
Anaphylaxis Policy (2025 - 2026)



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<i>To be reviewed by</i>	Principal
<i>References</i>	Victorian Government Schools Reference Guide
<i>Approved by</i>	School Council
<i>Date</i>	21 May 2025

Signature

A handwritten signature in blue ink, appearing to read 'Justin Hird'.

PURPOSE

To explain to Castlemaine Secondary College (CSC) parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that CSC is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

SCOPE

This policy applies to:

- all staff, including casual relief staff and volunteers
- all students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction, and their parents and carers.

POLICY

School Statement

CSC will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

Anaphylaxis

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school-aged children are nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

Symptoms

Signs and symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- tingling in the mouth.

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

- difficult/noisy breathing
- swelling of tongue
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- student appears pale or floppy
- abdominal pain and/or vomiting.

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen, but can appear within a few minutes.

Treatment

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis. Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

All students at CSC who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the principal of CSC is responsible for developing a plan in consultation with the student's parents/carers.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrolls at CSC and where possible, before the student's first day.

Parents and carers must:

- obtain an [ASCIA Action Plan for Anaphylaxis](#) from the student's medical practitioner and provide a copy to the school as soon as practicable
- immediately inform the school in writing if there is a relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
- provide the school with a current adrenaline auto-injector for the student
- participate in annual reviews of the student's plan.

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has
- information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
- the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the Plan
- information about where the student's medication will be stored

- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

Risk Minimisation Strategies

To reduce the risk of a student suffering from an anaphylactic reaction at Castlemaine Secondary College, we have put in place the following strategies:

- staff and students are regularly reminded to wash their hands after eating
- students are discouraged from sharing food
- garbage bins at school are to remain covered with lids to reduce the risk of attracting insects
- gloves must be worn when picking up papers or rubbish in the playground
- school canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination
- a general use Adrenaline autoinjector will be stored in the college's staffroom.

Planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, appropriate number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending.

Review and updates to Individual Anaphylaxis Plans

A student's Individual Anaphylaxis Management Plan will be reviewed and updated on an annual basis in consultation with the student's parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

- as soon as practicable after the student has an anaphylactic reaction at school
- if the student's medical condition, insofar as it relates to an allergy and the potential for anaphylactic reaction, changes
- when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

Our school may also consider updating a student's Individual Anaphylaxis Management Plan if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

Location of plans and adrenaline autoinjectors

For when students will not carry their adrenaline autoinjector on their person:

- A copy of their Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis, together with the student's adrenaline autoinjector (stored in an insulated bag and placed on the 'first aid' wall) in the staffroom. The Adrenaline autoinjectors and their insulated bag must be labelled with the student's name.
- An electronic copy will be uploaded to XUNO and the original copy will be stored in the students file

For when students will carry their adrenaline autoinjector on their person:

- An additional copy of the students ASCIA Action Plan for Anaphylaxis will be stored on their person together with the adrenaline autoinjector. The Adrenaline autoinjectors and the insulated bag must be labelled with the student's name.

- An electronic copy of the students individual Anaphylaxis Management Plan and their ASCIA Action Plan for Anaphylaxis will be uploaded to XUNO and the original copy stored in the students file.

Adrenaline autoinjectors for general use

Castlemaine Secondary College will maintain a supply of adrenaline autoinjectors for general use, as a back-up to those provided by parents and carers for specific students, and for students who may suffer from a first-time reaction at school.

Copies of all student's ASCIA Action Plan will be kept in the Generic Adrenaline autoinjector insulated containers (so that the plan is easily accessible by school staff in the event of an incident), and including all copies in the 'Medical Conditions' folder in all precincts, located next to the first aid kits.

Adrenaline autoinjectors for general use, will be stored in the following locations:

- **EpiPen 1, 2 & 3** – In the staffroom of the general office building, on the 'First Aid' wall, labelled "general use".
- **EpiPen 4 & 5** – In the Front Office cupboard, for prompt access to Artisans and Engineers Precinct, and surrounding areas.
- **EpiPen 6** – In the Performers Precinct first aid kit, including prompt access to Steiner, Home Economics, and surrounding areas.
- **EpiPen 7** – In the Wellbeing Precinct first aid kit (south end), for prompt access to the oval, buses, and surrounding areas.

