



ALLERGY AWARENESS POLICY

1. RATIONALE

Allergies are very common and increasing in Australia and New Zealand, affecting around 1 in 5 people at some time in their lives. There are many different causes of allergy and symptoms vary from mild to potentially life threatening. Allergy is also one of the major factors associated with the cause and persistence of asthma. Effective prevention and treatment options are available for most allergies.

In most schools some children are anaphylactic. St Hilda's is committed to providing a safe and healthy environment for students. We have adopted an allergy awareness policy to protect students who have mild to severe allergies (anaphylaxis). While 'banning' particular foods and declaring schools to be 'nut-free' is not recommended by Australian Society of Clinical Immunology and Allergies (ASCIA) as it is not possible to guarantee such positions, it is recommended that schools develop strategies to promote allergy awareness.

2. SCOPE

- To provide, as far as practicable, a safe and supportive environment in which students at risk of allergy or possible anaphylaxis can participate equally in all aspects of the student's schooling.
- To raise awareness about allergies and anaphylaxis in the school community.
- To engage with parents/carers of each student at risk of anaphylaxis to assess risks and the development of risk minimisation strategies for the student.
- To ensure that staff have knowledge about allergies, anaphylaxis and the School's guidelines and procedures within this policy in responding to an anaphylactic reaction.

3. BACKGROUND

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. It occurs when a person is exposed to an allergen (such as a food or insect bite). Although death is rare, an anaphylactic reaction always requires an emergency response. Prompt treatment with an EpiPen is required to halt progression and can be lifesaving. Anaphylactic reactions are usually preventable by implementing strategies for avoiding allergens.

Common allergens for anaphylaxis are:

- foods (e.g. peanuts and tree nuts, shellfish, fish, milk, egg, sesame and soy)
- insect bites (e.g. bee, wasp, jumper ants)
- medications (e.g. antibiotics,)
- latex (e.g. rubber gloves, balloons, swimming caps)

The severity of an allergic reaction is influenced by a number of factors, such as exercise, hot weather and in the case of food allergens, the amount eaten. In the case of severe food allergies,

an anaphylactic reaction is usually triggered by ingestion of the food but can also be from touching or inhaling the allergen.

4. DEFINITIONS

- Action Plan – management plan with allergy symptoms and emergency treatment as per ASCIA guidelines
- Allergy - 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 dust mites, pets, pollen, insects, ticks, moulds, foods and some medicines. The reaction can be mild, moderate or severe and can be localised, systemic or anaphylactic.
- Allergens - substances that can cause an allergic reaction.
- Anaphylaxis - a severe, rapidly progressive allergic reaction that is potentially life threatening.
- EpiPen (Adrenaline auto injector) – a device that automatically delivers a single fixed dose of adrenaline and is designed for use by people without specific medical training.
- Risk Minimisation – identification of allergens and strategies to reduce exposure to them.

5. LEGISLATION

Occupational Safety and Health Act 1984 (WA)
Privacy Act 1988 (Cth)
Poisons Act 1964 (WA)
Poisons Regulations 1965 (WA)
School Education Act 1999 (WA)
School Education Regulations 2000 (WA)

The following references were used in creating this policy:

Department of Education Student Health Care Policy Version 3.

Department of Education Student Health Care Procedures Version 3.5

<https://www.allergy.org.au/>

6. RELATED POLICIES AND PROCEDURES

Excursion and Incursion Policy – Junior School
Medical Policy
Supportive Schools Environment Policy

7. GUIDELINES

Our school is an Allergy Aware School where the health and safety of our students is paramount. The basis of our approach is risk minimisation and education. The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them.

7.1 Students

- All students need to be aware that they must eat only from their own lunchbox and not share food.
- Students must understand the importance of washing hands before and after eating.
 - From Year 7 – 12 students are to carry their own EpiPen and antihistamine on and off campus.
 - Student to advise staff member and/or fellow student if experiencing allergy symptoms.
 - Students have the option of wearing a Medi-Alert bracelet or a coloured Medi-Band.

- In Junior School, students may be identified by wearing a 'high vis' clothing (vest or hat) whilst in the playground.

7.2 Parents/Carers

- Inform Enrolments through the enrolment process or at the time of diagnosis of their child's allergies, and arrange a meeting with the school's Registered Nurse.
- Meet with the Registered Nurse to complete the 'St Hilda's Checklist for Severe Medical Alerts' and provide an ASCIA Action Plan, with a current photo, completed by the child's medical practitioner.
- Provide the EpiPen and any other medications.
- Replace the EpiPen and any other medications before the expiry date. It is expected parents will check expiry dates at the start of each term.
- Alert staff of the additional risks associated with non-routine events and assist in planning and preparation for the student prior to school camps, field trips, in school activities, excursions or special events such as class parties or sports days.
- Inform relevant staff of any changes to their child's emergency contact details.
- Provide the Registered Nurse with an immediate update if there is a change to their child's condition.

