



Bacchus Marsh  
Grammar

# School POLICY

## STUDENT DUTY OF CARE

### Allergies and Anaphylaxis Policy and Procedures

(source: Ideagen Complispace)

Approved by the School Principal: 30 June 2026

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## Allergies and Anaphylaxis Policy and Procedures

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## 1 Policy Statement

- 1.1.1 Bacchus Marsh Grammar is committed to providing a safe learning environment for all our students and complying with Ministerial Order No. 706: Anaphylaxis Management in Victorian schools and school boarding premises (Ministerial Order No. 706), and the Department of Education's Anaphylaxis Guidelines (Anaphylaxis Guidelines) as amended by the Department from time to time.
- 1.1.2 Specific requirements of Ministerial Order No. 706 regarding Individual Anaphylaxis Management Plans, Adrenaline Devices – Purchase, Storage and Use, a Communication Plan, Emergency Response Procedures, Risk Minimisation Strategies and Anaphylaxis Training and Briefings are addressed in appendices to this Policy.
- 1.1.3 The School recognises that while policies and procedures to reduce the risk of an allergic reaction can be developed and maintained, they cannot achieve a completely allergen-free environment.
- 1.1.4 It is critical that staff can recognise an allergic reaction and a potential anaphylaxis risk and treat it appropriately in an emergency.
- 1.1.5 It is the School's policy to:
  - 1.1.5.1 provide, as far as practicable, a safe and supportive environment in which students with allergies, including those at risk of anaphylaxis, can participate equally in all aspects of schooling
  - 1.1.5.2 raise awareness of allergies, the risk of anaphylaxis and the School's allergies and anaphylaxis policy in the School community
  - 1.1.5.3 engage with parents/guardians of each student with an allergy when assessing risks and developing risk minimisation strategies for the student
  - 1.1.5.4 ensure that staff have knowledge about allergies, can recognise an allergic reaction including anaphylaxis and understand the School's policy and guidelines and emergency procedures in responding to anaphylaxis.

## 2 Our Duty of Care

- 2.1.1 The School has a common law duty of care to put in place strategies to manage students with allergies, including those at risk of anaphylaxis, while they are at the School and engaged in School-related activities.
- 2.1.2 When a student is diagnosed as being at risk of anaphylaxis, the exercise of the School's duty of care requires the development of an Individual Anaphylaxis Management Plan, which includes an Australasian Society of Clinical Immunology and Allergy (ASCI) Action Plan (emergency response plan) and risk minimisation strategies. It is the responsibility of the Principal to ensure that an Individual Anaphylaxis Management Plan is developed in consultation with the student's parents/guardians for any student that has been diagnosed by a medical practitioner with a medical condition relating to allergy and the potential for an anaphylactic reaction, where the School has been notified of that diagnosis.
- 2.1.3 Students at risk of allergic reactions can have an increased risk of being bullied. Bullying may take the form of teasing, tricking a student into eating a particular food or threatening a student with the substance that they are allergic to, such as peanuts. As part of our Bullying Prevention and Intervention Policy and Procedures, the School maintains an atmosphere of respectful relationships and actively develops and implements programs for bullying prevention, provides support for any student who is at risk of being bullied and empowers the whole School community to recognise and respond appropriately to bullying and behave as responsible bystanders.
- 2.1.4 Any attempt to harm a student at risk of anaphylaxis with an allergen is treated as a serious and dangerous incident and dealt with accordingly under the Bullying Prevention and Intervention Policy and Procedures.

### 3 Purpose

This Policy describes how the School promotes allergy awareness and manages student allergies, including where students are at risk of anaphylaxis.

It is written in accordance with the requirements of Ministerial Order No. 706 Anaphylaxis Management in Victorian Schools and School Boarding Premises (Ministerial Order No. 706) and the guidance provided in the Victorian Department of Education's Anaphylaxis Guidelines (Anaphylaxis Guidelines).

Allergic reactions occur when the immune system reacts to substances (allergens) in the environment that are usually harmless. Allergic reactions can be mild, moderate, or severe.

Anaphylaxis is the most severe form of allergic reaction. Anaphylaxis is life-threatening and requires prompt administration of adrenaline through an adrenaline device.

