



Review Date:	September 2019
Authorised by:	Principal
Contacts:	Dean of Students
Locations:	SS2/MyS/SW

ALLERGY AWARENESS POLICY

1. RATIONALE

Allergies are very common and increasing in Australia and New Zealand, affecting around 1 in 5 people at some time in their lives. There are many different causes of allergy and symptoms vary from mild to potentially life threatening. Allergy is also one of the major factors associated with the cause and persistence of asthma. Effective prevention and treatment options are available for most allergies.

In most schools some children are anaphylactic. Somerville House is committed to providing a safe and healthy environment for students. We have adopted an allergy awareness policy to protect students who have mild to severe allergies (anaphylaxis). While 'banning' particular foods and declaring schools to be 'nut-free' is not recommended by Australian Society of Clinical Immunology and Allergies (ASCI) as it is not possible to guarantee such positions, it is recommended that schools develop strategies to promote allergy awareness.

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. It occurs when a person is exposed to an allergen (such as a food or insect bite). Although death is rare, **an anaphylactic reaction always requires an emergency response**. Prompt treatment with an EpiPen is required to halt progression and can be lifesaving. Anaphylactic reactions are usually preventable by implementing strategies for avoiding allergens.

Common allergens for anaphylaxis are:

- foods (e.g. peanuts and tree nuts, shellfish, fish, milk, egg, sesame and soy)
- insect bites (e.g. bee, wasp, jumper ants)
- medications (e.g. antibiotics,)
- latex (e.g. rubber gloves, balloons, swimming caps)

The severity of an allergic reaction is influenced by a number of factors, for example exercise, hot weather and in the case of food allergens, the amount eaten. In the case of severe food allergies, an anaphylactic reaction is often triggered by ingestion of the food but can also be from touching or inhaling the allergen.

Symptoms

Mild to moderate allergic reaction

Signs and symptoms of a mild to moderate allergic reaction may include one or more of the following:

- tingling mouth
- hives or welts (raised, red, itchy patches of skin)
- swelling of the face, lips, eyes
- vomiting, abdominal pain (these are signs of anaphylaxis for insect allergy).

Anaphylaxis (severe allergic reaction)

Signs and symptoms of anaphylaxis may include one or more of the following:

- difficulty talking and/or hoarse voice
- difficult/noisy breathing
- swelling of the tongue
- swelling or tightness in the throat
- wheeze or persistent cough
- persistent dizziness or collapse
- vomiting, abdominal pain (for insect allergy)
- pale and floppy (young children).

2. SCOPE

- To provide, as far as practicable, a safe and supportive environment in which students at risk of allergy or possible anaphylaxis can participate equally in all aspects of the student's schooling.
- To raise awareness about allergies and anaphylaxis in the School community.
- To engage with parents/carers of each student at risk of anaphylaxis to assess risks and the development of risk minimisation strategies for the student.
- To ensure that staff have knowledge about allergies, anaphylaxis and the School's guidelines and procedures within this policy in responding to an anaphylactic reaction.

3. POLICY STATEMENT

- 3.1 Our school is an Allergy Aware School where the health and safety of our students is paramount. The basis of our approach is risk minimisation and education. The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them.

4. REFERENCES

4.1 Reference to other policy

- Workplace Health & Safety Policy
- Supporting Students with Specialised Health Needs Policy
- Anti-Discrimination Policy
- Critical Incident Management Policy
- Enrolment Policy
- Preprep In Excursions/Incursions Policy
- Preprep Medications Administration Policy
- Draft Student Health Policy

4.2 Legislative and other References

- Privacy Act 1988 (Cth)
- Education (General Provisions) Act 2006 (Qld)
- Department of Education, Training and Employment – Policies and Publications related to Student Health
- Boarding Handbook
- Public Health Act 2005
- Public Health Regulations 2005 (Qld)
- Work, Health and Safety Act 2011 (Qld)

The following references were used in creating this policy:

