

## Anaphylaxis Policy for MACS Schools

### 1. Introduction

Melbourne Archdiocese Catholic Schools Ltd (**MACS**) is a company limited by guarantee established in 2021 by the Archbishop of the Catholic Archdiocese of Melbourne to assume the governance and operation of MACS schools across the Archdiocese of Melbourne. MACS subsequently established Melbourne Archdiocese Catholic Specialist Schools Ltd (**MACSS**) to provide educational services to children with special needs and Melbourne Archdiocese Catholic Schools Early Years Education (**MACSEYE**) to provide early years care and education services.

The [Statement of Mission](#) in the MACS Constitution, and the constitutions of its subsidiaries, MACSS and MACSEYE, sets out the Archbishop's expectations of Catholic schooling in the Archdiocese and provides an important context and grounding for the company and the direction which the MACS Board must always observe in the pursuit of the company's objects.

The Board must ensure that all policies and procedures concerning the operations of MACS, and its subsidiaries are consistent with the Statement of Mission and company objects, as well as any directions issued by the Archbishop from time to time.

All MACS schools will comply with [Ministerial Order 706: Anaphylaxis Management in Victorian Schools and School Boarding Premises](#) (Ministerial Order 706), *Education and Training Reform Act 2006* and relevant legal and regulatory obligations. MACS Principals and their nominees are required to manage anaphylaxis, including prevention strategies, management and emergency response procedures within their schools in compliance with Ministerial Order 706 and the associated guidelines published and amended by the Department of Education (DE) from time to time.

MACS requires the active engagement of parents (defined in this policy as a person who has parental responsibility for a child, including a biological parent or another person who has been granted parental responsibility by a court order. The term is also used to refer to carers where permanent care, foster care or kinship arrangements are in place) for the provision of up-to-date Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plans that comply with Ministerial Order 706. Parents 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.

### 2. Purpose

This policy sets out the requirements in MACS schools to ensure compliance with Ministerial Order 706 and the safe management of the risk of anaphylaxis.

### 3. Scope

This policy applies to the following people in MACS schools:

- staff, including volunteers and casual relief staff, including specialist schools operated by Melbourne Archdiocese Specialist Schools Ltd (MACSS) and school boarding premises operated by MACS schools (Staff).
- all students who have been diagnosed as at risk of anaphylaxis or who may require emergency treatment for an anaphylactic reaction.

· the Parent of students who have been diagnosed as at risk of anaphylaxis or who may require emergency treatment for an anaphylactic reaction.

## 4. Principles

The following principles underpin this policy:

- MACS seeks to ensure the safety and wellbeing of all students whilst at school.
- Principals and all staff work with the Parent to ensure, as far as practicable, that the needs of children at risk of anaphylaxis will be considered, mitigated and minimised during school activities.
- Principals and staff take reasonable steps to reduce and manage risks to students with anaphylaxis.
- At all times, the Principal ensures the school complies with Ministerial Order 706.

## 5. Requirements to support anaphylaxis in MACS schools

Principals and nominated staff engage with the Parent of students at risk of anaphylactic reaction to develop risk minimisation strategies and management strategies in accordance with this policy and associated procedure and in compliance with Ministerial Order 706.

As reflected in Ministerial Order 706 and the school's enrolment agreement, the Parent is required to provide the school with up-to-date medical information to allow the school to carry out its duty of care.

### 5.1. ASCIA Action Plan and Individual Anaphylaxis Management Plans

#### ASCIA Action Plan

An Action Plan for Anaphylaxis that is consistent with ASCIA must be provided for every student diagnosed with a medical condition related to allergy and at risk of anaphylactic reaction. This plan must be obtained by the Parent and signed by a medical or nurse practitioner. The Parent is to provide a copy of the Action Plan to the school. Updated ASCIA Action and Treatment plans are available on the [ASCIA website](#).

#### Individual Anaphylaxis Management Plan

Every student diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction at the school must have an Individual Anaphylaxis Management Plan (IAMP) developed on the MACS template. See Anaphylaxis Procedure.

The Principal must:

- ensure that an IAMP is developed in consultation with the student's Parent, for any student, where the school has been notified of the diagnosis.
- ensure that IAMPs are in place after the student enrolls, or as soon as practicable after the student attends the school, with an interim plan developed in the meantime.
- organise to discuss and update the IAMP in consultation with the student's Parent and updated documentation at least annually or when required.

