



ALLERGIC REACTIONS MANAGEMENT POLICY

College council will review this policy every three years or as directed by DET

Date approved: November 2017

Date of next review: 2020

RATIONALE

DET has directed that schools which have students at risk of allergic reactions should:

- have an Individual Allergic Reactions Management Plan for each student with allergies in conjunction with their parent / guardian which is reviewed annually
- develop prevention strategies to be used by the school to minimise the risk of an allergic reaction
- develop a communication plan to inform relevant staff, students and members of the school community about students with allergies and how they will be managed
- college nurse to meet with parents or guardians regarding medication and respond 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.
- recognise that children with a ASCIA Action Plan [Australasian Society of Clinical Immunology and Allergy] that is an Allergic Reactions (green) plan while assessed as being at less risk can still have an anaphylactic reaction due to food / insect allergy at any time. General use adrenaline auto injectors held by the school should be administered in the event of anaphylaxis occurring in these children.

GUIDELINES

The Department has produced Guidelines for Managing Anaphylaxis in all Victorian Schools see: Department resources below.

All staff should read this document. Some of the information in the Guidelines, such as: 'Signs and Symptoms', 'Duty of Care' and the 'Role of the Parent' will also assist schools to manage mild to moderate allergic reactions.

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 associated 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 therefore important that this is identified and managed accordingly.

Common allergens may include:

- peanuts
- tree nuts such as cashews
- eggs
- cows milk
- wheat
- soy
- fish and shellfish
- sesame
- insect stings and bites

Signs of a mild to moderate allergic reaction include:

- hives and 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, staff should follow the college's anaphylaxis first aid procedures and administer an adrenaline auto injector for general use.

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. See: Duty of Care within Related policies.

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 must request an ASCIA Action Plan for Allergic Reactions (green) by their medical practitioner.

An individual Allergic Reaction management Plan will be developed based on the ASCIA Green Allergy Plan provided to the College by parents. Parents are requested to make an appointment with the College Nurse to develop the Management Plan.

This table describes how to manage students with an allergy:

STRATEGY	DESCRIPTION
<p>ASCIA Action Plan for Allergic Reactions</p>	<p>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 schools by the student's parents or guardians.</p> <p>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.</p>
<p>Individual Allergic Reactions Management Plan</p>	<p>An Individual Allergic Reactions Management Plan for each student with a diagnosed food, insect or medication allergy, must be developed in consultation with the student's parents and guardians.</p> <p>These plans include the ASCIA Action Plan for Allergic Reactions (green plan)</p> <p>The plan must also include strategies to prevent and/or reduce exposure to the student's known allergens. Parents will routinely be reminded in the Compass Newsfeed of the importance of this.</p> <p>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.</p> <p>A communication plan should be developed 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. This will be actioned via Compass and College Newsletters.</p> <p>Procedures for emergency responses to allergic reactions for all in-school and out-of-school activities, including for school camps. For guidance on procedures to follow in an emergency see <i>DSC Generic Risk Register and Action plan</i>.</p> <p>All school staff have a duty of care for the wellbeing of students with a confirmed allergy. Staff will be notified that individual management plans are available and will consult with parents if any external activity is likely to pose an additional risk.</p> <p>Parents or guardians will be asked to complete the Department's Confidential Medical Information for School Council Approved School Excursions form and may be consulted on relevant strategies to facilitate participation. Consideration will be given to the food provided.</p>