1.0 Rationale
Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow’s milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medications.
The key to prevention of anaphylaxis at Alphington Primary School is knowledge of those students who have been diagnosed as risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school.

2.0 Aims
To:
- Comply with Ministerial Order 706 and the associated Guidelines issued by The Department of Education and Childhood Development 2014
- Minimise the risk of students who are diagnosed at risk of anaphylaxis from suffering a reaction
- Provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student’s schooling
- Provide procedures for emergency responses to anaphylactic reactions.
- Raise awareness about allergies and the school’s anaphylaxis management policy in the school community by educating parents about risk minimisation strategies
- Engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student
- Ensure that each staff member has adequate knowledge of allergies, anaphylaxis and the school’s policy and procedures in responding to an anaphylactic reaction.

3.0 Implementation
3.1 Individual Anaphylaxis management plans (Appendix i)
3.1.1 The Principal will ensure that an individual management plan is developed, in consultation with the students’ parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis. It is the responsibility of the parent to inform the school of a medical diagnosis of a child being at risk of an anaphylaxis emergency (Staff and Parent Responsibilities Table Appendix ii).
3.1.2 The individual anaphylaxis management plan and ASCIA plan will be in place as soon as practicable after the student enrolls and where possible before their first day at school.
3.1.3 The individual management plan will set out the following:
- Information about the diagnosis, including the type of allergy or allergies the student has (based on the diagnosis of the medical practitioner).
- Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in school and out of school settings including camps and excursions (Appendix iii).
- The name of the person/s responsible for implementing the strategies.
- Information on where the student’s medication will be stored.
- The student’s emergency contacts.
3.1.4 The student’s individual management plan will be reviewed, in consultation with the student’s parent/carers:
- Annually and as applicable
- If the student’s condition changes
- Immediately after a student has an anaphylactic reaction at school.

3.2. Individual Emergency Procedures Plan
3.2.1 The Anaphylaxis Management Plan must also be accompanied by an emergency procedures plan - ASCIA Action Plan (Appendix iv), that sets out the emergency procedures to be taken in the event of an allergic reaction. The ASCIA plan is provided by the parent and:
- Sets out the emergency procedures to be taken in the event of an allergic reaction
- Is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan; and
- Includes an up to date photograph of the student.

3.2.2 It is the responsibility of the parent to:
- Provide the emergency procedures plan (ASCIA Action Plan)
- Inform the school if their child’s medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan)
- Provide an up to date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed.

3.3 Communication Plan (Appendix v)
3.3.1 The Principal will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the school’s anaphylaxis management policy.
3.3.2 The communication plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, in the school ground, on school excursions, on school camps and special events days (School Response Plan Appendix vi).
3.3.3 Volunteers and casual relief staff of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the class teacher’s class colleague and/or the Class Relief Teacher Information form (Appendix vii).
3.3.4 All staff will be briefed once each semester by a staff member who has up to date anaphylaxis management training on:
- The school’s anaphylaxis management policy
- The cause, symptoms and treatment of anaphylaxis
- The identities of students diagnosed at risk of anaphylaxis and where their medication is located
- How to use an auto adrenaline injecting device
- The school’s first aid and emergency response procedures.

3.4 Adrenaline Auto injectors.
- Adrenaline Autoinjectors for individual students, or for general use, be stored correctly and be able to be accessed quickly, because, in some cases, exposure to an allergen can lead to an anaphylactic reaction in as little as five minutes;
- Adrenaline Autoinjectors be stored in an unlocked, easily accessible place away from direct light and heat but not in a refrigerator or freezer;
- Each Adrenaline Autoinjector be clearly labelled with the student's name and be stored with a copy of the student's ASCIA Action Plan;

________________________________________
• Sufficient Adrenaline Autoinjectors for General Use will be provided, clearly labelled and distinguishable from those for students at risk of anaphylaxis.
• Trainer Adrenaline Autoinjectors (which do not contain adrenaline or a needle) are not stored in the same location due to the risk of confusion.
• All School Staff know where Adrenaline Autoinjectors are located.
• These procedures will be identified in the prevention strategy.

3.4.1 Regular review of adrenaline Autoinjectors
• A designated School Staff member (e.g. school nurse, first aid co-coordinator) will conduct regular reviews of the Adrenaline Autoinjectors to ensure they are not out of date.

