



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

Introduction

St Elizabeth's seeks to facilitate the safe participation of all students in the educational experiences offered by the school. Where students are known to be at risk of anaphylaxis, parents/guardians/carers are required to provide relevant information to the school to enable us to carry out our duty of care obligations.

Our school requires the active engagement of parents/guardians/carers in the provision of up to date to Anaphylaxis Management Plans (ASCIA Action Plan) that comply with [Ministerial Order 706: Anaphylaxis Management in Victorian schools](#) and school boarding premises (Ministerial Order 706) for each student diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction.

The processes at St Elizabeth's reflect the associated guidelines published by the Victorian government to support implementation of Ministerial Order 706 in all Victorian schools. The school's processes are documented in the procedures for the management of anaphylaxis in line with the Anaphylaxis Policy for MACS Schools.

Purpose

This policy ensures that St Elizabeth's provides, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis are provided with reasonable adjustments for their participation in school programs and activities.

Scope

This policy applies to:

- staff, including volunteers and casual relief staff
- all students who have been diagnosed as at risk of anaphylaxis or who may require emergency treatment for anaphylactic reaction
- parents/guardians/carers of students who have been diagnosed as at risk of anaphylaxis or who may require emergency treatment for anaphylactic reaction.

Principles

The following principles underpin this policy:

- St Elizabeth's principal and staff are responsible in ensuring the safety and wellbeing of all students in the school environment.

The principal and all staff work with parents/guardians/carers to ensure, as far as practicable, that the needs of children at risk of anaphylaxis will be considered, mitigated, and minimised during school activities.

- The principal and staff take reasonable steps to reduce and manage risks to students with anaphylaxis in the school environment and school approved activities.

Policy

St Elizabeth's engages with the parents/guardians/carers of students at risk of anaphylaxis to develop risk minimisation strategies and management strategies.

As reflected in Ministerial Order 706 and the school's Enrolment Agreement, parents/guardians/carers are required to provide the school with up-to-date medical information to enable the school to carry out its duty of care.

The principal is responsible for ensuring that an Individual Anaphylaxis Management Plan is developed in consultation with the student's parents/guardians/carers, for any student who has been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for an anaphylactic reaction, where the school has been notified of the diagnosis, which includes an action plan for anaphylaxis in a format approved by the ASCIA (otherwise known as an [ASCIA Action Plan for Anaphylaxis](#)).

Parents/guardians/carers are responsible for the provision of an updated ASCIA Action Plan with any relevant changes to the student's medical condition as it relates to their allergy and potential for anaphylactic reaction, signed by the treating medical practitioner, together with a recent photo of their child and any medications and autoinjectors referenced in the plan and recommended for administration. Parents/guardians/carers are also responsible for providing an up to date photo for the ASCIA Action Plan when it is reviewed. For overseas travel or travel involving flights, an [ASCIA Travel Plan for People at Risk of Anaphylaxis](#) is to be completed by a registered medical practitioner in conjunction with a red ASCIA Action Plan for Anaphylaxis.

Parent/guardians/carers must inform the school in writing if their child's medical condition changes, insofar as it relates to allergy and the potential for anaphylactic reaction, and if relevant, provide an updated ASCIA Action Plan.

Parents/guardians/carers are also responsible for replacing the recommended medication and/or autoinjectors prior to their expiry date.

The principal will ensure the storage and display of completed ASCIA Action Plans to facilitate access for staff e.g., in the student's classroom, the First Aid room, in the auto injector bag, in the canteen where students are cooking.

Parents/guardians/carers must participate in an annual Program Support Group (PSG) meeting to revise their child's anaphylaxis management plan and update the plan based on medical advice.

The principal will purchase additional adrenaline autoinjectors for general use. They will decide on the type or brand of adrenaline autoinjector that is purchased for general use. These will be stored in the sick bay/first aid room and/or in the school's portable first aid kit as required. A [First Aid Plan for Anaphylaxis](#) and emergency procedures are to be stored or posted with general use adrenaline injectors.

The principal must complete the Annual Anaphylaxis Risk Management Checklist for Schools at the start of each year to monitor the school's compliance with Ministerial Order 706.

The principal takes reasonable steps to ensure each St Elizabeth's staff member has adequate knowledge and training about allergies, anaphylaxis, and the school's expectations in responding to an anaphylactic reaction. The principal is responsible for ensuring that all staff undertake and successfully complete appropriate training for anaphylaxis management in accordance with Ministerial Order 706. St Elizabeth's will conduct twice yearly anaphylaxis management staff briefings including information set out by the Department of Education (DE) for use in Victorian schools, with one briefing at the commencement of the school year.

Procedures to implement this policy are documented below.

Roles, responsibilities and reporting

Role	Responsibility	Reporting requirement (if applicable)
Principal	Maintain a register of students at risk of anaphylactic reaction	
Principal	Ensure adequate autoinjectors for general use are available in the school	
Principal	Ensure twice yearly briefings on anaphylaxis management are conducted, with one briefing held at the commencement of the school year	
Principal	Ensure staff have completed appropriate training and that adequate staff trained in anaphylaxis management are available for all school activities including off site activities and school approved activities outside school hours	
Principal	Ensure a communication plan is developed to provide information to all school staff, students, parents/guardians/carers about the school's policy and procedures for anaphylaxis management	
Principal	Ensure this policy is published and available to the school community	Annual attestation to the Executive Director
Anaphylaxis Supervisor or other staff member who has completed Anaphylaxis Management course successfully in past two years	Conduct twice yearly briefings for all staff on anaphylaxis management using the briefing template provided by the DE for use in schools	

Procedures

Communication with parents/guardians/carers for management information

The principal engages with the parents/guardians/carers of students at risk of anaphylaxis to develop risk minimisation strategies and management strategies. The principal will also take reasonable steps to ensure each staff member has adequate knowledge about allergies, anaphylaxis, and the school's expectations in responding to an anaphylactic reaction.

The principal requires that parents/guardians/carers provide up to date medical information and an updated Individual Action Plan (ASCIA Action Plan) signed by the treating medical practitioner together with a recent photo of their child and any medications and autoinjectors referenced in the plan and recommended for administration. Parents/guardians/carers are requested to provide this information annually, prior to camps and excursions, and if the child's medical condition changes since the information was provided.

Individual Anaphylaxis Management Plans

The principal is responsible for ensuring that all students who have been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic

reaction have an Individual Anaphylaxis Management Plan (IAMP) developed in consultation with the student's parents/guardians/carers.

St Elizabeth's requires the IAMP to be in place as soon as practicable after the student is enrolled and where possible before their first day of school. An interim management plan will be put into place for a student who is diagnosed with anaphylaxis after enrolment at the school until the IAMP is developed. The principal or delegate will develop an interim plan in consultation with parents/guardians/carers. Training and a briefing will occur as soon as possible after the interim plan is developed.

The IAMP will comply with Ministerial Order 706 and record:

- student allergies
- locally relevant risk minimisation and prevention strategies
- names of people responsible for implementing risk minimisation and prevention strategies
- storage of medication
- student emergency contact details
- student ASCIA Action Plans

The student's IAMP will be reviewed by the principal or their delegate, in consultation with the student's parents, in all the following circumstances:

- annually
- if the student's medical condition, insofar as it relates 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, such as camps and excursions, or at special events conducted, organised or attended by the school (e.g. sustainability cooking classes, class parties, elective subjects, cultural days, fetes, incursions)

Location of Individual Anaphylaxis Management Plans and ASCIA Action Plans

The Principal and Deputy Principal/Learning Diversity leader communicates to staff the details of the location of student Individual Anaphylaxis Management Plans and ASCIA Action Plans within the school, during excursions, camps and special events conducted, organised, or attended by the school. Please note the [ASCIA Travel Plan for People at Risk of Anaphylaxis](#) requires completion by a registered medical practitioner for domestic or overseas travel.

- All Anaphylaxis plans are stored with the auto injectors, as well as being displayed in the student's classroom, sick bay and canteen.
- Each student's auto injector is stored in the sickbay, with spare auto injectors available in the Multi Lit room and sick bay. The spare auto injectors are taken on offsite events in the portable First Aid bag, even when students who do not have anaphylaxis attend
- Auto injectors are signed out of the sickbay by the classroom teacher when attending any offsite events (excursions, camps, events etc), where they also take a spare auto injector as well. The auto injector stays with the classroom teacher during the event, with the student being allocated to the classroom teachers group.

Risk minimisation and prevention strategies

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

- during classroom activities (including class rotations, specialist and elective classes)

- during Sustainability cooking lessons – all identified triggers for all students with anaphylaxis are not used in any cooking lessons
- between classes and other breaks
- in canteens
- during recess and lunchtimes
- before and after school where supervision is provided (excluding OSHC)
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

St Elizabeth's does not ban certain types of foods (e.g., nuts) as it is not practicable to do so and is not a strategy recommended by the Department of Education (DE) or the Royal Children's Hospital. However, the school avoids the use of nut-based products in all school activities, request that parents do not send those items to school if possible and the school reinforces the rules about not sharing and not eating foods provided from home.

Sustainability cooking program: The principal will ensure that the Sustainability staff and classroom teacher eliminate or reduce the likelihood of such allergens, demonstrating satisfactory training in the area of food allergy and anaphylaxis and its implications for food-handling practices.

The principal or deputy principal regularly reviews the risk minimisation strategies outlined in *Risk minimisation strategies for schools* considering information provided by parents related to the risk of anaphylaxis.

Register of students at risk of anaphylactic reactions

The principal nominates deputy principal/learning diversity leader to maintain an up-to-date register of students at risk of anaphylactic reaction. This information is to be shared with all staff and accessible to all staff in an emergency.

Register of students with anaphylaxis

- A register is held of the students who have anaphylaxis. This is updated by the school annually and when there are any changes that the school has been notified about. This register is found on the Learning Diversity Shared Drive
- Staff are updated annually, and as new cases arise, via the staff handbook at the beginning of the year, once a term in the weekly staff bulletin, during the twice yearly briefing of students who have anaphylaxis – they are notified of their name, as well provided with a photo of the child
- This register is in the Learning Diversity Shared Drive
- It is updated annually, or as required by the deputy principal/learning diversity leader

Location, storage and accessibility of autoinjectors

It is the responsibility of the principal to purchase autoinjectors for the school for general use:

- as a back-up to autoinjectors that are provided for individual students by parents in case there is a need for an autoinjector for another student who has not previously been diagnosed at risk of anaphylaxis.
- The school annually purchases an extra autoinjector for each student who has an anaphylaxis plan
- All parents have supplied the school with an autoinjector that has been prescribed by their doctor, that are stored in insulated bags (provided by the school) out of sunlight in the sick bay and Multi Lit room with their accompanying plans
- Individually prescribed autoinjectors are stored in the sick bay, with one spare autoinjector available in the MultiLit room and two spare autoinjectors in the sick bay
- Students attend multiple offsite events, where every time the autoinjectors are taken with the teachers and students, along with a spare autoinjector for each diagnosed student. If no students with anaphylaxis are attending an offsite event, then one spare autoinjector is taken as a back up

- Students supplied autoinjectors have 12-18 months before expiry, and these are checked annually and followed up a month before to be replaced by the school Admin
- The autoinjectors provided by parents is the available brand in Australia - EpiPen®.

St Elizabeth's provides EpiPen® autoinjector for general use. All of the autoinjectors onsite at the school are the same brand and dosage amount that staff are all familiar with and have had training with

The autoinjectors are to be stored in the school supplied red insulated autoinjector bags.

- Adrenaline autoinjector devices be stored in a cool dark place at room temperature, which they define as 15 and 25 degrees Celsius.
- All autoinjectors are stored in the recommend ASCIA insulated wallet

School anaphylaxis supervisors are responsible for informing school staff of the location for use in the event of an emergency.

When to use an Autoinjector for general use

The principal ensures that autoinjectors for general use will be used under the following circumstances:

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

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

Emergency response to anaphylactic reaction

In an emergency anaphylaxis situation, the student's ASCIA Action Plan, the emergency response procedures in this policy and [ASCIA First Aid Plan for Anaphylaxis](#) must be followed.

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

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

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

Copies of the [ASCIA First Aid Plan for Anaphylaxis](#) and emergency procedures are prominently displayed in the relevant places in the school, for example, first aid room, classrooms and in/around other school facilities, including the canteen.

- A complete and up-to-date list of students identified at risk of anaphylaxis is available in the sickbay, where each students plan is clearly displayed. The plans are also clearly displayed in the student's classroom and canteen.
- Details of Individual Anaphylaxis Management Plans and ASCIA action plans are not only visible, but copies of the students plan is available in the insulated bag that the autoinjector is kept. In the spare autoinjector is the [ASCIA First Aid Plan for Anaphylaxis](#)

- Details of what to do in an emergency – are reviewed in the twice yearly briefing, as well as on the student’s ASCIA plan
- Staff are regularly updated on the location and storage of autoinjectors, including those for general use via the staff handbook, weekly staff bulleting and the twice yearly briefings
- The school communicates regularly with all families in regards to how the school manages anaphylaxis, with all families receiving the ASCIA management plan nually and regular updates in the school newsletter. Parents of students with analphylaxis are communicated with on a regular basis, especially when events are occurring that may impact the students health.

Staff training

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

Option 1. All school staff complete the online *ASCIA Anaphylaxis e-training for Victorian Schools* and have their competency in using an autoinjector tested by the school Anaphylaxis Supervisor in person within 30 days of completing the course. The school Anaphylaxis Supervisor will have completed Course in Verifying the Correct Use of Adrenaline Injector Devices 22579VIC – at no cost for Victorian Catholic schools from HERO HQ. Staff are required to complete the ACSIA online training every two years.

Option 2. School staff undertake face-to-face training Course in First Aid Management of Anaphylaxis 22578VIC. Accredited for three years.

Option 3. School staff undertake face-to-face training Course in Allergy and Anaphylaxis Awareness 10710NAT. Accredited for three years.

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

Staff undertake training to manage an anaphylaxis incident if they:

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

St Elizabeth’s considers where appropriate whether casual relief teachers and volunteers should also undertake training.

St Elizabeth’s staff are to:

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

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

The principal l is to identify two staff per school or campus to become school anaphylaxis supervisors.

The school anaphylaxis supervisors are Christina Ferguson, Luke Farrelly, Lisa Gray and Kelli Jacobs.

A key role undertakes competency checks on all staff who have successfully completed the ASCIA online training course. To qualify as a school anaphylaxis supervisor, the nominated staff members need to complete an accredited short course that teaches them how to conduct a competency check on those who have completed the online training course e.g., Course in Verifying the Correct Use of Adrenaline Injector Devices 22579VIC. At the end of the online training course, participants who have passed the assessment module are issued a certificate which needs to be signed by the school anaphylaxis supervisor to indicate that the participant has demonstrated their competency in using an adrenaline autoinjector device.

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

Hero HQ has been contracted by the Catholic Education Commission of Victoria Ltd to deliver training in the Course in Verifying the Use of Adrenaline Injector Devices 22579VIC at no cost to Catholic schools. Training in this course is current for three years.

St Elizabeth's notes that Course in First Aid Management of Anaphylaxis 22578VIC and Course in Allergy and Anaphylaxis Awareness 10710NAT are face-to-face courses that comply with the training requirements outlined in Ministerial Order 706. School staff who have completed these courses will have met the anaphylaxis training requirements for the documented period.

