

DSM Policy

Anaphylaxis

Deutsche Schule Melbourne Inc, ABN 52 936 931 854



1. Contents

- 1. Contents 1
- 2. Purpose..... 2
- 3. Scope 2
- 4. Policy Statement..... 2
- 5. Principles 2
- 6. Definitions 2
- 7. Roles and Responsibilities 3
- 8. Strategies..... 4
- 9. School Management and Emergency Response 5
- 11. Staff Training 8
- 12. Annual Risk Management Checklist 9

DSM Policy

Anaphylaxis

Deutsche Schule Melbourne Inc, ABN 52 936 931 854



2. Purpose

This policy outlines how Deutsche Schule Melbourne (DSM) manages the risk of Anaphylaxis. DSM is committed to providing, as far as practicable, a safe and supportive environment for students at risk of Anaphylaxis and to raise awareness across the school.

3. Scope

This policy applies to all staff, students, parents/guardian(s), volunteers, contractors, and visitors involved in school activities, including off-site excursions, camps, and events.

4. Policy Statement

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

5. Principles

The following principles support this policy:

- To provide a safe and supportive environment in which students at risk of Anaphylaxis can participate equally in all aspects of their schooling.
- To raise awareness about Anaphylaxis and this policy in the school community.
- To engage with parents/guardian(s) of students at risk of Anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- To ensure staff are trained on allergies, Anaphylaxis, and this policy and associated procedures for responding to an anaphylactic reaction.

6. Definitions

- 6.1 **“Adrenaline Auto-injector”** is a device used to administer a single, pre-measured dose of adrenaline, the medication given through an EpiPen or Anapen device, to the muscle of the outer mid-thigh. It is the most effective first aid treatment for Anaphylaxis.
- 6.2 **“Allergen”** is a substance that can cause an allergic reaction (usually food, insect sting or medication).
- 6.3 **“Anaphylaxis”** is a severe, rapidly progressive allergic reaction that is potentially life-threatening. The most common allergens in school-aged children are peanuts, eggs, tree nuts (e.g. cashews), cow’s milk, fish and shellfish, wheat, soy, sesame, latex, insect stings and medication. Common signs and symptoms of an allergic reaction include hives, a tingling sensation around the mouth, facial swelling, cough or wheeze, difficulty swallowing or breathing, abdominal pain and/or vomiting, loss of consciousness or collapse (in children, paleness or floppiness), or cessation of breathing.
- 6.4 **“Anaphylaxis Supervisor”** is a staff member nominated by the Principal to complete training in verifying the correct use of Adrenaline Auto-injector devices and to lead the twice-yearly Anaphylaxis management briefings for staff.

DSM Policy

Anaphylaxis



Deutsche Schule Melbourne Inc, ABN 52 936 931 854

- 6.5 **“ASCIA”** means Australasian Society of Clinical Immunology and Allergy.
- 6.6 **“Medical Action Plan”** refers to an emergency response plan prepared by a medical practitioner for severe allergic reactions, as developed by ASCIA. The Medical Action Plan, also known as the ASCIA Action Plan for Anaphylaxis, outlines the student’s known allergies and the emergency procedure to be taken in the event of an allergic reaction. Refer to website: <https://www.allergy.org.au/hp/ascia-plans-action-and-treatment>.
- 6.7 **“Risk Minimisation Plan”** is a student health support plan for students diagnosed with Anaphylaxis or any other medical condition. The Risk Minimisation Plan, also known as the Individual Anaphylaxis Management Plan, outlines the emergency care to be provided at the school, location of the Adrenaline Auto-injector, emergency contact details, allergic risks in the school environment and actions to minimise these risks. See *DSM Policy: Arrangements for Ill Students and First Aid* for more information about this document.
- 6.8 **“Ministerial Order 706”** refers to the ministerial order specifying the matters that Victorian schools and school boarding premises must have in their anaphylaxis management policy.

