



Allergy Awareness Policy

Governing Council Endorsed: 2023

Review Date: 2025

Purpose

A number of our students have severe allergies (including nuts, dairy, egg, some fruits, other foods 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.

The Department for Education 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.

Roles and Responsibilities

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.

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

Staff

- will be made aware of students who have anaphylactic responses, including nut, dairy, egg, fruit, other foods, medications, 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 (ASCI) 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.

Supporting Policies

Allergy and Anaphylaxis Information:

<https://allergy.org.au>

www.allergyfacts.org.au

www.foodallergyexplained.com.au

School Staff:

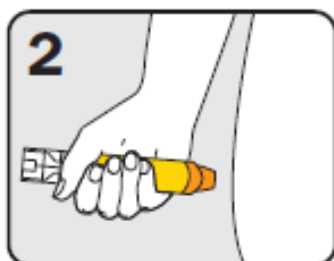
<https://edi.sa.edu.au/supporting-children/health-and-wellbeing/health-condition-plans-and-forms/allergy-and-anaphylaxis>

For use with EpiPen® adrenaline (epinephrine) autoinjectors

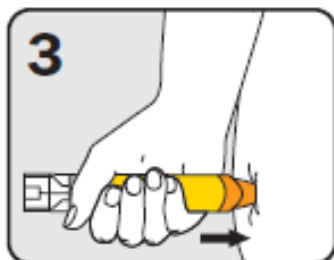
How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and 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 3 seconds

REMOVE EpiPen®

EpiPen® is given as follows:

- EpiPen® Jr (150 mcg) for children 7.5-20kg
- EpiPen® (300 mcg) for children over 20kg and adults

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 seek medical help or freeze tick and let it drop off
- Stay with person, call for help and locate adrenaline autoinjector
- 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 or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- Difficulty talking 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 or pregnant, place in recovery position - on left side if pregnant, as shown below
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



2 GIVE ADRENALINE AUTOINJECTOR

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline may be given if no response after 5 minutes

6 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, if someone has SEVERE AND SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms. THEN SEEK MEDICAL HELP.

Note: If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre. Continue to follow this first aid plan for the person with the allergic reaction.

General Diabetes Action Plan

LOW Hypoglycaemia (Hypo)

Blood Glucose Level (BGL) less than **4.0 mmol/L**

SIGNS AND SYMPTOMS Pale, headache, shaky, sweaty, dizzy, drowsy, changes in behaviour

Note: Check BGL if hypo suspected

Symptoms may not always be obvious

**DO NOT LEAVE STUDENT ALONE
DO NOT DELAY TREATMENT**

MILD

Student conscious
(Able to eat hypo food)

Step 1: Give fast acting carbohydrate

e.g. _____

Step 2: Recheck BGL in 15 mins

- If BGL less than 4.0, repeat **Step 1**
- If BGL greater than or equal to 4.0, go to **Step 3**

Step 3: Give slow acting carbohydrate

e.g. _____

SEVERE

Student drowsy / unconscious
(Risk of choking / unable to swallow)

First Aid DRSABCD
Stay with student

**CALL AN
AMBULANCE
DIAL 000**

Contact parent/carer when safe to do so

HIGH Hyperglycaemia (Hyper)

Blood Glucose Level (BGL) greater than or equal to **15.0 mmol/L** is well above target and requires additional action

SIGNS AND SYMPTOMS Increased thirst, extra toilet visits, poor concentration, irritability, tiredness

Note: Symptoms may not always be obvious

Student well

- Encourage oral fluids
- 1–2 glasses water per hour
- Return to activity
- Extra toilet visits may be required
- Re-check BGL in 2 hours

In 2 hours, if BGL still greater than or equal to 15.0,

CALL PARENT/CARER FOR ADVICE

Student unwell (e.g. vomiting)

- Contact parent/carer to collect student ASAP
- Check ketones (if able)

KETONES

If unable to contact parent/carer **and** blood ketones greater than or equal to 1.0 mmol/L or dark purple on urine strip

**CALL AN
AMBULANCE
DIAL 000**