior to the camp's commencement.</p> <p>School staff consult with the parents and carers of students at risk of anaphylaxis and where appropriate, the</p>

Settings	Minimisation and prevention strategies
	<p>camp owner/operator to ensure that appropriate procedures are in place to manage an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will be undertaken in order for the school to adequately discharge its non-delegable duty of care.</p> <p>If school staff has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, they raise these concerns with the camp owner/operator and consider alternative means for providing food for those student/s at risk of anaphylaxis.</p> <p>The use of substances containing known allergens should be avoided where possible.</p> <p>Prior to the camp taking place, school staff should consult with the student's parents and carers to review the IAMP/s to ensure that it is up to date and relevant to the circumstances of the camp. Schools are to seek support from parents and carers to advise students with allergies to insects to wear closed shoes and long-sleeved garments outdoors and encourage them to stay away from water or flowering plants.</p> <p>The principal or nominated staff member ensures that the student's adrenaline device, IAMP, including the ASCIA Action Plan for Anaphylaxis (RED) and mobile phones are taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency will be considered, e.g. a satellite phone. All staff attending the camp should familiarise themselves with the student's IAMPs and plan emergency response procedures for anaphylaxis prior to camp and be clear about their roles and responsibilities in the event of anaphylactic reaction.</p> <p>The principal or nominated staff member conducts a risk assessment prior to excursions/school camps which will include contact with local emergency services and hospitals well before the camp to provide details of any medical conditions of students, location of camp and location of any off-camp activities. Contact details of emergency services will be available for school staff as part of the emergency response procedures developed for the camp. Camp activities will be reviewed to avoid activities that use known allergens (cooking, craft etc).</p> <p>Adrenaline devices should remain close to the students and staff must be always aware of its location.</p> <p>General use adrenaline autoinjectors will be included in camp first aid kits as a back-up device in the event of an emergency.</p> <p>Staff consider exposure to allergens when students are consuming food during travel on bus/plane and whilst in cabins/tents/dormitories.</p>

Settings	Minimisation and prevention strategies

## 10.1. Annual Anaphylaxis Risk Management Checklist for Schools

The principal is responsible for ensuring that:

- the [Annual Anaphylaxis Risk Management Checklist for Schools](#) (DE template) is completed at the start of each year to monitor the school's compliance with MO 706 and any updates as published by the DE, MACS and the Victorian Catholic Education Authority (VCEA)
- the *Off-site Risk Management Checklist for Schools* is completed when determining requirements for activities such as excursions, camps and travel.

## 11. Emergency response to anaphylactic reaction

The principal is responsible for ensuring that:

- the school has clear and comprehensive first aid and emergency response processes in place that allows staff to react quickly if anaphylactic reaction occurs, for both in-school and outside of school settings
- there are sufficient trained staff present in accordance with MO 706 whenever students at risk are under the school's care or supervision
- regular drills are conducted to test the effectiveness of these processes.

The principal is responsible for determining how appropriate communication with school staff, students, parents and carers, and the wider school community will occur in the event of an emergency about anaphylaxis. This includes ensuring the understanding that 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.

Copies of the [ASCIA First Aid Plan for Anaphylaxis](#) and [Emergency Response to Anaphylactic Reaction](#) are prominently displayed in relevant locations including:

- Staffroom, CRT Folders, First Aid Room, planning room and learning spaces.

### 11.1. Display of general and emergency plans

The principal is responsible for ensuring that this policy integrates with the school's general first aid and emergency response procedures. This includes:

- storing and displaying completed ASCIA Action Plans for Anaphylaxis (RED) and IAMPs in ways that allow staff to quickly and easily access them
- storing and posting the First Aid Plan for Anaphylaxis and the Emergency Response to Anaphylactic Reaction alongside adrenaline autoinjectors purchased for general use in all designated locations
- embedding anaphylaxis-specific steps into the school's general emergency response plan
- ensuring emergency drills include scenarios for anaphylaxis
- keeping adrenaline autoinjectors purchased for general use stored with first aid kits and emergency response posters
- aligning incident reporting with the school's existing first aid and critical incident reporting
- displaying emergency procedures for anaphylaxis around the school for reference.

