

School Procedure:	Anaphylaxis and Allergy Aware
Development:	2022
Renewal Date:	2026
Related Policies and Procedures:	This procedure must be read in conjunction and interpreted in line with the Anaphylaxis Management Procedure, First Aid Policy and First Aid General Procedure

Anaphylaxis and Allergy Aware Procedure

Ngunnawal Primary School aims to raise awareness about potential risks of allergy and anaphylaxis, and to create a safe environment for all engaged with the school through education for all. For children with allergies, anaphylaxis and those at risk of anaphylaxis our school will facilitate effective care, health management and management of emergencies.

Definitions

- Allergy: When there is changed activity in the body; when an overactive immune system produces antibodies to a substance.
- Adverse reaction: Intolerance, hypersensitivity
- Food Allergy (immediate): Hives, asthma, anaphylaxis
- Food Allergy (delayed): rashes, diarrhoea
- Anaphylactic Reaction: A severe, life threatening allergy causing redness, hives, swelling of face, abdominal pains, cramps, vomiting, swelling of airways and breathing difficulties, shock or lack of consciousness. This is the most severe form of allergic reaction and effective immediate management requires adrenaline and hospitalisation

Triggers/ Causes of allergy and anaphylaxis

Food allergies can be due to peanuts, other tree nuts (Brazil, cashew, hazelnut, and almonds), fish, shellfish, eggs, wheat, cow's milk, soy and seeds. The most common food allergies are cow's milk, egg and peanuts. Peanut allergy will most likely need intervention, that is, using adrenaline.

Other substances which may cause severe allergic reactions are antibiotics and vaccines, insect stings, latex, rubber, soaps, Band-Aids and Elastoplast, homeopathic and naturopathic preparations and some plants.

Procedures to reduce the risk of allergic reactions and anaphylaxis

Ngunnawal Primary School will minimise the risk of exposure of children to foods and other substances which might trigger severe allergy or anaphylaxis. The following procedures will be followed:

- families will provide information regarding their child's health, medications, allergies, doctor's contact details and emergency contacts. Documents from a

medical professional must be shown confirming a child's allergies and an approved Action Plan for anaphylaxis supplied prior to the child starting at the school

- medical professionals will update action plans for anaphylaxis annually
- ensuring all educators are aware of children who have allergies and what they are allergic to prior to starting
- ensuring forms are signed by the parent or guardian in regard to administering medication and treatment in emergencies.
- ensuring that families of children with known anaphylaxis provide an adrenalin auto injector pen for their children at all times when in attendance at the school
- in any case where a child is having a severe allergic reaction, or any signs and symptoms of anaphylaxis, the school team should immediately administer treatment according to the child's Action Plan for Anaphylaxis. The Action Plan will be kept in the preschool and at the front office
- the school will have access to an adrenalin auto injector pen at the school site as a risk management option for children who have not been identified as having anaphylaxis but need treatment in the first instance after presenting as anaphylactic
- educators will be trained in the emergency administration of adrenaline
- the school does not endorse or encourage nuts or nut products on the premises
- the school will make further recommendations on what food items should not be brought to school after initial interviews with families where anaphylaxis is identified as appropriate
- allergy and anaphylaxis will be considered when planning excursions.

Practices

- Be aware that allergies in children can be triggered by contact in the following ways – ingestion, inhalation (of a dust or vapour), skin contact or a bite or sting
 - Ensure all children with food allergies only eat food that is prepared in accordance with the family or doctor's instructions
 - All relief educators and visitors/volunteers involved with food preparation are informed of children and educators who have food allergies, the type of allergies they have, and the school's procedures for dealing with emergencies involving allergies and anaphylaxis
 - Restrict the use of foods likely to cause allergy in craft, cooking and play e.g. egg cartons where appropriate
 - In preparing food, prevent cross-contamination between foods, food surfaces and utensils, particularly with products containing dairy products, eggs and wheat
 - Personal information about children or educator allergies is displayed in food preparation and serving areas in accordance with privacy guidelines and parental consent is obtained
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- Educate the children about allergies and how to keep peers safe e.g. not sharing food at the table.

A child may have a number of food allergies or there may be a number of children with different food allergies. It is not possible to have an allergy free policy for all these foods involved nor are we able to assure families that all triggers or hazards will be completely removed from the environment. Awareness and education ensures that we are meeting the needs of all children.