



## Background

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 (eg cashews), cow's milk, fish and shellfish, wheat, soy, sesame and certain insect stings (particularly bee stings).

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. Partnerships between schools and parents/guardians are important in helping the student avoid exposure.

## Purpose

- To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate fully in all aspects of the school curriculum.
- To raise awareness within the school community about anaphylaxis and the school's Anaphylaxis Management Policy.
- To ensure that staff have knowledge about anaphylaxis including how to reduce risk and respond to any potentially life threatening situation.

## Risk minimisation

The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them. The School employs the 'Allergy Aware' policy and all parents are encouraged to read this document which is available on the school website at [www.ccgswa.edu.au](http://www.ccgswa.edu.au).

Anaphylaxis should always be treated as a medical emergency.

If anaphylaxis occurs respond by following an ASCIA (Australasian Society of Clinical Immunology and Allergy) Action Plan and immediately call an ambulance. Adrenaline given through an adrenaline autoinjector (such as EpiPen), into the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis. Delaying administration of adrenaline increases the likelihood of anaphylaxis leading to death. Lay the person flat and do not allow them to stand or walk. You may allow them to sit if breathing is difficult or you may place them in the recovery position if they are vomiting or unconscious.

In WA permission does not need to be obtained from a parent or from 000 before giving an adrenaline autoinjector if a child is displaying signs of anaphylaxis.

Teachers and other school staff, who have contact with the students at risk of anaphylaxis, are to undertake training, as soon as practicable in anaphylaxis management including how to respond in an emergency.

Christ Church Grammar School's existing school policies and guidelines for tours and excursions require risk assessments (ARA) to be submitted and approved prior to activities taking place such as camps and excursions. This process will ensure that there is always a sufficient number of staff present, who have up to date training and know how

Document title: Anaphylaxis management policy	CRICOS: 00433G	Page 1 of 4
Custodian of document: Nurse Manager	Date last updated: December 3, 2018	

to recognise, prevent and treat anaphylaxis.

## Parent/Guardian responsibilities

Parents/guardians will:

- Inform the Admissions Registrar, through the School's enrolment process and arrange a meeting with the Health Centre staff. If diagnosis occurs after enrolment contact the Health Centre.
- Meet with the Health Centre staff to complete the checklist for Students with Life Threatening Medical Conditions and provide a current ASCIA Action Plan (dated within the previous eighteen months) completed by the child's medical practitioner.
- Be responsible for ensuring that any medication provided is in date and remains so during the school year. As per ASCIA guidelines the school expects that action plans are up-dated every twelve to eighteen months. This will usually coincide with the expiry of the adrenaline autoinjector.
- Alert staff to the additional risks associated with non-routine events and assist staff with planning and preparation prior to in-school activities, class parties and celebrations, excursions, sport and school camps.
- Inform relevant staff of any changes to their child's emergency contact details.
- Provide the Health Centre with an immediate update if there is a change to their child's condition.
- Educate their child about only eating food provided from home and reinforce that they should not share food with other students.

Depending on your child's age, please see below for further information.

## LW Parry Preparatory School

Parents will provide the school with the student's adrenaline autoinjector, action plan and any other medications as required by the student's action plan (eg antihistamine, asthma reliever medication) to be stored in labelled pigeonholes in the Prep School Administration office. Copies of the action plan are also stored in the Health Centre. The medication and action plan remains at school except when the student leaves the campus for excursions, sport or camp.

If parents require their son's medication and action plan out of school hours, it is their responsibility to make arrangements for them to be collected from and returned to the pigeon hole in the Prep School Administration office.

## Senior School

Students are expected to carry, or have easy access to their adrenaline autoinjector, action plan and any other medications as required by the student's action plan (eg antihistamine, asthma reliever medication) at all times.

## Staff responsibilities

It is an expectation of the school that all teachers and other school staff, who are responsible for the care of the student at risk of anaphylaxis, obtain training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector.

Staff are expected to:

Document title: <b>Anaphylaxis management policy</b>	CRICOS: 00433G	<b>Page 2 of 4</b>
Custodian of document: <b>Nurse Manager</b>	Date last updated: <b>December 3, 2018</b>	

- Know the identity of the student's in their care who are at risk of anaphylaxis. A crystal report is available on synergetic to identify those students.
- Familiarise themselves with this report on a regular basis and be mindful of it's confidential nature.
- Understand the causes, symptoms and treatment of anaphylaxis.
- Undertake training on how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector by registering for ASCIA anaphylaxis e-training for schools and childcare [www.allergy.org.au/patients/anaphylaxis-e-training-schools-and-childcare](http://www.allergy.org.au/patients/anaphylaxis-e-training-schools-and-childcare)
- Know how to respond, should a student in their care appear to be experiencing symptoms of anaphylaxis.
- Consider additional risks associated with non-routine events and consult with parents regarding, planning and preparation prior to, in-school activities, class parties and celebrations, excursions, sport and school camps.
- Know the locations of emergency autoinjectors, i.e. Health Centre, Senior School staff workroom and Physical Education office.
- Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes. Refer to the School's Allergy Aware Policy.
- Consider the risk of cross-contamination when preparing, handling and serving food.
- Ensure that tables and surfaces are wiped down regularly and that students wash their hands before and after handling food.
- Raise student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.
- Ensure that before leaving the campus, with students who have been identified as being at risk of developing anaphylaxis, the adrenaline autoinjector, action plan and any other medications as required by the student's action plan (eg antihistamine, asthma reliever medication) have been sighted.

## Health Centre staff responsibilities

Health Centre staff are to:

- Identify students with severe, life-threatening allergies at enrolment from information provided on their health records.
- Meet with parents/guardians to discuss and complete the checklist for Students with Life Threatening Conditions and provide them with copies of the Allergy Aware and Anaphylaxis policies.
- Request that parents/guardians provide an ASCIA action plan with an up to date photograph, completed by the student's medical practitioner within the past twelve to eighteen months.
- Give parents the relevant information regarding access and storage of their sons adrenaline autoinjector, action plan and any other medications as required by the student's action plan (eg antihistamine, asthma reliever medication).
- Provide opportunities for an adequate number of staff to be trained in how to recognise and respond to an

Document title: <b>Anaphylaxis management policy</b>	CRICOS: 00433G	<b>Page 3 of 4</b>
Custodian of document: <b>Nurse Manager</b>	Date last updated: <b>December 3, 2018</b>	

anaphylactic reaction, including administering an adrenaline autoinjector.

- Ensure that the crystal report for students with anaphylaxis remains current.
- Consult with parents/guardians, to review their son's anaphylaxis management after a severe allergic reaction or if circumstances change.
- Provide or arrange post-incident support for students and staff, if needed or appropriate.
- Provide relevant information as required to the school community via the CCGS World.

## References

- CCGS Allergy aware policy
- CCGS Duty of care
- CCGS Emergency management plans
- CCGS Enrolment guidelines
- CCGS Staff handbook

## Acknowledgements

- Allergy and Anaphylaxis Australia
- Association of Independent Schools of Western Australia
- Australasian Society of Clinical Immunology and Allergy (ASCIA)
- Catholic Education Office of Western Australia
- Department of Education Western Australia
- Department of Health Western Australia

Document title: <b>Anaphylaxis management policy</b>	CRICOS: 00433G	<b>Page 4 of 4</b>
Custodian of document: <b>Nurse Manager</b>	Date last updated: <b>December 3, 2018</b>	