### 11.2. Responding to an incident

In the event of an anaphylactic reaction, staff must follow:

- student's ASCIA Action Plan for Anaphylaxis (RED)

- [ASCIA First Aid Plan for Anaphylaxis](#)
- [Emergency Response to Anaphylactic Reaction](#) and
- the school's general first aid procedures:

### **In all situations**

1. If safe to do so, lay the person flat, do not allow patient to stand or walk.
2. If breathing is difficult allow patient to sit
  - Be calm, reassuring
  - Do not leave them alone
  - Seek assistance from another staff member or a reliable student to locate the student's supplied adrenaline device or an adrenaline autoinjector for general use, the student's IAMP and ASCIA Action Plan for Anaphylaxis (RED).
3. Administer prescribed adrenaline device – note the time given and retain the used adrenaline device to give to ambulance paramedics.
4. Phone ambulance 000 (112 – mobile).
5. If there is no improvement or severe symptoms progress, further adrenaline doses may be given every five minutes (if another adrenaline autoinjector is available).
6. Phone emergency contact.

### **If in doubt, give an adrenaline autoinjector**

If the student has not been previously diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction but appears to be having a severe allergic reaction, follow Steps 2–6 above.

### **Immediate actions:**

- A staff member will remain with the student at all times.
- The student will be laid flat. They will not be allowed to stand or walk. If breathing is difficult, the student will be allowed to sit with their legs outstretched.
- Another staff member will immediately locate the student's adrenaline autoinjector and the student's IAMP and ASCIA Action Plan for Anaphylaxis (RED).
- The adrenaline device will be administered following the instructions in the student's ASCIA Action Plan for Anaphylaxis (RED). Where possible, only school staff with training in the administration of an adrenaline autoinjector will administer the student's adrenaline device. However, it is imperative that an adrenaline device is administered as soon as signs of anaphylaxis are recognised. If required, the adrenaline device will be administered by any person following the instructions in the student's ASCIA Action Plan for Anaphylaxis (RED).
- The student will not stand or be moved unless they are in further danger (for example, the anaphylactic reaction was caused by a bee sting, and the beehive is close by). The ambulance staff should transport the student by stretcher to the ambulance, even if symptoms appear to have improved or resolved. The student must be taken to the ambulance on a stretcher if adrenaline has been administered.

## **11.3. Post-incident reporting**

The administration of first aid to students from an anaphylactic incident or illness must be recorded, including all actions taken in the provision of care. This information can be recorded on the school's preferred first aid platform, accident/incident register or, depending on the severity of the incident, reported via the [MACS Guard Incident Reporting page](#) as soon as reasonably practicable, in

accordance with the Emergency and Critical Incident Management Procedures. The accident/incident register must be maintained.

## 11.4. Post-incident review

The principal is responsible for ensuring that a copy of the first aid and/or incident report is provided to parents and carers of the student.

After an anaphylactic reaction has taken place that has involved a student in the school's care and supervision, the principal is responsible for ensuring that the following review processes take place:

- The adrenaline device must be replaced by the parents and carers as soon as possible. In the meantime, the principal or nominated staff member will ensure that there is an interim IAMP in place should another anaphylactic reaction occur prior to the replacement adrenaline device being supplied by the parents and carers.
- If the adrenaline autoinjector for general use has been used this should be replaced as soon as possible. In the meantime, the principal or nominated staff member will ensure that there is an IAMP in place should another anaphylactic reaction occur prior to the replacement adrenaline autoinjector for general use being provided.
- The student's IAMP will be reviewed in consultation with the student's parents and carers.
- The school's Anaphylaxis Management Policy will be reviewed to ascertain whether there are any issues requiring clarification or modification in the policy, therefore supporting the school to meet its ongoing duty of care to students.

## 12. Communication plan

The principal is responsible for ensuring that a Medical Management Communication Plan is developed, regularly communicated and implemented to provide information for staff, students and parents and carers. The plan will:

- provide clear information to all school staff, students and parents and carers about anaphylaxis, the school's Anaphylaxis Management Policy, strategies for advising school staff and students about how to respond to an anaphylactic reaction of a student in various environments
- outline communication processes with parents and carers for obtaining current and updated medical documentation and medication.

School to add school-specific details about the Communication plan and where the information will be published including:

- Staff awareness: twice-yearly briefings are held for staff and staff handbook, regular briefings at staff meetings, at induction of new staff, CRT Folders.
- Student awareness: use of fact sheets, posters, peer support programs.
- Parent and carer awareness: newsletters, website updates, and nForma notices.

Include strategies for advising staff, students, parents and carers about how to respond to an anaphylaxis reaction of a student in various environments:

- during normal school activities, including classrooms, school yard, all school buildings and sites such as gymnasiums and halls
- during off-site school activities, including excursions, school camps and at special events conducted, organised or attended by the school.

