



Mawson Lakes School – Allergy Awareness Policy

Reviewed and Ratified by Governing Council: March 2024
(Principal: David Cowles, GC Chairperson: Peter Richings)

'Lifelong learners who positively influence our community in global contexts'

Mawson Lakes School's allergy awareness policy guides:

- creation of allergy-aware education to minimise the risk of exposure for students
- awareness of the proactive and reactive strategies for children and students with allergies and anaphylaxis for all members of the school community
- risk minimisation strategies for children and students with allergies to prevent anaphylaxis
- the provision of a safe school environment for all members of the school community

Mawson Lakes School's policy aligns and works in conjunction with the Department for Education Anaphylaxis and Allergies Procedure

<https://www.education.sa.gov.au/policies/shared/anaphylaxis-and-allergies-procedure.pdf>

About allergies and anaphylaxis

Allergic reactions:

Occur when the immune system reacts to substances in the environment that are harmless to most people. This can be the result of exposure to foods, insects, pollen, mould, dust mites and/or some medications. Most allergic reactions are mild and do not involve the airways or circulation.

Anaphylaxis:

Anaphylaxis must always be treated as a medical emergency. It is a potentially life threatening, severe allergic reaction. Not all people with allergies are at risk of anaphylaxis.

How we implement the policy

We will support the safe inclusion of students in learning with these actions.

Promote:

We will promote allergy awareness for all members of the school community via

- the school newsletter and electronic communication platform
- enrolment pack for new families to the school
- Governing Council
- training opportunities for staff
- Child Protection Curriculum and class conversations

Families:

- are requested NOT to send food to school that contain nuts. This includes products such as nuts, peanut paste, 'Nutella', peanut cooking oil and foods that may contain nuts.
- will be informed of this policy at the commencement of each new school year and at enrolment.
- will provide an ASCIA medical plan at the time of enrolment or diagnosis to provide staff with instructions for management and first aid treatment for each child they have with an allergy.
 - Recommended plan templates to be completed by a medical practitioner can be located at <https://www.allergy.org.au/hp/ascia-plans-action-and-treatment>

Students:

- are encouraged to wash their hands and wipe down tables after eating
- who bring food containing known triggers, will be required to eat the food away from students at risk and to wash their hands before going to play.
- are required to eat their own food provided to them and not share food with others.

Staff:

- will be made aware of students who have anaphylactic responses, including nut allergy.
- will supervise students during eating times and will be vigilant in regard to this policy.
- carefully monitor students at risk if allergen products are brought to school
- when cooking, undertaking science experiments or having class celebrations, will be conscious of not using certain foods/products.
- will participate in ASCIA anaphylaxis e-training, approved by the Australian Care and Education Council Quality Association (ACECQA) for Children's Education and Care Services. This course should be completed every 2 years.

School Lunch Providers (Canteen) and Volunteers:

- All canteen staff should undertake the free National Allergy Strategy - All about Allergens online training.
- Regular volunteers are also encouraged to undertake training if working with children with known allergies.

Review:

Consultation will occur with students, staff and families. If appropriate, the Allergy Awareness Policy will be revised.

Previously ratified: 31 July 2018.

Anaphylaxis is the most severe type of allergic reaction and should always be treated as a medical emergency. Anaphylaxis requires immediate treatment with adrenaline (epinephrine), which is injected into the outer mid-thigh muscle. If treatment with adrenaline is delayed, this can result in fatal anaphylaxis.

How to give adrenaline (epinephrine) injectors

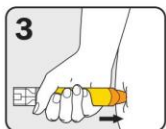
EpiPen®



Form fist around EpiPen® and PULL OFF **BLUE** SAFETY RELEASE



Hold leg still and PLACE **ORANGE** END against outer mid-thigh (with or without clothing)



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

EpiPen® doses are:
EpiPen® Jr (150 mcg) for children 7.5-20kg
EpiPen® (300 mcg) for children over 20kg and adults

Anapen®



PULL OFF **BLACK** NEEDLE SHIELD



PULL OFF **GREY** SAFETY CAP from red button



PLACE NEEDLE END FIRMLY against outer mid-thigh at 90° angle (with or without clothing)



PRESS **RED** BUTTON so it clicks and hold for 3 seconds. REMOVE Anapen®

Anapen® doses are:
Anapen® 150 Junior for children 7.5-20kg
Anapen® 300 for children over 20kg and adults
Anapen® 500 for children and adults over 50kg

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - **these are signs of anaphylaxis for insect allergy**

Mild to moderate allergic reactions may not always occur before anaphylaxis

ACTIONS

- Stay with person, call for help
- Locate adrenaline injector
- Phone family/emergency contact
- Insect allergy - flick out sting if visible
- Tick allergy - seek medical help or freeze tick and let it drop off

SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

Watch for ANY ONE of the following signs:

- Difficult or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTIONS FOR ANAPHYLAXIS

1 LAY PERSON FLAT - do NOT allow them to stand or walk

- If unconscious or pregnant, place in recovery position - on left side if pregnant
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



2 GIVE ADRENALINE INJECTOR

- 3 Phone ambulance - 000 (AU) or 111 (NZ)
- 4 Phone family/emergency contact
- 5 Further adrenaline may be given if no response after 5 minutes
- 6 Transfer person to hospital for at least 4 hours of observation

IF IN DOUBT GIVE ADRENALINE INJECTOR

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline injector FIRST if someone has SEVERE AND SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms. THEN SEEK MEDICAL HELP.

If adrenaline is accidentally injected, phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.