

RATIONALE

At Salvado Catholic College the safety and wellbeing of our students is of the highest priority. All children at the College who are known to be at risk of anaphylaxis are supported via the Anaphylaxis Management Policy and procedures, and all staff are made aware of each individuals' Anaphylaxis Action Plan.

DEFINITION

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

BACKGROUND

The most common allergens which cause anaphylaxis in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame and certain insect stings (particularly bee stings). Partnerships between schools and parents/guardians are important in helping the student avoid exposure.

Anaphylaxis is a medical emergency that requires a rapid response. Adrenaline given through an adrenaline auto-injector (such as an EpiPen[®]) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

PURPOSE

- To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of schooling.
- To raise awareness about anaphylaxis and the College's Anaphylaxis Management Policy in the Salvado Catholic College community.
- To engage with parents/guardians of each student at risk of anaphylaxis in assessing risks and developing risk minimisation strategies for the student.
- To ensure that staff have knowledge about allergies, anaphylaxis and the College guidelines and procedures in responding to an anaphylactic reaction.

ORGANISATION

1. Parent/Guardian Roles and Responsibilities:

- Provide an ASCIA (Australasian Society of Clinical Immunology and Allergy) Action Plan completed by the child's medical practitioner along with a current photo.
- Supply the child's EpiPen before the commencement of the school year and replace it before it expires or when it has been used (Administration staff will notify parents/guardians prior to the expiration date of the EpiPen stored at the College).
- Alert staff immediately to any changes in their child's diagnosis.

2. Principal's Role and Responsibilities:

- Ensure that an Individual Anaphylaxis Health Care Plan is developed in consultation with the student's parents/guardians, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.
- Meet requirements under the National Law and Regulations.
- Have a plan and risk manage children's health care needs [Reg 90-91].
- Have safe medication management in place [Reg 92-96, 178, 181-184].
(Refer to College Administration and Storage of Medicine Policy)
- Maintain a central record of children's health care needs, and review regularly.
- Provide all staff with training in Anaphylaxis management and ensure they are familiar with the College Anaphylaxis Management Policy and procedures.
- Review policies and practices with student, parents and staff.

3. Staff Roles and Responsibilities:

- Know the identity of all students who are at risk of anaphylaxis and be familiar with each child's Anaphylaxis Action Plan.
- Minimise exposure to known triggers.
- Attend annual College-based training for recognising and responding to anaphylactic reactions and EpiPen administration.
- Be familiar with the location of student EpiPens and spare EpiPens within the College grounds.
- In the event of an anaphylactic reaction, follow carefully the procedures outlined in the child's Anaphylaxis Action Plan.

RISK MANAGEMENT

The key to prevention of anaphylaxis in schools is knowledge of the student who has been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens.

SETTING	CONSIDERATIONS
Learning Spaces	<ul style="list-style-type: none"> • Retain an up to date copy of the student's ASCIA Action Plan in the Medical File in the Learning Space. • Liaise with parents/guardians about food related activities ahead of time. • Never provide food from outside sources to a student who is at risk of anaphylaxis. • Be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons). • Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food. • Casual/relief teachers should familiarise themselves with a copy of the student's ASCIA Action Plan in the Learning Space Medical File.
Canteen	<ul style="list-style-type: none"> • If schools use an external/contracted food service provider, the provider should be able to demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling. • With permission from parents/guardians, canteen staff (including volunteers), should be briefed about students at risk of anaphylaxis, preventative strategies in place and the information in their ASCIA Action Plans. • With permission from parents/guardians, schools may choose to have the student's name, photo and the foods they are allergic to, displayed in the canteen as a reminder to staff/volunteers. • Liaise with parents/guardians about food allergen (if applicable) for the student. • Canteen to adhere to the 'Allergy Aware' status of the College. • Products labelled 'may contain traces of peanuts/tree nuts' should not be served to the student known to be allergic to peanuts/tree nuts. • Be aware of the potential for cross contamination when storing, preparing, handling or displaying food. • Ensure tables and surfaces are wiped clean regularly.
Play Spaces	<ul style="list-style-type: none"> • The student with anaphylactic responses to insects should wear shoes at all times. • Keep outdoor bins covered. • The adrenaline auto-injector should be easily accessible from the Play Spaces. • Staff on duty utilise card system in order to communicate that there is an anaphylactic emergency without leaving the child experiencing the reaction unattended.
On-site events (e.g. sporting events, in school activities)	<ul style="list-style-type: none"> • For special occasions, class teachers should consult parents/guardians in advance to either develop an alternative food menu or request the parents/guardians to send a meal for the student. • Parents/guardians of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis as well as being informed of the school's allergen minimisation strategies. • Party balloons should not be used if a student is allergic to latex. • Latex swimming caps should not be used by a student who is allergic to latex. • Staff must know where the adrenaline auto-injector is located and how to access if it required. • Staff should avoid using food in activities or games, including rewards.

	<ul style="list-style-type: none"> For sporting events, it may be appropriate to take the student's adrenaline auto-injector to the oval. If the weather is warm, the auto-injector should be stored in an esky to protect it from the heat.
Off-site school settings – excursions	<ul style="list-style-type: none"> The student's adrenaline auto-injector, ASCIA Action Plan and means of contacting emergency assistance must be taken on all excursions. All staff present during an excursion need to be aware if there is a student at risk of anaphylaxis. Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction. The College should consult parents/guardians in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/guardian to send a meal (if required). Parents/guardians of students at risk of anaphylaxis may wish to accompany their child on excursions. This should be discussed with parents/guardians as another strategy for supporting the student.
Off-site school settings – camps and remote settings	<ul style="list-style-type: none"> When planning school camps, a risk management plan for the student at risk of anaphylaxis should be developed in consultation with parents/guardians and camp managers. Campsites/accommodation providers and airlines should be advised in advance of any student with food allergies. Staff should liaise with parents/guardians to develop alternative menus or allow students to bring their own meals. Camp providers should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of peanuts/tree nuts may be served, but not to the student who is known to be allergic to peanuts/tree nuts. Use of other substances containing allergens (e.g. soaps, lotions or sunscreens containing nut oils) should be avoided. The student's adrenaline auto-injector and ASCIA Action Plan and a mobile phone must be taken on camp. All staff present need to be aware if there is a student at risk of anaphylaxis. Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction. Be aware of the local emergency services are in the area and how to access them. Liaise with them before the camp. The adrenaline auto-injector should remain close to the student at risk of anaphylaxis and staff must be aware of its location at all times. It may be carried in the College first aid kit, although the College can consider allowing students, particularly adolescents, to carry it on their person. Remember, staff still have a duty of care towards the student even if they carry their own adrenaline auto-injector. The student with allergies to insect venoms should always wear closed shoes when outdoors. Staff should ensure that all camp activities do not involve the use of known allergens. Consider the potential exposure to allergens when consuming food on buses/airlines and in cabins.

For further information refer to <http://www.health.wa.gov.au/anaphylaxis/HP/schools.cfm> and [Education and Care Services National Regulations \(WA\) 2012](#)

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2016	2018