

# Ingle Farm Primary School

## Allergy Awareness Policy

Development Date: November 2016

Review Date: January 2019

Endorsement Date: 6<sup>th</sup> December 2016 (Staff)  
7<sup>th</sup> December 2016 (Governing Council)

A number of our students have severe allergies (including nuts, dairy, egg, some fruits, medications, venoms) and can have a life threatening reaction. Anaphylactic shock can occur within seconds of exposure to allergens.

This can occur if:

- contact is made with a person who has handled or eaten an allergen
- contact is made with an object such as a toy or door handle that has traces of the allergen on it.
- the person with the allergy inhales the air close to the allergen or products containing traces of the allergen.

For this reason the following *Allergy Awareness Policy* has been endorsed by staff and Governing Council.

### Context

DECD requires schools to promote and construct learning environments that are safe and supportive. Students and staff may have Anaphylaxis, the severest form of allergic reaction with nuts, nut products, dairy, eggs, some fruits, other foods, medications and venoms (e.g. bee sting) possible triggers. This means that exposure at school may constitute a risk to their health and well-being. It is not possible to guarantee that the environment will be completely free of potential hazards. However, compliance to reasonable guidelines will minimise the potential risks.

### Purpose

- To raise the awareness of anaphylactic conditions for all members of the school community.
- To provide a safe learning environment for the whole school community

### Promotion

This policy will be promoted by...

- information via the school newsletter, website, and at Acquaintance Meetings.
- new families to the school community being informed via information in their enrolment pack.
- Governing Council being informed and giving support to this policy
- staff being informed and provided with training opportunities
- the school canteen and OSHC complying with this Allergy Awareness Policy
- students being informed via teachers, signs and the school newsletter



## Management

### Families...

- are requested *NOT* to send food to school that contain nuts. This includes products such as peanut paste, 'Nutella', peanut cooking oil and other foods that may contain nuts.
- be mindful of students who may have allergies to other foods, supporting students to eat away from others who may have allergies.
- are requested *NOT* to send empty containers to school, for classroom use, if those containers once had a substance that included nuts or traces of nuts
- will be informed of this policy at the commencement of each new school year and at enrolment.
- will provide from a doctor a Health Care Plan and Emergency Procedure Plan, and liaise with IFPS staff to develop a Communication Plan for each child they have with an allergy.
- will ensure that the school has 'in-date'/current medication

### Students...

- are encouraged to wash their hands before and after eating.
- who bring food containing known triggers are required to eat that food in a designated place away from other students and to wash their hands, face and mouth before going to play.
- are not to share food.

### Staff...

- will be made aware of students who have anaphylactic responses, including nut, dairy, egg, fruit, venom or other allergies
- will notify students families of known triggers in the class.
- will be familiar with food handling procedures including reminding students to wash hands before and after eating
- will direct students who have food containing allergen ingredients to eat their food in a designated area away from others.
- will supervise all students during eating times and will be vigilant in regard to this policy.
- will educate students *NOT* to share food
- will participate in training from St John, Red Cross or Australasian Society of Clinical Immunology and Allergy (ASCIA) to understand procedures related to anaphylaxis symptoms, triggers, adrenaline auto-injectors and management.
- be familiar with any Health Care Plans, Emergency Procedure Plans and Communication Plans in place for students.
- will be informed of the storage of student medication
- regularly review food handling procedures to ensure that effective systems are in place and identify areas for improvement.

## Further information

Allergy and Anaphylaxis Information:

[www.allergyfacts.org.au](http://www.allergyfacts.org.au)

[www.foodallergyexplained.com.au](http://www.foodallergyexplained.com.au)

School Staff:

<https://myintranet.learnlink.sa.edu.au/child-and-student-support/health-support-planning/common-health-conditions/allergy-and-anaphylaxis>

## Review

This policy will be reviewed by staff and Governing Council every two years, beginning in 2019.

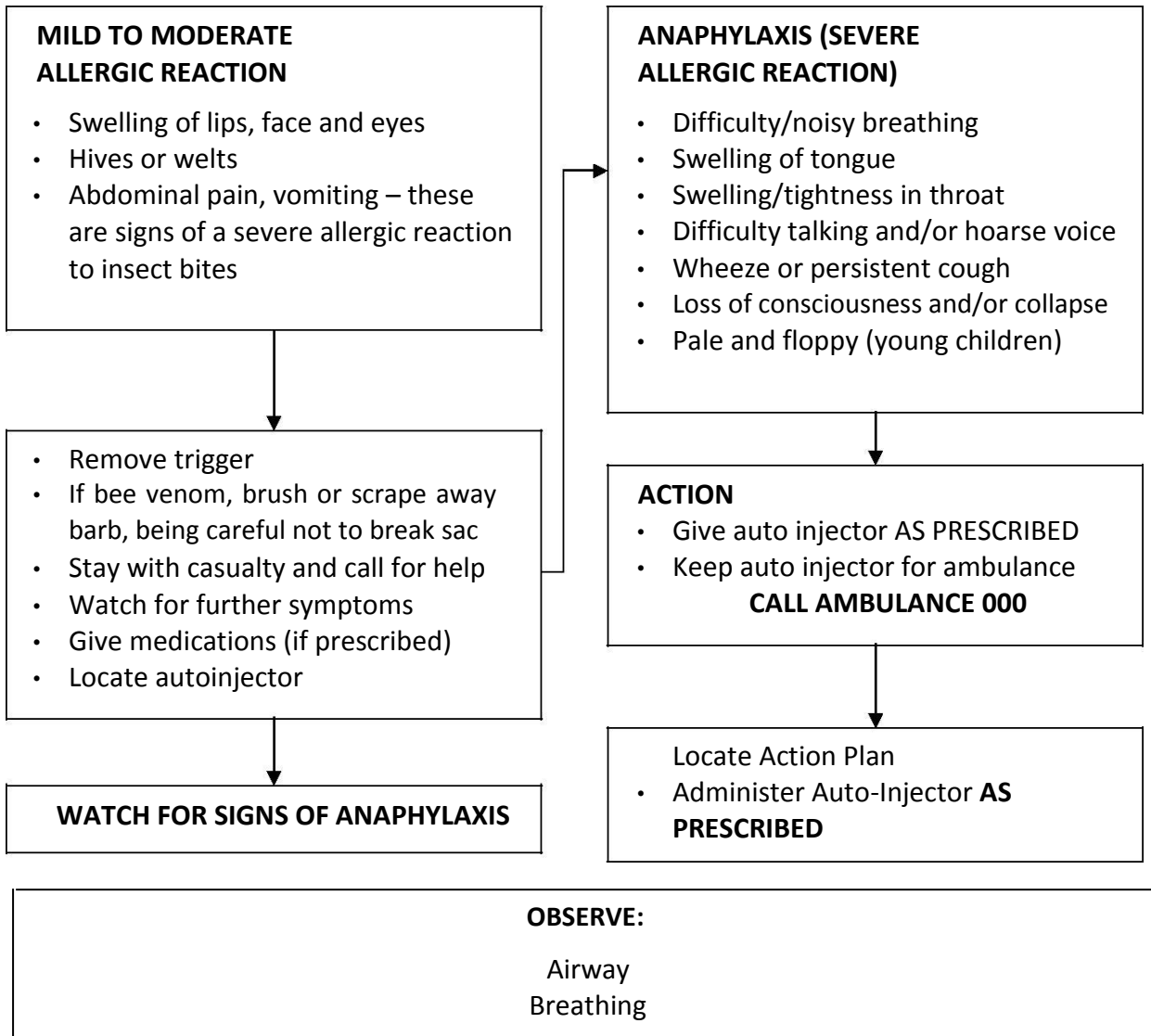
***The school acknowledges that due to current food processing practices, it is impractical to eliminate allergens and triggers entirely from an environment where there is food. The emphasis is therefore on raising awareness and adopting the reasonable procedures termed as 'Allergy Awareness'***



**A FIRST AID GUIDE FOR EDUCATION AND CARE SETTINGS  
ALLERGIC REACTION / ANAPHYLAXIS (SEVERE ALLERGY)**

Some people are allergic to certain foods, chemicals, medications and venoms following a sting. An allergic reaction can be severe and can be fatal within a matter of minutes if prompt medical treatment is not available. Most sufferers of Anaphylaxis have an Anaphylaxis Action Plan and medication. See ASCIA Action Plan.

**Are the following signs or symptoms present?**



**TO CALL AMBULANCE: Dial out, then call Triple Zero (000)**  
Say what State you are calling from, the person's condition and location

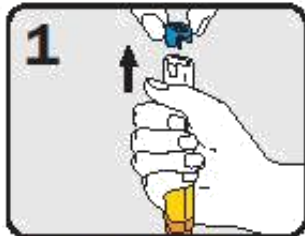
**INFORM EMERGENCY CONTACTS in accordance with DECD processes**

Expert advice provided by Red Cross and Australasian Society of Clinical Immunology and Allergy (ASCIA)  
This first aid guide does NOT replace First Aid training. Red Cross recommends that everyone is trained in First Aid.

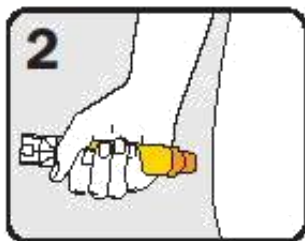
# ACTION PLAN FOR Anaphylaxis

For use with EpiPen® adrenaline autoinjectors

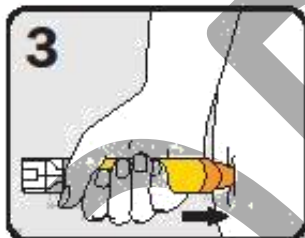
## How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.



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 10 seconds.  
 Remove EpiPen®. Massage injection site for 10 seconds.

Instructions are also on the device label and at [www.allergy.org.au/anaphylaxis](http://www.allergy.org.au/anaphylaxis)

## 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. Do not remove ticks.
- Stay with person and call for help.
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector.
- Phone family/emergency contact.

**Mild to moderate allergic reactions may not always occur before anaphylaxis.**

Watch for **ANY ONE** of the following signs of anaphylaxis

## ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- 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)

## ACTION FOR ANAPHYLAXIS

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.
- 2 Give EpiPen® or EpiPen® Jr 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, if another adrenaline autoinjector is available.

**If in doubt, give adrenaline autoinjector**

Commence CPR at any time if person is unresponsive and not breathing normally.

EpiPen® is generally prescribed for adults and children over 5 years.

EpiPen® Jr is generally prescribed for children aged 1-5 years.

\*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

## IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.