- Department of Education Anaphylaxis Guidelines for Queensland State Schools 2019
- Guidelines for the administration of medications in schools 2016
- <https://www.allergy.org.au/>
- <https://education.qld.gov.au/students/student-health-safety-wellbeing/student-health/health-support-needs>
- [Australasian Society of Clinical Immunology and Allergy \(ASCIA\) anaphylaxis e-training course for schools and childcare \(Queensland version\)](#)
- FACT SHEET- Reducing Allergens in Schools found in the url: <https://education.qld.gov.au/student/Documents/reducing-allergens-schools-factsheet.pdf>

5. RESPONSIBILITIES

5.1 Students

- All students need to be aware that they must eat only from their own lunchbox and not share food.
- Students must understand the importance of washing hands before and after eating.
- From Year 7 – 12 students are to carry their own EpiPen and antihistamine on and off campus.
- Junior School student's individual emergency medications are to be held at the Health Centre.
- Student to advise staff member and/or fellow student if experiencing allergy symptoms.
- Students have the option of wearing a Medi-Alert bracelet or a coloured Medi-Band.

5.2 Parents

- Inform Enrolments through the enrolment process by completing the Student Medical Background Form and, if requested by the parent or school, arrange a meeting with the school's Registered Nurse.
- If diagnosed after enrolment, parents are to inform the School as soon as possible through the Health Centre, Head of Year or Head of School at the time of diagnosis, of their child's allergies.
- Provide a ASCIA Action Plan, with a current photo, as soon as possible after diagnosis that outlines treatment in case of allergic reaction and signed by a medical practitioner, who is not related to the child.
- Provide the EpiPen and any other emergency medications.
- Replace the EpiPen and any other emergency medications before the expiry date. It is expected parents will check expiry dates at the start of each term.
- Alert staff of the additional risks associated with non-routine events and advise staff of the supportive requirements for the student prior to school camps, field trips, in school activities, excursions or special events such as sports days.
- Inform relevant staff of any changes to their child's emergency contact details as soon as possible.
- Provide the Registered Nurse with an immediate update if there is a change to their child's condition.

5.3 Parents/Carers of students with food allergies:

- Supply alternative food options for their child when needed.
- Educate their child about only eating food provided from home. It is important to reinforce that their child should not share food with other students.
- Educate their Junior School aged child about the responsibility of informing teachers and supervisors if they experience symptoms.
- Educate their Middle or Senior School aged child about carrying, or having easy access to their EpiPen, Action Plan and any medications as required by the student's action plan (e.g. antihistamine, Ventolin)

5.4 Nursing Staff

- Co-ordinate and update the Register of Life Threatening Illnesses at the beginning of each year and with each change to the information throughout the school year. (This register contains the list of students with life threatening illnesses in alphabetical order and Year order for ease of access. This also lists the location of the Emergency Medical Kits, defibrillators and wheelchairs.)
- Organise the Register of Life Threatening Illnesses in hard copy Purple Folders to be distributed as stated in the Electronic Register of Life Threatening Illnesses in the Essentials Box on the MySomerville page.
- Co-ordinate with the Principal, Enrolments, Student Services, Boarding, Heads of Year and parents regarding the emergency medical needs of the child.
- Depending on the severity of medical needs, meet with the parents/carers to discuss the medical needs of the student, together with the Head of Year and Dean of Students/Head of School.
- Request that parents/carers provide a recent ASCIA Action Plan that has been completed by the student's medical practitioner not related to the student, and has a current photograph of the student.
- Provide opportunities for all staff to be trained in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen. This should also include practice using EpiPen training devices.
- The Health Centre will monitor the expiry dates of EpiPens and keep parents informed of approaching expiry dates.
- Update the electronic Register of Life Threatening Illnesses on MySomerville
- Encourage ongoing communication between parents/carers and staff about the current status of the students with allergies, the School's procedures/strategies and their implementation.
- In consultation with parents/carers, review the student's anaphylaxis management after a severe allergic reaction or if the student's circumstances change.
- Provide or arrange post-incident support for students and staff, if needed or appropriate.
- Provide first aid kits as requested for events / excursions which include additional generic EpiPen/s and Junior EpiPens.

