
Westgarth Primary School is a community of students, staff, friends and family working together to create a diverse, engaging and respectful learning environment.

Rationale

The school has received advice from a number of sources including Ministerial Order 706 on the best way to manage severe allergies. They suggest that the safest practice for any child at risk is to make the individual child responsible for, and fully aware that they must not eat any other food other than that provided from home. The school sees the wisdom of this advice for the long-term management of such a health risk. However, we also understand that young children can make mistakes and behave impulsively.

In order to provide a safe environment at school for all students, particularly those at risk from severe food allergies, the school has formalised a management plan. The philosophy behind the plan is to minimise the risk of a severe allergic reaction. Notices have been sent home to families with a student with a severe allergy requesting that food containing substances dangerous to that student (peanuts and nuts will cause the most severe reaction) not be sent to school in lunches or snacks. Please note we are not asking that these items are to be banned – we are requesting that people avoid bringing them to school where they are a danger to students at risk of anaphylaxis. This applies not only to the junior grades, but across the whole school. By reducing the presence of such foods in the school, we will be reducing the likelihood of the students coming into contact with them. By working together we can effectively manage such problems. If your child suffers from allergic reactions or has any other health concern, please inform the school.

Minimising the Risk

Starting school is an exciting time for many families, but for some it can be particularly stressful, especially for those who have children with life-threatening allergies or anaphylaxis. Anaphylaxis is a generalised allergic reaction which often involves more than one body system (e.g. skin, respiratory, gastro-intestinal and cardiovascular).

Some students attending WPS are seriously at risk of anaphylactic shock should they swallow a number of different types of food, but particularly peanuts, tree nuts, nut products or egg. Touching such products or even breathing in the fumes can cause a reaction, sometimes a mild to moderate one, but sometimes the reaction can be life-threatening.

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Common Symptoms

Mild to Moderate Allergic Reaction

- Tingling of the mouth
- Hives, welts or body redness
- Swelling of the face, eyes, lips
- Vomiting, abdominal pain

Severe Allergic Reaction - Anaphylaxis

- Difficult or noisy breathing
- Swelling of the tongue
- Swelling or tightness of the throat
- Difficulty talking or hoarse voice
- Wheeze or persistent cough
- Loss of consciousness
- Pale and floppy

Management Plan for Anaphylactic Reactions

- Family alert school of medical condition.
- School discusses child's anaphylaxis/allergy with parent including the development of a Communication Plan.
- All staff notified. Photograph of student to be placed in appropriate areas around the school e.g. staffroom, first aid rooms, farmhouse, CRT classroom booklets, back of classroom roll. Art teacher to be made aware that some paint may contain by-products that may trigger an anaphylactic reaction and not to use containers that have previously contained allergens.
- Family to provide school with Doctor's Report and Emergency Treatment information – 'Individual Anaphylaxis Management Plan'
- Family to provide annually any up to date medical equipment or medication required for emergency treatment, any medication outlined on the action plan e.g. Zyrtec, Claratyne.
- Staff alerted to the centralised whereabouts of the equipment and medication on both Clarke St and Brooke St sites.
- Staff to be provided with regular training and updates in recognising and responding appropriately to an anaphylactic reaction, including competently administering an auto immune injector.
- Staff will be provided with twice yearly briefing on anaphylaxis management under Ministerial Order 706. School community alerted and requested to avoid bringing food containing allergens to school, particularly in an anaphylactic student's classroom.
- All classrooms and OSHC and Kitchen Garden programs to have information posters displayed regarding anaphylaxis and general hygiene.

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- Classrooms teachers will manage and minimise risks where possible whilst students are eating.
 - If a teacher is made aware of students regularly bringing in food with a high risk allergen a reminder letter will be sent home to students in that particular grade.
 - Students throughout the school to be educated not to swap or share food. Students will also be educated each year about food allergy concerns and how these may be prevented. The parent community will be educated and kept informed through the school newsletter each term about high risk allergens and the strategies that minimise the risk.
 - All teachers to encourage the students in their class to wash hands and table surfaces after eating such food.
 - An individual Anaphylaxis Risk Management Checklist will be developed for all students with Anaphylaxis.
 - Work with parents to educate the student about foods that cannot be eaten or touched. Ensure that the student is aware of not accepting food from other students and that this is promoted at home and at school.
 - In Kitchen/Garden and OSHC programs where food is served, the identified high risk allergens will not be served or used in the preparation of food.
 - As required provide a meeting time for parents of Anaphylaxis students to meet as a group.

