Anaphylaxis Procedures

St Mary's Primary School

Melbourne Archdiocese Catholic Schools

1. Introduction

St Mary's Primary School 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).

2. Purpose

This procedure ensures that, as far as practicable, a safe and supportive environment is provided where students at risk of anaphylaxis are provided with reasonable adjustments to participate in school programs and activities in compliance with Ministerial Order 706.

3. Scope

This procedure applies at St Mary's Primary School.

This procedure applies to:

- staff, including volunteers and casual relief staff.
- all students who have been diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction, where the school has been notified of that diagnosis, or who may require emergency treatment for anaphylactic reaction.
- Parents (person, including a biological parent or another person, who has parental responsibility for a child granted by a court order. The term is also used to refer to Carers where permanent care, foster care or kinship arrangements are in place) of students who have been diagnosed as at risk of anaphylaxis or who may require emergency treatment for anaphylactic reaction.

4. Communication with Parents

4.1. The Principal engages with the Parents of students who are 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 of allergies, anaphylaxis, and the school's expectations in responding to anaphylactic reaction.

4.2. The Principal requires that the Parent provides up to date medical information and an updated Individual Action Plan (ASCIA Action Plan for Anaphylaxis) signed by the treating medical practitioner together with:

- a recent photo of their child and
- any medications and auto-injectors referenced in the plan and recommended for administration.

4.3. The Parent is requested to provide this information:

- annually
- prior to camps and excursions
- if the child has an anaphylaxis reaction at school, and
- if the child's medical condition changes since the information was provided.

4.4. The Principal, or their nominee, is to engage with the Parent where updated documentation or medication is required in line with the school's communication plan.

4.5. Please note the ASCIA Travel Plan for People at Risk of Anaphylaxis requires completion by a registered medical practitioner for domestic or overseas travel.

5. Individual anaphylaxis management plans (IAMP)

5.1. The Principal is responsible for ensuring that all students diagnosed by a medical practitioner as having a medical condition that relates to allergies and the potential for anaphylactic reaction have an Individual Anaphylaxis Management Plan (IAMP) developed in consultation with the student's Parent.

5.2. The school 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. If for any reason training and a briefing has not yet occurred, an interim management plan, developed in consultation with the Parent, will be put into place for a student who is diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction, and training must occur as soon as possible thereafter. 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.

5.3. The student's IAMP will be reviewed by the Principal or nominated staff member, in consultation with the student's Parent, 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 practicable after the student has an anaphylactic reaction at school.
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (e.g. class parties, elective subjects, cultural days, fetes, incursions).

Refer to the Individual Anaphylaxis Management Plan Template

Refer to the Supporting documents section for the ASCIA Action Plan for Anaphylaxis to apply for each student diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction

6. Location of Individual Anaphylaxis Management Plans and ASCIA Action Plans

6.1. The school's anaphylaxis supervisors maintain an up-to-date register of students at risk of anaphylactic reaction as nominated by the Principal.

6.2. The school's anaphylaxis supervisors 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.

- The locations of ASCIA action plans and general-use autoinjectors are distributed throughout the school, including in areas such as the First Aid room, MLC and FLC.
- Procedures for managing anaphylaxis during camps, excursions, and special activities should follow the Off-site Risk Management Checklist for schools. This checklist outlines the necessary steps to ensure student safety in off-site settings.

  Refer to Off-site Risk Management Checklist for Schools.

7. Risk minimisation and prevention strategies

Refer to Risk Minimisation Strategies for MACS schools

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:

Schools have a responsibility to identify and manage risks related to student health and safety in a range of settings throughout the school day. This includes considering when and where additional risk minimisation strategies may be required to ensure the wellbeing of all students, particularly those with specific health needs (e.g. allergies, medical conditions, mobility needs).

Examples of situations and locations that may require risk minimisation include:

- **During classroom learning** – including regular lessons, class rotations, specialist subjects, and elective classes.
- **Transitions between classes and scheduled breaks** – such as moving between rooms or buildings, and during unsupervised travel within school grounds.
- **Canteens or tuckshops** – where food is prepared, served, or purchased.
- **Recess and lunchtimes** – when students may be eating, playing, or socialising with less structured supervision.
- **Before and after school** – where school supervision is provided (excluding Outside School Hours Care services).
- **Special events** – including incursions, sporting events, cultural celebrations, fetes, class parties, excursions, and camps.

In addition, schools should consider risk minimisation in relation to food that is brought into or sold at the school. This may include:

- Reviewing how food is managed in canteens or tuckshops.
- Establishing clear guidelines for shared food at class events.
- Ensuring communication with families regarding any food-related restrictions or safety requirements.
- Considering safe storage, labelling, and handling of food items.

