

## **PARKHILL PRIMARY SCHOOL**

### **POLICY: Anaphylaxis Management Policy**

**PROGRAM LEADER: Rod McKinlay**

**DATE RATIFIED BY SCHOOL COUNCIL: June 2017**

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### **RATIONALE**

Anaphylaxis is the most severe form of allergic reaction and is potentially life threatening. It must be treated as a medical emergency, requiring immediate treatment and urgent medical attention. It can be triggered by certain food items, insect stings, medication, and other things. According to Anaphylaxis Australia up to 2% of Australians, including 1 in 10 children have food allergy and some of them will experience a life-threatening allergic reaction (anaphylaxis). The most common allergens are nuts, eggs, shellfish, cow's milk and bee or other insect stings, and some medications.

### **AIMS**

1. 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 the student's schooling.
2. To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community
3. To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
4. To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.
5. To fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

### **IMPLEMENTATION**

#### **STAFF TRAINING**

It is the principal's responsibility to ensure that staff training is compliant with the Department guidelines. First Aid training is provided for staff every three years, while annual whole staff training is provided in anaphylaxis by an outside agency (HeroHead) who are accredited in all aspects of First Aid, including anaphylaxis and CPR.

The following school staff will be appropriately trained:

- School staff who conduct classes attended by students who are at risk of anaphylaxis
- Any other school staff as determined by the principal to attend

General First Aid training does NOT meet the anaphylaxis training requirements under MO706.

In addition, **all** staff are to participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year) on:

- title and legal requirements as outlined in Ministerial Order 706
- pictures of the students at your school at risk of anaphylaxis, their allergens, year levels and risk management plans that are in place
- signs and symptoms of anaphylaxis
- ASCIA Anaphylaxis e-training
- ASCIA Action Plan for Anaphylaxis and how to administer an EpiPen®
- your school's First Aid policy and emergency response procedures
- on-going support and training.

The briefing must be conducted by a member of the school staff, preferably the person nominated as the School Anaphylaxis Supervisor, who has successfully completed an approved anaphylaxis management training course in the last 2 years.

In the event that the relevant training has not occurred for a member of staff who has a child in their class at risk of anaphylaxis, the principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents of any affected student. Training will be provided to relevant school staff as soon as practicable after the student enrolls, and preferably before the student's first day at school.

The principal will ensure that while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, there is a sufficient number of school staff present who have successfully completed an anaphylaxis management training course.

## **INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS**

A template for an Individual Anaphylaxis Management Plan can be found in Appendix 1 of this policy and on the Department's website:

<http://www.education.vic.gov.au/school/principals/spag/health/Pages/supportplanning.aspx>

The principal will ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrolls and where possible before their first day of school.

The Individual Anaphylaxis Management Plan will set out the following:

- information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has and the signs or symptoms the student might exhibit in the event of an allergic reaction (based on a written diagnosis from a medical practitioner)
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, for in-school and out-of-school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
- the name of the person(s) responsible for implementing the risk minimisation strategies which have been identified in the Plan
- information on where the student's medication will be stored
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner. Note: The red and blue 'ASCIA Action Plan for Anaphylaxis' is the recognised form for emergency procedure plans that is provided by medical practitioners to parents when a child is diagnosed as being at risk of anaphylaxis. An example can be found in Appendix 1 of this policy and on ASCIA website: <https://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>

School staff will then implement and monitor the student's Individual Anaphylaxis Management Plan as required.

The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents in all of the following circumstances:

- 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

- 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 (e.g. class parties, elective subjects and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions).

## **PARENT RESPONSIBILITIES**

It is the responsibility of the parents to:

- obtain the ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- immediately inform the school in writing if there is a change in their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, and if relevant obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up to date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
- provide the school with an adrenaline autoinjector (and any other medication detailed in the ASCIA Action Plan) that is in date (i.e. the device has not expired) for their child
- participate in annual reviews of their child's Plan.