### 12.1. Working collaboratively with parents and carers

The principal is responsible for working collaboratively with parents and carers of students who have been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction to ensure each student's needs are understood and supported.

This includes:

- developing a clear process for requesting new or updated medical documentation and/or medication as part of the annual or triggered reviews
- ensuring all communication is accessible, culturally appropriate and respectful of families.

## 12.2. Information to staff, parents and carers

The Communication Plan includes strategies for advising school staff, students, parents and carers about how to respond to an anaphylaxis reaction of a student in various environments:

- during normal school activities, including in a classroom, in the school yard, in all school buildings and facilities such as gymnasiums and halls
- during off-site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the school
- training that staff in the school have received.

The principal is responsible for developing a process for communication for when new or updated medical documentation and/or medication is required as part of annual or triggered reviews. School staff engaged in this process ensure that communication is accessible and culturally appropriate.

Staff will develop open, cooperative relationships with parents and carers to decide how information will be shared, requesting and updating medical information. The school will adopt the following process.

### Initial notification

- At the start of each school year, upon enrolment and/or when a medical plan (e.g. IAMP) is due to expire, parents and carers are informed of the need to update their child's medical management and/or ASCIA Action Plans for Anaphylaxis (RED). A clear timeframe for submission of updated plans is included.

### Follow-up communication

- Follow-up reminders are sent via email, phone or newsletter as the deadline approaches.
- Direct phone calls or meetings are made when updates are considered critical.
- Parents and carers seeking guidance can contact the Anaphylaxis Advisory Line:
  - Phone: 1300 725 911 or 9345 4235
  - Email: [anaphylaxisadvice@rch.org.au](mailto:anaphylaxisadvice@rch.org.au)

### Escalation process

- Second reminder: School sends a reminder via the preferred communication method (e.g. email, school app, letter), ensuring accessibility and cultural appropriateness.
- Phone call: A follow-up phone is made and the potential risks to their child's health and safety highlighted if the information is not updated.
- In-person meeting: If there is still no response, an in-person meeting is scheduled to underscore the importance of the update and to provide support or clarification, if needed.
- Inform parents and carers of any impact on child's safe participation in-school and outside of school activities without updated medical plans and medication, and work to develop a future plan for updating information.
- For further support, the school can contact their Senior Manager, School Leadership.

### Ongoing Communication

- Schedule periodic check-ins before review points to ensure the medical information remains current.
- Encourage parents and carers to notify the school of any changes in their child's health status throughout the year.

This policy is published on the school's website.

## 12.3. Anaphylaxis Advisory line

For further advice and support on MO 706, principals and school representatives, MACS school and office staff, and parents and carers can contact the Royal Children's Hospital Anaphylaxis Advice & Support Line via phone on **1300 725 911** or **9345 4235** or email [anaphylaxisadvice@rch.org.au](mailto:anaphylaxisadvice@rch.org.au)

## 13. Roles and reporting responsibilities

Role	Responsibility	Reporting requirement
Principal	Maintain a register of students at risk of anaphylactic reaction.	Annual Attestation
Principal	Ensure adequate adrenaline autoinjectors for general use are purchased and available in the school and that these are replaced at time of use or expiry, whichever is first.	Annual Attestation
Principal	Ensure twice yearly briefings on anaphylaxis management are conducted with one briefing at the start of the school year.	Annual Attestation
Principal	Ensure staff, including anaphylaxis supervisors, 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.	Annual Attestation
Principal	Ensure a communication plan is developed to provide information to all staff, students, parents and carers about the Anaphylaxis Management Policy.	Annual Attestation
Principal	Ensure this policy is published and available to the school community.	Annual Attestation
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 with one briefing at the commencement of the school year, using the briefing template provided by the DE for use in schools, including verbal briefings for casual staff and volunteers.	Annual Attestation

## 14. Definitions

Definitions of standard terms used in this Policy can be found in the [MACS Glossary of Terms](#).

### Adrenaline autoinjector device

An adrenaline autoinjector device, approved for use by the Australian Government Therapeutic Goods Administration, which can be used to administer a single pre-measured dose of adrenaline to those experiencing a severe allergic reaction (anaphylaxis). These may include EpiPen®, EpiPen® Jr, Jext® Jr 150, Jext® 300 or Anapen® 500.

### Adrenaline autoinjector for general use

A 'backup' or 'unassigned' adrenaline autoinjector purchased by a school. These can be EpiPen®, EpiPen® Jr, Jext® Jr 150, Jext® 300, or Anapen® 500.

