

1. Introduction

Marymede Catholic College 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).

2. Purpose

This procedure ensures that, as far as practicable, a safe and supportive environment is provided where students at risk of anaphylaxis are provided with reasonable adjustments to participate in school programs and activities in compliance with Ministerial Order 706.

3. Scope

This procedure applies at Marymede Catholic College.

This procedure applies to:

- staff, including volunteers and casual relief staff.
- all students who have been diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction, where the school has been notified of that diagnosis, or who may require emergency treatment for anaphylactic reaction.
- Parents (person, including a biological parent or another person, who has parental responsibility for a child granted by a court order. The term is also used to refer to Carers where permanent care, foster care or kinship arrangements are in place) of students who have been diagnosed as at risk of anaphylaxis or who may require emergency treatment for anaphylactic reaction.

4. Communication with Parents

- 4.1. The Principal engages with the Parent of students who are at risk of anaphylaxis to develop risk minimisation strategies and management strategies. The Principal will also take reasonable steps to ensure each staff member has adequate knowledge of allergies, anaphylaxis, and the school's expectations in responding to anaphylactic reaction.
- 4.2. The Principal requires that the Parent provides up to date medical information and an updated Individual Action Plan ([ASCIA Action Plan for Anaphylaxis](#)) signed by the treating medical practitioner together with:
 - a recent photo of their child and
 - any medications and auto-injectors referenced in the plan and recommended for administration.
- 4.3. The Parent is requested to provide this information:
 - annually
 - prior to camps and excursions
 - if the child has an anaphylaxis reaction at school, and
 - if the child's medical condition changes since the information was provided.
- 4.4. The Principal, or their nominee, is to engage with the Parent where updated documentation or medication is required in line with the school's communication plan.
- 4.5. Please note the [ASCIA Travel Plan for People at Risk of Anaphylaxis](#) requires completion by a registered medical practitioner for domestic or overseas travel.

5. Individual anaphylaxis management plans (IAMP)

- 5.1. The Principal is responsible for ensuring that all students diagnosed by a medical practitioner as having a medical condition that relates to allergies and the potential for anaphylactic reaction have an Individual Anaphylaxis Management Plan (IAMP) developed in consultation with the student's Parent.
- 5.2. The school requires the IAMP to be in place as soon as practicable after the student is enrolled and where possible before their first day of school. If for any reason training and a briefing has not yet occurred, an interim management plan, developed in consultation with the Parent, will be put into place for a student who is diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction, and training must occur as soon as possible thereafter. The IAMP will comply with Ministerial Order 706 and record:
 - student allergies
 - locally relevant risk minimisation and prevention strategies
 - names of people responsible for implementing risk minimisation and prevention strategies
 - storage of medication
 - student emergency contact details
 - student ASCIA Action Plans.
- 5.3. The student's IAMP will be reviewed by the Principal or nominated staff member, in consultation with the student's Parent, 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 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 (e.g. class parties, elective subjects, cultural days, fetes, incursions).
- Refer to the Individual Anaphylaxis Management Plan Template [[Individual Anaphylaxis Management Plan](#)].

6. Location of Individual Anaphylaxis Management Plans and ASCIA Action Plans

- 6.1. The College Nurses maintain an up-to-date register of students at risk of anaphylactic reaction as nominated by the Principal.
 - 6.2. The College Nurses communicate to staff the details of the location of student Individual Anaphylaxis Management Plans and ASCIA Action Plans within the school, during excursions, camps and special events conducted, organised or attended by the school. Please note the [ASCIA Travel Plan for People at Risk of Anaphylaxis](#) requires completion by a registered medical practitioner for domestic or overseas travel.
- Individual anaphylactic action plans and auto-injectors are stored in the first aid room.
 - EpiPens for general use are located in the first aid room and at multiple designated points throughout the school.
 - Procedures for camps, excursions and special activities

- Refer to Off-site Risk Management Checklist for Schools [[Risk Management Checklist for Off-site Activities](#)]

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7. Risk minimisation and prevention strategies

Refer to *Risk Minimisation Strategies for MACS schools* [[Risk Minimisation Strategies for Schools](#)]

The Principal ensures that risk minimisation and prevention strategies are in place for all relevant in-school and out-of-school settings which include (but are not limited to) the following:

- It is NOT recommended that schools 'ban' food and as such schools should not claim to be free of any allergen (e.g. 'nut free'). An 'allergy aware' approach which focuses on implementing a range of appropriate risk minimisation strategies is recommended.
- Request that all student lunch boxes and water bottles are clearly labelled with the student's name.
- Educate students and the school community about food allergy so they understand why they should only eat their own food and why they should not share or offer food to students with food allergies.
- In early primary school years, communicate with parents/guardians in classes that have a student with food allergies about not sending 'messy' foods that contain the student's food allergens where possible. For example, sliced cheese is less messy and therefore less risk than grated cheese. Staff need to be aware of students who are eating food that can be messy (such as egg sandwiches, milk in tetra packs or yoghurt tubs) and be prepared to clean appropriately. All students should be encouraged to wash hands before eating (especially children with food allergy).
- All students should be encouraged to wash their hands after eating, especially if they have eaten something that another student in their class is allergic to.
- Food, utensils and containers should not be shared.
- Supervision of students eating is recommended in early primary years for students with food allergy. However, students that have food allergy should **not** be isolated from their peers. It is suggested that all staff preparing and serving food to students undertake [All about Allergens for Schools](#) online training so they understand how to select suitable foods for students and staff with food allergy and avoid cross contamination during storing, handling, preparing and serving food.
- A copy of the student's Australasian Society of Clinical Immunology and Allergy Action Plan (for food allergy) should be displayed in the canteen/tuckshop visible to staff but not students.
- Communicate with the school community regularly through school newsletters, website and social media about how the canteen or boarding school manages food allergies. This can include information about new products or menu items that may or may not be suitable for students with food allergies. Remind staff that the product label must be read each time a student with food allergy is served food or drink.
- Encourage parents/guardians of students with food allergy to discuss menu options and products available with the canteen/tuckshop, or other food providers, when they are ready for others to supply food to their child.
- Provide information about products available to older students with food allergy.
- Consider whether the canteen or boarding school offers foods containing peanuts, tree nuts (such as cashew, hazelnut and almond) or shellfish, as a listed ingredient. These are not essential foods and are easily avoided.

- If using lunch bags for orders, consider using different coloured lunch bags (such as brown/white bags) for students and staff with food allergies to make them more visible, and ask parents/guardians, students and staff to clearly write their name and their food allergy on the lunch bag every time they order.
- If using an online ordering system, ensure all parents/guardians (and older students ordering themselves) and staff to declare their food allergy, so this is recorded against the food order.
- Prepare food for students with food allergy first so their food does not come into contact with other foods being prepared. Food for students with food allergies should be clearly labelled with the student's name and packaged (wrapped or put into a container with a lid) to avoid cross contamination.
- Non-food rewards (such as pencils, stickers, privileges) are encouraged.
- Discuss cooking, science experiments using foods, incursions and any other onsite activities involving food with parents/guardians of students with food allergy in advance.
- Encourage the [All about Allergens for Schools](#) online training for food technology staff and students.
- Be aware of all students with food allergy when considering options, as food for one student with food allergy might not be safe for another with a different food allergy. Complete an anaphylaxis emergency response plan for each excursion.
- Assess how many general use adrenaline injectors need to be taken (along with Australasian Society of Clinical Immunology and Allergy First Aid Plans).
- Ensure all staff are aware of the location of the student's adrenaline injectors and Australasian Society of Clinical Immunology and Allergy Action Plans, as well as the general use adrenaline injector and Australasian Society of Clinical Immunology and Allergy First Aid Plan.
- Ensure the student at risk of anaphylaxis is in the care of the staff member carrying the adrenaline injector. This staff member should have completed anaphylaxis training.
- Check that high school students who should be carrying their own adrenaline injector/s (as agreed in the individualised anaphylaxis care plan) have their adrenaline injector/s with them.
- It is important to ensure that cooking equipment used by students with allergies has been thoroughly cleaned before and after use, preferably in a dishwasher.
- Encourage parents/guardians to provide two adrenaline injectors along with their child's Australasian Society of Clinical Immunology and risk management strategies will be in place to manage risk of exposure to allergens that cannot be removed (such as egg, milk, wheat)?
- Allergy & Anaphylaxis Australia has comprehensive information about [managing food allergy and anaphylaxis on camp](#).

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 Department of Education (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.

However, the school avoids the use of nut-based products in all school activities, requests that the Parent does not send those items to school if possible and the school reinforces the rules about not sharing and not eating foods provided from home.

The Principal or DP – Professional Culture 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.

The Principal or Deputy Principal – Professional Culture regularly reviews the risk minimisation strategies outlined in Anaphylaxis Risk Minimisation strategies for our schools considering information provided by the Parent related to the risk of anaphylaxis. Refer to Anaphylaxis Risk Minimisation strategies for our school. [[Risk Minimisation Strategies for Schools](#)]

The Principal is responsible for annually completing the Annual Risk Management Checklist for Schools to ensure that compliance with Ministerial Order 706 is maintained. Refer to Annual Anaphylaxis Risk Management Checklist for Schools [[Annual Anaphylaxis Checklist for Principals](#)]

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8. Register of students at risk of anaphylactic reactions

The Principal nominates the College nurses to maintain an up-to-date register of students at risk of anaphylactic reaction. This information is to be shared with all staff and accessible to all staff in an emergency.

- A register of students diagnosed with anaphylaxis is maintained by the College nurses within the first aid facility and is accessible to all staff via the online SIMON system. Each student's anaphylactic action plan, Individual Anaphylaxis Management Plan, and risk assessment documentation are stored alongside the students' prescribed auto-injectors, with additional copies held in a designated folder. All plans and associated documentation are also uploaded and maintained within the SIMON system for central reference. Further to this, relevant information is disseminated to staff at the twice-yearly briefings and displayed in the staff room to ensure ongoing awareness.

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7. Location, storage and accessibility of autoinjectors

It is the responsibility of the Principal to purchase auto-injectors for the school for general use and to ensure they are replaced at time of use or expiry; whichever is first. (Expiry date period is usually within 12–18 months). General use auto-injectors are used as a back-up to auto-injectors that are provided for individual students by the Parent in case there is a need for an auto-injector for another student who has not previously been diagnosed at risk of anaphylaxis.

Marymede Catholic College provides 34 EpiPen auto-injectors and 2 EpiPen Junior auto-injectors to purchase for general use.

- Adrenaline autoinjector devices are to be stored in a cool dark place at room temperature, which they define as between 15 and 25 degrees Celsius.
- The auto-injectors are to be stored in the First Aid room.
- All auto-injector expiry dates are maintained by the College nurses. My EpiPen application also serves to facilitate the tracking and management of EpiPen expiry dates.
- General use EpiPens are located in the first aid room, the gymnasium and at multiple designated points around the school grounds. They are also included in all excursion and camps bags.
- If these temperatures cannot be maintained, ASCIA recommends storing the device in an insulated wallet

The school's Anaphylaxis Supervisors are responsible for informing school staff of the location for use in the event of an emergency.

8. When to use an auto-injector for general use

The Principal ensures that auto-injectors for general use will be used under the following circumstances:

- a student's prescribed auto-injector 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 injector 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.

8.1. *Note: if in doubt, give student auto-injector as per ASCIA Action Plans. Please review [ASCIA First Aid Plan for Anaphylaxis \(ORANGE\)](#) and [ASCIA Adrenaline \(Epinephrine\) Injectors for General Use](#) for further information.*

9. Emergency response to anaphylactic reaction

In an emergency anaphylaxis situation, the student's ASCIA Action Plan, the school's general first aid procedures, Danger → Response → Send for Help → Airway → Breathing → CPR → Defibrillation (DRSABCD), the emergency response procedures in this policy and [ASCIA First Aid Plan for Anaphylaxis](#) must be followed.

The Principal must ensure that when a student at risk of an anaphylactic reaction is under the care or supervision of the school outside normal class activities, such as in the school yard, on camps or excursions or at special events conducted, organised or attended by the school, there are sufficient staff present who have been trained in accordance with Ministerial Order 706.

All staff are to be familiar with the location, storage and accessibility of auto-injectors in the school, including those for general use.

The Principal must determine how appropriate communication with school staff, students and the Parent is to occur in the event of an emergency about anaphylaxis.

Copies of the [ASCIA First Aid Plan for Anaphylaxis](#) and emergency procedures are prominently displayed in the relevant places in the school, for example, first aid room, classrooms and in/around other school facilities. Photographs and allergen information for all students diagnosed with anaphylaxis are displayed in the staff room, canteen, and food technology staff station. Refer to Emergency Response to Anaphylactic Reaction template for editing [[Emergency Response to Anaphylactic Reaction](#)].