7. Roles and Responsibilities

The Principal

- Ensures that the school develops, implements and reviews this policy in accordance with Ministerial Order 706 and its guidelines.
- Ensures that a Risk Minimisation Plan is developed for those students diagnosed with Anaphylaxis in consultation with the student’s parent/guardian(s).
- Ensures sufficient numbers of trained staff are available to supervise students at risk of Anaphylaxis outside the regular class activities (for example, off-site activities).
- Ensures that all staff are aware of the location of the Risk Minimisation Plan for any student diagnosed as being at risk of Anaphylaxis and that a copy is kept with the Adrenaline Auto-injector device kit.
- Ensures the risk management checklist for Anaphylaxis is completed annually.
- Arranges the purchase of Adrenaline Auto-injectors for general use and as a backup for those supplied by parent/guardian(s).
- Ensures a communication plan is developed to provide information to all school staff, students, parent/guardian(s), casual relief teachers (CRTs), interns and volunteers about Anaphylaxis and this policy.
- The Principal may agree to exceptions to the self-administration and storage of an EpiPen or Anapen on a case-by-case basis for secondary school-aged students. Any such exception should be documented with written parental permission and a Medical Action Plan.
- Ensures that the school has two qualified Anaphylaxis Supervisors.

Parent/guardian(s)

- Inform the school, either on enrolment or on diagnosis, of their child’s allergies.
- Provide the school with a current Medical Action Plan for Anaphylaxis, signed by the registered medical practitioner, which gives written consent to use an Adrenaline Auto-injector device with this action plan.
- Provide the school with a complete Adrenaline Auto-injector device for their child that is not expired, regularly checking the expiry date and provide a replacement before expiry.
- Provide the school with their child’s Adrenaline Auto-Injector before all school events or excursions.
- Notify the school in writing of any changes to their child’s allergy status and provide a new Medical Action Plan in accordance with these changes.
- Provide a current photo for the Medical Action Plan when the plan is provided to the school and when it is reviewed.

DSM Policy

Anaphylaxis

Deutsche Schule Melbourne Inc, ABN 52 936 931 854



- Participate in annual reviews with the school of their child's Risk Minimisation Plan.

8. Strategies

8.1 Individual Anaphylaxis Management Plans

The Principal or their delegate will ensure that a Risk Minimisation Plan is developed, in consultation with the student's parent/guardian(s), for any student who has been diagnosed by a medical practitioner with a Medical Action Plan as being at risk of Anaphylaxis, where the school has been notified of that diagnosis. The Risk Minimisation Plan will be completed by the principal or their delegate as soon as practicable after the student enrolls and, where possible, before their first day of school.

The student's individual Risk Management Plan will set out the following:

- Information about the student's diagnosis from a medical practitioner.
- Risk minimisation and prevention strategies to minimise the risk of exposure while the student is under the care or supervision of school staff.
- The name of the person/s responsible for implementing the strategies.
- The storage location of the student's medication.
- The emergency contact details, including alternative contact details in case of emergency.

8.2 Review of Risk Management Plans

The student's Risk Minimisation Plan will be reviewed, in consultation with the student's parents/guardian(s), in the following circumstances:

- Annually.
- If the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes.
- As soon as practical after a student has an anaphylactic reaction at school.
- When a student participates in an off-site activity, such as camps and excursions, or attends special events conducted, organised, or hosted by the school (e.g., class parties, elective subjects, cultural days, fetes, incursions).

8.3 Risk Minimisation Strategies

The Principal or their delegate ensures that risk minimisation and prevention strategies are in place for all school settings, which include (but are not limited to) the following:

- During classroom activities
- Yard duty
- Canteen
- Special events during school hours (e.g. sporting events, incursions, class parties, etc.)
- Field trips/excursions
- Camps and Remote settings

For further information, refer to Appendix 1.