4.0 Staff Training and emergency response
4.1.1 Teachers and other school staff who conduct classes which students at risk of anaphylaxis attend, or give instruction to students at risk of anaphylaxis must have up to date training in an anaphylaxis management training course.
4.1.2 At other times while the student is under the care or supervision of the school, including excursions, playground duty, camps and special event days, the Principal must ensure that there is a sufficient number of staff present who have up to date training in an anaphylaxis management training course.
4.1.3 The Principal will identify the school staff to be trained based on a risk assessment.
4.1.4 Training will be provided to these staff as soon as practicable after the student enrols.
4.1.5 Wherever possible, training will take place before the student’s first day at school. Where this is not possible, an interim plan will be developed in consultation with the parents.
4.1.6 The school’s first aid procedures and students’ emergency procedures plan and Individual Anaphylaxis Management Plan (ascia Action Plan) will be followed in responding to an anaphylactic reaction.

Evaluation:

The School Council will be responsible for the review of the Anaphylaxis Management Policy within the life of the School Strategic Plan.

This policy was last ratified by School Council in …

September 2014
Appendices

 Appendix i  Individual Management Plan  
 Appendix ii  Staff and Parent Responsibilities  
 Appendix iii  Risk Minimisation Strategies  
 Appendix iv  ascia Action Plan  
 Appendix v  Communication Plan  
 Appendix vi  School Response Plan  
 Appendix vii  Class Information Form (Example)  
 Appendix viii  Letter to parents regarding anaphylaxis
Appendix i

Individual Management Plan

This plan is to be completed by the Principal or nominee on the basis of information from the student’s medical practitioner (ASCIA Action Plan for Anaphylaxis) provided by the Parent.

It is the Parents’ responsibility to provide the School with a copy of the student’s ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student’s Medical Practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child’s medical condition changes.

<table>
<thead>
<tr>
<th>School</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Student</td>
<td>DOB</td>
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<tr>
<td>Severely allergic to:</td>
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Other health conditions

Medication at school

### EMERGENCY CONTACT DETAILS (PARENT)

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Relationship</td>
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<td>Home phone</td>
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<td>Work phone</td>
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<td>Mobile</td>
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<td>Address</td>
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### EMERGENCY CONTACT DETAILS (ALTERNATE)

<table>
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<th>Name</th>
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<td>Relationship</td>
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<td>Work phone</td>
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<td>Mobile</td>
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<td>Address</td>
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Medical practitioner contact

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
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</table>

Emergency care to be provided at school

### ENVIRONMENT

To be completed by Principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.

<table>
<thead>
<tr>
<th>Name of environment/area:</th>
<th>Risk identified</th>
<th>Actions required to minimise the risk</th>
<th>Who is responsible?</th>
<th>Completion date?</th>
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<th>Who is responsible?</th>
<th>Completion date?</th>
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</table>
This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):

- annually;
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
- as soon as practicable after the student has an anaphylactic reaction at School; and
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions).

I have been consulted in the development of this Individual Anaphylaxis Management Plan.
I consent to the risk minimisation strategies proposed.
Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines

Signature of parent: ____________________________
Date: ____________________________

I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.

Signature of Principal (or nominee): ____________________________
Date: ____________________________
## Appendix ii

### Staff and Parents Responsibilities

<table>
<thead>
<tr>
<th>Principal Responsibilities</th>
<th>Staff Responsibilities</th>
<th>Parent Responsibilities</th>
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</table>
| • Identify and implement prevention strategies to minimise the risk of an anaphylactic reaction | • Identify and implement prevention strategies to minimise the risk of an anaphylactic reaction and consider all relevant in-school and out of school settings and include:  
  ➢ classroom activities (including class rotations, specialist and elective classes)  
  ➢ between classes and other breaks  
  ➢ in the canteen  
  ➢ during recess and lunchtimes  
  ➢ before and after school  
  ➢ special events including incursions, sports, cultural days, fetes or class parties, excursions and camps | • Provide the ASCIA Action Plan;  
• Inform the school in writing if their child’s medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction  
• Inform the school staff in writing of any changes to the student’s medical condition and if necessary provide an updated ASCIA Action Plan  
• Meet with the School to develop the student’s individual Anaphylaxis Management Plan, including risk management strategies  
• Assist staff plan and preparation for student prior to camps, field trips, incursions, excursions or special events  
• If requested by school staff, assist in identifying and/or providing alternative food options for the student when needed  
• Informing school staff in writing of any changes to the student’s emergency contact details  
• Participate in reviews of the student’s individual Anaphylaxis Management Plan:  
  ➢ when there is a change to the student’s condition  
  ➢ as soon as practicable after the student has an anaphylactic reaction at School  
  ➢ at its annual review and  
  ➢ prior to the student participating in an off-site activity such as camp and excursions or at special events |
| • The school’s first aid procedures and students emergency procedures plan | events conducted, organised or attended by the School |
| • (ascia Action Plan) will be followed in responding to an anaphylactic reaction | • Provide the school with an up to date photo for the ascia Action Plan when that Plan is provided to the School and when it is reviewed; and |
| | • Provide the school with an Adrenaline Autoinjector that is current and not expired for their child. |
| | • Replace the Adrenaline Autoinjector and any other medications that are current and not expired at the school. |
Appendix iii

Risk Minimisation Strategies

All staff members should know who the child/student at risk of anaphylaxis is by sight. They are not to be left alone when complaining of feeling unwell, even in sickbay. Their complaint should always be taken seriously.

