ANAPHYLAXIS
POLICY

Nevertheless, I will bring health and healing to it; I will heal my people and will let them enjoy abundant peace and security. Jeremiah 33:6

1. INTRODUCTION

Our Lady of Sion College is a Catholic secondary school for girls, operating within the governance framework of Mercy Partners. Founded in 1928 by the Sisters of Our Lady of Sion, the College is rooted in the Sionian tradition, emphasising values of faith, justice, reconciliation, and compassion.

Our Lady of Sion College 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, the school requires the active engagement of parents for the provision of up-to-date Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plans that comply with Ministerial Order 706. Parents/carers are required to regularly update ASCIA Action Plans for each student diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction.

The Principal ensures the school complies with Ministerial Order 706: Anaphylaxis Management in Victorian Schools. The College will also comply with the associated guidelines published and amended by the Department of Education (DE) from time to time to support implementation of Ministerial Order 706 in Victorian schools. The College's processes are documented in the procedures for the management of anaphylaxis and are in line with the Anaphylaxis Policy for MACS Schools.

2. PURPOSE

This policy sets out the requirements of Our Lady of Sion College to ensure compliance with Ministerial Order 706 and the safe management of the risk of anaphylaxis. This policy ensures that Our Lady of Sion College provides, as far as practicable, safe and supportive environments in which students at risk of anaphylaxis receive reasonable adjustments that enable them to fully participate in school programs and activities.

3. SCOPE

This policy applies to the following people in our school:

- the Principal, all staff including volunteers and casual staff (**staff**)
- students who have been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction, where the school has been notified of that diagnosis
- parents and carers of students who have been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction.

4. PRINCIPLES

The following principles underpin this policy:

- Our Lady of Sion College seeks to ensure the safety and wellbeing of all students whilst at school.
- The Principal and all staff work with parents and carers to ensure, as far as practicable, that the needs of children at risk of anaphylaxis will be considered, mitigated and minimised during school activities.
- The Principal and all staff take reasonable steps to reduce and manage risks to students with anaphylaxis in the school environment and at school-approved activities.
- The Principal, at all times, ensures the school complies with *Ministerial Order 706: Anaphylaxis Management in Victorian Schools and School Boarding Premises* and the associated *Anaphylaxis Guidelines* as published and amended by the Department of Education from time to time.

5. MINISTERIAL ORDER 706 – SCHOOL REQUIREMENTS

Our Lady of Sion College will fully comply with Ministerial Order 706: Anaphylaxis Management in Victorian Schools and School Boarding Premises (MO 706) and the associated Anaphylaxis Guidelines (Guidelines) as published and amended by the Department of Education (DE) from time to time to support the implementation of MO 706.

The Principal, at all times, has the overall responsibility to comply with and implement the requirements of MO 706 and the associated Guidelines. The Principal may allocate tasks under MO 706 to other staff at the school, such as the assistant Principal or other appropriate school staff members, as outlined in this policy. Where the Principal has allocated tasks to other staff, the Principal retains final oversight of all responsibilities under MO 706.

The Principal works collaboratively with parents and carers to ensure the timely provision of up-to-date Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan for Anaphylaxis (RED), in accordance with MO 706, for each student diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction.

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

6.1 Individual Anaphylaxis Management Plan (IAMP)

The Principal is responsible for ensuring that every student at the school diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction has an Individual Anaphylaxis Management Plan (IAMP) developed using the Our Lady Of Sion College IAMP template. The IAMP must be in place as soon as practicable after the student enrolls at the school, and where possible before the student's first day of attendance at the school.

Each student's IAMP is completed by the school in consultation with the student's parents and carers and includes:

- information about the medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy or allergies the student has (based on a written diagnosis from a medical practitioner)
- strategies that will be implemented by the school to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of school staff, for settings in and out of the school, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
- whether the student can self-administer their medication
- the name of the person/s responsible for implementing the risk minimisation/prevention strategies
- information on where the student's medication will be stored
- the student's emergency contact details
- a copy of the action plan for anaphylaxis in an ASCIA-approved Action Plan for Anaphylaxis (RED) template completed and signed by a medical practitioner provided by the parents and carers.

Reviewing the IAMP

The Principal is responsible for ensuring that each student's IAMP is reviewed in consultation with their parents and carers in all the following circumstances:

- annually
- if the student's medical condition changes as it relates to allergy and the potential for anaphylactic reaction
- as soon as is practicable after the student has an anaphylactic reaction at school
- when the student is to participate in an off-site activity such as camps and excursions, or at special events conducted, organised or attended by the school (e.g. class parties, elective

subjects, Open Day, feast days (Sion Day), House Sporting days, incursions).

6.2. ASCIA Action Plan for Anaphylaxis (RED)

The Principal is responsible for ensuring that a copy of the signed ASCIA Action Plan for Anaphylaxis (RED) is held by the school for every student diagnosed with a medical condition related to allergy and at risk of anaphylactic reaction. This plan must be provided by the parents and carers and retained by the school together with the student's IAMP.

Each student's ASCIA Action Plan for Anaphylaxis (RED) must:

- outline the student's severe allergies and the steps to take in the event of an anaphylactic reaction
- include designated fields for medical information and a current photograph, which must be completed by the student's medical practitioner or nurse practitioner. As a formal medical document, these sections cannot be completed by parents, carers or school staff
- be updated according to the review date specified by the student's doctor or nurse practitioner, identified on the current plan. If there is no change in the student's allergy, the plan is updated by the date specified by the student's medical practitioner or nurse practitioner on the current plan. This typically occurs every 12 to 18 months, in line with the student's medical review and renewal of their adrenaline prescription.

