

# ARMADALE PRIMARY SCHOOL POLICY

## SCHOOL No. 2634

Allergy Policy	
<b>Authorisation:</b> By the Armadale Primary School Council on the 17 <sup>th</sup> June 2013. <b>Recommended:</b> By the Curriculum & Policy Sub Committee.	<b>Review Date:</b> It is recommended that this policy is reviewed by the Curriculum & Policy Sub Committee by May 2017

### 1. PURPOSE

Armadale Primary School recognises that an increasing number of students from year to year are being identified as having potentially life threatening allergies (such as anaphylaxis). The school will proactively implement a number of practices to optimise the safety and wellbeing of students who present with allergies and will aim to minimise potential triggers that may cause an allergic reaction.

### 2. OBJECTIVES

The Allergy Policy seeks to:

- 2.1. Ensure strong communication practices exist to inform and educate our whole school community about relevant allergies.
- 2.2. Articulate management practices that operate to minimise the risk of a severe allergic reaction.

### 3. IMPLEMENTATION

#### 3.1. Students will:

- 3.1.1. Be aware of the nature of some common allergies and the triggers/signs related to these allergies.
- 3.1.2. Take appropriate action to notify a teacher if any student (including self) is experiencing the onset of symptoms related to an allergy.
- 3.1.3. Not share food during the school day.
- 3.1.4. Be respectful of all students with allergies.

#### 3.2. Parents will:

- 3.2.1. Regularly provide the school with up to date information about their child's allergy as well as any emergency contact details.
- 3.2.2. Provide the school with two epi pens where possible for anaphylactic students. (One to be stored in the classroom and one in the Allergy Station).
- 3.2.3. Ensure that Epi Pens have not expired past their use by dates.
- 3.2.4. Provide asthma puffers for students at risk of an asthma attack.
- 3.2.5. Teach their children management strategies for minimising the risk of an allergic reaction at school and during school outings.
- 3.2.6. Complete an ASCIA Allergy Action plan and forward this to the school office when any medication needs to be administered for an allergy. (Appendix A)
- 3.2.7. Actively encourage their children not to share food at school.
- 3.2.8. Meet with the school to develop an Individual Anaphylaxis Management Plan for a child who has been diagnosed as at risk. This plan will include an ASCIA Action Plan for Anaphylaxis which has been completed and signed by a medical practitioner. (Appendix B)

#### 3.3. Teachers will:

- 3.3.1. Undertake annual professional development relating to first aid training and anaphylaxis training every six months.
- 3.3.2. Keep copies of Anaphylaxis Action Plans, Asthma Management Plans, Allergic Reaction Plans in their Staff Information handbooks. (This information to be forwarded to new teachers as students progress through the school.)

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- 3.3.3.** Ensure that Epi Pens/asthma puffers and any relevant management plans are taken on school outings.
  - 3.3.4.** Facilitate lessons/ongoing discussions within their classes to ensure food is not shared amongst students.
  - 3.3.5.** Distribute a letter to all parents in their class informing them of a child who is at risk of a severe allergic reaction. This letter may request that parents refrain from sending their children to school with certain food items (eg. Nuts, eggs, fish etc). Whilst parents within a certain class may be asked to refrain from sending nuts for example, the school under the advice of Department of Education and Early Childhood Development (DEECD) can not claim to be nut free.
- 3.4.** The School will:
- 3.4.1.** Use the information from enrolment forms to identify any children with allergies
  - 3.4.2.** Forward a letter to parents to request further information about each child's allergies. Information obtained will be initially collated by the office and then disseminated to teachers
  - 3.4.3.** Encourage parents to present information about their child's allergy at a staff meeting
  - 3.4.4.** Maintain and monitor an Allergy Station in the office area
  - 3.4.5.** Collect and store all plans in the Allergy Station
  - 3.4.6.** Place photos/information of students with serious allergies in the staffroom
  - 3.4.7.** Ensure that yard duty staff are equipped with photos of students with severe allergies as well as asthma puffers
  - 3.4.8.** Ensure that First Aid kits are suitably equipped for students with allergies and taken to all camps and excursions
  - 3.4.9.** Ensure that the OOSHC program also has sound management practices for supporting students with allergies
  - 3.4.10.** Regularly publish information in the school newsletter that promotes and updates the school community on the management of allergies
  - 3.4.11.** Purchase a spare or "backup" adrenaline auto-injection device as part of the schools first aid kit for general use
  - 3.4.12.** Complete the Anaphylaxis Risk Management Checklist on an annual basis for each child at risk of anaphylaxis
  - 3.4.13.** Refer to the current Excursion and Camping policy to ensure all teachers are aware of students at risk of Anaphylaxis and those with severe allergies are catered for in every instance whilst away from the school campus
  - 3.4.14.** Comply with DEECD Regulations in the form of Ministerial Order 90 Anaphylaxis - Anaphylaxis Management in Schools and Anaphylaxis Guidelines for Victorian Government Schools

#### **4. EVALUATION**

The Policy will be evaluated by teachers and parents through the curriculum sub committee. The principal will annually brief staff on this policy to ensure all practices are being fully implemented. Where new information and practices come to light regarding the management or treatment of students with allergies, this policy will be reviewed and amended where necessary.

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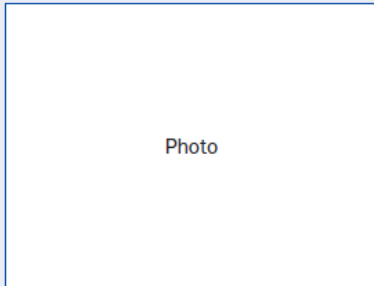
APPENDIX A



ACTION PLAN FOR  
**Allergic Reactions**

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_



Allergens to be avoided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family/carer name(s): \_\_\_\_\_  
\_\_\_\_\_

Work Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

Plan prepared by: \_\_\_\_\_

Dr \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Note:** The 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 autoinjector instructions.

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**MILD TO MODERATE ALLERGIC REACTION**

- swelling of lips, face, eyes
- hives or welts
- tingling mouth
- abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

**ACTION**

- **for insect allergy, flick out sting if it can be seen (but do not remove ticks)**
- stay with person and call for help
- give medications (if prescribed) .....
- contact family/carer



**Watch for any one of the following signs of Anaphylaxis**

**ANAPHYLAXIS (SEVERE ALLERGIC REACTION)**

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

**ACTION**

- 1 Call Ambulance if there are any signs of anaphylaxis - telephone 000 (Aus) or 111 (NZ)**
- 2 Lay person flat and elevate legs. If breathing is difficult, allow to sit but do not stand**
- 3 Contact family/carer**

Additional information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

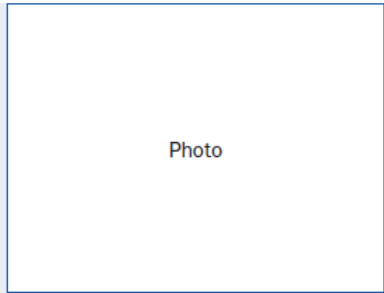
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APPENDIX B

ACTION PLAN FOR  
**Anaphylaxis**

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_



Allergens to be avoided:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family/carer name(s):

\_\_\_\_\_

\_\_\_\_\_

Work Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

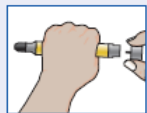
Plan prepared by:

Dr \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

**How to give EpiPen® or EpiPen® Jr**



**1.** Form fist around EpiPen® and **PULL OFF** grey cap.



**2.** Place black end against outer mid-thigh (with or without clothing).



**3.** Push down **HARD** until a click is heard or felt and hold in place for 10 seconds.



**4.** Remove EpiPen® and be careful not to touch the needle. Massage the injection site for 10 seconds.

**MILD TO MODERATE ALLERGIC REACTION**

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

**ACTION**

- stay with person and call for help
- give medications (if prescribed) .....
- locate EpiPen® or EpiPen® Jr
- contact family/carer



**Watch for any one of the following signs of Anaphylaxis**

**ANAPHYLAXIS (SEVERE ALLERGIC REACTION)**

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

**ACTION**

- 1 Give EpiPen® or EpiPen® Jr**
- 2 Call ambulance\*- telephone 000 (Aus) or 111 (NZ)**
- 3 Lay person flat and elevate legs. If breathing is difficult, allow to sit but do not stand**
- 4 Contact family/carer**
- 5 Further EpiPen® doses may be given if no response after 5 minutes**

**If in doubt, give EpiPen® or EpiPen® Jr**

EpiPen® Jr is generally prescribed for children aged 1-5 years.

\*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information

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**ascia**  
australasian society of clinical immunology and allergy inc.

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