ANAPHYLAXIS MANAGEMENT POLICY: 2026

Policy owner	Executive Director
Approved by	Alex Stol- Board Chair
Approval date	16 September 2026
Next review date	1 September 2027
Applies to	Global Village Learning
Related documents	First Aid Policy and Procedures, Emergency Management Policy, Anaphylaxis Communication Plan, Medication Administration Procedures, Offsite Learning procedures

1. INTRODUCTION

Ministerial Order 706 sets out the anaphylaxis management requirements that Global Village Learning, referred to as GVL, must follow as a minimum standard for school registration under Part IV of the Education and Training Reform Act 2006 (Vic).

GVL is committed to complying with Ministerial Order 706 and seeks, so far as practicable, to provide a safe, inclusive and supportive environment in which young people at risk of anaphylaxis can participate equally in all aspects of GVL.

This policy is to be read in conjunction with GVL's First Aid Policy and Procedures, Emergency Management Policy, Anaphylaxis Communication Plan and other relevant health, safety and wellbeing policies and procedures.

The Executive Director has overall responsibility for ensuring this policy is implemented and that GVL complies with Ministerial Order 706.

2. RATIONALE

Anaphylaxis is a whole-community responsibility.

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening.

The key to preventing anaphylaxis at GVL is knowing which young people have been diagnosed as being at risk, understanding their triggers or allergens, implementing appropriate risk minimisation strategies and ensuring adults can respond rapidly and appropriately if an anaphylactic reaction occurs.

Partnerships between GVL, young people and parents or carers are important in managing these risks.

GVL recognises that it is not possible to achieve a completely allergen-free environment in a community setting. GVL will therefore not rely on claims that an allergen has been eliminated.

Instead, GVL will implement a range of reasonable and individualised risk minimisation strategies designed to reduce the risk of exposure and ensure an appropriate emergency response.

3. AIM

This policy aims to:

- comply with Ministerial Order 706 and the associated Anaphylaxis Guidelines published and amended by the Victorian Department of Education from time to time
- provide, so far as practicable, a safe and supportive environment in which young people at risk of anaphylaxis can participate equally in all aspects of GVL
- minimise the risk of an anaphylactic reaction occurring while young people are under GVL's care or supervision
- ensure relevant staff have adequate knowledge of allergies, anaphylaxis, this policy and GVL's emergency response procedures

- ensure staff respond appropriately to an anaphylactic reaction, including the competent administration of an appropriate adrenaline device
- engage with parents and carers of young people at risk of anaphylaxis in assessing risks and developing risk minimisation strategies, management strategies and Individual Anaphylaxis Management Plans
- raise awareness throughout the GVL community about anaphylaxis and its management.

4. APPLICATION

This policy applies to:

- the Board
- the Executive Director
- Campus Leads
- Guides
- all other employees
- volunteers
- contractors
- casual and relief staff
- labour hire workers
- trainees
- other authorised people performing functions on GVL premises or at activities held in connection with GVL
- parents and carers where responsibilities under this policy apply.

This policy applies whenever a young person is under GVL's care or supervision, including during:

- normal learning activities
- Learning Hub activities
- Core Learning
- EDventurous Projects
- Personal Interest Projects
- Masterclasses
- the Healthy Food Program
- Community Creation activities
- outdoor and recreational activities
- Offsite Learning
- EdVenture Weeks
- camps and excursions
- work experience and workplace learning
- internships
- sporting activities
- community activities
- special events, including fetes and concerts
- transport organised or supervised by GVL
- other activities conducted, organised or attended by GVL.

Where GVL operates more than one campus, this policy applies to each campus. Campus-specific arrangements for medication storage, general-use adrenaline autoinjectors, emergency access, the register of young people at risk, and staffing are documented at section 41 and must be maintained and kept current.

5. RELEVANT LEGISLATION AND REQUIREMENTS

This policy has regard to:

- Education and Training Reform Act 2006 (Vic)
- Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008 (Vic)
- Ministerial Order 706, Anaphylaxis Management in Victorian Schools and School Boarding Premises
- Health Records Act 2001 (Vic)
- Occupational Health and Safety Act 2004 (Vic)
- Victorian Department of Education Anaphylaxis Guidelines, as amended or replaced from time to time
- applicable Victorian Registration and Qualifications Authority minimum standards and requirements for school registration.

6. RELATED POLICIES AND DOCUMENTS

This policy should be read with:

- ASCIA Action Plans for Anaphylaxis
- ASCIA Action Plans for Allergic Reactions
- GVL Anaphylaxis Communication Plan
- GVL Emergency and Critical Incident Policy
- GVL First Aid Policy and Procedures
- GVL Medication Administration Procedures
- GVL Offsite Learning procedures
- relevant risk assessment procedures
- relevant wellbeing, behaviour, bullying and child safety policies
- relevant incident reporting procedures.

7. DEFINITIONS

Allergen
A substance that can cause an allergic reaction. Common allergens include peanuts, tree nuts, eggs, cow's milk, wheat, soy, sesame, fish, shellfish, insect stings and bites, some medications and latex.

Allergy
An immune system response to something the body has identified as an allergen.

Allergic reaction
An allergic response that may involve symptoms or signs affecting the skin, gastrointestinal system or other body systems.

Anaphylaxis
A severe, rapidly progressing allergic reaction that is potentially life threatening.

ASCIA
Australasian Society of Clinical Immunology and Allergy.

ASCIA Action Plan for Anaphylaxis
The ASCIA Action Plan for Anaphylaxis, commonly identified as the RED plan, completed by a medical practitioner and provided by the parent or carer. It identifies the young person, relevant allergens, signs and symptoms, prescribed treatment and emergency response. These plans are device specific.

ASCIA Action Plan for Allergic Reactions
The ASCIA Action Plan for Allergic Reactions, commonly identified as the GREEN plan, completed by a medical practitioner for a young person with allergies who has not been diagnosed as being at risk of anaphylaxis.

Adrenaline device

A device used to administer adrenaline for emergency treatment of anaphylaxis. Devices approved for use in Australia may include EpiPen, Anapen, Jext and Neffy. GVL will ensure training and emergency procedures reflect current Department of Education and ASCIA requirements.

Adrenaline autoinjector for general use
An adrenaline autoinjector purchased by GVL for emergency use rather than prescribed for a particular young person.

Individual Anaphylaxis Management Plan
An Individual Anaphylaxis Management Plan, referred to as an IAMP, is an individual plan developed by GVL in consultation with the parents or carers of a young person diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction.

Anaphylaxis Supervisor
A staff member nominated by the Executive Director and appropriately trained to verify the correct use of adrenaline trainer devices, to lead the twice-yearly briefings on this policy, and to support GVL's management of anaphylaxis.

Medical condition that relates to allergy and the potential for anaphylactic reaction
The description used in Ministerial Order 706 for a young person who has been diagnosed by a medical practitioner as having an allergy and being at risk of anaphylaxis. In this policy, this description and the phrase "young person at risk of anaphylaxis" have the same meaning.

Risk minimisation
The process of identifying and implementing reasonable strategies to reduce the likelihood of exposure to known and notified allergens and the occurrence of an anaphylactic reaction.

Young person at risk of anaphylaxis
A young person who has been medically diagnosed as having an allergy and being at risk of anaphylaxis.

8. STATEMENT OF COMPLIANCE

Global Village Learning fully complies with:

- Ministerial Order 706, Anaphylaxis Management in Victorian Schools and School Boarding Premises; and
- guidelines related to anaphylaxis management in schools as published and amended by the Department of Education from time to time.

Where regulatory guidance, approved training, approved devices or other requirements change, GVL will update its practices and, where required, this policy.

9. IDENTIFYING YOUNG PEOPLE AT RISK

GVL will take reasonable steps to identify young people who have allergies or have been diagnosed as having a medical condition that relates to allergy and the potential for anaphylactic reaction.

During enrolment, parents and carers will be asked to disclose whether their young person:

- has allergies
- has been diagnosed as being at risk of anaphylaxis
- has been prescribed an adrenaline device
- requires other relevant medical support.

Where sufficient information is not provided, GVL will follow up with the parent or carer until adequate information is obtained. Reasonable attempts to obtain this information will be documented.

Parents and carers must inform GVL in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and, if relevant, must provide GVL with an updated ASCIA Action Plan for Anaphylaxis.

Parents and carers must also inform GVL in writing of:

- a diagnosis of allergy or risk of anaphylaxis

- changes to known allergens or risk factors
- changes to prescribed medication
- changes to emergency contact details.

GVL maintains a complete and up-to-date register of young people identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction. The location of the register for each campus is recorded at section 41.

10. INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

The Principal is responsible for ensuring that an Individual Anaphylaxis Management Plan is developed, in consultation with the young person's parents or carers, for any young person who has been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction, where GVL has been notified of that diagnosis.

Where the Principal allocates any part of this task to another staff member, the Executive Director retains final oversight and remains responsible for ensuring this requirement is met.

The IAMP must be in place as soon as practicable after the young person enrols at GVL and, where possible, before the young person's first day of attendance at GVL.

An IAMP is separate from the ASCIA Action Plan for Anaphylaxis. The ASCIA Action Plan informs development of the IAMP.

Each IAMP must include:

- information about the medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy or allergies the young person has, based on a written diagnosis from a medical practitioner
- strategies to minimise the risk of exposure to known and notified allergens while the young person is under the care or supervision of GVL staff, for settings in and out of GVL, including in the yard and outdoor areas, at camps and excursions, during Offsite Learning and EdVenture Weeks, or at special events such as fetes and concerts conducted, organised or attended by GVL
- the name of the person or people responsible for implementing the strategies
- information on where the young person's medication will be stored
- the young person's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis, in a format approved by ASCIA, completed by the young person's medical practitioner and provided by the parent or carer
- information about prescribed adrenaline devices and other relevant medication.