If a child is medically diagnosed as being at risk of anaphylaxis but has not been prescribed an auto injector, the parent must provide the school with an ASCIA Action Plan for Allergic Reactions signed by a medical practitioner.

The principal may exclude a student from school until this is provided parent fully complies with responsibilities above.

## **RISK MINIMISATION STRATEGIES**

The school will put Risk Minimisation Strategies in place for all relevant in-school and out-of-school settings which include (but are not limited to) the following:

- during classroom activities (including class rotations, specialist and elective classes)
- between classes and other breaks
- in canteens
- during recess and lunchtimes
- before and after school
- camps and excursions, or at special events conducted, organised or attended by the school (e.g. class parties, elective subjects and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions).

## **SCHOOL PLANNING AND EMERGENCY RESPONSE**

The school's Anaphylaxis Management Policy must include Emergency Response Procedures relating to anaphylactic reactions including:

- a complete and up to date list of students identified as being at risk of anaphylaxis
- details of Individual Anaphylaxis Management Plans and ASCIA Action Plans for Anaphylaxis and where these are located within the school and during school excursions, school camps and special events conducted, organised or attended by the school
- an outline of the storage and accessibility of adrenaline autoinjectors, including those for general use
- how appropriate communication with school staff, students and parents is to occur in accordance with a Communication Plan that complies with DET guidelines.

## **ADRENALINE AUTOINJECTORS FOR GENERAL USE**

The principal (or representative) will purchase adrenaline autoinjector(s) for general use (purchased by the school) and as a back up to those supplied by parents.

The principal will also need to determine the number of additional adrenaline autoinjector(s) required to be purchased by the school. In doing so, the principal should take into account the following relevant considerations:

- the number of students enrolled at the school who have been diagnosed as being at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors that have been provided by parents of students who have been diagnosed as being at risk of anaphylaxis
- the availability and sufficient supply of adrenaline autoinjectors for general use in specified locations at the school including in the school yard, and at excursions, camps and special events conducted, organised or attended by the school
- the adrenaline autoinjectors for general use have a limited life, and will usually expire within 12-18 months, and will need to be replaced at the school's expense either at the time of use or expiry, whichever is first
- the expiry date of adrenaline autoinjectors should be checked regularly to ensure they are ready for use.

Parkhill students' EpiPens (and other Auto-injectors) are stored on the bench in the staff room against the south wall. Parents may choose to supply an additional Auto-injector for use in the class room and for the convenience of teachers.

## **COMMUNICATION PLAN**

The school will develop an annual anaphylaxis Communication Plan to provide information to all school staff, students and parents about anaphylaxis and the school's Anaphylaxis Management Policy.

The Communication Plan must include strategies for advising school staff, students and parents about how to respond to an anaphylactic reaction by a student in various environments including:

- during normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls
- during off-site or out of school activities, including on excursions, school camps and at special events conducted or organised by the school.

The Communication Plan must include procedures to inform volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction by a student in their care.

It is the responsibility of the principal of the school to ensure that relevant school staff are:

- adequately trained (either through face-to face or online training)  
AND
- briefed at least twice per calendar year through an in-house school briefing.

## **ANNUAL RISK MANAGEMENT CHECKLIST**

The principal will complete an annual Risk Management Checklist as published by the Department of Education and Training to monitor compliance with their obligations. The annual checklist is designed to step schools through each area of their responsibilities in relation to the management of anaphylaxis in schools.

## **EVALUATION**

This policy will be reviewed as part of the school's four-year review cycle.

