

TREVALLYN PRIMARY SCHOOL

Allergy Policy and Management Plan

Trevallyn Primary School - Allergy Management Plan

Allergic Management

Allergy occurs when the immune system reacts to substances (allergens) in the environment, which are usually harmless. Examples include proteins, pollens, dust mites and insect venoms.

Anaphylaxis is a potentially life threatening, severe allergic reaction and should always be treated as a medical emergency. Anaphylaxis occurs after exposure to an allergen (usually to foods, insects or medicines), to which a person is allergic. Not all people with allergies are at risk of anaphylaxis.

Teachers and staff must be aware of the symptoms, triggers and best practice management of anaphylaxis and allergy so they can assist their allergic and anaphylaxis students while at school.

If you think a student may be having a severe allergic reaction, use an auto-injector pen in accordance to the Anaphylaxis First Aid Plan and call an ambulance.

Trevallyn Primary School's Policy

Trevallyn Primary School is committed to providing a safe learning environment students who suffer from allergy and anaphylaxis and in particular to minimise the risk of allergen exposure. It is our policy that:

- We identify as an Allergy Aware School. We provide a clear set of guidelines for the management of allergy and anaphylaxis in our school. The guidelines in this policy have been developed having regard to the publications of the Asthma Foundation Australia and ASCIA (Australasian Society of Clinical Immunology and Allergy)
- We establish procedures for responding to and dealing with students who have been diagnosed with allergy and anaphylaxis and responding to a severe allergic reaction; We identify and, where possible, minimise allergic triggers identified on a student's action plan;
- Student medical records and Allergy and Anaphylaxis Action Plans are communicated to relevant staff in a confidential manner, stored appropriately and updated yearly.
- We inform parents/carers as soon as possible of concerns regarding a student's allergy and anaphylaxis, conditions. Where necessary, we modify activities for the student with allergy in accordance with their needs;
- We provide education, support and resources for staff, parents/carers, students and the wider school community on allergy awareness;
- We place auto-injector pens in the schools Emergency First Aid Kits - Anaphylaxis First Aid posters- in appropriate areas within the school and ensure staff know where to access them;
- Our staff are trained to provide Anaphylaxis First Aid and how to use the equipment and medication in our Anaphylaxis Emergency First Aid Kits; and we display emergency Anaphylaxis First Aid posters in key locations around the school.

Allergic Triggers

Triggers which may cause an allergic reaction and a severe allergic reaction attack include, but are not limited to, the following:

- Foods;
- Insect stings;
- Medications;
- Latex;
- Pollens;

How to Recognise an Allergic Reaction

The symptoms of an allergic reaction depend on whether the attack is mild to moderate or severe:

Mild To Moderate: Symptoms include: swelling of the lips, face and eyes, hives or welts, tingling mouth, abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy). Students with mild to moderate symptoms should be directly observed and parents contacted.

Severe Reaction: Symptoms include any ONE of the following: 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).

Whether or not the student is known to have anaphylaxis, no harm is likely to result from giving an auto-injector pen to a student thought to be having an anaphylaxis reaction. If someone with known asthma and an allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms ALWAYS GIVE THE AUTOINJECTOR **FIRST**, AND THEN ASTHMA RELIEVER MEDICATION.

Call an ambulance

Allergy and Anaphylaxis Management Procedures

Trevallyn Primary School has developed the following work practices and procedures for managing allergic reactions: Allergic Reaction: Follow the Allergy Action Plan and supply the student with medication (mild and moderate only) in accordance with the student's doctor's orders. Contact Parents.

Treating Allergy

All students with a diagnosed (by a Health Professional e.g Doctor) allergy enrolled at Trevallyn Primary School MUST have a doctor or practice nurse completed Allergy Action Plan that is updated yearly. They must also supply the school with an Epi-pen that is prescribed to that student and in date. If you recognise a student who is having a mild to moderate allergic reaction the student needs to be treated according to their Allergy Action Plan and observed.

ASCIA Anaphylaxis First Aid Plan

In a severe allergic reaction/anaphylaxis emergency follow the student's Anaphylaxis Action Plan

Students Presenting First Time with Anaphylaxis

Students who have a severe allergic reaction and **DO NOT** have an Anaphylaxis Action Plan; Trevallyn Primary School will enact the following according to Education and Care Services National Regulations 2012, Chapter 4 Operational Requirements; Part 4.2 Children's Health and Safety; r94. (Attached)

Maintenance of Medical Records

Student medical records are maintained in accordance with Department of Education Specific Health Issues: Procedures, Information and Contacts, Administration of Medication Procedures and National Guidelines which includes a provision to ensure that Trevallyn Primary School is regularly updated as to the status of existing medical conditions including allergy and anaphylaxis.