6.3. Parent and Carer Responsibilities

The Principal is responsible for working collaboratively with parents and carers to ensure they understand and fulfil their responsibilities to:

- provide the school with a copy of their child's current ASCIA Action Plan for Anaphylaxis (RED) signed by the student's medical practitioner or nurse practitioner and:
    - include an up-to-date photo of their child for the ASCIA Action Plan for Anaphylaxis (RED) when that plan is provided to the school or provider of school boarding services and when it is reviewed[JS1]
    - promptly inform the school in writing of any changes to their child's allergy-related medical condition and, where applicable, provide an updated ASCIA Action Plan for Anaphylaxis (RED) with an updated photo whenever the plan is reviewed. The Principal is responsible for ensuring that updated documentation or medication is obtained from parents and carers as required, in accordance with the school's Communication plan (as outlined at (12))
- supply the school with an adrenaline device that is current and not expired for their child and replace the prescribed medication and/or adrenaline device before its expiry date
- participate in a Program Support Group (PSG) meeting at least annually, or as required, to review and update the child's IAMP based on medical advice
- provide an ASCIA Travel Plan for People at Risk of Anaphylaxis prepared by a registered medical practitioner, as well as an ASCIA Action Plan for Anaphylaxis (RED), when the student is attending a school-related excursion, camp or travel involving an aeroplane

The College communicates with parents and carers about their responsibilities through a range of channels, including regular newsletter updates, direct phone contact from the Student Services team where required, and scheduled anaphylaxis meetings to ensure a clear understanding of individual student needs and expectations.

Table 1: Summary of documentation and medication required for anaphylaxis management

Document or equipment	Who provides/ creates it?	Who signs it?	When?
ASCIA Action Plan for Anaphylaxis (RED) along with updated photo	Parent/Carer	Doctor, Nurse Practitioner	At diagnosis, by the date specified on the student's ASCIA plan – in line with the student's medical review annually, before excursions and camps, as required
Individual Anaphylaxis Management Plan (IAMP)	School	Principal/Principal nominee, parents and carers	At diagnosis, annually, before a school-related excursion, camp or travel and if the student has an anaphylactic reaction at school.
Medication (EpiPen®, Anapen®, etc.)	Parents and carers	N/A, as prescribed in the ASCIA Action Plan for Anaphylaxis (RED)	At diagnosis, at the time of use or before expiry date (usually within 12–18 months).
ASCIA Travel Plan for People at Risk of Anaphylaxis	Parents and carers	Doctor, Nurse Practitioner	Before going on a school-related excursion, camp or travel involving an aeroplane.

7. ANAPHYLAXIS AND ALLERGY REGISTER

The Principal is responsible for ensuring that a register of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction is accurately maintained, kept up-to-date and regularly communicated to all staff. The register must be easily accessible to all staff at all times, including during emergencies.

Register of students with anaphylaxis

All students with Anaphylaxis will be noted on:

- Anaphylactic Student Flyer
- In Risk documentation
- Health Centre
- Dot's Cafe
- Lab Prep Area
- Staff work room
- Food Tech
- Veritas Learning Centre Staff Office
- CRT Information
- Learning Management System - on the medical tab and with a medical alert icon that is displayed on the personal tab, Marksbook tab and Roll marking tab

The following will be displayed:

- Student Name
- Year level
- Student school photo
- Allergens

The Deputy Principal Student Wellbeing is responsible to ensure that this information is updated as the need requires and reviewed annually.

8. LOCATION OF IAMPS, ASCIA ACTION PLANS FOR ANAPHYLAXIS (RED) AND ADRENALINE AUTOINJECTORS FOR GENERAL USE

The Principal is responsible for ensuring that:

- all school staff are informed of the location of student IAMPs and ASCIA Action Plans for Anaphylaxis (RED) during normal school activities including in the classroom, the school yard, all school buildings and sites including gymnasiums and halls
- this information is accessible during excursions, camps and any special events conducted, organised or attended by the school
- If a student is participating in domestic or overseas travel, the ASCIA Travel Plan for People at Risk of Anaphylaxis is completed by a registered medical practitioner.

8.1. Location, storage and accessibility of adrenaline autoinjectors

The Principal is responsible for ensuring that:

- a sufficient supply of adrenaline autoinjectors for general use are purchased at the expense of the school, no prescription is necessary
- adrenaline autoinjectors for general use are stored in multiple, clearly labelled locations around the school, including the Health Centre or first aid room, and portable first aid kits, as required
- adrenaline autoinjectors for general use are replaced immediately after use or upon expiry; whichever occurs first. (Expiry dates are usually within 12–18 months).

At Our Lady of Sion College, adrenaline autoinjectors for general use serve as a back-up to those supplied by parents and carers for individual students. These adrenaline autoinjectors may also be required in emergencies for another student who has not previously been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction.

8.2. Determining Minimum Adrenaline Autoinjector Requirements

The Principal is responsible for determining the number and type of adrenaline autoinjectors for general use required by the school. In making this decision, the Principal will consider:

- the number of students enrolled at the school who have been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction, where the school has been notified of that diagnosis, and the type and accessibility of the adrenaline device supplied by parents and carers for each student
- the number of and location of storage points across the school, including the school yard
- he frequency and nature of school-approved off-site activities, such as excursions, camps and special events
- the expiry period of the different brands of adrenaline autoinjectors for general use (usually 12–18 months)
- the type and brand of adrenaline autoinjectors for general use, considering:
    - available brands in Australia registered with the Therapeutic Goods Administration (TGA) (EpiPen®, EpiPen Jr®, Anapen 500®, Anapen 300® and Anapen Jr®, Jext® and Neffy® (nasal spray)). All devices can be used when provided by parents and carers for students, however, the Principal can only purchase EpiPen®, Anapen® or Jext® autoinjectors for general use
    - types suitable for emergency use
    - brands that are widely accessible and do not require a prescription.

Our Lady of Sion College provides adrenaline (epinephrine) autoinjector (EpiPen®) for general use.

8.3. Storage Requirements

The Principal is responsible for ensuring that adrenaline autoinjectors for general use purchased by the school and adrenaline devices supplied by parents and carers are stored in a cool dark place at room temperature, which is defined as between 15 and 25 degrees Celsius. Where these temperatures cannot be maintained, ASCIA recommends storing the device in an insulated wallet. Students who have been

approved to self-administer, may choose to keep their prescribed adrenaline device on them.

The School Anaphylaxis Supervisors are responsible for ensuring that all school staff are familiar with the locations, storage and accessibility of adrenaline devices in the school, including those purchased for general use.

8.4. When to Use an Adrenaline Autoinjector for General Use

The Principal is responsible for ensuring that adrenaline autoinjectors for general use are used under the following circumstances:

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

Where school staff are in doubt, the student will be given the adrenaline device as per the ASCIA Action Plan for Anaphylaxis (RED) and in alignment with the ASCIA First Aid Plan for Anaphylaxis.

8.5. Self-Administration

The decision as to whether a student may carry their own adrenaline device is made during the development of the student's IAMP, in consultation with the student, the parents and carers and the student's medical practitioner or nurse practitioner.

If a student is ordinarily capable of self-administering their adrenaline device, they may sometimes be unable to do so during a severe reaction. In such cases, school staff must administer the adrenaline device to the student as part of their duty of care.

If a student self-administers an adrenaline device:

- one member of school staff should supervise and monitor the student at all times
- another member of school staff should immediately contact an ambulance (000).

If a student carries their own adrenaline device, the school will keep a second adrenaline device (supplied by the parents and carers) in an easily accessible, unlocked location known to all school staff.

Location of IAMPs, ASCIA Action Plans for Anaphylaxis (RED) and adrenaline devices

- **Deputy Principal Student Wellbeing** communicates to staff the location of student Individual Anaphylaxis Management Plans and ASCIA Action Plans within the school
- **The Organising Teacher** communicates to staff the location of student ASCIA Action Plans during excursions, camps and special events conducted, organised or attended by the school.
- **On-site** the ASCIA Action Plans and Individual Anaphylaxis Management Plans will be in Health Centre with the student's epipen.
- **On excursion** the ASCIA Action Plans will be with the student's epipen either carried by the supervising teaching or in the bus excursion bag while travelling.
- **On camp** the ASCIA Action Plans will be in with the student's auto-injectors with the supervising teaching and the general use auto-injectors will be kept with the main first aid kit in a prominent place.

- **Offsite Risk Management** for anaphylaxis will be contained in the Risk Management Document created for EACH event. It will include:
  - photo of each student with anaphylaxis
  - state allergen/s
  - location of students' auto-injectors and medication for the event

- location of general use auto-injectors
- emergency management plan for the event

Note: Contact details of parents/carers/emergency contacts are via print out and/or SEQTA.

The ASCIA Travel Plan for People at Risk of Anaphylaxis requires completion by a registered medical practitioner for domestic or overseas travel. The trip organiser should also use the checklist for ASCIA Checklist for Travel as part of their Risk management and a copy should also be given or the family directed to the checklist.

Locations of adrenaline devices (both supplied and those purchased for general use)

The student supplied auto-injectors are to be stored in the **College sickbay:**

- in a cool dark place at room temperature, which they define as between 15 and 25 degrees Celsius.
- If these temperatures cannot be maintained, ASCIA recommends storing the device in an insulated wallet

- **Student Services staff** are responsible for informing school staff of the location for use in the event of an emergency.

There is an Adrenaline Autoinjector for general use located in the following areas on-site:

- Louise Humann Centre
- PE First Aid bags
- Food tech
- Science Office RD 3.05
- Music Room RD1.22
- Sickbay
- Dot's Café
- Veritas Learning Centre (staff office)
- Notre Dame (Gnd floor kitchenette)
- Miriam Theatre
- Art Staffroom RD 2.12
- Year 7 Wellbeing and Growth Leader Office
- Year 9 Wellbeing and Growth Leader Office
- Year 10 Wellbeing and Growth Leader Office
- Shalom Centre

There is an Adrenaline Autoinjector for general use will located during off-site activities:

- during excursions, kept with the teacher directly in charge of the student with anaphylaxis
- during camps and special events there may be a combination of:
  - being kept with the teacher directly in charge of the student if on a rotation away from the main area e.g Year 7 camp and Year 10 Duke of Edinburgh.
  - being kept in a designated first aid area e.g. retreats
- information about the procedures for each camp is included in the risk assessment and the pre-activity briefing
- Off-site Risk Management Checklist for Schools

Self-administration specific information (some students may choose to keep an additional adrenaline device on them, if approved in their IAMP).

9. STAFF TRAINING

The Principal is responsible for ensuring that:

- reasonable steps are taken to ensure that all school staff have adequate knowledge and training about allergies, anaphylaxis and the school's expectations in responding to an anaphylactic reaction
- all school staff successfully complete an anaphylaxis management training course (either online in the last two years or face-to-face in the last three years) if they:
    - conduct classes attended by students with a medical condition relating to allergy and the potential for anaphylactic reaction, or
    - are specifically identified and requested to do so by the Principal, based on the Principal's assessment of the risk of an anaphylactic reaction occurring while a student is under that staff member's care, authority or supervision. For example, those teaching health and physical education, attending school camps or who are new to the school that require training
- volunteers and regular casual teachers receive appropriate anaphylaxis training during induction sessions, when any student who has been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction, where the school has been notified of that diagnosis, enrol in the school, or when the IAMP for current students are changed. CRTs who are not regular at the school are informed about any at-risk students attending their classes or as relevant to the duties assigned to the CRT. This includes informing them of the location of the IAMPs and adrenaline devices both student-supplied and those purchased by the school for general use throughout the school
- staff training takes place as soon as practicable after a student at risk of anaphylaxis enrols and, where possible, before the student's first day at school
- all staff participate in twice yearly anaphylaxis management staff briefings including information set out by the Department of Education for use in Victorian schools, with one briefing at the commencement of the school year
- where the school has been notified and if for any reason the staff training and the required briefing have not yet occurred, the Principal is responsible for ensuring that an interim plan is developed, in consultation with parents and carers, of any student who has been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction, and training must occur as soon as possible thereafter. When preparing the interim plan, the Principal will also consider consulting the School Anaphylaxis Supervisor, the school nurse (if applicable) and the student's treating medical practitioner.

9.1 Staff training options

The Principal is responsible for ensuring that relevant staff have access to training. The following training is provided to staff:

- Face-to-face anaphylaxis management course – *Course in First Aid Management of Anaphylaxis 22578VIC* provided by any Registered Training Organisation may be completed every three years by school staff as determined by the Principal.

9.2 Twice yearly staff briefings

The Principal is responsible for ensuring that School Anaphylaxis Supervisors or another staff member who has successfully completed an anaphylaxis management training course referred to in MO706 in the two years prior, lead all staff in twice yearly staff briefings on anaphylaxis management, with one held at the start of the school year. The school uses the Anaphylaxis management briefing presentation template, including the facilitator guide and presentation for briefings on the DE website: Resources page.

The staff briefings will include information on:

- the College's Anaphylaxis Management Policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students, where the school has been notified, who have been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction and the location of their IAMP and their medication/s
- how to use an adrenaline autoinjector, including hands-on practice with an adrenaline autoinjector

trainer device (which does not contain adrenaline)
- the school's general first aid and emergency procedures
- the location of and access to the adrenaline devices supplied by parents and carers for individual student use
- the location of and access to the adrenaline autoinjectors that the school has purchased for general use
- information on staff anaphylaxis training and renewal requirements and how to access ongoing support and training.

The Principal is responsible for establishing clear expectations regarding anaphylaxis training requirements, the processes for completing training and the systems for maintaining training records, including assigning responsibility for record-keeping.

Staff anaphylaxis training is part of our annual professional learning program. Our College requires Level 2 GSV Coaches to be trained to manage an anaphylaxis incident but do not require this of volunteers. If the need arises during the year staff may undertake the ASCIA e-training module and then within 30 days of completing the course be assessed by the Anaphylaxis supervisors as competent in the use of an auto-injector.

Certificates for either course must be submitted to the College as proof of up to date training and are held on file by Human Resources.

9.3 School Anaphylaxis Supervisors

The Principal is responsible for ensuring that each school campus appoints two staff members to perform the role of School Anaphylaxis Supervisors. These supervisors will be authorised to sign ASCIA certificates for staff within their campus/school.

Eligibility requirements

To be eligible for the role, staff must hold and maintain the following certificates:

- ASCIA anaphylaxis e-training course, completed every two years
- *Course in Verifying the Correct Use of Adrenaline Injector Devices 22579VIC*, completed every 3 years (provided by Hero)
    - staff must also have completed the ASCIA e-training course within the previous 12 months before enrolling
- *First Aid Management of Anaphylaxis 22578VIC*, completed every 3 years .

Device specific training requirements

On 1 September 2021, the Anapen® adrenaline (epinephrine) autoinjector was introduced into Australia for the treatment of anaphylaxis. School Anaphylaxis Supervisors must complete the Anapen® workshop when the school has a student enrolled with an ASCIA Action Plan for Anaphylaxis (RED) Anapen.

On 24 January 2026, the Department of Education announced two additional adrenaline devices approved for emergency anaphylaxis treatment, both registered with the TGA and available in Australia from 2026:

- Neffy® adrenaline nasal spray
- Jext® adrenaline injector.

School Anaphylaxis Supervisors are required to complete an online workshop on Neffy® or Jext® devices if:

- their current *Course in Verifying the Correct Use of Adrenaline Injector Devices (22579VIC)* certificate has more than six months remaining before renewal; or
- the College has a student with an ASCIA Action Plan for Anaphylaxis (RED) specifying Neffy® or Jext® and the School Anaphylaxis Supervisor has not previously been trained in these devices.

School Anaphylaxis Supervisors who complete the Course in Verifying the Correct Use of Adrenaline Injector Devices (22579VIC) on or after the first day of Term 1, 2026 are not required to undertake the

online workshop, as the updated course includes training specifying Neffy® and Jext®.

Responsibilities

School Anaphylaxis Supervisors and Human Resources Officer have a shared responsibility for:

- providing evidence of completed training to the Principal or nominated staff member
- assessing and confirming correct use of adrenaline autoinjector (trainer) devices by staff completing ASCIA e-training
- sending reminders to staff and inform new staff about anaphylaxis training requirements
- liaising with the Principal or the nominated staff member to ensure training records are maintained
- providing access to adrenaline autoinjector (trainer) devices for staff practice
- offering advice and guidance to staff on allergy and anaphylaxis management, as needed
- collaborating with parents and carers (and students where appropriate) to implement IAMPs
- where possible, lead the school's twice-yearly anaphylaxis briefing.

The School Anaphylaxis Supervisors are Julia Rapp and Wendy Stizza

Table 2: Summary of training requirements

Who	Training requirements	Additional requirements
Relevant school staff nominated by the Principal	Face to face anaphylaxis management course every three years AND Anaphylaxis management staff briefings twice yearly	
School staff with a student with anaphylaxis in their class or as deemed required by the Principal	Face to face anaphylaxis management course every three years AND Anaphylaxis management staff briefings twice yearly	
All school staff, including casual staff and volunteers	Anaphylaxis management staff briefings twice yearly	
School Anaphylaxis Supervisor/s	ASCIA e-training course • Verifying the correct use of adrenaline injector devices 22579VIC • First aid management of anaphylaxis 22578VIC • Anapen® (epinephrine) adrenaline autoinjector workshop if there is a student enrolled with an ASCIA Action Plan for Anaphylaxis Red Anapen • Online workshop on Neffy® adrenaline nasal spray and/or Jext® adrenaline injector if there is a student enrolled with an ASCIA Action Plan for Anaphylaxis (RED) specifying the use of a Neffy® or Jext® device (if previous training has not been completed)	• Minimum of two supervisors per school campus. • Must sign ASCIA certificates for staff. • Lead twice-yearly staff briefings.

