

Anaphylaxis

Policy last updated

6 March 2024

Scope

- Schools

Date: February 2020

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Policy

Policy

The purpose of this policy is to ensure schools manage students at risk of anaphylaxis and meet legislative requirements, and to ensure all staff can respond to an anaphylactic reaction.

Summary

- Under [Ministerial Order 706 – Anaphylaxis Management in Victorian schools \(PDF\)](https://content.sdp.education.vic.gov.au/media/anaphylaxis-ministerial-order-706-909) <<https://content.sdp.education.vic.gov.au/media/anaphylaxis-ministerial-order-706-909>> (the Order), schools are required to develop a school-level anaphylaxis management policy.
- The department has developed [Anaphylaxis Guidelines](http://www2.education.vic.gov.au/pal/anaphylaxis/guidance) <<http://www2.education.vic.gov.au/pal/anaphylaxis/guidance>> to assist schools to meet their duty of care to students at risk of anaphylaxis as well as other legislative requirements. It is recommended that schools refer to these guidelines and comply with all mandatory directions.
- The principal must ensure that school staff are appropriately trained in anaphylaxis management. Under the Order, all staff must participate in a twice yearly anaphylaxis briefing, with the first to be held at the start of the school year. Relevant school staff must also participate in face-to-face or online anaphylaxis training.
- Hero HQ is the provider of anaphylaxis supervisor training in Victorian schools. For more information about how to access anaphylaxis training, refer to [staff training](http://www2.education.vic.gov.au/pal/anaphylaxis/guidance/5-staff-training) <<http://www2.education.vic.gov.au/pal/anaphylaxis/guidance/5-staff-training>> .
- For all school anaphylaxis management enquires, (including the implementation of Ministerial Order 706) schools can contact the [Royal Children's Hospital Anaphylaxis Support Advisory Line](https://www.rch.org.au/allergy/advisory/Anaphylaxis_Support_Advisory_Line/) <https://www.rch.org.au/allergy/advisory/Anaphylaxis_Support_Advisory_Line/> . Please refer to contact details for more information.

Details

Anaphylaxis is a severe, rapidly progressive allergic reaction that is life threatening.

Anaphylaxis Guidelines

[Anaphylaxis Guidelines](http://www2.education.vic.gov.au/node/868) <<http://www2.education.vic.gov.au/node/868>> (the Guidelines) have been developed to assist schools to meet their duty of care to students at risk of anaphylaxis as well as to comply with their obligations under the [Education and Training Reform Act 2006 \(Vic\)](https://www.legislation.vic.gov.au/in-force/acts/education-and-training-reform-act-2006)  <<https://www.legislation.vic.gov.au/in-force/acts/education-and-training-reform-act-2006>> (the Act) and the Order.

The Guidelines include information on anaphylaxis including:

- legal obligations of schools in relation to anaphylaxis
- school anaphylaxis management policy
- staff training
- individual anaphylaxis management plans
- risk minimisation and prevention strategies
- school management and emergency responses
- adrenaline autoinjectors for general use
- a communication plan
- a risk management checklist.

Ministerial Order 706 – School requirements

Schools must have their own local anaphylaxis management policy

The department is committed to protecting children and young people at risk of anaphylaxis. Under the Act, in order to meet the [Minimum Standards and School Registration](http://www2.education.vic.gov.au/pal/minimum-standards/policy) <<http://www2.education.vic.gov.au/pal/minimum-standards/policy>> , all schools, government and non-government, are required to have a local anaphylaxis management policy covering certain matters that are set out in the Order.

An [Anaphylaxis Policy Template](https://edugate.eduweb.vic.gov.au/edrms/keyprocess/cp/SitePages/SchoolPoliciesDetail.aspx?CId=21)  <<https://edugate.eduweb.vic.gov.au/edrms/keyprocess/cp/SitePages/SchoolPoliciesDetail.aspx?CId=21>> that meets these requirements is available for school use on the [School Policy Templates Portal](https://edugate.eduweb.vic.gov.au/edrms/keyprocess/cp/Pages/home.aspx)  <<https://edugate.eduweb.vic.gov.au/edrms/keyprocess/cp/Pages/home.aspx>> .

Staff must undertake regular training

The Order sets out the minimum requirements for anaphylaxis management training in schools and the Guidelines provide further detail on training requirements.

Under the Order school staff must undertake training in anaphylaxis

management 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 school 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.

Schools are encouraged to consider whether volunteers at the school and regular casual relief teachers should also undertake training.

The Order states that these school staff must:

- successfully complete an anaphylaxis management training course (either online in the last 2 years or face-to-face in the last 3 years) and
- participate in the school's twice yearly briefings conducted by the school anaphylaxis supervisor or another member of staff nominated by the principal who has completed an approved anaphylaxis management training course in the past 2 years.

Online training course

It is recommended that all school staff undertake the free Australasian Society of Clinical Immunology and Allergy (ASCIA) e-training course which has been developed by ASCIA in conjunction with the department for all school staff, to increase the quality and consistency of training. The online course is free and can be accessed on [ASCIA's website](https://training.ascia.org.au/)  <https://training.ascia.org.au/> .

Competency to use an adrenaline auto-injector

To successfully complete this training staff will also be required to show that they are able to appropriately and competently use an adrenaline auto-injector.

This capability must be tested within 30 days of completion of the online training course.

School staff that complete the online training course will be required to repeat that training and the adrenaline auto-injector competency assessment every 2 years.

Verifying competency

Schools should nominate 2 staff members from each campus to become school anaphylaxis supervisors who undertake competency checks on all

staff that have successfully completed the online training course. To become a school anaphylaxis supervisor and undertake these competency checks, nominated school staff should undertake face-to-face training to skill them in providing competency checks to assess their colleagues' ability to use an adrenaline autoinjector (EpiPen and Anapen) and become school anaphylaxis supervisors. Training in Verifying the Correct Use of Adrenaline Injector Devices 22579VIC is available from Hero HQ who have been appointed as the department's anaphylaxis training provider for Victorian government schools.

Alternatively schools can opt to undertake fee-based face-to-face training in one of the accredited anaphylaxis training courses that meet the requirements of the Order:

- course in First Aid Management of Anaphylaxis 22578VIC
- course in Allergy and Anaphylaxis Awareness 10710NAT.

First aid training does not meet the training requirements of the Order.

Anapen workshop training

On 1 September 2021 the Anapen adrenaline (epinephrine) autoinjector was introduced into Australia for the treatment of anaphylaxis and schools will need to ensure relevant staff are trained to use them.

For more information about the Anapen Workshop Training, refer to [staff training](http://www2.education.vic.gov.au/pal/anaphylaxis/guidance/5-staff-training) <<http://www2.education.vic.gov.au/pal/anaphylaxis/guidance/5-staff-training>> .

Twice-yearly anaphylaxis briefing requirements

In addition to the training outlined above, an in-house anaphylaxis school briefing must be conducted twice a year. It is recommended that all school staff attend this briefing.

This briefing should preferably be led by the school anaphylaxis supervisor or another member of staff who has current anaphylaxis training. The person leading the twice-yearly anaphylaxis school briefing should have successfully completed an anaphylaxis management training course in the previous 2 years.

An [Anaphylaxis management briefing presentation \(PPTX\)](https://content.sdp.education.vic.gov.au/media/anaphylaxis-management-briefing-presentation-632) <<https://content.sdp.education.vic.gov.au/media/anaphylaxis-management-briefing-presentation-632>> has been developed by the department for schools use.

Overview of how schools manage students with anaphylaxis

The below information summarises how schools manage students with anaphylaxis.

ASCIA action plans

A copy of the students ASCIA Action Plan for Anaphylaxis (prepared by a medical or nurse practitioner) must be obtained from the parent or carer and held by the school. The plan outlines the student's known severe allergies and the emergency procedures to be taken in the event of an allergic reaction.

It is the parent/carer(s) responsibility to provide the school with a copy of their child's ASCIA Action Plan for Anaphylaxis and an up-to-date photo of the student – to be appended to this plan – and to inform the school if their child's medical condition changes.

Current ASCIA action plans are the General and EpiPen 2021 versions, and the 2022 Anapen version. However, prior versions (2021, 2020 and 2018) are still valid for use in 2022 and 2023.

Individual anaphylaxis management plan

An individual anaphylaxis management plan should be completed by the principal or their nominee in consultation with the parents/carer and be informed by the ASCIA Action Plan for Anaphylaxis provided by the parent.

The individual anaphylaxis management plan should specify the emergency care to be provided at the school, location of the adrenaline autoinjector (EpiPen and Anapen), emergency contact details, allergic risks in the school environment and actions to minimise these risks.

The plan should be reviewed on any of the following occurrences (whichever happen earlier):

- annually
- if the student's medical condition (relating to allergy and the potential for anaphylactic reaction) changes
- as soon as practicable after the student has an anaphylactic reaction at school
- when the student is to participate in an off-site activity.

Emergency response

In the event of an anaphylactic reaction, the emergency response procedures specified in the school anaphylaxis management policy must be followed, together with the school's general first aid procedures, emergency response

procedures and the student's individual anaphylaxis management plan. Drills to test the effectiveness of these procedures should be undertaken regularly. The [Anaphylaxis Guidelines](http://www2.education.vic.gov.au/node/868) <<http://www2.education.vic.gov.au/node/868>> also contain information on responding to an anaphylactic reaction.

Prevention strategies

The school anaphylaxis management policy must include prevention strategies used by the school to minimise the risk of an anaphylactic reaction.

Communication plan

The school anaphylaxis management policy must include a communication plan. The principal is responsible for ensuring that the communication plan is developed to provide information to all school staff, students and parents (and volunteers and casual relief staff) about anaphylaxis and the school's anaphylaxis management policy and must include strategies for advising school staff and students about how to respond to an anaphylactic reaction of a student in various environments.

Annual risk management checklist

Principals must complete an annual anaphylaxis risk management checklist to monitor their compliance with their legal obligations and the Guidelines.

Purchase of additional adrenaline auto-injection devices

Schools with students at risk of anaphylaxis must purchase a spare or 'backup' adrenaline auto-injection device(s) as part of school first aid kit(s), for general use. Schools can purchase an adrenaline auto-injection device at local chemists. (Schools must regularly check the expiry date of the backup device).

Schools must determine the number of backup adrenaline auto-injector devices to be purchased for general use, taking into account the number of diagnosed students attending the school and the likely availability of a backup device in various settings, including school excursions and camps.

There are currently 2 adrenaline autoinjector devices approved by the Therapeutic Goods Administration for use in Australia, these are the EpiPen and the Anapen. Both devices can be used, however, the principal will need to determine the type of adrenaline autoinjector to purchase for general use. For more information about which autoinjector to purchase for general use, refer to [Adrenaline autoinjectors for general use](http://www2.education.vic.gov.au/node/868) <[http://](http://www2.education.vic.gov.au/node/868)

Camps and special event participation

Schools should ask parents/carers to complete a [Medical information form – day excursions \(DOCX\)](https://content.sdp.education.vic.gov.au/media/medical-information-form-for-excursions-1981)  <https://content.sdp.education.vic.gov.au/media/medical-information-form-for-excursions-1981> . Consideration must be given to the food provided at camps and special events to prevent anaphylactic incidents. Risk minimisation strategies relating to food provision at camps at school events should form part of the school anaphylaxis management policy and individual anaphylaxis management plans.

Definitions

Anaphylaxis

Anaphylaxis is a severe and sudden allergic reaction when a person is exposed to an allergen. Common allergens include:

- eggs
- peanuts
- tree nuts such as cashews
- cow's milk
- fish and shellfish
- wheat
- soy
- sesame
- insect stings and bites
- medications.

Signs of mild to moderate allergic reaction include:

- swelling of the lips, face and eyes
- hives or welts
- tingly mouth
- abdominal pain and/or vomiting (signs of a severe allergic reaction to insects).

