



ANAPHYLAXIS MANAGEMENT POLICY

Salesian College Sunbury is an inclusive Catholic Faith Community in the spirit of St John Bosco.

- We are welcoming COMMUNITY that fosters an atmosphere of joy and optimism.
- We strive for engagement in LEARNING for which we are collectively responsible.
- We promote the pursuit of EXCELLENCE in all aspects of life.
- We are inspired by our FAITH to serve others and develop as resilient, thoughtful and caring citizens of the world.

Central to these values is an unequivocal commitment to fostering the dignity, self-esteem and integrity of children and young people and providing them with a safe, supportive and enriching environment to develop spiritually, physically, intellectually, emotionally and socially.

COLLEGE STATEMENT

Salesian College Sunbury (the College) will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time. The College acknowledges the responsibility to develop, maintain and implement a best practice Anaphylaxis Management Policy.

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.

PRINCIPLES

The following principles underpin this policy:

- Salesian College Sunbury 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.

MINISTERIAL ORDER 706 - SCHOOL REQUIREMENTS

Salesian College Sunbury 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 (ASCIA) 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.

AIMS

- Obtaining thorough medical information about students at risk of anaphylaxis by the College
- Ongoing staff training about how to recognise and respond to a mild, moderate or severe allergic reaction, including training in the use of adrenaline auto injector.
- Implementation of practical strategies to avoid exposure to medically confirmed allergens
- Age appropriate education to students with severe allergies and their peers

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLAN AND ASCIA ACTION PLAN FOR ANAPHYLAXIS (RED)

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 Salesian College Sunbury template located on the school's website. 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 (e.g. class parties, elective subjects, cultural days, fetes, incursions).

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.

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 further below in this policy)
- 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.

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.

Document or equipment	Who provides/creates it?	Who signs it?	When?
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.

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.

- The register of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction is located in the Student Wellness Hub and made available to all staff through SchoolBox.
- The College Nurse is responsible for maintaining the register of students at risk of anaphylactic reaction.

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.

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.

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.

Salesian College Sunbury provides adrenaline (epinephrine) autoinjector (EpiPen® or Anapen®) for general use.

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.

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.

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

- Students IAMPs with the ASCIA Action Plan for Anaphylaxis (RED) are kept at Student Hub and made available to all staff on SchoolBox.
- Adrenaline devices supplied by parents and carers are kept at Student Hub. Adrenaline autoinjectors for general use are kept in each of the following building: Student Hub, Bosco campus office, Savio east campus office, Savio west campus office, OLC science prep room, Year 9 retreat centre, Food technology kitchens, Agriculture (Patch) office, Mansion, Lakeside stadium and Excursion first aid kits. These are available for use if a student has an anaphylactic reaction on the playground. There are separate procedures for camps, excursions and special activities depending on the context. Generally, teachers responsible for students who have been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction will have the student-supplied adrenaline devices and leaders will have adrenaline autoinjectors for general use. Information about the procedures for each camp is included in the risk assessment and the pre-activity briefing.
- Adrenaline devices supplied for students and those for general use will be in Student Hub in the medicine drawer.
- Self-administration specific information (some students may choose to keep an additional adrenaline device on them, if approved in their IAMP).

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.

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.

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. 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 briefing must be conducted by a member of the school staff, preferably the person nominated as the School Anaphylaxis Supervisor, who has successfully completed an approved anaphylaxis management

training course in the last 2 years.

In the event that the relevant training has not occurred for a member of staff who has a child in their class at risk of anaphylaxis, the principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents of any affected students. Training will be provided to relevant school staff as soon as practicable after the student enrolls, and preferably before the students first day at school.

The Principal will ensure that while the student is under the care or supervision of the school, including excursions, yard duty, camps, special event days, there is a sufficient number of College staff present who have successfully completed an anaphylaxis management training course.

The following College staff will be appropriately trained:

- College staff who conduct classes attended by students who are at risk of anaphylaxis
- Any other College staff as determined by the principal (Salesian College Sunbury has committed to having ALL school staff trained as far as practicable).

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:

Chloe Kight , Melinda Muir, Troy Flores

Table 2: Summary of training requirements

Who	Training requirements	Additional requirements
Relevant school staff nominated by the principal	<ul style="list-style-type: none"> ▪ Option 1: ASCIA e-training course every two years <p>AND</p> <ul style="list-style-type: none"> ▪ Anaphylaxis management staff briefings twice yearly 	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	<ul style="list-style-type: none"> ▪ ASCIA e-training course every two years <p>AND</p> <ul style="list-style-type: none"> ▪ Anaphylaxis management staff briefings twice yearly 	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	<ul style="list-style-type: none"> ▪ Anaphylaxis management staff briefings twice yearly 	
School Anaphylaxis Supervisor/s	<ul style="list-style-type: none"> ▪ ASCIA e-training course ▪ Verifying the correct use of adrenaline injector devices 22579VIC ▪ First aid management of anaphylaxis 22578VIC ▪ Anapen® (epinephrine) adrenaline autoinjector workshop if there is a student enrolled with an ASCIA Action Plan for Anaphylaxis Red Anapen ▪ Online workshop on Neffy® adrenaline nasal spray and/or Jext® adrenaline 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) 	<ul style="list-style-type: none"> ▪ Minimum of two supervisors ▪ Must sign ASCIA certificates for staff. ▪ Lead twice-yearly staff briefings.

RISK MINIMISATION AND PREVENTION STRATEGIES

The principal is responsible for ensuring that the Risk Minimisation Strategies for Salesian College Sunbury 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 above), 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

Settings	Minimisation and prevention strategies
Classroom	<ul style="list-style-type: none"> ▪ All staff to complete ASCIA e-training and verification and attend twice annual briefing so they are aware of our students at risk of anaphylaxis ▪ Students with medically diagnosed allergies and medical conditions are clearly documented on the College intranet. ▪ Liaise with parents/guardians about food related activities ahead of time. ▪ Staff are aware that providing food for students (by staff and/or students) as a reward or part of a class activity is not permitted. ▪ Never give food from outside sources to a student who is at risk of anaphylaxis. ▪ Be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons). ▪ Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food. ▪ A designated staff member should inform casual relief teachers, specialist teacher and volunteers of the names of any students at risk of anaphylaxis, the location of each students Individual Anaphylaxis Management Plan and adrenaline auto injector, the schools Anaphylaxis policy and each individual persons responsibility in managing an incident.
Canteen	<ul style="list-style-type: none"> ▪ Canteen staff (whether internal or external) should be able to demonstrate satisfactory training in food allergen management and its implications for food handling practices. Including knowledge of the major food allergens triggering anaphylaxis, cross contamination issues specific to food allergy, label reading ect. Refer to 'Safe food handling' in the School Policy and Advisory guide at www.education.vic.gov.au/school/principals/spag/goverance/pages/foodhandling.aspx ▪ Canteen staff (including volunteers), should be briefed about students at risk of anaphylaxis, and have preventative strategies in place ▪ Display a copy of students at risk of Anaphylaxis in the canteen (including photo) ▪ Products labelled 'may contain traces of peanuts/tree nuts' should not be served to the student known to be allergic to peanuts/tree nuts ▪ Canteens should provide a range of healthy meals/products that exclude peanuts or nut products in the ingredient list ▪ Food banning is generally not recommended. Instead a 'no sharing food' with students policy has been adopted ▪ Be wary of contamination of other foods when preparing, handing or displaying food. ▪ Ensure tables and surfaces are wiped clean regularly.

Yard	<ul style="list-style-type: none"> ▪ All staff that are allocated yard assistance must have completed mandatory anaphylaxis training and be aware of all students at risk of anaphylaxis ▪ The adrenaline auto injector and each students individual ASCIA action plan must be easily accessible from the yard and staff should be aware of the exact location ▪ Students with severe allergies to insects should be encouraged to stay away from water and flowering plants. Students should be encouraged to wear closed toe shoes and long sleeve tops when outdoors ▪ Keep lawns and clover mowed and outdoor bins covered ▪ Student should keep open drinks and food covered while outdoors ▪ All staff are to be aware of the schools emergency response procedure in case a reaction occurs in the year ▪ All staff, students and parents are aware that no student can have a delivery of food to the school, or school sanctioned event from non-authorised person/s (example, non-custodial guardian, Fast Food Delivery Services).
Special events (e.g. sporting events, in school activities, class parties)	<ul style="list-style-type: none"> ▪ All staff to complete ASCIA e-training and verification and attend twice annual briefing so they are aware of our students at risk of anaphylaxis ▪ Staff to avoid using food in activities or games, including as rewards ▪ In the event that the College provides food for students for special events, the College will undertake appropriate risk minimisation strategies, including appropriate menu planning and consultation with parents in advance to develop an alternative food menu or request the parents to send a meal for the student. ▪ Party balloons should not be used if a student is allergic to latex. ▪ Staff must know where the adrenaline auto injector is located and how to access if it required. ▪ For sporting events, it may be appropriate to take the student's adrenaline auto injector to the oval. If the weather is warm, the auto injector should be stored appropriately to protect it from the heat. ▪ If students at risk of anaphylaxis from other schools are participating in an event at your school, they are expected to bring their own adrenaline auto injector and ASCIA plan with them
Off-site school settings - field trips, excursions	<ul style="list-style-type: none"> ▪ The student's adrenaline auto injector, ASCIA Action Plan and means of contacting emergency assistance must be taken on all field trips/excursions ▪ All staff members attending activity must have completed the mandatory training in anaphylaxis and be competent in the administration of an adrenaline auto injector if needed. All staff present during the field trip or excursion need to be aware if there is a student at risk of anaphylaxis ▪ Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction ▪ The staff planning the trip should consult parents/guardians in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/guardian to send a meal (if required). ▪ For each trip a risk assessment should be undertaken prior to departing. The risk may vary depending on the amount of anaphylactic students attending, the nature of the trip, size of the venue, distance to medical assistance & corresponding staff to student ratio ▪ Parents/guardians may wish to accompany their child on field trips and/or excursions. This should be discussed with parents/guardians as another strategy for supporting the student.
Off-site school settings- camps and remote settings	<ul style="list-style-type: none"> ▪ Prior to engaging a camp owner/operator's services the school should make enquiries as to whether the operator can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation in writing to the school, then the school should strongly consider using an alternative service provider. This is a reasonable step for a school to take in discharging its duty of care to students at risk of anaphylaxis.