The ASCIA Action Plan must include an up-to-date photograph of the young person.

A copy of the IAMP and ASCIA Action Plan must be readily accessible to relevant staff. Where practicable, copies should be stored with the young person's adrenaline device. The locations at which IAMPs and ASCIA Action Plans are held are recorded at section 41.

GVL staff will implement and monitor each young person's IAMP.

11. REVIEW OF INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

GVL must review each IAMP in consultation with the young person's parents or carers in all of the following circumstances:

- annually, at the beginning of each school year
- if the young person's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- as soon as practicable after the young person has an anaphylactic reaction while under GVL's care or supervision
- when the young person is to participate in an off-site activity, including camps and excursions, Offsite Learning and EdVenture Weeks, or at special events such as fetes and concerts conducted, organised or attended by GVL.

GVL should also review the IAMP where there is an identified and significant increase in the young person's potential risk of allergen exposure.

12. YOUNG PEOPLE WITH ALLERGIES WHO HAVE NOT BEEN DIAGNOSED AS BEING AT RISK OF ANAPHYLAXIS

Where a young person has an allergy but has not been diagnosed as being at risk of anaphylaxis, their parent or carer must provide GVL with an ASCIA Action Plan for Allergic Reactions completed by a medical practitioner.

GVL will develop an individual allergic reaction risk management plan as soon as practicable.

13. YOUNG PEOPLE CARRYING THEIR OWN ADRENALINE DEVICE

The decision about whether a young person may carry their own adrenaline device will be made when developing the young person's IAMP and in consultation with:

- the young person
- their parent or carer
- their medical practitioner where appropriate.

A young person carrying their own device does not remove GVL's duty of care.

A young person who can ordinarily self-administer may be physically unable to do so during an anaphylactic reaction. If this occurs, GVL staff must administer an adrenaline device as required.

Where a young person self-administers:

- a staff member must supervise and monitor them at all times
- another staff member must immediately call an ambulance on 000.

Where appropriate, GVL may require or recommend that an additional prescribed adrenaline device supplied by the family is stored in an easily accessible, unlocked location at the campus.

14. RISK MINIMISATION AND PREVENTION

GVL implements practical prevention strategies to minimise the risk of an anaphylactic reaction.

Risk minimisation is a shared responsibility involving the Principal, Guides and other staff, parents and carers, young people and the wider GVL community.

Strategies must be individualised according to:

- the young person's allergens
- age and developmental needs
- level of independence
- severity and history of reactions
- information provided by parents, carers and medical practitioners
- activities being undertaken
- physical environment
- food preparation and consumption
- Offsite Learning environments
- accessibility of medication
- availability of emergency assistance.

Strategies selected for each young person must be documented in their IAMP.

GVL does not support blanket claims that a campus is allergen-free.

Peanuts, tree nuts, peanut butter and other peanut or tree nut products should not be used as part of GVL learning activities.

Young people should not be pressured to try foods.

Where appropriate, GVL may discourage particular high-risk foods in an environment where a young person has an identified allergy.

15. HEALTHY FOOD PROGRAM AND FOOD ACTIVITIES

GVL's Healthy Food Program and other food preparation or service activities must take reasonable steps to minimise allergen exposure and cross-contact.

Relevant staff and volunteers must:

- understand the allergy risks relevant to their role
- be informed of young people with relevant food allergies where necessary
- consider ingredients and hidden allergens
- take reasonable steps to avoid cross-contact
- maintain appropriate cleaning and food-handling practices
- wash hands appropriately before and after food preparation
- encourage young people to wash their hands after eating
- ensure food is not shared with a young person at risk unless confirmed as appropriate
- work with parents and carers where alternative food is necessary.

Food should not ordinarily be used as a reward.

Allergen management must also be considered where food or food containers are used during EDventurous Projects, art, science, sensory experiences, community activities or other learning experiences.

Risk minimisation strategies relating to food provision at camps, excursions and special events form part of this policy and of each young person's IAMP.

16. LEARNING ACTIVITIES

Guides must consider anaphylaxis risks when planning learning experiences.

Particular consideration must be given to:

- cooking
- science
- art
- gardening
- sensory activities
- activities involving recycled food containers
- activities involving animals or insects
- community events
- food-related entrepreneurial activities
- EDventurous Projects involving food preparation or service.

Where a proposed activity may expose a young person to a known allergen, the Guide must consider the young person's IAMP and, where necessary, consult the parent or carer before the activity proceeds.

17. OUTDOOR AREAS

Risk minimisation must extend to the yard, outdoor spaces, gardens and recreational areas.