DSM Policy

Anaphylaxis

Deutsche Schule Melbourne Inc, ABN 52 936 931 854



9. School Management and Emergency Response

An up-to-date list of students at risk of Anaphylaxis is maintained in the School Management System, which can be accessed digitally in-house and remotely by phone during off-site activities by all school staff.

Each student's Risk Minimisation Plans are located in multiple locations:

- uploaded onto and maintained in the School Management System;
- in the classroom medication bags; and
- in the Staff centre.

Additional generic Medical Action Plans are located in all first aid areas and excursion first aid bags.

9.1 Anaphylaxis Management

In the event of an anaphylactic reaction, school staff will follow the school's emergency procedures for Anaphylaxis, in conjunction with the school's general first aid and emergency response procedures, as well as the student's Medical Action Plan. If a student has a suspected Anaphylactic reaction at school, staff are to follow the steps in Table 1 below:

Table 1: Anaphylaxis Emergency Response

Step	Action
1.	<ul style="list-style-type: none">• Lay student flat (or sit if breathing difficult).• Do not leave them alone.• Seek assistance from another staff member or reliable student to locate the student's Adrenaline Auto-injector or a general use Adrenaline Auto-injector, and the student's Medical Action Plan immediately or generic if the student does not have own Medical Action Plan.• Consult the Medical Action Plan to confirm symptoms & treatment. Do not move the student unless there is further danger.• If the student's plan is not immediately available, or they appear to be experiencing a first-time reaction, follow steps 2 to 3.
2.	<ul style="list-style-type: none">• Administer EpiPen/Anapen into the outer mid-thigh.• Call 000.• Another staff member to escort other students away i.e. to another location.• Proceed with first aid & stay with the student until ambulance arrives – monitor & reassure.• Alert the Leadership Team of the incident.
3.	<ul style="list-style-type: none">• If no improvement after 5 minutes, a second dose may be given.• Office staff if onsite and other staff if off-site, to contact the student's emergency contacts.• Record details - time, dose, source, location.

DSM Policy

Anaphylaxis

Deutsche Schule Melbourne Inc, ABN 52 936 931 854



9.2 Off-site (excursions and camps)

If a student experiences a suspected Anaphylactic reaction during an off-site school activity, staff are to implement the steps detailed in Table 1 above immediately.

9.3 Post-incident evaluation

After an incident has occurred and been resolved, the staff members involved will engage in a post-incident review, which may include, but is not limited to, a debriefing session, future prevention strategies, a review of the student's Risk Minimisation Plan, and the emergency response plan.

9.4 Adrenaline Auto-injector for general use

The Principal or their delegate will authorise the purchase of Adrenaline Auto-injector(s) for general use and as a back-up to those supplied by parent/guardian(s). In doing so, the Principal or their delegate will take into account the following relevant considerations:

- The number of students enrolled at the school who have been diagnosed as being at risk of Anaphylaxis.
- The Adrenaline Auto-injectors are supplied by the parent or guardian(s) of students diagnosed as being at risk of Anaphylaxis.
- The availability and sufficient supply of Adrenaline Auto-injectors for general use in specified locations at the school, including in the school yard, and at excursions, camps and special events conducted and organised by the school; and
- The Adrenaline Auto-injectors for general use have a limited lifespan, usually expiring within 12-18 months, and will need to be replaced at the school's expense, either at the time of use or upon expiry, whichever comes first.

9.5 Location of Adrenaline Auto-injectors

The Adrenaline Auto-injectors are in designated areas. Refer to Appendix 2.

10. Communication Plan

The Principal or their delegate is responsible for ensuring adequate communications are provided to all staff, CRTs, students, parent/guardian(s), interns and volunteers about Anaphylaxis and this policy.

10.1 Staff

All DSM staff will be informed about this policy and associated procedures during their orientation by an Anaphylaxis Supervisor. When a new student enrolls at DSM who is at risk of Anaphylaxis, the Principal or their delegate will brief all staff at the next staff meeting and ensure a copy of the student's Medical Action Plan is distributed to the designated locations. Staff are also required to acknowledge any policy and procedure changes via DSM's internal software.