The most common allergies in school-aged children are peanuts, cow's milk, egg, tree nuts (e.g. cashews and walnuts), wheat, soy, sesame and certain insect bites and stings (particularly bees, wasps, ants, and ticks).

The key to prevention of allergic reactions in school is knowledge of students who have been diagnosed as being at risk, awareness of allergies and prevention of exposure to those triggers that cause allergic reactions.

Partnerships between the School and parents/guardians are important in helping students avoid exposure as well as providing age-appropriate education for students.

It is important to remember that minimisation strategies to help reduce the risk of allergic reactions are everyone's responsibility, including the Principal and all School staff, parents/guardians, students, and the broader School community.

### 4 Scope

4.1.1 This Policy applies to all staff, parents/guardians, volunteers and contractors at the School.

### 5 Roles and Responsibilities

#### 5.1 Principal

5.1.1 To assist school principals in meeting their responsibilities and discharging their duty of care to students, the Anaphylaxis Guidelines set out the key obligations under Ministerial Order No. 706 and suggest risk minimisation strategies, as follows:

- 5.1.1.1 ensure that the School develops, implements and annually reviews this Policy in accordance with Ministerial Order No. 706 and the Anaphylaxis Guidelines
- 5.1.1.2 actively seek information to identify students with severe life-threatening allergies or those who have been diagnosed as being at risk of anaphylaxis, either at the time of enrolment or at the time of diagnosis (whichever is earlier)
- 5.1.1.3 ensure that parents/guardians provide an ASCIA (Australasian Society of Clinical Immunology and Allergy) Action Plan completed and signed by the student's medical practitioner and contains an up-to-date photograph of the student
- 5.1.1.4 ensure that an Individual Anaphylaxis Management Plan is developed in consultation with the student's parents/guardians for any student that has been diagnosed by a medical practitioner with a medical condition relating to allergy and the potential for an anaphylactic reaction, where the School has been notified of that diagnosis
- 5.1.1.5 ensure students' Individual Anaphylaxis Management Plans are appropriately communicated to all relevant staff
- 5.1.1.6 ensure that staff involved in food preparation can complete satisfactory training (e.g. All about Allergens training for food service) to gain knowledge about food allergens and develop best practice procedures to ensure safe food provision to students and staff with a food allergy.
- 5.1.1.7 ensure that parents/guardians provide the School with an adrenaline device for their child\*,

- for which the expiry date is at least 1 month in the future and a replacement adrenaline device when requested to do so
- 5.1.1.8 ensure that an appropriate Communication Plan is developed to provide information to all School staff, students and parents/guardians about anaphylaxis as part of this Policy
- 5.1.1.9 ensure there are procedures in place for providing information to School volunteers and casual relief staff about:
- students who are at risk of anaphylaxis, and
  - their role in responding to an anaphylactic reaction of a student in their care
- 5.1.1.10 ensure that relevant School staff have successfully completed an approved Anaphylaxis Management Training Course in the prior three years (for face-to-face training) or two years (for the ASCIA e-training)
- 5.1.1.11 ensure that School staff who are appointed as Anaphylaxis Supervisor(s) are appropriately trained in the Course in Verifying the Correct Use of Adrenaline Autoinjector Devices (every three years)
- 5.1.1.12 ensure that all School staff are briefed at least twice a year by the Anaphylaxis Supervisor (or other appropriately trained member of the School staff), and that the briefing includes the content required under this policy.
- 5.1.1.13 allocate time, such as during staff meetings, to discuss, practise, and review this Policy. Practise using the adrenaline trainer devices as a group and undertake drills to test the effectiveness of the School's general first aid procedures
- 5.1.1.14 encourage regular and ongoing communication between parents and School staff about the current status of the student's allergies, the School's policies and their implementation
- 5.1.1.15 ensure that the student's Individual Anaphylaxis Management Plan is reviewed in consultation with parents
- annually at the beginning of each school year
  - when the student's medical condition changes
  - as soon as practicable after a student has an anaphylactic reaction at School
  - whenever a student is to participate in an off-site activity such as camps or excursions or at special events conducted, organised or attended by the School
- 5.1.1.16 ensure that, where students at risk are under the care or supervision of the School outside of normal class activities, there is a sufficient number of appropriately trained staff present
- 5.1.1.17 ensure the Risk Management Checklist for anaphylaxis is completed and reviewed annually
- 5.1.1.18 arrange to purchase and maintain an appropriate number of adrenaline autoinjectors for general use to be part of the School's first aid kit, stored with a copy of the general ASCIA First Aid Plan for Anaphylaxis (Orange).
- 5.1.2 The Anaphylaxis Guidelines state that the Principal can allocate tasks under Ministerial Order No. 706 to other staff, such as the Deputy Principal or other appropriate staff members. If tasks are allocated to other staff, the Principal must ensure that they retain final oversight of the tasks that have been allocated to staff.

