

Allergy Aware and Anaphylaxis Prevention Policy



St Columba
College

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DOCUMENT CONTROL

Policy Leader	R-12 Principal
Approval Authority	St Columba College Munno Para Inc – College Council
Approval Date	October 2024
Review Date	October 2026

POLICY REVIEW PROCESS

Policy reviewed by	Safety, Risk & Compliance Manager
Policy reviewed by	Principal
Policy reviewed by	College Leadership Team
Policy reviewed by	First Aid Coordinator
Policy reviewed by	ARCC

1. Preamble

St Columba College is dedicated to excellence across all aspects of College life. This commitment extends to adhering to the recommendations of the National Allergy Council's *Best Practice Guidelines for the Prevention and Management of Anaphylaxis in Schools, 2023*. The College ensures that these guidelines are integrated into the procedures related to Allergy Awareness for students and staff. This commitment also includes providing first aid responses that prioritise the health and safety of students and staff, ensuring timely and appropriate action in all situations.

2. Definitions

- "Parent" as used within the context of this document is to be defined as the primary caregiver and, in accordance with such usage, may be the birth parent, adoptive parent, legal guardian, foster parent, or caregiver. It is assumed, unless advised otherwise, that the person(s) who have the primary care of the child also have the authority to speak on their behalf regarding health care and treatment.
- Adrenaline - A medication that reverses the effects of a severe allergic reaction (anaphylaxis). Adrenaline is a hormone produced naturally by the body however, the body is not able to produce enough adrenaline to treat anaphylaxis.
- Adrenaline injector - Adrenaline injectors contain a single, fixed dose of adrenaline, designed for use by anyone, including people who are not medically trained. Some adrenaline injectors (e.g. EpiPen® and Anapen®) are automatic injectors.
- Adrenaline injector for general use – An adrenaline injector for first aid kits that has not been prescribed for a specific person
- Adrenaline injector trainer devices – Adrenaline injector trainer devices contain no adrenaline and no needle to allow staff to practise using the device.
- Allergens - Substances that can cause an allergic reaction. These include food, insects, some medicines as well as house dust mites, pet dander, pollen and moulds.
- Allergy - When the immune system reacts to substances in the environment that are harmless for most people.
- Anaphylaxis - The most severe form of allergic reaction. Anaphylaxis is life-threatening and requires prompt administration of adrenaline.
- ASCIA Action Plan - A standardised response plan for people with allergies that can lead to anaphylaxis. ASCIA Action Plans must be completed by the student's doctor or nurse practitioner
 - ASCIA Action Plan for Anaphylaxis (red) given to people who have been prescribed an adrenaline injector.
 - ASCIA Action Plan for Allergic Reactions (green) given to people with confirmed allergy but who have not been prescribed an adrenaline injector. There is still a small chance their allergic reaction may one day progress to anaphylaxis, so they need to avoid the allergy trigger.
 - ASCIA Action Plan for Drug (Medication) Allergy given to people with confirmed medication allergies. If a person has other allergies, their drug allergy will be documented on their other ASCIA Action Plan so that they don't have two plans. People with medication allergy are very rarely prescribed an adrenaline injector. As the trigger can be avoided more easily than food or insect sting, for example.
 - ASCIA First Aid Plan for Anaphylaxis (orange) for storage with general use adrenaline injectors or for use as a poster.

3. Background

- Anaphylaxis is a severe, life-threatening allergic reaction. Allergies are increasing, with about 1 in 20 Australian children having a food allergy
- The most common food allergies in children are milk (dairy), egg, peanuts, tree nuts (e.g. cashew, pistachio, almond etc), wheat, soy, sesame, fish and crustacea (shellfish). A smaller number of children have severe allergies to insect bites and stings (particularly bee stings).

- The best way to prevent anaphylaxis in schools is to know which students have been diagnosed with food, medication, and insect allergies, and to then put plans in place to help prevent allergic reactions where possible. Communication between the school and parents/guardians is important to help students avoid known allergens. Parents/guardians and school staff need to work together to put procedures in place to reduce risk. These procedures are called risk minimisation strategies.
- Adrenaline (epinephrine) given through an adrenaline injector (EpiPen® or Anapen®) into the muscle of the outer mid-thigh is the first line emergency treatment for anaphylaxis

4. Aims

- To implement an allergy aware approach to preventing and managing anaphylaxis
- To raise awareness of anaphylactic conditions for all members of the school community
- To raise awareness about allergy, including anaphylaxis and the school's approach to anaphylaxis management in the school community
- To work with parents/guardians of students at risk of anaphylaxis in understanding risks and identifying and implementing appropriate risk minimisation strategies to support the student and help keep them safe
- To ensure staff know about and understand that allergies can be potentially life-threatening and understand how to recognise and treat anaphylaxis when it happens.

