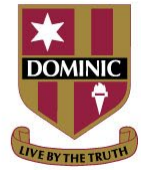


DOMINIC COLLEGE

A Catholic School in the Salesian Tradition



ANAPHYLAXIS POLICY

Date	October 2023
Responsible Position	College Leadership Team
Approved By	College Board
Next Review Date	2028
Related Documents	Medication Policy Medication Forms

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1. AIMS

The aim of this policy is to:

- Minimise the risk of an anaphylactic reaction occurring while in the care of the College.
- Ensure members of staff are adequately trained to respond appropriately and competently to an anaphylactic reaction.
- Raise awareness about diagnosis throughout the College community through education and policy implementation.

2. BACKGROUND

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

The most common allergens include:

- Peanuts
- Eggs
- Tree nuts (e.g. cashews)
- Cow's milk
- Fish and shellfish
- Wheat
- Soy
- Sesame
- Certain insect stings (particularly bee stings)

Key to the prevention of anaphylaxis is knowledge of the signs and symptoms of anaphylaxis and those persons likely to suffer from the condition. Symptoms of anaphylaxis are potentially life threatening and can include any one of the following:

- Mild to Moderate Reaction: hives, welts, or body redness, swelling of the face, lips eyes, tingling of the mouth; vomiting, abdominal pain (these are signs of anaphylaxis for insect allergy).
- Severe Reaction: difficult/noisy breathing, swelling of the tongue, swelling/tightness in the throat, difficulty talking and/or hoarse voice, wheeze or persistent cough, persistent dizziness, or collapse; pale and floppy (in young children).

Several factors can influence the severity of an allergic reaction including exercise, heat, alcohol, and in food allergic people; the amount of food eaten and how it is prepared.

3. MINIMISATION ACTIONS

Management of anaphylaxis requires consideration across all areas of students' education including:

- In the classroom
- At break time and on-site events
- On excursions, camps, and other offsite activities.

Teachers, relief staff, and support staff, (as well as contractors, catering providers, and volunteers, students, and parents where relevant), should:

- Know the identity of students who are considered elevated risk of an anaphylactic reaction.
- Be trained in the recognition of anaphylaxis and administration of the adrenaline auto-injector or know and be able to access staff trained to provide an emergency response to anaphylaxis.
- Have access to medication and action plans, locations should be known and easily accessible.
- Know their role and responsibilities in the event of an anaphylactic reaction and be able to communicate that there is an anaphylactic emergency without leaving the child experiencing the reaction unattended.
- Be aware of the possibility of hidden allergens in cooking, food technology, science, art and craft, and other activities (e.g., egg or milk cartons, balloons)
- Consult in advance with parents/carers about the supply of food, food related activities, and treats ahead of time to develop alternative activities, rewards, menu options or request the parent/carer to provide food.
- Regularly discuss with students the importance of washing hands, eating their own food, and not sharing food.
- Students with anaphylactic responses to insects should always wear shoes and keep drinks covered when outdoors.
- Outdoor bins should be kept covered.
- Care must be taken with food from outside sources (other parents, buses, aeroplanes) supplied to students at risk of anaphylaxis. Providers are encouraged to avoid nut products and label products that may contain traces of nuts or other allergens.

The students own auto injector, a spare EpiPen, action plans and a mobile phone must accompany students when off site.

4. RESPONSE TO ANAPHYLACTIC REACTION

On recognition of an anaphylactic reaction members of staff are to:

- Provide appropriate first aid assistance
This involves providing the student with the appropriate medication according to the student's action plan. This may include, assisting with oral medication or the injection of the student in the thigh with an EpiPen/Anapen in the prescribed way.
- When adrenaline has been administered an ambulance must be called (000, "Ambulance please, anaphylaxis").
- Call Student Services or Business Office for assistance.
- Place the student in the recovery position and monitor vital signs.
- Student Services will contact the student's parents.
- As soon as practicable, complete an Incident Report.

POST INCIDENT SUPPORT

When an anaphylaxis incident occurs in a school or during a school related activity, a debriefing meeting must be held:

- To discuss the incident.
- To discuss any learnings and whether there needs to be any changes to the risk management strategies in place.
- The student's health care plan must be reviewed and updated if required.
- The used adrenaline autoinjector device must be replaced as soon as possible.
- To discuss support for staff and students who may have witnessed or been affected by the incident.

5. EDUCATION, TRAINING AND AWARENESS

Parents/Carers are required to inform the school of all medical conditions including allergies. Up to date action plans signed by the student's medical practitioner, approval forms and medication must be supplied at the start of each year and updated as and when required. An anaphylaxis management plan should be developed in consultation with parents/carers.

All staff are provided with online training in the recognition of and first aid for anaphylaxis, including the injection of adrenalin. Two EpiPen and Anapen trainers are available for staff practice. Anaphylaxis is discussed at staff meetings and during professional development sessions as required. Spare EpiPen injectors are available for use on site and for excursions.