10. RISK MINIMISATION AND PREVENTION STRATEGIES

The Principal is responsible for ensuring that the Anaphylaxis Risk Minimisation Strategies, regularly reviewed in light of information provided by parents and carers, and effectively implemented so that:

- risk minimisation and prevention strategies are applied across all relevant in-school and outside of

school settings to prevent and reduce the risk of exposure to allergens
- the strategies in place actively reduce the likelihood of a student experiencing an anaphylactic reaction
- a sufficient number of trained school staff are present, in accordance with the MO 706 (refer to Staff training as outlined at (9)), whenever a student at risk of anaphylactic reaction is under the school's care or supervision, including outside normal class activities such as in the school yard, during camps and excursions, and at special events conducted, organised or attended by the school
- all staff are regularly reminded of their duty of care to take reasonable steps to protect students from reasonably foreseeable risks of injury, and understand that developing and implementing effective risk minimisation strategies is a critical component of this duty
- all school staff, parents and carers, students and the wider school community understand that risk minimisation is a shared, whole-school responsibility.

Deputy Principal Student Wellbeing and/or Risk and Compliance Officer regularly reviews the risk minimisation strategies outlined in Anaphylaxis Risk Minimisation Strategies, considering information provided by parents related to the risk of anaphylaxis.

Deputy Principal Student Wellbeing is responsible for annually completing the Annual Anaphylaxis Risk Management Checklist for Schools to ensure that compliance with Ministerial Order 706 is maintained.

Risk minimisation and prevention strategies at our school include but are not limited to the following school-specific settings:

Settings	Minimisation and prevention strategies
Learning Areas/Classrooms	• Individual Anaphylaxis Management Plans (IAMPs) are stored in the Health Centre and are easily accessible to staff. • General use adrenaline autoinjectors are located throughout the College, including Health Centre, PE first aid bags, Food Technology, Science, Music, the Veritas Learning Centre, Dots Café, Wellbeing and Growth Leader offices, and other key areas. • Non-food treats are encouraged wherever possible. If food treats are used, families may provide clearly labelled alternative treat boxes for students with allergies. • Staff must exercise caution when providing food from external sources to students at risk of anaphylaxis. • Foods labelled as containing or possibly containing allergens must not be served to students with known allergies to those substances. • Staff should remain aware of hidden allergens in food, packaging, and classroom materials used in subjects such as Food Technology, Science, and Art. • All cooking utensils and preparation areas must be thoroughly cleaned after use. • Food Technology staff liaise with parents/carers to support students with allergies participating safely in practical activities. • Students are regularly reminded about handwashing, eating their own food, and not sharing food. • Emergency teachers are informed of students at risk of anaphylaxis, with information also accessible through SEQTA

Food brought into school	• Our school does not ban certain types of foods (e.g., nuts) as it is not practicable to do so and is not a strategy recommended by the DE or the Royal Children's Hospital as it can create complacency amongst staff and students, and it cannot eliminate the presence of all allergens. • However, our school avoids the use of nut-based products in all school activities, requests that parents and carers 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.
School Grounds	• The College regularly reviews staffing arrangements to ensure sufficient staff trained in administering adrenaline autoinjectors are on yard duty. • Processes are reviewed to ensure adrenaline autoinjectors and Individual Anaphylaxis Management Plans are easily accessible across the school grounds. • An emergency response and communication procedure is in place for yard duty staff to enable rapid access to medical information and support. • Yard duty staff carry walkie talkies and are aware of procedures for contacting Student Services in the event of an anaphylactic reaction. • Staff on duty are familiar with students who are at risk of anaphylaxis. • Students with insect-related anaphylaxis are encouraged to avoid areas such as water and flowering plants where possible. • The College maintains grounds carefully, including regular lawn mowing and ensuring bins are covered and emptied regularly to reduce insect exposure.
Dot's Cafe	• Dot's Café staff are trained in food allergen management and safe food-handling practices. • Staff are knowledgeable about major allergens, cross-contamination risks, and food label reading requirements. • Dot's Café staff are informed of students who are at risk of anaphylaxis. • Copies of student ASCIA Action Plans for Anaphylaxis are displayed in Dot's Café for staff reference. • An allergen matrix is available, identifying foods and their known or possible allergens. • Tables and preparation surfaces are cleaned regularly to reduce contamination risks. • The College follows guidance from the Royal Children's Hospital and ASCIA that food banning is not generally recommended, while still taking reasonable steps to minimise allergen exposure. • Dot's Café avoids purchasing foods containing nuts where possible and provides alternatives for students with other allergens, including dairy products. • Staff maintain awareness of cross-contamination risks during food preparation, handling, and display.
Food Technology	• Individual plans that minimise exposure to food allergens are created by the Technology Learning Area Leader when a student begins their first Food Technology subject.
Special events including incursions, sports, cultural days, fetes or class parties, excursions and	• The College ensures sufficient staff trained in administering adrenaline autoinjectors are present during student supervision and events. • Staff must not use foods containing common allergens, such as peanuts, in activities, games, or rewards. • Parents/carers may be consulted prior to special events to arrange suitable food alternatives or provide meals for students at risk of

camps.	anaphylaxis. ● Latex balloons are not used where a student has a latex allergy. ● For interschool events, the College may request anaphylaxis information from visiting schools to support safe participation. ● Staff work collaboratively with visiting schools to clarify risk minimisation strategies and responsibilities. ● Students at risk of anaphylaxis are required to bring their own adrenaline autoinjector to off-site or interschool events.
Travel by bus for a school related activity	● A general adrenaline autoinjector is included in the bus first aid kit for all school-related travel. ● Students at risk of anaphylaxis must have their adrenaline autoinjector and ASCIA Action Plan for Anaphylaxis with them while travelling on the bus. ● This requirement applies even if the student would not normally carry their adrenaline autoinjector personally at school.
Field trips/excursions/ sporting events	● Individual risk assessments are completed for students at risk of anaphylaxis attending excursions, camps, field trips, or special events. ● Sufficient supervising staff trained in anaphylaxis management and adrenaline autoinjector administration are present at all events. ● At least one staff member trained in recognising and responding to anaphylaxis attends all excursions and field trips. ● Students' adrenaline autoinjectors and ASCIA Action Plans for Anaphylaxis must be easily accessible, with staff aware of their exact location. ● Risk assessments consider factors such as the nature of the activity, venue size, distance from medical assistance, and staff-to-student ratios. ● All supervising staff are informed of students at risk of anaphylaxis and are able to identify them by face, including through photographs in risk management documentation. ● Staff consult with parents/carers before events to discuss food arrangements and risk minimisation strategies. ● In some circumstances, parents/carers may be invited to attend excursions to support their child. ● When activities are hosted at another school, College staff retain responsibility for supporting students at risk of anaphylaxis and may liaise with the host school as required. ● Students at risk of anaphylaxis are required to bring their own adrenaline autoinjector to off-site events.
Camps or remote settings	● Confirm in writing that camp providers can supply allergen-safe food; consider alternatives if not. ● Do not accept disclaimers stating food cannot be made safe for anaphylactic students. ● Conduct individual risk assessments and develop management plans in consultation with parents and providers. ● Ensure clear procedures are in place to manage anaphylaxis; address any gaps before camp. ● Avoid use of known allergens in camp activities where possible. ● Review and update students' Individual Anaphylaxis Management Plans prior to camp. ● Ensure students carry their adrenaline autoinjector; include a general-use

	device in first aid kits. ● Staff must know student plans, roles, and emergency response procedures. ● Consider emergency services access and ensure reliable communication methods are available. ● Monitor allergen exposure during travel, meals, and accommodation.
Overseas travel	● Apply similar risk management strategies as camps/remote settings, with early parent/carer involvement. ● Assess risks across all stages of travel, including transport, accommodation, venues, and food access. ● Evaluate cross-contamination risks (shared food, hidden allergens, surface hygiene, handwashing). ● Implement minimisation strategies such as translated medical plans, sourcing safe food, and identifying local medical services and emergency contacts. ● Ensure all participants have appropriate travel insurance, ideally with consistent coverage and including anaphylaxis-related risks. ● Provide adequate supervision, including trained staff and careful monitoring during meals, medication, and higher-risk activities. ● Ensure all students have up-to-date ASCIA Action Plans and an ASCIA Travel Plan completed by a medical practitioner. ● Provide families with the ASCIA travel checklist. ● Adapt the school's Emergency Response Procedures to the overseas context. ● Maintain detailed records, including itinerary, accommodation, medical needs, emergency contacts, insurance, and response plans. ● Ensure reliable communication access (e.g. mobile phone) for emergency situations.
Work experience, workplace learning	● Parents/carers, the student, and the employer are involved in risk management discussions prior to work experience. ● Employers and relevant staff are provided with the student's ASCIA Action Plan and trained in the use of an adrenaline autoinjector. ● A pre-placement site visit is recommended to support planning and safety.

10.1 Annual Anaphylaxis Risk Management Checklist for Schools

The Principal is responsible for ensuring that:

- the Annual Anaphylaxis Risk Management Checklist for Schools (DE template) is completed at the start of each year to monitor the school's compliance with MO 706 and any updates as published by the DE, MACS and the Victorian Catholic Education Authority (VCEA)
- the *Off-site Risk Management Checklist for Schools* 2026 Anaphylaxis Risk Management Checklist for Offsite Activities is completed when determining requirements for activities such as excursions, camps and travel.

11. EMERGENCY RESPONSE TO ANAPHYLACTIC REACTION

The Principal is responsible for ensuring that:

- the school has clear and comprehensive first aid and emergency response processes in place that allows staff to react quickly if anaphylactic reaction occurs, for both in-school and outside of school settings

- there are sufficient trained staff present in accordance with MO 706 whenever students at risk are under the school's care or supervision
- regular drills are conducted to test the effectiveness of these processes.
- The Principal is responsible for determining how appropriate communication with school staff, students, parents and carers, and the wider school community will occur in the event of an emergency about anaphylaxis. This includes ensuring the understanding that anaphylaxis is the most severe type of allergic reaction and should always be treated as a medical emergency. Anaphylaxis requires immediate treatment with adrenaline (epinephrine). If treatment with adrenaline is delayed, this can result in fatal anaphylaxis.

Copies of the ASCIA First Aid Plan for Anaphylaxis and Emergency Response to Anaphylactic Reaction are prominently displayed in relevant locations including:

- Health Centre
- Classrooms
- Year level corridor
- Ein Kareem Centre
- Louise Humann Centre
- Veritas Learning Centre
- Staff workroom
- Canteen
- Food Tech Pre-room
- Science Pre-room
- Music Room

11.1 Display of general and emergency plans

The Principal is responsible for ensuring that this policy integrates with the school's general first aid and emergency response procedures. This includes:

- storing and displaying completed ASCIA Action Plans for Anaphylaxis (RED) and IAMPs in ways that allow staff to quickly and easily access them
- storing and posting the First Aid Plan for Anaphylaxis and the Emergency Response to Anaphylactic Reaction alongside adrenaline autoinjectors purchased for general use in all designated locations
- embedding anaphylaxis-specific steps into the school's general emergency response plan
- ensuring emergency drills include scenarios for anaphylaxis
- keeping adrenaline autoinjectors purchased for general use stored with first aid kits and emergency response posters
- aligning incident reporting with the school's existing first aid and critical incident reporting
- displaying emergency procedures for anaphylaxis around the school for reference.

11.2 Responding to an incident

In the event of an anaphylactic reaction, staff must follow:

- student's ASCIA Action Plan for Anaphylaxis (RED)
- ASCIA First Aid Plan for Anaphylaxis
- Emergency Response to Anaphylactic Reaction and
- the school's general first aid procedures:2026 First Aid and Medical Incident Procedures

In all situations

1. If safe to do so, lay the person flat, do not allow the patient to stand or walk.
2. If breathing is difficult allow patient to sit
    - Be calm, reassuring
    - Do not leave them alone
    - Seek assistance from another staff member or a reliable student to locate the student's supplied adrenaline device or an adrenaline autoinjector for general use, the student's IAMP and ASCIA Action Plan for Anaphylaxis (RED).
3. Administer prescribed adrenaline device – note the time given and retain the used adrenaline device to give to ambulance paramedics.
4. Phone ambulance 000 (112 – mobile).
5. If there is no improvement or severe symptoms progress, further adrenaline doses may be given every five minutes (if another adrenaline autoinjector is available).
6. Phone emergency contact.

