



Severe Allergies Policy

Aims

- A. To minimise risk for students who have severe allergies.

Scope and Application

This policy is available on the school website and is included in the staff induction manual.

This policy applies to:

- A. Employees
- B. Students
- C. Parents
- D. Community members
- E. Visitors to the school

Definitions

- A. **Allergens** – Substances that can cause an allergic reaction
- B. **Allergy** – Is when the immune system responds to a substance in the environment (allergen) which is usually harmless e.g. Dust, insect venom, foods.
- C. **Severe Allergy** – An allergy which could result in a life-threatening situation.
- D. **Anaphylaxis** - a severe, rapidly progressive allergic reaction resulting in low blood pressure, swelling of tissues in the respiratory system, leading to difficulty breathing and possible death.

Principles

- A. The school will provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of their schooling
- B. Accurate and up to date medical records will be stored confidentially for all students
- C. Awareness about allergies and anaphylaxis will be promoted throughout the school community
- D. Parents will be actively involved in assessing risks, developing risk minimisation and management strategies for the student

- E. Staff members will have an understanding of the causes, signs and symptoms of anaphylaxis and of their role in the school's emergency response procedures.
- F. Appropriate medications to respond to severe allergies will be stored on site and regularly checked for expiry dates
- G. Students at risk of anaphylaxis will be clearly identified to all staff
- H. Regular review of reduction strategies and management of anaphylaxis will be conducted

Responsibilities

A. Board

1. Review of policy
2. Oversee the implementation of this policy

B. Principal

1. Keep student health records current and accessible
2. Actively seek information to identify a student with severe life-threatening allergies at enrolment (e.g. ASCIA Action Plan completed by the student's medical practitioner).
3. Meet with parents/guardians to develop an Individual Anaphylaxis Health Care Plan for the student. Request that parents/guardians provide an ASCIA Action Plan that has been completed by the student's medical practitioner and has an up to date photograph of the student.
4. Ensure that parents/guardians provide the student's adrenaline autoinjector, that it is stored correctly and that it is replaced before it expires.
5. Ensure that an adequate number of staff are trained in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector. This should also include regular practice using adrenaline autoinjector training devices (e.g. at least twice yearly).
6. Provide information to all staff (including specialist staff, new staff, sessional staff, casual/relief staff and office staff) so that they are aware of the student who is at risk of anaphylaxis, the student's allergies, the school's risk minimisation strategies and emergency response procedures. This can include providing copies or displaying the student's ASCIA Action Plan in canteens, classrooms and staff rooms (subject to parent/guardian agreement).
7. Encourage ongoing communication between parents/guardians and staff about the current status of the student's allergies, the school's procedures/strategies and their implementation.
8. In consultation with parents/guardians, review the student's Individual Anaphylaxis Health Care Plan annually, after a severe allergic reaction or if the student's circumstances change.

9. Provide or arrange post-incident support (e.g. counselling) for students and staff, if needed or appropriate
10. Work with staff to conduct regular reviews of risk minimisation strategies.
11. Work with staff to develop strategies to increase awareness about severe allergies amongst school staff, students and the school community
12. Ensure the school has current medication readily available for the treatment of anaphylaxis if a student has a diagnosed severe allergy
13. Ensure the school community has been informed and/or educated about risks to current students and how to minimise them wherever possible
14. Make recommendations to the Board or class teachers about modifying the school environment when necessary or possible
15. Ensure an incident report is completed if a student is treated for anaphylaxis.

C. Staff

1. Have knowledge of all students in the school with severe allergies and how to minimise risk to them
2. Understand the causes, symptoms, and treatment of anaphylaxis.
3. Understand allergens in food and the environment in order to minimize exposure to children with severe allergies.
4. Consider undertaking training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector.
5. Complete an incident report if required to administer medication for anaphylaxis
6. Know the school's first aid emergency procedures and their role in relation to responding to an anaphylactic reaction.
7. Keep a copy of the student's ASCIA Action Plan (or know where to find one quickly) and ensure it is followed in the event of an allergic reaction.
8. Know where the student's adrenaline autoinjector is kept. Remember that the adrenaline autoinjector is designed so that anyone can administer it and it can be used on anyone in an emergency.
9. Know the risk minimisation strategies in the student's Individual Anaphylaxis Health Care Plan and ensure they are followed.
10. When on out of school programs, excursions or camps, take severe allergy medication and adrenaline autoinjector, instructions for use and a mobile phone.

D. Parents

1. Inform the school on enrolment or on diagnosis of their child's allergies and risk of anaphylaxis. Inform the school immediately if there is a change in the child's condition.

2. Meet with the school staff to develop their child's Individual Anaphylaxis Health Care Plan. It should include an ASCIA Action Plan completed by their child's medical practitioner
3. Provide the adrenaline autoinjector to the school and other current medications. These must be replaced before the expiry dates.
4. Alert the school to additional risks associated with non-routine events and assist in planning and preparation for the student prior to camps, excursions and special events such as class parties.
5. For children with a food allergy,
 - a. Provide alternate food options for their child when needed e.g. School camp.
 - b. Educate their child about not sharing food and only eating food from home

E. Person with allergy

1. Be aware of their allergy, how to avoid exposure and what to do in an emergency.

F. Members of the community

1. Be aware of members of the school community with severe allergies and any ways in which they can assist to minimise risk to those people.

Related Legislation

- A. School Education Act, 1999 WA)
- B. School Education Regulations 2000 (WA)
- C. Civil Liability Act 2002 – Health Safety and Civil Liability (Children in Schools and Child Care Services) Act 2011
- D. Occupational Health and Safety Health Act 1984 (WA)
- E. Poisons Act 1964 (WA) and Poisons Regulations 1965 (WA)
- F. Privacy Act 1988

Related Kerry Street Documentation

- A. Procedure and Forms including:
 1. Severe Allergies Procedure
 2. Administration of Medication Agreement – Ongoing Arrangements
 3. ASICA action plan for anaphylaxis for use with EpiPen autoinjector
 4. ASICA action plan for anaphylaxis for use with a generic autoinjector
 5. ASICA action plan for allergic reactions where no autoinjector is prescribed
- B. Policies including:
 1. Enrolment Policy
 2. Duty of Care Policy

3. Illness and First Aid Policy
 4. Administration of Medication Policy
 5. Emergency Procedures Policy
 6. Communicable Diseases Policy
 7. Excursion and Camp Policies
 8. Curriculum Policy
 9. Food and drink Policy
 10. Behaviour Guidance Policy
- C. Student Health Records
- D. Enrolment Form
- E. Incident Report

More Information

Anaphylaxis management guidelines Health Department of WA

<http://www.health.wa.gov.au/anaphylaxis/docs/schools/11289%20SK13%20Guidelines.pdf>

Contact Person

Enquires relating to this policy should be directed to the School Principal or Board Chair.

Breaches of this Policy

Any breach of this policy may result in disciplinary action up to and including termination.

Authorisation and Review

- A. This policy was read, discussed and endorsed by the staff in December 2004
- B. It was authorised by the Kerry Street Community School Council on January 2005
- C. Reviewed on 13/1/06 by meeting of staff and council
- D. This policy was reviewed September 2012
- E. Reviewed and approved by council and coordinator September 2015
- F. Reviewed and approved by council and coordinator September 2016
- G. To be reviewed September 2017
- H. Procedures and forms updated April 2019

Revision History

Date	Revision	Detail

April 2019	V.1	Formatting. Policy and Procedure separated.