\* While Ministerial Order No. 706 and the Anaphylaxis Guidelines both mention parents/guardians providing "an adrenaline autoinjector", ASCIA recommends that people at risk of anaphylaxis should always have\* two\* devices available in case the ambulance is delayed during an emergency, and a second dose of adrenaline is required.

## 5.2 School Board

- 5.2.1 School Boards must ensure that the canteen operator is meeting relevant food safety requirements. Canteens must be able to demonstrate how they manage food safety, have a food safety supervisor, and ensure all food handlers have adequate food safety skills and knowledge, including food allergen management.

### 5.3 School Anaphylaxis Supervisor

- 5.3.1 Anaphylaxis Supervisors must complete the School Anaphylaxis Supervisor Checklist in conjunction with the Principal and other School staff to ensure that responsibilities, training requirements and tasks relating to anaphylaxis are being met by the School.
- 5.3.2 Chapter 9 of the Anaphylaxis Guidelines sets out the role and responsibilities of the School Anaphylaxis Supervisor.
- 5.3.3 Anaphylaxis Supervisors:
- 5.3.3.1 work with the Principal to develop, implement and regularly review this Policy
  - 5.3.3.2 ensure they have currency in the Course in Verifying the Correct Use of Adrenaline Injector Devices (every three years), First Aid Management of Anaphylaxis (every three years) and the ASCIA Anaphylaxis e-training for Victorian Schools (every two years), and provide the Principal with evidence of completion
  - 5.3.3.3 verify the correct use of adrenaline (trainer) devices by other School staff undertaking an Online Training Course
  - 5.3.3.4 provide access to the adrenaline (trainer) device for practice by School staff
  - 5.3.3.5 send reminders to staff or information to new staff about anaphylaxis training requirements and liaise with the Principal to maintain records of training undertaken by staff at the School
  - 5.3.3.6 lead the twice-yearly anaphylaxis School briefing
  - 5.3.3.7 develop School-specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency requiring anaphylaxis treatment, for example:
    - if a bee sting occurs on School grounds and the student is conscious
    - an allergic reaction where the student has collapsed on School grounds and the student is not conscious
  - 5.3.3.8 keep an up-to-date register of students at risk of anaphylaxis
  - 5.3.3.9 keep a register of adrenaline devices, including a record of when they are “in” and “out” from the central storage point (for instance, when they have been taken on excursions, camps etc.)
  - 5.3.3.10 work with the Principal, parents/guardians and students to develop, implement and review each Individual Anaphylaxis Management Plan to:
    - ensure that the student’s emergency contact details are up to date
    - ensure that the student’s ASCIA Action Plan for Anaphylaxis (RED) matches the student’s supplied adrenaline device
    - regularly check that the student’s adrenaline device is not out of date, such as at the beginning or end of each term, and record this information in the register of adrenaline devices
    - inform parents in writing that the adrenaline device needs to be replaced one month prior to the expiry date, and follow up with parents if the device is not replaced
    - ensure that the student’s adrenaline device is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place
    - ensure that a copy of each student’s ASCIA Action Plan for Anaphylaxis (Red) is stored with that student’s adrenaline device
  - 5.3.3.11 provide advice and guidance to School staff about anaphylaxis management in the School, and undertake regular risk identification and implement appropriate minimisation strategies
  - 5.3.3.12 work with School staff to develop strategies to raise their own, students and School community awareness about severe allergies
  - 5.3.3.13 provide or arrange post-incident support (e.g. counselling) to students and School staff, if appropriate.

