ALLERGY AWARE SCHOOL POLICY

1. Purpose

The purpose of this policy is to outline the steps Blue Gum Montessori School (BGMS) takes to maintain an 'Allergy Aware' school, and provide care for students and the community in the area of Allergies. This includes particular reference to risks associated with food allergies and allergies that are associated with the risk of anaphylaxis.

2. Scope

This policy applies to all members of the BGMS community, including students enrolled at BGMS, their parents/guardians, staff as well as other relevant members of the community, such as volunteers and visiting specialists.

3. Policy Statement

Our school community aims to ensure that the uniqueness of each person is welcomed and valued. A challenge for our community is the increasing prevalence of allergies. Due to the life-threatening nature of some allergies, our school community must take appropriate action to ensure the successful and safe inclusion of children with allergies. We have a legal duty of care to ensure the safety and wellbeing of all children enrolled within our school. BGMS requires written notification if an enrolled student is diagnosed with an allergy or is at risk of anaphylaxis.

4. Aims

The BGMS Allergy Aware Policy outlines how BGMS aims to:

- provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of their schooling
- raise awareness about allergies and anaphylaxis in the school community
- actively involve the parents/guardians of each student at risk of anaphylaxis in assessing risks, and developing risk minimisation and management strategies
- ensure that an adequate number of staff members understand the causes, signs and symptoms of anaphylaxis and their role in the school's emergency response procedures

5. Definitions

5.1 Allergy

An allergy is exaggerated response from the immune system to a substance (an allergen) that is harmless to most people. Allergens may include, but not be limited to, pollen, dust mites, food, animals, plants and/or insects. Allergic reactions can cause symptoms such as mild irritation, sneezing, itchy rash, watery eyes and/or severe and life-threatening conditions such as shortness of breath, throat closure and anaphylaxis.

5.2 Anaphylaxis

Anaphylaxis is the most severe form of allergic reaction which is treated as a medical emergency as it is potentially life threatening. It must be treated as a medical emergency, requiring immediate treatment and urgent medical attention.

When the symptoms of an allergic reaction are widespread and systemic, the reaction is termed 'anaphylaxis'. It is rare for exposures to result in anaphylaxis, but the potential always exists.

6. Food Allergies

Food allergies affect approximately one in 20 children, and it is likely that at school, children will encounter and may accidentally ingest one of the many products which cause an allergic reaction. Students with a food allergy may react to tactile (touch) exposure or inhalation exposure.

Whilst peanut allergy is most likely to cause anaphylaxis problems and death, peanut, tree nut, including macadamia, pine nut, walnut, almond, pecan, pistachio or cashew, milk, egg, soy, wheat, fish and shellfish account for most food allergies.

6.1 Symptoms of Food Allergies and Anaphylaxis

Symptoms and signs of anaphylaxis, usually, but not always, occur within minutes after exposure but can, in some cases, be delayed for two hours or more. Symptoms and signs may include one or more of the following:

- difficulty and/or noisy breathing
- swelling of the tongue
- swelling or tightness in the throat
- difficulty talking or a hoarse voice
- wheeze or persistent cough
- dizziness/lightheadedness
- loss of consciousness and/or collapse
- pale complexion and/or floppy physical movements (young child)

7. Allergy Responsibilities

As an 'Allergy Aware School', the school community is responsible for:

- discouraging nuts, peanuts, peanut paste, peanut butter (including 'dippers'), Nutella spread or nutty muesli bars within the school
- adapting to seasonal or environmental conditions that may result in an increased risk of bee sting or insect induced allergic reaction

As a result:

- Any products that may contain nut traces must be clearly labelled as such. Anyone who supplies home baking (for a class or community function must list the ingredients on the lid of the container)
- new families are informed of this Policy when commencing at the school, with regular reminders being made via school communications.

Documentation and Equipment:

- Individual anaphylaxis plan posters for children with an allergy are posted in the staff room.
- A ‘Children At Risk’ medical booklet is maintained and communicated to all staff, for all students with medical conditions; including allergies
- Regular and relief staff are expected to familiarise themselves with the Children At Risk information
- Due to privacy requirements, no parent or visitor should have access to the Children At Risk

information
- EpiPen and anaphylaxis plan kits are required to be taken on school excursions and to sporting events
- EpiPens and medical plans must travel with the student (not on a different bus or in a separate car etc.)
- A mobile phone or other communication device must be available on each off-campus trip for emergency calls

7.1 Students are responsible for:
- Washing hands before and after eating; using the soap dispensers that have been provided
- Any potentially harmful food which is brought to school by mistake. Children are encouraged to inform the classroom/duty teacher of a potential risk
- Minimising the sharing or swapping of food
- Any behaviour relating to an at-risk student's allergy. Inappropriate behaviour is taken seriously and immediately addressed by the teacher on duty and/or classroom teacher.

