Anaphylaxis Management Policy and Procedures

Help for non-English speakers
If you need help to understand this policy, please contact info@ae.edu.au.

1.0 Rationale

This policy outlines how Acknowledge Education (Stott's College) manages and supports students diagnosed as being at risk of anaphylaxis. It ensures compliance with Ministerial Order No. 706 – Anaphylaxis Management in Victorian Schools and guidelines related to anaphylaxis management in schools or school boarding premises as published and amended by the Department of Education from time to time.

2.0 Scope

This policy applies to:

- All school staff (teaching, administration, wellbeing, support)
- Casual Relief Teachers (CRTs) and volunteers
- All students diagnosed as being at risk of anaphylaxis, and their parents/carers
- All school activities (on-site, off-site, excursions, special events)

3.0 Policy Statement

Acknowledge Education will:

- Fully comply with Ministerial Order 706
- Implement all Department of Education and Australasian Society of Clinical Immunology and Allergy (ASCIA) requirements
- Provide a safe learning environment for students at risk
- Ensure staff are trained and emergency-ready
- Maintain a strong communication plan across the school community

UNDERSTANDING ANAPHYLAXIS

Anaphylaxis is a severe, potentially life-threatening allergic reaction.

Common allergens include:

- Food: nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame
- Insect stings
- Latex
- Medications

Symptoms

- Mild–Moderate Reaction:
  - Swelling of lips, face, or eyes
  - Hives or welts
  - Tingling in the mouth

- Severe Reaction (Anaphylaxis):
  - Difficult/noisy breathing
  - Swelling of tongue or throat
  - Hoarse voice, difficulty talking
  - Persistent cough or wheeze
  - Dizziness, collapse, turning pale/floppy
  - Vomiting or abdominal pain

4.0 Policy

4.1 Individual Anaphylaxis Management Plans (IAMPS)

The CEO is responsible for ensuring that an **Individual Anaphylaxis Management Plan (IAMP)** is developed, in consultation with the student's parents, for 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.

IAMPs must be in place **as soon as practicable after the student enrols at Stott's College**, and where possible before the student's first day of attendance at school.

IAMPs must include information about the medical condition that relates to the 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. The IAMP must also include:

  - Student-specific symptoms
  - Risk-minimisation strategies
  - Storage location of medication
  - Emergency contact details
  - ASCIA Action Plan for Anaphylaxis (RED), signed by a medical practitioner
  - Names of responsible staff implementing strategies

- IAMP Review Circumstances:
  - Annually
  - After an anaphylactic episode
  - If the student's medical condition changes
  - Prior to any off-site activity (camp, excursion, event)

4.2 Parents'/Carers' Responsibilities

Parents/carers must:

- Provide a current **ASCIA Action Plan for Anaphylaxis (RED)**
- Supply an **in-date adrenaline autoinjector** (EpiPen/Anapen)
- Provide an updated photo of the student
- Inform the school in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant provide an updated ASCIA Action Plan
- Participate in annual IAMP reviews

4.3 Storage of Medication

Student-specific adrenaline autoinjectors will be stored:

- In the **Sick Bay**
- In other approved and accessible locations (e.g., carried by student, school office)
- In clearly labelled, accessible containers with ASCIA plans attached

General-use adrenaline autoinjectors will be purchased by the CEO for general use and as back up to those supplied by parents. The number of general-use autoinjectors will be determined with regard to the number of students at the school that have been diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction. General use autoinjectors will be stored in designated, accessible locations (e.g., First Aid Room, excursion kits).

In determining the number and type of general-use adrenaline autoinjector(s) to purchase, the CEO will consider:

- the accessibility of adrenaline autoinjectors that have been provided by parents; and
- the availability of a sufficient supply of adrenaline autoinjectors for general use in specified locations at the school, including in the school yard, and at excursions, camps and special events conducted, organised or attended by the school.

General-use adrenaline autoinjectors have a limited life, usually expire within 12-18 months, and will be replaced at the school's expense, either at the time of use or expiry, whichever is first.

4.4 Risk-Minimisation Strategies

Acknowledge Education implements the following risk management strategies to support students at risk of anaphylaxis across all school settings. This includes ensuring appropriate staff training, supervision, and accessibility of IAMPs and ASCIA Action Plans at all times.