## 5.4 Staff

- 5.4.1 To assist School staff who conduct classes attended by students at risk of anaphylaxis, and other School staff where relevant, Chapter 9 of the Anaphylaxis Guidelines sets out a summary of some of the key obligations under Ministerial Order No. 706 and suggested risk minimisation strategies, as follows:
- 5.4.1.1 know and understand this Policy
  - 5.4.1.2 know the identity of students who are at risk of anaphylaxis; know them by face and if possible, know their specific allergy
  - 5.4.1.3 understand the causes, symptoms, and treatment of anaphylaxis
  - 5.4.1.4 obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline device
  - 5.4.1.5 know where to find a copy of each student's ASCIA Action Plan quickly, and follow it in the event of an allergic reaction
  - 5.4.1.6 know the School's general first aid and emergency response procedures, and understand their role in relation to responding to an anaphylactic reaction
  - 5.4.1.7 know where students' adrenaline devices and the adrenaline autoinjectors for general use are kept
  - 5.4.1.8 know and follow the risk minimisation strategies in the student's Individual Anaphylaxis Management Plan
  - 5.4.1.9 plan for special class activities (e.g. cooking, art and science classes), or special occasions (e.g. excursions, incursions, sport days, camp, cultural days, fetes and parties), either at the School, or away from the School
  - 5.4.1.10 avoid the use of food treats in class or as rewards, as these may contain allergens
  - 5.4.1.11 work with parents/guardians to provide appropriate food for their child if the food the School/class is providing may present an allergy risk
  - 5.4.1.12 be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes
  - 5.4.1.13 be aware of the risk of cross-contamination when preparing, handling and displaying food
  - 5.4.1.14 make sure that tables and surfaces are wiped down regularly and that students wash their hands before and after handling food
  - 5.4.1.15 raise student awareness about allergies and anaphylaxis, and the importance of each student's role in fostering a School environment that is safe and supportive for their peers.
- 5.4.2 All staff must follow the anaphylaxis management guidelines set out in this Policy, be allergy aware and actively promote Bacchus Marsh Grammar as an allergy-aware school.

## 5.5 Parents/Guardians

- 5.5.1 Chapter 9 of the Anaphylaxis Guidelines sets out the role and responsibilities of the parents/guardians of a student at risk of anaphylaxis.
- 5.5.2 Parents/guardians must:
- 5.5.2.1 inform the School in writing, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed as being at risk of anaphylaxis
  - 5.5.2.2 obtain and provide the School with an ASCIA Action Plan from the student's medical practitioner that details:
    - their condition
    - any medications to be administered
    - any other relevant emergency procedures
  - 5.5.2.3 immediately inform School staff in writing of any changes to the student's medical

- condition and if necessary, obtain and provide an updated ASCIA Action Plan
- 5.5.2.4 provide the School with an up-to-date photo for the student's ASCIA Action Plan when the plan is reviewed
- 5.5.2.5 meet with and assist the School to develop the student's Individual Anaphylaxis Management Plan, including risk minimisation and management strategies
- 5.5.2.6 provide the School with an adrenaline device for which the expiry date is at least 1 month in the future, and any other medications that are current and not expired\*
- 5.5.2.7 replace the student's adrenaline device and any other medication as needed, before their expiry date or when used
- 5.5.2.8 assist School staff in planning and preparation for the student prior to camps, field trips, incursions, excursions or special events (e.g. class parties, cultural days, fetes or sport days)
- 5.5.2.9 if requested by School staff, assist in identifying and/or providing alternative food options for the student when needed
- 5.5.2.10 inform the School in writing of any changes to the student's emergency contact details
- 5.5.2.11 participate in reviews of the student's Individual Anaphylaxis Management Plan.

\* \*While Ministerial Order No. 706 and the Anaphylaxis Guidelines both mention parents/guardians providing "an adrenaline autoinjector", ASCIA recommends that people at risk of anaphylaxis should always have\* two\* devices available in case the ambulance is delayed during an emergency, and a second dose of adrenaline is required.

## 6 Procedures

### 6.1 Being Allergy Aware

- 6.1.1 Given the number of substances to which a student may be allergic, it is not possible to remove all allergens.
- 6.1.2 It is better for the school community to become aware of the risks associated with allergies and for the School to implement practical, age-appropriate strategies to minimise exposure to known allergens.
- 6.1.3 At Bacchus Marsh Grammar we do not promote that we either 'ban allergens' such as egg and nuts or are 'nut-free, milk-free or egg-free' etc. Promoting the School as 'allergen-free' is not recommended for the following reasons:
- it is impractical to implement and enforce
  - there is no evidence of effectiveness
  - it does not encourage the development of strategies for avoidance in the wider School community, and
  - it may encourage complacency about risk minimisation strategies (for teachers, students and parents/guardians) if a food is banned.
- 6.1.4 We consider that being 'allergy aware' is a more appropriate term.
- 6.1.5 While we do not claim to be 'nut-free', minimising exposure to particular foods such as peanuts and tree nuts, which are not staple foods that provide essential nutrients, can reduce the level of risk. This can include removing nut spreads and products containing nuts from the School canteen and food preparation classes but does not include removing products that 'may contain traces' of peanuts or tree nuts. Foods that have 'May contain...' statements can be consumed by students without a food allergy in the same location as students with a food allergy as long as they are not shared with students with a food allergy. It is important that students with allergies are not isolated from other students.
- 6.1.6 We may also request that parents/guardians of classmates of a young student (4-7 years) do not include nut spreads in sandwiches or products containing nuts in their lunch box. This is not a nut ban, but a strategy to reduce risk to the student until they are more able to care for themselves.

## 6.2 Raising Student Awareness

- 6.2.1 Peer support and understanding is important for the student at risk of allergies (in particular, anaphylaxis).
- 6.2.2 Staff can raise awareness through fact sheets or posters displayed in hallways, canteens, and classrooms or in class lessons.
- 6.2.3 Class teachers can discuss the topic with students in class, with a few simple key messages:
- always take food allergies seriously
  - don't share your food and eating utensils with friends who have food allergies or pressure them to eat food that they are allergic to
  - not everyone has allergies – discuss common symptoms
  - wash your hands before and after eating
  - know what your friends are allergic to
  - if a schoolmate becomes sick, get help immediately
  - be respectful of a schoolmate's medical kit.
- 6.2.4 For more information about raising student awareness specifically about anaphylaxis, refer to Communication Plan – Anaphylaxis: <https://www2.education.vic.gov.au/pal/anaphylaxis/guidance/11-communication-plan>

## 6.3 Raising General School Community Awareness

- 6.3.1 The School provides information about our allergy awareness strategy to the broader School community, including parents, through newsletters, fact sheets, posters and other publications.
- 6.3.2 For more information about raising awareness specifically about anaphylaxis in the School community, refer to Communication Plan – Anaphylaxis.

## 6.4 Liaising with Parents/Guardians of Students with Allergies and Anaphylaxis

- 6.4.1 Parents/guardians of a student who is at risk of allergies (in particular anaphylaxis) may experience high levels of anxiety about sending their child to school.
- 6.4.2 It is important to encourage an open and cooperative relationship with parents/guardians so that they feel confident that appropriate risk minimisation strategies are in place.
- 6.4.3 One way of doing this is to liaise with parents/guardians about food-related activities ahead of time.
- 6.4.4 In addition to implementing risk minimisation strategies, the anxiety that parents/guardians and the student may feel can also be considerably reduced by keeping them informed of the increased education, awareness and support from the School community.

## 6.5 Risk Management Checklist

- 6.5.1 The Principal completes an annual Risk Management Checklist included in the Anaphylaxis Guidelines, to monitor our obligations.
- 6.5.2 We regularly check the Department of Education's Anaphylaxis page to ensure the latest version of the Risk Management Checklist is used.

## 6.6 The School's Anaphylaxis Supervisors

- 6.6.1 Where the School chooses the option of having staff complete the ASCIA Anaphylaxis e-Training course for Victorian Schools, the Anaphylaxis Guidelines state that the Principal must identify at least two staff members per school or campus to become Anaphylaxis Supervisors. Anaphylaxis Supervisors will be able to verify the correct use of adrenaline (trainer) devices and can also lead the twice-yearly briefings on this Policy.
- 6.6.2 At non-government schools, an Anaphylaxis Supervisor may include a:
- School-employed nurse
  - first aid coordinator
  - health and wellbeing coordinator or other health and wellbeing staff

- senior/leading teacher.

6.6.3 Bacchus Marsh Grammar has appointed the following staff members as its Anaphylaxis Supervisors:

- Belinda Mardesic, School Nurse
- Emily Bull, School Nurse
- Jade John, School Nurse
- Jo Stanley, School Nurse
- Lauren Bell, School Nurse
- Lynne Percy, School Nurse
- Melissa Glen, First Aid Coordinator

6.6.4 Refer to Responsibilities: School Anaphylaxis Supervisor for more information in section 5.3.

## 6.7 Signage

6.7.1 Allergy awareness signage is posted in various locations around the School.

6.7.2 ASCIA Action Plans are located with first aid procedures as well as being in each student's medical kit with their Adrenalin Autoinjector.

6.7.3 With written permission from parents/guardians, it may be appropriate to have a student's name, photo and the foods they are allergic to, displayed in other locations around the School.

## 6.8 Record Keeping and Incident Reporting

6.8.1 The School keeps records of the following:

- Training
- Risk management strategies
- meetings relating to the development of Action Plans
- communications with parents
- any medical advice sought and provided

6.8.2 An incident report should be completed for all allergic reactions in line with the School's incident reporting processes.

6.8.3 Following an incident, the School should also consider any areas of improvement and whether support (e.g. counselling services) may be required for staff or students involved in or witnessing the incident.

6.8.4 If an allergic reaction has occurred to a packaged food or food provided by the School, it should be reported to the relevant Health Department. In addition, the suspected food that triggered the allergic reaction should be covered, clearly labelled and stored in the freezer as it may be required for analysis in an investigation.

## 7 Implementation

7.1.1 This Policy is implemented through a combination of:

- School premises inspections (to identify wasp nests and bee hives)
- staff training and supervision
- maintenance of medical records
- effective incident notification procedures
- effective communication procedures with the student's parents/guardians
- initiation of corrective actions where necessary.

7.1.2 The Anaphylaxis Guidelines state that this Policy must be published on the School's website.

## 8 Breach

Where a staff member breaches this Policy, Bacchus Marsh Grammar may take disciplinary action, including in the case of serious breaches, summary dismissal.

