### Allergy Policy

**Anaphylaxis (Severe Allergic Reactions)**

<table>
<thead>
<tr>
<th>Relevant Legislation</th>
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<tr>
<td>Work Health and Safety Act 2012</td>
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<tr>
<td>Education and Care Services National Law 2011</td>
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<tr>
<td>Education and Care Services National Law (Application) Act 2011</td>
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<tr>
<td>Education and Care Services National Regulations</td>
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<td>Privacy Act 1988</td>
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<tr>
<th>Commencement Date</th>
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<tr>
<td>16 April 2014</td>
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<th>Review Date</th>
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<td>April 2017</td>
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1. **Purpose**

The purpose of this policy is to provide a safe environment for students with allergies/anaphylaxis as far as reasonably practicable. Risk reduction strategies proposed in this policy and its supporting procedure are based on current research and guidelines established by peak bodies.

2. **Scope**

This policy is applicable when there are students enrolled in the School and its associated services who might suffer an anaphylactic reaction on the ingestion of, or contact with, certain products most notably edible nuts (peanuts, hazelnuts, cashews, almonds) or nut products, eggs, cow’s milk, wheat, soybean, fish & shellfish etc). Other common allergens include some insect stings, particularly bee stings, some medications, latex and anaesthesia.

3. **Objectives**

The Hutchins School is committed to:

- Providing, as far as reasonably practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all activities;
- Improving knowledge and raising awareness about anaphylaxis and the School’s Allergy Policy within the Hutchins community;
- Engaging with parents/carers of children at risk of anaphylaxis in assessing risks and developing risk minimisation strategies for the child.
• Enabling students with allergies/anaphylaxis to grow through acquiring knowledge and taking responsibility for allergy/anaphylaxis management, age and stage appropriate.

4. Definitions

<table>
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<th><strong>Allergy</strong>¹</th>
<th>An allergy is a general term that describes an abnormal immune response to a usually harmless substance.</th>
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| **Anaphylaxis**² | Anaphylaxis is the most severe form of allergic reaction and is potentially life threatening. Anaphylaxis occurs after exposure to an allergen (usually to foods, insect stings, or medicines) to which a person is already extremely sensitive. It results in potentially life threatening symptoms which include: Symptoms/signs include:  
  • Difficulty/noisy breathing  
  • Swelling of tongue  
  • Swelling/tightness in throat  
  • Difficulty talking and/or hoarse voice  
  • Loss of consciousness and/or collapse  
  • Pale and floppy (in young children) |
| **Anapen**³ | An Anapen is a single use automatic injecting device that delivers a measured dose of adrenaline.  
There are two types of Anapen:  
  • Anapen Jnr – for children weighing 10-20kgs  
  • Anapen – for children and adults over 20kgs  
  • Note: An Anapen and EpiPen are both used in the treatment of anaphylaxis. The Pens are similar but staff should familiarise themselves with the operation of both. |
| **EpiPen**⁴ | An EpiPen is a single use automatic injecting device that delivers a measured dose of adrenaline.  
There are two types of EpiPen:  
  • EpiPen Jnr – for children weighing 10-20kgs (green)  
  • EpiPen – for children and adults over 20kgs (yellow) |
| **First Aid** | The provision of emergency treatment and life support for people suffering injury |

¹ The Asthma Foundation of Victoria 2007  
⁴ The Asthma Foundation of Victoria 2007
5. **Policy Information**

**General Policy Statements**

Anaphylaxis is potentially life-threatening and always requires an emergency response. The Hutchins School takes its duty of care seriously and aims to take all reasonable steps to minimise the risk of an allergic or anaphylactic reaction occurring within the School.

**The Hutchins School is responsible for:**

- Enquiring if a student has allergies or anaphylaxis during the enrolment process;
- Retaining a copy of the students action plan once provided by the parent or carer, and placing it in synergetic;
- Training staff in awareness, management, recognition and emergency treatment for anaphylaxis;
- Ensuring risk reductions strategies are considered and implemented during offsite activities;
- Making every reasonable attempt to include students with allergies / anaphylaxis in school programs;
- Reducing the risk of allergic/anaphylactic reactions by removing food containing nuts from its canteens – this does not include food labelled with “may contain traces of nuts”;
- Providing appropriate storage of Adrenaline Autoinjectors (example EpiPens/AnaPens);
- Providing post incident support where required.

**Workers are responsible for:**

- Only consuming food containing nuts in designated staff rooms;
- Identifying (through synergetic) students with allergies/anaphylaxis in their care and ensuring that risk reduction strategies are implemented (predominately applies to teaching staff and teachers’ aides);
- Attending training and refresher seminars;
- Being familiar with and following the School’s Allergy/Anaphylaxis Policy and procedure;
- Reporting an incident that resulted in or may have resulted in an allergic or anaphylactic response following the School Incident and Injury Reporting Procedures.
Parents/carers are responsible for:

- Providing a copy of an action plan in accordance with ASCIA guidelines and ensuring that the action plan is regularly reviewed and kept up to date
- Providing, where prescribed by a General Practitioner, their child with an EpiPen/AnaPen whilst they are at School. A second EpiPen/AnaPen may need to be provided to the School for storage depending on the age of the student and the severity of the allergy/anaphylaxis.
- Supplying food that has been prepared in their home to further reduce the risk of anaphylaxis for students enrolled (generally but not limited to) the Early Learning Centre (ELC) and Junior School who have been diagnosed as having the potential to suffer an anaphylactic reaction.
- Educating their son with regards to management of allergy/anaphylaxis.

6. **Supporting Procedures and/or Guidelines**

   Allergy and Anaphylaxis Procedure

7. **Related Documents/Systems**

   Nil

8. **Record Keeping**

   This policy is to be kept for three (3) years until review unless there is a significant legislative, organisational change or an occurrence of an anaphylaxis incident requiring earlier review.

   Parents/carers should ensure that Anaphylaxis Management Plans are reviewed by a General Practitioner when adrenaline autoinjectors are issued or renewed.

   The master copy is kept on SharePoint (Policies) and is read-only in PDF form. All printed copies are uncontrolled.

9. **Policy Owner**

   Headmaster

10. **Policy Review Details**

    21 Feb 2014 Placed in new policy template; detail from previous version placed into a procedure; review of ASCIA Guidelines for Currency