The principal is responsible for arranging the purchase of adrenaline autoinjectors for general use, and will consider:

- the number of students enrolled at Castlemaine Secondary College at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors supplied by parents
- the availability of a sufficient supply of autoinjectors for general use in different locations at the school, as well as at camps, excursions, and events
- the limited life span of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors to be replaced when used or prior to expiry
- the weight of the students at risk of anaphylaxis to determine the correct dosage of adrenaline autoinjector/s to purchase.

Risk Minimisation Strategies

To reduce the risk of a student suffering from an anaphylactic reaction at CSC, we have put in place the following strategies.

Name of environment/area: CLASSROOMS	
Risk identified	Actions required to minimise the risk
Hidden Allergens	<p>Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).</p> <p>Products labelled 'may contain traces of nuts' or at risk of containing 'hidden allergens' should not be provided to students allergic to nuts.</p>
Food Sharing	<p>Never share or give food from outside sources to a student who is at risk of anaphylaxis.</p> <p>Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.</p> <p>Treats for other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.</p>
Contamination and/or contact with food allergen during Food Technology, Science and other classroom activities using products that may contain allergens.	<p>A copy of the student's Individual Anaphylaxis Management Plan is kept on the student Management Database, and with the adrenaline autoinjectors</p> <p>A flyer outlining all students with anaphylaxis is easily accessible, and on display in all office spaces and staff rooms across the College.</p> <p>Liaise with parents about food-related activities well ahead of time.</p> <p>Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.</p> <p>In classrooms, where cross contamination is possible (i.e. cooking), allocate a workspace that is thoroughly wiped down with warm soapy water before and at the end of each lesson.</p> <p>Children with food allergies need special care when doing Food Technology. An appointment should be organised with the student's parents prior to the student undertaking this subject. Helpful information is available at: www.allergyfacts.org.au/images/pdf/foodtech.pdf</p> <p>Music teachers must be aware there should be no sharing of wind instruments, and should speak with parents about providing the child's own instrument.</p>
School staff not being aware of students with allergies.	<p>All staff, including casual relief teachers, specialist teachers and volunteers will be provided with the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and adrenaline autoinjector, the</p>

	school's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident i.e. seeking a trained staff member.
School staff not aware of Emergency Response Plan and access to Adrenaline Autoinjector	<p>All staff are to be briefed about the Anaphylaxis Management School Policy and Emergency Response Plan, which occurs at the beginning of each school year or during staff induction.</p> <p>Emergency Response and Communication Plan practice scheduled as part of biannual staff briefings.</p> <p>Classroom staff must be able to identify, by face, students at risk of anaphylaxis.</p> <p>All classroom staff have access to a phone or mobile phone to notify Reception immediately in the event of an anaphylactic reaction, or call 700 on the College's phone system.</p> <p>Classroom staff to understand and execute schools Anaphylaxis Emergency Response Plan as per the correct procedure.</p> <p>A classroom staff member is not to leave a student having an anaphylactic reaction at any time.</p> <p>Reception staff to call for an ambulance after ensuring the adrenaline autoinjector has been delivered to the student as per the Emergency Response Plan, if required.</p> <p>Reception/office staff member to bring to the incident location the students own adrenaline autoinjector AND a general use adrenaline autoinjector to provide the trained staff member with a second adrenaline autoinjector in case it is required to be given after 5 minutes.</p> <p>A staff member should wait at the school's main gate to direct the ambulance staff to the student.</p>
Name of environment/area: SCHOOL YARD	
Risk identified	Actions required to minimise the risk
Yard duty staff not trained in Anaphylaxis Management	Sufficient school staff on yard duty must be trained in the administration of the adrenaline autoinjector (i.e. EpiPen®) and be able to respond quickly to an allergic reaction if needed.
Litter Duty	Non rubbish collecting duties should be allocated to students at risk of anaphylaxis or gloves or an instrument such as tongs provided to pick up rubbish to avoid skin contact with potential allergens.
Initiation of Emergency Response Plan and access to Adrenaline Autoinjector	<p>The adrenaline autoinjector and each student's individual ASCIA Action Plan for Anaphylaxis are easily accessible from the yard, located in the Administration Building Staffroom..</p> <p>All staff on yard duty must be aware of the school's emergency response procedures and how to notify the Reception.</p>