5. Roles

Role of College Council

- Ensure that the Allergy Aware and Anaphylaxis Prevention policy and plan and procedures are in place.
- Review the Allergy Aware and Anaphylaxis Prevention Policy on a regular basis.
- Support the Principal in ensuring that resources are in place to support Allergy Awareness training for staff and members of the community as required.

Role of Principal

- Ensure that the Allergy Aware and Anaphylaxis Prevention Policy is implemented.
- Support the College Senior First Aid Officers to ensure that procedures are consistent across the College.
- Provide opportunities for the staff to access training in the prevention and emergency response procedure for Anaphylaxis incidents. Anaphylaxis e-Training is recommended for Senior first aid staff and staff taking students on camp where an attendee has a known allergy.
- Ensure that all staff obtain and regularly update HLTAID012 (Provide First Aid in an Education and Care Setting) first aid qualifications
- Implement Critical Response Policy and debriefing following an event

Role of College Senior First Aid Officer

- Consult with parents before enrolment or as soon as an allergy is diagnosed to develop an individualised anaphylaxis or allergy care Plan.
- Keep parents informed about any allergic reaction suffered by their child
- The student's individualised ASCIA Action Plan for Anaphylaxis or allergy will be provided by the parents in consultation with the student's treating specialist, signed by the Doctor and parent/guardian.
- The student's individualised anaphylaxis care plan will be reviewed annually (at the start of each school year or at an appropriate agreed time) in consultation with the student's parents/guardians to make sure information is up to date and strategies to reduce risk remain age appropriate
- The individualised anaphylaxis care plan will also be reviewed when a student's allergies change or after exposure to a known allergen while attending the school or before any special activities (such as excursions,

camps) to make sure information is up to date and correct, and any new procedures for the special activity are included.

- Whenever a student at risk of anaphylaxis is enrolled at the school, or newly diagnosed as being at risk of anaphylaxis, all staff will be advised of the allergen and treatment required in the event of exposure

Role of Parents

- Provide the College with relevant details of student's allergy requirements, complete with individualised Anaphylaxis or Allergy Care plan and medication authorisation forms, updated as per doctor's review date or yearly. Consult with the College Senior First Aid officer as the need arises.
- Supply the College Senior First Aid personnel with medication their child requires, to be brought to the College Office by a responsible adult, medication to be updated as per expiry date requirements.
- All Medication provided must be in its original container, and must be labelled clearly, including the student's enrolment name, the name of the drug and if required dosage amount, administration procedure, the time and interval of the dose.
- Notify the College in writing of any change to the administration of their child's allergy medication (e.g. dose to be given).
- Collect medication when requested to do so by the College Senior First Aid personnel.
- To help prevent allergic reactions among staff and students, it's essential to avoid sending food to school that contains known allergens. Additionally, teach your child the importance of not sharing food with others, as this can lead to accidental exposure to allergens. By being cautious and educating your child about the risks, you can contribute to a safer school environment for everyone.

Role of Prescribing Professional

- Provide necessary authorisation in writing as required by College Policy and Australian Health Practitioner Regulation Agency.
- Provide feedback, support, and consultation, if required, in the process of preparing and administering a Student Health Management/Care Plan.

Role of Staff

- Staff will help students at risk of anaphylaxis feel safe while they are at school by talking to them about signs and symptoms of an allergic reaction and how to tell staff when they are having an allergic reaction
- Staff will educate students about allergies and the risk of anaphylaxis, including signs and symptoms of an allergic reaction and what to do if they think their friend is having an allergic reaction
- Considering each student's development, staff will talk about strategies to help keep students with food allergies safe, such as students not sharing food, drinking from their own water bottle and washing their hands after they have eaten something that their classmate is allergic to
- Staff will include information and discussions about food allergies in the programs they develop, to help students understand about food allergy and to encourage caring, acceptance and inclusion of students with food allergies.
- New, relief and casual staff will be given information about the student's allergies during the orientation process before the student is in their care
- Be aware of the Anaphylaxis/Allergy alerts for each student in each class they teach
- Be aware of all students within the school they may encounter when on duty with Anaphylaxis/Allergy alerts.
- Adhere and follow student action plans at all times
- Report all concerns to Head of School
- Communicate with College Senior First Aid officer any concerns regarding the health needs of individual students.