Twice Yearly Staff Briefing

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

The briefing includes information about the following:

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

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

Staff training arrangements for your school:

- Anaphylaxis training happens at the beginning of Term 1 and the beginning of Term 3 at a staff meeting. All staff are expected to attend both of these briefings. Those who don't attend, need to meet with the deputy principal/learning diversity leader to complete at a mutually convenient time
- All staff training is maintained on the school compliance register, where all mandatory training is recorded.
- The school anaphylaxis supervisors are Christina Ferguson, Luke Farrelly, Lisa Gray and Kelli Jacobs.

Anaphylaxis communication plan

The principal is responsible for ensuring that a communication plan is developed to provide information to all school staff, students and parents/guardians/carers about anaphylaxis and the school's anaphylaxis management policy.

- **Raising staff awareness** – arrangements for twice yearly briefing (Term 1 and 3), regular briefings, updating staff of any changes to policies or student requirements, induction of new staff, CRT staff, etc.
- **Raising student awareness** – Use of fact sheets, posters with messages about anaphylaxis, peer support, having lessons around anaphylaxis for classes with anaphylactic students etc.
- **Working with parents** – developing open, cooperative relationships with parents/guardians/carers, informing all parents about how the anaphylaxis policy implemented and monitored within the school, and everyone's roles within this. This information is shared via the school newsletter will be shared. Every term, all parents are required to update and confirm their child's medical information
- **Methods for raising school community awareness** – e.g. Newsletter, website, information nights, assemblies

The school communication plan highlights and informs staff, parents and students the process and resources of each person's role and responsibilities in regards to anaphylaxis

The communication plan ensures that everyone knows what to do:.

- during normal school activities, including in a classroom, in the school yard, in all school buildings and sites including gymnasiums and halls
- during off-site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the school.

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

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

- ASCIA e-training every 2 years together with associated competency checks by suitably trained Anaphylaxis Supervisor that has completed Course in Verifying the Correct Use of Adrenaline Injector Devices 22579VIC

AND provision of

- an in-house briefing for school staff at least twice per calendar year in accordance with Ministerial Order 706.

This policy is publicly available/ published on the school's website

Definitions

Anaphylaxis

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g., cashews), cow's milk, fish and shellfish, wheat, soy, sesame, lupin and certain insect stings (particularly bee stings).

Anaphylaxis Guidelines (Guidelines)

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

Australasian Society of Clinical Immunology and Allergy (ASCIA)

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

Autoinjector

An adrenaline autoinjector device, approved for use by the Australian Government Therapeutic Goods Administration, which can be used to administer a single pre-measured dose of adrenaline to those experiencing a severe allergic reaction (anaphylaxis).

Department of Education (DE)

Victorian Department of Education.

Melbourne Archdiocese Catholic Schools Ltd (MACS)

MACS is a reference to Melbourne Archdiocese Catholic Schools Ltd, and / or its subsidiaries, MACSS and/or MACSEYE (*as the context requires*).

Melbourne Archdiocese Catholic Specialist Schools Ltd (MACSS)

Melbourne Archdiocese Catholic Specialist Schools Ltd, a wholly owned subsidiary of MACS established to conduct and operate specialist schools.

Ministerial Order 706

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

Related policies and resources

Supporting documents

St Elizabeth's Individual Anaphylaxis Management Plan – Template

Risk Minimisation Strategies for Schools – Template

St Elizabeth's Emergency Response to Anaphylactic Reaction – Sample – Template for Schools

St Elizabeth's Off-site Risk Management Checklist for Schools – Template

Annual Anaphylaxis Risk Management Checklist for Schools – Template

Related MACS policies

Anaphylaxis Policy for MACS schools

Duty of Care Policy for MACS schools

Emergency Management Plan

First Aid Policy

Resources

[Department of Education Victoria Anaphylaxis Guidelines](#)

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

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

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

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

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

[ASCIA Travel Plan](#)

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

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

Policy information table

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