



Hughesdale Primary School

Allergies Policy

Last Review Date:

July 2022

Due for Next Review:

June 2025

Included on Website:

Yes No

Authorised (Principal):



Help for non-English speakers

If you need help to understand the information in this policy, please contact Bridene Forrest (Business Manager) or Amanda Breeden-Walton (Assistant Principal).

PURPOSE

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, moderate or severe allergies.

It is estimated that up to 2% of adults and 6% of children have food allergy and some of them will experience a life-threatening allergic reaction (anaphylaxis). This policy should be read in conjunction with the *Anaphylaxis Policy* for severe allergy management.

SCOPE

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) — 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.

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.

POLICY

All staff members have a professional responsibility to know who the child/student at risk of anaphylaxis is by sight. They are not to be left alone when complaining of feeling unwell, even in sickbay. Their complaint should always be taken seriously.

Photos of students with known food allergies and their associated symptoms are distributed to staff at the beginning of each year and updated as the school is made aware of changes to student needs.

Strategies for managing students with a Green Plan

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

Risk minimisation strategies

RISK	Considerations when you have a student at risk of allergy/anaphylaxis in your care
Food Brought to School for brain food, morning tea or lunch	<ul style="list-style-type: none"> • This food may not be shared between students. • Circulate a letter to the parent community on severe allergy and the risk of anaphylaxis. This may go to the class, year level or school. • Alert parents to strategies that the school has in place and the need for their student to not share food and to wash hands after eating.
Special Events, Community Functions	<ul style="list-style-type: none"> • Plan for children with food allergies when planning any fundraisers, cultural days, or community events etc. Notices should be sent to the parent community discouraging specific food products. E.g., nuts • Invite the parents of the student with an allergy to the function where possible.
Food Rewards	<ul style="list-style-type: none"> • Food rewards are not used
Class parties	<ul style="list-style-type: none"> • Discuss these activities with parents of students well in advance • Send a notice home to all parents prior to the event, discouraging specific food products. • The teacher could ask the parent of allergic students to attend the party as a 'parent helper' • Student at risk of anaphylaxis should not share food brought in by other students.
Birthday celebrations	<ul style="list-style-type: none"> • Students with allergies can participate in spontaneous birthday celebrations by parents supplying 'treat box' stored in the classroom in a labelled sealed container. • Students should be supervised if handing out party food, which should occur at the end of the day so that all parents can approve intake of sugary foods or treats.
Cooking	<ul style="list-style-type: none"> • Engage parents in discussion prior to cooking sessions and activities using food. • Remind all children to not share food they have cooked with others at school.
Science Experiments	<ul style="list-style-type: none"> • Engage parents in discussion prior to experiments containing foods

