



McKinnon Primary School Allergy Policy

1. Purpose:

To ensure schools are able to manage students with allergies.

1.1. Allergies are a mild to moderate response to allergens. The most common allergens in school-aged children are nuts, eggs, dairy, fish, shellfish, wheat, soy, sesame, latex, insect stings and medication.

Note: Students with green Australasian Society of Clinical Immunology & Allergy (here after referred to as an ASCIA) Action Plan are assessed as low risk but have the potential for anaphylaxis to occur – general use auto injectors are to be used in this instance. Students with allergies and also have active asthma have a higher risk of an anaphylactic reaction.

2. Aim:

2.1. To provide, as far as practicable, a safe supportive environment, in which students at risk of allergic reactions, can participate equally in all aspects of their schooling.

2.2. To ensure that each staff member has adequate knowledge about allergies and the school's policy and procedures is adequate in responding to an allergic reaction.

3. Implementation:

The school will manage allergies in the following manner:

3.1. Management of students with allergy

3.1.1. Individual Management Plans

3.1.1.1. that the principal of the school is responsible for ensuring that the Individual Allergy Plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction, where the school has been notified of that diagnosis.

3.1.1.2. must be in place as soon as practicable after the student enrolls, and where possible before the student's first day of attendance at the school.

3.1.1.3. must include the following:

3.1.1.3.1. information about the medical condition that relates to the allergy including the type of allergy or allergies the student has (based on a written diagnosis from a medical practitioner);

3.1.1.3.2. strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school;

3.1.1.3.3. the name of the person/s responsible for implementing the strategies

3.1.1.3.4. information on where the student's medication will be stored

3.1.1.3.5. the student's emergency contact details;

3.1.1.3.6. an action plan in a format approved by the ASCIA is to be provided by the parent

3.1.1.4. must be reviewed

3.1.1.4.1. annually

3.1.1.4.2. if the student's medical condition changes;

3.1.1.4.3. as soon as it is practicable after a student has an allergic reaction at school;

3.1.1.4.4. when a student is to participate in an off-site activity such as camps and excursions, or at special events conducted, organised or attended by the school.

3.1.1.5. parents must

3.1.1.5.1. provide an ASCIA Action Plan;

3.1.1.5.2. inform the school in writing if their child's medical condition, insofar as it related to

3.1.1.5.3. allergy, of changes and if relevant provide an updated ASCIA Action Plan

3.1.1.5.4. include an up to date photo for the ASCIA Action Plan when that plan is provided to the school and when it is reviewed;

3.1.1.5.5. provide the school with an adrenaline autoinjector that is current and not expired for their child.

3.2 School management of allergies

3.2.1 Must have in place prevention strategies.

3.2.2 Banning of food or other products is not a strategy recommended (by the Royal Children's Hospital or the Department of Education) due to the possibility of encouraging complacency among staff and students, the presence of hidden allergens and the difficulty monitoring and enforcing such a ban;

3.2.3 promoting community awareness and a 'non-sharing' approach is recommended.



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3.3 School management and emergency response

- 3.3.1 a sufficient number of staff to hold a Level 2 First Aid qualifications including CPR.
- 3.3.2 staff Anaphylaxis training as per 3.6.
- 3.3.3 ASCIA Action Plans of students with allergies will be
- 3.3.4 displayed on the wall at the exit door next to the Evacuation/Emergency Management Plan.
 - 3.3.4.1 displayed on the wall in the First Aid Room.
 - 3.3.4.2 kept in a labelled folder 'Student with Medical Conditions folder in the First Aid room.
 - 3.3.4.3 kept in the 'Emergency Response' bag
 - 3.3.4.4 kept with medication.
 - 3.3.4.5 taken on camps with confidential medical forms and medication.

3.4 Adrenaline autoinjectors for general use (taking into consideration that students with allergies have the potential to have an anaphylactic reaction)

- 3.4.1 the principal is responsible for arranging for the purchase of additional adrenaline autoinjector/s for general use and as a back up to those supplied by parents;
- 3.4.2 the principal will determine the number and type of adrenaline autoinjectors/s for general use to be purchase and in doing so consider all of the following.
 - 3.4.2.1 the number of students enrolled at the school that have been diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction;
 - 3.4.2.2 the accessibility of adrenaline autoinjectors that have been provided by parents; the availability of a sufficient supply of adrenaline autoinjectors for general use in specified locations at the school, including in the school yard, at excursions, camps and special events conducted, organised or attended by the school;
 - 3.4.2.3 that adrenaline autoinjectors have a limited life, usually expiring within 12-18 months, and will need to be replaced at the school's expense, either at the time of use or expiry, whichever is first.

3.5 Communication plan

- 3.5.1 the school Principal is responsible for
 - 3.5.1.1 ensuring that a communication plan is developed to provide information to all school staff, students and parents about allergy and the school's allergy management policy;
 - 3.5.1.2 ensuring the Communication Plan includes strategies for advising school staff, students & parents about how to respond to an allergic reaction:
 - 3.5.1.2.1 during normal school activities including in the classroom, in the school yard, in all school buildings and sites including the gymnasium and learning centres;
 - 3.5.1.2.2 during off site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the school.
 - 3.5.1.3 ensuring there are procedures in place to inform volunteers and CRT of students with a medical condition that related to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction of a student in their care, if the situation was to escalate;
 - 3.4.1.4 ensuring ASCIA plans are displayed on classroom walls next to exit door near evacuation/emergency management information.

3.6 Staff training

- 3.6.1 All school staff undertake annually the Australasian Society of Clinical Immunology and Allergy (ASCIA) e-training course and have their competency in using an Adrenaline auto-injector tested in person within 30 days of completing the course.
- 3.6.2 2 staff per school or per campus (School Anaphylaxis Supervisor) undertakes Course in Verifying the Correct Use of Adrenaline Auto injector Devices 22303VIC.
- 3.6.3. All school staff are required to:
 - 3.6.3.1 Undertake twice-yearly briefings on Allergy management under MO706. With first being at the beginning of the school year. This must be conducted by a member of the school staff, preferably the person nominated as the School Anaphylaxis Supervisor, who has successfully completed an approved anaphylaxis management-training course in the last 2 years.



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3.7 Annual risk management checklist

- 3.7.1 The school principal will complete an annual Risk Management Checklist to monitor their obligations, as published and amended by the Department from time to time.

4. Evaluation

- 4.1. This policy will be reviewed as part of the school's three-year review cycle.
Review Date: 2020

This policy was last ratified by School Council in August 2017