

SGPS ALLERGY POLICY

RATIONALE

According to the Department of Education and Training's duty of care obligations to students, schools must ensure all students feel safe and supported at school. This includes supporting and responding to students with mild to moderate allergies. An allergic reaction can be traumatic for the student and others witnessing the reaction.

This policy applies to students with a diagnosed food, insect or medication allergy who have a mild to moderate allergic reaction to an allergen. Students with a known food or insect sting allergy who have had a previous severe reaction are usually diagnosed as being at risk of having a severe allergic reaction (anaphylaxis). Please see the school's Anaphylaxis Policy for information on how to manage severe allergies.

AIM

- To ensure the school is able to effectively manage students with mild to moderate allergies
- To outline the processes and procedures in place to support students who are at risk of allergic reactions
- To ensure students with mild to moderate allergies have an appropriate green Allergy (ASCIA) Action Plan for Allergic Reactions and an Individual Allergic Reaction Management Plan (see Appendix 1).

IMPLEMENTATION OVERVIEW

- An allergy occurs when a person's immune system reacts to substances in the environment that are harmless for most people. These substances are known as allergens and are found in foods, insects, some medicines, house dust mites, pets, and pollen
- Children with allergies who are not considered to have anaphylaxis should have an ASCIA Action Plan for Allergic Reactions (green plan)
- Children with a food allergy and/or significant asthma are at increased risk for more severe allergic reactions. Where a child with a food allergy has active asthma (wheeze or cough with exertion or at night requiring regular treatment with a bronchodilator) it is imperative that this is identified and managed accordingly
- Although children with an ASCIA Action Plan for Allergic Reactions (green) plan are assessed as being at less risk for anaphylaxis, it is important to note that anaphylaxis can occur in any child with food/insect allergy at any time
- Students who have an ASCIA Action Plan for Anaphylaxis and a prescribed Epipen should NOT also have an ASCIA Action Plan for Allergic Reactions if they have some milder allergies as well as severe allergy - these will be included in the Action Plan for Anaphylaxis. General use Epipens held by the school will be administered in the event of anaphylaxis occurring in these children

Common allergens include but are not limited to:

- peanuts
- tree nuts such as cashews
- eggs
- cow's milk
- wheat
- soy
- fish and shellfish
- sesame
- insect stings and bites
- medications.

SIGNS AND SYMPTOMS

Signs of a mild to moderate allergic reaction include:

- hives or welts
- swelling of the lips, face and eyes
- tingling mouth.

Children with allergies may still progress to having a severe reaction or anaphylaxis. As this cannot be predicted, children with mild to moderate allergic reactions should be monitored carefully after any reaction

Signs of anaphylaxis (severe allergic reaction) can include but are not limited to any one of the following:

- difficult/noisy breathing
 - swelling of tongue
 - swelling/tightness in throat
 - difficulty talking and/or hoarse voice
 - wheeze or persistent cough
 - persistent dizziness or collapse
 - pale and floppy (young children)
 - abdominal pain and/or vomiting (these are commonly signs of a severe allergic reaction to insects).
- Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis.
 - If a student appears to be having a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow the school's anaphylaxis first aid procedures and administer a general use school owned EpiPen.

ASCIA ACTION PLAN FOR ALLERGIES

- The ASCIA Action Plan for Allergic Reactions: Green Plan (see Appendix 1) outlines the student's known mild to moderate food, insect or medication allergies and the emergency procedures to be taken in the event of an allergic reaction.
- Students with a mild or moderate allergy to a food or insect and those with medication allergy must have an ASCIA Action Plan for Allergic Reactions (green plan).
- An ASCIA Action Plan for Allergic Reactions (green plan) should be developed by a medical professional in conjunction with the student's parents/carers.
- A colour copy of a student's ASCIA Action Plan for Allergic Reactions (green plan) must be provided to the school by the student's parents/carers and they are responsible for providing an updated copy, any time the plan is adjusted. This plan must be updated annually at a minimum.
- An Individual Allergic Reactions Management Plan includes:
 - The ASCIA Action Plan for Allergic Reactions (green plan)
 - Strategies to prevent exposure to the student's known allergens.
- If parents indicate their child has an allergy but do not have an ASCIA Action Plan for Allergic Reactions (green plan), the school may consider developing a Student Health Support Plan in place of an Individual Allergic Reactions Management Plan.

Review and Updates to Individual Allergy Management Plans

A student's Individual Allergy Management Plan will be reviewed and updated on an annual basis in consultation with the student's parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

- as soon as practicable after the student has an anaphylactic reaction at school
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

LOCATION OF PLANS

- ACSIA Allergy Management Plans are located:
 - in the Administration office in a clearly labelled folder
 - on Compass, pinned to each individual child's profile

PREVENTION STRATEGIES

- To minimise the risk of allergies the school will follow the applicable **Prevention Strategies** outlined in the **Spring Gully Primary School Anaphylaxis Policy (2020)**. These strategies outline measures taken to minimise allergy risk in the classroom, yard, special events, camps, excursions, sports days, field trips and the canteen. (See SGPS Anaphylaxis Policy 2020).
- The Individual Allergic Reactions Management Plan will be developed in consultation with the student's parents/carers and will include prevention strategies used by the school to minimise the risk of exposure to known food, insect and medication allergens.