### Adrenaline device

An adrenaline device, approved for use by the Commonwealth Government Therapeutic Goods Administration, which can be used to administer a single pre-measured dose of adrenaline to those experiencing a severe allergic reaction (anaphylaxis). These may include EpiPen®, EpiPen® Jr, Anapen® 500, Jext® Jr 150, Jext® 300, Neffy® 1 mg and Neffy® 2 mg.

### 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, lupin and certain insect stings (particularly bee stings).

### **Anaphylaxis Guidelines (Guidelines)**

A resource for managing severe allergies in Victorian schools, published by the Department of Education (DE) for use by all schools in Victoria and updated from time to time.

### **Australasian Society of Clinical Immunology and Allergy (ASCIA)**

The peak professional body of clinical immunology and allergy in Australia and New Zealand.

### **EpiPen®, Anapen® and Jext®**

Autoinjectable devices that deliver the drug adrenaline (epinephrine). They are used when someone is experiencing a severe allergic reaction.

### **Neffy®**

A nasal spray adrenaline device that delivers the drug adrenaline (epinephrine). It is used when someone is experiencing a severe allergic reaction.

### **Registered medical/health practitioner**

A person registered under Australian Health Practitioner Registration Agency (AHPRA) and relevant state/national board for their health profession, whether the registration of that person is general, specific, provisional, interim or non-practising but does not include a registered student.

### **School approved activities**

Any academic, sporting, social or other activities for which students' attendance or participation is authorised or organised by the school.

### **School environment**

Means any of the following physical, online or virtual places used during or outside school hours:

- a campus of the school
- online or virtual school environments made available or authorised by MACS or a MACS school for use by a child or student (including email, intranet systems, software, applications, collaboration tools and online services)
- other locations provided by the school or through a third-party provider for a child or student to use including, but not limited to, locations used for camps, approved homestay accommodation, delivery of education and training, sporting events, excursions, competitions and other events (Ministerial Order No. 1359).

## **15. Related policies and documents**

### **Supporting documents**

Anaphylaxis Risk Management Checklist for Off-site Activities – Template for Schools  
Annual Anaphylaxis Risk Management Checklist for Principals – Template for Schools  
Emergency Response to Anaphylactic Reaction – Template for Schools  
Individual Anaphylaxis Management Plan – Template for Schools  
Risk Minimisation Strategies for Schools – Template for Schools

### **Related MACS policies and documents**

Administration of Medication Policy  
Anaphylaxis Management Policy for MACS Schools  
Duty of Care Policy  
Emergency Management Plan  
First Aid Policy  
Medical Management Policy

### **Resources**

[Department of Education Victoria Anaphylaxis Guidelines](#)

[Department of Education Victoria Anaphylaxis Management Briefing presentation](#)

[Department of Education Victoria Facilitator guide for anaphylaxis management briefing](#)

[ASCIA Action Plans for Anaphylaxis \(RED\) and First Aid Plans for Anaphylaxis or Allergies](#)

[ASCIA Travel Plan](#)

[ASCIA Anaphylaxis e-training for Victorian schools](#)

[ASCIA Adrenaline \(Epinephrine\) Injectors for General Use](#)

[Royal Children's Hospital Anaphylaxis Advisory Support line](#)

## 16. Legislation and standards

*Education and Training Reform Act 2006 (Vic)*

Ministerial Order 706 – Managing the Risk of Anaphylaxis in Victorian Schools and School Boarding Premises

### Policy information

<b>Responsible executive</b>	Director, Education Excellence
<b>Policy owner</b>	Chief of Student Services
<b>Approving authority</b>	Director, Education Excellence
<b>Related policy</b>	Anaphylaxis Management Policy for MACS Schools
<b>Assigned board committee</b>	Child Safety and Risk Management
<b>Approval date</b>	4 February 2026
<b>Risk rating</b>	High
<b>Review by</b>	Annual
<b>Publication</b>	CEVN

#### POLICY DATABASE INFORMATION

<b>Assigned framework</b>	Care, Safety and Welfare of Students
<b>Supporting documents</b>	See list of supporting documents and related policies above
<b>Superseded documents</b>	Anaphylaxis Policy for MACS Schools – v5.0 – 2025 Anaphylaxis Policy for MACS Schools – v4.0 – 2025 Anaphylaxis Policy for MACS Schools – v3.0 – 2023 Anaphylaxis Policy – v2.0 – 2022 Anaphylaxis Policy – v1.0 – 2021