Glossary

Allergy: the immunological process of reaction to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens.

Allergic reaction: a reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around the mouth, abdominal pain, vomiting and/or diarrhoea, facial swelling, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse, or cessation of breathing.

Anaphylaxis: a severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly lungs or circulation systems.

Individual Anaphylaxis Management Plan: This is required by Ministerial Order 706 and must include information about the medical condition(based on a written diagnosis from a medical practitioner); strategies to minimise the risk of exposure to known and notified; the name of the person/s responsible for implementing the strategies; information on where the student's medication will be stored; the student's emergency contact details and an action plan in a format approved by the Australasian Society of Clinical Immunology and Allergy

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Anaphylactic children: those children whose allergies have been medically diagnosed, and who are at risk of anaphylaxis.

Adrenalin auto injector kit: a container, for example an insulated lunch pack. The kit should contain a current-Adrenalin auto injector, a copy of an anaphylaxis action plan, and telephone contact details for the child's parents/primary care giver, the doctor/medical service and the person to be notified in the event of a reaction if the parent/primary care giver cannot be contacted. The kit should also contain a container (such as a tooth brush holder) to store a used Adrenalin auto injector until safe disposal can be arranged.

Intolerance: Often confused with allergy, intolerance indicates that the body is unable to absorb or breakdown nutrients. Lactose intolerance, which is due to a lack of intestinal enzyme, lactase, is an example of non-allergic cow milk tolerance. Lactase digests the milk sugar, lactose. The large quantities of undigested lactose act as a laxative. The immune system is not involved.

5. Definitions

1.1. Unless the contrary intention appears, words and phrases used in this Order have the same meaning as in the Act.

1.2. "Act" means the *Education and Training Reform Act 2006*.

1.3. "adrenaline autoinjector" means an adrenaline autoinjector device, approved for use by the Commonwealth Government Therapeutic Goods Administration, which can be used to administer a single premeasured dose of adrenaline to those experiencing a severe allergic reaction or anaphylaxis.

1.4. "adrenaline autoinjector for general use" means a 'back up' or 'unassigned' adrenaline autoinjector.

1.5. "anaphylaxis management training course" means:

1.5.1. a course in anaphylaxis management training that is accredited as a VET accredited course in accordance with Part 3 of the *National Vocational Education and Training Regulator Act 2011* (Cth) that includes a competency check in the administration of an adrenaline autoinjector;

1.5.2. a course in anaphylaxis management training accredited under Chapter 4 of the Act by the Victorian Registration and Qualifications Authority that includes a competency check in the administration of an adrenaline autoinjector;

1.5.3. a course in anaphylaxis management endorsed and delivered by a tertiary level specialist allergy service within a tertiary level academic teaching hospital that includes a competency check in the administration of an adrenaline autoinjector; and

1.5.4. any other course approved by the Secretary to the Department for the purpose of this Order as published by the Department.

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- 1.6. "Department" means the Department of Education and Early Childhood Development.
- 1.7. "medical practitioner" means a registered medical practitioner within the meaning of the *Health Professions Registration Act 2005*, but excludes a person registered as a non-practicing health practitioner.
- 1.8. "parent" in relation to a child means any person who has parental responsibility for 'major long term issues' as defined in the *Family Law Act 1975* (Cth) or has been granted 'guardianship' for the child pursuant to the *Children, Youth and Families Act 2005* or other state welfare legislation.
- 1.9. "school staff" means any person employed or engaged at a school who:
- 1.9.1. is required to be registered under Part 2.6 of the Act to undertake duties as a teacher within the meaning of that Part;
 - 1.9.2. is in an educational support role, including a teacher's aide, in respect of a student with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
 - 1.9.3. the principal determines should comply with the school's anaphylaxis management policy.

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