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Enquiries: SM Naicker

Inclusive Education and Special Programmes Minute: 0001/2017

To: Deputy Directors-General, Chief Directors, Directors, Deputy Directors (Head Office and district offices), Heads: Curriculum Coordination and Advice, Heads: Learning Support, Heads: IMG Coordination and Advice, Circuit Managers, Chief Education Specialists, Deputy Chief Education Specialists, Subject Advisers, Learning Support Advisers and Principals of ordinary public schools, independent schools and special public schools

Subject: Dealing with allergies in schools

1. The Western Cape Education Department supports the Allergy Foundation of South Africa's *Allergy in Schools Policy* aimed at reducing the impact on learning for children with life-threatening chronic health conditions and ensuring the safety of children with severe allergies in schools. The fundamental aspects of the policy include ensuring that:
 - a) an Allergy Action Committee (or a Chronic Illness Action Committee) is established at every school;
 - b) every learner with an allergy is identified and has both a chronic treatment plan and an emergency treatment plan, signed by their doctor, which includes a photograph of the learner (photo ID);
 - c) measures to reduce exposure to identified allergens are implemented for those with severe allergies;
 - d) emergency medication is available and accessible at all times; and
 - e) staff undergo online training on the identification and treatment of severe allergic reactions.

2. Introduction

- 2.1 The right to education is unqualified and is to be enjoyed by all learners. Closely linked to the right to education, is the right to a safe learning environment, the right to dignity, the right to life and the right to access healthcare services.
- 2.2 Life-threatening chronic health conditions such as asthma, diabetes and allergies pose a challenge to schools and the education system. A comprehensive and coordinated approach is required to address these conditions in schools that is agreed to by schools, families and healthcare providers.
- 2.3 This minute focuses on allergies in schools. However, many of the recommendations are applicable to life-threatening chronic health conditions as well.
- 2.4 Allergic conditions affect about 25% of all school-going children. Allergies contribute to a large burden of disease that leads to a failure to learn, absenteeism and the need for emergency care. Common allergies include allergic asthma, allergic rhinitis, eczema, insect allergies and food allergies. Exposure to an allergen may lead to anaphylaxis which is "a severe, life-threatening allergic reaction that is rapid in onset and requires immediate medical attention and may result in death".

3. Managing allergies in schools

Allergy management in schools should be aimed at avoiding exposure to allergens and preparing for allergic emergencies. Avoidance and preparedness strategies should cater for multiple settings (classroom, tuck shop, playground, etc.) and multiple care providers (educator, sports coach, school nurse, etc.). This necessitates well thought-out and worked-through guidelines.

4. Access to care: Chronic treatment plans

- 4.1 Schools should update their policies to routinely include information on allergies and other health conditions on currently enrolled learners as well as future applicants, subject to privacy laws where applicable. Access to regular medication in schools for learners is necessary to ensure the optimal control of allergies which reduces morbidity, learning barriers and absenteeism. At school every learner who has a chronic health condition and/or an allergy should have a chronic treatment plan signed by their doctor. The plan should include a photo ID of the learner and be updated annually.
- 4.2 Practice points for schools
 - 4.2.1 Every school should allocate a minimum of three staff members to form an Allergy Action Committee (or a Chronic Illness Action Committee). This committee should

gain a better understanding of allergic disease and champion the school's support to allergy sufferers.

- 4.2.2 Ask about allergies on the registration form (after the learner has been accepted) for every learner, every year.
- 4.2.3 Every affected learner must have a chronic treatment plan, signed by their doctor, including a photo ID.
- 4.2.4 The chronic treatment plan should be signed by parents/legal guardians and should document which medications the school staff are mandated to administer and when it should be administered.
- 4.2.5 On receipt of the chronic treatment plan, the educator and committee must meet to review the plan.
- 4.2.6 Class-specific records, accessible to the educator, should be kept on learners with severe allergies and asthma, and what they are allergic to.
- 4.2.7 Schools must maintain a record of all medication administered.