	Yard duty staff must be able to identify, by face, those students at risk of anaphylaxis. A yard duty staff member is not to leave a student having an anaphylactic reaction at any time.
Environmental risks	Students with severe allergies to insects should always wear closed shoes and long-sleeved garments when outdoors and be encouraged to stay away from water or flowering plants. Lawns and clover will be mowed, and outdoor bins covered to reduce attracting insects Students should keep drinks and food covered while outdoors Be aware of bees around water, and grassed and garden areas, and have bee, ant or wasp nests removed (to be done when students are not at school).
Animal allergy	Be aware of animal feed containing food allergens and of exposure to animals that may come onsite i.e., school dog' for students with severe allergies to animals.
Sunscreen allergy	Parents of students at risk of allergies to sunscreen may want to provide their child with their own sunscreen.
Name of environment/area: SPECIAL EVENTS AT SCHOOL (e.g. Sporting Events, Incursions, Class Parties)	
Risk identified	Actions required to minimise the risk
Adequate number of school staff trained in Anaphylaxis Management.	If the school has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an adrenaline autoinjector to be able to respond quickly to an anaphylactic reaction if required.
Food brought to school for special event days.	If food will be part of an event or special occasion the school will notify parents in advance via XUNO news and / or an event notification form, so that an alternate food menu can be developed or request that parents provide food for the student. If students from other schools are participating in an event at our school, consider requesting information from the participating schools about any students who will be attending the event who are at risk of anaphylaxis. Agree on strategies to minimise the risk of a reaction while the student is visiting the school. This should include a discussion of the specific roles and responsibilities of the host and visiting school. Students at risk of anaphylaxis should bring their own adrenaline autoinjector with them to events outside their own school. Party balloons should not be used if any student is allergic to latex
Name of environment/area: SCHOOL CAMPS & REMOTE SETTINGS	
Risk Identified	Actions required to minimise the risk
Camp able to accommodate the	All staff attending camp should familiarise themselves with the students' Individual Anaphylaxis Management Plans AND plan emergency response procedures for

<p>student's anaphylaxis management requirements.</p>	<p>anaphylaxis prior to camp and be clear about their roles and responsibilities in the event of an anaphylactic reaction.</p> <p>A risk assessment will be undertaken and a risk management strategy developed for students at risk of anaphylaxis while they are on camp. This will be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp's commencement.</p> <p>Prior to engaging a camp owner/operator's services the school should make enquiries as to whether the operator can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation in writing to the school, then the school should strongly consider using an alternative service provider. This is a reasonable step for a school to take in discharging its duty of care to students at risk of anaphylaxis.</p>
<p>Camp able to accommodate the student's anaphylaxis management requirements.</p>	<p>The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading etc.</p> <p>The use of substances containing allergens and stocking of peanut or tree nut products should be avoided by camps. Products that 'may contain traces of nuts' may be served, but not to students who are known to be allergic to nuts.</p> <p>Schools must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools must have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.</p> <p>School staff will consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken in order for the school to adequately discharge its non-delegable duty of care.</p> <p>Items for discussion:</p> <ul style="list-style-type: none"> ● If the school has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis and whether a parent's preference is to provide the students food for the camp duration. (Safe storage and cooking will need to be arranged) ● Parents are encouraged to provide two adrenaline autoinjectors, in an insulated bag, to be accompanied with the Action Plan for Anaphylaxis and any other required medications whilst the student is attending camp.

	<ul style="list-style-type: none"> • Ensuring camp games and activities do not involve the use of known allergens and removing the allergens from the camp where possible. This includes on the bus. • Review the students Individual Anaphylaxis Management Plan to ensure it is up to date and relevant to the circumstances of the camp. <p>Consider the potential exposure to allergens when consuming food on buses and in cabins.</p> <p>Use of substances containing known allergens should be avoided altogether where possible.</p> <p>All staff attending camp should familiarise themselves with the student's individual anaphylaxis Management Plans AND plan emergency response procedures for anaphylaxis prior to campo and be clear about their roles and responsibilities in the event of an anaphylaxis emergency.</p>
<p>School and camp staff access and implementation of an Emergency Response Procedure in the event of a student suffering an anaphylactic reaction.</p>	<p>The student's adrenaline autoinjector, Individual Anaphylaxis Management Plan, ASCIA Action Plan and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.</p> <p>School staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. This includes checking the emergency response procedures that the camp provider has in place. Ensure these procedures are sufficient in the event of an anaphylactic reaction and ensure all school staff participating in the camp are clear about their roles and responsibilities.</p> <p>School staff should contact emergency services and hospitals well prior to camp and advise of students at risk, location of camp and location of any off camp activities. The contact details of emergency services are distributed to all school staff attending the camp as part of the emergency response procedure developed for the camp. The hospital location and ability of the ambulance to access the camp should be confirmed.</p> <p>A general use adrenaline autoinjector should be taken to camp as a back-up device and kept in the first aid kit in the event of an emergency.</p> <p>The student's adrenaline autoinjector should remain close to the student and school staff must be aware of its location at all times.</p> <p>The adrenaline autoinjector should be carried in the school first aid kit; or consider students to carry their own adrenaline autoinjector on camp. School staff members will still have a duty of care towards the student, even if they do carry their own adrenaline autoinjector.</p>
<p>Name of environment/area: FIELD TRIPS/EXCURSIONS/SPORTING EVENTS</p>	
<p>Risk Identified</p>	<p>Actions required to minimise the risk</p>