## **APPENDICES**

- Appendix 1 – Individual Anaphylaxis Management Plan Template
- Appendix 2 – Parkhill's emergency response procedures for an anaphylactic reaction
- Appendix 3 – Strategies to reduce exposure to allergens

## **REFERENCES**

- Department of Education Vic - School Policy and Advisory Guide Anaphylaxis & Ministerial Order 706:  
<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx>
- Department of Education Vic - Anaphylaxis management School Check List  
[http://www.education.vic.gov.au/Documents/school/teachers/health/Anaphylaxis\\_SchoolSupervisorChecklist.pdf](http://www.education.vic.gov.au/Documents/school/teachers/health/Anaphylaxis_SchoolSupervisorChecklist.pdf)
- Department of Education Vic Anaphylaxis Guidelines  
[http://www.education.vic.gov.au/Documents/school/principals/health/2016\\_Anaphylaxis\\_Guidelines\\_FINAL.pdf](http://www.education.vic.gov.au/Documents/school/principals/health/2016_Anaphylaxis_Guidelines_FINAL.pdf)
- Privacy and Data Protection Act 2014  
[http://www.austlii.edu.au/au/legis/vic/num\\_act/padpa201460o2014317/](http://www.austlii.edu.au/au/legis/vic/num_act/padpa201460o2014317/)
- Education and Training Reform Act 2006  
[http://www.austlii.edu.au/au/legis/vic/consol\\_act/eatra2006273/](http://www.austlii.edu.au/au/legis/vic/consol_act/eatra2006273/)
- School Policy Advisory Guide  
<http://www.education.vic.gov.au/school/principals/spag/health/Pages/supportplanning.aspx>
- Australasian Society of Clinical Immunology and Allergy (ASCIA)  
<https://www.allergy.org.au/>

## APPENDIX 1

# Individual Anaphylaxis 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 parent's 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.

<b>School</b>	Parkhill Primary School	<b>Phone</b>	03 9807 2239
<b>Student</b>			
<b>DOB</b>		<b>Year level</b>	
<b>Severely allergic to:</b>			
<b>Other health conditions</b>			
<b>Medication at school</b>			
<b>EMERGENCY CONTACT DETAILS (PARENT)</b>			
<b>Name</b>		<b>Name</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Home phone</b>		<b>Home phone</b>	
<b>Work phone</b>		<b>Work phone</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Address</b>		<b>Address</b>	
<b>EMERGENCY CONTACT DETAILS (ALTERNATE)</b>			
<b>Name</b>		<b>Name</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Home phone</b>		<b>Home phone</b>	
<b>Work phone</b>		<b>Work phone</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Address</b>		<b>Address</b>	
<b>Medical practitioner contact</b>	<b>Name</b>		
	<b>Phone</b>		
<b>Emergency care to be provided at school</b>	As per Anaphylaxis Action Plan		

<b>Storage location for adrenaline autoinjector (device specific) (EpiPen®)</b>	1. Staff Room

**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.

**Name of environment/area:**

<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>

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**Name of environment/area:**

<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>


Insert copy of Individual's ASCIA [Anaphylaxis Action Plan](#) here. ASCIA Action plan templates are available on the Australian Society of Clinical Immunology and Allergy website. [Click here](#)



ascia  
australian society of clinical immunology and allergy  
www.allergy.org.au

# ACTION PLAN FOR Anaphylaxis

For EpiPen® adrenaline (epinephrine) autoinjectors

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Confirmed allergens: \_\_\_\_\_

Family/emergency contact name(s): \_\_\_\_\_

Work Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

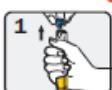
Plan prepared by Dr or NP: \_\_\_\_\_

I hereby authorise medications specified on this plan to be administered according to the plan

Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Action Plan due for review: \_\_\_\_\_

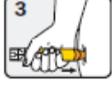
**How to give EpiPen®**



**1** Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



**2** Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



**3** PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds

REMOVE EpiPen® and gently massage injection site for 10 seconds

Instructions are also on the device label

**SIGNS OF MILD TO MODERATE ALLERGIC REACTION**

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

**ACTION FOR MILD TO MODERATE ALLERGIC REACTION**

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

**WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)**

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

**ACTION FOR ANAPHYLAXIS**

**1 Lay person flat - do NOT allow them to stand or walk**

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



**2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector**

**3 Phone ambulance\* - 000 (AU) or 111 (NZ)**

**4 Phone family/emergency contact**

**5 Further adrenaline doses may be given if no response after 5 minutes**

**6 Transfer\* person to hospital for at least 4 hours of observation**

**If in doubt give adrenaline autoinjector**

**Commence CPR at any time if person is unresponsive and not breathing normally**

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed:  Y  N

© ASCIA 2016 This plan was developed as a medical document that can only be completed and signed by the patient's medical or nurse practitioner and cannot be altered without their permission