Strategies may include:

- appropriate management of rubbish and food waste to minimise insects
- appropriate grounds maintenance
- consideration of plants that may present elevated allergy risks
- awareness of insect bites and stings
- ready access to emergency communication
- ready access to young person-specific and general-use adrenaline devices.

18. OFFSITE LEARNING, EDVENTURE WEEKS, CAMPS, EXCURSIONS AND SPECIAL EVENTS

Before a young person at risk of anaphylaxis participates in Offsite Learning, an EdVenture Week, a camp, an excursion, a special event such as a fete or concert, work experience, an internship or other external activity, GVL must assess the relevant risks and review the young person's IAMP in accordance with section 11.

The assessment must consider:

- known and notified allergens
- food arrangements
- activities
- transport
- accommodation where relevant
- staffing and supervision
- distance from emergency medical assistance
- communication arrangements
- location and accessibility of medication
- availability of general-use adrenaline autoinjectors
- emergency response arrangements.

Relevant Guides and other staff must know the identity of participating young people at risk of anaphylaxis by name and face.

GVL will consult parents or carers where reasonably necessary and will ask parents and carers to complete the relevant medical information form for day excursions and camps.

GVL may also consult activity providers, workplaces, camp operators, food providers and medical practitioners where appropriate.

The young person's medication, ASCIA Action Plan and relevant IAMP information must remain readily accessible throughout the activity.

A sufficient number of appropriately trained GVL staff must be present whenever a young person at risk of anaphylaxis is under GVL's care or supervision, in accordance with section 32.

19. STORAGE AND ACCESSIBILITY OF ADRENALINE DEVICES

Young person-specific adrenaline devices must be:

- current and unexpired
- clearly identifiable
- stored appropriately
- protected from direct light and excessive heat
- not stored in a refrigerator or freezer
- stored in an unlocked and easily accessible location
- stored in a location known to relevant staff

- stored with or immediately accessible to the young person's ASCIA Action Plan.

Medication must not be locked away in a manner that could delay emergency access.

The location of each young person's adrenaline device must be documented in their IAMP, and campus storage locations are recorded at section 41.

During Offsite Learning, camps and excursions, adrenaline devices and plans must remain readily accessible.

Trainer adrenaline devices must be clearly distinguishable and stored separately from real adrenaline devices.

GVL will regularly review adrenaline devices to ensure they remain current, appropriately stored and accessible.

20. GENERAL-USE ADRENALINE AUTOINJECTORS

The Executive Director is responsible for arranging the purchase of additional adrenaline autoinjectors for general use, as a back up to those supplied by parents and carers, as part of GVL's first aid supplies.

The Executive Director will determine the number and type of adrenaline autoinjectors for general use to purchase and, in doing so, will consider all of the following:

- the number of young people enrolled at GVL who have been diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction
- the accessibility of adrenaline autoinjectors that have been provided by parents and carers
- the availability of a sufficient supply of adrenaline autoinjectors for general use in specified locations at GVL, including in the yard and outdoor areas, and at camps, excursions and special events conducted, organised or attended by GVL
- that adrenaline autoinjectors have a limited life, usually expiring within 12 to 18 months, and will need to be replaced at GVL's expense either at the time of use or at expiry, whichever occurs first.

The Executive Director will also have regard to the weight and circumstances of young people at risk, the layout and size of each campus, transport arrangements and the availability of emergency medical assistance.

Even where GVL has no young person enrolled who has been diagnosed as being at risk of anaphylaxis, GVL will maintain at least two adrenaline autoinjectors for general use at each campus.

General-use adrenaline autoinjectors may include EpiPen, Anapen or Jext, subject to current Australian availability and Department guidance. Neffy may be supplied by a family for an individual young person with a corresponding ASCIA Action Plan but is not purchased by schools as a general-use device.

General-use adrenaline autoinjectors may be used where:

- a prescribed device does not work
- a prescribed device is misplaced
- a prescribed device is out of date
- a prescribed device has already been used
- a young person is experiencing a suspected first-time anaphylactic reaction
- a medical officer instructs its use after 000 has been called.

General-use adrenaline autoinjectors must be clearly labelled, readily accessible and stored with an ASCIA First Aid Plan for Anaphylaxis. Storage locations are recorded at section 41.

GVL will maintain records of general-use adrenaline autoinjectors and their expiry dates. Devices must be replaced following use or before expiry.

21. EMERGENCY RESPONSE

Anaphylaxis is a medical emergency.

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with GVL's general first aid and emergency response procedures and the young person's ASCIA Action Plan for Anaphylaxis.

GVL's emergency response procedures rely on the following being current and accessible at all times:

- a complete and up-to-date register of young people identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction, held at the locations recorded at section 41
- each young person's IAMP and ASCIA Action Plan, held at the locations recorded at section 41, and accessible during normal GVL activities including in Learning Hubs, in the yard and outdoor areas, and in all GVL buildings and sites including halls and indoor activity spaces, and during activities held off site including Offsite Learning, camps, excursions and special events
- young person-specific and general-use adrenaline devices, stored and accessible in accordance with sections 19 and 20
- communication with staff, young people and parents and carers in accordance with the Anaphylaxis Communication Plan at section 24.