7.2.1 Parents/Carers of students with food allergies:

- Supply alternative food options for their child when needed.
- Educate their child about only eating food provided from home. It is important to reinforce that their child should not share food with other students.
- Educate their child about the responsibility of carrying, or having easy access to their EpiPen, Action Plan and any medications as required by the student's action plan (e.g. antihistamine, Ventolin)

7.3 Nursing Staff

- Actively seek information to identify a student with life threatening allergies at enrolment by screening all health records of new students for information relating to allergies.
- Meet with the parents/carers to discuss and complete the 'St Hilda's Checklist for Severe Medical Alerts'. Request that parents/carers provide a recent ASCIA Action Plan that has been completed by the student's medical practitioner and has a current photograph of the student.
- Provide opportunities for all staff to be trained in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen. This should also include regular practice using EpiPen training devices.
- Provide information to all staff so that they are aware of the students who is at risk of anaphylaxis, the student's allergies and emergency response procedures including providing a list of students and ASCIA Action Plans.
- Encourage ongoing communication between parents/carers and staff about the current status of the students with allergies, the School's procedures/strategies and their implementation.
- In consultation with parents/carers, review the student's anaphylaxis management after a severe allergic reaction or if the student's circumstances change.
- Provide or arrange post-incident support for students and staff, if needed or appropriate.
- Provide first aid kits as requested which include generic EpiPen and Junior EpiPen if there are students that weigh less than 20kg.

7.4 Staff

- Know the identity of the student in their care who is at risk of anaphylaxis

- Understand the causes, symptoms and treatment of anaphylaxis.
- Undertake training every three years on how to recognise and respond to an anaphylactic reaction, including using an EpiPen. To register for ASCIA anaphylaxis e-training for schools and childcare go to: <https://etrainingwa.allergy.org.au/login/index.php>
- Know the School's first aid emergency procedures and their role in relation to responding to an anaphylactic reaction.
- Know where to find a copy of the student's ASCIA Action Plan and ensure it is followed in the event of an allergic reaction.
- Know where the student's EpiPen is kept and where generic EpiPens are located on campus.
- Plan ahead for special class activities or occasions such as excursions, in school activities, sport, camps and parties.
- Event organiser to ensure EpiPen, Action Plan and any other medication accompany the student during off campus excursions.
- Take a First Aid Kit with a generic EpiPen to off campus excursions.
- Work with parents/carers in regards to providing appropriate treats for the student.
- Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons.
- Consider the risk of cross-contamination when preparing, handling and displaying food.
- Ensure that tables and surfaces are wiped down regularly and that students wash their hands before and after handling food.
- Raise student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive.
- Ensure menus for all school events are reviewed by organising staff with knowledge of this Allergy Awareness Policy.
- Year 7 Head of Year to hold students EpiPen, Action Plan and any other medication in their office and to ensure these items are sent to all school events

7.5 School

- The School's policies and guidelines for tours and excursions require risk assessments to be submitted and approved prior to activities taking place such as camps and excursions.
- Advises all parents that St Hilda's is an Allergy Aware school.
- Arrange allergy free produce when organising menus or goods for sale to the student body.
- Identify situations which pose additional risk such as when relief staff are present and establishing procedures to mitigate risk.

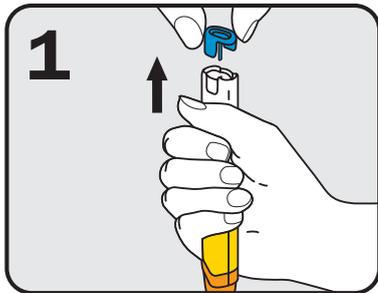
8. BREACH

Should a staff member breach this policy, St Hilda's may take disciplinary action.

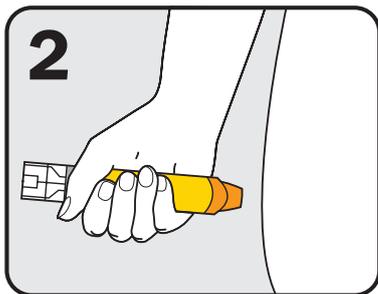
Responsibility: Dean of Student Wellbeing, Head of Junior School and Registered Nurse
Review Date: November 2018
Next Review Date: November 2019

For use with adrenaline (epinephrine) autoinjectors

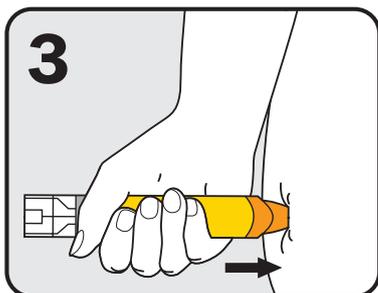
How to give EpiPen® adrenaline (epinephrine) autoinjectors



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds

REMOVE EpiPen®

EpiPen® is prescribed for children over 20kg and adults. EpiPen®Jr is prescribed for children 10-20kg

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 seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- 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 autoinjector

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

4 Phone family/emergency contact

5 Further adrenaline doses may be given if no response after 5 minutes

6 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

If adrenaline is accidentally injected (e.g. into a thumb) follow this action plan if a person has anaphylaxis and phone your local poisons information centre