If in doubt, give an adrenaline autoinjector

If the student has not been previously diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction but appears to be having a severe allergic reaction, follow Steps 2–6 above.

Immediate actions:

- A staff member will remain with the student at all times.
- The student will be laid flat. They will not be allowed to stand or walk. If breathing is difficult, the student will be allowed to sit with their legs outstretched.
- Another staff member will immediately locate the student's adrenaline autoinjector and the student's IAMP and ASCIA Action Plan for Anaphylaxis (RED).
- The adrenaline device will be administered following the instructions in the student's ASCIA Action Plan for Anaphylaxis (RED). Where possible, only school staff with training in the administration of an adrenaline autoinjector will administer the student's adrenaline device. However, it is imperative that an adrenaline device is administered as soon as signs of anaphylaxis are recognised. If required, the adrenaline device will be administered by any person following the instructions in the student's ASCIA Action Plan for Anaphylaxis (RED).
- The student will not stand or be moved unless they are in further danger (for example, the anaphylactic reaction was caused by a bee sting, and the beehive is close by). The ambulance staff should transport the student by stretcher to the ambulance, even if symptoms appear to have improved or resolved. The student must be taken to the ambulance on a stretcher if adrenaline has been administered.

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

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

- How appropriate communication with staff, students and parents and carers is to occur.

11.3 Post-incident reporting

The administration of first aid to students from an anaphylactic incident or illness must be recorded, including all actions taken in the provision of care. This information can be recorded on the school's preferred first aid platform, accident/incident register as soon as reasonably practicable, in accordance with the Emergency and Critical Incident Management Procedures. The accident/incident register must be maintained.

11.4 Post-incident review

The Principal is responsible for ensuring that a copy of the first aid and/or incident report is provided to parents and carers of the student.

After an anaphylactic reaction has taken place that has involved a student in the school's care and supervision, the Principal is responsible for ensuring that the following review processes take place:

- The adrenaline device must be replaced by the parents and carers as soon as possible. In the meantime, the Principal or nominated staff member will ensure that there is an interim IAMP in place should another anaphylactic reaction occur prior to the replacement adrenaline device being supplied by the parents and carers.
- If the adrenaline autoinjector for general use has been used this should be replaced as soon as possible. In the meantime, the Principal or nominated staff member will ensure that there is an IAMP in place should another anaphylactic reaction occur prior to the replacement adrenaline autoinjector for general use being provided.
- The student's IAMP will be reviewed in consultation with the student's parents and carers.
- The school's Anaphylaxis Management Policy will be reviewed to ascertain whether there are any issues requiring clarification or modification in the policy, therefore supporting the school to meet its ongoing duty of care to students.

12. COMMUNICATION PLAN

The Principal is responsible for ensuring that a Medical Management Communication Plan is developed, regularly communicated and implemented to provide information for staff, students and parents and carers. The plan will:

- provide clear information to all school staff, students and parents and carers about anaphylaxis, the school's Anaphylaxis Management Policy, strategies for advising school staff and students about how to respond to an anaphylactic reaction of a student in various environments
- outline communication processes with parents and carers for obtaining current and updated medical documentation and medication.

School-specific details about the Communication plan and where the information will be published including:

- Staff awareness arrangements:
    - Briefing at the beginning of the Term 1 and in Term 3
    - Student Anaphylaxis flyer in CRT pack, in Cafe, Veritas Learning Centre and Staffroom work area
    - Volunteer Induction Pack
    - Risk Documents for events
    - First Aid training including all staff have Anaphylaxis training certificates
- Student awareness:
    - General Anaphylaxis Action plan in each classroom
    - Discuss before camp with students sharing tents
- Parent and carer awareness:
    - Broadcasts
    - Newsletters,

Advising staff, students, parents and carers about how to respond to an anaphylaxis reaction of a student

in various environments:

- Posters in each classroom
- during off-site school activities, via risk assessment document
- Procedures awareness at twice yearly briefings 2026 Anaphylaxis Management - Response & Procedures

12.1 Working collaboratively with parents and carers

The Principal is responsible for working collaboratively with parents and carers of students who have been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction to ensure each student's needs are understood and supported. This includes:

- developing a clear process for requesting new or updated medical documentation and/or medication as part of the annual or triggered reviews
- ensuring all communication is accessible, culturally appropriate and respectful of families.

12.2 Information to staff, parents and carers

The Communication Plan includes strategies for advising school staff, students, parents and carers about how to respond to an anaphylaxis reaction of a student in various environments:

- during normal school activities, including in a classroom, in the school yard, in all school buildings and facilities such as gymnasiums and halls
- during off-site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the school
- training that staff in the school have received.

The Principal is responsible for developing a process for communication for when new or updated medical documentation and/or medication is required as part of annual or triggered reviews. School staff engaged in this process ensure that communication is accessible and culturally appropriate.

Staff will develop open, cooperative relationships with parents and carers to decide how information will be shared, requesting and updating medical information. The school will adopt the following process.

Initial notification

- Upon enrolment and/or when a medical plan (e.g. IAMP) is due to expire, parents and carers are informed of the need to update their child's medical management and/or ASCIA Action Plans for Anaphylaxis (RED). A clear timeframe for submission of updated plans is included.

Follow-up communication

- Follow-up reminders are sent via email, phone or newsletter as the deadline approaches.
- Direct phone calls or meetings are made when updates are considered critical.
- Parents and carers seeking guidance can contact the Anaphylaxis Advisory Line:
    - Phone: 1300 725 911 or 9345 4235
    - Email: anaphylaxisadviceline@rch.org.au

Escalation process

- School sends a reminder via the preferred communication method (e.g. email, school app, letter), ensuring accessibility and cultural appropriateness.
- Phone call: A follow-up phone is made and the potential risks to their child's health and safety highlighted if the information is not updated.
- In-person meeting: If there is still no response, an in-person meeting is scheduled to underscore the importance of the update and to provide support or clarification, if needed.
- Inform parents and carers of any impact on child's safe participation in-school and outside of school activities without updated medical plans and medication, and work to develop a future plan for updating information.

Ongoing Communication

- Encourage parents and carers to notify the school of any changes in their child's health status throughout the year.
- This policy is published on the school's website.

12.3 Anaphylaxis Advisory line

For further advice and support on MO 706, Principals and school representatives, parents and carers can contact the Royal Children's Hospital Anaphylaxis Advice & Support Line via phone on **1300 725 911** or **9345 4235** or email anaphylaxisadviceline@rch.org.au

Roles and reporting responsibilities

Role	Responsibility	Reporting requirement
Principal/Delegate	Maintain a register of students at risk of anaphylactic reaction.	Annual Attestation
Principal/Delegate	Ensure adequate adrenaline autoinjectors for general use are purchased and available in the school and that these are replaced at time of use or expiry, whichever is first.	Annual Attestation
Principal/Delegate	Ensure twice yearly briefings on anaphylaxis management are conducted with one briefing at the start of the school year.	Annual Attestation
Principal/Delegate	Ensure staff, including anaphylaxis supervisors, have completed appropriate training and that adequate staff trained in anaphylaxis management are available for all school activities including off site activities and school approved activities outside school hours.	Annual Attestation
Principal/Delegate	Ensure a communication plan is developed to provide information to all staff, students, parents and carers about the Anaphylaxis Management Policy.	Annual Attestation
Principal/Delegate	Ensure this policy is published and available to the school community.	Annual Attestation
Anaphylaxis Supervisor or other staff member who has completed Anaphylaxis Management course successfully in past two years	Conduct twice yearly briefings for all staff on anaphylaxis management with one briefing at the commencement of the school year, using the OLSC briefing form aligned with the DE template for use in schools, including verbal briefings for casual staff and volunteers.	Annual Attestation

13. DEFINITIONS

Adrenaline autoinjector device

An adrenaline autoinjector device, approved for use by the Australian Government Therapeutic Goods Administration, which can be used to administer a single pre-measured dose of adrenaline to those experiencing a severe allergic reaction (anaphylaxis). These may include EpiPen®, EpiPen® Jr, Jext® Jr 150, Jext® 300 or Anapen® 500.

Adrenaline autoinjector for general use

A 'backup' or 'unassigned' adrenaline autoinjector purchased by a school. These can be EpiPen®, EpiPen® Jr, Jext® Jr 150, Jext® 300, or Anapen® 500.

Adrenaline device

An adrenaline device, approved for use by the Commonwealth Government Therapeutic Goods Administration, which can be used to administer a single pre-measured dose of adrenaline to those experiencing a severe allergic reaction (anaphylaxis). These may include EpiPen®, EpiPen® Jr, Anapen® 500, Jext® Jr 150, Jext® 300, Neffy® 1 mg and Neffy® 2 mg.

Anaphylaxis

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

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.

EpiPen®, Anapen® and Jext®

Autoinjectable devices that deliver the drug adrenaline (epinephrine). They are used when someone is experiencing a severe allergic reaction.

Neffy®

A nasal spray adrenaline device that delivers the drug adrenaline (epinephrine). It is used when someone is experiencing a severe allergic reaction.

Registered medical/health practitioner

A person registered under Australian Health Practitioner Registration Agency (AHPRA) and relevant state/national board for their health profession, whether the registration of that person is general, specific, provisional, interim or non-practising but does not include a registered student.

School approved activities

Any academic, sporting, social or other activities for which students' attendance or participation is authorised or organised by the school.

School environment

Means any of the following physical, online or virtual places used during or outside school hours:

- a campus of the school
- online or virtual school environments made available or authorised by Our Lady of Sion College for use by a child or student (including email, intranet systems, software, applications, collaboration tools and online services)
- other locations provided by the school or through a third-party provider for a child or student to use including, but not limited to, locations used for camps, approved homestay accommodation, delivery of education and training, sporting events, excursions, competitions and other events (Ministerial Order No. 1359).

14. RELATED POLICIES AND DOCUMENTS

Supporting documents

Anaphylaxis Risk Management Checklist for Offsite Activities OLSC2026

Annual Anaphylaxis Risk Management Checklist for Principals – Template for Schools
Emergency Response to Anaphylactic Reaction OLSC 2025 – Template for Schools
Individual Anaphylaxis Management Plan – Template for Schools
Risk Minimisation Strategies for Schools – Template for Schools

- Our Lady of Sion College Anaphylaxis Procedure
- Individual Anaphylaxis Management Plan Template for OLSC 2025 - MASTER
- Anaphylaxis Risk Minimisation Strategies for Schools
- Emergency Response to Anaphylactic Reaction
- Annual Anaphylaxis Risk Management Checklist - MASTER

Related MACS policies and documents

Administration of Medication Policy
Duty of Care Policy
Emergency Management Plan
First Aid Policy
Medical Management Policy

Resources

Department of Education Victoria Anaphylaxis Guidelines
Department of Education Victoria Anaphylaxis Management Briefing presentation
Department of Education Victoria Facilitator guide for anaphylaxis management briefing
ASCIA Action Plans for Anaphylaxis (RED) and First Aid Plans for Anaphylaxis or Allergies
ASCIA Travel Plan
ASCIA Anaphylaxis e-training for Victorian schools
ASCIA Adrenaline (Epinephrine) Injectors for General Use
Royal Children's Hospital Anaphylaxis Advisory Support line

15. LEGISLATION AND STANDARDS

Education and Training Reform Act 2006 (Vic)

Ministerial Order 706 – Managing the Risk of Anaphylaxis in Victorian Schools and School Boarding Premises

16. ADMINISTRATION OF MEDICATION POLICY STATUS AND REVIEW

STATUS OF POLICY	
College Leader Responsible	Deputy Principal Student Wellbeing
Approving Authority	College Leadership Team
Approval Date	July 2026
Date of next review	July 2028
Publication	Website; Staff Portal; Staff Handbook

Record of Review

Details of Amendments	By Whom	Date
As per MACS updated policies.	Deputy Principal Student Wellbeing	July 2026