Signs of anaphylaxis (severe allergic reaction) include any 1 of the following:

- difficult/noisy breathing

- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or a hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- pale and floppy (young children)
- abdominal pain and/or vomiting (signs of a severe allergic reaction to insects).

EpiPen and Anapen

An EpiPen and an Anapen are autoinjectable devices that deliver the drug epinephrine. They are used when someone is experiencing a severe allergic reaction.

Related policies

- [Allergies](http://www2.education.vic.gov.au/pal/allergies/policy) <http://www2.education.vic.gov.au/pal/allergies/policy>
- [Asthma](http://www2.education.vic.gov.au/pal/asthma/policy) <http://www2.education.vic.gov.au/pal/asthma/policy>
- [Duty of Care](http://www2.education.vic.gov.au/pal/duty-of-care/policy) <http://www2.education.vic.gov.au/pal/duty-of-care/policy>
- [Health Care Needs](http://www2.education.vic.gov.au/pal/health-care-needs/policy) <http://www2.education.vic.gov.au/pal/health-care-needs/policy>

Relevant legislation

- [Children's Services and Education Legislation Amendment \(Anaphylaxis Management\) Act 2008 \(Vic\)](https://www.legislation.vic.gov.au/as-made/acts/childrens-services-and-education-legislation-amendment-anaphylaxis-management-act-2008)  <https://www.legislation.vic.gov.au/as-made/acts/childrens-services-and-education-legislation-amendment-anaphylaxis-management-act-2008> :
 - On 14 July 2008, the Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008 came into effect amending the Children's Services Act 1996 and the Education and Training Reform Act 2006 requiring that all licensed children's services and schools have an anaphylaxis management policy in place.
- Ministerial Order 90 (repealed on 22 April 2014)
- [Ministerial Order 706 \(PDF\)](https://content.sdp.education.vic.gov.au/media/anaphylaxis-ministerial-order-706-909)  <https://content.sdp.education.vic.gov.au/media/anaphylaxis-ministerial-order-706-909> (updated on 3 December 2015):
 - Ministerial Order 706 – Anaphylaxis Management in Victorian schools outlines points that schools need to ensure are included in their anaphylaxis management policy. A revised Ministerial Order 706 came into effect on 3 December 2015.

Contacts

For all school anaphylaxis management enquiries (including the implementation of Ministerial Order 706):

Visit: [Royal Children's Hospital: Anaphylaxis Support Advisory Line](http://www.rch.org.au/allergy/advisory/Anaphylaxis_Support_Advisory_Line/)  <http://www.rch.org.au/allergy/advisory/Anaphylaxis_Support_Advisory_Line/>

Phone: [1300 725 911](tel:1300725911) (8:30 am to 5:00 pm, Monday to Friday)

Email: anaphylaxisadvice-line@rch.org.au <mailto:anaphylaxisadvice-line@rch.org.au>

For all policy related anaphylaxis enquires:

Health Promotion, Prevention and Advice Unit

Wellbeing, Health and Engagement Division

Email: health.advice@education.vic.gov.au <mailto:health.advice@education.vic.gov.au>

Guidance

Anaphylaxis Guidelines

These Anaphylaxis Guidelines are a resource for managing severe allergies in Victorian schools. The Guidelines contain the following chapters:

1. Introduction
 2. Glossary of terms
 3. Medical information about anaphylaxis
 4. Legal obligations for schools in relation to anaphylaxis
 5. Staff training
 6. School anaphylaxis management policy
 7. Individual anaphylaxis management plans
 8. Risk minimisation strategies
 9. School planning and emergency response
 10. Adrenaline autoinjectors for general use
 11. Communication plan
 12. Annual risk management checklist
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1. Introduction

1. Introduction

Anaphylaxis is a severe, rapidly progressive allergic reaction that is life threatening. The most common allergens for school-aged children are peanuts, eggs, tree nuts (for example, cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medications.

The Department is committed to protecting the wellbeing of children and young people with severe allergies. This commitment is enshrined in the [Education Training and Reform Act 2006 \(Vic\)](https://www.legislation.vic.gov.au/in-force/acts/education-and-training-reform-act-2006)  <https://www.legislation.vic.gov.au/in-force/acts/education-and-training-reform-act-2006> and more specifically in [Ministerial Order 706 — Anaphylaxis Management in Victorian schools \(PDF\)](https://content.sdp.education.vic.gov.au/media/909)  <https://content.sdp.education.vic.gov.au/media/909>, which outlines requirements for schools in the management of anaphylaxis.

Approximately 80% of all Victorian government schools have a child enrolled who is at risk of anaphylaxis. The keys to preventing an anaphylactic reaction are planning, risk identification and minimisation, awareness and education.

Our commitment

The Department is committed to:

- providing, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of their schooling
- raising awareness about allergies and anaphylaxis in the school community
- actively involving the parents of each student at risk of anaphylaxis in assessing risks and developing risk minimisation and management strategies for the student
- ensuring that every staff member has adequate knowledge of allergies, anaphylaxis and emergency procedures
- ensuring that all schools have policies and procedures in place to identify and minimise the risks associated with severe allergies, so that all students can feel safe while at school.

The Guidelines

These Guidelines have been developed to assist all Victorian schools to meet their duty of care to students at risk of anaphylaxis and to support those students.

The Guidelines support schools in complying with legislation, most critically the:

- Education and Training Reform Act 2006 (Vic), which specifies that a school must have an anaphylaxis management policy if it has enrolled a student in circumstances where the school knows (or ought reasonably to know) that the student has been diagnosed as being at risk of anaphylaxis
- Ministerial Order 706 (the Order) — Anaphylaxis Management in Victorian schools, which provides the regulatory framework for the management of anaphylaxis in all Victorian schools and prescribes what must be included in an anaphylaxis management policy as well as prescribing the training requirements for school staff working with students who are at risk of anaphylaxis.

The following chapters of the Guidelines include information on:

- medical information about anaphylaxis
- legal obligations of schools in relation to anaphylaxis
- school anaphylaxis management policy
- staff training
- individual anaphylaxis management plans
- risk minimisation and prevention strategies
- school management and emergency responses
- adrenaline autoinjectors for general use
- communication plan
- Risk Management Checklist.

Frequently asked questions are also provided in the [Resources tab](http://www2.education.vic.gov.au/node/1500). <<http://www2.education.vic.gov.au/node/1500>>

How to use these Anaphylaxis Guidelines

Schools should use the Guidelines as a resource to assess and review their current management practices, and to develop a school anaphylaxis management policy which complies with the Order. To comply with the Order, the policy must contain all those matters specified in the Order.

For this reason, the Guidelines have been carefully prepared to align with, and reinforce, the Order. The mandatory aspects of these Guidelines (indicated by use of the word(s) 'must', 'is required to', 'will need to' and so on) are derived directly from the Order. Chapters 5 to 12 of the Guidelines provide detailed information, suggestions and recommendations relating to the mandatory aspects of the Order. This information is designed to be

considered by a school when developing its policy. As a result, not all the information, suggestions or recommendations will be relevant for each school.

2. Glossary of terms

2 Glossary of terms

Where the phrases 'at risk of anaphylaxis' or 'student who has been diagnosed as being at risk of anaphylaxis' or similar phrases are used in these Guidelines in relation to a student, it means a student who has been diagnosed by a medical practitioner as having a medical condition that relates to allergy and is at high risk of progressing to an anaphylactic reaction.

Act

[The Education and Training Reform Act 2006 \(Vic\)](https://www.legislation.vic.gov.au/in-force/acts/education-and-training-reform-act-2006)  <<https://www.legislation.vic.gov.au/in-force/acts/education-and-training-reform-act-2006>>

Adrenaline autoinjector

An adrenaline autoinjector 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, Anapen 300, or Anapen Jr.

Adrenaline autoinjector for general use

A 'back up' or 'unassigned' adrenaline autoinjector purchased by a school.

Allergy & Anaphylaxis Australia (A&AA)

A national non-profit organisation that raises awareness of allergy and anaphylaxis in the Australian community. A range of items including children's books and training resources are available from the online store on the Allergy & Anaphylaxis Australia website. A free online curriculum resource is also available.

Anaphylaxis management training course

This means:

- a course in anaphylaxis management training that is accredited as a VET accredited course in accordance with Part 3 of the [National Vocational Education and Training Regulator Act 2011 \(Cth\)](https://www.legislation.gov.au/Details/C2017C00245)  <<https://www.legislation.gov.au/Details/C2017C00245>> that includes a competency check in the administration of an adrenaline autoinjector
- a course in anaphylaxis management training accredited under Chapter 4 of the Act by the Victorian Registration and Qualifications Authority that includes a competency check in the administration of an adrenaline autoinjector

- a course in anaphylaxis management endorsed and delivered by a tertiary level specialist allergy service within a tertiary level academic teaching hospital that includes a competency check in the administration of an adrenaline autoinjector
- any other course including an online course, approved by the Secretary to the Department for the purpose of the Order as published by the Department.

ASCIA

Australasian Society of Clinical Immunology and Allergy, the peak professional body of clinical immunology and allergy in Australia and New Zealand.

ASCIA Action Plan for Anaphylaxis

This plan is a nationally recognised action plan for anaphylaxis developed by ASCIA. These plans are device-specific; that is, they list the student's prescribed adrenaline autoinjector (EpiPen, EpiPen Jr, Anapen 500, Anapen 300, or Anapen Jr) and must be completed by the student's medical practitioner. Should a different adrenaline autoinjector become available in Australia, then a different ASCIA Action Plan specific to that device would be developed. This plan is one of the components of the student's individual anaphylaxis management plan.

Communication plan

A plan developed by the school which provides information to all school staff, students and parents about anaphylaxis and the school's anaphylaxis management policy.

Department

The Department of Education and Training.

Emergency response procedures

Procedures which each school develops for emergency response to anaphylactic reactions for all in-school and out-of-school activities (for example, how to raise the alarm to first aid staff, how to get the adrenaline autoinjector to the student, who will call the ambulance and so on). The emergency response procedures, which are included in the school's anaphylaxis management policy, are not limited to the ASCIA Action Plan for Anaphylaxis.

Guidelines

Anaphylaxis Guidelines – A resource for managing severe allergies in Victorian schools, published by the Department of Education and Training from time to time.

Individual anaphylaxis management plan

An individual plan for each student at risk of anaphylaxis, developed in consultation with the student's parents. The individual anaphylaxis management plan includes the ASCIA Action Plan which describes the student's allergies, symptoms, and the emergency response to administer the student's adrenaline autoinjector should the student display symptoms of an anaphylactic reaction. The individual anaphylaxis management plan also importantly includes age-appropriate strategies to reduce the risk of an allergic reaction occurring.

Medical practitioner

This is a registered medical practitioner within the meaning of the [Health Professions Registration Act 2005 \(Vic\)](https://www.legislation.vic.gov.au/as-made/acts/health-professions-registration-act-2005)  <<https://www.legislation.vic.gov.au/as-made/acts/health-professions-registration-act-2005>> , but excludes a person registered as a non-practising health practitioner.

Online training course

Means the course called ASCIA Anaphylaxis e-training for Victorian Schools approved by the Secretary pursuant to clause 5.5.4 of the Order.

Order

[Ministerial Order 706 — Anaphylaxis Management in Victorian schools \(PDF\)](#)  <<https://content.sdp.education.vic.gov.au/media/909>>

Parent

In relation to a child means any person who has parental responsibility for 'major long term issues' as defined in the [Family Law Act 1975 \(Cth\)](https://www.legislation.gov.au/Details/C2019C00182)  <<https://www.legislation.gov.au/Details/C2019C00182>> or has been granted 'guardianship' for the child pursuant to the [Children, Youth and Families Act 2005 \(Vic\)](https://www.legislation.vic.gov.au/in-force/acts/children-youth-and-families-act-2005)  <<https://www.legislation.vic.gov.au/in-force/acts/children-youth-and-families-act-2005>> or other state welfare legislation.

Principal

Defined in section 11.3 of the Act as meaning a person appointed to a designated position as principal of a registered school or a person in charge of a registered school.

Registered school

Defined in section 11.3 of the Act as meaning 'a school registered under Part 4.3'.

School

Defined in section 11.3 of the Act as meaning a place at or from which education is provided to children of compulsory school age during normal school hours, but does not include:

- a place at which registered home schooling takes place

- a university
- a TAFE institute
- an education service exempted by Ministerial Order
- any other body exempted by the regulations.

The [Education and Training Reform Regulations 2017 \(Vic\)](https://www.legislation.vic.gov.au/in-force/statutory-rules/education-and-training-reform-regulations-2017)  <https://www.legislation.vic.gov.au/in-force/statutory-rules/education-and-training-reform-regulations-2017> exempt various other bodies from the definition of school.

School anaphylaxis management policy

This is a school-based policy that is required to be developed under section 4.3.1(6) of the Act because the school has at least 1 enrolled student who has been diagnosed as being at risk of anaphylaxis. This policy describes the school's process for management of the risk of anaphylaxis. The Order prescribes the matters which the policy must contain.

School anaphylaxis supervisor

A school staff member nominated by the principal to undertake appropriate training to be able to verify the correct use of adrenaline autoinjector (trainer) devices and lead the twice-yearly briefings on the school's anaphylaxis management policy.

School staff

Any person employed or engaged at a school who:

- is required to be registered under Part 2.6 of the Act to undertake duties as a teacher within the meaning of that Part
 - is in an educational support role, including a teacher's aide, in respect of a student with a medical condition that relates to allergy and the potential for anaphylactic reaction
 - the principal determines should comply with the school's anaphylaxis management policy.
-

3. Medical information about anaphylaxis

3. Medical information about anaphylaxis

What is an allergic reaction?

Allergy occurs when a person's immune system reacts to substances in the environment that are harmless for most people. These substances are known as allergens and are found in house dust mites, pets, pollen, insects, moulds, foods and some medicines.

What is anaphylaxis?

Anaphylaxis is a severe, rapidly progressive allergic reaction that is life threatening. Allergic reactions, including severe life-threatening allergic reactions (anaphylaxis) are becoming more common in children. Deaths are less common, however, deaths do occur and anaphylaxis must therefore be regarded by schools as a medical emergency requiring a rapid response.

Please note that any student with a diagnosed allergy is at higher risk of their condition progressing to anaphylaxis and should be monitored carefully.

What are the main causes?

Research shows that students in the 10 to 18 year age group are at greatest risk of suffering a fatal anaphylactic reaction¹. Certain foods and insect stings are the most common causes of anaphylaxis. 9 foods cause 95% of food-induced allergic reactions, including anaphylaxis, in Australia:

- peanuts
- tree nuts (for example, hazelnuts, cashews, almonds, walnuts, pistachios, macadamias, brazil nuts, pecans, chestnuts and pine nuts)
- eggs
- cow's milk
- wheat
- soy
- fish
- shellfish (for example, oysters, lobsters, clams, mussels, shrimps, crabs and prawns)
- sesame seeds.

Other common allergens include some insect stings, particularly bee stings

but also wasp and jumper jack ant stings, tick bites, some medications (for example, antibiotics and anaesthetic drugs) and latex.

Signs and symptoms

Mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- tingling mouth
- abdominal pain and/or vomiting (these are signs of a severe allergic reaction in the case of insect allergy).

Anaphylaxis (severe allergic reaction) can include:

- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- pale and floppy (young children)
- abdominal pain and/or vomiting are signs of a severe allergic reaction to insects.

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

Treatment of anaphylaxis

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

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline autoinjector for use in an emergency. Currently, the only available brand of adrenaline autoinjector in Australia is EpiPen. The EpiPen is prescribed for those weighing over 20 kg. The EpiPen Jr contains a smaller dose of adrenaline and is prescribed for those weighing 10 to 20 kg. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

¹WK Liew, E Williamson, MLK Tang. Anaphylaxis fatalities and admissions in Australia. Department of Allergy and Immunology 2009; 123: 434-442

4. Legal obligations for schools in relation to anaphylaxis

4. Legal obligations for schools in relation to anaphylaxis

Education and Training Reform Act 2006 (Vic)

Section 4.3.1(6)(c) of the [Education and Training Reform Act 2006 \(Vic\)](https://www.legislation.vic.gov.au/in-force/acts/education-and-training-reform-act-2006)  [<https://www.legislation.vic.gov.au/in-force/acts/education-and-training-reform-act-2006>](https://www.legislation.vic.gov.au/in-force/acts/education-and-training-reform-act-2006) requires a school which has enrolled a student in circumstances where the school knows, or ought reasonably to know, that the student has been diagnosed as being at risk of anaphylaxis, to develop an anaphylaxis management policy which contains all of the matters required by the Order.

Ministerial Order 706

[Ministerial Order 706 \(DOCX\)](https://content.sdp.education.vic.gov.au/media/909)  [<https://content.sdp.education.vic.gov.au/media/909>](https://content.sdp.education.vic.gov.au/media/909) is made under sections 4.3.1, 5.2.12, 5.10.4 of, and clause 11 of Schedule 6 to the Act. A copy of the Order is included in the [Resources tab](http://www2.education.vic.gov.au/node/1500) [<http://www2.education.vic.gov.au/node/1500>](http://www2.education.vic.gov.au/node/1500) .

The purpose of the Order is to specify the matters that schools must include in their anaphylaxis management policy for the purposes of section 4.3.1(6)(c) of the Act.

In 2015 the Secretary to the Department approved the ASCIA Anaphylaxis e-training for Victorian Schools (online training course) as an anaphylaxis management training course for the purposes of the Order. The Order was subsequently amended in 2015 to incorporate changes made to the staff training requirements due to the approval of the online training course.

Duty of care

All schools have a legal duty to take reasonable steps to protect their students from reasonably foreseeable risks of injury. In some circumstances, school volunteers engaged in school activities also have a duty of care to students, for example, where volunteers have a direct supervision role with a student at risk of anaphylaxis, and where there are no school teachers present.

In relation to anaphylaxis management, a school's obligations extend to whether it knows or 'ought reasonably to know' that an enrolled student has

been diagnosed as being at risk of anaphylaxis.

The school and its staff have a duty to take reasonable steps to inform themselves as to whether an enrolled student is at risk of anaphylaxis.

When determining what actions or steps need to be undertaken to comply with their obligations under the Act, the Order and these Guidelines as well as the school's anaphylaxis management policy, school staff should ask themselves what a reasonable person would do in all the circumstances.

One of the best ways to do this is through the enrolment process, by asking parents to specify, in a clearly defined section of the student enrolment form, 'yes' or 'no' as to whether their child has an allergy. Schools should proactively and promptly follow up parents if this question is not answered, and should do so repeatedly until a parental response has been received.

If the answer is 'yes', the school should ensure that sufficient information is provided by the parents (either in the enrolment form or by way of separate correspondence), including an appropriate ASCIA Action Plan for Anaphylaxis, or ASCIA Action Plan for Allergic Reactions if the student has not been diagnosed as being at risk of anaphylaxis. If sufficient information is not provided by the parents, schools should again follow this up until adequate information is provided. All efforts made by the school to follow up parents for information should be appropriately documented and saved for future reference if required.

Another way for schools to be kept informed of enrolled students at risk of anaphylaxis is to routinely remind parents and students to advise the school of any change in their circumstances, including any relevant changes in the diagnosis and treatment of medical conditions. This should be done periodically (for example, once or twice per year in addition to the annual student enrolment form) and can be done via newsletters or other regular communications to the school community.

From time to time, schools could also discuss allergy and anaphylaxis issues at school assemblies and/or remind students to ensure that their health information is accurate and up to date. The effectiveness of this particular method of information gathering will of course depend significantly on the age of the students, and should not be relied on as the sole means of schools being kept informed.

Having clearly defined, robust procedures in place on enrolment and regular reminder communications to the school community should enable schools to obtain the information required to meet their duty of care to students.

In addition, it is essential that schools develop a comprehensive school anaphylaxis management policy in accordance with these Guidelines and the Order. This will greatly assist schools to adequately discharge their duty of care to students at risk of anaphylaxis. The policy should be readily accessible to all staff, parents and students, for example on the school's website.

Disability discrimination legislation

Anaphylaxis falls within the definition of disability for the purposes of both the [Equal Opportunity Act 2010 \(Vic\)](https://www.legislation.vic.gov.au/in-force/acts/equal-opportunity-act-2010)  <https://www.legislation.vic.gov.au/in-force/acts/equal-opportunity-act-2010> and the [Disability Discrimination Act 1992 \(Cth\)](https://www.legislation.gov.au/Details/C2018C00125)  <https://www.legislation.gov.au/Details/C2018C00125> . This means that schools must ensure that they do not unlawfully discriminate, either directly or indirectly, against students with anaphylaxis.

Direct discrimination could occur when a student is treated unfavourably because of their anaphylaxis, for example, not being allowed to attend a camp because they have anaphylaxis. Indirect discrimination may occur where a school has imposed a requirement on all students which disadvantages anaphylactic students. For example, setting an assessment task which requires all students in a food technology class to prepare the same meal, where that meal contains an allergen to which a specific student in the class is allergic, will impact on that student's ability to participate in the class.

Under the [Disability Standards for Education 2005 \(Cth\)](https://www.legislation.gov.au/Details/F2005L00767)  <https://www.legislation.gov.au/Details/F2005L00767> , schools have an obligation to make reasonable adjustments to accommodate students with disabilities. It is important to consult with a student's parent on what reasonable adjustments are appropriate for a student with anaphylaxis. For example, a reasonable adjustment for a student with an allergy who is studying food technology could be that they are given a recipe free from potential allergens, and a cooking area and utensils specifically designated for that student. Making reasonable adjustments for students with anaphylaxis will also assist with minimising risk and would be considered a reasonable step towards adequately discharging a school's duty of care.

Registration as a school

In order to obtain and maintain registration, a school must demonstrate that it meets the minimum requirements for registration, which are set out in section 4.3.1(6) of the Act. Paragraph (c) of section 4.3.1(6) sets out one of the prescribed minimum standards that a school must meet, and continue to meet, which is that it has a school anaphylaxis management policy if it has

enrolled a student in circumstances where the school knows, or ought reasonably to know, that the student has been diagnosed as being at risk of anaphylaxis. The Order requires that the school must state in its policy that it will comply with the Order and these Guidelines.

The Victorian Registration and Qualifications Authority (VRQA) has various powers which enable it to determine whether or not a school complies, and continues to comply with those prescribed minimum standards for registration. The powers, set out in sections 4.3.2 to 4.3.5 of the Act, apply to all Victorian schools (that is, government, Catholic and independent). In accordance with its powers, the VRQA has authority to review and evaluate:

- whether a school has an adequate anaphylaxis management policy
- the school's compliance with the policy.

As the school must state in its policy that it will comply with the Order and the Guidelines, the VRQA is empowered to review a school's compliance with the Order and the Guidelines. In practice, for example, if the policy says that the principal will purchase an adrenaline autoinjector for general use, the VRQA may review whether the school has in fact purchased one or more as required.

Outside school hours care programs

The Order does NOT apply to outside school hours care (OSHC) programs, whether run by the school or an external provider.

The [Education and Care Services National Law Act 2010 \(Vic\)](https://www.legislation.vic.gov.au/in-force/acts/education-and-care-services-national-law-act-2010)  <<https://www.legislation.vic.gov.au/in-force/acts/education-and-care-services-national-law-act-2010>> specifies that an 'outside school hours service' is an 'education and care service', and the requirements relating to the management of anaphylaxis are contained in Regulation 90(1)(a) of the Education and Care Services National Regulations.

5. Staff training

5. Staff training

Clause 12 of [Ministerial Order 706 \(PDF\)](https://content.sdp.education.vic.gov.au/media/anaphylaxis-ministerial-order-706-909) <https://content.sdp.education.vic.gov.au/media/anaphylaxis-ministerial-order-706-909> requires school staff to undertake regular training in anaphylaxis management as part of the school anaphylaxis management policy.