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 Department of Education (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, the school avoids the use of nut-based products in all school activities, requests that the Parent does not send those items to school if possible and the school reinforces the rules about not sharing and not eating foods provided from home.

The Principal will ensure that the canteen provider and its employees eliminate or reduce the likelihood of such allergens, can demonstrate satisfactory training in the area of food allergy and anaphylaxis and its implications for food-handling practices.

The Principal or The school's Anaphylaxis Supervisors regularly reviews the risk minimisation strategies outlined in Anaphylaxis Risk Minimisation strategies for our schools considering information provided by the Parent related to the risk of anaphylaxis.
Refer to Anaphylaxis Risk Minimisation strategies for our school.

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

8. Register of students at risk of anaphylactic reactions

The Principal nominates The school's Anaphylaxis Supervisors 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.

The school's Anaphylaxis Supervisors will create and maintain an up-to-date register of all students diagnosed as being at risk of anaphylactic reactions.

The register will include key information such as:

- **What is recorded:**
  Student name, year level, allergens, location of autoinjector, emergency contacts, and medical/action plans.
- **Where it's stored:**
  A copy is kept in the **administration office**, **first aid area**, and/or on a **shared drive** accessible to staff.
- **Who maintains it:**
  Nominated anaphylaxis supervisors update the register regularly and ensure staff are informed.
- **Staff access:**
  All staff must know where to find the register and how to use it in an emergency. It's reviewed during staff training and updated as needed.

9. Location, storage and accessibility of autoinjectors

It is the responsibility of the Principal to purchase auto-injectors for the school for general use and to ensure they are replaced at time of use or expiry; whichever is first. (Expiry date period is usually within 12–18 months). General use auto-injectors are used as a back-up to auto-injectors that are provided for individual students by the Parent in case there is a need for an auto-injector for another student who has not previously been diagnosed at risk of anaphylaxis.

Schools should consider the following when identifying the minimum autoinjectors required, considering:

- the number of students enrolled at the school who have been diagnosed as being at risk of anaphylaxis
- the accessibility of autoinjectors (and the type) that have been provided by the Parent
- the number of locations at the school, including in the school yard
- the number and types of excursions, camps and special events conducted, organised or attended by the school
- the expiry date period of autoinjectors brands. usually expire within 12–18 months

Schools should consider the type of autoinjector, considering:

- the available brands in Australia (EpiPen®, EpiPen Jr®, Anapen 500®, Anapen 300® and Anapen Jr®)- Refer to this procedure for further information
- the types used for broad use in emergency situations
- the brands that are widely accessible and do not require a prescription.

The school provides EpiPen® and EpiPen Jr® auto-injectors to purchase for general use.

The auto-injectors are to be stored 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.

- Adrenaline autoinjector devices are to be stored 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

The school's Anaphylaxis Supervisors are responsible for informing school staff of the location for use in the event of an emergency.

10. When to use an auto-injector for general use

The Principal ensures that auto-injectors for general use will be used under the following circumstances:

- a student's prescribed auto-injector 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.

10.1. Note: if in doubt, give student auto-injector 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.*

11. Emergency response to anaphylactic reaction

In an emergency anaphylaxis situation, the student's ASCIA Action Plan, the school's general first aid procedures, Danger □ Response □ Send for Help □ Airway □ Breathing □ CPR □ Defibrillation (DRSABCD), 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, storage and accessibility of auto-injectors in the school, including those for general use.

The Principal must determine how appropriate communication with school staff, students and the Parent is to occur in the 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. Refer to Emergency Response to Anaphylactic Reaction.

Completing the Risk Minimisation Assessment helps each school provide specific local details for their Emergency Response Plan related to anaphylaxis.
This includes:

- A current list of students at risk of anaphylaxis and where this list is kept
- Where Individual Anaphylaxis Management Plans (IAMPs) and ASCIA Action Plans are stored, both at school and during excursions or events
- Clear instructions for what staff should do if an anaphylactic emergency happens in the classroom, playground, or off-site
- Where auto-injectors (e.g. EpiPens) are kept, including general-use ones
- How staff, students, and parents will be informed and kept updated about anaphylaxis management and emergencies

Refer to Emergency Response to Anaphylactic Reaction.

12. Staff training

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

The Principal 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 enrols 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 anaphylactic reaction occurring while a student is under that staff member's care, authority or supervision.

Our school considers, where appropriate, whether casual relief teachers and volunteers should also undertake training.

Our school 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 implements 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 dependent on the number of students with IAMPs.

Option 1. All school staff complete the online *ASCIA Anaphylaxis e-training for Victorian Schools* and have their competency in using an auto-injector tested by the school's Anaphylaxis Supervisor in person within 30 days of completing the course. Staff are required to complete the ACSIA online training every two years.

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's 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 auto-injector competency assessment every two years.

The school's Anaphylaxis Supervisors will have completed 22579VIC Course in Verifying the Correct Use of Adrenaline Injector Devices – at no cost for Victorian Catholic schools at the Hero HQ School Booking Portal or email Hero HQ for more information: schools@herohq.com. Training in this course is current for three years.

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

The school notes that 22578VIC Course in First Aid Management of Anaphylaxis is a face-to-face course that complies with the training requirements outlined in Ministerial Order 706. School staff who complete this course will have met the anaphylaxis training requirements for the documented period.

Anaphylaxis Supervisors

The school's Anaphylaxis Supervisors play a key role in undertaking 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., 22579VIC Course in Verifying the Correct Use of Adrenaline Injector Devices.

The Principal is to identify two staff per school or for each campus as the school's Anaphylaxis Supervisors.

The school's Anaphylaxis Supervisors are:

Jennifer Lim & Rachel Perissinotto

On 1 September 2021, the Anapen adrenaline (epinephrine) auto-injector was introduced into Australia for the treatment of anaphylaxis. Schools will need to ensure relevant staff are trained to use them.

The Anaphylaxis Supervisors should participate in the Anapen workshop if their school has an enrolled student with an ASCIA Action Plan for Anaphylaxis Red Anapen.

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's 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 DE for use in Victorian schools. A facilitator guide and presentation for briefings created by DE 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 auto-injectors that have been provided by the Parent 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

This section outlines the school's approach to ensuring staff are appropriately trained in key areas, particularly in managing medical emergencies such as anaphylaxis.

- **Training Expectations and Delivery**:

The school will set clear expectations regarding the type and frequency of training required for staff. This may include initial and refresher training on topics such as anaphylaxis management, use of adrenaline auto-injectors (e.g. EpiPens), and emergency response procedures. Training may be delivered through accredited online modules, face-to-face sessions, or professional development workshops as deemed appropriate.

- **Maintenance of Training Records**:

Accurate and up-to-date records of all completed staff training will be maintained. The Anaphylaxis Supervisors will be responsible for monitoring compliance, recording training completion, and ensuring that all required staff are trained within the appropriate timeframes.

- **School Anaphylaxis Supervisors**:

The Anaphylaxis Supervisors for the school are responsible for overseeing the implementation of anaphylaxis policies, ensuring staff are adequately trained, and acting as points of contact for anaphylaxis-related matters within the school community.

13. 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 about anaphylaxis and the school's anaphylaxis management policy.

School Anaphylaxis Communication plan

This section outlines how the school will communicate important information about anaphylaxis management to staff, students, parents, and the wider school community. It details the strategies used to raise awareness, share responsibilities, and prepare everyone to respond effectively in case of an anaphylactic emergency.

Raising Staff Awareness:

The school will implement regular communication practices to ensure all staff are informed about anaphylaxis management, including:

- Twice-yearly briefings for all staff to review anaphylaxis procedures and student-specific care plans.
- Regular updates provided through staff meetings
- Induction procedures for new staff, including permanent and casual relief teachers (CRTs), to ensure they understand their roles and responsibilities in managing students at risk.
- Clear information displayed in staff areas identifying students with known allergies and outlining emergency protocols.

Raising Student Awareness:

Students will be educated in an age-appropriate manner to promote understanding and support for their peers who have allergies. This may include:

- Distributing fact sheets and using visual resources such as posters around the school.
- Encouraging peer support and respectful behaviours that contribute to a safe school environment.
- Including allergy awareness messages in the classroom and at assemblies, where appropriate.

Raising Awareness Within the School Community:

The school will inform parents and the broader community through a range of communication channels, such as:

- Newsletters that include updates and reminders about allergy management.
- The school website, which will host relevant policies and educational resources.
- Information sessions or parent nights to discuss student health and safety plans.
- School assemblies that reinforce key messages and create shared understanding.

Response Strategies in Various Environments:

The communication plan includes specific guidance for staff, students, and parents on how to respond to an anaphylactic reaction across different school settings:

- During regular school activities, including classrooms, playgrounds, halls, and all indoor/outdoor school facilities.
- During off-site activities, such as excursions, camps, or special events, with clear planning and risk management procedures in place.

Informing Volunteers and Casual Relief Staff:

Procedures are in place to ensure that all volunteers and CRTs are:

- Informed about any students under their care who are at risk of anaphylaxis.
- Aware of their responsibilities and trained to respond appropriately in an emergency.

The Principal and their nominee work with the Parent to support the student's needs. The Principal develops a communication process for when new or updated medical documentation and/or medication is required as part of the annual or triggered reviews. The school staff engaged in this process are to make communication accessible and culturally appropriate.

- Working with the Parent refers to establishing and maintaining open, respectful, and cooperative relationships between staff and a child's parent or guardian. This involves creating clear communication channels to ensure that important information is shared promptly and appropriately. It includes explaining how updates will be provided (e.g., meetings, phone calls, digital platforms), as well as agreeing on how the parent can share relevant details about their child. A key part of this process is requesting and maintaining up-to-date medical information so that staff can respond appropriately to the child's health needs and support their well-being in a safe and informed manner.

A possible process for the schools to adapt could look like the following:

Initial Notification

At the beginning of each school year, upon student enrolment, or when an existing medical management of anaphylaxis action plan is nearing expiry, the school will initiate communication with the student's parent or carer. This communication will:

- Inform the parent of the need to review and update their child's medical documentation.
- Clearly state which documents are required (e.g. an updated ASCIA Action Plan, Medication Authority Form).
- Provide a recommended timeframe for submitting the updated information to ensure uninterrupted and safe participation in school activities.
- Schools can attach the Medical Management and Medication Parent handout to explain what documentation the school needs (available in 2026).

Follow-Up Communication

To ensure student safety and compliance with anaphylaxis and medical management protocols, the school follows a structured approach to follow-up and escalation when required documentation or medication is not received by the due date.

As the deadline for submitting updated medical documentation approaches, a nominated school staff member (The School Anaphylaxis Supervisors or Administration) will:

- Send reminders via email, phone calls, or school newsletters, depending on the parent's preferred method of communication.
- For critical or overdue updates, initiate direct phone contact or schedule a meeting with the parent to explain the urgency and importance of submitting the required documents and medication.

If a parent requires assistance in obtaining the appropriate documentation, they should be encouraged to contact the **Anaphylaxis Advisory Line** for support:

- 📞 1300 725 911 or 9345 4235
- 📧 anaphylaxisadviceline@rch.org.au

If no response or documentation is received following the initial reminders, the school will escalate the matter as follows:

- **Second Reminder**: A formal follow-up reminder will be sent through the parent's preferred communication method (e.g. email or written letter). All communication will be delivered in a manner that is clear, accessible, and culturally appropriate.
- **Follow-Up Phone Call**: A staff member will call the parent to discuss the ongoing absence of documentation, highlighting the potential risks to the child's health and safety and the need for immediate action.

If there is still no response, an in-person meeting will be arranged to:

- Emphasise the critical nature of the medical information.
- Offer additional support or clarification to assist the parent in completing the process.
- Collaboratively explore any barriers preventing the parent from providing the required information.

If updated medical plans and/or required medication are not provided, the school must:

- Inform the parent of any limitations this may place on the student's ability to safely participate in certain school activities (e.g. excursions, camps, or physical education).
- Work with the parent to develop a short-term plan to manage the risk while waiting for the documentation, if possible.

If the school encounters ongoing challenges in obtaining the required information or medication, staff are encouraged to seek assistance from their School Leadership for additional guidance and support.

Ongoing Communication

It is recommended that regular check-ins are scheduled with parents before key review dates to help ensure that their child's medical information remains up to date. Parents are also encouraged to notify the school of any changes to their child's health throughout the year

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

- ASCIA e-training every two years together with associated competency checks assessed by suitably trained Anaphylaxis Supervisor who has completed 22579VIC Course in Verifying the Correct Use of Adrenaline Injector Devices, or
- 22579VIC Course in First Aid Management of Anaphylaxis every three years AND
- provision of an in-house briefing for school staff at least twice per calendar year in accordance with Ministerial Order 706, with one briefing at the commencement of the school year.

The policy is publicly available and published on the school's website.

14. Definitions

Definitions of standard terms used in this Policy can be found in the Glossary of Terms.

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).

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.

15. Related policies and documents

Supporting documents

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

Related MACS policies

Anaphylaxis Policy for MACS schools
Duty of Care Policy for MACS schools
Emergency Management Plan
First Aid Policy
Medical Management Policy

Resources

16. Legislation and standards

Ministerial Order 706: Anaphylaxis Management in Victorian Schools
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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Policy owner	Chief of Student Services
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