The many areas of risk and the strategies one might implement to reduce the risk of an allergic reaction vary greatly according to a number of factors including:

- the age of the child at risk
- the age of their peers
- what the child is allergic to
- the severity of the child’s allergy
- the environment they are in
- the level of training carers have received.

The following list of strategies is meant to be used as a guide or as a tool to prompt thought on achievable risk minimisation procedures in an environment where there is an individual who is at risk of a potentially life threatening allergic reaction. It is not an exhaustive list of all strategies that could be implemented in any given environment.

School and Children’s Services staff are encouraged to work with the parents of the child at risk in the production of an individualised School/Children’s Services management plan which could include some of the strategies listed in this discussion paper as well as others specific to the child’s needs.

*Information on strategies to help prevent insect sting reactions is included at the end of this long list of strategies. In young children, the risk of anaphylaxis from insect sting reactions is much lower than the risk from food allergic reactions but it certainly does still occur.*

 Whilst every child at risk of anaphylaxis in Victorian Schools and Children's Services must have an ASCIA Action Plan for Anaphylaxis provided by their doctor, each child at risk must also have an Individual Management Plan which details strategies to help reduce risk for that child. This Individual Management Plan is developed on enrolment after the School/Children’s Service has a face to face meeting with parents. Once the plan is agreed to by the parents and School/Children’s Service, the plan is signed off by both parties. The Individual Management Plan for each child is to be reviewed yearly OR after a reaction, in case management strategies are to be changed. As the child gets older and has more understanding of personal management, strategies do differ. A child may also outgrow an allergy or develop another allergy.

<table>
<thead>
<tr>
<th>RISK</th>
<th>Considerations when you have a child at risk of anaphylaxis in your care</th>
</tr>
</thead>
</table>
| Food brought to school | - Consider sending out an information sheet to the parent community on severe allergy and the risk of anaphylaxis.  
- Alert parents to strategies that the school has in place and the need for their child to not share food and to wash hands after eating. |
| School fundraising/ special events/cultural days | - Consider children with food allergy when planning any fundraisers, cultural days or stalls for fair/fete days, breakfast mornings etc. Notices may need to be sent to parent community discouraging specific food products. E.g. nuts |
| Food rewards | - Food rewards should be discouraged and non-food rewards encouraged.  
- Children at risk of food anaphylaxis should eat food that is supplied by their parents or food that is agreed to by parents prior to a given event. If required a clearly labelled ‘treat box’ could be supplied by parents and located in child’s classroom. |
| Class parties / Birthday celebrations | - Discuss these activities with parents of allergic child well in advance  
- Suggest that a notice is sent home to all parents prior to the event, discouraging specific food products  
- Teacher may ask the parent to attend the party as a ‘parent helper’  
- Child at risk of anaphylaxis should not share food brought in by other students. Ideally they should bring own food.  
- Child can participate in spontaneous birthday celebrations by parents supplying ‘treat box’ or safe cup cakes stored in freezer in a labelled sealed container |
<p>| Cooking/Food | - Engage parents in discussion prior to cooking sessions and activities using food. |</p>
<table>
<thead>
<tr>
<th><strong>Technology</strong></th>
<th>• Remind all children to not share food they have cooked with others at school.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Science experiments</strong></td>
<td>• Engage parents in discussion prior to experiments containing foods.</td>
</tr>
<tr>
<td><strong>Students picking up papers</strong></td>
<td>• Students at risk of food or insect sting anaphylaxis should be excused from this duty. Non rubbish collecting duties are encouraged.</td>
</tr>
<tr>
<td><strong>Music</strong></td>
<td>• Music teacher to be aware, there should be no sharing of wind instruments e.g. recorders. Speak with the parent about providing the child’s own instrument.</td>
</tr>
</tbody>
</table>
| **Art and craft classes** | • Ensure containers used by students at risk of anaphylaxis do not contain allergens e.g. egg white or yolk on an egg carton.  
  • Activities such as face painting or mask making (when moulded on the face of the child), should be discussed with parents prior to the event, as products used may contain food allergens such as peanut, tree nut, milk or egg.  
  • Care to be taken with play dough etc. Check that nut oils have not been used in manufacture. Discuss options with parent of wheat allergic child. |
| **Canteen**          | • Does canteen offer foods that contain the allergen?  
  • What care is taken to reduce the risk to a child with allergies who may order/purchase food?  
  **Strategies to reduce the risk of an allergic reaction can include:**  
  • Staff (including volunteer helpers) educated on food handling procedures and risk of cross contamination of foods said to be ‘safe’  
  • Child having distinguishable lunch order bag  
  • Restriction on who serves the child when they go to the canteen  
  • Discuss possibility of photos of the children at risk of anaphylaxis being placed in the canteen/children’s service kitchen.  
  • Encourage parents of child to visit canteen/Children’s Service kitchen to view products available.  
  • See Anaphylaxis Australia’s School Canteen poster, Preschool/Playgroup posters and School Canteen Discussion Guide. [www.allergyfacts.org.au](http://www.allergyfacts.org.au) |
<p>| <strong>Sunscreen</strong>        | • Parents of children at risk of anaphylaxis should be informed that sunscreen is offered to children. They may want to provide their own. |
| <strong>Hand washing</strong>     | • Classmates encouraged to wash their hands after eating. |</p>
<table>
<thead>
<tr>
<th>RISK</th>
<th>Considerations when you have a child at risk of anaphylaxis in your care</th>
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<tbody>
<tr>
<td><strong>Part-time educators, casual relief teachers &amp; religious instruction teachers</strong></td>
<td>These educators need to know the identities of children at risk of anaphylaxis and should be aware of the school's management plans, which includes minimisation strategies initiated by the school community. Some casual staff have not received training in anaphylaxis management and emergency treatment. This needs to be considered when a teacher is chosen for a class with a child at risk of anaphylaxis and if this teacher is on playground/yard duty.</td>
</tr>
<tr>
<td><strong>Suggestions:</strong></td>
<td>• Casual staff, who work at school regularly, should be included in anaphylaxis training sessions to increase the likelihood that they recognise an allergic reaction and know how to administer the adrenaline autoinjector.</td>
</tr>
<tr>
<td></td>
<td>• Schools should have interim educational tools such as autoinjector training devices and DVDs available to all staff.</td>
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<tr>
<td></td>
<td>• A free online training course for teachers and Children's Service staff is available whilst waiting for face to face training by a DEECD nominated anaphylaxis education provider. Visit ASCIA <a href="http://www.allergy.org.au">www.allergy.org.au</a>. This course can also be done as a refresher.</td>
</tr>
<tr>
<td><strong>Use of food as counters</strong></td>
<td>• Be aware of children with food allergies when deciding on 'counters' to be used in mathematics or other class lessons. Non-food 'counters' such as buttons /discs may be a safer option than chocolate beans.</td>
</tr>
<tr>
<td><strong>Class rotations</strong></td>
<td>• All teachers will need to consider children at risk of anaphylaxis when planning rotational activities for year level, even if they do not currently have a child enrolled who is at risk, in their class.</td>
</tr>
<tr>
<td><strong>Class pets/ pet visitors /school farmyard</strong></td>
<td>• Be aware that some animal feed contains food allergens. E.g. nuts in birdseed and cow feed, milk and egg in dog food, fish in fish food.</td>
</tr>
<tr>
<td></td>
<td>• Chickens hatching in classroom. Children's Services facilities and Schools sometimes organise incubators from hatcheries and hatch chicks for fun and learning. Generally speaking, simply watching chicks hatch in an incubator poses no risk to children with egg allergy, but all children should be encouraged to wash their hands after touching the incubation box in case there is any residual egg content on it. There is a little more risk when it comes to children handling the chicks. Here are some suggestions to reduce the risk of a reaction and still enable the child with allergy to participate in the touch activity.</td>
</tr>
<tr>
<td></td>
<td>• The allergic child can touch a chick that hatched the previous day (i.e. a chick that is more than just a couple of hours old); no wet feathers should be present.</td>
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<tr>
<td></td>
<td>• Encourage the parent/carer of the child with the allergy to be present during this activity so they can closely supervise their child and make sure the child does not put his/her fingers in their mouth.</td>
</tr>
<tr>
<td></td>
<td>• If there is concern about the child having a skin reaction, consider the child wearing gloves.</td>
</tr>
<tr>
<td></td>
<td>• All children need to wash hands after touching the chicks in case there is any residue of egg protein, in addition to usual hygiene purposes. Whilst care needs to be taken, this is an activity that most children can enjoy with some safe guards in place.</td>
</tr>
<tr>
<td><strong>Incursions</strong></td>
<td>• Prior discussion with parents if incursions include any food activities.</td>
</tr>
<tr>
<td><strong>Excursions, Sports carnivals, Swimming program</strong></td>
<td>• Teachers organising/attending excursion or sporting event should plan an emergency response procedure prior to the event. This should outline the roles and responsibilities of teachers attending, if an anaphylactic reaction occurs. This includes distribution of laminated cards to all attending teachers, detailing the following:</td>
</tr>
<tr>
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<td>• Location of event, including Melway reference or nearest cross street.</td>
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<td>Procedure for calling ambulance, advising life threatening allergic reaction has occurred and adrenaline is required.</td>
</tr>
<tr>
<td><strong>Staff should also:</strong></td>
<td>• Carry mobile phones. Prior to event, check that mobile phone reception is available and if not, consider other form of emergency communication i.e. walkie talkie.</td>
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<td>• Consider increased supervision depending on size of excursion/sporting event i.e. if students are split into groups at large venue e.g. zoo, or at large sports venue for sports carnival.</td>
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<td>• Consider adding a reminder to all parents regarding children with allergies on the excursion/sports authorisation form and encourage parents not to send in specific foods in lunches (e.g. food containing nuts).</td>
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<tr>
<td></td>
<td>• Discourage eating on buses.</td>
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<tr>
<td></td>
<td>• Check if excursion includes a food related activity, if so discuss with parent.</td>
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<tr>
<td></td>
<td>• Ensure that all teachers are aware of the locatin of the emergency medical kit containing adrenaline autoinjector.</td>
</tr>
</tbody>
</table>
## RISK

### Considerations when you have a child at risk of anaphylaxis in your care

#### Medical Kits

- Medical kit containing ASCIA Action Plan for Anaphylaxis and adrenaline autoinjector should be easily accessible to child at risk and the adult/s responsible for their care at all times. On excursions ensure that the teacher accompanying the child's group carries the medical kit. For sporting events this may be more difficult, however, all staff and parent volunteers must always be aware of who has the kit and where it is.

Be aware - adrenaline autoinjectors should not be left sitting in the sun, in parked cars or buses.

Parents are often available to assist teachers on excursions in Children’s Services and primary schools. If child at risk is attending without a parent, the child should remain in the group of the teacher who has been trained in anaphylaxis management, rather than be given to a parent volunteer to manage. This teacher should carry the medical kit.

#### School camps

Parent involvement at primary school camps is often requested. Many primary schools invite the parent of the child at risk of anaphylaxis to attend as a parent helper. Irrespective of whether child is attending primary school or secondary college, parents of child at risk should have face to face meeting with school staff/camp coordinator prior to camp to discuss safety including the following:

- **School's emergency response procedures**, should clearly outline roles and responsibilities of the teachers in policing prevention strategies and their roles and responsibilities in the event of an anaphylactic reaction.

- **All teachers attending the camp should carry laminated emergency cards**, detailing the location of the camp and correct procedure for calling ambulance, advising the call centre that a life threatening allergic reaction has occurred and adrenaline is required.

- **Staff to practise with adrenaline autoinjector training devices** (EpiPen® and AnaPen® Trainers) and view DVDs prior to camp.

- **Consider contacting local emergency services and hospital prior to camp** and advise that xx children in attendance at xx location on xx date including child/ren at risk of anaphylaxis. Ascertain location of closest hospital, ability of ambulance to get to camp site area i.e. consider locked gates etc in remote areas.

- **Confirm mobile phone network coverage** for standard mobile phones prior to camp. If no access to mobile phone network, alternative needs to be discussed and arranged.

- **Parents should be encouraged to provide two adrenaline autoinjectors** along with the Action Plan for Anaphylaxis and any other required medications whilst the child is on the camp.

- **Clear advice should be communicated to all parents prior to camp on what foods are not allowed**.

- **Parents of child at risk of anaphylaxis and school need to communicate about food for the duration of the camp**. Parent should communicate directly with the provider of the food/chef/caterer and discuss food options/menu, cross contamination risks, safest food choices, bringing own food.

- **Parents may prefer to provide all child's food for the duration of the camp. This is the safest option**. If this is the case, storage and heating of food needs to be organised as well.

Discussions by school staff and parents with the operators of the camp facility should be undertaken well in advance of camp. Example of topics that need to be discussed would be:

1. Possibility of removal of peanut/tree nut from menu for the duration of the camp.
2. Creation of strategies to help reduce the risk of an allergic reaction where the allergen cannot be removed i.e. egg, milk, wheat. A decision may be made to remove pavlova as an option for dessert if egg allergic child attending for example.
3. Awareness of cross contamination of allergens in general i.e. during storage, preparation and serving of food.
4. Discussion of menu for the duration of the camp.
5. Games and activities should not involve the use of known allergens.
6. Camp organisers need to consider domestic activities which they assign to children on camp. It is safer to have the child with food allergy set tables, for example, than clean plates and clean up.

