

# Nunawading Christian College

## Anaphylaxis Management Policy

### Document Control

Revision Number	Implementation Date	Review Date	Description of Changes	Prepared By	Ratified By
1	April 2014	May 2015	Updated Policy	Sylvia Mendez	School Council
2	March 2017	April 2018	Updated Policy	Marie Roberts	School Council
3	July 2018	July 2019	Updated Policy	Hanna Stekla	NCC Exec
4	December 2019	January 2020	Compliance review & update	Ben Thomas	NCC Exec
5	January 2021	March 2022	Compliance review & update	Ben Thomas	NCC Exec
6	May 2022	Jan 2023	Updated Policy	Hanna Stekla	NCC Exec School Council
7	Feb 2023	May 2025	Updated Policy & checklist	Ben Thomas	NCC Exec School Council
8	August 2025	July 2026	Updated Policy & checklist	Ben Thomas	NCC Exec School Council
9	February 2026	January 2027	Updated Policy & checklist	Isabelle Stravens	EMP Committee



## Rationale

The purpose of this policy is to ensure Nunawading Christian College (the school) manage students at risk of anaphylaxis and meet legislative requirements, and to ensure all staff can respond to an anaphylactic reaction.

## Summary:

- Under [Ministerial Order 706 – Anaphylaxis Management in Victorian schools](#) (the Order), schools are required to develop a school-level anaphylaxis management policy.
- The school has developed [Anaphylaxis Guidelines](#) to meet their duty of care to students at risk of anaphylaxis as well as other legislative requirements.
- The principal will ensure that school staff are appropriately trained in anaphylaxis management. To comply with the Order, all staff will participate in a twice yearly anaphylaxis briefing, with the first to be held at the start of the school year. Relevant school staff will also participate in face-to-face or online anaphylaxis training.
- First Aid Management & Training Centre PTY. LTD. is the provider of anaphylaxis training in Nunawading Christian College.

## Definitions:

*Anaphylaxis* is a severe, rapidly progressive allergic reaction that is life threatening. Although allergic reactions are common in children, severe life threatening reactions are uncommon and deaths are rare. However, deaths have occurred and anaphylaxis must therefore be treated as a medical emergency.

*Allergies* occur within the immune system producing antibodies that act against substances in the environment. Once an allergy has developed, exposure to the particular allergen can result in symptoms that vary from mild to life threatening (Anaphylaxis).

## 1. Aims

The Aims of the Anaphylaxis Management Policy are:

- To comply with Ministerial Order 706 as of the 22<sup>nd</sup> of April 2014;
- To comply with all guidelines related to anaphylaxis management in schools as published and amended by the Department of Education and Training from time to time;
- To elaborate on the First Aid Policy, providing more detailed first aid information relevant to anaphylaxis
- To ensure effective and appropriate information about the development, implementation, monitoring and regular review of Individual Anaphylaxis Management



- Plans, which include an individual ASCIA Action Plan for Anaphylaxis;
- To inform the school's Anaphylaxis Management Program to include:
    - a) Prevention strategies;
    - b) School management and emergency response procedures;
    - c) The purchase of adrenaline auto injectors for general use;
    - d) A communication plan;
    - e) Training of school staff and;
    - f) Completion of a school anaphylaxis management checklist.

## **2. Management of Students Diagnosed as at Risk of Anaphylaxis. Individual Anaphylaxis Management Plans**

When a student with the risk of anaphylaxis enrolls at the school, and prior to that student of Nunawading Christian College will attending, the school will ensure that the Principal

be responsible for ensuring that an individual anaphylaxis management plan is developed, in consultation with the student's parents, for 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;

- The individual Anaphylaxis Management Plan must be in place as soon as practicable after the student enrolls, and where possible before the student's first day of attendance at school;
- The individual Anaphylaxis Management Plan will set out the following:
  - a) 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);
  - b) Strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of school staff, for in-school and out of school settings, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school;
  - c) The name of the person/s responsible for implementing the strategies;
  - d) Information on where the student's medication will be stored;
  - e) The student's emergency contact details;
  - f) An action plan in a format approved by the Australasian Society of Clinical Immunology and Allergy (ASCIA Action Plan), is provided by the parent;
  - g) A review of the student's Individual Anaphylaxis Management Plan will be carried out in consultation with the student's parents in all of the following circumstances:
    - i. Annually;SEQTA
    - ii. If the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction and changes;



- iii. As soon as is practicable after a student has an anaphylactic reaction at school; and
  - iv. When a student is to participate in an off-site activity such as camps, excursions, or at special events conducted, organised or attended by the school.
- h) Parents are informed of their responsibilities to:
- i. Provide the ASCIA Action Plan;
  - ii. Inform the school in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant provide an updated ASCIA Action Plan
  - iii. Provide an up-to-date photo of a student for the ASCIA action plan and;
  - iv. Provide the school with an adrenaline auto injector (EpiPen) that is current and not expired for their child.

The Principal will maintain an up to date list of students with anaphylaxis. This list will be communicated to staff via:

- Identification of all students with anaphylaxis during training and briefing sessions at the start of each semester
- Email to staff of any new diagnosis during the year
- SEQTA Notices for each student with a Medical Management Plan
- Individual Anaphylaxis Management Plans that are posted on the Sick Bay wall, included in the epipen bag stored in the sickbay, posted as a PDF on SEQTA and via a medical alert symbol beside the student's name on all SEQTA class rolls.
- Copies of Individual Anaphylaxis Management Plans are in epipen bags, and taken on excursions are required.

### 3. School Management of Anaphylaxis

The most important thing in the management of anaphylaxis is to avoid any known triggers. Parents of at-risk students are expected to develop a joint approach to managing their child/ren.

Exposure to known triggers by at risk students must be managed by teachers, administrators, students themselves and family. Staff will respond better in emergency situations if they have received training in the area of anaphylaxis.

#### Causes:

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

- eggs
- peanuts
- tree nuts such as cashews
- cow's milk
- fish and shellfish
- wheat



- soy
- sesame
- insect stings and bites
- Medications.

Signs of mild to moderate allergic reaction include:

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

## Signs and Symptoms

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

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

## School Prevention Strategies

In keeping with ASCIA guidelines for the prevention of anaphylaxis in schools, food restrictions or bans are not useful risk minimisation strategies. As such, Nunawading Christian College does not have any food restrictions relating to allergy prevention at school. Students identified as being at increased risk of anaphylaxis are educated by their medical practitioners to self manage their risks with the support of school staff, as identified in the student individual management plan. Annual reviews ensure up-to-date prevention strategies can be delivered by the student's medical practitioner.

Where environmental triggers are identified, the school will take measures to minimise the students exposure to the trigger.



## Emergency Response

This procedure is reinforced at semester anaphylaxis staff briefings and is posted beside the class telephone in every classroom:

### Emergency Procedures

1. Establish anaphylaxis condition is present and administer auto injection device at the first instance
  2. Send a student to Reception to inform the First Aid Officer (Ali Burnside or delegate).
  3. Call Ali/Office Staff (Ext 2203 or 2204).
  4. Call ambulance (000).
  5. Notify parent/caregiver
- a) Adrenaline given through an EpiPen auto injector to the muscle of the outer mid-thigh is the most effective first aid treatment.
- b) Parents need to provide an auto injector by the first day of school to be available for emergencies as prescribed by their family doctor.
- c) An ambulance must be called and the child taken immediately to hospital.

When a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care or supervision of the school outside normal class activities, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school, the Principal must ensure that there is sufficient number of school staff present who have been trained in accordance with clause 12 of Ministerial Order 706.

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school's general first aid and emergency response procedures and the student's ASCIA Action Plan. In the primary school, personal adrenaline auto injectors are kept in insulated medical bags in the child's classroom.

In the secondary school, personal adrenaline auto injectors are kept in insulated medical bags in the First Aid room located at Reception. Generic/non personal adrenaline auto injectors are kept in the medical 'bum bags' used by the primary staff while on duty and in the First Aid room at Reception.

It is recommended that children should wear a medical warning bracelet if they are at risk of anaphylaxis.



## Auto injectors for General Use

### Purchase of Adrenaline Auto injectors for General Use

- a) The Principal is responsible for arranging for the purchase of additional adrenaline auto injector(s) for general use and as a back up to those supplied by the parents;
- b) The Principal will determine the number and type of adrenaline auto injector(s) for general use to purchase and in doing so consider all of the following:
  - i. The number of students enrolled at the school that have been diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction;
  - ii. The accessibility of adrenaline auto injectors that have been provided by parents;
  - iii. The availability of sufficient supply of adrenaline auto injectors for general use. The school has a general use epipen stored in the staff emergency bag in the front office and this is taken on excursions, camps and special events conducted, organised or attended by the school. Additional general use adrenaline auto injectors are available in the sick bay and in the medical bum bags used by the primary teachers while on duty. Note that adrenaline auto injectors have a limited life, and usually expire within 12-18 months of purchase, and will need to be replaced at the school's expense, either at the time of use or expiry, whichever is first.

