

Allergy & Anaphylaxis Policy

Relevant to:	All staff, students, parents, visitors
Developed by:	Management Team
Date of Introduction:	February 2021
Date of Most Recent Review:	February 2021
Date for Review:	2022 or as required
Approved:	
Source Documents:	<p>Baker, J (August 2020) What's the difference between a Nut Free School & a Nut Aware School? https://allergyfacts.org.au/allergy-management/5-12-years/primary-school-resources</p>
Related Documents:	<ul style="list-style-type: none"> • Child Accident and Medical Emergency Policy • Medical Treatment of Sick or Injured Students Policy • Excursions Policy • Accident, Incident or Injury Report Form • Risk Assessment Form • Authorisation and Administration of Medication Policy

1.0 Purpose

The intent of this policy is to outline the Tamar Valley Steiner School's (TVSS) approach and procedures in the management of risk and treatment for those with allergy-induced anaphylaxis, whilst at the school or on any school-related activity. This policy is concerned with a whole school approach to the healthcare and management for members of the school community.

2.0 Policy Statement

The position of TVSS is to minimise the risk of exposure to allergens in the learning environment, to encourage self-responsibility, to plan effective responses to possible emergencies, and effectively educate our community on allergies, allergens and anaphylaxis and the part we can all play in optimising safety within the school.

The common causes of allergies relevant to this policy include nuts (in particular peanuts), dairy products, eggs and some insects (e.g. wasps, bees, ants). The underlying principles of this policy include:

- The establishment of effective risk management practices to minimise a student, staff member, parent, or visitor's exposure to known allergens.
- Staff training and education to ensure effective emergency response to an allergic reaction situation.

- Age-appropriate student education regarding allergy awareness, avoidance of triggers and self-responsibility.

3.0 Policy Elements.

This policy applies to all members of the TVSS community while on the school premises or involved in a school-organised activity and includes:

- Students
- School Staff
- Parents/Guardians
- Pre-service teachers
- Relief staff
- Volunteers
- Visitors/Community members

Definitions:

Allergen - A substance that can cause an allergic reaction.

Allergic reaction - An adverse reaction involving the immune system, which is caused by inhaling, swallowing or touching a substance to which a person is allergic. It can also follow injections of medicines, insect stings or insect bites. Allergic reactions can be mild to moderate or severe (anaphylaxis).

Allergy - An immune system response to a foreign substance that is harmless to most people.

Anaphylaxis - Anaphylaxis, or anaphylactic shock, is a sudden, severe and potentially life-threatening allergic reaction to food, stings, bites, or medicines. This is the most severe type of allergic reaction resulting in life threatening respiratory and/or cardiovascular symptoms.

Note: Not all people with allergies are at risk of anaphylaxis.

Anaphylaxis Management Plan – An Anaphylaxis Management Plan, is a document that is completed by the individual’s doctor, which includes an ASCIA action plan for anaphylaxis (www.allergy.org.au/health-professionals/ascia-plans-action-and-treatment)

ASCIA - The Australasian Society of Clinical Immunology and Allergy

EpiPen – Brand name for an adrenaline auto injector device.

An EpiPen will be stored in the School Office and will not go on excursions or camps but remain there for any previously unidentified, school-based cases that may occur.

Health Management Plan - A detailed document, developed in conjunction with the person’s doctor, outlining the individual’s condition, treatment, and action plan and location of required medication (e.g. EpiPen).

A Health Management Plan MUST include an Anaphylaxis Management Plan.

Minimised Risk Environment - An environment where risk management practices (e.g. Risk assessment forms) have minimised the risk of allergen exposure.

***Nut Aware (refer also pg 6 ‘Nut Aware’ School)** – at TVSS ‘nut aware’ means nuts are permitted on site. We are striving to educate the school community about allergies and anaphylaxis and the risks associated with having children who suffer from anaphylaxis through exposure to nuts and nut products, and aim to move to having a ban on having any nuts and/or nut products at the school from 2022.

***Nut Free** at TVSS means there is a ban on children bringing any nuts, nut products or known items with traces of nuts onto the campus. This also includes peanuts, which may also be considered a legume.

4.0 Procedure

Key Strategies

Where a student has been diagnosed with a known allergy and is at risk of anaphylaxis, the student may only attend school (or any school-related activity) where the school has been supplied with a current Health Management Plan, including an Anaphylaxis Management Plan, completed by the student’s doctor, and relevant medication.

