

Nathalia Primary School

ALLERGIES POLICY



Help for non-English speakers

If you need help to understand the information in this policy please contact the school office on 58 662 677

Policy

This policy outlines the requirements for schools in managing students with mild to moderate allergies who have an Australian Society of Clinical Immunology and Allergy (ASCIA) Action Plan for Allergic Reactions.

Summary

- An ASCIA Action Plan for Allergic Reactions (Green Plan) is a document completed by the student's medical practitioner and is for students who have mild to moderate allergies.
- It is the responsibility of parents or carers to provide a copy of their child's Green Plan to the school.
- Schools must develop an Individual Allergic Reactions Management Plan for students who have a Green Plan and this plan should be reviewed annually.
- Schools are not required to complete an Individual Allergic Reactions Management Plan for every student who has allergies – this is only required for students whose medical practitioner has completed a Green Plan which has been supplied to the school by parents or carers.
- There is an [Individual Allergic Reactions Management Plan template](#) available for schools to use.

Details

The school has a duty of care to all students which includes taking reasonable steps to prevent any reasonably foreseeable harm to a student. This includes supporting and responding appropriately to students with mild to moderate allergies

This policy applies to students with a Green Plan. A student with a known food or insect sting allergy who has had a previous severe reaction is usually diagnosed as being at risk of having a severe allergic reaction (anaphylaxis). For further information on anaphylaxis, refer to the Department's policy on Anaphylaxis.

ASCIA Action Plan for Allergic Reactions (Green Plan) — Overview

Students with a mild or moderate allergy to a food or insect and those with medication allergy should have a Green Plan that has been completed by the student's medical practitioner.

Students who have an ASCIA Action Plan for Anaphylaxis and a prescribed adrenaline auto-injector 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.

Strategies for schools in managing students with a Green Plan

Schools need to develop an Individual Allergic Reaction Management Plan for students with a Green Plan and must:

- Develop and annually review an Individual Allergic Reactions Management Plan for each student with allergies in conjunction with their parents/guardian (this replaces the need to have a Student Health Support Plan).
- Develop prevention strategies to be used by the school to minimise the risk of an allergic reaction.
- Communicate with relevant staff, students and members of the school community about students with allergies and how they will be managed
- Meet with parents or guardians about medication and responding appropriately to an allergic reaction.
- Establish and annually review first aid response procedures for all in-school and out-of-school environments such as excursions and camps.
- Review each student's Individual Allergic Reactions Management Plan immediately prior to any excursion or camp in which the student is participating with the teacher in charge and any other relevant persons.

Note: Although children with a 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. General use adrenaline auto injectors held by the school should be administered in the event of anaphylaxis occurring in these children.

Responding to severe allergic reactions

Children with a food allergy and significant asthma at the same time are at increased risk for more severe allergic reactions. Where a child with 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.

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.

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, the school staff must follow the school's anaphylaxis first aid procedures and administer an adrenaline auto injector for general use.

Strategies

Students diagnosed with food, insect or medication allergies should be given a Green Plan by their medical practitioner. Schools need to develop an Individual Allergic Reaction Management Plan for these students.

This below information describes how schools manage students with an allergy.

Strategy — ASCIA Action Plan for Allergic Reactions

A Green Plan must be completed by the student's medical practitioner and a colour copy provided to the school by the student's parents or guardians.

The Green Plan 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.

Strategy — Prevention

The Individual Allergic Reactions Management Plan that the school completes in consultation with the parent/guardian must include prevention strategies used by the school to minimise the risk of exposure to known food, insect and medication allergens.

Strategy — Communication plan

A communication plan developed by the school which provides information to all school staff, students and parents about the school's response to students with a confirmed food, insect or medication allergy.

Strategy — Emergency response

Procedures which each school develops for emergency responses to allergic reactions for all in-school and out-of-school activities, including for school camps.

Strategy — Staff response

All school staff with a duty of care for the wellbeing of students with a confirmed allergy need to be able to recognise and respond to an allergic reaction. They should be aware of their student's Individual Allergic Reactions Management Plans and consult with parents or guardians regarding in-school and out-of-school activities that may pose a risk to the student.

Strategy — Encouraging camps and special event participation

Schools should ask the parents or guardians to complete the Department's [Confidential Medical Information Form for Excursions](#) and consult with them on relevant strategies to facilitate participation.

Note: Consideration should be given to the food provided.

Strategy — Communicating with parents or carers

Regularly communicate with the student's parents or carers about the student's health or any changes that may cause concerns.

An allergic reaction can be traumatic for the student and others witnessing the reaction. It is important to be aware that some students with an allergy may not wish to be singled out or be seen to be treated differently.

Definitions

ASCIA

ASCIA is the Australian Society of Clinical Immunology and Allergy

Allergy

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.

Common allergens include:

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

Signs of a mild to moderate allergic reaction include:

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

Signs of anaphylaxis (severe allergic reaction) include 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 signs of a severe allergic reaction to insects).

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

Related policies

- [Anaphylaxis](#)
- [Duty of Care](#)
- [Health Care Needs](#)

Relevant legislation

- Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008 (Vic)

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	
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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:

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Name of environment/area:			
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Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

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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

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>

<p>This Individual Allergic Reactions Management Plan will be reviewed on any of the following occurrences (whichever happens earlier):</p> <ul style="list-style-type: none">• 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 <p>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.</p> <p>I have been consulted in the development of this Individual Allergic Reactions Management Plan.</p> <p>I consent to the risk minimisation strategies proposed.</p> <p>Risk minimisation strategies are available at Chapter 8 – Risk Minimisation Strategies of the Anaphylaxis Guidelines</p>	
Signature of parent:	
Date:	
<p>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.</p>	
Signature of principal (or nominee):	
Date:	