## Communication Plan

The following plan for communication is in effect at Nunawading Christian College :

- The Principal of Nunawading Christian College will ensure that the following communication plan is actioned to provide information to all school staff, students and parents about anaphylaxis and the school's anaphylaxis management policy:
  - a. That the Principal will ensure that the school staff are:
    - i. Trained; and
    - ii. Briefed at least twice per calendar year.
    - iii. Informed about any additional students diagnosed with anaphylaxis during the year
    - iv. Have access to all individual management plans via SEQTA and linked to each class roll and in epipen bags located in the sick bay.
  - b. The Principal will ensure that Medical Records forms are updated at the start of each year and parents of any student with identified anaphylaxis are contacted to discuss individual anaphylaxis management action plans for their child.
  - c. School camp permission forms require parents to identify any new conditions that may have been identified since Medical Record forms were completed and not communicated to the school.
- Strategies for advising school staff, students and parents about how to respond to an anaphylactic reaction include:
  - i. During normal school activities including in the classroom, in the



schoolyard, in all school buildings and sites including gymnasiums and halls; and

ii. During off-site out of school activities, including excursions, school camps and at special events conducted, organised or attended by the school;

- Procedures to inform volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction of a student in their care; and

## Staff Training

a) The Principal will ensure that school staff are trained in accordance with clause 12 of Ministerial Order 706. Nunawading Christian College will ensure anaphylaxis training is provided to school staff and will include the following:

- i. School staff who conduct classes where students have a medical condition that relates to allergy and the potential for anaphylactic reaction attend; and
- ii. Any further school staff that the Principal identifies, based on an assessment of the risk of any anaphylactic reaction occurring while a student is under the care of supervision of the school.

b) Nunawading Christian College staff that are subject to training requirements will:

- i. Have successfully completed an anaphylaxis management training course in the three years prior; and
- ii. Participate in a briefing, to occur twice per calendar year with the first one to be held at the beginning of the school year, by an external qualified trainer, the second briefing will be conducted by the school First Aid officer, on the school's anaphylaxis management policy;
  1. The causes, symptoms and treatment of anaphylaxis
  2. The identities of students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located;
  3. How to use an adrenaline auto injector, including hands on practise with a trainer
  4. The school's general first aid and emergency response procedures; and
  5. The location of, and access to, adrenaline auto injectors that have been provided by parents or purchased by the school for general use.

If for any reason training and briefing has not yet occurred in accordance with the Ministerial Order 706 clauses, the Principal must develop an interim plan in consultation with the parents of an affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction, and training must occur as soon as possible thereafter.

## Annual Risk Management Checklist

a) The Principal is required to complete an annual Risk Management Checklist to monitor their obligations, as published and amended by the Department of Education and Training from time to time.



## Relevant Legislation

- [Children's Services and Education Legislation Amendment \(Anaphylaxis Management\) Act 2008 \(Vic\)](#):
  - On 14 July 2008, the Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008 came into effect amending the Children's Services Act 1996 and the Education and Training Reform Act 2006 requiring that all licensed children's services and schools have an anaphylaxis management policy in place.
- Ministerial Order 90 (repealed on 22 April 2014)
- [Ministerial Order 706](#) (updated on 3 December 2015):
  - Ministerial Order 706 – Anaphylaxis Management in Victorian schools outlines points that schools need to ensure are included in their anaphylaxis management policy. A revised Ministerial Order 706 came into effect on 3 December 2015.

## References

- Annual Risk Management Checklist (Appendix A)
- Anaphylaxis Management Plan (Appendix B)
- Communication Plan
- First Aid Policy
- Ministerial Order 706
- OH&S Action Management Plan

# 2027 checklist here

## Appendix A

### Template: Annual Risk Management Checklist

*To be printed and completed annually*

For more information and resources, see the department's [Anaphylaxis policy](#).