- All staff will be trained in the prevention, recognition and emergency treatment of anaphylaxis, including the use of adrenaline injectors as this is considered best practice. ASCIA anaphylaxis e-training for schools will be undertaken at least every two years with the refresher course twice yearly.
- The Canteen/Tuckshop Manager and food technology staff will undertake the National Allergy Council All about Allergens for Schools food allergen management training for food service at least every two years.
- A staff training register will be kept.

Role of Students

- Comply with any Medical Management Plan as agreed upon by the College Senior First Aid officer and the student's parents.
- Notify the College Senior First Aid Officer of any unusual side effects whilst taking medication
- Advise their teacher or closest responsible adult if they suffer any symptoms of an allergic reaction or believe they may have ingested or come into contact with a known allergen and request medication from first aid officers if required
- Understand the importance of not sharing food with others, as this can lead to accidental exposure to allergens

6. Adrenaline Injectors

- Students prescribed with an adrenaline injector will be required to make one device available to the school during the school terms. Parents/guardians are responsible for supplying the adrenaline injector and making sure it has not expired.
- Staff will be informed of the location/s of the prescribed adrenaline injectors.
- The student's adrenaline injector (and any other medication) must be labelled with the name of the student and placed in a location easily available to staff (not locked away), when the student with the allergy is at school. The adrenaline injector will be stored at room temperature (not in the fridge) away from direct heat and sunlight.
- A process is in place to make sure prescribed adrenaline injectors and ASCIA Action Plans are taken whenever the child goes to off-site activities
- A process will be in place to regularly check (each term) that students prescribed adrenaline injectors have not expired and do not need to be replaced. School staff will inform the parents/guardians if the adrenaline injector needs to be replaced (if used or about to expire).
- The school will have at least one general use adrenaline injector. Staff will be informed of the location/s of the general use adrenaline injector/s. A risk assessment will be undertaken to determine how many general use devices are required by the school and where the general use device/s will be located, including whether they will be taken on off-site activities.
- The general use adrenaline injector can be used if the student does not have their prescribed adrenaline injector, if their device is not administered correctly, if the student requires a second dose or if a student does not have a prescribed device.
- A process will be in place to regularly check (each term) that general use adrenaline injectors have not expired. General use adrenaline injectors will be replaced before they expire.
- A student (or staff member/school visitor) with no history of anaphylaxis may have their first anaphylaxis whilst at the school. If school staff think a student/staff member/school visitor may be having anaphylaxis, the general use adrenaline injector should be given to the individual immediately, and an ambulance called. If the general use adrenaline injector is not available, staff will follow the ASCIA First Aid Plan including calling an ambulance.

7. Planned Emergency Procedures

- Signs and symptoms of an allergic reaction to food usually occur within 20 minutes and up to two hours after eating the food allergen. Severe allergic reactions/anaphylaxis to insects usually happen within minutes of the insect sting or bite.
- Where it is known that a student has been exposed to whatever they are allergic to, but has not developed symptoms, the student's parents/guardians will be contacted and asked to come and collect their child.
- The school will carefully monitor the student following instructions on the ASCIA Action Plan until the parents/guardians arrive.
- Staff should be prepared to take immediate action following instructions on the ASCIA Action Plan should the student begin to develop allergic symptoms.
- Anaphylaxis emergency response will always include transport by ambulance (where possible) for medical monitoring (a hospital where possible), as the student needs medical care and observation for at least four hours after being given the adrenaline injector.
- Anaphylaxis emergency response drills (like a fire drill) will be practised and assessed twice a year to make sure staff understand the anaphylaxis emergency procedure and know what to do.
- After an allergic reaction/anaphylaxis, the individualised anaphylaxis care plan will be reviewed to determine if the school's risk minimisation strategies and emergency response procedures need to be changed/improved.

8. Reporting procedures

- If a student is exposed to a known allergen, an Incident Report will be completed. A copy of the completed form will be kept in the student's file. The Principal will inform staff about the incident
- If a student has had an allergic reaction to a packaged food or to a meal provided by the school such as the canteen or camp provider, this will be reported to the local food authority for investigation. If the reaction is to a food sent from home, it is the parent's responsibility to report the reaction
- Staff will be offered a debrief after each incident. An emergency can cause staff and other students distress especially if the event was life-threatening. Help should be provided to staff and students as needed. The student's individualised anaphylaxis care plan will be reviewed to identify if further risk minimisation strategies are needed, or some strategies need to be adapted. It is important to understand what went wrong, to learn from each incident and to put plans in place to help prevent the same accident from happening again.

Source

Australasian Society of Clinical Immunology and Allergy (ascia) <https://www.allergyaware.org.au/schools/best-practice-guidelines-schools>