The department has moved to an online model for anaphylaxis training. Under this model it is recommended that all Victorian school staff undertake the online training course.

The online training course will be free to all Victorian school staff (and the general public) and can be accessed on [ASCIA's website](https://training.ascia.org.au/) <https://training.ascia.org.au/> .

Please note: in order to successfully complete this training staff will also be required to show the school anaphylaxis supervisor that they are able to appropriately and competently use an adrenaline autoinjector. This capability must be tested within 30 days of completion of the online training course.

Who is required to undertake anaphylaxis management training?

The Order specifies that school staff must undertake training in anaphylaxis management 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 school 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.

Schools are encouraged to consider whether volunteers at the school and regular casual relief teachers should also undertake training.

The Order states that these school staff must:

- successfully complete an anaphylaxis management training course (either online or face-to-face) and
- participate in the school's twice yearly briefings conducted by the school

anaphylaxis supervisor or another member of staff nominated by the principal who has completed an approved anaphylaxis management training course in the past 2 years.

How soon must the training take place?

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.

If for any reason a relevant staff member has not yet completed training, the principal is responsible for developing an interim individual anaphylaxis management plan in consultation with the student's parents. The principal should also consider whether consultation with the School Anaphylaxis Supervisor, the school nurse, or the student's treating medical practitioner is required when developing the interim plan.

What type of training should be undertaken?

(a) Online training — ASCIA Anaphylaxis e-training for Victorian Schools

The department has worked with ASCIA to develop the online training course, which is compliant with the Order, for use in all Victorian schools (government, Catholic and independent).

The department recommends that all Victorian school staff undertake the online training course. This course will be freely available to all Victorian school staff and has been introduced to reduce the burden of face-to-face training on schools and increase the quality and consistency of training.

The online training course includes 6 modules on anaphylaxis emergency management:

- what are allergies and anaphylaxis
- signs, symptoms and recommended action for allergy and anaphylaxis
- adrenaline autoinjectors
- ASCIA Action Plans
- anaphylaxis management in Victorian schools
- a final assessment module.

Completion of the online training course alone is not sufficient to meet the requirements of the Order. An appropriately qualified supervisor (for example, a school anaphylaxis supervisor, discussed in more detail below) will also need to assess a person's competency in the administration of an adrenaline autoinjector. For more details about competency checks, please refer to the

information below.

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

School staff that complete the online training course will be required to repeat that training and the adrenaline autoinjector competency assessment every two years.

Access the [ASCIA Anaphylaxis e-training for Victorian Schools](https://training.ascia.org.au/)  <https://training.ascia.org.au/> .

Summary of information for ASCIA Anaphylaxis e-training

- **Completed by** – All school staff
- **Course** – ASCIA Anaphylaxis e-training for Victorian Schools followed by a competency check by the school anaphylaxis supervisor
- **Provider** – ASCIA
- **Cost** – Free to all schools
- **Accreditation** – 2 years

Competency check for online training course

It is recommended that principals identify 2 school staff per school or campus to become school anaphylaxis supervisors. These staff may include a school-funded school nurse, first aider or other health and wellbeing staff, or senior teachers. A key role of the supervisors will be to undertake competency checks on all staff that have successfully completed the online training course. These competency checks need to be undertaken by the supervisor within 30 days of a relevant member of the school staff completing the online training course.

To qualify as a school anaphylaxis supervisor, the nominated staff member(s) will 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.

Hero HQ has been contracted by the department to deliver training in the Course in Verifying the Use of Adrenaline Injector Devices 22579VIC from Term 1, 2022. Schools should contact Hero HQ to register 2 staff per school or campus to attend. Training in this course is current for 3 years.

Registration for the Course in Verifying the Correct Use of Adrenaline Injector Devices 22579VIC can be accessed by visiting the [Hero HQ DET Booking Portal](https://www.herohq.co/schoolsanaphylaxistraining)  <<https://www.herohq.co/schoolsanaphylaxistraining>> , you can also email Hero HQ for further information at: schools@herohq.co <<mailto:schools@herohq.co>>

Schools will need to determine their own anaphylaxis training strategy and implement this for their school staff.

Summary of information for Course in Verifying the Correct Use of Adrenaline Injector Devices

- **Completed by** – 2 staff per school or per campus (school anaphylaxis supervisor)
- **Course** – Course in Verifying the Correct Use of Adrenaline Injector Devices 22579VIC
- **Provider** – Hero HQ
- **Cost** – Free from Hero HQ (for government schools)
- **Accreditation** – 3 years

Anapen workshop training

On 1 September 2021 the Anapen adrenaline (epinephrine) autoinjector was introduced into Australia for the treatment of anaphylaxis and schools will need to ensure relevant staff are trained to use them.

To support and ensure school anaphylaxis supervisors are appropriately trained, Hero HQ is offering a series of free training workshops in Term 1, 2022.

The one-hour training workshop gives school anaphylaxis supervisors an overview of:

- the functionality of the Anapen
- the differences between the Anapen and the EpiPen
- how to use an Anapen trainer device (practicing under the supervision of a Hero HQ trainer).

The Anapen workshop is not a substitute for the Course in Verifying the Correct Use of Adrenaline Injector Devices (22579VIC). School anaphylaxis supervisors must have a current certificate in 22579VIC to perform their role.

School anaphylaxis supervisors should participate in the workshop if:

- an enrolled student presents the school with an Anapen ASCIA Anaphylaxis Action Plan or
- school staff have or are completing the ASCIA Anaphylaxis e-Training Course for Victorian Schools since Wednesday 1 September 2021 and will require verification by their school anaphylaxis supervisor in the correct use of the Anapen within 30 days.

Important information: anaphylaxis supervisors who have successfully completed 22579VIC on or after 1 September 2021 do not need to compete the Anapen workshop.

Various workshop dates are available. Schools can book the Anapen workshop training directly with Hero HQ.

School anaphylaxis supervisor role

Each supervisor will:

- ensure they have currency in the Course in Verifying the Correct Use of Adrenaline Injector Devices 22579VIC (every 3 years) and the ASCIA Anaphylaxis e-training for Victorian Schools (every 2 years)
- ensure that they provide the principal with documentary evidence of currency in the above courses
- assess and confirm the correct use of adrenaline autoinjector (trainer) devices by other school staff undertaking the ASCIA Anaphylaxis e-training for Victorian Schools
- send periodic reminders to staff or information to new staff about anaphylaxis training requirements and liaise with the principal to ensure records of the anaphylaxis training undertaken by all school staff are stored on-site at the school
- provide access to the adrenaline autoinjector (trainer) device for practice use by school staff
- provide regular advice and guidance to school staff about allergy and anaphylaxis management in the school as required
- liaise with parents or guardians (and, where appropriate, the student) to manage and implement individual anaphylaxis management plans
- liaise with parents or guardians (and, where appropriate, the student) regarding relevant medications within the school
- lead the twice-yearly anaphylaxis school briefing
- develop school-specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency situation requiring anaphylaxis treatment, for example:

- a bee sting occurs on school grounds and the allergic student is conscious
- an allergic reaction where the student has collapsed on school grounds and the student is not conscious
- develop similar scenarios for when staff are demonstrating the correct use of the adrenaline autoinjector (trainer) device.

The school anaphylaxis supervisor checklist is provided in the [Resources tab](http://www2.education.vic.gov.au/node/1500) <<http://www2.education.vic.gov.au/node/1500>> .

(b) Face-to-face training

For schools wanting to retain face-to-face training, the Order also recognises that completion of one the following 2 alternative face-to-face training courses will meet the anaphylaxis training requirements.

Summary of information for Course in First Aid Management of Anaphylaxis

- **Completed by** – School staff determined by the principal
- **Course*** – Course in First Aid Management of Anaphylaxis 22578VIC
- **Provider** – Any RTO that has this course in their scope of practice
- **Cost** – Paid by each school
- **Accreditation** – 3 years

Summary of information for Course in Anaphylaxis Awareness

- **Completed by** – School staff determined by the principal
- **Course*** – Course in Anaphylaxis Awareness 10710NAT
- **Provider** – Any RTO that has this course in their scope of practice
- **Cost** – Paid by each school
- **Accreditation** – 3 years

Please note: General first aid training does not meet anaphylaxis training requirements under Ministerial Order 706.

Twice-yearly school briefings

In addition to the training outlined above, an in-house anaphylaxis school briefing with all school staff must be conducted twice a year, and should

preferably be led by the school anaphylaxis supervisor or another member of staff who has current anaphylaxis training. For the purposes of these Guidelines and the Order, this means that the member of the school staff has successfully completed an anaphylaxis management training course in the previous 2 years.

This ensures that the designated staff member conducting the anaphylaxis briefing has current knowledge relating to anaphylaxis management and, importantly, in the correct use of an adrenaline autoinjector.

The briefing should include information on:

- the school's legal requirements as outlined in Ministerial Order 706
- pictures of the students at your school at risk of anaphylaxis, their allergens, year levels and risk management plans that are in place
- signs and symptoms of anaphylaxis
- relevant anaphylaxis training
- ASCIA Action Plan for Anaphylaxis and how to administer an EpiPen and an Anapen
- your school's First Aid Policy and Emergency Response Procedures
- how to access on-going support and training.

The department has developed a [template presentation \(PPTX\)](https://content.sdp.education.vic.gov.au/media/anaphylaxis-management-briefing-presentation-632)  [<https://content.sdp.education.vic.gov.au/media/anaphylaxis-management-briefing-presentation-632>](https://content.sdp.education.vic.gov.au/media/anaphylaxis-management-briefing-presentation-632) for the briefing that can be downloaded.

Although the Order only specifies that relevant school staff must be briefed regularly, the department strongly recommends that schools brief all school staff on a regular basis regarding anaphylaxis and the school's anaphylaxis management policy (including hands on practice with adrenaline autoinjector trainer devices by all staff).

*Schools only need to complete one of these courses to meet the requirements of Ministerial Order 706.

6. School anaphylaxis management policy

6. School anaphylaxis management policy

Clause 6 of [Ministerial Order 706 \(PDF\)](https://content.sdp.education.vic.gov.au/media/909) <https://content.sdp.education.vic.gov.au/media/909> specifies the matters which a school's anaphylaxis management policy must contain.

If a school has enrolled a student at risk of anaphylaxis, it must have a school anaphylaxis management policy. Schools without a student currently enrolled who is at risk of anaphylaxis are encouraged to also have a policy in place.

A school anaphylaxis management policy must contain all of the following matters:

- a statement in the school anaphylaxis management policy that the school will comply with the Order and Guidelines on anaphylaxis management as published by the Department, such as these Guidelines
- identification of the school staff who must complete anaphylaxis training that meets the requirements of the Order, and the procedures for the training (see Chapter 5)
- information about the development, implementation, monitoring and regular review of individual anaphylaxis management plans for affected students, which includes an individual ASCIA Action Plan for Anaphylaxis (refer to Chapter 7)
- information and guidance in relation to the school's management of anaphylaxis, including:
 - prevention strategies to be used by the school to identify anaphylactic risks and minimise the risk of an anaphylactic reaction (refer to Chapter 8)
 - clear and comprehensive school management and emergency response procedures for responding to an anaphylactic reaction (refer to Chapter 9)
 - clear articulation of the circumstances under which adrenaline autoinjectors for general use must be purchased by the school (refer to Chapter 10)
 - a communication plan that ensures that all school staff (including volunteers and casual staff), students and parents are provided with adequate information about anaphylaxis and the school's anaphylaxis management policy (refer to Chapter 11)
 - completion of an annual risk management checklist (refer to Chapter

12).

More detailed information about the matters which must be contained in the school anaphylaxis management policy is set out in the following chapters as indicated above.

This policy should be reviewed annually and updated according to any change in individual school circumstances.

Guidance for developing an anaphylaxis management policy for your school is provided in the [Resources tab](http://www2.education.vic.gov.au/node/1500) <<http://www2.education.vic.gov.au/node/1500>> .