7.2 Staff are responsible for:
- Following the Allergy Aware School Policy
- Education about food safety, the seriousness and potential life-threatening nature of allergies within the school environment
- Leading by example, by washing their hands and not bringing high risk food items to school
- Maintaining medically recommended additional precautions for any child who has a life-threatening allergy
- Undergoing regular anaphylaxis first aid training, including the identification of the signs and symptoms of an allergic reaction and use of appropriate medication to cater for these situations, including the appropriate use of an EpiPen
- Ensuring parents are aware of a typical school occasion and events where exposure to allergy foods are increased. These include, but are not limited to:
    - students' birthdays/farewells when parents may bring in cakes or other food for the class
    - sport or swimming carnivals
    - school dances and other events not held on school premises
    - outside food vendors
    - craft days, class market stalls, fundraising days and sausage sizzles
    - class celebrations, Christmas, Easter, and cultural celebrations
- Being familiar with the Children At Risk medical booklet
- Regular and relief staff are expected to familiarise themselves with the Children At Risk information
- Maintaining privacy requirements, with no parent or visitor having access to the Children At Risk information
- Ensuring EpiPen and anaphylaxis plan kits are taken on school excursions and to sporting events
- Ensuring EpiPens and medical plans travel with the student (not on a different bus or in a separate car etc.)
- Ensuring a mobile phone or other communication device is available on each off-campus trip for emergency calls
- Notifying the school administration if they become aware of any out-of-date medication
- Notifying students and families within their class, if there are students with allergies and anaphylaxis risk in a particular classroom.

- Keep EpiPens in date for the classroom the child attends
- Understand arrangements for medication storage and administration within the classroom and/or Office Administration
- Include specific at-risk student allergy information in relief lesson notes

7.3 Families of students with allergies are responsible for:

- communicating this information to the school, and ensuring the school is updated with any medical action plans. Medical information or any change to a child's allergies status must be communicated to the school, as the school has a responsibility to care for any child exhibiting any of the symptoms previously described.
- Providing any specific medication
- Maintaining up to date medical forms, including permissions to administer medication
- Ensuring EpiPens are in date
  the Childs' identity and allergy is revealed to the other students and parents. It is in the best interests of the child that this occurs.

The school will make every effort to manage any allergic reactions based on the information it has received.
A Childs' identity and allergy is revealed to relevant students and families, so that understanding can be developed and care can be taken by the community.

7.3.1 Parents/Caregivers of children with allergies should supply:

- One medical kit containing: an EpiPen; an unlaminated colour copy of their child's anaphylaxis/medical plan, and any other prescription medication such as antihistamine or Ventolin. These will be kept in a prominent and safe place within the school.
- Identification bracelet, wrist band or similar (i.e. medical alert bracelet – www.medicalert.com.au) as required
- Keep EpiPens in date for each classroom the child attends, for example OSHC or Hobby Club
- EpiPens that are in date, clearly labelled with their child's name, and replace used EpiPens

Replacing EpiPens and other medications required for the treatment of allergies and/or medical conditions is the responsibility of the child's family. This includes providing the required EpiPens for each class including OSHC and Hobby Clubs.
Families are also advised to update photos on medical anaphylaxis forms every year, and encourage children to self-manage their condition.

7.3.2 Parents/Caregivers of children with allergies should communicate:

- By informing the Principal and Registrar/Enrolment Officer in writing that their child is at risk of anaphylactic reaction, and provide an up-to-date Action Plan form
- Their child's allergy status upon enrolment and any changes that occur while the child attends BGMS - parents are responsible for formally notifying the School Registrar/enrolment Officer and the Child's Teacher in writing throughout their period of enrolment at BGMS
- Any advice from a treating medical practitioner regarding Allergies and/or Action Plans for Anaphylaxis. The Action Plan must contain a photo of the student, a list of known allergies, parent contact information, symptoms and signs of mild and severe allergic reactions, and actions to undertake in the event of an emergency. This action plan must be signed by the treating medical practitioner

- Written authorisation for the School to administer EpiPen or other medication, or to assist the child to administer the EpiPen or medication
- Any changes to their child's medical status during teacher/parent interviews

7.3.3 For more information, please see:

- ASCIA: Australasian Society of Clinical Immunology and Allergy
- 1.1 Support ii. Allergy Best Practice Guidelines Schools v2.1
- Ministerial Order 706 for Victorian Schools – Anaphylaxis Management in Victorian Schools

8. Responsibilities

8.1 Compliance, Monitoring and Review: Conducted by the Principal/delegate.
8.2 Reporting: Conducted by the Principal/delegate.
8.3 Records Management: Conducted by the Principal/delegate and Registrar/Enrolment Officer.

Approval and Amendment History	Details	Date
Original Approval Authority and Date	Amended	20/06/2016
Amendment Authority and Date	Included allergies to be aware of	17/02/2017
Review	Updated food allergies for 2018	20/02/2018
Review		08/04/2019
Review and update	Principal	25/09/2025