Staff Training and Supervision Requirements

When a student with a medical condition relating to allergy and the potential for anaphylactic reaction is under the care or supervision of the College - whether during normal school activities or outside of standard class settings (including school yard supervision, camps, excursions, or special events conducted, organised, or attended by the College) - the CEO must ensure that a sufficient number of staff present are trained in accordance with Clause 12 of Ministerial Order No. 706.

Storage and Accessibility of Anaphylaxis Management Plans

- **During Normal School Activities:**

  IAMPs and ASCIA Action Plans are:

  - Kept in classroom folders and taken into classrooms by teachers
  - Stored in the sick bay in clearly labelled, easily accessible containers alongside adrenaline autoinjectors
- **During Off-Site or Out-of-School Activities (e.g. excursions, camps, special events):**

  IAMPs and ASCIA Action Plans are:

  - Included in excursion or event packs
  - Carried by supervising staff at all times
  - Stored in a manner that ensures immediate accessibility alongside adrenaline autoinjectors

Classroom

- IAMPs and ASCIA Plans kept in class folders and taken into classrooms by teachers
- Students discouraged from sharing food
- Cleaning procedures implemented after eating

Common Areas

- Covered garbage bins provided
- Staff maintain awareness of students at risk
- Canteen/café implements practices to avoid cross-contamination
- IAMPs and ASCIA Plans stored in sick bay in clearly labelled, accessible containers with adrenaline autoinjectors

Excursions and Camps

- Pre-activity risk assessments conducted
- Adrenaline autoinjectors accessible at all times
- IAMPs and ASCIA Plans included in excursion packs and carried by supervising staff
- Emergency access to communication (e.g. phone/reception) ensured

Special Events

- Catering providers informed of student allergies
- Increased staff supervision during food-based events
- IAMPs and ASCIA Plans taken to events by supervising staff and kept readily accessible

General-Use Adrenaline Autoinjectors

The Head of School (or VCE Coordinator) will:

- Ensure sufficient general-use autoinjectors are available
- Replace autoinjectors before expiry
- Consider the dosage appropriate to student age/weight
- Ensure they are included in off-site activity kits

4.5 Emergency Response Procedures

States that in the event of an anaphylactic reaction, the **emergency response procedures** below must be followed, together with the Stott's College general first aid and emergency response procedures **and the student's ASCIA Action Plan**.

In the event of suspected anaphylaxis:

1. Lay the student flat.
    - If breathing is difficult: allow to sit upright.
    - Do NOT allow the student to walk or stand.
2. Administer the **adrenaline autoinjector** immediately.
3. Call **000** for an ambulance.
4. Note the time the autoinjector was given.
5. If no improvement after 5 minutes and a second device is available, administer a second dose.
6. Contact the student's emergency contacts.
7. Send someone to meet the ambulance.

If unsure — give the autoinjector. Under-treating anaphylaxis is more dangerous than over-treating.

4.6 Communication Plan

Please refer to *VCE-PLA-14 Anaphylaxis Communication Plan*.

The CEO 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 and procedures. The communication plan will include the following information:

- Strategies for advising school staff, students and parents about how to respond to an anaphylactic reaction:
    - during normal school activities including in the classroom, and on the premises
    - during off-site or out of school activities, including on excursions and at special events conducted, organised or attended by the school
- procedures to inform volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction of a student in their care.
- that the CEO of a school is responsible for ensuring that the school staff that identified as requiring training under clause 12.1 of Ministerial Order No. 706 are:

- trained in accordance with clause 12, and
- briefed at least twice per calendar year in accordance with clause 12.

This policy will be:

- Published on the school website
- Included in parent/carer information packs
- Provided to all new staff, CRTs, and volunteers
- Reinforced through staff briefings and training

The school ensures:

- All staff know which students are at risk
- All staff know where autoinjectors are stored
- CRTs/volunteers receive a verbal briefing when supervising students

4.7 Staff Training Requirements

School staff must be trained in accordance with clause 12 of Ministerial Order No. 706.