A staff member must remain with the young person at all times.

Staff must:

1. Follow the young person's ASCIA Action Plan for Anaphylaxis if available.
2. Lay the young person flat. Do not allow them to stand or walk.
3. If breathing is difficult, allow them to sit with their legs outstretched.
4. If vomiting or unconscious, place them on their side and check their airway.
5. Immediately locate and administer the appropriate adrenaline device.
6. Immediately call an ambulance on 000.
7. Note the time the adrenaline was administered.
8. Follow the instructions of emergency services.
9. Continue to monitor and reassure the young person.
10. If there is no improvement or severe symptoms progress, administer further adrenaline every five minutes if another appropriate device is available and this is consistent with current ASCIA guidance.
11. Contact the young person's emergency contacts.
12. Ensure ambulance personnel are provided with relevant information and any used device where applicable.

A young person who has received adrenaline must not stand or walk.

If an adrenaline device needs to be brought to the young person, staff should also arrange for a second device to be available in case another dose is required.

22. FIRST-TIME ANAPHYLACTIC REACTIONS

If a young person appears to be experiencing anaphylaxis but has not previously been diagnosed as being at risk:

- immediately obtain a general-use adrenaline autoinjector
- follow the ASCIA First Aid Plan for Anaphylaxis
- administer the adrenaline autoinjector
- call an ambulance on 000
- follow GVL's first aid and emergency procedures.

If a general-use device is not immediately available during an anaphylaxis emergency, another young person's adrenaline device may be used where necessary to save a life.

If another young person's prescribed device is used, GVL must notify their parent or carer and arrange immediate replacement.

23. AFTER AN ANAPHYLACTIC REACTION

Following an anaphylactic reaction:

- the young person's parent or carer must be informed
- the incident must be documented
- the young person-specific adrenaline device must be replaced by the parent or carer as soon as possible
- any general-use device that was used must be replaced by GVL as soon as possible
- an interim plan must be established where required while replacement medication is being obtained
- the young person's IAMP must be reviewed in consultation with their parent or carer
- relevant risk minimisation strategies must be reviewed
- relevant staff must be informed of changes
- this policy should be reviewed to determine whether clarification or modification is required
- the Executive Director must consider applicable incident reporting obligations
- appropriate wellbeing support should be considered for the young person and others involved.

24. ANAPHYLAXIS COMMUNICATION PLAN

The Executive Director is responsible for ensuring that a Communication Plan is developed and implemented to provide information to all GVL staff, young people and parents and carers about anaphylaxis and this Anaphylaxis Management Policy.

The Anaphylaxis Communication Plan is published on the GVL website and is publicly available.

The communication arrangements will provide appropriate information to:

- Guides and other staff
- casual and relief staff
- volunteers
- contractors where relevant
- young people
- parents and carers.

The Communication Plan includes strategies for advising GVL staff, young people and parents and carers about how to respond to an anaphylactic reaction:

- during normal GVL activities, including in Learning Hubs, in the yard and outdoor areas, and in all GVL buildings and sites including halls and indoor activity spaces
- during off-site or out of school activities, including Offsite Learning, camps, excursions, EdVenture Weeks and special events such as fetes and concerts conducted, organised or attended by GVL.

The Communication Plan includes procedures to inform volunteers and casual and relief staff about:

- young people with a medical condition that relates to allergy and the potential for anaphylactic reaction who may be in their care
- relevant allergens
- the location of IAMPs and ASCIA Action Plans
- the location of prescribed and general-use adrenaline devices
- their role in responding to an anaphylactic reaction by a young person in their care.

The Communication Plan also records that the Principal is responsible for ensuring that the staff identified in section 26 are trained, and briefed at least twice per calendar year, in accordance with sections 26 to 30.

GVL may communicate this information through:

- staff briefings

- induction
- Compass
- direct communication
- staff meetings
- posters and fact sheets
- parent and carer communications
- the GVL website
- other appropriate communication channels.

Personal and medical information will only be shared to the extent reasonably necessary to meet GVL's health, safety, duty of care and legal obligations.

25. YOUNG PERSON AWARENESS

GVL will support young people to understand severe allergies and the importance of maintaining a safe and inclusive community.

Young people should understand that:

- severe allergies must be taken seriously
- food should not be shared with a person who has food allergies
- hands should be washed after eating
- another person's adrenaline device must not be touched or interfered with
- no person should be pressured to eat food to which they may be allergic
- an adult must be alerted immediately if another young person becomes unwell.

A young person at risk of anaphylaxis should not be unnecessarily singled out or treated differently.

Teasing, threatening or deliberately attempting to expose a young person to a known allergen is unacceptable.