## 9 Definitions

Term	Definition
<b>Adrenaline Autoinjector</b>	An adrenaline autoinjector device, approved for use by the Commonwealth Government Therapeutic Goods Administration, can be used to administer a single pre-measured dose of adrenaline to those experiencing a severe allergic reaction (anaphylaxis). These may include EpiPen®, EpiPen® Jr, Jext Jr 150, Jext 300 or Anapen® 500
<b>Adrenaline Device</b>	An adrenaline device, approved for use by the Commonwealth Government Therapeutic Goods Administration, which can be used to administer a single pre-measured dose of adrenaline to those experiencing a severe allergic reaction (anaphylaxis). These may include EpiPen®, EpiPen® Jr, Anapen® 500, Jext Jr 150, Jext 300, Neffy 1 mg and Neffy 2 mg.
<b>Anaphylaxis Management Training Course</b>	This means: <ul style="list-style-type: none"> <li>• a course in anaphylaxis management training that is accredited as a VET accredited course in accordance with Part 3 of the National Vocational Education and Training Regulator Act 2011 (Cth) that includes a competency check in the administration of an adrenaline autoinjector</li> <li>• a course in anaphylaxis management training accredited under Chapter 4 of the Education and Training Reform Act 2006 (Vic) by the Victorian Registration and Qualifications Authority that includes a competency check in the administration of an adrenaline autoinjector</li> <li>• a course in anaphylaxis management endorsed and delivered by a tertiary level specialist allergy service within a tertiary level academic teaching hospital that includes a competency check in the administration of an adrenaline autoinjector</li> <li>• any other course including an online course, approved by the Secretary to the Department of Education for the purposes of Ministerial Order No. 706 as published by the Department.</li> </ul>
<b>ASCIA</b>	The Australasian Society of Clinical Immunology and Allergy (ASCIA) is the peak professional body of clinical immunology and allergy in Australia and New Zealand.
<b>ASCIA Action Plan for Anaphylaxis (Red)</b>	This plan is a nationally recognised action plan for anaphylaxis developed by ASCIA. These plans are device-specific; that is, they list the student's prescribed adrenaline device (EpiPen®, EpiPen® Jr, Anapen® 500, Jext 300, Neffy 1 mg and Neffy 2 mg) and must be completed by the student's medical practitioner. Should a different adrenaline device become available in Australia, then a different ASCIA Action Plan specific to that device would be developed. This plan is one of the components of the student's Individual Anaphylaxis Management Plan.
<b>Communication Plan</b>	A plan developed by Bacchus Marsh Grammar which provides information to all school staff, students and parents about anaphylaxis and this Policy.  Refer to Communication Plan.
<b>Individual Anaphylaxis Management Plan</b>	An individual plan for each student at risk of anaphylaxis, developed in consultation with the student's parents. The Individual Anaphylaxis Management Plan includes the ASCIA Action Plan which describes the student's allergies, symptoms, and the emergency response to administer the student's adrenaline autoinjector should the student display symptoms of an anaphylactic reaction.

	<p>The Individual Anaphylaxis Management Plan also importantly includes age-appropriate strategies to reduce the risk of an allergic reaction occurring.</p> <p>Refer to Individual Anaphylaxis Management Plans.</p>
<b>Online Training Course</b>	Means the course called ASCIA Anaphylaxis e-training for Victorian Schools approved by the Secretary to the Department of Education pursuant to clause 5.5.4 of Ministerial Order No. 706.

## 10 Source of Obligation

- 10.1.1 This Policy is written in accordance with the requirements of Ministerial Order No 706: Anaphylaxis Management in Victorian schools and school boarding premises (Ministerial Order No. 706), and the guidance provided in the Victorian Department of Education's Anaphylaxis Guidelines.
- 10.1.2 The Education and Training Reform Act 2006 (Vic) (ETR Act) (s 4.3.1 (6)(c)) requires all schools to develop an anaphylaxis management policy that contains the matters required by the relevant Ministerial Order, where the school knows or ought to reasonably know, that a student enrolled at the school has been diagnosed as being at risk of anaphylaxis.

## 11 Related Policies

First Aid Policy and Procedures  
 Medical Health Care Plans for High-Risk Students Policy and Procedures  
 Medication Administration Policy and Procedures  
 Student Medical Records Policy and Procedures

## 12 Related Documents

ASCIA Action Plan for Allergic Reactions (Green)  
 ASCIA Action Plan for Anaphylaxis (Red)  
 ASCIA Action Plan for Anaphylaxis for General Use (Orange)  
 Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan for Anaphylaxis  
 Risk Management Checklist  
 School Anaphylaxis Supervisor Checklist

## 13 References

Anaphylaxis Guidelines – <https://www2.education.vic.gov.au/pal/anaphylaxis/guidance>

## 14 Authorisation

<b>School Policy Name</b>	<b>Allergies and Anaphylaxis Policy and Procedures</b>	
<b>Approval Authority</b>	<b>Principal</b>	
<b>Approval Signature</b>	Debra Ogston <b>Principal</b> <b>Bacchus Marsh Grammar</b>	
<b>Administrator</b>	<b>Company Secretary</b>	Kerryn Browne
<b>Approval Date</b>	<b>30 June 2026</b>	
<b>Date of Next Review</b>	<b>30 June 2028</b>	To be reviewed every two years

## 15 History

<b>Date</b>	<b>Amendment</b>
<b>16 July 2024</b>	Updated the Allergy Awareness and Anaphylaxis Management policies and replaced them with this single policy and procedure.
<b>30 June 2026</b>	Reviewed and updated structure and content to include references to new adrenalin devices.