The Parent must:

- provide a copy of an updated [ASCIA Action Plan for Anaphylaxis](#) signed by the student's medical or nurse practitioner with a recent photo of their child.
- inform the school in writing of any relevant changes to the student's medical condition as it relates to their allergy and potential for anaphylactic reaction and if relevant, provide an updated ASCIA Action Plan with an updated photo with each reviewed plan.
- replace the recommended medication and/or adrenaline auto-injectors prior to their expiry date.
- participate in an annual Program Support Group (PSG) meeting to review and update their child's IAMP based on medical advice.
- provide an [ASCIA Travel Plan for People at Risk of Anaphylaxis](#) from a registered medical practitioner as well as an ASCIA Action Plan for Anaphylaxis Red if the student is going on a school trip involving air travel.

An ASCIA action plan is required to be updated:

- annually.
- before a student attends a school related excursion, camp, travel.
- if the student has an anaphylactic reaction at school.
- if the student's ASCIA action plan changes.

**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	Parent	Doctor, Nurse Practitioner	At diagnosis, annually, before excursions and camps, as required.
Individual Anaphylaxis Management Plan (IAMP)	School	Principal/principal nominee and Parent	At diagnosis, annually, before excursions and camps, as required.
Medication (EpiPen, Anapen, etc.)	Parent	N/A, as prescribed in the Action Plan	At diagnosis, before expiry date, after use.
ASCIA Travel Plan for People at Risk of Anaphylaxis	Parent	Doctor, Nurse Practitioner	Before going on a school trip involving an aeroplane.

## 6.1. Identified school staff undertake regular training

The Principal or nominated staff member must:

- take reasonable steps to ensure each staff member has adequate knowledge and training about allergies, anaphylaxis, and the school's expectations in responding to an anaphylactic reaction.
- ensure that staff undertake and 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.
- ensure that these staff participate in twice yearly anaphylaxis management staff briefings including information set out by the DE for use in Victorian schools, with one briefing at the commencement of the school year.
- develop an interim IAMP in consultation with the student's Parent if, for any reason, a relevant staff member has not yet completed training. The Principal should also consider whether consultation with the School Anaphylaxis Supervisor, the school nurse (if applicable), or the student's treating medical practitioner is required when developing the interim plan.

## 6.2. General Anaphylaxis training for school staff

All school staff complete the ASCIA e-training course freely available on the ASCIA website. Following the e-training, an appropriately qualified supervisor must evaluate the participant's competency in administering an adrenaline auto-injector.

Upon successful completion of the e-training and its assessment module, participants will receive a certificate. This certificate must be signed by the school anaphylaxis supervisor to confirm the participant has also demonstrated proficiency in using an adrenaline auto-injector device.

All staff participate in twice yearly anaphylaxis management staff briefings including information set out by the DE for use in Victorian schools, with one briefing at the commencement of the school year.

**Table 2: Summary of training requirements**

Training	Who attends it?	Additional requirements	How often?
ASCIA e-training course	All staff	Qualified supervisor must evaluate an individual's competency in administering an adrenaline auto-injector	Annually
Anaphylaxis management staff briefings	All staff	NA	Twice yearly, with one at the start of the year
Anaphylaxis management training course	School staff with a student with anaphylaxis in their class or as deemed required by the principal	Option 1: Online	Every two years
		Option 2: Face to face	Every three years

### 6.3. Display of general and emergency plans

The school must:

- ensure that completed ASCIA Action Plans are stored and displayed in a way that staff can easily access them.
- ensure a [First Aid Plan for Anaphylaxis](#) and emergency procedures are stored or posted with general use adrenaline auto-injectors.

### 6.4. Additional adrenaline auto-injector devices

The school must:

- purchase extra adrenaline auto-injectors for general use. The school will choose the number and type or brand of auto-injector to keep in the sick bay or first aid room, and in the portable first aid kit as needed.
- organise that general use auto-injectors are replaced at time of use or expiry, whichever is first. The expiry period is generally 12–18 months.

### 6.5. Annual risk management checklist

The principal must complete the Annual Anaphylaxis Risk Management Checklist for Schools at the start of each year to monitor the school's compliance with Ministerial Order 706 and any updates as published by the DE and MACS or the VCEA.

MACS schools must complete the Risk Management Checklist for Off-site activities when determining requirements for activities such as excursions, camps and travel.

## 7. Emergency response

In case of an anaphylactic reaction, follow the emergency response procedures outlined in the school's anaphylaxis management procedure, along with the general first aid and emergency response procedures, and the student's individual anaphylaxis management plan.

**1. Emergency response to an anaphylactic reaction** If safe to do so, lay the person flat, do not allow patient to stand or walk.

**2.** If breathing is difficult allow patient to sit

1. Be calm, reassuring.
2. Do not leave them alone.
3. Seek assistance from another staff member or reliable student to locate the auto injector or a general use auto-injector, and the student's IAMP.

**3.** Administer prescribed adrenaline auto-injector – note the time given and retain used EpiPen/Anapen to give 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 auto-injector is available).