Allergy and Anaphylaxis Action Plan

An Allergy and Anaphylaxis Action Plan is a written set of instructions prepared in partnership with the student's doctor that helps students to manage their allergy. The student's Allergy and Anaphylaxis Action Plan is to help them to:

- Recognise worsening allergy symptoms;
- Start treatment quickly; and
- Seek the right medical assistance.

For every student with allergy and anaphylaxis there should be a written Allergy/Anaphylaxis Action Plan provided to Trevallyn Primary School.

The Action Plan should be stored appropriately and updated yearly. It should be communicated to relevant staff in a confidential manner.

Each staff member shall fulfil their agreed roles as documented in a student's Action Plan and the school shall inform parents as soon as possible of concerns regarding the student's health care.

Administering Prescribed Medication

Parents/carers of students who require prescribed allergy medication to be administered during school hours must notify the school of this requirement and collaborate with the school to work out arrangements for supply, administration expiry date and storage of the prescribed medication.

All teaching and school staff should know where the auto-injector pen is kept. This should be out of the reach but not locked away.

Anaphylaxis Emergency Kits

Anaphylaxis Emergency Kits can be purchased from the Asthma Foundation and Epi-Pens can be bought over the counter at pharmacies.

Trevallyn Primary School keeps Auto-injector pens in Emergency Kits in the following locations:

- Anaphylaxis Emergency Kit 1 Main Office
- Anaphylaxis Emergency Kit 2 Main Office

A record should be made in the medication log book located in the e.g. office on each occasion the Auto-injector pen in Emergency Kits are used.

Risk Minimising Strategies for Trevallyn Primary School

Trevallyn Primary School's staff need to be particularly aware of students with allergies.

GENERAL POLICY ISSUES

School policy communication;

- Share information to the parent community on severe allergies and the risk of anaphylaxis.
- Alert parents to strategies that the school, has in place and the need for their child to not share food and to wash hands after eating.

Part-time educators, casual relief teachers

These educators need to know the identities of children at risk of anaphylaxis and should be aware of the anaphylaxis management plan at the school, preschool or childcare service. Some casual staff have not received training in anaphylaxis management and emergency treatment.

This needs to be considered when a teacher is chosen for a class with a child at risk of anaphylaxis and if this teacher is on playground/yard duty.

Suggestions to minimise the risk:

- Casual staff, who work at school regularly, should be included in anaphylaxis training sessions.
- Schools should have interim educational tools such as adrenaline auto-injector training devices and access to 'how to administer' videos available to all staff.
- Asthma Foundation of Tasmania offers a free face to face asthma and anaphylaxis first aid training for schools. A free online training course for school and childcare staff is available from the ASCIA website (www.allergy.org.au). This course can also be undertaken as refresher training.

Fundraising events/special events/cultural days

- Consider children with food allergy when planning any fundraisers, cultural days or stalls for fair/fete days, breakfast mornings etc.
- Notices may need to be sent to parent community discouraging specific food products (e.g. nuts) where appropriate.
- Where food is for sale, a list of ingredients should be available for each food.

INSECT ALLERGY

Bees, wasps, stinging ants

- Have honey bee and wasp nests removed by a professional;
- Cover garbage receptacles that may attract stinging insects.
- When purchasing plants for an existing or new garden, consider those less likely to attract bees and wasps.
- Specify play areas that are lower risk and encourage the student and their peers to play in these areas (e.g. away from garden beds or garbage storage areas).
- Ensure students wear appropriate clothing and covered shoes when outdoors.
- Be aware of bees in pools, around water and in grassed or garden areas.

- Educate children to avoid drinking from open drink containers, particularly those containing sweet drinks that may attract stinging insects.
- Children with food and insect allergy should not be asked to pick up litter by hand. Where possible, these types of duties should not put them at increased risk
- Wear long sleeved shirts and long pants

A child with a tick is instantly referred to their parents/guardian for support.

LATEX ALLERGY

- Latex allergy is relatively rare in children, but where such individuals are identified non-latex gloves (e.g. sick bay, first aid kits, canteens, kitchens) should be made available.
- it is parental responsibility to provide non-latex swimming caps if this is required.
- Non-latex balloons should also be considered when there is a child enrolled with latex allergy.

MEDICATION ALLERGY

- Severe allergic reactions to medications are relatively rare in young children outside of the hospital setting. Nonetheless, documentation regarding known or suspected medication allergy should be recorded by the school/childcare on enrolment.
- Any medication administered in the school/childcare setting should be undertaken in accordance with school/childcare and education and children's services department guidelines and with the written permission of parents or guardians.
- Students in the later years of primary school need to be reminded that they should not share medications (e.g. for period pain or headaches).

FOOD ALLERGY

In the classroom

Food rewards: are not used at Trevallyn Primary School as per policy.

Class parties or birthday celebrations

- Discuss these activities with the parents or guardians of the child with allergy well in advance.
- Suggest that a notice is sent home to all parents prior to the event, discouraging specific food products (e.g. nuts) where appropriate.
- Teacher may ask the parent to attend the party as a 'parent helper'.
- Child at risk of anaphylaxis should not share food brought in by other children.

Ideally they should bring their own food.

- Child can participate in spontaneous birthday celebrations by parents supplying 'treat box' or safe cupcakes stored in the freezer in a labelled sealed container.

Cooking/food technology

- Engage parents or guardians and older children in discussions prior to cooking sessions and activities using food.
- Remind all children to not share food they have cooked with others at school including during morning tea and lunch breaks.

Science experiments

- Engage parents in discussion prior to experiments containing foods.

Music

- There should be no sharing of wind instruments (e.g. recorders).
- Teacher should discuss with the parent or guardian about providing the child's own instrument where appropriate.

Art and craft classes

- Ensure containers used by students at risk of anaphylaxis do not contain allergens (e.g. egg white or yolk on an egg carton).
- * Activities such as face painting or mask making (when moulded on the face of the child), should be discussed with parents prior to the event, as products used may contain food allergens such as peanut, tree nut, milk or egg.
- Care should be taken with play dough etc. Check that nut oils have not been used in their manufacture. Discuss options with parents or guardians of wheat allergic children. If unable to use the play dough, provide an alternative material for the child to use.

Use of food as counters

- Food items are not to be used as a 'hands-on' material in Mathematics.

Class rotations

- All teachers will need to consider children at risk of anaphylaxis when planning rotational activities for year level, even if they do not currently have a children rolled who is at risk, in their class.

Canteen and childcare food service

Strategies to reduce the risk of an allergic reaction can include:

- Consideration of whether the canteen offers foods containing nuts (as a listed ingredient).
- Staff (including volunteer helpers) educated on food handling procedures and risk of cross contamination of foods.
- There is an option for children with food allergies to have a distinguishable lunch order bag (available from the Main Office)
- Restriction on who serves children with food allergy when they go to the canteen.
- Discuss possibility of photos of the children with food allergy being placed in the canteen/childcare kitchen.
- Encourage parents or guardians of children with allergy to visit the canteen/childcare kitchen to view products available.

In the playground

Litter duty

- Non rubbish collecting duties are encouraged.
- Students at risk of insect sting anaphylaxis should be excused from this duty due to increased risk of allergen contact.
- Students at risk of food allergy anaphylaxis should either be provided with gloves or an instrument to pick up the rubbish to avoid skin contact with potential allergens.

Sunscreen

- Parents of children at risk of anaphylaxis should be informed that sunscreen may be offered to children. They may want to provide their own as some sunscreens may contain nut oils.

Class pets, pet visitors, school farmyard

- Be aware that some animal feed contains food allergens (e.g. nuts in birdseed and cow feed, milk and egg in dog food, fish in fish food).
- Have a strategy to reduce risk of the children with egg allergy coming into contact with raw egg if there are chickens in classrooms that enables them to still participate.

Incursions (onsite activities)

- Prior discussion with parents if incursions/on-site activities include any food activities.

Excursions

- Teachers organising/attending excursions or sporting events should plan an emergency response procedure prior to the event. This should outline the roles and responsibilities of teachers attending, if an anaphylaxis occurs.

Staff should also:

- Carry mobile phones. Prior to event, check that mobile phone reception is available and if not, consider other forms of emergency communication (e.g. walkie talkie, satellite phone).
- Consider increased supervision depending on the size of the excursion/sporting event (e.g. if students are split into groups at large venue such as a zoo or at large sports venue for a sports carnival).
- Consider adding a reminder to all parents regarding children with allergies on the excursion/sports form and encourage parents not to send in specific foods in lunches (e.g. foods containing nuts).
- Discourage eating on buses.
- Check if excursion includes a food related activity, if so discuss with the parent or guardian.
- Ensure that all staff are aware of the location of the emergency medical kit containing the adrenaline auto-injector and Action Plan for Anaphylaxis and ensure the child at risk of anaphylaxis is in the care of the person carrying the adrenaline auto-injector.

School camps

Many primary schools invite the parent of the child at risk of anaphylaxis to attend as a parent helper. Parents of children at risk of anaphylaxis should have a face to face meeting with school staff/camp coordinator prior to the camp to discuss the following:

- School's emergency response procedures should clearly outline roles and responsibilities of the teachers in policing prevention strategies and their roles and responsibilities in the event of an anaphylactic reaction.
- All teachers attending the camp should carry laminated emergency cards, detailing the location of the camp and correct procedure for calling ambulance, advising the call centre that a life threatening allergic reaction has occurred and adrenaline is required.
- Staff should demonstrate correct administration of adrenaline auto-injectors using training devices (EpiPen®) prior to camp.

- Consider contacting local emergency services and hospital prior to camp and advise that xx children are in attendance at xx location on xx date including child/ren at risk of anaphylaxis. Ascertain location of closest hospital, ability of ambulance to get to camp site area (e.g. consider locked gates in remote areas).
- Confirm mobile phone network coverage for standard mobile phones prior to camp. If no access to mobile phone network, alternative needs to be discussed and arranged.
- Parents or guardians should be encouraged to provide two adrenaline auto-injectors along with the Action Plan for Anaphylaxis and any other required medications whilst the child is on the camp. The second adrenaline auto-injector should be returned to the parents/guardian on returning from camp.
- Clear advice should be communicated to all parents or guardians prior to camp regarding what foods are not allowed.
- Parents or guardians of children at risk of anaphylaxis and school staff need to communicate about food for the duration of the camp.
- Parents or guardians should also communicate directly with the catering staff and discuss food options/menu, food brands, cross contamination risks to determine the safest food choices for their child.
- Parents or guardians may prefer to provide all child's food for the duration of the camp. This is the safest option. If this is the case, storage and heating of food needs to be organised. Discussions by school staff and parents or guardians with the operators of the camp facility should be undertaken well in advance of camp. Example of topics that need to be discussed would be:
 - Possibility of removal of nuts from menu for the duration of the camp (if nut allergic child attending camp).
 - Creation of strategies to help reduce the risk of an allergic reaction where the allergen cannot be removed (e.g. egg, milk, wheat). A decision may be made to remove Pavlova as an option for dessert if an egg allergic child is attending for example.
 - Awareness of cross contamination of allergens in general (e.g. during storage, preparation and serving of food).
 - Discussion of the menu for the duration of the camp including morning and afternoon teas and suppers.
 - Games and activities should not involve the use of peanut or tree nut products or any other known allergens.
 - Camp organisers need to consider domestic activities that they assign to children on camp. It is safer to have the child with food allergy set tables, for example, rather than clear plates and clean up.

ANIMAL ALLERGY

- Exposure to animals such as domestic dogs, cats, rabbits, rats, mice, guinea pigs and horses may trigger contact rashes, allergic rhinitis (hay fever) and sometimes asthma.
- Severe allergic reactions are rare but may occur, and are of potential relevance with activities such as "show and tell", or visits to farms or zoos. Importantly, animal feed may sometimes contain food allergens (e.g. nuts in birdseed and cow feed, milk and egg in dog food, fish in fish food).
- If a child has an egg allergy, they may still wish to participate in activities such as hatching chickens in class, with close supervision and washing of their hands following handling of chickens.

Information produced by Allergy & Anaphylaxis Australia (A&AA) underpins this policy. To ensure consistency of information A&AA and ASCIA endorse these risk minimise strategies.

School Staff Responsibility

All staff are expected to:

- Be familiar with the school's **allergy and anaphylaxis** management policy;

- Know the students with allergic reactions in their care;
- Know where the Auto-injector pens are located in the school;
- Know how to implement Anaphylaxis First Aid treatment in the event of a severe allergic reaction (anaphylaxis);
- Access students' written allergic and anaphylaxis Action Plans as required;
- Know allergic triggers and how to recognise allergic symptoms;
- Know that if in doubt use an auto-injector;
- Know that auto-injectors have an expiry date and ensure that a staff member has the responsibility for checking auto-injectors termly.
- Always inform parents/carers of an allergic or severe allergic incident.

Implementation

- Staff training;
- The availability of Auto-injector Emergency Kits;
- Individual Allergy and Anaphylaxis Action Plans;
- Effective incident notification procedures;
- Effective communication procedures;
- Allocation of the overall responsibility for this policy to the Principal

Authorised by:	Annette Hollingsworth and Trevallyn Primary School Association
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