10.2 Casual Relief Teachers

All CRTs will be briefed on the school's procedures for Anaphylaxis management during their induction by the Assistant Principal or their delegate.

DSM Policy

Anaphylaxis

Deutsche Schule Melbourne Inc, ABN 52 936 931 854



10.3 Parent/guardian(s)

New families will receive information about Anaphylaxis and this policy during their induction meeting. Information about allergies is also provided in Term 1 to parent/guardian(s) in parent information sessions communicated via Ed News.

10.4 Students

Peer support is an essential element of support for students at risk of Anaphylaxis. Teachers can raise awareness in the school by displaying posters in the classrooms. Class teachers will, in addition, conduct Anaphylaxis student briefings, with a few simple key messages outlined below.

- Always take food allergies seriously – severe allergies are no joke.
- Don't share your food with friends who have food allergies.
- Wash your hands after eating.
- Know what your friends are allergic to.
- If a school friend becomes sick, get help immediately.
- Be respectful of a school friend's Adrenaline Auto-injector.
- Don't pressure your friends to eat food they are allergic to.

10.5 Interns

All interns will be briefed on the school's procedures for Anaphylaxis management during their induction by an Anaphylaxis Supervisor.

10.6 Volunteers

All new DSM volunteers will be briefed on the school's procedures for managing anaphylaxis during their induction, which may include identifying students at risk. The briefing will be determined by the type of volunteer activity, which will be performed by the teaching staff, canteen manager, or Anaphylaxis Supervisor.

DSM Policy

Anaphylaxis

Deutsche Schule Melbourne Inc, ABN 52 936 931 854



11. Staff Training

The Principal or their delegate will identify the relevant school staff to be appropriately trained in Anaphylaxis.

- School staff who conduct classes attended by students who are at risk of Anaphylaxis;
- Any further school staff who are determined by the Principal or their delegate.

Table 2: Summary of training requirements

Training	Who attends it?	Additional comments	How often?
Course in Verifying the Correct Use of Adrenaline Auto-injector Devices (22579VIC)	2 Qualified Anaphylaxis Supervisors	N/A	3 years
ASCIA e-training course or Accredited face to face (22578VIC or 10710NAT)	All staff	Qualified Anaphylaxis Supervisor to evaluate individual competency within 30 days of completing e-training course in administering an Adrenaline Auto-injector	2 years or 3 years
Anaphylaxis management staff briefings	All staff	Anaphylaxis briefing conducted by one of the school's Anaphylaxis Supervisors	Twice yearly (Term 1 & 3)

The Anaphylaxis briefing conducted by an Anaphylaxis Supervisor will cover:

- This policy
- The causes, symptoms and treatment of Anaphylaxis
- The identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located
- How to use an Adrenaline Auto-injector, including hands-on practice with a trainer, Adrenaline Auto-injector device
- The school's general first aid and emergency response procedure; and
- The location of, and access to, Adrenaline Auto-injectors that have been provided by parent/guardian(s) or purchased by the school for general use.

If, for any unforeseen reason, staff training does not proceed as scheduled, the Principal or their delegate will develop an interim plan to address and manage any student medical needs. Training is to occur as soon as possible thereafter.

At other times, when the student is under the care or supervision of the school, including excursions, yard duty, camps, and special event days, the Principal or their delegate will ensure that a sufficient number of staff are present who have been trained in Anaphylaxis.

DSM Policy

Anaphylaxis

Deutsche Schule Melbourne Inc, ABN 52 936 931 854



12. Annual Risk Management Checklist

The Principal or their delegate will sign off on the completion of the Annual Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations. The Anaphylaxis Guidelines for Victorian Schools can be found here:

<https://www2.education.vic.gov.au/pal/anaphylaxis/policy>.

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