



Help for Non-English Speakers

If you need help to understand the information in this policy please contact Kalinda Primary School on (03) 9876 3289.

ALLERGY POLICY

PURPOSE

At Kalinda Primary School (Kalinda PS) we aim to protect all students from the risk of having an allergic Reaction. 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.

Students with allergies who are not considered to have anaphylaxis should be provided with an ASCIA Action Plan for Allergic Reactions (green plan).

Students with concomitant 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 imperative that this is identified and managed accordingly.

Common allergens include:

- peanuts
- tree nuts such as cashews
- eggs
- cow's milk
- wheat
- soy
- fish and shellfish
- sesame
- insect stings and bites
- medications.

Signs of a mild to moderate allergic reaction include:

- hives or welts
- swelling of the lips, face and eyes
- tingling mouth.

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

POLICY

This policy outlines the requirements for schools in managing students with mild to moderate allergies who have an Australian Society of Clinical Immunology and Allergy (ASCIA) Action Plan for Allergic Reactions.

Any student at Kalinda PS who is at risk of allergic reactions should:

- develop and annually review an Individual Allergic Reactions Management Plan for each student with allergies in conjunction with their parents/guardian (this replaces the need to have a Student Health Support Plan)
- develop prevention strategies to be used by Kalinda PS to minimise the risk of an allergic reaction.

Kalinda PS will:

- develop a communication plan to inform relevant staff, students and members of the School community of the student with allergies and how they will be managed
- meet with parents or guardians about medication and how to 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.

Although a student with an ASCIA Action Plan for Allergic Reactions (green) plan are assessed as being at less risk for anaphylaxis it is important to note that anaphylaxis can occur in any student with food/insect allergy at any time.

General use adrenaline auto-injectors held by Kalinda PS should be administered in the event of anaphylaxis occurring in these students.

Impact at School

Kalinda PS has a duty of care to all students which includes taking reasonable steps to prevent any reasonably foreseeable harm to a student. This includes supporting and responding appropriately to students with mild to moderate allergies. 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 should be given an ASCIA Action Plan for Allergic Reactions (green) by their medical practitioner. Kalinda PS will develop an Individual Allergic Reaction Management Plan for students with a Green Plan that must include:

- Develop and annually review an Individual Allergic Reactions Management Plan for each student with allergies in conjunction with their parents/guardian (this replaces the need to have a Student Health Support Plan).
- Develop prevention strategies to be used by the school to minimise the risk of an allergic reaction.
- Communicate with relevant staff, students and members of the school community about students with allergies and how they will be managed



- Meet with parents or guardians about medication and responding 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.

Note: Although children with a Green Plan are assessed as being at less risk for anaphylaxis it is important to note that anaphylaxis can occur in any child with 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.

Responding to severe allergic reactions

Children with a food allergy and significant asthma at the same time 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 imperative that this is identified and managed accordingly.

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.

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, the school staff must follow the school's anaphylaxis first aid procedures and administer an adrenaline auto injector for general use.

Strategies

- Students diagnosed with food, insect or medication allergies should be given a Green Plan by their medical practitioner.
- Kalinda PS will develop an Individual Allergic Reaction Management Plan for these students.
- This below information describes how Kalinda PS will manage a student with an allergy.

Strategy — ASCIA Action Plan for Allergic Reactions

- A Green Plan must be completed by the student's medical practitioner and a colour copy provided to the school by the student's parents or guardians.
- The 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.

Strategy — Prevention

- 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.

Strategy — Communication plan

- A communication plan developed by the school will provide information to all school staff, students and parents about the school's response to students with a confirmed food, insect or medication allergy.

Strategy — Emergency response

- Procedures which each school develops for emergency responses to allergic reactions for all in-school and out-of-school activities, including for school camps.

Strategy — Staff response

- All school staff with a Duty of Care for the wellbeing of students with a confirmed allergy will need to be able to recognise and respond to an allergic reaction.



- Staff should be aware of their student's Individual Allergic Reactions Management Plans and consult with parents or guardians regarding in-school and out-of-school activities that may pose a risk to the student.

Strategy — Encouraging camps and special event participation

- Kalinda PS will ask the parents or guardians to complete the Department's Confidential Medical Information Form for Excursions and consult with them on relevant strategies to facilitate participation.

Note: Consideration should be given to the food provided.

COMMUNICATION

Regularly communicate with the student's parents or carers about the student's health or any changes that may cause concerns.

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 be seen to be treated differently.

RELATED POLICIES

- [Anaphylaxis Policy DET](#)
- [Asthma Policy DET](#)
- [Duty of Care Policy DET](#)
- [Health Care Needs Policy DET](#)

RELATED LEGISLATION

- Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008

OTHER RESOURCES

- Allergies & Anaphylaxis Australia - about living with anaphylaxis
- ASCIA Guidelines - for prevention of anaphylaxis in schools, preschools and childcare
- Royal Children's Hospital: Department of Allergy and Immunology
- Royal Children's Hospital - Anaphylaxis Support Advisory Line - for all school allergy and anaphylaxis management enquiries, (including the implementation of Ministerial Order 706).
- The advisory line is available between the hours of 8.30 am to 5.00 pm, Monday to Friday. Phone 1300 725 911 or (03) 9345 4235.

POLICY REVIEW AND APPROVAL

Policy last reviewed	March 2023
Approved by	Principal
Next scheduled review date	March 2026