Allergy & Anaphylaxis Australia has launched a new publication titled *Preparing for Camps and Overnight School Trips with Food Allergies*. This comprehensive booklet consists of concise and easy-to-read information and ideas on preparing for school camp when you have students at risk of anaphylaxis.

To purchase or for more information call 1300 728 000 or visit www.allergyfacts.org.au
**RISK**

### Considerations when you have a child at risk of anaphylaxis in your care

| **Insect sting allergy** | Chirldren who have a severe insect sting allergy and are at risk of anaphylaxis need to have their adrenaline autoinjector and Action Plan for Anaphylaxis easily accessible at all times. Strategies that reduce the risk of insect stings vary depending on the insect the person is allergic to. Strategies both at school and on excursions can include:
|                  | • Avoiding being outdoors at certain times of the day
|                  | • Using insect repellents that contain DEET (Diethylytoluamide, N, N - diethyl - 3- methylbenzamide)
|                  | • Wearing light coloured clothing that covers most exposed skin
|                  | • Avoid wearing bright clothing with ‘flower’ type prints
|                  | • Wearing shoes at all times
|                  | • Avoiding perfumes or scented body creams/deodorants
|                  | • Wearing gloves when gardening
|                  | • Avoid picking up rubbish which may attract insects
|                  | • Being extra careful where there are bodies of water i.e. lake/pond/swimming pool.
|                  | • Chlorinated pools attract bees
|                  | • Drive with windows up in the car/windows closed in a bus
|                  | • Keep your drink (glass/bottle/can) indoors or covered. Always check your drinks before you sip i.e. don’t drink blindly from container.
|                  | • Keep garbage bins covered – lids on
|                  | • Keep grass areas mowed (reduce weed such as clover which attracts insects)
|                  | • Wearing boots and thick clothing such as denim jeans if ant sting allergic and in area where specific ants reside. Avoid ant mounds
|                  | • Not provoking bees, wasps or ants. Have mounds/nests removed by professionals
|                  | • Removal of nests when students/teachers are not present
|                  | • When putting in new plants consider location and select plants less likely to attract stinging insects.

### Things to consider when purchasing an adrenaline autoinjector for general use for your school or children’s service

Many Schools/Children’s Services now have an adrenaline autoinjector for general use and the device specific Action Plan for Anaphylaxis in their first aid kit. If your facility has an autoinjector for general use, you need to consider availability of this device at School or Children’s Service for:

- Excursions
- for school camp
- for specialist activities (i.e. a debating group, music group or sports team going off campus)
- even a walk to a local park

A risk assessment needs to be done to see which group (i.e. the group staying at the facility or the group going on an outing) should have the device for general use at any given time or on any given day. Considerations can include:

- number of children attending outing
- number of children at risk
- location of the activity
- location of emergency services
- mobile phone access
- food on location etc.
MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr
- Give other medications (if prescribed) ............................................
  Dose: .............................................................................................
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- 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)

ACTION

1. Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.
2. Give EpiPen® or EpiPen® Jr
3. Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)
4. Phone family/emergency contact
5. Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally. If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

EpiPen® is generally prescribed for adults and children over 5 years. EpiPen® Jr is generally prescribed for children aged 1-5 years.

* Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information

Note: This is a medical document that can only be completed and signed by the patient’s treating medical doctor and cannot be altered without their permission.
**ACTION PLAN FOR Anaphylaxis**

For use with Anapen® Adrenaline Autoinjectors

**MILD TO MODERATE ALLERGIC REACTION**

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

**ACTION**

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help
- Locate Anapen® 300 or Anapen® 150
- Give other medications (if prescribed) ........................................
  Dose: ................................................................................
- Phone family/emergency contact

*Mild to moderate allergic reactions may or may not precede anaphylaxis*

Watch for any one of the following signs of anaphylaxis

**ANAPHYLAXIS (SEVERE ALLERGIC REACTION)**

- Difficult/noisy breathing
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**ACTION**

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2. Give Anapen® 300 or Anapen® 150
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5. Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

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*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information ........................................

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.
Anaphylaxis Communication Plan

Classrooms
- Students will be reminded to wash their hands before and after eating
- Students will be requested not to share their food with others
- Table tops and benches where food has been prepared or served will be wiped clean after use
- To minimise the risk of a first-time reaction to nuts at school APS will not knowingly use nuts or nut products in curricular or extra-curricular activities
- Cooking and art and craft games will not knowingly involve the use of peanuts or tree nuts. The presence of other allergens specific to the student attending will be investigated and arrangements made to prevent deliberate exposure
- Casual relief teachers will be informed of children in their class at risk of anaphylaxis.

Canteen
- The canteen will not knowingly stock nuts or products containing nuts
- Up to date ASICA action plans including a photo will be displayed in the canteen
- Canteen volunteers will be briefed about students at risk of anaphylaxis, preventative strategies in place and the information in ASICA Action Plans
- Canteen volunteers will not knowingly contaminate other foods when preparing, handling or displaying food
- Ingredients lists will be made available on request.

Special events, Incursions, class parties etc.
- Incursion providers will be advised that there are students at the school at risk of anaphylaxis and will be requested not to bring nuts or nut products into the school
- Class teachers should consult parents in advance if food is to be served as part of an incursion, class activity or class party so that arrangements can be made for the student
- Parents/carers of other students will be advised by a letter sent home in the first week of school that a student in their son/daughter’s class has severe food allergies and is at risk of anaphylaxis to particular named allergens. (Appendix vii).

Playground
- Staff on playground duty will be trained in the use of the EpiPen® and be able to respond quickly if needed
- An Alert Card system and student key ring identification will be utilised to notify the staffroom and office of an anaphylactic reaction.
- A staff member will take the EpiPen to the student and another staff member will call the ambulance
- Staff are encouraged to carry personal mobiles while on duty.

Excursions and Camps
- The students EpiPen®, ASICA Action Plan and mobile phone will be taken on all excursions and camps
- A staff member or team of staff who have been trained in the recognition of anaphylaxis and the administration of the EpiPen® will accompany the student on excursions or camps.
- All staff present during the excursion or camp need to be aware if there is a student at risk of anaphylaxis
• If students break into groups during the excursion or camp, the student at risk of anaphylaxis should be accompanied by their EpiPen® and a teacher trained in the recognition of anaphylaxis and use of the EpiPen®
• Staff will develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction
• The school should consult parents/carers in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/carer to send a meal (if required)
• Parents/carers may wish to accompany their child on excursions or camps
• Consideration should be given to the potential exposure to allergens when consuming food on buses
• A risk management plan must be in place in advance for students at risk of anaphylaxis attending school camps, developed in consultation with the student’s parents/carers
• Camps will be advised in advance of any students with food allergies
• Only camps avoiding stocking peanut or tree nut products, including nut spreads will be used. Products that ‘may contain’ traces of nuts may be served but not to students who are known to be allergic to nuts
• Enquiries will be made about the availability of local emergency services in the area and how to access them. They will be contacted prior to the camp.

Roles and responsibilities and raising awareness
The roles and responsibilities of the Principal, staff, students and parents are set out in (Appendix ii)

Raising Staff Awareness
• The school’s policy and management strategies will be communicated to new staff and reinforced and practiced at staff meetings throughout each year.

Raising Student Awareness
Peer support is an important element of support for students at risk of anaphylaxis.
   Key messages for students are:
• Always take food allergies seriously – severe allergies are no joke
• Don’t share your food with friends who have food allergies
• Wash your hands after eating
• Know what your friends are allergic to
• If a schoolmate becomes sick, get help immediately
• Be respectful of a school mate’s EpiPen®
• Don’t pressure your friends to eat food that they are allergic to

It is important to be aware that some students at risk of anaphylaxis may not want to be singled out or be seen to be treated differently

Also be aware that bullying of students at risk from anaphylaxis can occur.

Work with parents/carers of students at risk of anaphylaxis
Parents/carers of a child who is at risk of anaphylaxis may experience high levels of anxiety about sending their child to school. The Principal, teachers and staff will encourage an open and cooperative relationship with parents/carers so that they can feel confident that appropriate management strategies are in place.

The Broader School Community
Activities to raise awareness about anaphylaxis in the school community will include:
• Display of posters and brochures
• Activities during Anaphylaxis Awareness Week
• School newsletter articles.

Privacy considerations
Some parents/carers of students may not wish the identity of the student to be disclosed to the wider school community. This should be discussed with the student’s parents/carers and written consent obtained to display the student’s name, photograph and relevant treatment details in staff areas, canteens and classrooms.
**APS ANAPHYLAXIS SCHOOL RESPONSE PLAN**

Watch for **any one** of the following signs of Anaphylaxis

Anaphylaxis (severe Allergic reaction)
- 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)

**ACTION**

Stay with the child
For insect allergy, flick out sting if visible. Do not remove ticks.

Lay person flat
Do not stand or walk. If breathing is difficult allow to sit.

Locate Action Plan and Medication
EpiPen® (or EpiPen® Jr if aged 1 - 5 years)
or
Other prescribed Medication
1. Send two senior children to the office with photo of child
2. Phone office to immediately send for Action Plan and Medication

Give Medication and Monitor

Phone ambulance*- 000 (AU), 112 (mobile)

Contact family/emergency contact

Further medication / adrenaline doses may be given if no response after 5 minutes
(if another adrenaline autoinjector is available)
Welcome to Alphington Primary School. Please ask for assistance at any time.

**Key contacts**

<table>
<thead>
<tr>
<th></th>
<th>Assistant Principals</th>
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</thead>
<tbody>
<tr>
<td>Leading Teacher</td>
<td></td>
</tr>
<tr>
<td>Year Colleague</td>
<td></td>
</tr>
<tr>
<td>Office</td>
<td>School Office</td>
</tr>
<tr>
<td>Principal</td>
<td>Principal Office</td>
</tr>
</tbody>
</table>

**Students with severe allergies - refer class roll**

<table>
<thead>
<tr>
<th>(Student)</th>
<th>(Allergen)</th>
<th>(Action required)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dairy, chocolate, egg</td>
<td>Ventolin if required</td>
</tr>
<tr>
<td></td>
<td>Also asthmatic</td>
<td></td>
</tr>
</tbody>
</table>

**Students requiring regular medication or monitoring – refer class roll**

<table>
<thead>
<tr>
<th>(Student)</th>
<th>(Medication)</th>
<th>(How administered)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**Emergency evacuation**

A continuous bell will sound. Exit the classroom and turn (left/right). Take the class roll. Assemble on the school basketball court.

**Students leaving early**

Students can only be released to an adult with an Early Leave Pass. File the pass as the absence record.

**Security**

Always lock the classroom door when vacating the room except for evacuations.

**Students requiring special management**

<table>
<thead>
<tr>
<th>(Student)</th>
<th>(Suggested strategy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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**Students with special learning needs**

<table>
<thead>
<tr>
<th>(Student)</th>
<th>(Learning Program/Needs)</th>
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<td></td>
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</table>

**Yard duty - days and times**

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Area</th>
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<td></td>
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</table>

**Wet day supervision**

**Teacher aides**

<table>
<thead>
<tr>
<th>(Aide)</th>
<th>(Students and attendance times)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Parent helpers**

<table>
<thead>
<tr>
<th>(Parent)</th>
<th>(Attendance time)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>See roster</td>
</tr>
<tr>
<td></td>
<td>See roster (On window beside teacher’s desk)</td>
</tr>
</tbody>
</table>

**Specialist times**

<table>
<thead>
<tr>
<th>Performing Arts</th>
<th>Sarah Raftopolous</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Ed</td>
<td>Richard Nulty</td>
</tr>
<tr>
<td>Visual Arts</td>
<td>Virginia Harding</td>
</tr>
<tr>
<td>LOTE</td>
<td>Deborah Luciani</td>
</tr>
</tbody>
</table>

**Class timetable**

<table>
<thead>
<tr>
<th>(Location) On teacher’s chair at front of room</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Class roll**

<table>
<thead>
<tr>
<th>(Location) On teacher’s chair at front of room</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Attendance slips**

Week’s attendance slip is sent to the office by 9.30am Fridays

**Cash collections**

Follow instructions in cash book in desk drawer – due at office by 10 am

**Lunch orders**

Send to office Tuesdays by 11.0 am

**School bank**

Wednesdays - Use banking wallet and send to office by 10 am

**Homework**

Usually distributed on (day). (Name) will assist.

**Newsletter**

Distributed every Thursday to family’s eldest student if not emailed.

**Notices**

Check pigeon hole in staffroom.

**Photocopier code**

**Student helpers**

**Other**

Thank you for working with our students: Please return your key and this folder.
Appendix viii

(School Letter Head)

January 2014

Dear Parents,

A student/students in your child’s class, xxx xxxxx, has/have severe allergic reactions (anaphylaxis) to e.g. peanuts, cashews, hazelnuts, pistachios and pecans, eggs, dairy products.

Sharing of snack and lunch food is discouraged throughout the school. Class teacher has discussed this with the class and reminded students that food is not to be shared. The students have spoken about the need to wash their hands after contact with any nuts or nut products (i.e. peanut butter, nutella).

We also strongly discourage parents from sending any nuts, or nut products to school for your child’s play lunch or lunch.

If there are class parties or birthday celebrations in the future it would be much appreciated if the food is sent free of any whole or chopped nuts, xxx, xxxxx (we understand it may be difficult to avoid nut traces).

xxx has a personal treat box for children’s birthday parties. If you have any further concerns please speak to Class teacher or xxxx (xxx’s mother ph xxxx xxxx).

Regards

Cheryl McCashney
Principal