Any intentional attempt to expose a young person to a known allergen will be treated as a serious safety incident and managed in accordance with GVL's applicable wellbeing, behaviour, bullying and child safety procedures.

26. ANAPHYLAXIS TRAINING

All staff have a responsibility to participate appropriately in the risk management and care of young people at risk of anaphylaxis.

The Executive Director will ensure that a sufficient number of staff receive anaphylaxis management training that complies with Ministerial Order 706.

General first aid training alone does not meet the specific anaphylaxis training requirements of Ministerial Order 706.

The following staff must be trained in accordance with sections 27 to 30:

- Guides who conduct learning sessions attended by young people who are at risk of anaphylaxis
- any further staff identified by the Executive Director, based on an assessment of the risk of an anaphylactic reaction occurring while a young person is under the care or supervision of GVL.

Staff who are subject to these training requirements must have successfully completed:

- an anaphylaxis management training course in the three years prior; or
- an online anaphylaxis management training course in the two years prior;

and must participate in the twice-yearly briefing described at section 30.

GVL will only use training options currently approved under Department of Education guidance. Superseded course codes are not relied upon for the purposes of this policy.

27. OPTION 1: ASCIA ANAPHYLAXIS E-TRAINING

GVL's preferred approach is that all staff complete ASCIA Anaphylaxis e-training for Victorian Schools unless the Executive Director determines that another approved training option will be used.

Relevant staff completing this pathway must:

- complete ASCIA Anaphylaxis e-training for Victorian Schools every two years
- demonstrate competency in the correct use of relevant adrenaline devices to a GVL Anaphylaxis Supervisor within 30 days of completing the online course
- have their ASCIA certificate verified and signed by an appropriately qualified Anaphylaxis Supervisor.

Current competency requirements cover EpiPen, Anapen, Jext and Neffy.

GVL will maintain records of:

- staff who have completed training
- completion dates
- renewal dates
- competency verification
- attendance at twice-yearly briefings.

28. ANAPHYLAXIS SUPERVISORS

Where GVL uses the ASCIA e-training pathway, two appropriately trained staff per campus will be appointed as Anaphylaxis Supervisors.

Anaphylaxis Supervisors must maintain the training currency required by current Department guidance. At the date of this policy, this includes:

- ASCIA Anaphylaxis e-training for Victorian Schools every two years
- Course in Verifying the Correct Use of Adrenaline Injector Devices 22579VIC every three years
- Course in First Aid Management of Anaphylaxis 22578VIC every three years
- the Jext and Neffy device workshop, where the Supervisor completed 22579VIC before the start of Term 1, 2026.

Anaphylaxis Supervisors will:

- provide evidence of training currency to the Executive Director
- assess and confirm staff competency in using adrenaline trainer devices
- support the Executive Director in implementing this policy
- support staff with allergy and anaphylaxis management
- provide access to trainer devices
- provide reminders about training and renewal requirements
- assist with maintaining training records
- assist with maintaining the register of young people at risk
- support development and implementation of IAMPs
- liaise with parents and carers as appropriate
- monitor the accessibility and expiry of adrenaline devices
- lead the twice-yearly anaphylaxis briefings.

29. OPTION 2: FACE-TO-FACE TRAINING

Where GVL uses the approved face-to-face training pathway, staff identified by the Executive Director must complete the current Department-approved face-to-face anaphylaxis management course through an appropriately accredited training provider.

At the date of this policy, the approved course is Course in First Aid Management of Anaphylaxis 22578VIC, with three-year currency.

GVL will rely on current Department of Education requirements if course codes or approved training arrangements change.

30. TWICE-YEARLY ANAPHYLAXIS BRIEFINGS

The Executive Director will ensure that Guides who conduct learning sessions attended by young people at risk of anaphylaxis, and any further staff identified under section 26, are appropriately briefed in anaphylaxis management at least twice per calendar year.

The first briefing will be held at the beginning of the school year.

The briefing must be led by a staff member who has successfully completed an anaphylaxis management training course within the previous two years. Where possible, this will be an Anaphylaxis Supervisor.

GVL's expectation is that all staff participate wherever practicable.

The briefing will cover:

- GVL's Anaphylaxis Management Policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of young people with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located
- relevant allergens
- the location of IAMPs and ASCIA Action Plans
- how to use an adrenaline device, including hands-on practice with a trainer adrenaline device
- GVL's general first aid and emergency response procedures
- the location of, and access to, adrenaline devices provided by parents and carers or purchased by GVL for general use
- staff training and renewal requirements
- access to ongoing support and training.

Attendance will be recorded.

31. INTERIM ARRANGEMENTS

Where a young person with a medical condition that relates to allergy and the potential for anaphylactic reaction enrols at GVL, or where the training and briefing required by sections 26 to 30 has not yet occurred, the Executive Director will develop an interim plan in consultation with the parents or carers of any affected young person.

The Executive Director will ensure that appropriate Guides and other relevant staff are trained and briefed as soon as possible thereafter.

Where possible, required training and briefing should be completed before the young person's first day of attendance at GVL.

32. SUFFICIENT TRAINED STAFF

When a young person with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care or supervision of GVL outside of normal class activities, including in the yard and outdoor areas, at camps and excursions, during Offsite Learning and EdVenture Weeks, or at special events such as fetes and concerts conducted, organised or attended by GVL, the Principal must ensure that there is a sufficient number of GVL staff present who have been trained in accordance with sections 26 to 30.

This includes:

- normal learning activities

- outdoor and yard supervision
- Offsite Learning
- camps and excursions
- EdVenture Weeks
- sporting activities
- special events, including fetes and concerts
- other activities conducted, organised or attended by GVL.

33. RESPONSIBILITIES OF THE PRINCIPAL

The Executive Director has overall responsibility for implementing this policy and meeting GVL's obligations under Ministerial Order 706.

The Executive Director will:

- ensure this policy is developed, implemented and reviewed annually
- ensure this policy is published on the GVL website
- ensure GVL identifies young people who may be at risk of anaphylaxis and maintains a complete and up-to-date register
- ensure an IAMP is developed, in consultation with parents and carers, for every young person who requires one
- ensure parents and carers provide appropriate ASCIA Action Plans
- ensure young person-specific adrenaline devices are appropriately stored and accessible
- arrange for the purchase of appropriate general-use adrenaline autoinjectors and determine their number and type
- appoint appropriately trained Anaphylaxis Supervisors
- ensure relevant staff receive required training
- ensure that Guides who conduct learning sessions attended by young people at risk of anaphylaxis, and other staff identified under section 26, are briefed at least twice per calendar year
- ensure training and briefing records are maintained
- ensure sufficient trained staff are available whenever a young person at risk is under GVL's care or supervision outside of normal class activities
- ensure appropriate risk minimisation strategies are documented and implemented
- ensure emergency procedures integrate with GVL's First Aid Policy and Procedures
- ensure the Anaphylaxis Communication Plan is developed and implemented
- ensure emergency drills are undertaken as appropriate
- ensure the Annual Risk Management Checklist is completed
- maintain final oversight of responsibilities allocated to other staff.

Where the Principal allocates responsibilities to another staff member, the Executive Director retains final oversight and must approve relevant policy decisions and compliance documentation as required.

34. RESPONSIBILITIES OF GUIDES AND OTHER STAFF

All staff have a duty of care to take reasonable steps to protect young people in their care from reasonably foreseeable risks of injury.

Staff responsibilities include:

- understanding and implementing this policy
- following prevention and risk minimisation strategies
- understanding the causes, symptoms and treatment of anaphylaxis
- completing relevant training and attending twice-yearly briefings
- understanding GVL's First Aid Policy and emergency procedures

- knowing the identity, by name and face, of young people at risk of anaphylaxis relevant to their duties
- knowing relevant allergens and triggers
- knowing where to quickly find each relevant young person's IAMP and ASCIA Action Plan
- knowing the location of young person-specific and general-use adrenaline devices
- implementing and monitoring each relevant young person's IAMP
- planning for anaphylaxis risks before activities
- following emergency procedures immediately when required
- maintaining appropriate awareness among young people.

35. RESPONSIBILITIES OF PARENTS AND CARERS

Parents and carers of a young person at risk of anaphylaxis are responsible for:

- informing GVL in writing of their young person's allergies and diagnosis at enrolment or as soon as the diagnosis occurs
- obtaining an ASCIA Action Plan for Anaphylaxis from the young person's medical practitioner and providing it to GVL
- informing GVL in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and, if relevant, providing an updated ASCIA Action Plan
- providing an up-to-date photograph for the ASCIA Action Plan when the plan is provided to GVL and whenever the plan is reviewed
- providing GVL with an adrenaline device for their child that is current and not expired
- replacing prescribed medication before expiry or following use
- participating in the development and annual review of the young person's IAMP
- assisting GVL with planning for Offsite Learning, camps, excursions, EdVenture Weeks and special events where required, including completing relevant medical information forms
- assisting with appropriate alternative food arrangements where requested
- informing GVL in writing of changes to emergency contact details.

Parents and carers should also ensure appropriate arrangements exist for managing anaphylaxis while their young person travels to and from GVL when they are not under GVL's care or supervision.

36. ANNUAL RISK MANAGEMENT CHECKLIST

The Executive Director, or a staff member formally allocated this task, must complete the Department of Education Annual Risk Management Checklist for anaphylaxis each year, as published and amended by the Department from time to time, to monitor GVL's obligations.

The checklist is used to monitor compliance with:

- Ministerial Order 706
- Department of Education Anaphylaxis Guidelines
- GVL's legal obligations
- this policy.

The checklist considers:

- young people identified as being at risk of anaphylaxis
- IAMPs
- ASCIA Action Plans
- storage and accessibility of adrenaline devices
- general-use adrenaline autoinjectors
- risk minimisation strategies
- first aid and emergency procedures for on-campus and off-site activities

- communication with staff, young people and parents and carers.

Where the task is allocated to another staff member, the Executive Director must review and approve the completed checklist.

The completed checklist and supporting evidence will be retained as compliance records.

37. SIGNS AND SYMPTOMS

Signs of a mild to moderate allergic reaction may include:

- swelling of the lips, face or eyes
- hives or welts
- tingling mouth
- abdominal pain or vomiting.

For insect allergy, abdominal pain or vomiting may indicate a severe allergic reaction.

Signs of anaphylaxis may include:

- difficult or noisy breathing
- swelling of the tongue
- swelling or tightness in the throat
- difficulty talking or a hoarse voice
- wheeze or persistent cough
- persistent dizziness
- collapse
- pale and floppy appearance in a young child.

Current ASCIA Action Plans and emergency instructions must be followed where signs, symptoms or emergency guidance are updated.

38. DUTY OF CARE

GVL has a duty to take reasonable steps to protect young people from reasonably foreseeable risks of injury.

In relation to anaphylaxis, GVL's obligations extend to circumstances where GVL knows, or ought reasonably to know, that a young person has been diagnosed as being at risk of anaphylaxis.

GVL will take reasonable and proactive steps to obtain relevant medical information from parents and carers during enrolment and throughout a young person's time at GVL.

Reasonable attempts to obtain information necessary to safely support a young person will be documented.

This policy does not replace professional medical advice or an individual young person's ASCIA Action Plan.

39. POLICY AVAILABILITY AND COMMUNICATION

This policy is published on the GVL website and is publicly available to staff, young people, parents and carers and the wider GVL community.

The GVL Anaphylaxis Communication Plan is also published on the GVL website.

Parents and carers of a young person diagnosed as being at risk of anaphylaxis will be provided with a copy of, or direct access to, this policy.

GVL will communicate information about anaphylaxis and this policy through appropriate channels, which may include:

- the GVL website
- Compass

- newsletters
- staff induction
- staff briefings
- direct communication
- information sessions
- appropriate posters and notices.

40. POLICY REVIEW

This policy will be reviewed:

- at least annually
- following a material change to Ministerial Order 706 or Department of Education guidance
- following an anaphylactic incident where review identifies a need for change
- when GVL's campus or operational arrangements materially change.

The Executive Director retains responsibility for approving the policy and overseeing its implementation.

The current approved version of this policy will be maintained on the GVL website following each review.

41. CAMPUS IMPLEMENTATION DETAILS

NEW GISBORNE CAMPUS

- **Anaphylaxis Supervisors**: Bethany Sparks- Director of Village Operations
- **Register of young people at risk – location:** Sick Bay and Compass
- **Young person-specific adrenaline device storage location/s:** Hub First Aid Cupboard
- **General-use adrenaline autoinjector storage location/s**: Hub First Aid Cupboards, Sick Bay and Kitchen
- **IAMP and ASCIA Action Plan location, electronic:** Compass, The Vault and The Directory
- **IAMP and ASCIA Action Plan location, hard copy:** Sick Bay, Kitchen and Learning Hub
- **Emergency access point for ambulance:** Main vehicle entrance. The fire track can be used by emergency vehicles to access all buildings on the GVL premises. A staff member will meet emergency services at the main entrance and direct them to the location of the emergency.

ANY FURTHER GVL CAMPUS, WHEN OPERATIONAL

- Anaphylaxis Supervisors: Bethany Sparks- Director of Village Operations
- Register of young people at risk – Sick Bay and Compass
- Young person-specific adrenaline device storage location/s: Hub First Aid Cupboard
- General-use adrenaline autoinjector storage location/s: Hub First Aid Cupboard, Sick Bay and Kitchen
- IAMP and ASCIA Action Plan location, electronic: Compass, The Vault and The Directory
- IAMP and ASCIA Action Plan location, hard copy: Sick Bay, Kitchen and Learning Hub
- Emergency access point for ambulance: Main vehicle entrance. A staff member will meet emergency services at the main entrance and direct them to the location of the emergency.

42. RESOURCES

GVL will refer to current information and resources from:

- Victorian Department of Education Anaphylaxis Policy and Advisory Library
- Ministerial Order 706
- Australasian Society of Clinical Immunology and Allergy
- Allergy and Anaphylaxis Australia

- Royal Children's Hospital Anaphylaxis Support Advisory Line
- current Department-approved anaphylaxis training providers.

Where guidance changes, current official guidance takes precedence over outdated operational information contained in previous GVL documents.

43. POLICY APPROVAL

Policy title: Anaphylaxis Management Policy

Approved by: Alex Stol- Board Chair

Approval date: 16 September 2026

Next review date: 1 September

Review frequency: Annual, or earlier where required by legislative, regulatory or operational change

Published to GVL website on: 7 October 2026