



THE HUTCHINS SCHOOL

Allergy and Anaphylaxis Policy

Relevant legislation	Work Health and Safety Act 2012 (Tas) Education and Care Services National Law 2011 Education and Care Services National Law (Application) Act 2011 (Tas) Education and Care Services National Regulations (Cth) Privacy Act 1988 (Cth)
Commencement date	16 April 2014
Last review date	1 February 2021

1. Purpose

The purpose of this policy is to inform staff of The Hutchins School (The School) in respect to steps that may be taken to provide a safe environment for students with allergies or anaphylaxis. Risk reduction strategies proposed in this policy are based on current research and guidelines established by peak bodies.

2. Scope

This policy applies to the School and all of its associated programs and services.

3. Objectives

The objective of this policy is to:

- support, as far as possible and practical, a school environment in which students at risk of anaphylaxis are able to participate equally in all activities;
- improve knowledge and raise awareness about anaphylaxis within the School community;
- support parents and carers of children at risk of anaphylaxis in assessing risk and developing risk minimisation strategies for their child; and
- enable students with allergies and/or anaphylaxis to grow through acquiring knowledge, and to take responsibility for the management of their condition (in an age and developmentally appropriate way).

Created by: Policy & Compliance Manager	Document version: 4.1
Online location: http://central.hutchins.tas.edu.au/sites/staff/Policies	Next review date: 30 October 2023
Printed copies are uncontrolled. For the latest version please refer to SharePoint Online.	CRICOS 00478F Page 1 of 5

4. Definitions

Allergy	An allergy is an abnormal immune response to a usually harmless substance. ¹
Anaphylaxis	<p>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 may include:</p> <ul style="list-style-type: none"> • difficulty/noisy breathing • swelling of the tongue • swelling/tightness in throat • difficulty talking and/or hoarse voice • loss of consciousness and/or collapse • pale skin and loss of motor control (i.e. 'floppiness') in young children²
EpiPen	<p>An EpiPen is a single use automatic injecting device that delivers a measured dose of adrenaline.</p> <p>There are two types of EpiPen:</p> <ul style="list-style-type: none"> • 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 or illness.
Synergetic	A database used by The School to record information such as student contact details, emergency contact details and medical alerts.

5. Policy statement

Anaphylaxis is potentially life-threatening and always requires an emergency response. The 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.

The School is responsible for:

- enquiring as to whether a student has allergies or anaphylaxis during the enrolment process;
- retaining a copy of the student's 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 that risk reductions strategies are considered and implemented during offsite activities;

¹ The Asthma Foundation of Victoria, 2007

² Australasian Society of Clinical Immunology and Allergy 2010 Anaphylaxis <http://www.allergy.org.au/patients/about-allergy/anaphylaxis>

- making every reasonable attempt to include students with allergies or anaphylaxis in school programs and services;
- reducing the risk of allergic or anaphylactic reactions by removing food containing nuts from its canteens – this does not include food labelled with “may contain traces of nuts”;
- providing for appropriate storage of adrenaline autoinjectors (e.g. EpiPens); and
- providing post-incident support where required.

Staff are responsible for:

- only consuming food containing nuts in designated staff rooms;
- identifying (through Synergetic) students with allergies or anaphylaxis in their care and ensuring that risk reduction strategies are implemented (predominantly applies to teaching staff and teachers’ aides);
- being familiar with the ASCIA action plans of children and young people in their care;
- attending regular training and professional development opportunities;
- being familiar with and following this policy and its associated procedures; and
- reporting an incident that resulted in or may have resulted in an allergic or anaphylactic response by following the School’s Incident and Injury Reporting Procedure.

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 for use at school. A second EpiPen may need to be provided for storage depending on the age of the student and the severity of the allergy or anaphylaxis.
- supplying food that has been prepared in their home to further reduce the risk of anaphylaxis for students, particularly those enrolled in 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 or anaphylaxis; and
- supplying the School with any required medication. This medication must be in its original container, in-date, and in accordance with the child’s action plan. Where medication is to be administered by staff, a [Medication Administration Form](#) must be signed for the School’s records.

Additional requirements for the School’s Children’s Services (Pre-Kindergarten, Kindergarten and OSHC) are detailed within the Children’s Services Medical Conditions Policy. Please refer to this document if working in these services.

6. Supporting/related documents

[First Aid Procedure](#)

[Children's Services Medical Conditions Policy](#)

[Children's Services Medication Administration Policy](#)

[Medication Administration Form](#)

7. Record keeping

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

The master copy is kept in SharePoint Online in read-only in PDF form. All printed copies are uncontrolled.

8. Policy owner

Headmaster

9. Version Control

Version Number	Author	Purpose/Change	Date
4.0	Safety, Health and Risk Manager	Placed in new policy template; detail from previous version placed into a procedure; review of ASCIA Guidelines for currency.	21/02/2014
4.01	Safety, Health and Risk Manager	Added the definition 'worker' on page 3; added 'student will not be permitted to attend School when an Adrenaline Autoinjector (e.g. EpiPen) has been prescribed but has not been supplied by a parent or carer' to page 4: parent/carer responsibilities.	2/10/2018
4.1	Policy & Compliance Manager	2021 template update; minor textual revisions for clarity; review of externally referenced documentation. Incorporation of Children's Services legislation and its requirements; added requirement for families to supply relevant medication (page 3). Removed references to 'AnaPen' (as these are no longer prescribed in Australia).	1/2/2021

4.11	Policy & Compliance Manager	Further textual review; added links to the Medication Administration Form (now available on Central).	
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