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CAMBERWELL PRIMARY SCHOOL – ANAPHYLAXIS POLICY

RATIONALE

Camberwell Primary School (CPS) undertakes to manage students at risk of anaphylaxis and meet legislative requirements of the Children’s Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008.

Ministerial Order 706 (MO706) - School Requirements

Schools must review and update their existing policy and practices in managing students at risk of anaphylaxis to ensure they meet the legislative and policy requirements outlined below.

CPS is “allergy aware” and not a NUT FREE SCHOOL. A nut free environment is not recommended as it is impossible to guarantee, which potentially provides a false sense of security to students, parents/guardians and staff.

POLICY

Students enrolled at Camberwell Primary School at risk of anaphylaxis must by law have a School Anaphylaxis Management Policy in place that includes:

- a statement that the school will comply with MO706 and associated guidelines
- a statement that in the event of an anaphylactic reaction, the school’s first aid and emergency management response procedures and the student’s Individual Anaphylaxis Management Plan must be followed
- the development and regular review of Individual Anaphylaxis Management Plans for affected students
- prevention strategies to be used by the school to minimise the risk of an anaphylactic reaction
- the purchase of 'backup' adrenaline auto-injector(s) as part of the school first aid kit(s), for general use
- the development of a Communication Plan to raise staff, student and school community awareness about severe allergies and the School’s Anaphylaxis Management Policy
- regular training and updates for school staff in recognising and responding appropriately to an anaphylactic reaction, including competently administering an EpiPen
- the completion of an Annual Anaphylaxis Risk Management Checklist.

For all anaphylaxis management enquiries, (including the implementation of MO706), schools can call the Royal Children’s Hospital Anaphylaxis Advisory Line on 1300 725 911 or (03) 9345 4235.

For advice on how to respond to an anaphylactic reaction see: Responding to Anaphylaxis
<http://www.education.vic.gov.au/school/principals/spag/health/Pages/respondanaphylaxis.aspx>

TRAINING REQUIREMENTS

CPS provides Level 2 First Aid and Anaphylaxis training annually. All school staff are expected to attend ASCIA Anaphylaxis e-training for Victorian Schools followed by a competency check by the School Anaphylaxis Supervisor. This course is provided by ASCIA, is free for all Victorian schools and valid for 2 years.

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GUIDELINES

Guidelines have been developed to assist all Victorian schools to meet their duty of care to students at risk of anaphylaxis and to support those students. The Guidelines support schools in complying with legislation, most critically the:

Education and Training Reform Act 2006, which specifies that a school must have an anaphylaxis management policy and Ministerial Order 706 - Anaphylaxis Management in Victorian Schools, which provides the regulatory framework for the management of anaphylaxis in all Victorian schools and prescribes what must be included in an anaphylaxis management policy as well as prescribing the training requirements for school staff working with students who are at risk of anaphylaxis.

The Guidelines include information on anaphylaxis including:

- legal obligations of schools in relation to anaphylaxis
- School Anaphylaxis Management Policy
- staff training
- Individual Anaphylaxis Management Plans
- risk minimisation and prevention strategies
- school management and emergency responses
- adrenaline autoinjectors for general use
- Communication Plan
- Risk Management Checklist.

TRAINING REQUIREMENTS

Ministerial Order 706 has been amended to allow for the new online training model. <https://etrainingvic.allergy.org.au/>. Under this model it is recommended that all Victorian school staff undertake the new Australasian Society of Clinical Immunology and Allergy (ASCIA) e-training course and have their competency in using an autoinjector tested in person within 30 days of completing the course.

An online presentation has been developed to help schools ensure they are complying with the legislation. The briefing presentation incorporates information on how to administer an EpiPen and it is expected all staff will practice with the EpiPen trainer devices provided to your school. As part of the briefing, school staff should familiarise themselves with the children and young people in the school at risk of an anaphylactic reaction and their Individual Anaphylaxis Management Plans.

Any person who has completed Anaphylaxis Management Training in the last 2 years can lead the briefing. If your school has decided to choose the online option, your School Anaphylaxis Supervisor may be the most appropriate staff member for this role. A facilitation guide and speaking notes have also been developed, see: Department resources below

Additionally every school is invited to nominate two staff members from each campus to undertake face-to-face training to skill them in providing competency checks to assess their colleagues' ability to use an auto-injector (e.g. EpiPen) and become School Anaphylaxis Supervisors.

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BRIEFING

All schools with a child or young person at risk of an anaphylactic reaction are required to undertake twice yearly briefings on anaphylaxis management under MO706.

DEFINITION

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

- eggs
- peanuts
- tree nuts such as cashews
- cow's milk
- fish and shellfish
- wheat
- soy
- sesame
- insect stings and bites
- medications.

Signs of mild to moderate allergic reaction include:

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

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

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

IMPACT AT SCHOOL

An anaphylactic reaction can be traumatic for the student and others witnessing the reaction. In the event of an anaphylactic reaction, students and staff may benefit from post-incident counselling, provided, for example, by the school nurse, guidance officer, student welfare coordinator or school psychologist.

It is important to be aware that some students with anaphylaxis may not wish to be singled out or seen to be treated differently.

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STRATEGIES

This table describes how schools manage students with anaphylaxis.

Strategy	Description
School Anaphylaxis Policy	This is a school-based policy that is required to be developed under s 4.3.1(6) of the Act because the school has at least one enrolled student who has been diagnosed as being at risk of anaphylaxis. This policy describes the school's management of the risk of anaphylaxis. MO706 prescribes the matters which the policy must contain.
Prevention Strategies	Under MO706, a School's Policy must include prevention strategies used by the school to minimise the risk of an anaphylactic reaction.
Communication Plan	A plan developed by the school which provides information to all school staff, students and parents about anaphylaxis and the School's Anaphylaxis Management Policy.
Emergency Response	Procedures which each school develops for emergency response to anaphylactic reactions for all in-school and out-of-school activities. The procedures, which are included in the School's Anaphylaxis Management Policy, differ from the instructions listed on the ASCIA Action Plan of 'how to administer the Adrenaline Autoinjector'.
ASCIA Action Plans	An ASCIA Action Plan should be completed by the student's parents/guardians in consultation with the student's medical practitioner and a copy provided to the school. The plan must outline the student's known severe allergies and the emergency procedures to be taken in the event of an allergic reaction.
Individual Management Plans	An individual plan for each student at risk of anaphylaxis, developed in consultation with the student's parents. These plans include 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.
Annual Risk Management Checklist	Principals need to complete an annual Anaphylaxis Risk Management Checklist to monitor their compliance with their legal obligations and the Guidelines.
Purchase additional adrenaline auto-injection devices	Schools with students at risk of anaphylaxis must purchase a spare or 'backup' adrenaline auto-injection device(s) as part of school first aid kit(s), for general use. Schools can purchase an adrenaline auto-injection device at local chemists. (Schools must regularly check the expiry date of the backup device). Schools must determine the number of backup adrenaline autoinjector devices to be purchased for general use, taking into account the number of diagnosed students attending the school and the likely availability of a backup device in various settings, including school excursions and camps.

This table describes how schools manage students with anaphylaxis. (Cont.)

Training	All school staff with a duty of care responsibility for the wellbeing of students at risk of anaphylaxis should receive training in how to recognise and respond to
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	an anaphylactic reaction including administering an adrenaline autoinjector (i.e. EpiPen®).
Encouraging camps and special event participation	Schools should ask the parents/guardians to complete the Department’s Confidential Medical Information for School Council Approved School Excursions form. Note: Consideration should be given to the food provided. See: Related policies for: Health Care Needs Health Support Planning Forms
Communicating with parents	Regularly communicate with the student’s parents about the student’s successes, development, changes and any health and education concerns.

RELATED POLICY

The Key Links which are connected with this policy are sourced: Department of Education -

Allergies <http://www.education.vic.gov.au/school/principals/spag/health/Pages/allergies.aspx>

Health Care Needs

<http://www.education.vic.gov.au/school/principals/spag/health/Pages/healthcareneeds.aspx>

Health Support Planning Forms


<http://www.education.vic.gov.au/school/principals/spag/health/Pages/supportplanning.aspx>

Responding to Anaphylaxis

<http://www.education.vic.gov.au/school/principals/spag/health/Pages/respondanaphylaxis.aspx>

For more information, see: Anaphylaxis Management in Schools

<http://www.education.vic.gov.au/school/teachers/health/pages/anaphylaxischl.aspx>

- CPS Anaphylaxis procedures
- Ministerial Order 706
- Guidance for developing a School Anaphylaxis Policy (updated)
- Anaphylaxis Guidelines for Victorian Schools (updated)
- Individual Anaphylaxis Management Plan Template (updated) 
- Annual Anaphylaxis Risk Management Checklist (updated)
- Online Anaphylaxis Training Strategy: Frequently Asked Questions (updated)
- Online Anaphylaxis Training Strategy: A Summary Fact Sheet
- Online Anaphylaxis Training Strategy: A Step-by-Step Implementation Guide (updated)
- School Anaphylaxis Supervisor Checklist (updated)
- Facilitator Guide for Anaphylaxis Management Briefing (updated)
- Anaphylaxis Management Briefing Presentation (updated)

EVALUATION

This policy will be reviewed annually or more often if necessary due to changes in regulations or circumstances.

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