<b>School name:</b>	<b>Nunawading Christian College</b>
<b>Date of review:</b>	<b>18/02/2026</b>
<b>Who completed this checklist?</b>	Name: Alida Burnside
	Position: First Aid Officer
<b>Review given to:</b>	Name: Meggan James
	Position: Principal
<b>Comments:</b>	



General information	
1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an adrenaline device?	Primary: 14 Secondary: 9 Total students: 23
2. How many of these students carry their adrenaline device on their person?	0
3. If your school is a government school, are you aware that every incident in which a student suffered an anaphylactic reaction must be reported to the Incident Support Operations Centre (ISOC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
4. Are you aware that schools can contact the Royal Children's Hospital Anaphylaxis Advice Line (by emailing: <a href="mailto:anaphylaxisadvice@rch.org.au">anaphylaxisadvice@rch.org.au</a> or by phone: 1300 725 911) to help schools meet their obligations under the department's <a href="#">Anaphylaxis Policy</a> ?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 1: Training	
5. Have all school staff who conduct classes with students who are at risk of anaphylaxis successfully completed an approved anaphylaxis management training course, either: <ul style="list-style-type: none"> <li>online training (Australasian Society of Clinical Immunology and Allergy (ASCIA (anaphylaxis e-training for Victorian Schools) within the last 2 years, or</li> <li>accredited face to face training (22578VIC) within the last 3 years?</li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. Does your school conduct anaphylaxis briefings twice every year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. Do all school staff participate in a twice-yearly anaphylaxis briefing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools: <p>a. Has your school trained a minimum of 2 school staff per school or per campus (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline devices (EpiPen®, Anapen®, Jext and Neffy)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
b. Are your school staff being assessed for their competency in using adrenaline devices (EpiPen®, Anapen®, Jext and Neffy) within 30 days of completing the ASCIA Anaphylaxis e-training for Victorian Schools?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
1) SECTION 2: Individual Anaphylaxis Management Plans	
9. Does every student who is at risk of anaphylaxis have an Individual Anaphylaxis Management Plan (developed by the school) that includes an ASCIA Action Plan for Anaphylaxis (RED) completed and signed by a prescribed medical practitioner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually and after any changes to the student's medical condition, after any anaphylactic reaction at the school, or where the student is to participate in an offsite activity such as sport, camps or special events)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?	



a. During classroom activities, including elective classes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. In canteens or during lunch or snack times	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Before and after school, in the school yard and during breaks	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. For special events, such as sports days, class parties and extra-curricular activities	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. For excursions and camps	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12. In the event of an emergency, do staff know where to find a student's ASCIA Action Plans for Anaphylaxis (RED)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13. Do the ASCIA Action Plans for Anaphylaxis (RED) include a recent photo of the student?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 3: Storage and accessibility of adrenaline devices</b>	
14. Does the school have a process for storing all student adrenaline devices, supplied by the family, and do staff know where and how to access them?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15. Does the school have a process for storing all general use adrenaline autoinjectors purchased by the school, and do staff know where and how to access them?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Are all the adrenaline devices stored at room temperature (not refrigerated) and out of direct sunlight?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17. Is the storage unlocked and accessible to school staff at all times?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis (RED) kept together with the student's adrenaline device?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the adrenaline devices and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan for Anaphylaxis (RED)) clearly labelled with the student's names?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20. Has someone been designated to check the adrenaline devices expiry dates on a regular basis?  Who? <a href="#">Alida Burnside - First Aid Officer</a>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21. Are there adrenaline devices which are currently in the possession of the school which have expired? If yes, please replace.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
22. Has the school signed up to <a href="#">MyEpiPen</a> (optional free reminder services)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23. Has the school purchased at least 2 adrenaline autoinjectors for general use (one to retain on site and one which can go on all camps/excursions), and have they been placed in the school's first aid kit(s)?  This is a requirement under departmental policy.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24. Are the adrenaline autoinjectors for general use clearly labelled as a 'General Use' adrenaline autoinjector?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



<b>SECTION 4: Risk minimisation strategies</b>	
25. Has your school put in place risk minimisation strategies within the school environment to reduce the potential exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
26. Have you implemented any of the risk minimisation strategies in the <a href="#">Anaphylaxis Guidelines</a> ? If yes, list these in the space provided below.  <ul style="list-style-type: none"> <li>• <a href="#">Food allergy letter to parents and staff (reminder)</a></li> <li>• <a href="#">Education for students in homeroom</a></li> <li>• <a href="#">Primary (hand washing, meal supervision)</a></li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Training?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 5: School management and emergency response</b>	
28. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
29. Do school staff know when their training needs to be renewed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
30. Does your plan include who will call the ambulance?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
31. For excursions, camps or other out of school events, is there a plan for who is responsible for ensuring the adrenaline device(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan for Anaphylaxis (RED)) and the adrenaline autoinjector for general use are correctly stored and available for use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
32. Do school staff know:	
a. Where the school's local Anaphylaxis Policy is shared with the school community?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. The identities of students at risk of anaphylaxis, and who are prescribed an adrenaline device, including where their medication is located?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 6: Communication Plan</b>	
5. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?	
a. To school staff?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. To parents?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

