



Rationale

There are students enrolled at Kalangadoo Primary School who have anaphylactic (severe allergic) conditions when exposed to particular products, their containers or their by-products. Reactions can be triggered by ingestion, contact or inhalation, causing an anaphylactic reaction which can be very severe and sometimes life threatening. We do this in alignment with our values of respect, honesty and inclusion.

Principles

The Australasian Society of Clinical Immunology and Allergy states that, *"Whilst it is primarily the responsibility of parents that the child is taught to care for themselves, the school has a role to implement the care plan and reinforce appropriate avoidance and management strategies."* ASCIA Guidelines for Prevention of Food Anaphylactic Reactions in Schools, Preschools and Childcare, 2011. www.allergy.org.au

Practices

Risk minimisation, rather than attempting to prohibit certain foods, is recommended by allergy organisations. While it is not possible to guarantee that the school environment will be completely free of potential allergy hazards, risks can be minimised by adhering to reasonable guidelines. The emphasis is on raising awareness and adopting reasonable procedures as outlined in our responsibilities.

Responsibilities

Site

Students with anaphylactic reactions require;

- A standardised Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan which includes a photo of the student, his/her allergies, what action to take, and the name and contact details of the doctor who completed the plan. This information will be available for the class teacher, relief teacher's folder, First Aid Room and Staff Room and for visitors.
- Support from the class teacher and other staff in implementing the Health Care Plan.
- Promotion of appropriate prevention strategies through communication channels.
- Assurance that school lunch providers and excursion/camp preparations comply.
- All classes eat recess and lunch together in the lunch shed or library, washing their hands after eating.

Staff

- Support allergy awareness by reinforcing the policy through classroom activities.
- Reinforce the policy through reminders in the newsletters.
- Be trained and confident in the use of an EpiPen, associated triggers and prevention strategies.
- Educate students about the hazards and risks associated for students with allergies.
 - Reinforce and advise students not to share or trade their food and be vigilant when supervising the eating of recess and lunch foods.
- Ensure students to wash their hands after eating.

Students

- Not share or trade food.
- Be aware of students in the class who have allergies and be inclusive of their needs.
- Wash their hands after eating.

Families

- Ensure the school has the most up to date information, copies of the ACSIA plan and in date medication as required.



Key principles for reducing the risk of anaphylaxis

- 1 Have an overarching anaphylaxis management policy and review anaphylaxis management policies and procedures if an allergic reaction occurs.
- 2 Obtain up-to-date medical information and develop individualised anaphylaxis care plans for each student at risk. Individualised anaphylaxis care plans must be developed in consultation with parents. ASCIA Action Plans completed by the student's treating doctor or nurse practitioner must be included in the individualised anaphylaxis care plan.
- 3 Train staff in the prevention, recognition and treatment of allergic reactions including anaphylaxis.
- 4 Ensure staff awareness of students at risk of allergic reactions (i.e. students with an ASCIA Action Plan for Anaphylaxis (red), ASCIA Action Plan for Allergic Reactions (green) or an ASCIA Action Plan for Drug Allergy) and that unexpected allergic reactions, including anaphylaxis, might occur for the first time in students not previously identified as being at risk, while in the school setting.
- 5 Provide age-appropriate education of students with allergies and their peers to manage risks in school settings.
- 6 Implement practical strategies to reduce the risk of accidental exposure to known allergic triggers according to the school's policy and individualised anaphylaxis care plans and review anaphylaxis risk minimisation strategies if an allergic reaction occurs.
- 7 Have at least one general use adrenaline injector at each campus.
- 8 Communicate about anaphylaxis management with school staff and the school community.
- 9 Provide support (including counselling) for school staff who manage an anaphylaxis, and for the student who experienced the anaphylaxis and any witnesses.
- 10 Appropriate reporting if an allergic reaction occurs while the student is in the care of the school.

[Home - Allergy & Anaphylaxis Australia \(allergyfacts.org.au\)](http://allergyfacts.org.au)

[Schools - Allergy Aware](http://allergyaware.org.au)

[NAS Management Checklist SCHOOLS October 2021.pdf \(allergyaware.org.au\)](http://allergyaware.org.au)

[Anaphylaxis Risk Minimisation SCHOOLS November 2022.pdf \(allergyaware.org.au\)](http://allergyaware.org.au)

[Home - Australasian Society of Clinical Immunology and Allergy \(ASCI\)](http://ascia.org.au)