5.5 Staff

- Know the identity of each student in their care who is at risk of anaphylaxis
- Understand the causes, symptoms and treatment of anaphylaxis.
- Training provided through the PMSA training package online at the commencement of each year.
- Offered first aid training, organised by Somerville House, every three years which includes education about how to manage anaphylactic reactions, including using an EpiPen.
- Know the School's first aid emergency procedures and their role in relation to responding to an anaphylactic reaction.
- Know where to find a copy of the student's ASCIA Action Plan and ensure it is followed in the event of an allergic reaction- Refer to the electronic Register of Life threatening Illnesses
- Know where the student's EpiPen is kept and where generic EpiPens are located on campus.
- Plan ahead for special class activities or occasions such as excursions, in-school activities, sport or camps.
- Event organiser to ensure EpiPen, Action Plan and any other medication accompany the student during off campus excursions.
- Take a First Aid Kit with a generic EpiPen to off campus excursions.
- Work with parents/carers in regards to providing appropriate treats for the student.
- Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons.
- Consider the risk of cross-contamination when preparing, handling and displaying food.
- Ensure that tables and surfaces are wiped down regularly and that students wash their hands before and after handling food.

- Raise student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive.
- Ensure menus for all school events are reviewed by organising staff with knowledge of this Allergy Awareness Policy.

5.6 School

- The School's policies and guidelines for tours and excursions require risk assessments to be submitted and approved prior to activities taking place such as camps and excursions.
- Advise all parents that Somerville House is an Allergy Aware school.
- Arrange allergy free produce where possible when organising menus or goods for sale to the student body.
- Identify situations which pose additional risk such as when relief staff are present and establishing procedures to mitigate risk.

6. REPORTING REQUIREMENTS – Guidelines for Staff

6.1 Should a staff member breach this policy, Somerville House may take disciplinary action.

7. DEFINITIONS

- Action Plan – management plan with allergy symptoms and emergency treatment as per ASCIA guidelines
- **Allergy** - 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 dust mites, pets, pollen, insects, ticks, moulds, foods and some medicines. The reaction can be mild, moderate or severe and can be localised, systemic or anaphylactic.
- Allergens - substances that can cause an allergic reaction.
- Anaphylaxis - a severe, rapidly progressive allergic reaction that is potentially life threatening.
- EpiPen (Adrenaline auto injector) – a device that automatically delivers a single fixed dose of adrenaline and is designed for use by people without specific medical training.
- Risk Minimisation – identification of allergens and strategies to reduce exposure to them.

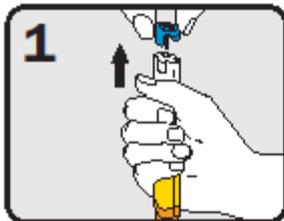
8. ATTACHMENTS

8.1 ASCIA ACTION PLAN FOR ANALAPHYLAXIS

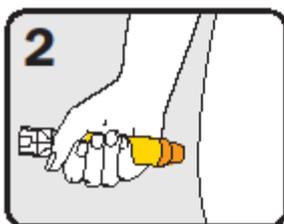
Version Control Table			
Version Control	Date Effective	Approved By	Amendment
1	September 2019	Principal	New policy

For EpiPen® adrenaline (epinephrine) autoinjectors

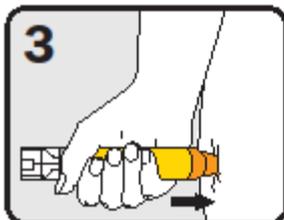
How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds
 REMOVE EpiPen®

All EpiPen®s should be held in place for 3 seconds regardless of instructions on device label

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SIGNS OF MILD TO MODERATE ALLERGIC REACTION

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

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline doses may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

EpiPen® is prescribed for children over 20kg and adults. EpiPen® Jr is prescribed for children 10-20kg

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 (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms