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# ANAPHYLAXIS POLICY

## PURPOSE

To explain to Camberwell Primary School parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that Camberwell Primary School is compliant with Ministerial Order 706 and the Department’s guidelines for anaphylaxis management.

## SCOPE

This policy applies to:

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

## POLICY

### School Statement

Camberwell Primary School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training. **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.

### Anaphylaxis

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

#### Symptoms

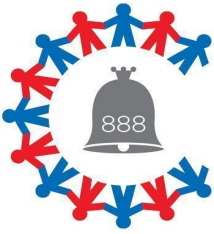
Signs and symptoms of a mild to moderate allergic reaction can include:

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

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

- difficult/noisy breathing
- swelling of tongue
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse

School Name: Camberwell Primary School Camberwell Road campus and Reserve Road campus		Policy name Anaphylaxis		Policy Ref. Number	
Approved by: Principal	Date: March 2022	Next: 2023	Version 2.1		



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- student appears pale or floppy
- abdominal pain and/or vomiting.

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

#### *Treatment*

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

### **Individual Anaphylaxis Management Plans**

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

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

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis from the student’s medical practitioner and provide a copy to the school as soon as practicable
- immediately inform the school in writing if there is a relevant change in the student’s medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
- provide the school with a current adrenaline autoinjector for the student that has not expired;
- participate in annual reviews of the student’s Plan.

Each student’s Individual Anaphylaxis Management Plan must include:

- information about the student’s medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has
- information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school

School Name: Camberwell Primary School Camberwell Road campus and Reserve Road campus		Policy name Anaphylaxis		Policy Ref. Number	
Approved by: Principal	Date: March 2022	Next: 2023	Version 2.1		



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- the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the Plan
- information about where the student's medication will be stored
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student’s medical practitioner.

Review and updates to Individual Anaphylaxis Management Plans

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

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

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

**Location of plans and adrenaline autoinjectors**

At Camberwell Primary School:

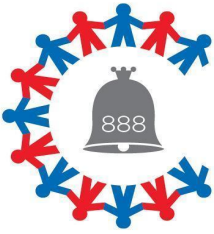
A copy of each student’s Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis together with the student’s adrenaline autoinjector in the first aid room on either the Junior or Senior Campus, depending on where the student’s classroom is located. Adrenaline autoinjectors must be labeled with the student’s name.

Adrenaline autoinjectors for general use are available in both campuses first aid rooms and are labeled “Schools generic use”.

**Risk Minimisation Strategies**

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 counseling, provided, for example, by the school nurse DET Student Support Services or Employee Assistant Program, RCH advisory help line, student welfare coordinator or DET SSSO psychologist.

School Name: Camberwell Primary School Camberwell Road campus and Reserve Road campus		Policy name Anaphylaxis		Policy Ref. Number	
Approved by: Principal	Date: March 2022	Next: 2023	Version 2.1		



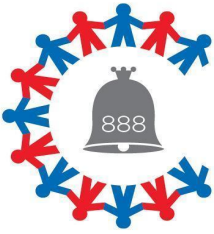
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It is important to be aware that some students with anaphylaxis may not wish to be singled out or seen to be treated differently.

This table describes how Camberwell Primary School manages 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. Staff participate in biannual anaphylaxis briefing
Emergency Response	Procedures which each school develops for emergency response to anaphylactic reactions for all in-school and out-of-school activities. Staff member designated at time of incident/activity.
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 or other nominated staff members 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

School Name: Camberwell Primary School Camberwell Road campus and Reserve Road campus		Policy name Anaphylaxis		Policy Ref. Number	
Approved by: Principal	Date: March 2022	Next: 2023	Version 2.1		



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	the school and the likely availability of a backup device in various settings, including school excursions and camps.
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 an anaphylactic reaction including administering an adrenaline autoinjector (i.e. EpiPen®).

