



Preston North East
PRIMARY

Allergies Policy

Aims:

To Preston North East Primary School is able to manage students with mild to moderate allergies, who have a green ASCIA Action Plan.

Students with a mild or moderate allergy to a food or insect and those with medication allergy should have an ASCIA Action Plan for Allergic Reactions (green plan).

The ASCIA Action Plan for Allergic Reactions (green plan) should not be used for conditions such as allergic rhinitis (hay fever) or eczema which are managed mainly in the home environment by parents/guardians.

Students who have an ASCIA Action Plan for Anaphylaxis and a prescribed adrenaline autoinjector 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

Implementation:

At Preston North East Primary School if we have any student or students at risk of allergic reactions we will:

- 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).
- have prevention strategies to be used by the school to minimise the risk of an allergic reaction.
- have a communication plan to inform 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.

Definition

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.

This policy applies to a student with a diagnosed food, insect or medication allergy who has a mild to moderate allergic reaction to an allergen. 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). See Related policies, Anaphylaxis.

Children with allergies who are not considered to have anaphylaxis should be provided with an ASCIA Action Plan for Allergic Reactions (green plan).

Children with concomitant food allergy and significant asthma 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.

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.

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.

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.

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 should follow the school's anaphylaxis first aid procedures and administer an adrenaline autoinjector for general use.

Impact at school

According to the Department's duty of care obligations to students, schools are required to ensure all students feel safe and supported at school. This includes supporting and responding to students with mild to moderate allergies.

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 seen to be treated differently.

Strategies

Students diagnosed with food, insect or medication allergies should be given an ASCIA Action Plan for Allergic Reactions (green) by their medical practitioner. Schools need to develop an Individual Allergic Reaction Management Plan for these students.

This table describes how schools manage students with an allergy.

Strategy	Description
ASCIA Action Plan for Allergic Reactions	An ASCIA Action Plan for Allergic Reactions (green plan) should be completed by the student's medical practitioner and a colour copy provided to the school by the student's parents or guardians.
Individual Allergic Reactions Management Plan	The ASCIA Action Plan for Allergic Reactions (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.
	An Individual Allergic Reactions Management Plan for each student with a diagnosed food, insect or medication allergy, should be developed in consultation with the student's parents or guardians.
	These plans include the ASCIA Action Plan for Allergic Reactions (green plan).
	The plan must also include strategies to prevent exposure to the student's known allergens. If parents indicate their child has an allergy but do not have an ASCIA Action Plan for Allergic Reactions (green plan), the school may consider developing a Student Health Support Plan in place of an Individual Allergic Reactions Management Plan. See Related policies, Health Support Planning Forms.

Prevention strategies	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.
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
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. All school staff with a duty of care responsibility for the wellbeing of students with confirmed allergy need 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.
Staff response	Schools should ask the parents or guardians to complete the Department's Confidential Medical Information for School Council Approved School Excursions form and consult with them on relevant strategies to facilitate participation.
Encouraging camps and special event participation	Note: Consideration should be given to the food provided. See: Related policies for: Health Care Needs and Health Support Planning Forms.
Communicating with parents or guardians	Regularly communicate with the student's parents or guardians about the student's successes, development, changes and any health and education concerns

Evaluation

This Policy was Last Reviewed at School Council in September 2017