- The camps cook should be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
- All staff members attending camps must have completed the mandatory training in anaphylaxis and be competent in the administration of an adrenaline auto injector if needed. All staff present during the field trip or excursion need to be aware if there is a student at risk of anaphylaxis.
- A risk assessment should be completed and management strategies put into place for any student at risk of anaphylaxis. This should be developed by staff in consultation with parents/guardians and camp owner/operator.
- School staff should consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure appropriate procedures are in place to manage an anaphylactic reaction should one occur.
- Camp providers should be strongly discouraged from stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of peanuts/tree nuts may be served, but not to the student who is known to be allergic to peanuts/tree nuts. If eggs are used there must be suitable alternatives provided
- Use of substances containing allergens should be avoided (e.g. soaps, lotions or sunscreens containing nut oils).
- The student's adrenaline auto injector and ASCIA Action Plan and a mobile phone must be taken on camp. If mobile phone is not available an alternative mode of communication in an emergency must be considered, eg. Satellite phone.
- The staff should take a 'generic' adrenaline auto injector with them as a backup device in the event of an emergency.
- Local emergency services and hospitals in the area should be notified of the camp and contact details for these services should be distributed to all staff attending the camp
- The adrenaline auto injector should remain close to the student at risk of anaphylaxis and staff must be aware of its location at all times. It may be carried in the school first aid kit, although schools can consider allowing students, particularly adolescents, to carry it on their person. Remember, staff still have a duty of care towards the student even if they carry their own adrenaline auto injector.
- Students with allergies to insect should always wear closed shoes and long sleeved garments when outdoors.
- Cooking and art and craft games should not involve the use of known allergens.
- Consider the potential exposure to allergens when consuming food on buses/airlines and in cabins.

Annual Anaphylaxis Risk Management Checklist for Schools

The principal is responsible for ensuring that:

- the Annual Anaphylaxis Risk Management Checklist for Schools 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, Salesian College Sunbury and the Victorian Catholic Education Authority (VCEA)
- the Off-site Risk Management Checklist for Schools School is completed when determining requirements for activities such as excursions, camps and travel.

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. Refer to the schools Emergency Management Plan.

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 Student Hub, Student Anaphylaxis Kit and Schoolbox Documents tab.

Display of general and emergency plans

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
 - a. Be calm, reassuring
 - b. Do not leave them alone
 - c. 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.

Completion of the Annual Anaphylaxis Risk Management Checklist for Schools (DE) will assist schools to contextualise this section, regarding local information for your school/each campus for Emergency Response:

- A complete and up-to-date list of students identified at risk of anaphylaxis and where this is located
- Details of IAMPs and ASCIA Action Plans for Anaphylaxis (RED) and their locations within the school and during off-site activities or special events
- Details of what to do in an emergency – in-school (e.g. classroom, playground), outside of school, etc
- Location and storage of adrenaline devices, including those for general use
- How appropriate communication with staff, students and parents and carers is to occur.

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 Salesian College Sunbury Paperly Incident Reporting Tool as soon as reasonably practicable, in accordance with the Emergency and Critical Incident Management Procedures. The accident/incident register must be maintained.

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.

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: arrangements for twice yearly briefings, regular briefings, induction of new staff, volunteers, CRTs, etc.
- Student awareness: use of fact sheets, posters, peer support programs, etc.
- Parent and carer awareness: letters, email, newsletters, website updates, information nights, assemblies.
- Community awareness: newsletters, website updates, information nights, assemblies.

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.

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.

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.

The communication process for Salesian College Sunbury is as follows:

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

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.

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

Anaphylaxis Advisory line

For further advice and support on MO 706, the Principal, Salesian College Sunbury 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

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

DEFINITIONS

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).

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.

RELATED POLICIES AND DOCUMENTS

Anaphylaxis Risk Management Checklist for Off-site Activities
Annual Anaphylaxis Risk Management Checklist
Emergency Response to Anaphylactic Reaction
Individual Anaphylaxis Management Plan
Risk Minimisation Strategies for Schools
Administration of Medication Policy
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

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

Responsible director	AP - Savio and Bosco Campuses
Policy owner	College Executive
Approving authority	College Executive
Assigned board committee	Child Safety
Approval date	05/05/2026
Next Review date	05/05/2026
Publication	Schoolbox; Website

POLICY DATABASE INFORMATION

Assigned framework	MS4-Student_Care; CA4-Student Care, Safety & Welfare
Superseded versions	2014 v1, 2017 v1.1, 2018 v1.2, 2020 v2.0, 2022 v2.1, 2024 v.2.2, 2026 v3.0