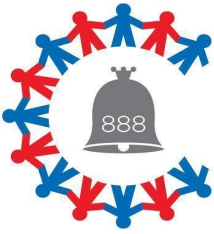
Encouraging camps and special event participation	Schools should ask the parents/guardians to complete the Department’s Confidential Medical Information for School Council Approved School Excursions form. School generic adrenaline autoinjectors to be taken on all school camps, excursions and off site activities. Note: Consideration should be given to the food provided. See: Related policies for: <ul style="list-style-type: none"> <li>● Health Care Needs</li> <li>● Health Support Planning Forms</li> </ul>
Communicating with parents	Regularly communicate with the student’s parents about the student’s successes, development, changes and any health and education concerns.
During classroom activities (including specialists)	All staff members hold anaphylaxis training. No birthday food celebrations allowed All classes with anaphylactic students - written information is provided to parents regarding avoidance of certain allergens where possible.
During recess and lunchtimes	No sharing of food, strict hand washing and a School Generic EpiPen is held in first aid yard duty bag.
Before and after school	All staff members hold Anaphylaxis training

Appendix F of the Department’s [Anaphylaxis Guidelines](#) includes detailed risk mitigation strategies.

To reduce the risk of a student suffering from an anaphylactic reaction at Camberwell Primary School, we have put in place the following strategies:

- staff and students are regularly reminded to wash their hands before and after eating;
- students are discouraged from sharing food
- gloves must be worn when picking up papers or rubbish in the playground;

School Name: Camberwell Primary School Camberwell Road campus and Reserve Road campus		Policy name Anaphylaxis		Policy Ref. Number	
Approved by: Principal	Date: March 2022	Next: 2023	Version 2.1		



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- A general use EpiPen will be stored in the first aid room for ease of access as well as 1 EpiPen in a first aid yard duty bag on both campuses.
- Planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, appropriate number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending.

### **Adrenaline autoinjectors for general use**

Camberwell Primary School will maintain a supply of adrenaline autoinjector(s) for general use, as a back-up to those provided by parents and carers for specific students, and also for students and staff who may suffer from a first time reaction at school.

Adrenaline autoinjectors for general use will be stored in the first aid rooms and labeled “general use”.

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

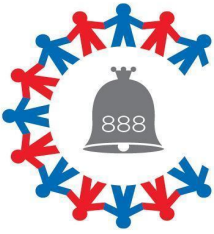
- the number of students enrolled at Camberwell Primary School at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors supplied by parents
- the availability of a sufficient supply of autoinjectors for general use in different locations at the school, as well as at camps, excursions and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

### **Emergency Response**

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school’s general first aid procedures, emergency response procedures and the student’s Individual Anaphylaxis Management Plan.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the School Nurse and stored in the first aid rooms. For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

School Name: Camberwell Primary School Camberwell Road campus and Reserve Road campus		Policy name Anaphylaxis		Policy Ref. Number	
Approved by: Principal	Date: March 2022	Next: 2023	Version 2.1		

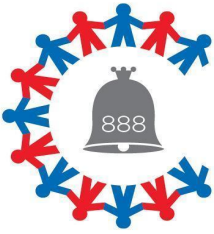


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If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

Step	Action
1.	<ul style="list-style-type: none"> <li>· Lay the person flat</li> <li>· Do not allow them to stand or walk</li> <li>· If breathing is difficult, allow them to sit</li> <li>● Be calm and reassuring</li> <li>● Do not leave them alone</li> <li>· Seek assistance from another staff member or reliable student to locate the student’s adrenaline autoinjector or the school’s general use autoinjector, and the student’s Individual Anaphylaxis Management Plan, stored in the first aid rooms.</li> <li>● If the student’s plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5</li> </ul>
2.	<p>Administer an EpiPen or EpiPen Jr (if the student is under 20kg)</p> <ul style="list-style-type: none"> <li>· Remove from plastic container</li> <li>· Form a fist around the EpiPen and pull off the blue safety release (cap)</li> <li>· Place orange end against the student’s outer mid-thigh (with or without clothing)</li> <li>· Push down hard until a click is heard or felt and hold in place for 3 seconds</li> <li>· Remove EpiPen</li> <li>· Note the time the EpiPen is administered</li> <li>· Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration</li> </ul> <p>OR (if student’s adrenaline autoinjector device is an Anapen brand)</p> <p>Administer an Anapen 500, Anapen 300, or Annapen Jr.</p> <ul style="list-style-type: none"> <li>● Pull off the black need shield</li> <li>● Pull off grey safety cap (from the red button)</li> <li>● Place needle end firmly against the student’s outer thigh at 90 degrees (with or without clothing)</li> <li>● Press red button so it clicks and hold for 10 seconds</li> <li>● Remove Anapen</li> <li>● Note the time the Anapen is administered</li> <li>● Retain the used Anapen to be handed to ambulance paramedics along with the time of administration.</li> </ul>
3.	Call an ambulance (000)

School Name: Camberwell Primary School Camberwell Road campus and Reserve Road campus		Policy name Anaphylaxis		Policy Ref. Number	
Approved by: Principal	Date: March 2022	Next: 2023	Version 2.1		



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4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.
5.	Contact the student’s emergency contacts.

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

Schools can use either the EpiPen and Anapen on any student suspected to be experiencing an anaphylactic reaction, regardless of the device prescribed in their ASCIA action plan.

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

### Communication Plan

This policy will be available on Camberwell Primary School’s website so that parents and other members of the school community can easily access information about Camberwell Primary School’s anaphylaxis management procedures.

The principal is responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and Camberwell Primary School’s procedures for anaphylaxis management. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will be notified of the identity of students at risk as well as location of Students Epi pens and plans and Schools generic Epi pens.

Staff are briefed twice a year in regards to anaphylaxis management and trainer autoinjectors are readily available for staff to practice.

The principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department’s *Anaphylaxis Guidelines*.

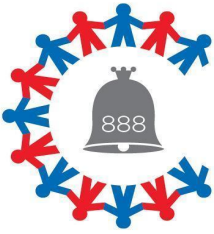
### Staff training

The principal will ensure that the following school staff are appropriately trained in anaphylaxis management:

- School staff who conduct classes attended by students who are at risk of anaphylaxis
- School staff who conduct specialist classes, admin staff, first aiders and any other member of school staff as required by the principal based on a risk assessment.

School Name: Camberwell Primary School Camberwell Road campus and Reserve Road campus		Policy name Anaphylaxis		Policy Ref. Number	
Approved by: Principal	Date: March 2022	Next: 2023	Version 2.1		





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Staff who are required to undertake training must have completed:

- an approved face-to-face anaphylaxis management training course in the last three years, or
- an approved online anaphylaxis management training course in the last two years.

Camberwell Primary School uses the following training course ASCIA Anaphylaxis eTraining course for schools and have their competency in using an autoinjector tested in person within 30 days of completing the course.

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year. In Term 1 facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years including School Nurse and nominated staff member as School Anaphylaxis Supervisor. Each briefing will address:

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

When a new student enrolls at Camberwell Primary School who is at risk of anaphylaxis, the principal or School Nurse will develop an interim plan in consultation with the student’s parents and ensure that appropriate staff are trained and briefed as soon as possible.

The principal will ensure that while students at risk of anaphylaxis are under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special event days, there is a sufficient number of school staff present who have been trained in anaphylaxis management.

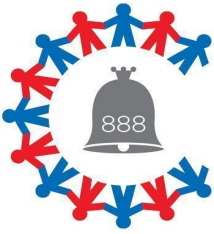
A record of staff training courses and briefings conducted will be maintained by the school nurse and available on the staff Google Drive.

## FURTHER INFORMATION AND RESOURCES

This Policy should be read in conjunction with the following school policies and procedures:

- CPS Emergency Management Plan and Procedures
- CPS Critical Incident Response & Recovery Plan
- CPS Healthcare Needs Policy

School Name: Camberwell Primary School Camberwell Road campus and Reserve Road campus		Policy name Anaphylaxis		Policy Ref. Number	
Approved by: Principal	Date: March 2022	Next: 2023	Version 2.1		



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- CPS Administration of Medication Policy
- CPS First Aid Policy

This policy was developed with reference to the following topics from the Department’s Policy and Advisory Library (PAL):

- [Anaphylaxis](#)
- [Anaphylaxis management in schools](#)
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children’s Hospital: [Allergy and immunology](#)

## REVIEW CYCLE AND EVALUATION

Policy last reviewed	March 2022
Approved by	Principal
Next scheduled review date	March 2023

The principal or nominated staff member will complete the Department’s Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.

School Name: Camberwell Primary School Camberwell Road campus and Reserve Road campus	Policy name Anaphylaxis	Policy Ref. Number	
Approved by: Principal	Date: March 2022	Next: 2023	Version 2.1