

## Allergy and Anaphylaxis Policy

DOCUMENT CONTROL			
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### 1. Purpose

1.1. In keeping with the commitment of Christian Schools Tasmania (CST) to provide for the health and safety of students, staff, volunteers, contractors and visitors at its workplaces, priority is given to the provision of adequate first aid facilities and first aid treatment for all persons at CST workplaces in accordance with CST Policy and the legislative requirements of the Work Health and Safety Act 2012 and the Work Health and Safety Regulations 2012.

1.2. The purpose of this Policy is to:

- identify and undertake the required communication regarding allergies and anaphylaxis;
- detail the responsibilities required to minimise the risk of an anaphylactic reaction;
- detail proper action expected in the event of an allergic or anaphylactic reaction.

### 2. Scope

2.1. This Policy covers the proactive management required to minimise the risk of an anaphylactic reaction occurring, and the responsive action expected.

2.2. The ultimate goal of such management in CST schools is the self-awareness, management, monitoring and administration of the student diagnosed with allergies or anaphylaxis. Where this is not yet feasible, full proactive support and appropriate intervention will be provided by staff, parents and students for that student.

2.3. This Policy covers the actions of all persons who come into contact with any of CST's operations, including employees, students and parents, whether at school or representing a school elsewhere, visitors and volunteers.

### 3. Policy

#### 3.1. Definition of terms for the purpose of this Policy:

- **First Aid Officer** means the first aid trained staff member appointed to ensure the first aid facilities, equipment and materials are maintained to standards set down in CST policy and WHS legislation.
- **Allergy** is a term used to describe an abnormal immune response to a usually harmless substance.
- **Anaphylaxis** is the most severe form of allergic reaction and is potentially life-threatening. Anaphylaxis occurs after exposure to a trigger such as food (nuts, shellfish, milk, eggs), insect stings or medications. It results in potentially life-threatening symptoms, which occur within the first 20 minutes to 2 hours after exposure.
- **EpiPen** is a single-use automatic injecting device that delivers a measured dose of adrenaline.
- **ASCIA** is the Australasian Society of Clinical Immunology and Allergy.

### 3.2. Roles and responsibilities:

#### 3.2.1. Child:

- is supported to self-manage their allergies in line with their age and stage of development. Students with food-related allergies should be carefully instructed by their parents not to share food, exchange food or touch other people's food. Age-appropriate management of food related allergies should be made in consultation with all stakeholders and communicated to all staff appropriately.

#### 3.2.2. Parents:

- provide the school with the child's up to date medical information, including an ASCIA Action Plan for Allergic Reaction / Anaphylaxis, as applicable, signed by their treating doctor at the time of completing their child's enrolment form, diagnosis and annually thereafter;
- provide the school with their child's clearly labelled medication;
- ensure that the medication is within its expiry date and replace the medication as needed;
- work in partnership with the school to implement daily management strategies to minimise the risk of an allergic reaction or anaphylaxis;
- inform the school of any change in medical information.

#### 3.2.3. Workers:

- provide the Principal and CST's Human Resource Manager with up to date medical information e.g. Action Plan for Allergic Reaction / Anaphylaxis signed by their treating doctor at the time of employment and if applicable provide the school with medication. In the case of anaphylaxis, an EpiPen must be provided to the school to be held in the First Aid Room. All other medications are to be held/stored appropriately after consultation with the Principal or CST Human Resource Manager.
- document any allergic reaction or anaphylaxis and advise parents as a matter of priority;
- review documentation regularly to ensure compliance with the procedure;
- identify in the risk assessment for excursions students with known allergies, then implement control measures and take reasonably practicable steps to minimise the risk;
- minimise exposure to known triggers;
- undertake a risk assessment which will involve:
  - identifying any students diagnosed as being at risk of anaphylaxis in response to an allergen or circumstance;
  - reviewing the action plans of any students at risk;
  - assessing the risk and identify the appropriate risk management controls to be put in place using the hierarchy of hazard control (elimination, substitution, isolation, engineering, administrative or personal protective equipment).
- ensure areas where any potential allergens are used are cleaned so they are safe for any future users who might be at risk of anaphylaxis;
- make every effort to allow at-risk students to participate safely in all activities. If not possible alternative activities for the student concerned will be considered;
- liaise with external service providers (e.g. camps, excursions etc.) to do everything reasonably practicable to minimise the risk of anaphylaxis;
- an emergency kit (including but not limited to student action plans, student EpiPens etc.) must be taken on all camps, excursions, field trips etc. attended by affected students. Special consideration needs to be given to activities conducted in remote areas.

#### 3.2.4. Principal:

- ensure at least one staff member on duty at any time has current competency assessed First Aid qualifications;
- maintain a central record of child's health care needs, including allergies and anaphylaxis and review regularly;
- ensure ASCIA Actions plans are in place for all identified children diagnosed with allergies and anaphylaxis;
- induct new staff in allergy and anaphylaxis policies and procedures, including allergy training and information for all staff;
- review policies and practices.

### 3.3. Medication:

3.3.1. For mild to moderate allergic reactions, antihistamines and corticosteroids may be prescribed on the ASCIA Action Plan. For anaphylaxis, there are two doses of EpiPen:

- EpiPen Jnr – for children aged 1 to 5 years or weighing 10-20kg (green)
- EpiPen – for adults and children over 20kg (yellow)

EpiPens should be stored in a cool dark place at room temperature and must be located in an unlocked, easily accessible to CST staff. They must not be stored in a refrigerator, and if temperatures are above 25°C or below 15°C they should be stored in an insulated wallet. The location of the EpiPen must be communicated to all relevant staff, and the ASCIA Action Plan for Anaphylaxis must be stored with each individual's EpiPen.

### 3.4. First aid facilities and equipment:

3.4.1. All CST workplaces that have students diagnosed as being at risk of anaphylaxis have available the following first aid supplies:

- spare EpiPen/s;
- ventolin (a reliever puffer - blue in colour);
- disposable spacers;
- instructions on how to use the medication and devices, as well as steps to be taken in an acute asthma attack.

The expiry date on the EpiPen and Ventolin and the amount of medication left in the Ventolin puffer will be checked regularly by the First Aid Officer. The First Aid Officer will make sure staff are advised where the EpiPen and asthma medication is kept as part of WHS communication at the start of each school year and at regular intervals thereafter.

### 3.5. Minimising the possibility of exposure to potential allergens:

3.5.1. Exposure to certain food products such as nuts and eggs is a significant risk in relation to anaphylaxis. CST has taken the following precautions that are clearly and regularly communicated to parents, carers and staff (refer to individual schools for further information):

- students identified at enrolment as at risk of anaphylaxis will be communicated to all relevant staff;
- with parental permission, other parents and students in the child's class will be alerted and educated regarding the allergy;
- with parental permission, signage will be posted on classroom doors communicating the allergy;
- staff will ensure they have washed their hands before being in the company of the allergic student.

### 3.6. **Severity of allergic reactions:**

#### 3.6.1. Mild to Moderate Reaction - Anaphylaxis:

- swelling of lips, face, eyes
- hives or welts
- tingling of mouth
- abdominal pain, vomiting

#### 3.6.2. Severe Reaction – Anaphylaxis:

- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in the throat
- wheeze or persistent cough
- difficulty talking and/or hoarse voice
- persistent dizziness or collapse
- pale and floppy (young children)

### 3.7. **Emergency treatment:**

3.7.1. All students judged to be having a Severe Reaction require emergency medical treatment. The following procedure should be followed:

1. refer to student's ASCIA Action Plan if available;
2. lay person flat – DO NOT allow them to stand or walk:
  - a. If unconscious, place in the recovery position;
  - b. If breathing is difficult, allow them to sit on the ground if possible leaning against a wall;
3. give EpiPen adrenaline auto-injector if available;
4. call an ambulance, stating clearly that a student is having an anaphylactic reaction;
5. call Office or send for help;
6. notify the parents immediately after calling the ambulance;
7. further adrenaline doses may be given if no response after 5 minutes;
8. if in doubt, give adrenaline auto-injector.
9. ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if the patient has known asthma allergies and has sudden breathing difficulty (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms;
10. record the incident.

