



ASCOT VALE PRIMARY SCHOOL  
No. 2608

# ASCOT VALE PRIMARY SCHOOL

## MILD TO MODERATE ALLERGY POLICY

Developed September 2017 School Council Approved – 21 May 2018

### PURPOSE

According to the Department's duty of care obligations to students, schools are required to ensure all students feel safe and supported at school. This includes supporting and responding to students with mild to moderate allergies. An allergic reaction can be traumatic for the student and others witnessing the reaction.

### DEFINITION

An allergy occurs when a person's immune system reacts to substances in the environment that are harmless for most people. These substances are known as allergens and are found in foods, insects, some medicines, house dust mites, pets, and pollen.

This policy applies to a student with a diagnosed food, insect or medication allergy who has a **mild to moderate** allergic reaction to an allergen. A student with a known food or insect sting allergy who has had a previous severe reaction is usually diagnosed as being at risk of having a severe allergic reaction (anaphylaxis). The school has a separate policy for students with anaphylaxis (see Anaphylaxis Management Policy and Guidelines in References below).

Children with allergies who are not considered to have anaphylaxis should be provided with an Australian Society of Clinical Immunology and Allergy (ASCI) Action Plan for Allergic Reactions (green plan).

Children who have both food allergies and active asthma are at higher risk for more severe allergic reactions. Therefore it is imperative that a child with a food allergy who has active asthma (wheezing/coughing with exertion or requiring regular night treatment with a bronchodilator) is managed carefully.

Common allergens include:

- peanuts
- tree nuts such as cashews
- eggs
- cow's milk
- wheat
- soy
- fish and shellfish
- sesame
- insect stings and bites
- medications.

Signs of a mild to moderate allergic reaction include:

- hives or welts

- swelling of the lips, face and eyes
- tingling mouth

Children with allergies may still progress to having a severe reaction or anaphylaxis. As this cannot be predicted, children with mild to moderate allergic reactions should be monitored carefully after any reaction.

Signs of anaphylaxis (severe allergic reaction) include **any one** of the following:

- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- pale and floppy (young children)
- abdominal pain and/or vomiting (these are signs of a severe allergic reaction to insects).

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis. If a student appears to be having a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, the school staff should follow the school's anaphylaxis first aid procedures and administer an adrenaline autoinjector for general use.

### Strategies

Students diagnosed with food, insect or medication allergies should be given an ASCIA Action Plan for Allergic Reactions (green) by their medical practitioner. Schools need to develop an Individual Allergic Reaction Management Plan for these students.

The ASCIA Action Plan for Allergic Reactions (green plan) should not be used for conditions such as allergic rhinitis (hay fever) or eczema which are managed mainly in the home environment by parents/guardians.

The table below describes how the schools manages students with a mild to moderate allergy.

<b>Strategy</b>	<b>Description</b>
<b>ASCIA Action Plan for Allergic Reactions</b>	An ASCIA Action Plan for Allergic Reactions (green plan) should be completed by the student's medical practitioner and a colour copy provided to the school by the student's parents or guardians.  The ASCIA Action Plan for Allergic Reactions (green plan) outlines the student's known mild to moderate food, insect or medication allergies and the emergency procedures to be taken in the event of an allergic reaction.
<b>Individual Allergic</b>	An Individual Allergic Reactions Management Plan for each student

<b>Reactions Management Plan</b>	<p>with a diagnosed food, insect or medication allergy, should be developed in consultation with the student's parents or guardians.</p> <p>These plans include the ASCIA Action Plan for Allergic Reactions (green plan).</p> <p>The plan must also include strategies to prevent exposure to the student's known allergens. If parents indicate their child has an allergy but do not have an ASCIA Action Plan for Allergic Reactions (green plan), the school may consider developing a Student Health Support Plan in place of an Individual Allergic Reactions Management Plan. See Related policies, Health Support Planning Forms.</p>
<b>Prevention strategies</b>	<p>The Individual Allergic Reactions Management Plan that the school completes in consultation with the parent/guardian must include prevention strategies used by the school to minimise the risk of exposure to known food, insect and medication allergens.</p>
<b>Communication Plan</b>	<p>A communication plan developed by the school which provides information to all school staff, students and parents about the school's response to students with a confirmed food, insect or medication allergy</p>
<b>Emergency response</b>	<p>Procedures which each school develops for emergency responses to allergic reactions for all in-school and out-of-school activities, including for school camps.</p>
<b>Staff response</b>	<p>All school staff with a duty of care responsibility for the wellbeing of students with confirmed allergy need to recognise and respond to an allergic reaction. They should be aware of their students' Individual Allergic Reactions Management Plans and consult with parents or guardians regarding in-school and out-of-school activities that may pose a risk to the student.</p>
<b>Encouraging camps and special event participation</b>	<p>Schools should ask the parents or guardians to complete the Department's Confidential Medical Information for School Council Approved School Excursions form and consult with them on relevant strategies to facilitate participation.</p> <p>Note: Consideration should be given to the food provided.</p>
<b>Communicating with parents or guardians</b>	<p>Regularly communicate with the student's parents or guardians about the student's successes, development, changes and any health and education concerns</p>

## REFERENCES

1. Ascot Vale Primary School Anaphylaxis Management Policy and Guidelines  
<http://www.avps.vic.edu.au/documents/AnaphylaxisManagementPolicyAVPS2017FIN>

[ALSC.pdf](#)

2. Department of Education and Training: Duty of Care  
<http://www.education.vic.gov.au/school/principals/spag/safety/Pages/dutyofcare.aspx>
3. Royal Children's Hospital Allergy and Immunology parent information sheets  
[https://www.rch.org.au/allergy/parent\\_information\\_sheets/Parent\\_Information\\_Sheets/](https://www.rch.org.au/allergy/parent_information_sheets/Parent_Information_Sheets/)
4. Allergy and Anaphylaxis Australia  
<https://allergyfacts.org.au/allergy-anaphylaxis>
5. Department of Education and Training: Allergies  
<http://www.education.vic.gov.au/school/principals/spag/health/Pages/allergies.aspx>

**REVIEW OF POLICY:**

This policy will be reviewed every three years. Next review is due May 2021