Students picking up papers/rubbish	<ul style="list-style-type: none"> • Students at risk of food or insect sting anaphylaxis should be excused from this duty. Non rubbish collecting duties are encouraged.
Music	<ul style="list-style-type: none"> • Music teacher to be aware, there should be no sharing of wind instruments e.g., recorders.
Art & Craft	<ul style="list-style-type: none"> • Ensure containers used by students at risk of anaphylaxis did not contain allergens. e.g., egg cartons where the student has an egg allergy. • 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 to be taken with play dough etc. Check that nut oils have not been used in manufacture. Discuss options with parent of wheat allergic child.
Canteen	See Food Services Policy
Sunscreen	<ul style="list-style-type: none"> • Parents should be informed that sunscreen is offered to children. They may want to provide their own.
Hand Washing	<ul style="list-style-type: none"> • Classmates encouraged to wash their hands after eating
Casual Relief Teachers	<ul style="list-style-type: none"> • These educators need to know the identities of children at risk of anaphylaxis and should be aware of the school's management plans, which includes minimisation strategies initiated by the school community. The CRT information sheet, prepared by the classroom teacher, will list all medical/allergy/anaphylaxis information for that class.
Class Rotations	<ul style="list-style-type: none"> • All teachers will need to plan for children at risk of anaphylaxis when planning rotational activities for year level, even if they do not currently have a student enrolled who is at risk, in their class.
Class pets/ pet visitors /school farmyard	<ul style="list-style-type: none"> • 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. • Chickens hatching in classroom. Children's Services facilities and Schools sometimes organise incubators from hatcheries and hatch chicks for fun and learning. Simply watching chicks hatch in an incubator poses no risk to children with egg allergy, but all children should be encouraged to wash their hands after touching the incubation box in case there is any residual egg content on it. There is a little more risk when it comes to children handling the chicks. Here are some suggestions to reduce the risk of a reaction and still enable the student with allergy to participate in the touch activity • The allergic student can touch a chick that hatched the previous day (i.e. a chick that is more than just a couple of hours old); no wet feathers should be present. • Encourage the parent/carer of the student with the allergy to be present during this activity so they can closely supervise their student and make sure the student does not put his/her fingers in their mouth. • If there is concern about the student having a skin reaction, the student should wear gloves. • All children need to wash hands after touching the chicks in case there is any residue of egg protein, in addition to usual hygiene purposes. Whilst care needs to be taken, this is an activity that most children can enjoy with some safeguards in place.
Incursions	<ul style="list-style-type: none"> • Prior discussion with parents if incursions include any food activities
Excursions, Sports carnivals, Swimming program	<ul style="list-style-type: none"> • Teachers organising/attending excursion or sporting event should plan an emergency response procedure prior to the event. This should outline the roles and responsibilities of teachers attending if an anaphylactic reaction occurs. • Teachers attending events should have an event handbook from compass and be aware of students in their care with allergies/anaphylaxis.

Staff should also:	<ul style="list-style-type: none"> • Carry mobile phones. Prior to event, check that mobile phone reception is available and if not, investigate other form of emergency communication i.e., walkie talkie. • Increase supervision depending on size of excursion/sporting event i.e. if students are split into groups at large venue e.g. zoo, or at large sports venue for sports carnival. • Check if excursion includes a food related activity, if so discuss with parent. • Ensure that all teachers are aware of the location of the emergency medical kit containing adrenaline auto-injector.
School Camps	<p>Parent involvement at primary school camps is often requested. Many primary schools invite the parent of the student at risk of anaphylaxis to attend as a parent helper. Irrespective of whether student is attending primary school or secondary college, parents of student at risk should have face to face meeting with school staff/camp coordinator prior to camp to discuss safety including the following:</p> <ul style="list-style-type: none"> • 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. • Ascertain location of closest hospital, ability of ambulance to get to camp site area i.e., consider locked gates etc 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 should be encouraged to provide two adrenaline auto-injectors along with the Action Plan for Anaphylaxis and any other required medications whilst the student is on the camp. • Clear advice should be communicated to all parents prior to camp on what foods are not allowed. • Parents of student at risk of anaphylaxis and school need to communicate about food for the duration of the camp. Parent should communicate directly with the provider of the food/chef/caterer and discuss food options/menu, cross contamination risks, safest food choices, bringing own food. • Parents 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 as well. <p>Discussions by school staff and parents 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:</p> <ol style="list-style-type: none"> 1. Possibility of removal of peanut/tree nut from menu for the duration of the camp. 2. Creation of strategies to help reduce the risk of an allergic reaction where the allergen cannot be removed i.e., egg, milk, wheat. A decision may be made to remove pavlova as an option for dessert if egg allergic student attending for example. 3. Awareness of cross contamination of allergens in general i.e., during storage, preparation and serving of food. 4. Discussion of menu for the duration of the camp. 5. Games and activities should not involve the use of known allergens. 6. Camp organisers need to carefully manage domestic activities which they assign to children on camp. It is safer to have the student with food allergy set tables, for example, than clear plates and clean up.

COMMUNICATION

This policy will be communicated to our school community in the following ways

- Available publicly on our school's website
- Made available upon request to the front office.

RELATED POLICIES AND RESOURCES

School policies:

- First Aid
- Anaphylaxis
- Asthma
- Health Care Needs
- Food Service

Department policies:

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

POLICY REVIEW

Policy last reviewed	July 2022
Next scheduled review date	June 2025
Review Cycle	The recommended review cycle for this policy is 3 to 4 years