- A complete and up-to-date list of students identified at risk of anaphylaxis is available from the College nurses. It is also located in the staff room, primary classrooms, and accessible online via SIMON.
- Individual Anaphylaxis Management Plans and ASCIA Action Plans are stored alongside each student's auto-injector in the first aid. When a student is off campus or attending a special event, the student's auto-injector and documents are transferred to the first aid bag. Copies are also maintained in the first aid folder for reference.
- General use EpiPens are stored in sick bay, at designated locations throughout the school and are packed in first aid kits when students are off campus or attending special events.
- If any student is showing signs and symptoms of an allergic reaction, school staff should immediately follow the student's ASCIA Action Plan (if they are known to have allergies) or the ASCIA First Aid Plan for Anaphylaxis (for other students), positioning the student appropriately and administering an adrenaline injector if required. Adrenaline is the first line treatment for anaphylaxis.
- The ASCIA Action Plan or ASCIA First Aid Plan should be followed in response to an anaphylaxis. After an adrenaline injector has been administered, the student should stay in position as per the ASCIA Action Plan and an ambulance (where available) should be called to transport the student to hospital for medical monitoring. Until the ambulance arrives the student must not be allowed to stand or walk (even if they appear well) and should lay flat or sit with legs outstretched (for example, on the floor) if breathing is difficult.

Refer to Emergency Response to Anaphylactic Reaction [[Emergency Response to Anaphylactic Reaction](#)

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10. Staff training

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

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

Staff undertake training to manage an anaphylaxis incident if they:

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

Our school considers, where appropriate, whether casual relief teachers and volunteers should also undertake training.

Our school staff are to:

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

A range of training programs are available, and the Principal determines an appropriate anaphylaxis training strategy and implements this for staff. The Principal ensures that staff are adequately trained and that enough staff are trained in the management of anaphylaxis noting that this may change from time to time dependent on the number of students with IAMPs.

All school staff complete the online *ASCIA Anaphylaxis e-training for Victorian Schools* and have their competency in using an auto-injector tested by the school's Anaphylaxis Supervisor in person within 30 days of completing the course. Staff are required to complete the ACSIA online training yearly.

At the end of the online training course, participants who have passed the assessment module are issued a certificate which needs to be signed by the school's Anaphylaxis Supervisor to indicate that the participant has demonstrated their competency in using an adrenaline autoinjector device.

School staff who complete the online training course are required to repeat that training and the adrenaline auto-injector competency assessment yearly.

The school's Anaphylaxis Supervisors will have completed 22579VIC Course in Verifying the Correct Use of Adrenaline Injector Devices – at no cost for Victorian Catholic schools at the [Hero HQ School Booking Portal](#) or email Hero HQ for more information: schools@herohq.com. Training in this course is current for three years.

The College Nurses undertake face-to-face training 22578VIC Course in First Aid Management of Anaphylaxis. Accredited for three years.

The school notes that 22578VIC Course in First Aid Management of Anaphylaxis is a face-to-face course that complies with the training requirements outlined in Ministerial Order 706. School staff who complete this course will have met the anaphylaxis training requirements for the documented period.

Anaphylaxis Supervisors

The school's Anaphylaxis Supervisors play a key role in undertaking competency checks on all staff who have successfully completed the ASCIA online training course. To qualify as a school Anaphylaxis Supervisor, the nominated staff members need to complete an accredited short course that teaches them how to conduct a competency check on those who have completed the online training course e.g., 22579VIC Course in Verifying the Correct Use of Adrenaline Injector Devices.

The Principal is to identify two staff per school or for each campus as the school's Anaphylaxis Supervisors.

Marymede Catholic College- South Morang Campus, Anaphylaxis Supervisors.

- Meaghan Voumard and Maria Stathakis

Marymede Catholic College – Doreen Campus, Anaphylaxis Supervisors.

- Melissa Turnbull, Courtney Robinson and Susi Di Palma

On 1 September 2021, the Anapen adrenaline (epinephrine) auto-injector was introduced into Australia for the treatment of anaphylaxis. Schools will need to ensure relevant staff are trained to use them.

The Anaphylaxis Supervisors should participate in the Anapen workshop if their school has an enrolled student with an [ASCIA Action Plan for Anaphylaxis Red Anapen](#).

Twice yearly staff briefing

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

The briefing includes information about the following:

- the school's legal requirements as outlined in Ministerial Order 706
- the school's anaphylaxis management policy
- causes, signs and symptoms of anaphylaxis and its treatment
- names and pictures of students at risk of anaphylaxis, details of their year level, allergens, medical condition and risk management plans including location of their medication
- relevant anaphylaxis training
- ASCIA Action Plan for Anaphylaxis and how to use an autoinjector, including practising with a trainer autoinjector
- the school's general first aid and emergency responses
- location of and access to auto-injectors that have been provided by the Parent or purchased by the school for general use.

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

Outline here the Staff training arrangements for your school:

- Staff are informed of the requirement to attend a briefing twice a year as dates and times communicated to the,
- How the records of training will be maintained and by the College Nurses and the Deputy Principal – Professional Culture

11. Anaphylaxis communication plan

The Principal is responsible for ensuring that a communication plan is developed to provide information to all school staff, students and Parents about anaphylaxis and the school's anaphylaxis management policy.

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Outline the practices within the school for the following:

- Raising staff awareness – arrangements for twice yearly briefings, regular briefings and induction of new staff
- Raising student awareness – Student assemblies, use of fact sheets, posters with messages about anaphylaxis, peer support, etc.
- Students are reminded about anaphylaxis awareness at an assembly each semester.
- Parents are reminded about anaphylaxis awareness in a letter from the DP -Head of Campus each semester
- The College Anaphylaxis policies are on the College website for parents to view and on the Marymede Way for staff to view
- Methods for raising school community awareness – e.g. newsletter, website, information nights, assemblies, The Marymede way.

This communication plan includes strategies for advising school staff, students and their Parent 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 sites including 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.

The Communication Plan includes procedures to inform volunteers and casual relief staff of students who are at risk of anaphylaxis and of their role in responding to an anaphylactic reaction experienced by a student in their care.

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.

- Working with the Parent – developing open, cooperative relationships with the Parent, how information will be shared, requesting and updating medical information
- A possible process for the schools to adapt could look like the following:

Initial Notification

- At the start of each school year, upon enrolment and/or when a plan is due to expire, the College nurses will communicate with the Parents informing them of the need to update their child's medical management and/or anaphylaxis action plans.
- At the start of each year, parents receive an email reminding them of the required paperwork for their child with anaphylaxis. Copies of all necessary documents are included as attachments for their convenience. We kindly ask that all completed documents are returned promptly.

Follow-Up Communication

- If documents have not been returned, the College nurses will follow up with a second reminder email. The communication is made accessible and culturally appropriate.
- 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.
- **Phone Call:** Make a follow-up phone call to the Parent who has not responded. Highlight the potential risks to their child's health and safety if the information is not updated.
- **In-Person Meeting:** If there is still no response, schedule an in-person meeting with the Parent to underscore the importance of the update and to provide additional support or clarification if needed.

- For critical updates, consider direct phone calls or meetings with the Parent to discuss the importance of the information. For a Parent seeking guidance around obtaining documentation, encourage them to contact the Anaphylaxis advisory line on **1300 725 911** or 9345 4235 or email anaphylaxisadvice@rch.org.au
- Escalation to the DP - Head of Campus if the updated information/medication is not obtained.

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.

The Principal ensures that the school staff are adequately trained by completing an approved training course:

- ASCIA e-training every two years together with associated competency checks assessed by suitably trained Anaphylaxis Supervisor who has completed 22579VIC Course in Verifying the Correct Use of Adrenaline Injector Devices, or
AND
- provision of an in-house briefing for school staff at least twice per calendar year in accordance with Ministerial Order 706, with one briefing at the commencement of the school year.

The policy is publicly available and published on the school's website.

12. Definitions

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

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.

Autoinjector

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).

Ministerial Order 706

[Ministerial Order 706: Anaphylaxis Management in Victorian Schools](#) which outlines legislated requirements for schools and key inclusions for their Anaphylaxis Management Policy.

13. Related policies and documents

Supporting documents

Individual Anaphylaxis Management Plan

Anaphylaxis Risk Minimisation Strategies for Schools
Emergency Response to Anaphylactic Reaction
Anaphylaxis Management Checklist for Off-site Activities
Annual Anaphylaxis Risk Management Checklist

Related MACS policies

Anaphylaxis Policy for MACS schools
Duty of Care Policy for MACS schools
Emergency Management Plan
First Aid Policy
Medical Management Policy

Resources

14. Legislation and standards

[Ministerial Order 706: Anaphylaxis Management in Victorian Schools](#)

[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 and First Aid Plans for Anaphylaxis or Allergies](#)

[ASCIA Action Plans for Anaphylaxis \(General, Anapen, Epipen\)](#)

[ASCIA First Aid Plan for Anaphylaxis \(General, Anapen, Epipen, Pictorial\)](#)

[ASCIA Travel Plan](#)

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

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

Policy information table

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