<p>Staff involved not trained in Anaphylaxis Management</p>	<p>Sufficient school staff supervising the out of school event must be trained in the administration of an adrenaline autoinjector and be able to respond quickly to an anaphylactic reaction if required.</p> <p>A school staff member or team of school staff trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions.</p> <p>Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with parents as another strategy for supporting the student who is at risk of anaphylaxis.</p>
<p>Planning and initiation of Emergency Response Plan and access to Adrenaline Autoinjector</p>	<p>Prior to the school excursion taking place school staff should consult with the student’s parents and medical practitioner (if necessary) to review the student’s ASCIA and Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular out of school activity.</p> <p>The adrenaline autoinjector and a copy of the Individual Anaphylaxis Management Plan should be accessible and school staff must be aware of their exact location.</p> <p>For each field trip, excursion etc, a risk assessment should be undertaken including the number of anaphylactic students attending, the nature and structure of the event, venue size, distance from medical assistance, mobile phones accessible with good reception and staff-student ratios should be considered.</p> <p>All school staff present need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.</p> <p>If the field trip, excursion or special event is being held at another school then that school should be notified ahead of time that a student at risk of anaphylaxis will be attending, and appropriate risk minimisation strategies discussed ahead of time so that the roles and responsibilities of the host and visiting school are clear.</p> <p>If food is part of an excursion (local or beyond CSC’s local shire) the school will notify parents of students at risk of anaphylaxis in advance via a Xuno calendar notification, and/or parent permission form, so that parents can provide an alternate food menu.</p> <p>Students at risk of anaphylaxis should take their own adrenaline autoinjector with them to events being held at other schools.</p> <p>On the day of excursion, the event organizer will be responsible for.</p> <ul style="list-style-type: none"> - always carry a mobile phone (see reception regarding school mobile phone access - if not available consider other form of communication such as personal mobile) - Ensure adrenaline auto injectors are stored correctly (at room temperature & away from light) in an unlocked, easily accessible place such as a first aid kit)

	<ul style="list-style-type: none"> - ensure that all teachers are aware of the location of the emergency first aid kit containing the adrenaline auto injectors - consider increased supervision depending on size of excursion/sporting event i.e., if needing to split students into groups for large venues - Ensure the students own adrenaline auto injectors are collected from the staff room wall, and recorded on the sign out sheet - Discourage eating on buses (increasing likelihood of exposure to allergen)
Contact with allergen	<p>School staff should avoid using food in activities or games, including as rewards.</p> <p>The school should consult parents of anaphylactic students in advance to discuss issues that may arise, develop an alternative food menu, or request that parents provide a meal (if required).</p>
Name of environment/area: CANTEEN	
Risk identified	Actions required to minimise the risk
Anaphylaxis Management knowledge of Canteen Staff	<p>Canteen staff (whether internal or external) should be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. Refer to:</p> <ul style="list-style-type: none"> ● 'Safe Food Handling' in the School Policy and Advisory Guide at: www.education.vic.gov.au/school/principals/spag/governance/pages/food_handling.aspx ● Helpful resources for food services available at: www.allergyfacts.org.au <p>Canteen staff, including volunteers, should be briefed about students at risk of anaphylaxis and, where the principal determines in accordance with clause 12.1.2 of the Order, these individuals have up to date training in an anaphylaxis management training course as soon as practical after a student enrolls.</p> <p>Display a copy of student action plans at risk for anaphylaxis in the canteen as a reminder to canteen staff and volunteers.</p>
Contact with allergen	<p>Ensure canteen surfaces are wiped down with warm soapy water regularly.</p> <p>A 'no-sharing' approach for students with food allergy is required for food, utensils and food containers.</p> <p>The canteen will not stock peanuts and tree nuts (e.g. hazelnuts, cashews, almonds, etc.) or any other particular nut a student is anaphylactic to. This includes nut spreads such as 'peanut butter' and 'nutella'.</p> <p>Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of allergen left on a knife and used elsewhere</p>

	<p>may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.</p> <p>Parents are encouraged to visit the canteen kitchen to view products available and methods of preparation to discuss.</p> <p>The canteen manager to be fully aware of all foods that contain allergens and responsible for:</p> <ul style="list-style-type: none"> ● Measures to reduce risk of cross contamination of foods said to be 'safe' including awareness of canteen managers of cross contamination issue and ensuring all allergens removed prior to preparation of 'safe' foods. ● Restrictions on who serves the child when they go to the canteen <p>Canteens should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.</p>
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Name of environment/area: SCHOOL BUS

Risk identified	Actions required to minimise the risk
Anaphylaxis Emergency Response Process while travelling to and from school on the bus.	<p>School staff should consult with parents of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation strategies are in place to manage an anaphylactic reaction should it occur on the way to or from school on the bus.</p> <p>Students must transport their own adrenaline autoinjector with them on the bus to and from school and be competent with self-administration.</p>

Name of environment/area: OVERSEAS TRAVEL

Risk identified	Actions required to minimise the risk
Activity able to accommodate the student's anaphylaxis management and emergency response requirements.	<p>Refer to Camp section and Field Trips</p> <p>Where an excursion or camp is occurring overseas, schools should involve parents in discussions regarding risk management well in advance.</p> <p>Particular overseas needs to consider are:</p> <ul style="list-style-type: none"> ● Translation of the students ASCIA and Individual Anaphylaxis Management Plan. ● Sourcing of safe food at all stages. ● Obtaining the names, address and contact details of the nearest hospital and Medical Practitioners at each location being visited. ● Obtaining emergency contact details

	<ul style="list-style-type: none"> ● Sourcing the ability to purchase additional adrenaline autoinjectors. ● Record details of student travel insurance, including contact details for the insurer. Determine how any costs associated with medication, treatment and/or alteration to the travel plans as a result of an anaphylactic reaction will be paid. <p>The schools emergency response procedure should be reassessed and if necessary adapted to the particular circumstances of the overseas trip. The following record of information should be kept:</p> <ul style="list-style-type: none"> ● Dates of travel ● Name of airline and contact details ● Itinerary detailing the proposed destinations, flight information and the duration of the stay in each location ● Hotel addresses and telephone numbers ● Proposed means of travel within the overseas country ● List of students and each of their medical conditions, medication and other treatment ● Emergency contact details of Hospitals, Ambulances and Medical Practitioners in each location ● Details of travel insurance ● Plans to respond to any foreseeable emergency including who will be responsible for the implementation of each part of the plans ● Possession of a mobile phone or other communication device that would enable the School Staff to contact emergency services in the overseas country if assistance is required.
<p>Unexpected potential risks at all stages of travel.</p>	<p>Investigate risk management requirements for the following stages of overseas travel:</p> <ul style="list-style-type: none"> ● Travel to and from the airport ● Travel to and from Australia ● Accommodation venues ● All towns and locations to be visited ● Sourcing safe foods at all these locations. ● Risks of cross contamination from exposure to foods from other students, hidden allergens in foods, whether the table surfaces the student might use have been cleaned to prevent a reaction and that other students have washed hands when handling food. <p>Plan for the appropriate supervision of students at risk of anaphylaxis at all times, including that:</p> <ul style="list-style-type: none"> ● there are sufficient school staff attending the excursion who have been trained in accordance with section 12 of the Ministerial Order ● there is an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are taking medication, eating food or being otherwise exposed to potential allergens

	<p>There will be capacity for adequate supervision of any affected student(s) requiring medical treatment, and that adequate supervision of the other students will be available</p> <ul style="list-style-type: none"> • staff/student ratios should be maintained during the trip, including in the event of an emergency where the students may need to be separated
Name of environment/area: WORK EXPERIENCE	
Risk identified	Actions required to minimise the risk
Work Experience placement able to accommodate the student's anaphylaxis management and emergency response requirements.	<p>The student, parents, a school staff member and the employer hosting the work experience placement should discuss and plan how the work experience environment can implement a safe anaphylaxis risk management and emergency response process prior to the work experience placement commencing.</p> <p>If the work experience employer is not able to provide the required risk management and emergency response procedure an alternate work experience placement should be considered.</p> <p>The work experience employer should ensure staff working with the student have been shown the students ASCIA Action Plan for Anaphylaxis and how to use the adrenaline autoinjector in case the student shows signs of an allergic reaction whilst at work experience.</p> <p>It may be helpful for the teacher and the student to do a site visit before the student begins placement.</p>