### 3.8. **Anaphylaxis training:**

3.8.1. The Business Manager, in consultation with the Principal, and any outside expertise that may be required, will determine the numbers of staff required to have anaphylaxis training. In conjunction with each other, the Principal and Business Manager will arrange for staff to be selected and scheduled for training, ensuring any specialised training is provided where necessary, for example, remote area training for Outdoor Education staff. The administration in each school will keep a register of trained first aid workers, including the currency of their training.

### 3.9. Accountabilities:

Principal	Ensure that adequate resources are available for anaphylaxis equipment and training. Ensure adequate staff are qualified to administer first aid.
First Aid Officer	In conjunction with the Principal, or their delegate or the senior employee at a non-school workplace, will determine the number and location of EpiPens for the workplace or campus and off-campus activities. Arrange the supply of EpiPens and see that kits are maintained ready for use.
Business Manager	In conjunction with the Principal will ensure adequate resources are available to make possible the establishment and continuing maintenance of satisfactory first aid facilities.
School Administration	Organise the schedule for staff training and maintain a register of trained first aid personnel. Ensure that injury and illness records and information are collated and recorded.
Workers	Keep first aid qualifications up-to-date. Administer first aid as required.
Organising Teachers	Include an EpiPen if applicable with all overnight or other off-campus activities.
Contractors	Contractors are required under the WHS Act to take reasonable care for their own health and safety and must not adversely affect the health and safety of other persons. Contractors must comply with any reasonable instruction and cooperate with any reasonable policy or procedure relating to health and safety at the workplace, such as procedures for first aid and for reporting injuries and illnesses.

### 3.10. Responsibilities of parents:

3.10.1. Parents have a responsibility to ensure that staff have the necessary medical information in relation to their children and/or charges. This includes:

- communicating with the school as soon as possible should any medical conditions, treatments or medical contact details change;
- providing staff with appropriate information and training/instruction where medical conditions require specialised treatment.

3.11. **Continuous improvement:** CST, in consultation with all staff (as outlined in the WHS Policy), will regularly monitor, evaluate and review this Allergy and Anaphylaxis Policy, any related guidelines, procedures and relevant records to ensure continuous improvement of first aid management.

## 4. **References and Additional Related Documents**

- CST Work Health and Safety Policy
- CST Privacy Policy
- CST Asthma Policy
- Work Health and Safety WHS Act 2012
- Work Health and Safety WHS Regulations 2012
- Relevant WHS Codes of Practice
- ASCIA Action Plan for Anaphylaxis for use with EpiPen
- ASCIA Action Plan for Allergic Reactions
- Action Plan for Anaphylaxis (for display &/or first aid kit)
- Anaphylaxis Fact Sheet for Parents of Children at Risk of Anaphylaxis

## 5. **Record Keeping**

5.1 This Policy is to be kept for three (3) years until review, unless there is a significant legislative or organisational change requiring earlier review.

5.2 The master copy is kept in <https://www.cst.tas.edu.au/services> under Policy Documents, online in read-only in PDF form. Any printed or downloaded copies are deemed uncontrolled.

## GENERAL DEFINITION OF TERMS:

Where referred to in this document:

**Christian Schools Tasmania (CST)** means an association of Christians who, through their Board of Directors, are legally responsible for Calvin Christian School, Channel Christian School, Emmanuel Christian School and Northern Christian School.

**The School** refers to the CST school to whom the Policy applies.

**The Board** means the Board of Directors of Christian Schools Tasmania.

**Executive** is a forum including the Chief Executive Officer, Principals and the Business Manager.

**Chief Executive Officer (CEO)** is the person appointed to the position of Chief Executive Officer of the Association, or a person acting from time to time in that position.

**Principal** means the person charged with responsibility for the operation of an Association school, or a person acting from time to time in that position.

**Compliance Manager** is the person appointed to the position of Compliance Manager of the Association, or a person acting from time to time in that position.

**Business Manager** is the person appointed to the position of Business Manager of the Association, or a person acting from time to time in that position.

**Manager** means a person appointed to a managerial position within CST.

**Staff** is any person either employed by CST either on a casual, part-time or permanent basis as well as volunteers, contractors and sub-contractors engaged in working at a CST School.

**Parent** is a person who is the legal guardian of a child enrolled at a CST school.

**Child** means any student enrolled at a CST school.