**6.** Phone family/emergency contact.

If in doubt, give an adrenaline auto-injector.

If the student has not been previously diagnosed with an allergy or at risk of anaphylaxis but appears to be having a severe allergic reaction, follow Steps 2–6 above.

### 7.1. Anaphylaxis incident reporting

The administration of first aid to students from an anaphylactic incident or illness must be recorded, including all actions taken in the provision of care. This information can be recorded on the school's preferred first aid platform, accident/incident register or, depending on the severity of the incident, reported onto the [School Injury/Incident Report Form](#) to MACS as soon as reasonably practicable, in accordance with the Emergency and Critical Incident Management Procedures. The accident / incident register must be maintained.



The Principal and/or OHS representative must ensure a copy of the first aid and/or incident report is provided to the Parent of the student.

## 7.2. Communication plan

This policy must be publicly available, and the school community notified when the policy is updated. The Medical Management Communication Plan must incorporate an anaphylaxis management procedure. The Principal is responsible for developing this plan to inform all staff, students and the Parent about anaphylaxis and the school's policy. The strategies for educating staff and students on how to respond to a student's anaphylactic reaction in different settings are to be included from the Anaphylaxis Risk Minimisation Strategies.

Schools are to consider a communication process with the Parent around obtaining current and updated documentation and medication. Schools can outline a communication process with the Parent for obtaining new or updated medical documentation or medication.

## 7.3. Anaphylaxis Advisory line

For further advice and support on Anaphylaxis management in school (Ministerial order 706), Principals and school representatives, MACS school and office staff and the Parent can contact the Royal Children's Hospital Anaphylaxis Advice & Support Line via phone on **1300 725 911** or **9345 4235** or email [anaphylaxisadvice@rch.org.au](mailto:anaphylaxisadvice@rch.org.au)

## 8. Roles and reporting responsibilities

Role	Responsibility	Reporting requirement
Principal	Maintain a register of students at risk of anaphylactic reaction.	Annual Attestation
Principal	Ensure adequate auto-injectors for general use are available in the school and that the auto-injectors are replaced at time of use or expiry, whichever is first.	Annual Attestation
Principal	Ensure twice yearly briefings on anaphylaxis management are conducted with one briefing at the start of the school year.	Annual Attestation
Principal	Ensure staff have completed appropriate training and that adequate staff trained in anaphylaxis management are available for all school activities including off site activities and school approved activities outside school hours.	Annual Attestation
Principal	Ensure a communication plan is developed to provide information to all staff, students, Parents about this policy and the school's procedure for anaphylaxis management.	Annual Attestation
Principal	Ensure this policy is published and available to the school community.	Annual Attestation
Anaphylaxis Supervisor or other staff member who has completed Anaphylaxis Management course successfully in past two years	Conduct twice yearly briefings for all staff on anaphylaxis management with one briefing at the commencement of the school year, using the briefing template provided by the DE for use in schools.	Annual Attestation

## 9. Procedures

Procedures to implement this policy are published separately. The procedures must be contextualised by each Principal using the approved template and the supporting documents referenced below.

## 10. Definitions

### **Anaphylaxis**

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

### **Anaphylaxis Guidelines (Guidelines)**

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

### **Australasian Society of Clinical Immunology and Allergy (ASCIA)**

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

### **Auto-injector**

An adrenaline auto-injector 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).

### **Registered medical/health practitioner**

A person registered under Australian Health Practitioner Registration Agency (AHPRA) and relevant state/national board for their health profession, whether or not 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 MACS or a MACS school 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).

## 11. Related policies and documents

### **Supporting documents**

Anaphylaxis Procedure – Template for MACS Schools

Individual Anaphylaxis Management Plan – Template for MACS Schools

Anaphylaxis Risk Minimisation Strategies for Schools – Template for MACS Schools

Emergency Response to Anaphylactic Reaction – Sample – Template for MACS Schools

Anaphylaxis Management Checklist for Off-site Activities – Template for MACS Schools

Annual Anaphylaxis Risk Management Checklist – Template for MACS Schools

## 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 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](#)

## 12. Legislation and standards

*Education and Training Reform Act 2006* (Vic)  
Ministerial Order 706

## Policy information

	Director, Education Excellence
	Chief of Student Services
	Executive Director
	Child Safety and Risk Management
	16 July 2025 (minor typographic amendment approved by Director)
	High
	April 2029
	CEVN

	Care, Safety and Welfare of Students
	See list of supporting documents and related policies above
	Anaphylaxis Policy for MACS Schools – v4.0 – 2025 Anaphylaxis Policy for MACS Schools – v3.0 – 2023 Anaphylaxis Policy – v2.0 – 2022 Anaphylaxis Policy – v1.0 – 2021