Emergency Response

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 procedures, emergency response procedures and the student's Individual Anaphylaxis Management Plan.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the **School Anaphylaxis Supervisors** and stored at the following locations:

- Each Precinct
- Sick Bay
- Reception
- School Canteen
- Staff Room
- Food Technology Rooms

For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

Step	Action
1.	<ul style="list-style-type: none"> ● Lay the person flat. ● Do not allow them to stand or walk. ● If breathing is difficult, allow them to sit. ● Be calm and reassuring. ● Do not leave them alone. ● Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored at Blakeley Road Staff Room. ● If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5
2.	<p>Administer an EpiPen</p> <ul style="list-style-type: none"> ● Remove from the plastic container. ● Form a fist around the EpiPen and pull off the blue safety release (cap). ● Place the orange end against the student's outer mid-thigh (with or without clothing). ● Push down hard until a click is heard or felt and hold in place for 3 seconds. ● Remove the EpiPen. ● Note the time the adrenaline autoinjector is administered. ● Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration <p>or</p> <ul style="list-style-type: none"> ● Administer an Ana pen 500 or Ana pen 300 ● Pull off the black needle shield ● Pull off grey safety cap (from the red button) ● Place needle end firmly against the students' outer mid-thigh at 90 degrees (with or without clothing) ● Press red button so it clicks and hold for 3 seconds ● Remove Ana pen ● Note the time the Ana pen is administered, retain the used Ana pen to be handed to ambulance paramedics along with the time of administration.
3.	Call an ambulance (000).
4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.
5.	Contact the student's emergency contacts.

If a student appears to be having a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 – 5 as above.

Schools can use either EpiPen® on any student suspected to be experiencing an anaphylactic reaction, regardless of the device prescribed in their ASCIA Action Plan.

Where possible, schools should consider using the correct dose of adrenaline autoinjector depending on the weight of the student. However, in an emergency if there is no other option available, any device should be administered to the student.

Staff training

Staff at Castlemaine Secondary College will receive appropriate training in anaphylaxis management, consistent with the Department's *Anaphylaxis Guidelines*.

Staff who are responsible for conducting classes that students who are at risk of anaphylaxis attend, and any further staff that the principal identifies, must have completed:

- an approved online anaphylaxis management training course in the last two years which can be accessed at: <https://training.ascia.org.au> ; or
- an approved face-to-face anaphylaxis management training course in the last three years, e.g. ASCIA eTraining course (22579VIC, or 22578VIC or 10710 NAT.).

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year, facilitated by a School Anaphylaxis Supervisor who has successfully completed an anaphylaxis management course within the last 2 years. Each briefing will address:

- this policy.
- the causes, symptoms and treatment of anaphylaxis.
- the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located.
- how to use an adrenaline autoinjector, including hands-on practice with a trainer.
- the school's general first aid and emergency response procedures.
- the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

Castlemaine Secondary College uses the following ASCIA eTraining course 22579VIC, or 22578VIC or 10710 NAT. For details about approved staff training modules, refer to chapter 5 of the [Anaphylaxis Guidelines](#)

Staff training information, including PowerPoints and additional information documents are accessible for staff through the Wellbeing Page of our online staff handbook, Staff Central. Records of staff who have completed the training are stored on our shared google drive, Staff Drive.

When a new student enrolls at Castlemaine Secondary College who is at risk of anaphylaxis, the principal will develop an interim plan in consultation with the student's parents and ensure that appropriate staff are trained and briefed as soon as possible.

COMMUNICATION

This policy will be available on Castlemaine Secondary College's website so that parents and other members of the school community can easily access information about the College's anaphylaxis management procedures. The parents and carers of students who are enrolled at Castlemaine Secondary College and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

The principal is responsible for ensuring that all relevant staff, including casual relief staff are aware of this policy and Castlemaine Secondary College's procedures for anaphylaxis management. Casual relief staff who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a copy of the flyer (within the CRT Manual) listing the students at risk of anaphylaxis.

The principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's [Anaphylaxis Guidelines](#).

FURTHER INFORMATION AND RESOURCES

- School Policy and Advisory Guide:
 - [Anaphylaxis](#)
 - [Anaphylaxis management in schools](#)
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)
- [Health Care Needs](#)

REVIEW CYCLE AND EVALUATION

Policy last reviewed	21 May 2025
Approved by	Principal
Next scheduled review date	March 2026