Anaphylaxis Management Plans provide guidance on when and how to use an adrenaline auto injector device (or other relevant medication). Anaphylaxis Management Plans must be stored with the adrenaline auto injector (EpiPen).

Teachers and other staff associated with the student must be aware of the student’s known triggers, associated symptoms, risk management plans and location of Anaphylaxis Management Plan and medication.

TVSS will ensure that at least one staff member is present at the school premises between 8.30am and 3.30pm or at any other school-related activity, who holds current anaphylaxis management training.

The involvement of parents, the student, family doctor and staff, in the development of individual Health Management Plans is encouraged.

Practices for effectively communicating individual student medical plans to all relevant stakeholders will be established and maintained.

Allergy management strategies will be incorporated into risk assessments for all school events, excursions and sporting activities.

Following an emergency, staff (including relevant volunteers and students on practical placement) will review anaphylaxis management, including awareness of triggers and first aid procedures.

Age-appropriate education for students and their peers of identified allergens and triggers will be included, as appropriate, within the curriculum, including formal and informal discussions, symptoms, self-responsibility, avoidance of known triggers and support strategies.

Parents/guardians of affected classes (including buddy classes and users of relevant play areas) are requested to do everything possible to eliminate foodstuffs to which a child is allergic from the immediate school environment, including their child's lunch boxes and celebratory events.

Classroom teachers will promote the maintenance of a hygienic environment, including hygienic hand washing procedures before and after eating.

Classroom teachers will educate their students in an age-appropriate manner about allergies, anaphylaxis and how we all can play a major part in keeping those most at risk of anaphylaxis safe in our school environment.

Current information and research about anaphylaxis will be distributed to our families throughout the school year to increase awareness of the severity of the condition and strategies for risk prevention at the school.

5.0 Responsibilities

Responsibilities for Allergy Management

1. Medical Information

- Parents are responsible for providing, written, accurate and current medical information to the school. The Anaphylaxis Management Plan must be completed by a doctor and be stored with the adrenaline auto injector (EpiPen). The parents **MUST** ensure that this information is current (i.e. any change in a child's medical condition during the year must be reported to the school). The school will seek updated information via medical form at the commencement of each calendar year.
- The School Administration Team will ensure there is an effective system for the management of medical information.
- Teachers and other staff members associated with the student are required to review and familiarise themselves with the medical information.
- Anaphylaxis Management Plans with a recent photograph of the student will be available in relevant rooms (including the Staffroom) with parental permission.

- Where students with known allergies are participating in camps and/or excursions, the risk assessments and safety management plans for these events will include each student's individual Health Management Plan. A child will be unable to attend a camp or excursion unless they have a current Health Management Plan and the required medication.
- School-organised sports coaches will be provided with medical information.
- Risk Assessments will be completed for any student with a known allergy prior to undertaking a school-organised activity off-campus or out of school hours.
- The wearing of a medic-alert bracelet is supported by the school.
- Where a student has been diagnosed as at risk of anaphylaxis, the school requires the parent/guardian to provide two adrenaline auto injectors (EpiPen) whenever the student is in attendance.
- One of the child's EpiPens will be stored by the teacher in the classroom; the second will remain in the child's school bag, accompanying them to and from school.
- The EpiPen will be stored appropriately (see EpiPen Storage Procedure) in relevant locations approved by the School Principal.
- Emergency medication must be accessible at all times.

2. Minimising Allergens within the School Environment

TVSS will actively promote allergy awareness. Allergy awareness information may be shared through the school website, parent handbook, class letters, newsletter articles, parent support meetings, including P & F meetings.

Food from home - Parents may be asked to exclude allergens when creating each student's lunch. For example:

- No peanuts
- No nuts of any type
- No foods with peanut or nut derivative ingredient (e.g. Nutella)
- No foods that contain traces of nuts except those used as a health replacement due to another dietary issue (ie. almond milk for a dairy intolerance).

Camps/Excursions

- The teacher coordinating the camp/excursion will verify with any food provider that non-allergen-based food has been provided if there are students with known allergies; or that an effective control (including a written risk assessment) is in place to minimize the risk of exposure.
- Where a student has been diagnosed as at risk of anaphylaxis, the student must not attend a camp/excursion without a current Health Management Plan (including an Anaphylaxis Management Plan completed by a doctor) and any required medication.

- All relevant staff must be made aware of the diagnosis, Health Management Plan and storage of the relevant medication.
- A staff member, who holds current anaphylaxis management training and is aware of a student's individual Health Management Plan, will be in attendance during the activity.

Class Birthday Celebrations

Classes within the school often celebrate student birthdays. A share cake or cup-cakes can be brought from home or be commercially prepared but must have a label stating clearly that the snack or cake is “made in a dedicated space/area that is free from nuts” and all ingredients must be listed.

If teachers have a class with children suffering from anaphylaxis from specific foods and/or food products, the school strongly advises against the sharing of foods.

As an alternative to celebrating birthdays with food, alternatives should be considered by teachers such as: extra play, playing games, arts or crafts.

BBQs, Celebrations, and other School Events

Where a school event is planned, the coordinating group or individual (e.g. Teacher, staff member, Councillor or P&F) is responsible for reminding families not to bring nuts or nut products. The ingredients of all contributions of food must be clearly labelled.

***TVSS aims to be a ‘Nut Aware School’**, which means we promote the understanding of allergies, anaphylaxis and their triggers. However, at the French St Campus where our youngest students begin their learning journey our intention is to be as **‘nut-free’** as possible. Bush School, class excursions and festival gatherings will also be ‘nut free’ for all classes to minimise risk exposure between class groups.

Dairy and Egg Related

- Students with known dairy or egg allergies will be supported by the school, in consultation with their parents/guardians, on a case-by-case basis.
- Age-appropriate education will take place with the children with the severe dairy/egg allergies and their classmates.

Insect Related

- Diligent management of wasp and jack-jumper nests on school grounds will be undertaken.
- Age-appropriate education of students to report significant presence of insects within play areas is encouraged.
- Appropriate clothing and precautions will need to be taken when utilising park areas outside of the school environment.

Symptoms

Symptoms of anaphylaxis are potentially life threatening and may include:

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness and/or collapse
- Pale and floppy (in young children)

In some cases, anaphylaxis may be preceded by less dangerous allergic symptoms such as:

- Swelling of face, lips and/or eyes
- Hives or welts
- Abdominal pain, vomiting (these are signs of anaphylaxis for an insect allergy)

In the occurrence of an anaphylaxis reaction, the adrenaline auto injector (EpiPen) must be administered in line with the Anaphylaxis Management Plan.

Where there has been an occurrence of an anaphylactic reaction, an ambulance must be called.

When contacting the ambulance, the following may be helpful:

- Dial 000 and remain calm
- Answer any questions, including:
 - The address and person's location
 - The situation (i.e. a person is having a severe allergic reaction (anaphylaxis))
 - Provide a short account of what occurred
 - The signs and symptoms they are displaying
 - The medication that has been administered (e.g. Adrenaline/Epinephrine autoinjector, antihistamine).
 - The time of the incident/allergic response
 - The time the medication was administered.
- Keep the auto-injector to give to paramedics.

3. Reporting

Under Part 3 (Incident Notification) Clause 38 of the Workplace Health and Safety Act 2012, a Workplace Standards inspector must be notified, by the quickest available means possible, if

- Someone is killed
- Someone suffers serious bodily injury or illness
- A dangerous incident occurs which could have resulted in someone being killed or suffering serious bodily injury or illness

The Business Manager must do this by calling WorkSafe Tasmania on 1300 366 322 and by following up within 48 hours by filling out and emailing the Incident Notice Form available at:

https://www.worksafe.tas.gov.au/__data/assets/pdf_file/0007/537154/Incident_Notice_Form_ISForm-011.pdf to wstinfo@justice.tas.gov.au

6.0 Related Documents

- Child Accident and Medical Emergency Policy
- Medical Treatment of Sick or Injured Students Policy
- Excursions Policy
- Accident, Incident or Injury Report Form
- Risk Assessment Form
- Authorisation and Administration of Medication Policy

7.0 Reference/Legislation

- The Australasian Society of Clinical Immunology and Allergy (ASCIA)
- Allergy and Anaphylaxis Australia
- Tasmanian Poisons Regulations
- Workplace Health and Safety Act Tas. 2012

www.allergy.org.au/health-professionals/ascia-plans-action-and-treatment
<https://www.worksafe.tas.gov.au/topics/Health-and-Safety/notify-worksafe>

8.0 Contact Point

- School Principal
- Business Manager