The following school staff must be trained in accordance with this clause:

- school staff who conduct classes that students at risk of anaphylaxis attend; and
- any further school staff identified by the CEO, based on an assessment of the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the school.

The Head of School will ensure relevant staff complete:

1. Approved Training (one required): **ASCIA eTraining (every 2 years)**, with on-site competency check

School staff who are subject to training requirements must also participate in an in-school anaphylaxis briefing twice per calendar year, with the first briefing to be held at the beginning of the school year.

These briefings must be delivered by a staff member who has successfully completed an anaphylaxis management training course in accordance with clause 12.2.1 of Ministerial Order No. 706 within the previous two years.

The twice-yearly briefings must include:

- a review of the School's Anaphylaxis Management Policy;
- the causes, symptoms and treatment of anaphylaxis;
- the identities of students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and the location of their medication;
- how to use an adrenaline autoinjector, including hands-on practice with a trainer adrenaline autoinjector;
- the School's first aid and emergency response procedures; and
- the location of, and access to, adrenaline autoinjectors provided by parents and those purchased by the School for general use.

In the event that training and/or briefings have not yet occurred in accordance with clauses 12.2.1 and 12.2.2 of MO706, the CEO must develop an interim plan in consultation with the

parents and DHA-approved guardians of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction. Training and briefing must then occur as soon as practicable thereafter.

At least **two staff members** (per campus) must be trained as **School Anaphylaxis Supervisors**.

4.8 Incident Reporting

After an anaphylactic episode:

- Record incident in school's reporting system
- Notify parent/carer
- Review:
  - The student's IAMP
  - The school's risk-minimisation strategies
- Replace any used autoinjector immediately

4.9 Monitoring and Compliance

The CEO must complete the Annual Anaphylaxis Risk Management Checklist each year to monitor the school's compliance with its obligations under Ministerial Order No. 706 and associated Department guidelines, as published and amended from time to time.

The completed Annual Risk Management Checklist must be reviewed and retained by the school as evidence of compliance and may be requested by the Department or other regulatory bodies.

5.0 Policy Review

This policy will be reviewed:

- Annually
- After any anaphylaxis incident
- When guidelines or legislation changes

6.0 Related Documents

- VCE-PLA-14 Anaphylaxis Communication Plan
- VCE-POL-01 Child Safety and Wellbeing Policy
- VCE-POL-10 First Aid Policy
- VCE-POL-11 Asthma Management Policy and Procedures
- VCE-POL-12 Medication Management Policy
- Ministerial Order 706
- ASCIA Action Plan for Anaphylaxis (RED)
- DET Anaphylaxis Guidelines

7.0 Document Information

Document Name	VCE-POL-04 Anaphylaxis Management Policy and Procedures
Document Number	VCE-POL-04
Purpose	Compliance with Child Safety Standards & Ministerial Order
Audience	☒Staff | ☒Students| ☒Public
Category	Learning Environment
Subcategory	Child Health and Safety
Approval Date	18/12/2025
Effective Date	18/12/2025
Date of last approval	08/05/2026
Next Review Date	08/05/2027 (Annually)
Policy Advisor	Head of School, VCE Coordinator, Homestay Coordinator, Head of Quality and Risk
Approving Authority	Board of Directors

8.0 Change Log

Date	Version	By	Notes
01/12/2025	1.0	HQR	Stott's College has undertaken a comprehensive policy review and reset to ensure all policies and procedures are purpose-built for the school and under-18 context and aligned with applicable regulatory requirements, with existing materials consolidated, enhanced, or formalised as necessary.
04/05/2026	1.1	HQR	• Clarified responsibility for developing Individual Anaphylaxis Management Plans • Expanded requirements for plan content, including medical diagnosis and allergy details • Added parent/guardian responsibility to notify the College of changes and provide updated ASCIA Action Plans • Defined storage locations for management plans during on-site and off-site activities • Included supervision requirements for trained staff during all school and off-site activities • Added guidance on determining and maintaining appropriate adrenaline autoinjector supply • Strengthened communication plan requirements for responding to anaphylaxis in all settings • Formalised procedures for informing

	volunteers and casual staff of at-risk students • Updated staff training requirements, including who must be trained • Added requirement for interim planning where training has not yet occurred