



## CATHERINE MCAULEY CATHOLIC COLLEGE

### ANAPHYLAXIS POLICY

APPLICABLE TO	All persons on CMCC premises
DOCUMENT OWNER	The Principal
APPROVAL DATE	Term 1 2021.
APPROVED BY	Senior Executive
SCHOOL ACTIONS	School Policy – All workers and other persons are to ensure practices are consistent with this policy.
LAST REVIEW DATE	New Policy
NEXT REVIEW DATE	12 months from approval date
RELATED DOCUMENTS	MN CSO WHS Policy 2017 Work Health and Safety Act 2011 Work Health and Safety Regulation 2011 MN CSO Risk Management Policy 2017 MN CSO Risk Management Procedures 2017

#### PURPOSE

To provide a safe environment for any student or staff member who may be susceptible to an anaphylaxis attack.

#### AIM:

- Staff to be able to identify an anaphylactic reaction.
- Staff to be able to respond appropriately to an anaphylactic reaction.

#### Implementation

Anaphylaxis is the most severe form of allergic reaction and is potentially life-threatening. It is an allergic reaction, which often involves more than one body system such as the skin, respiratory, gastro-intestinal and cardiovascular. A severe allergic reaction, or anaphylaxis, usually occurs within 20 minutes to 2 hours of exposure to the trigger and can rapidly become life threatening.



### Common Triggers of Anaphylactic Reaction

- Food: Milk, eggs, peanuts, tree nuts, sesame, fish, shellfish, fruit, wheat and soy are the most common food triggers which cause up to 90% of allergic reactions.
- Bites and Stings: Bee, wasp and jack jumper ant stings are the most common triggers.
- Medications: Prescribed and over the counter medications can sometimes cause life-threatening reactions.
- Other: Some other less common triggers include latex and exercise-induced anaphylaxis.

The above list is not exhaustive but lists the most common causes of anaphylaxis. Some extremely sensitive individuals can react to just the smell of particular foods, such as fish being cooked.

Staff require training to identify such reactions. It is essential that parents notify the College when enrolling the student with a serious allergy. The information goes into the Student's file and their EpiPen is kept in the First Aid Office.

Annually all teaching and administration staff with specific responsibilities, e.g. LSA's must complete:

- CPR Training, and
- Practice with auto-injection training devices (EpiPen and Anapen)

Every two years all staff must complete:

- Face to face anaphylaxis training conducted by the NSW Anaphylaxis Training Program or another appropriate face to face training provider. Specialist training must include practical instruction in how to use an adrenaline auto injector EpiPen and Anapen, and
- Emergency care training.

Training in First Aid is also required to learn EpiPen procedures. College supplied EpiPens are located at Student Services, canteen and food technology.

The Action Plan for Anaphylaxis symptoms and treatment, prepared by ASCIA, the Australian Society of Clinical Immunology and Allergy Inc. is available to relevant staff and kept in the Sick Bay with the student's EpiPen.



## Response – The Action Plan

The Anaphylaxis Action Plan requires a staff member, when symptoms such as swelling of lips, face or eyes, hives or welts, tingling mouth, abdominal pain or vomiting, appear, to carry-out the steps as follows:

- identify the reaction
- stay with the affected student and call an Ambulance if necessary
- give medications, if prescribed
- locate the EpiPen, in the first aid kits, Student Services or from the student's bag
- contact the parent or carer.

It is the responsibility of parents to provide the College with any Individual Action Plan for their child, as well as any medication required. This policy should be read in conjunction with the specific student document provided, *Anaphylaxis Emergency Response Individual Health Care Plan*, as required.

## Budget

CMCC will provide an allocation of resources annually to ensure the successful implementation of this policy, including ensuring the College makes available for use, and uses, appropriate resources and processes to minimise risk to anaphylaxis attacks at the school.

## Evaluation

This policy will be reviewed one year after its implementation date and then every three years or as the need arises. It is the responsibility of the Leadership Team to implement such reviews and to update this policy when necessary.