



NATHALIA SECONDARY COLLEGE

ALLERGY POLICY

Purpose of this policy

To ensure schools are able to manage students with mild to moderate allergies, who have a green ASCIA Action Plan.

Students with a mild or moderate allergy to a food or insect and those with medication allergy should have an ASCIA Action Plan for Allergic Reactions (green plan).

The ASCIA Action Plan for Allergic Reactions (green plan) should not be used for conditions such as allergic rhinitis (hay fever) or eczema which are managed mainly in the home environment by parents/guardians.

Students who have an ASCIA Action Plan for Anaphylaxis and a prescribed adrenaline autoinjector should NOT also have an ASCIA Action Plan for Allergic Reactions if they have some milder allergies as well as severe allergy - these will be included in the Action Plan for Anaphylaxis.

Policy

Any school that has a student or students 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 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
- 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.

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Although children with a 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 child with food/insect allergy at any time. General use adrenaline autoinjectors 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.

Definition

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 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

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- 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.

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

Strategies

Students diagnosed with food, insect or medication allergies should be given an ASCIA Action Plan for Allergic Reactions (green) by their medical practitioner. Schools need to develop an Individual Allergic Reaction Management Plan for these students.

This table describes how schools manage students with an allergy.

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Strategy	Description
ASCIA Action Plan for Allergic Reactions	<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 school 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>
Individual Allergic Reactions Management Plan	<p>An Individual Allergic Reactions Management Plan for each student with a diagnosed food, insect or medication allergy, should be developed in consultation with the student's parents or 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 exposure to the student's known allergens. If parents indicate their child has an allergy but do not have an ASCIA Action Plan for Allergic Reactions (green plan), the school may consider developing a Student Health Support Plan in place of an Individual Allergic Reactions Management Plan. See Related policies, Health Support Planning Forms.</p>
Prevention strategies	<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>
Communication Plan	<p>A communication plan developed by the school, which includes a student display photo, provides information to all school staff, students and parents about the school's response to students with a confirmed food, insect or medication allergy</p>
Emergency response	<p>Procedures which each school develops for emergency responses to allergic reactions for all in-school and out-of-school activities, including for school camps.</p>
Staff response	<p>All school staff with a duty of care responsibility for the wellbeing of students with confirmed allergy need to recognise and respond to an allergic reaction. They should be</p>



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	<p>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.</p>
<p>Encouraging camps and special event participation</p>	<p>Schools should ask the parents or guardians to complete the Department's Confidential Medical Information for School Council Approved School Excursions form and consult with them on relevant strategies to facilitate participation.</p> <p>Note: Consideration should be given to the food provided.</p> <p>See: Related policies for: Health Care Needs and Health Support Planning Forms.</p>
<p>Communicating with parents or guardians</p>	<p>Regularly communicate with the student's parents or guardians about the student's successes, development, changes and any health and education concerns</p>
<p>Home room teacher folder</p>	<p>A folder indicating:</p> <ul style="list-style-type: none"> -Allergy - Asthma - anaphylaxis

Reviewed September 2017 [School Council Policy Review Sub Committee](#)

Policy last ratified September 2017 [Due for Review September 2020](#)