7. Individual anaphylaxis management plans

7. Individual anaphylaxis management plans

Clause 7 of [Ministerial Order 706 \(PDF\)](https://content.sdp.education.vic.gov.au/media/909) <https://content.sdp.education.vic.gov.au/media/909> requires that a school's anaphylaxis management policy must contain information about the development and review of individual anaphylaxis management plans.

Whose responsibility is it to develop an individual anaphylaxis management plan?

The principal of the school is primarily responsible for ensuring that an individual anaphylaxis management plan is developed for each student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis, where the school has been notified of that diagnosis. The plan is to be developed in consultation with the student's parents.

The plan must be in place as soon as practicable after the student enrolls, and where possible, before the student's first day at the school.

What must be included in an individual anaphylaxis management plan?

A template for an individual anaphylaxis management plan is included in the [Resources tab](http://www2.education.vic.gov.au/node/1500) <http://www2.education.vic.gov.au/node/1500> .

As specified in the template the plan must include:

- information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has and the signs or symptoms the student might exhibit in the event of an allergic reaction (based on a written diagnosis from a medical practitioner)
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, for in-school and out-of-school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
- the name of the person(s) responsible for implementing the risk minimisation strategies which have been identified in the Plan
- information on where the student's medication will be stored
- the student's emergency contact details

- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

What are the requirements for a student who is at risk of an allergic reaction but is not diagnosed with anaphylaxis?

Parents are required to provide the school with a green ASCIA Action Plan for Allergic Reaction completed by a medical practitioner.

Schools are required to develop an individual allergic reactions management plan as soon as practical.

Further information about the management of allergies in schools is available in the Department's policy on [Allergies](http://www2.education.vic.gov.au/pal/allergies) <<http://www2.education.vic.gov.au/pal/allergies>> .

Where should the plans be kept?

A copy of each student's individual anaphylaxis management plan should be stored with:

- the student's ASCIA Action Plan for Anaphylaxis
- the student's adrenaline autoinjector.

Copies should be kept in various locations around the school so that the Plan is easily accessible by school staff in the event of an incident. Appropriate locations may include the student's classroom, the canteen, the sick bay, the school office, and in the yard duty bag.

When must the individual anaphylaxis management plan be reviewed?

The principal must review an individual anaphylaxis management plan in consultation with the student's parents in each of the following circumstances:

- annually (at the start of each school year)
- 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 (for example, class parties, elective subjects and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions).

It is also recommended that a student's individual anaphylaxis management plan is reviewed if there is an identified and significant increase in the

student's potential risk of exposure to allergens at school.

Current ASCIA action plans are the General and EpiPen 2021 versions, and the 2022 Anapen version. However, prior versions (2021, 2020 and 2018) are still valid for use in 2022 and 2023.

What role do parents play in the development and review of an individual anaphylaxis management plan?

The school's anaphylaxis management policy must state that it is the responsibility of the parents to:

- obtain the ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- immediately inform the school in writing if there is a change in their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, and if relevant obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up to date photo of the student for the ASCIA Action Plan for Anaphylaxis when that plan is provided to the school and each time it is reviewed
- provide the school with an adrenaline autoinjector that is current (the device has not expired) for their child
- participate in annual reviews of their child's plan.

The interaction between the school's anaphylaxis management policy and each student's individual anaphylaxis management plan is represented below, including the responsibilities of the principal and the student's family.

School responsibility

School Anaphylaxis Management Policy

- Statement of school compliance
- Prevention strategies
- First aid and emergency response procedures
- Purchase of back-up adrenaline autoinjectors
- Communication plan
- Procedures for training school staff
- Risk Management Checklist

School and family responsibility

Individual management plan

Family responsibility

- ASCIA Action Plan for Anaphylaxis
 - Consultation with medical professional
-

8. Risk minimisation strategies

8. Risk minimisation strategies

Clause 8 of [Ministerial Order 706 \(PDF\)](https://content.sdp.education.vic.gov.au/media/anaphylaxis-ministerial-order-706-909) <https://content.sdp.education.vic.gov.au/media/anaphylaxis-ministerial-order-706-909> requires a school's anaphylaxis management policy to include prevention strategies to minimise the risk of an anaphylactic reaction.

How can the risk of anaphylaxis be minimised in schools?

A school's anaphylaxis management policy must include prevention strategies to be used by the school to minimise the risk of a student suffering an anaphylactic reaction.

It is important to remember that minimisation of the risk of anaphylaxis is everyone's responsibility: including the principal and all school staff, parents, students and the broader school community.

Parents must also assist their child's school to manage the risk of anaphylaxis (as specified in the Order). For example, parents must:

- communicate their child's allergies and risk of anaphylaxis to the school at the earliest opportunity, in writing and preferably on enrolment
- continue to communicate with school staff and provide up to date information about their child's medical condition and risk factors
- obtain and provide the school with an ASCIA Action Plan for Anaphylaxis completed by a medical practitioner
- participate in yearly reviews of their child's individual anaphylaxis management plan
- ensure that their child has an adrenaline autoinjector at school at all times that is current (the device has not expired).

Risk minimisation strategies

Peanuts and nuts are the most common trigger for an anaphylactic reaction or fatality due to food-induced anaphylaxis. To minimise the risk of a student's exposure and reaction to peanuts and nuts, schools should not use peanuts, tree nuts, peanut butter or other peanut or tree nut products during in-school and out-of-school activities.

It is also recommended that school activities don't place pressure on students to try foods, whether they contain a known allergen or not. Blanket

banning of nuts or other foods associated with anaphylaxis and allergies is not recommended because:

- it can create complacency amongst staff and students
- it cannot eliminate the presence of all allergens.

More information about peanut and nut banning can be found in the ASCIA Guidelines for Prevention of Food Anaphylactic Reactions in Schools, available from the [ASCIA website](http://www.allergy.org.au/schools-childcare) <<http://www.allergy.org.au/schools-childcare>> . Allergy & Anaphylaxis Australia also have a helpful list of [risk minimisation strategies](https://allergyfacts.org.au/allergy-management/schooling-childcare/examples-of-anaphylaxis-risk-minimisation-strategies-for-schools) <<https://allergyfacts.org.au/allergy-management/schooling-childcare/examples-of-anaphylaxis-risk-minimisation-strategies-for-schools>> .

Risk minimisation strategies should be considered for all relevant in-school and out-of-school settings which may include (but are not limited to) the following:

- during classroom activities (including class rotations, specialist and elective classes)
- between classes and other breaks
- in canteens
- during recess and lunchtimes
- before and after school periods during which yard supervision is provided
Note: the Order does NOT apply to outside school hours care (OSHC) programs, whether run by the school or an external provider
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

School staff should be regularly reminded that they have a duty of care to take reasonable steps to protect students from reasonably foreseeable risks of injury. The development and implementation of appropriate risk minimisation strategies to reduce the risk of incidents of anaphylaxis is an important step to be undertaken by schools in discharging this duty of care.

A number of suggested risk minimisation strategies are included in the [Resources tab](http://www2.education.vic.gov.au/node/1500) <<http://www2.education.vic.gov.au/node/1500>> which, as a minimum, should be considered by school staff, for the purpose of developing such strategies for in-school and out-of-school settings. It is recommended that school staff determine which strategies are appropriate after consideration of all relevant factors including the age of the student at risk, the facilities and activities available at the school, the likelihood of that student's exposure to the relevant allergen/s whilst at school, and the general school environment. Where relevant, it would be prudent to record the reason

why a decision was made to exclude a particular strategy listed in these Guidelines.

The selected risk minimisation strategies must be specified in the school anaphylaxis management policy. This includes any other strategies developed by school staff but which are not contained in these Guidelines.

Where should we store the adrenaline autoinjectors?

It is recommended that:

- adrenaline autoinjectors for individual students, or for general use, be stored correctly and be able to be accessed quickly, because, in some cases, exposure to an allergen can lead to an anaphylactic reaction in as little as 5 minutes
- adrenaline autoinjectors be stored in an unlocked, easily accessible place away from direct light and heat but not in a refrigerator or freezer
- each adrenaline autoinjector be clearly labelled with the student's name and be stored with a copy of the student's ASCIA Action Plan for Anaphylaxis
- an adrenaline autoinjector for general use be clearly labelled and distinguishable from those for students at risk of anaphylaxis and stored with a general ASCIA Action Plan for Anaphylaxis (orange)
- adrenaline autoinjector trainer devices (which do not contain adrenaline or a needle) are not stored in the same location due to the risk of confusion.

Regular review of adrenaline autoinjectors

Schools are encouraged to undertake regular reviews of students' adrenaline autoinjectors, and those for general use. When undertaking a review, the following factors should be considered:

1. Are adrenaline autoinjectors:

- stored correctly and able to be accessed quickly? (in some cases, exposure to an allergen can lead to an anaphylactic reaction in as little as 5 minutes)
- stored in an unlocked, easily accessible place away from direct light and heat? They should not be stored in the refrigerator or freezer
- clearly labelled with the student's name, or clearly distinguished as being for general use only?
- signed in and out when taken from their usual place, for example, for camps or excursions?

2. Is each student's adrenaline autoinjector clearly distinguishable from other students' adrenaline autoinjectors and medications?
Are adrenaline autoinjectors for general use clearly distinguishable from students' individual adrenaline autoinjectors?
3. Do all school staff know where adrenaline autoinjectors are located?
4. Is a copy of the student's ASCIA Action Plan for Anaphylaxis kept with their individual adrenaline autoinjector?
Is a copy of the general ASCIA Action Plan for Anaphylaxis (orange) kept with the general use adrenaline autoinjector?
5. Depending on the speed or severity of previous anaphylactic reactions, it may be appropriate to have a student's adrenaline autoinjector in class or transferred to the yard-duty bag at recess and lunch break times.
6. It is important to keep adrenaline autoinjector trainer devices (which do not contain adrenaline) in a separate location from students' adrenaline autoinjectors.

Schools are also encouraged to arrange for a designated school staff member (for example, the school anaphylaxis supervisor, school nurse, or first aid co-coordinator) to conduct regular reviews of the adrenaline autoinjectors to ensure they are not out of date or cloudy/discoloured.

If the school anaphylaxis supervisor or other designated school staff member identifies any adrenaline autoinjectors which are out of date or cloudy/discoloured, they should:

- immediately send a written reminder to the student's parents to replace the adrenaline autoinjector as soon as possible (and follow this up if no response is received from the parents or if no replacement adrenaline autoinjector is provided)
 - advise the principal that an adrenaline autoinjector needs to be replaced by a parent and
 - work with the principal to prepare an interim individual anaphylaxis management plan pending receipt of the replacement adrenaline autoinjector.
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9. School planning and emergency response

9. School planning and emergency response

A school's anaphylaxis management policy must include emergency response procedures for students at risk of anaphylaxis.

What should schools do to plan for an anaphylaxis emergency?

A school's anaphylaxis management policy must include details of how the policy integrates with the school's general first aid and emergency response procedures.

The school's anaphylaxis management policy must include emergency response procedures relating to anaphylactic reactions including:

- a complete and up to date list of students identified as being at risk of anaphylaxis
- details of individual anaphylaxis management plans and ASCIA Action Plans for Anaphylaxis and where these are located within the school and during school excursions, school camps and special events conducted, organised or attended by the school
- an outline of the storage and accessibility of adrenaline autoinjectors, including those for general use
- how appropriate communication with school staff, students and parents is to occur in accordance with a communication plan that complies with [Ministerial Order 706 \(PDF\)](https://content.sdp.education.vic.gov.au/media/909) <https://content.sdp.education.vic.gov.au/media/909> (refer to Chapter 11).

The school's anaphylaxis management policy must state that when a student at of a risk of an anaphylactic reaction is under the care or supervision of the school outside normal class activities, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school, the principal must ensure that there are a sufficient number of school staff present who have been trained in accordance with the Ministerial Order (refer to Chapter 5).

The school's anaphylaxis management policy must state that in the event of an anaphylactic reaction, the student's ASCIA Action Plan for Anaphylaxis, the emergency response procedures for anaphylaxis and general first aid procedures must all be followed.

Role and responsibilities of principals

School principals have overall responsibility for implementing strategies and processes for ensuring a safe and supportive environment for students at risk of anaphylaxis. To assist principals in meeting their responsibilities and discharging their duty of care to students, a summary of some of the key obligations under the Order and suggested risk minimisation strategies are set out below. This is a guide only, and is not intended to be an exhaustive list:

1. Ensure that the school develops, implements and routinely reviews its school anaphylaxis management policy in accordance with the Order and these Guidelines.
2. Actively seek information to identify students with severe life-threatening allergies or those who have been diagnosed as being at risk of anaphylaxis, either at enrolment or at the time of diagnosis (whichever is earlier).
3. Ensure that parents provide an ASCIA Action Plan for Anaphylaxis which has been completed and signed by the student's medical practitioner and contains an up-to-date photograph of the student.

4. Ensure that an individual anaphylaxis management plan is developed in consultation with the student's parents for any student that has been diagnosed by a medical practitioner with a medical condition relating to allergy and the potential for an anaphylactic reaction, where the school has been notified of that diagnosis.

This includes ensuring the documentation of practical strategies for activities in both in-school and out-of-school settings to minimise the risk of exposure to allergens, and the nomination of staff who are responsible for implementing those strategies. The risk minimisation plan should be customised to each particular student for participation in normal school activities (for example, during cooking and art classes) and at external events (for example, swimming sports, camps, excursions and interstate/overseas trips). Ensure students' individual anaphylaxis management plans are appropriately communicated to all relevant staff.

5. Ensure that the canteen provider and all of its employees can demonstrate satisfactory training in the area of food allergy and anaphylaxis and its implications for food-handling practices. This includes careful label reading, and an understanding of the major food allergens that trigger anaphylaxis and cross-contamination issues specific to food allergies. School staff involved in food preparation can complete [All about Allergens training for food service](https://foodallergytraining.org.au/mod/page/view.php?id=113)  <https://foodallergytraining.org.au/mod/page/view.php?id=113> to gain knowledge about food allergens and develop best practice procedures to ensure safe food provision to students and staff with a food allergy. Further information on food service management is available at the [All about Allergens resource hub](https://foodallergytraining.org.au/resources/schools-and-cec/schools-food-service)  <https://foodallergytraining.org.au/resources/schools-and-cec/schools-food-service> .
6. Ensure that parents provide the school with an adrenaline autoinjector for their child that is not out-of-date and a replacement adrenaline autoinjector when requested to do so.

7. Ensure that an appropriate communication plan is developed to provide information to all school staff, students and parents about anaphylaxis and the school's anaphylaxis management policy.

8. Ensure there are procedures in place for providing information to school volunteers and casual relief staff about:

- students who are at risk of anaphylaxis, and
- their role in responding to an anaphylactic reaction of a student in their care.

Casual relief staff regularly employed at the school should be encouraged to undertake the ASCIA anaphylaxis e-training for Victorian schools.

9. Ensure that relevant school staff have successfully completed an approved anaphylaxis management training course in the prior 3 years (for face-to-face training in 22300VIC or 10313NAT), or 2 years (for the ASCIA e-training).

10. Ensure that school staff who are appointed as school anaphylaxis supervisor(s) are appropriately trained in the Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC (every 3 years).

11. Ensure that all school staff are briefed at least twice a year by the school anaphylaxis supervisor (or other appropriately trained member of the school staff). Information to be covered should include:

- the school's anaphylaxis management policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students diagnosed as being at risk of anaphylaxis and the location of their medication
- 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 adrenaline autoinjector devices prescribed for individual students that have been purchased by their family
- the location of adrenaline autoinjector devices that have been purchased by the school for general use

12. Allocate time, such as during staff meetings, to discuss, practise and review the school's anaphylaxis management policy. Practise using the adrenaline autoinjector trainer devices as a group and undertake drills to test the effectiveness of the school's general first aid procedures.

13. Encourage regular and ongoing communication between parents and school staff about the current status of the student's allergies, the school's policies and their implementation.

14. Ensure that the student's individual anaphylaxis management plan is

reviewed in consultation with parents annually at the beginning of each school year, when the student's medical condition changes, as soon as practicable after a student has an anaphylactic reaction at school, and whenever a student is to participate in an off-site activity such as camps or excursions or at special events conducted, organised or attended by the school.

15. Ensure the risk management checklist for anaphylaxis is completed and reviewed annually.
16. Arrange to purchase and maintain an appropriate number of adrenaline autoinjectors for general use to be part of the school's first aid kit, stored with a copy of the general ASCIA Action Plan for Anaphylaxis (orange).

Role and responsibilities of school staff

All school staff have a duty of care to take reasonable steps to avoid reasonably foreseeable risks of injury to students. This includes administrators, canteen staff, casual relief staff, specialist staff, sessional teachers and volunteers.

To assist school staff who conduct classes attended by students at risk of anaphylaxis, and other school staff where relevant, a summary of some of the key obligations under the Order and suggested risk minimisation strategies are set out below. This is a guide only, and is not intended to be an exhaustive list to be relied upon by school staff when seeking to discharge their duty of care:

1. Know and understand the school's anaphylaxis management policy.
2. Know the identity of students who are at risk of anaphylaxis. Know the students by face and, if possible, know what their specific allergy is.
3. Understand the causes, symptoms, and treatment of anaphylaxis.
4. Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector. Refer to Chapter 5 for more details.
5. Know where to find a copy of each student's ASCIA Action Plan for Anaphylaxis quickly, and follow it in the event of an allergic reaction.
6. Know the school's general first aid and emergency response procedures, and understand their role in relation to responding to an anaphylactic reaction.
7. Know where students' adrenaline autoinjectors and the adrenaline autoinjectors for general use are kept. (Remember that the adrenaline autoinjector is designed so that anyone can administer it in an emergency).
8. Know and follow the risk minimisation strategies in the student's individual anaphylaxis management plan.
9. Plan ahead for special class activities (for example, cooking, art and science classes), or special occasions (for example, excursions, incursions, sport days, camp, cultural days, fetes and parties), either at school, or away from school.

Work with parents to provide appropriate food for their child if the food the school/class is providing may present an allergy risk for him or her.

10. Avoid the use of food treats in class or as rewards, as these may contain allergens. Consider the alternative strategies provided in this document (refer to Chapter 8 and the [Resources](http://www2.education.vic.gov.au/pal/anaphylaxis/resources) <<http://www2.education.vic.gov.au/pal/anaphylaxis/resources>> tab). Work with parents to provide appropriate treats for students at risk of anaphylaxis.
11. Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.
12. Be aware of the risk of cross-contamination when preparing, handling and displaying food.
13. Make sure that tables and surfaces are wiped down regularly and that students wash their hands before and after handling food.
14. Raise student awareness about allergies and anaphylaxis, and the importance of each student's role in fostering a school environment that is safe and supportive for their peers.

Role and responsibilities of the school anaphylaxis supervisor

The principal is responsible for appointing appropriate members of staff to take on the role of school anaphylaxis supervisor. If available at the school, a first aid coordinator or school-employed nurse may be an appropriate person to become the school anaphylaxis supervisor and take a lead role in supporting the principal and other school staff to implement the school's anaphylaxis management policy. A health and wellbeing coordinator or leading teacher may also be appropriate.

Set out below are some suggested areas where the school anaphylaxis supervisor may provide assistance and advice. This is a guide only, and is not intended to be an exhaustive list:

1. Work with principals to develop, implement and regularly review the school's anaphylaxis management policy.
2. Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector (for example, an EpiPen and an Anapen). At a minimum, have currency in the Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22579VIC (every 3 years) and the ASCIA Anaphylaxis e-training for Victorian Schools (every 2 years).
3. Verify the correct use of adrenaline autoinjector (trainer) devices by other school staff undertaking the ASCIA Anaphylaxis e-training for Victorian Schools.
4. Provide access to the adrenaline autoinjector (trainer) device for practice by school staff.

5. Send reminders to staff or information to new staff about anaphylaxis training requirements and liaise with the principal to maintain records of training undertaken by staff at the school.
6. Lead the twice-yearly anaphylaxis school briefing.
7. Develop school-specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency situation requiring anaphylaxis treatment for example:
 - a bee sting occurs on school grounds and the student is conscious
 - an allergic reaction where the child has collapsed on school grounds and the student is not consciousSimilar scenarios will also be used when staff are demonstrating the correct use of the adrenaline autoinjector (trainer) device.
8. Keep an up-to-date register of students at risk of anaphylaxis.
9. Keep a register of adrenaline autoinjectors, including a record of when they are 'in' and 'out' from the central storage point. For instance, when they have been taken on excursions, camps.
10. Work with principals, parents and students to develop, implement and review each individual anaphylaxis management plan to:
 - ensure that the student's emergency contact details are up-to-date
 - ensure that the student's ASCIA Action Plan for Anaphylaxis matches the student's supplied adrenaline autoinjector
 - regularly check that the student's adrenaline autoinjector is not out-of-date, such as at the beginning or end of each term, and record this information in the register of adrenaline autoinjectors
 - inform parents in writing that the adrenaline autoinjector needs to be replaced one month prior to the expiry date, and follow up with parents if the autoinjector is not replaced
 - ensure that the student's adrenaline autoinjector is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place
 - ensure that a copy of each student's ASCIA Action Plan for Anaphylaxis is stored with that student's adrenaline autoinjector
11. Provide advice and guidance to school staff about anaphylaxis management in the school, and undertake regular risk identification and implement appropriate minimisation strategies.
12. Work with school staff to develop strategies to raise their own, students and school community awareness about severe allergies.
13. Provide or arrange post-incident support (for example, counselling) to students and school staff, if appropriate.

Role and responsibilities of parents of a student at risk of anaphylaxis

Parents have an important role in working with the school to minimise the risk of anaphylaxis. Set out below is a summary of some of the key obligations for parents under the Order, and some suggested areas where they may actively assist the school. This is a guide only, and is not intended to be an exhaustive list:

1. Inform the school in writing, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed as being at risk of anaphylaxis.
2. Obtain and provide the school with an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner that details their condition, any medications to be administered, and any other relevant emergency procedures.
3. Immediately inform school staff in writing of any changes to the student's medical condition and if necessary, obtain and provide an updated ASCIA Action Plan for Anaphylaxis.
4. Provide the school with an up to date photo for the student's ASCIA Action Plan for Anaphylaxis when the plan is reviewed.
5. Meet with and assist the school to develop the student's individual anaphylaxis management plan, including risk minimisation and management strategies.
6. Provide the school with an adrenaline autoinjector and any other medications that are current and not expired.
7. Replace the student's adrenaline autoinjector and any other medication as needed, before their expiry date or when used.
8. Assist school staff in planning and preparation for the student prior to camps, field trips, incursions, excursions or special events (for example, class parties, cultural days, fetes or sport days).
9. If requested by school staff, assist in identifying and/or providing alternative food options for the student when needed.
10. Inform school staff in writing of any changes to the student's emergency contact details.
11. Participate in reviews of the student's individual anaphylaxis management plan:
 - when there is a change to the student's condition
 - as soon as practicable after the student has an anaphylactic reaction at school
 - annually
 - prior to the student participating in an off-site activity such as camps and excursions, or at special events conducted, organised or attended by the school.

What should we do if someone has an anaphylactic reaction?

It is important for schools to have in place clear and comprehensive first aid and emergency response procedures that allow staff to react quickly if an anaphylactic reaction occurs, for both in-school and out-of-school settings. Drills to test the effectiveness of these procedures should be undertaken regularly.

Self-administration of the adrenaline autoinjector

The decision as to whether a student can carry their own adrenaline autoinjector should be made when developing the student's individual anaphylaxis management plan, in consultation with the student, the student's parents and the student's medical practitioner.

It is important to note that students who could ordinarily self-administer their adrenaline autoinjector may sometimes not physically be able to self-administer due to the effects of a reaction. In these circumstances, school staff must administer an adrenaline autoinjector to the student, as part of discharging their duty of care to that student.

If a student self-administers an adrenaline autoinjector, one member of the school staff should supervise and monitor the student at all times, and another member of the school staff should immediately contact an ambulance (on emergency number [000](#)).

If a student carries their own adrenaline autoinjector, it may be prudent to keep a second adrenaline autoinjector (provided by the parent) on-site in an easily accessible, unlocked location that is known to all school staff.

Responding to an incident

A member of the school staff should remain with the student who is displaying symptoms of anaphylaxis at all times. As per instructions on the ASCIA Action Plan for Anaphylaxis:

'Lay the person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.'

Another member of the school staff should immediately locate the student's adrenaline autoinjector and the student's ASCIA Action Plan for Anaphylaxis.

The adrenaline autoinjector should then be administered following the instructions in the student's ASCIA Action Plan for Anaphylaxis. Where possible, only school staff with training in the administration of an adrenaline autoinjector should administer the student's adrenaline autoinjector. However, it is imperative that an adrenaline autoinjector is administered as soon as signs of anaphylaxis are recognised. If required, the adrenaline

autoinjector can be administered by any person following the instructions in the student's ASCIA Action Plan for Anaphylaxis.

It is important that in responding to an incident, the student does not stand and is not moved unless in further danger (for example, the anaphylactic reaction was caused by a bee sting and the bee hive is close by). The ambulance 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.

In the school environment

- Classrooms – schools may use classroom phones/personal mobile phones to raise the alarm that a reaction has occurred. Some schools may decide to utilise an emergency card system (laminated card stating anaphylaxis emergency), whereby students go to the nearest teacher, office or other predetermined point to raise an alarm which triggers getting an adrenaline autoinjector to the child and other emergency response protocols.
- Yard – schools may use mobile phones, walkie talkies or a card system while on yard duty. Consideration needs to be given to the size of the campus, the number and age of students at risk, where first aiders will be stationed during lunch breaks and so on.

In addition to planning for how to get an adrenaline autoinjector to a student as quickly as possible, plans also need to be in place for:

- a nominated staff member to call an ambulance
- a nominated staff member to wait for the ambulance at a designated school entrance
- a second adrenaline autoinjector to be sent to the emergency just in case a further device is required to be administered (this may be the school adrenaline autoinjector for general use or the family purchased device).

Out-of-school environments

Excursions and camps – each individual camp and excursion requires a risk assessment for each individual student attending who is at risk of anaphylaxis. Therefore, emergency procedures will vary accordingly. A team of school staff trained in anaphylaxis needs to attend each event, and appropriate methods of communication need to be discussed, depending on the size of excursion/camp/venue. It is imperative that the process also addresses:

- the location of adrenaline autoinjectors, for example, who will be carrying them? Is there a second medical kit? Who has it?
- how to get the adrenaline autoinjector to a student as quickly as possible in

case of an allergic reaction

- who will call for ambulance response, including giving detailed location address, for example, Melway reference if city excursion, and best access point or camp address/GPS location.

How to administer an EpiPen:

1. Remove from plastic container
2. Form a fist around EpiPen and pull off the blue safety release (cap)
3. Place orange end against the student's outer mid-thigh (with or without clothing)
4. Push down hard until a click is heard or felt and hold in place for 3 seconds
5. Remove EpiPen
6. Note the time you administered the EpiPen
7. The used autoinjector must be handed to the ambulance paramedics along with the time of administration

How to administer an Anapen:

1. Pull off the black needle shield
2. Pull off grey safety cap (from the red button)
3. Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing)
4. Press red button so it clicks and hold for 3 seconds
5. Remove Anapen

If an adrenaline autoinjector is administered, the school must:

1. Immediately call an ambulance ([000](#))
2. Lay the student flat – if breathing is difficult, allow them to sit. Do not allow the student to stand or walk. If breathing is difficult for them, allow them to sit but not to stand. If vomiting or unconscious, lay them on their side (recovery position) and check their airway for obstruction
3. Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a worsening condition. Ask another member of the school staff to move other students away in a calm manner and reassure them. These

students should be adequately supervised during this period

4. In the situation where there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every 5 minutes, if other adrenaline autoinjectors are available (such as the adrenaline autoinjector for general use)
5. Then contact the student's emergency contacts
6. Contact the Incident Support Operations Centre (ISOC) on [1800 126 126](tel:1800126126) (available 24 hours a day, 7 days a week). An IRIS report will be lodged through eduSafe Plus. You can self-report low and medium severity incidents or contact ISOC to lodge the report
7. For independent schools – later, enact your school's emergency and critical incident management plan

Always call an ambulance as soon as possible (000)

When using a standard phone call [000](tel:000) (triple zero) for an ambulance. If calling from a mobile phone which is out of range, call [112](tel:112).

First-time reactions

If a student appears to be having a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, the school staff should follow the school's first aid procedures.

This should include immediately:

- locating and administering an adrenaline autoinjector for general use
- following instructions on the ASCIA Action Plan for Anaphylaxis general use (which should be stored with the general use adrenaline autoinjector).

Followed by calling the ambulance ([000](tel:000)).

Post-incident support

An anaphylactic reaction can be a very traumatic experience for the student, staff, parents, students and others witnessing the reaction. In the event of an anaphylactic reaction, students and school staff may benefit from post-incident counselling, provided by the school nurse, guidance officer, student welfare coordinator or school psychologist.

Review

After an anaphylactic reaction has taken place that has involved a student in

the school's care and supervision, it is important that the following review processes take place:

1. The adrenaline autoinjector must be replaced by the parent as soon as possible.
 2. In the meantime, the principal should ensure that there is an interim individual anaphylaxis management plan should another anaphylactic reaction occur prior to the replacement adrenaline autoinjector being provided by the parents.
 3. If the adrenaline autoinjector for general use has been used this should be replaced as soon as possible.
 4. In the meantime, the principal should ensure that there is an interim plan in place should another anaphylactic reaction occur prior to the replacement adrenaline autoinjector for general use being provided.
 5. The student's individual anaphylaxis management plan should be reviewed in consultation with the student's parents.
 6. The school's anaphylaxis management policy should be reviewed to ascertain whether there are any issues requiring clarification or modification in the policy. This will help the school to continue to meet its ongoing duty of care to students.
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10. Adrenaline autoinjectors for general use

10. Adrenaline autoinjectors for general use

Clause 10 of [Ministerial Order 706 \(PDF\)](https://content.sdp.education.vic.gov.au/media/909) <https://content.sdp.education.vic.gov.au/media/909> provides that a school's anaphylaxis management policy must prescribe the purchase of adrenaline autoinjectors for general use.

Purchasing adrenaline autoinjectors

The principal of the school is responsible for arranging the purchase of additional adrenaline autoinjector(s) for general use, as a back-up to adrenaline autoinjectors supplied by parents of students who have been diagnosed as being at risk of anaphylaxis. The additional adrenaline autoinjector(s) for general use can also be used on other students previously undiagnosed for anaphylaxis, where they have a first time reaction.

Adrenaline autoinjectors for general use are available for purchase at any chemist. No prescription is necessary. These devices are to be purchased by a school at its own expense, in the same way that supplies for school first aid kits are purchased.

The principal will need to determine the type of adrenaline autoinjector to purchase for general use. In doing so, it is important to note the following:

- there are currently 2 adrenaline autoinjector devices available in Australia, these are the EpiPen and the Anapen
- the different doses of each device include:
 - EpiPen (300 microgram) is prescribed for adults and children over 20 kg (aged around 5 years or over)
 - EpiPen Jr (150 microgram) is prescribed for children 7.5 to 20 kg (aged around 1 to 5 years)
 - Anapen 500 (500 microgram) is prescribed for adults and children over 50 kg (aged around 12 or over)
 - Anapen 300 (300 microgram) is prescribed for adults and children over 20 kg (aged around 5 years or over)
 - Anapen Jr. (150 microgram) is prescribed for children 7.5 to 20 kg (aged around 1 to 5 years).

Number of back up adrenaline autoinjectors to purchase

The principal will also need to determine the number of additional adrenaline

autoinjector(s) required to be purchased by the school. In doing so, the principal should take into account the following relevant considerations:

- the number of students enrolled at the school who have been diagnosed as being at risk of anaphylaxis
- the weight of the students at risk of anaphylaxis to determine the correct dosage of adrenaline autoinjector/s to purchase
- the accessibility of adrenaline autoinjectors that have been provided by parents of students who have been diagnosed as being at risk of anaphylaxis
- the availability and 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
- the adrenaline autoinjectors for general use have a limited life, and will usually expire within 12 to 18 months, and will need to be replaced at the school's expense either at the time of use or expiry, whichever is first
- the expiry date of adrenaline autoinjectors should be checked regularly to ensure they are ready for use.

Note: Even when a school has no students enrolled with a diagnosed risk of anaphylaxis, the principal should consider purchasing an autoinjector for general use as some students may experience their first anaphylactic reaction while at school.

When to use adrenaline autoinjectors for general use

It is recommended that adrenaline autoinjectors for general use be used when:

- a student's prescribed adrenaline autoinjector does not work, is misplaced, out of date or has already been used or
- a student is having a suspected first time anaphylactic reaction and does not have a medical diagnosis for anaphylaxis or
- when instructed by a medical officer after calling [000](#).

Schools can use either the EpiPen and Anapen on any student suspected to be experiencing an anaphylactic reaction, regardless of the device prescribed in their Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.

Where possible, schools should use the correct dose of adrenaline autoinjector depending on the weight of the student. However, in an emergency if there is no other option available, any device should be administered to the student.

ASCIA advises that no serious harm is likely to occur from mistakenly administering adrenaline to an individual who is not experiencing anaphylaxis.

Further information is available from ASCIA at [adrenaline \(epinephrine\) autoinjectors for general use](http://www.allergy.org.au/health-professionals/anaphylaxis-resources/adrenaline-autoinjectors-for-general-use) <http://www.allergy.org.au/health-professionals/anaphylaxis-resources/adrenaline-autoinjectors-for-general-use> and [frequently asked questions](https://www.allergy.org.au/hp/anaphylaxis/adrenaline-autoinjectors-faqs) <https://www.allergy.org.au/hp/anaphylaxis/adrenaline-autoinjectors-faqs> .

Storage of adrenaline autoinjectors

The ASCIA recommends adrenaline autoinjector devices be stored in a cool dark place at room temperature, which they define as 15 and 25 degrees Celsius. If these temperatures cannot be maintained, ASCIA recommends storing the device in an insulated wallet. For more information visit the ASCIA website.

The school principal is responsible for determining the storage location of all student owned adrenaline autoinjector and the school adrenaline autoinjectors for general within the school environment after undertaking a risk assessment. School anaphylaxis supervisors are responsible for informing school staff of the location for use in the event of an emergency.

11. Communication plan

11. Communication plan

Clause 11 of [Ministerial Order 706 \(PDF\)](https://content.sdp.education.vic.gov.au/media/909) <https://content.sdp.education.vic.gov.au/media/909> requires a school to have a communication plan as part of its school anaphylaxis management policy.

The principal of a school 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.

The communication plan must include strategies for advising school staff, students and parents about how to respond to an anaphylactic reaction of a student in various environments including:

- during normal school activities including in the 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 must include 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.

It is the responsibility of the principal of a school to ensure that the school staff are:

- adequately trained:
 - by completing the Australasian Society of Clinical Immunology and Allergy e-training every 2 years and 2 staff per school or campus also completing 22579VIC every 3 years or
 - by completing the 22578VIC or 110710NAT course every 3 years
- briefed at least twice per calendar year through an in-house school briefing.

in accordance with the Ministerial Order (refer to Chapter 5).

Raising staff awareness

The communication plan must include arrangements for relevant school staff to be briefed at least twice per year by a staff member who has current

anaphylaxis management training (see Chapter 5 for further detail). However, it is best practice for a school to brief all school staff on a regular basis regarding anaphylaxis and the school's anaphylaxis management policy.

In addition, it is recommended that school anaphylaxis supervisor(s) or other designated staff member(s) be responsible for briefing all volunteers and casual relief staff, and new school staff (including administration and office staff, canteen staff, sessional teachers, and specialist teachers) on the above information and their role in responding to an anaphylactic reaction experienced by a student in their care.

Raising student awareness

Peer support is an important element of support for students at risk of anaphylaxis.

School staff can raise awareness in their school through fact sheets or posters displayed in hallways, canteens and classrooms. Class teachers can discuss the topic with students in class, with a few simple key messages such as the following.

Student messages about anaphylaxis

1. Always take food allergies seriously — severe allergies are no joke.
2. Don't share your food with friends who have food allergies.
3. Wash your hands after eating.
4. Know what your friends are allergic to.
5. If a school friend becomes sick, get help immediately even if the friend does not want you to.
6. Be respectful of a school friend's adrenaline autoinjector.
7. Don't pressure your friends to eat food that they are allergic to.

Source: Be a MATE kit, published by Anaphylaxis & Allergy Australia.

It is important to be aware that a student at risk of anaphylaxis may not want to be singled out or be seen to be treated differently. Also be aware that bullying of students at risk of anaphylaxis can occur in the form of teasing, tricking a student into eating a particular food or threatening a student with the substance that they are allergic to, such as peanuts. This is not acceptable behaviour and should not be tolerated. Talk to the students involved so they are aware of the seriousness of an anaphylactic reaction. Any attempt to harm a student diagnosed at risk of anaphylaxis must be treated as a serious and dangerous incident and dealt with in line with the school's anti-bullying policy.

Schools can refer to the [Bully Stoppers](https://www.vic.gov.au/bully-stoppers)  <<https://www.vic.gov.au/bully-stoppers>> website, an anti-bullying resource for ideas and strategies for dealing with bullying situations.

Work with parents

Schools should be aware that parents of a child who is at risk of anaphylaxis may experience considerable anxiety about sending their child to school. It is important to develop an open and cooperative relationship with them so that they can feel confident that appropriate management strategies are in place at school.

Aside from implementing practical risk minimisation strategies in schools, the anxiety that parents and students may feel can be considerably reduced by regular communication and increased education, awareness and support from the school community.

Raising school community awareness

Schools are encouraged to raise awareness about anaphylaxis in the school community so that there is an increased understanding of the condition. This can be done by providing information in the school newsletter, on the school website, at assemblies or parent information sessions.

Parent information sheets that promote greater awareness of severe allergies can be downloaded from the [Royal Children's Hospital](https://www.rch.org.au/kidsinfo/fact_sheets/Allergic_and_anaphylactic_reactions/)  <https://www.rch.org.au/kidsinfo/fact_sheets/Allergic_and_anaphylactic_reactions/> website.

Organisations providing information and resources

- **Royal Children's Hospital Anaphylaxis Advisory Line** provides advice and support on implementing anaphylaxis legislation to schools, early childhood education and care services and Victorian children's services. The Anaphylaxis Advisory Line is available between the hours of 8:30am to 5pm, Monday to Friday. Phone [1300 725 911](tel:1300725911) (toll free) or [03 9345 4235](tel:0393454235). Further information is available at [Anaphylaxis Support Advisory Line](https://www.rch.org.au/allergy/advisory/anaphylaxis_Support_advisory_line/)  <https://www.rch.org.au/allergy/advisory/anaphylaxis_Support_advisory_line/> .
- **Australasian Society of Clinical Immunology and Allergy (ASCIA)** is the peak medical body for allergy and immunology. ASCIA provides information about allergies for health professionals, schools and the broader community. ASCIA anaphylaxis e-training provides ready access to anaphylaxis management education throughout Australia and New Zealand, at no charge. All staff at all Victorian schools are strongly encouraged to complete the ASCIA anaphylaxis e-training for Victorian schools. Further information is available at [ASCIA](https://www.allergy.org.au/)  <<https://www.allergy.org.au/>> .

- **Allergy & Anaphylaxis Australia** is a national non-profit organisation that raises awareness of allergy and anaphylaxis in the Australian community. A range of items including children's books and training resources are available from the online store on the Allergy & Anaphylaxis Australia website. A free online curriculum resource is also available. Further information is available at the [Allergy & Anaphylaxis Australia website](https://allergyfacts.org.au/)  [<https://allergyfacts.org.au/>](https://allergyfacts.org.au/) .
 - **Royal Children's Hospital, Department of Allergy and Immunology** provide information about allergies and the services provided by the hospital. Further information is available at the [Royal Children's Hospital website](https://www.rch.org.au/allergy/)  [<https://www.rch.org.au/allergy/>](https://www.rch.org.au/allergy/) .
 - **EpiClub** provides a wide range of resources and information for managing the use and storage of the adrenaline autoinjector device EpiPen. They also provide a free service that sends a reminder by email, SMS or standard mail prior to the expiry date of an EpiPen. Further information is available at the [EpiClub website](https://www.epiclub.com.au/)  [<https://www.epiclub.com.au/>](https://www.epiclub.com.au/) .
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12. Annual risk management checklist

12. Annual risk management checklist

Clause 13 of [Ministerial Order 706 \(PDF\)](https://content.sdp.education.vic.gov.au/media/909) <https://content.sdp.education.vic.gov.au/media/909> requires the principal to complete an annual anaphylaxis risk management checklist.

A school's anaphylaxis management policy must require the principal to complete an annual risk management checklist to monitor their compliance with the Order, these Guidelines, and their legal obligations.

The annual risk management checklist for anaphylaxis contains questions relating to the following:

- background information about the school and students identified at risk of anaphylaxis
- details of individual anaphylaxis management plans and ASCIA Action Plans for Anaphylaxis
- storage and accessibility of adrenaline autoinjectors (both student-specific adrenaline autoinjectors and adrenaline autoinjectors for general use)
- strategies to be used by the school to minimise the risk of an anaphylactic reaction
- the school's general first aid and emergency response procedures for when an allergic reaction occurs at all on-site and off-site school activities
- methods for appropriate communication with school staff, students and parents.

The annual checklist can be found in the [Resources tab](http://www2.education.vic.gov.au/node/1500) <http://www2.education.vic.gov.au/node/1500> .

Resources

Resources

Royal Children's Hospital advisory service

[Royal Children's Hospital: Anaphylaxis Support Advisory Line](http://www.rch.org.au/allergy/advisory/Anaphylaxis_Support_Advisory_Line/)  <http://www.rch.org.au/allergy/advisory/Anaphylaxis_Support_Advisory_Line/> – for all school anaphylaxis management enquires, (including the implementation of Ministerial Order 706). The advisory line is available between the hours of 8:30 am to 5:00 pm, Monday to Friday. Phone [1300 725 911](tel:1300725911) or [03 9345 4235](tel:0393454235) or email at anaphylaxisadvice-line@rch.org.au <<mailto:anaphylaxisadvice-line@rch.org.au>>

Resources to help schools create their own anaphylaxis management policy

An [anaphylaxis policy template](https://edugate.eduweb.vic.gov.au/edrms/keyprocess/cp/SitePages/SchoolPoliciesDetail.aspx?CId=21)  <<https://edugate.eduweb.vic.gov.au/edrms/keyprocess/cp/SitePages/SchoolPoliciesDetail.aspx?CId=21>> that meets these requirements is available for school use on the [School Policy Templates Portal](https://edugate.eduweb.vic.gov.au/edrms/keyprocess/cp/Pages/home.aspx)  <<https://edugate.eduweb.vic.gov.au/edrms/keyprocess/cp/Pages/home.aspx>> (staff login required).

[Guidance for a developing a school anaphylaxis management policy \(DOCX\)](https://content.sdp.education.vic.gov.au/media/guidance-developing-school-anaphylaxis-policy-1923)  <<https://content.sdp.education.vic.gov.au/media/guidance-developing-school-anaphylaxis-policy-1923>> – developed by the Department to assist schools to create their own Anaphylaxis management policy

Creating an individual anaphylaxis management plan for students & other relevant forms

[Template: Individual Anaphylaxis Management Plan \(DOCX\)](https://content.sdp.education.vic.gov.au/media/anaphylaxis-individual-management-plan-631)  <<https://content.sdp.education.vic.gov.au/media/anaphylaxis-individual-management-plan-631>> – must be completed by the school for each student who has been diagnosed at risk of allergies.

[Australasian Society of Clinical Immunology and Allergy \(ASCIa\) action plan](https://www.allergy.org.au/hp/ascia-plans-action-and-treatment)  <<https://www.allergy.org.au/hp/ascia-plans-action-and-treatment>> – must be completed by parents/carers for a student with anaphylaxis in consultation with their child's medical/health practitioner and provided to the school.

Training resources

- [Anaphylaxis Management: School Checklist for Anaphylaxis Supervisor](#)

[\(DOCX\)](https://content.sdp.education.vic.gov.au/media/anaphylaxis-school-checklist-for-anaphylaxis-supervisor-docx-633) <https://content.sdp.education.vic.gov.au/media/anaphylaxis-school-checklist-for-anaphylaxis-supervisor-docx-633>

- [Anaphylaxis Management: School Checklist for Anaphylaxis Supervisor \(PDF\)](https://content.sdp.education.vic.gov.au/media/anaphylaxis-school-checklist-for-anaphylaxis-supervisor-pdf-634) <https://content.sdp.education.vic.gov.au/media/anaphylaxis-school-checklist-for-anaphylaxis-supervisor-pdf-634>
- [Facilitator guide for anaphylaxis management briefing \(DOCX\)](https://content.sdp.education.vic.gov.au/media/facilitator-guide-for-anaphylaxis-management-1093) <https://content.sdp.education.vic.gov.au/media/facilitator-guide-for-anaphylaxis-management-1093>
- [Anaphylaxis management briefing presentation \(PPTX\)](https://content.sdp.education.vic.gov.au/media/anaphylaxis-management-briefing-presentation-632) <https://content.sdp.education.vic.gov.au/media/anaphylaxis-management-briefing-presentation-632>
- [ASCIA e-training](https://training.ascia.org.au/) <https://training.ascia.org.au/> – access to the free anaphylaxis training for all Victorian schools

Risk management resources

[Annual risk management checklist \(DOC\)](https://content.sdp.education.vic.gov.au/media/annual-anaphylaxis-risk-management-checklist-911) <https://content.sdp.education.vic.gov.au/media/annual-anaphylaxis-risk-management-checklist-911> – to be completed at the start of each year by the school to monitor their compliance with Ministerial Order 706.

[Risk management strategies \(PDF\)](https://edugate.eduweb.vic.gov.au/edulibrary/Schools/teachers/health/riskminimisation.pdf) <https://edugate.eduweb.vic.gov.au/edulibrary/Schools/teachers/health/riskminimisation.pdf> – created by Allergy and Anaphylaxis Australia.

Useful websites and further reading

- [Frequently asked questions – anaphylaxis \(DOCX\)](https://content.sdp.education.vic.gov.au/media/anaphylaxis-faqs-630) <https://content.sdp.education.vic.gov.au/media/anaphylaxis-faqs-630>
 - [Allergies and Anaphylaxis Australia](https://allergyfacts.org.au/) <https://allergyfacts.org.au/> – contains information about living with anaphylaxis
 - [ASCIA Guidelines](https://allergyfacts.org.au/allergy-management/schooling-childcare) <https://allergyfacts.org.au/allergy-management/schooling-childcare> – for prevention of food related anaphylactic reactions in schools, preschools and childcare
 - [Royal Children's Hospital: Allergy and Immunology](http://www.rch.org.au/allergy/index.cfm?doc_id=7219) <http://www.rch.org.au/allergy/index.cfm?doc_id=7219>
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