5. **Access to care: Emergency treatment plans**

- 5.1 Access to the emergency treatment of severe allergic reactions is necessary to ensure a safe learning environment. The *Medicines and Related Substances Control Act, 1965 (Act 101 of 1965)*, requires a named patient be prescribed (schedule 3 and above) medication, which can be dispensed to the parents/legal guardians who can mandate the school to administer such medicines when required.
- 5.2 Parents/legal guardians should sign an indemnity form for ill-effects caused by medication if administered in cases of suspected need. Educators or the committee should receive adequate training and agree to administer medication by following the prescribed procedure.
- 5.3 Practice points for schools
 - 5.3.1 Every affected learner must have an official allergy foundation emergency treatment plan (www.allergyfoundation.co.za) that is signed by their doctor and has a photo ID.
 - 5.3.2 Specific educators/staff (minimum three) should be designated as responders. These staff should form the core of the committee at the school.
 - 5.3.3 Those at risk of having severe reactions, as well as their friends, should be educated to report such a reaction to the nearest available educator or adult. All adults at the

school should be informed about the identity of these responders and how to locate them.

- 5.3.4 Emergency medication should be stored in a designated place under the correct conditions and must be accessible at all times. This should preferably not be locked but should be securely out of reach of young learners. Stored medication must be examined periodically by the committee (or a delegate) for expiry dates and parents/legal guardians notified to refill with "in-date" medication.
- 5.3.5 For activities outside the school premises, an educator/adult responsible for a learner with severe allergies must take the emergency kit with them and be trained to administer the medication if needed.
- 5.3.6 The emergency treatment plan should be signed by the parents/legal guardians and should document which medications the school staff are mandated to administer and when it should be administered.
- 5.3.7 The emergency treatment plan should document the learner's permission to carry and self-administer prescribed medications where developmentally appropriate.
- 5.3.8 Schools must maintain a record of all medications administered in an emergency, notify parents/legal guardians immediately and document the circumstances of the incident.
- 5.3.9 In the instance of an anaphylactic reaction, a member of staff or the committee should administer adrenaline via auto-injector and the learner should be transported by emergency services to the nearest hospital.

6. **Allergen safety strategies**

- 6.1 The avoidance of allergens is the cornerstone of preventing life-threatening allergic reactions. The risk of anaphylaxis is reduced when avoidance strategies are implemented. Strategies to reduce the risk of exposure for learners with food and insect allergies are recommended below.
- 6.2 Practice points for schools
 - 6.2.1 Elicit the support of co-learners, their families and school staff to limit or exclude the presence of specified food allergens (usually peanuts, tree nuts and sesame seeds) on the school premises, in tuck shops and at after school activities, parties, trips and sport events.
 - 6.2.2 Avoid using common food allergens in classroom projects/activities as rewards or incentives, during school events, parties or celebrations.

6.2.3 Ensure learners with severe food allergies are able to eat in a safe environment. Options include:

- a) discouraging food sharing, especially amongst young learners;
- b) establishing a specified allergen-free area for those with severe or multiple allergies, such an area should be maintained and cleaned regularly; and
- c) encouraging all learners to wash their hands thoroughly prior to and after food consumption.

6.3 Implement insect sting avoidance measures to ensure that learners who are allergic to both identified and unidentified insect venom are protected.

6.4 Allergy-related teasing or bullying should be treated seriously with the activation of the school's anti-bullying policies.

7. **Training**

7.1 Schools should encourage all educators to complete training in allergy awareness (Module: Food allergy for your school community, available online via www.allergyfoundation.co.za with a certificate obtainable after completion of a quiz). Members of the committee and educators of learners with severe allergies must complete training in allergy awareness, prevention and response (Module: Management of food allergy in schools, production in progress) and maintain records of the annual completion of such training.

7.2 Schools should ensure that educators, sports coaches, secretaries, tuck shop/lunch staff, drivers and other staff are trained in allergy awareness at schools.

7.3 The members of the committee and educator(s) of learners with severe allergies should be supported on an ongoing basis and allowed time for training in allergen avoidance measures, the recognition of severe reactions and the implementation of emergency management plans.

7.4 Schools should train educators, tuck shop/lunch staff and other staff in basic food handling and cleaning procedures to prevent cross-contamination from hands, surfaces and utensils if foods containing known allergens are prepared and/or served in a classroom.

7.5 Schools should establish regular practice drills to test whether staff can identify severe allergic reactions and know their role in the emergency protocol. The drill should assess whether medication is accessible and can be given appropriately and timeously.

- 7.6 Education for learners regarding allergies can be built into the school curriculum e.g. health science or life skill programmes.
8. Providing a safe school environment for learners with life-threatening allergies is essential to allow them to achieve their full potential in a healthy and safe learning environment.
9. Principals are requested to communicate the contents of this minute to all concerned.

SIGNED: TS MATSELISO

DEPUTY DIRECTOR-GENERAL: INSTITUTION DEVELOPMENT AND COORDINATION

DATE: 2017-02-06