COMMUNICATION PLAN

- A sound communication plan provides information to all school staff, students and parents/carers about the school's response to students with a confirmed food, insect or medication allergy.
- This Allergies Policy will be made available on the school's website.
- Any modifications made to the policy will be communicated to parents/carers the school newsletter and an updated policy ratified by School Council will be posted on the school website.
- At the beginning of each school year, all stakeholders in our school community will be reminded of the school's Allergy Policy and the school's strategies to minimise the risk of exposure to known food, insect and medication allergens.
- Any adjustments made to the school's strategies to minimise the risk of exposure to known food, insect and medication allergens will be communicated to all stakeholders through following avenues:
 - Staff – in the school's initial staff meeting for the year
 - Students – in classroom meetings
 - Parents/Carers - through the school newsletter
- The school's existing processes for responding to emergency situations will be implemented in the event of an allergic reaction during in-school and out-of-school activities, including school camps.
- Parents/carers of students at risk of exposure to known food, insect and medication allergens will be consulted with regards to their child's allergy when planning for in-school and out-of-school activities that may pose a risk to the student.
- With permission from the parents/carers of a child with a confirmed allergy, all other parents/carers of children in the same class as their child will:
 - be notified that a child in the class has a confirmed allergy to specific allergen/s
 - be requested to refrain from sending items to school which relate to the specific allergen/s.

STAFF RESPONSE

- All school staff with a duty of care responsibility for the wellbeing of students with a confirmed allergy will:
 - Be informed at the beginning of the school year of any allergy need
 - Be provided with information to assist them to recognise and respond to an allergic reaction
 - Be provided with a copy of Individual Allergic Reactions Management Plans for each student in their care
 - Communicate with parents about the specific allergens, signs and symptoms of each student in their care
 - Consult with parents/carers regarding in-school and out-of-school activities that may pose a risk to the student.
- The school will annually review its first aid response procedures for all in-school and out-of school environments such as excursions and camps. Communicating with parents/carers
- The school will regularly communicate with the student's parents/carers about the student's development, changes and any health and education concerns that might impact their risk of exposure to known food, insect and medication allergens.

REFERENCES

- SGPS Anaphylaxis Policy 2020
- SGPS First Aid Policy 2019
- ASCIA: www.allergy.org.au/
- DET: <https://www2.education.vic.gov.au/pal/allergies/policy>
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APPENDICES

1. ASCIA Action Plan for Allergic Reactions: Green Plan
2. The Individual Allergic Reactions Management Plan

EVALUATION

This policy will be reviewed as part of the school's three-yearly policy review process.

This policy was last ratified by School Council in November 2020

Appendix 1



ascia
australian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Allergic Reactions

Name: _____

Date of birth: _____

Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by Dr or NP:

I hereby authorise medications specified on this plan to be administered according to the plan

Signed:  _____

Date: _____

Action Plan due for review: _____

Note: This ASCIA Action Plan for Allergic Reactions is for people with mild to moderate allergies, who need to avoid certain allergens

For people with severe allergies (and at risk of anaphylaxis) there are ASCIA Action Plans for Anaphylaxis, which include adrenaline (epinephrine) autoinjector instructions

Instructions are also on the device label

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Give other medications (if prescribed) _____
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give adrenaline (epinephrine) autoinjector if available

3 Phone ambulance* - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Transfer* person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy

to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

Appendix 2

Individual Allergic Reactions Management Plan

This plan is to be completed by the principal or nominee in consultation with the parents/s on the basis of information from the student's medical practitioner (green **ASCIA Action Plan for Allergic Reactions**) provided by the parent.

It is the parents' responsibility to provide the school with a copy of the student's ASCIA Action Plan for Allergic Reactions (completed by the student's medical practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.

School		Phone	
Student			
DOB		Year level	
Mild to moderate allergy to:			
Other health conditions			
Medication at school			
EMERGENCY CONTACT DETAILS (PARENT)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
EMERGENCY CONTACT DETAILS (ALTERNATE)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
Medical practitioner contact	Name		
	Phone		
Emergency care to be provided at school			

ENVIRONMENT

To be completed by principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

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Parents and guardians (via their medical practitioner) can access the ASCIA Action Plan from:

<http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>

This Individual Allergic Reactions Management Plan will be reviewed on any of the following occurrences (whichever happens earlier):

- annually
- if the student's medical condition, insofar as it relates to allergy, changes
- as soon as practicable after the student has an allergic reaction in the care of the school

In addition to the above, this plan should be reviewed by the school staff in charge, immediately prior to any off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects, cultural days, fetes, incursions) which the student to whom this plan applies is attending.

I have been consulted in the development of this Individual Allergic Reactions Management Plan.

I consent to the risk minimisation strategies proposed.

Risk minimisation strategies are available at Chapter 8 – Risk Minimisation Strategies of the Anaphylaxis Guidelines

Signature of parent:

Date:

I have consulted the parents of the student and the relevant school staff who will be involved in the implementation of this Individual Allergic Reactions Management Plan.

Signature of principal (or nominee):

Date: