

SEVERE ALLERGY Awareness Policy

Anaphylaxis is the most severe form of allergic reaction and is potentially life threatening. It must be treated as a medical emergency, requiring immediate treatment and urgent medical attention. People with allergies to food, medicine or insect stings can experience itchy red skin and lumps, face and throat swelling, bad coughing and difficulty in breathing, tummy ache and vomiting, a drop in blood pressure, loss of consciousness or collapse and in some cases, rapid death. Creating allergy-aware education and care services can minimise the risk of exposure for children and young people

Purpose

- To provide a safe learning environment for all members of the North Haven School community.
- To alert all members of the North Haven School community to strategies that the school has in place and the need for their child to not share food and to wash hands after eating.

Action

The school acknowledges that due to food processing practices it is impractical to eliminate nuts or nut products in an environment where there is food – thus “Severe Allergy Awareness” school.

Common triggers of severe allergies or anaphylaxis include food, such as milk, eggs, peanuts, tree nuts, sesame, fish, shellfish, wheat and soy as the most common food triggers, **bites and stings, medication as well as other less common triggers, such as latex.**

Risk minimisation strategies *(Allergy and Anaphylaxis Australia)*

- ✦ To minimise the risk to children and staff, NHS asks that food products containing nuts, are not sent to school.
- ✦ Children and young people should be reminded of allergy aware strategies and the child at risk should be kept safe, making sure hand washing and wiping of tables occurs.
- ✦ NHS has sufficient staff on site with current first aid training that includes cardiopulmonary resuscitation (CPR) and how to administer emergency asthma and anaphylaxis medication)
 - Enable training through the ASCIA anaphylaxis e-training courses for schools
 - Provide practical training in how to use an EpiPen®
- ✦ **Where severe allergies are identified but there is no ASCIA Action Plan or Health Care Plan**
In some circumstances parents or legal guardians may indicate a child or young person has severe allergies, however there is no ASCIA action plan or non-specific health care plan in place. In this instance:
 - encourage the parent or legal guardian to seek advice from a health professional to obtain an ASCIA action plan for the management and treatment of the allergies and anaphylaxis.
 - develop a health support agreement and safety and risk management plan in consultation with the parent or legal guardian.
 - advise the parent or legal guardian of the standard first aid response for managing allergic reactions and/or anaphylaxis in an education or care service.
- ✦ **If in doubt give adrenaline autoinjector**
 - **Always** give adrenaline autoinjector **FIRST** and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** even if there are no skin symptoms.
 - An ambulance will be called in all cases where adrenaline is administered and care for the person will be transferred to the ambulance officer.
- ✦ New families to the school community will be informed via the Enrolment Information Pack and regular updates in newsletter will keep the community aware.
- ✦ Communication from parents or carers of any changes to the child or young person’s allergy and risk factors to ensure education and care staff have up-to-date information.

- ✦ ASCIA Action Plans should be reviewed and reissued when patients are reassessed by their doctor, and each time they obtain a new adrenaline autoinjector prescription, which is approximately every 12 to 18 months. If there are no changes in diagnosis or management the medical information on the ASCIA Action Plan may not need to be updated. However, the photo should be updated each time, so they can be easily identified.
- ✦ Staff awareness of all children currently enrolled with a known risk of anaphylaxis and to be informed of the general triggers, management strategies and emergency response for that child or young person. Photos of students with severe allergy / anaphylaxis will be displayed on annual Student Medical Alert Chart posted in SSO room, Staffroom and Canteen.
- ✦ **Provision of general use adrenaline autoinjector(s) – currently kept with student medication**
One clearly labelled, ‘general use’ 0.3mg adrenaline autoinjector (eg EpiPen®) that has **not** been prescribed to a particular child or young person must be available at school.
 - Adrenaline autoinjectors for general use are available for purchase at any pharmacy without a prescription. When purchasing an adrenaline autoinjector it is important to ensure the date on the device has at least 12 months before expiry.
 - Adrenaline autoinjectors are funded by the education or care service.
 - Adrenaline autoinjectors must be replaced as soon as practicable after use, when the integrity of the medication is compromised, or prior to expiry.
- ✦ OSHC will comply with all policy regulations

FOOD ALLERGY

Food rewards

- Food rewards should be discouraged and non-food rewards encouraged.
- If food rewards are being used, parents or guardians should be given the opportunity to provide a clearly labelled ‘treat box’ for their child.

Class parties or birthday celebrations

- Discuss these activities with the parents or guardians of the child with allergy well in advance.
- Suggest that a notice is sent home to all parents prior to the event, discouraging specific food products (e.g. nuts) where appropriate.
- Teacher may ask the parent to attend the party as a ‘parent helper’.
- Child at risk of anaphylaxis should not share food brought in by other children. Ideally they should bring their own food.
- Child can participate in spontaneous birthday celebrations by parents supplying ‘treat box’ or safe cupcakes stored in the freezer in a labelled sealed container.

Cooking/food technology

- Engage parents or guardians and older children in discussions prior to cooking sessions and activities using food.
- ✦ Inform parents or guardians of those children with a food allergy of any cooking sessions the class will be involved in.
- Remind all children to not share food they have cooked with others at school including during morning tea and lunch breaks.

Science experiments

- Engage parents in discussion prior to experiments containing foods.

Music

- There should be no sharing of wind instruments (e.g. recorders).
- Teacher should discuss with the parent or guardian about providing the child’s own instrument where appropriate.

Art and craft classes

- Ensure containers used by students at risk of anaphylaxis do not contain allergens (e.g. egg white or yolk on an egg carton).

- Care should to be taken with play dough etc. Check that nut oils have not been used in their manufacture. Discuss options with parents or guardians of wheat allergic children. If unable to use the play dough, provide an alternative material for the child to use.

Excursions and Camps

Staff should:

- ✦ Carry mobile phones. Prior to event, check that mobile phone reception is available and if not, consider other forms of available emergency communication.
- ✦ Consider increased supervision depending on the size of the excursion/sporting event.
- ✦ Remind all parents regarding children with allergies on the excursion/sports form and encourage parents not to send in specific foods in lunches (e.g. foods containing nuts).
- ✦ Discourage eating on buses.
- ✦ Check if excursion includes a food related activity, if so discuss with the parent or guardian.
- ✦ Communicate directly with the catering staff and discuss food options/menu, food brands, cross contamination risks to determine the safest food choices for the child, i.e. possibility of removal of nuts from menu for the duration of the camp (if nut allergic child attending camp).
- ✦ Ensure the child at risk has provided their adrenaline autoinjector.

Canteen

- ✦ The school canteen will comply with the Severe Allergy Awareness Policy and will not sell Peanut Butter or Nutella.
- ✦ The school canteen will continually review new products to ensure nuts are not listed as ingredients.
- ✦ First Aid photos of children with food allergy with published in the canteen.
- ✦ The community will be alerted - via newsletter articles -to the need of keeping foods nut free when donating food for school events.

INSECT ALLERGY

- ✦ Have honey bee and wasp nests removed by a professional.
- ✦ Cover garbage receptacles that may attract stinging insects.
- ✦ Ensure students wear appropriate clothing and covered shoes when outdoors.
- ✦ Educate children to avoid drinking from open drink containers, particularly those containing sweet drinks that may attract stinging insects.
- ✦ Children with food and insect allergy should not be asked to pick up litter by hand. Where possible, these types of duties should not put them at increased risk of an allergic reaction.

ANIMAL ALLERGY

Severe allergic reactions are rare but may occur, and are of potential relevance with activities such as “show and tell”, or visits to farms or zoos. Importantly, animal feed may sometimes contain food allergens (e.g. nuts in birdseed and cow feed, milk and egg in dog food, fish in fish food).

- ✦ If a child has an egg allergy, they may still wish to participate in activities such as hatching chickens in class, with close supervision and washing of their hands following handling of chickens.

SCHOOL GARDENS

The cultivation of nut bearing crops and trees is a potential source of exposure to nut allergens.

- ✦ As school gardens are considered part of the educational program, peanuts and tree nuts should be excluded from future garden plantings.
- ✦ The presence and removal of existing nut trees should be considered as part of a risk assessment.

Related items:	Department for Education Procedure, Health support planning: <i>Anaphylaxis and severe allergies in education and care</i> Department for Education <i>Information sheet for families, General use adrenaline autoinjectors (EpiPen)</i> , August 2018 Examples of risk minimisation strategies for schools, preschools and childcare services, <i>Allergy & Anaphylaxis Australia</i> A first aid guide for education and care settings : <i>Allergic reaction / Anaphylaxis (Severe allergy)</i> , DECD July 2016
Review	In line with Department for Education Procedure under review August 2019

Governing Council approved 14/05/19