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
- 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 (e.g. 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 – Risk Minimisation 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:	

Source: DET - <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

**APPENDIX 2  
EMERGENCY RESPONSES**

<b>Parkhill’s emergency response procedures for an <u>ANAPHYLACTIC REACTION</u>:</b>	
<b><u>Symptoms</u></b>	<ul style="list-style-type: none"> <li>• Difficult/noisy breathing</li> <li>• Swelling of tongue</li> <li>• Swelling/tightness in throat</li> <li>• Wheeze or persistent cough</li> <li>• Difficulty talking and/or hoarse voice</li> <li>• Persistent dizziness or collapse</li> <li>• Pale and floppy (young children)</li> <li>• Abdominal pain, vomiting (when related to an insect allergy)</li> </ul>
<b><u>Actions</u></b>	<ul style="list-style-type: none"> <li>• One (1) responsible adult to remain with child.               <ul style="list-style-type: none"> <li>▪ Lay person flat – if unconscious place in recovery position – if breathing is difficult allow them to sit</li> </ul> </li> <li>• One (1) person to get help via mobile phone (ringing the office) or send responsible children to the office/staff room with a red card emergency card or message.</li> <li>• One (1) person to bring allergy/anaphylaxis kit and respond in accordance with the Action Plan. (If EpiPen used, safely store EpiPen – noting time given – for ambulance). Travel with child to hospital and remain with child until parent/carer arrives.</li> <li>• One (1) person to ring ambulance by phoning 000 and advise that there is an anaphylactic reaction and stay on the phone to provide status updates and to receive/relay medical instructions. This may require a mobile phone to be taken to the patient.</li> <li>• One (1) person to locate additional prescribed EpiPen/s or School EpiPen and take to child in case required to be used if instructed by emergency operator (000).</li> <li>• One (1) person to contact parent / caregiver.</li> </ul>

<b>Parkhill’s emergency response procedures for a <u>SUSPECTED ALLERGIC REACTION</u>:</b>	
<b><u>Symptoms:</u></b>	<ul style="list-style-type: none"> <li>• Swelling of lips, face, eyes</li> <li>• Hives or welts</li> <li>• Tingling mouth</li> <li>• Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)</li> </ul>
<b><u>Actions</u></b>	<ul style="list-style-type: none"> <li>• One (1) responsible adult to remain with child. One (1) person to get help via mobile phone or ringing the office or send responsible children to the office/staff room with a red card emergency card or message.               <ul style="list-style-type: none"> <li>▪ For insect allergy - flick out sting if visible</li> <li>▪ For tick allergy - freeze dry tick and allow to drop off</li> </ul> </li> <li>• One (1) person to bring allergy/anaphylaxis kit and respond in accordance with the Action Plan (e.g. Administer any parent supplied medication such as antihistamines or Ventolin.</li> <li>• One (1) person to contact parent / caregiver.</li> <li>• If symptoms resolve take child to sick bay and remain with the child until collected by parent/caregiver. Child must never be left alone as allergic reaction symptoms may reappear.</li> </ul>

**APPENDIX 3**

**STRATEGIES TO REDUCE EXPOSURE TO ALLERGENS**

<b>GENERAL POLICY ISSUES</b>	
<b>School, policy communication</b>	<ul style="list-style-type: none"> <li>• Sending out an information sheet to the parent community on severe allergy and the risk of anaphylaxis on a class by class basis.</li> <li>• 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.</li> <li>• Publish policy on school website</li> <li>• Utilise the school newsletter periodically to raise allergy awareness.</li> </ul>
<b>Part-time educators, casual relief teacher</b>	<p>These educators need to know the identities of children at risk of anaphylaxis and should be aware of the anaphylaxis management plan at the school. 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.</p> <p>Suggestions to minimise the risk:</p> <ul style="list-style-type: none"> <li>• Casual staff, who work at school regularly, should be included in anaphylaxis training sessions.</li> <li>• Interim educational tools such as adrenaline autoinjector training devices and access to ‘how to administer’ videos available to all staff.</li> <li>• A free online training course for school staff is available from the ASCIA website (<a href="http://www.allergy.org.au">www.allergy.org.au</a>). This course can also be undertaken as refresher training.</li> </ul>
<b>Fundraising events/special events/cultural days</b>	<ul style="list-style-type: none"> <li>• Consider children with food allergy when planning any fundraisers, cultural days or stalls for fair/fete days, breakfast mornings etc.</li> <li>• Notices may need to be sent to parent community discouraging specific food products (e.g. nuts) where appropriate.</li> <li>• Where food is for sale, a list of ingredients should be available for each food.</li> </ul>
<b>INSECT ALLERGY</b>	
<b>Bees, wasps, stinging ants</b>	<ul style="list-style-type: none"> <li>• Have honey bee and wasp nests removed by a professional;</li> <li>• Cover garbage receptacles that may attract stinging insects.</li> <li>• When purchasing plants for an existing or new garden, consider those less likely to attract bees and wasps.</li> <li>• Specify play areas that are lower risk and encourage the student and their peers to play in these areas (e.g. away from garden beds or garbage storage areas).</li> <li>• Ensure students wear appropriate clothing and covered shoes when outdoors.</li> <li>• Be aware of bees in pools, around water and in grassed or garden areas.</li> <li>• Educate children to avoid drinking from open drink containers, particularly those containing sweet drinks that may attract stinging insects.</li> <li>• Children with food and insect allergy should not be asked to pick up litter by hand. Where possible, these types of duties should not put them at increased risk of an allergic reaction.</li> </ul>
<b>LATEX ALLERGY•</b>	
	<ul style="list-style-type: none"> <li>• Latex allergy is relatively rare in children, but where such individuals are identified non-latex gloves (e.g. sick bay, first aid kits, canteens, kitchens) should be made available.</li> <li>• Consideration may also need to be made for non-latex swimming caps if a school specific swimming cap must be worn (e.g. swimming lessons).</li> <li>• Non-latex balloons should also be considered when there is a child enrolled with latex allergy.</li> </ul>

## MEDICATION ALLERGY

- Severe allergic reactions to medications are relatively rare in young children outside of the hospital setting. Nonetheless, documentation regarding known or suspected medication allergy should be recorded by the school on enrolment.
- Any medication administered in the school/childcare setting should be undertaken in accordance with school/childcare and education and children's services department guidelines and with the written permission of parents or guardians.
- Students in the later years of primary school need to be reminded that they should not share medications (e.g. for period pain or headaches).

## FOOD ALLERGY

### In the classroom

#### Food rewards

- Food rewards should be discouraged and non-food rewards encouraged.
- If food rewards are being used, parents or guardians should be given the opportunity to provide a clearly labelled 'treat box' for their child.

#### Class parties or birthday celebrations

- Discuss these activities with the parents or guardians of the child with allergy well in advance.
- Suggest that a notice is sent home to all parents prior to the event, discouraging specific food products (e.g. nuts) where appropriate.
- 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 children; ideally, they should bring their own food.
- Child can participate in spontaneous birthday celebrations by parents supplying 'treat box' or safe cupcakes stored in the freezer in a labelled sealed container.

#### Cooking/food technology/garden

- Engage parents or guardians and older children in discussions prior to cooking sessions and activities using food.
- Remind all children to not share food they have cooked with others at school including during morning tea and lunch breaks.

#### Science experiments

- Engage parents in discussion prior to experiments containing foods.

#### Music

- There should be no sharing of wind instruments (e.g. recorders).
- Teacher should discuss with the parent or guardian about providing the child's own instrument where appropriate.

#### 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 should be taken with play dough etc. Check that nut oils have not been used in their manufacture. Discuss options with parents or guardians of wheat allergic children. If unable to use the play dough, provide an alternative material for the child to use.

#### Class rotations

- 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.

<p><b>In the playground</b></p>	<p><b>Litter duty</b></p> <ul style="list-style-type: none"> <li>• Non-rubbish collecting duties are encouraged.</li> <li>• Students at risk of insect sting anaphylaxis should be excused from this duty due to increased risk of allergen contact.</li> <li>• Students at risk of food allergy anaphylaxis should either be provided with gloves or an instrument to pick up the rubbish to avoid skin contact with potential allergens.</li> </ul> <p><b>Sunscreen</b></p> <ul style="list-style-type: none"> <li>• Parents of children at risk of anaphylaxis should be informed that sunscreen is offered to children. They may want to provide their own as some sunscreens may contain nut oils.</li> </ul>
<p><b>School gardens</b></p>	<ul style="list-style-type: none"> <li>• The cultivation of nut bearing crops and trees is a potential source of exposure to nut allergens.</li> <li>• As school gardens are considered part of the educational program, peanuts and tree nuts should be excluded from garden plantings.</li> </ul>
<p><b>Class pets, pet visitors, school chickens</b></p>	<ul style="list-style-type: none"> <li>• 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).</li> <li>• Have a strategy to reduce risk of the children with egg allergy coming into contact with raw egg if there are chickens in the farmyard that enables them to still participate.</li> </ul>
<p><b>Incursions (onsite activities)</b></p>	<ul style="list-style-type: none"> <li>• Prior discussion with parents if incursions/on-site activities include any food activities.</li> </ul>
<p><b>Excursions</b></p>	<ul style="list-style-type: none"> <li>• Teachers organising/attending excursions or sporting events should plan an emergency response procedure prior to the event. This should outline the roles and responsibilities of teachers attending, if an anaphylaxis occurs.</li> </ul> <p>Staff should also:</p> <ul style="list-style-type: none"> <li>• Carry mobile phones. Prior to event, check that mobile phone reception is available and if not, consider other forms of emergency communication (e.g. walkie talkie, satellite phone).</li> <li>• Consider increased supervision depending on the size of the excursion/sporting event (e.g. if students are split into groups at large venue such as a zoo or at large sports venue for a sports carnival).</li> <li>• Consider adding a reminder to all parents regarding children with allergies on the excursion/sports form and encourage parents not to send in specific foods in lunches (e.g. foods containing nuts).</li> <li>• Discourage eating on buses.</li> <li>• Check if excursion includes a food related activity, if so discuss with the parent or guardian.</li> <li>• Ensure that all staff are aware of the location of the emergency medical kit containing the adrenaline autoinjector and ASCIA Action Plan for Anaphylaxis and ensure the child at risk of anaphylaxis is in the care of the person carrying the adrenaline autoinjector.</li> </ul>

## School camps

Many primary schools invite the parent of the child at risk of anaphylaxis to attend as a parent helper. Irrespective of whether the child is attending primary school or secondary college, parents of children at risk of anaphylaxis should have a face to face meeting with school staff/camp coordinator prior to the camp to discuss 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 should demonstrate correct administration of adrenaline autoinjectors using training devices (EpiPen® and Anapen®) prior to camp.
- Consider contacting local emergency services and hospital prior to camp and advise that xx children are 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 (e.g. consider locked gates 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 or guardians should be encouraged to provide two adrenaline autoinjectors along with the ASCIA Action Plan for Anaphylaxis and any other required medications whilst the child is on the camp. The second adrenaline autoinjector should be returned to the parents/guardian on returning from camp.
- Clear advice should be communicated to all parents or guardians prior to camp regarding what foods are not allowed.
- Parents or guardians of children at risk of anaphylaxis and school staff need to communicate about food for the duration of the camp.
- Parents or guardians should also communicate directly with the catering staff and discuss food options/menu, food brands, cross contamination risks to determine the safest food choices for their child.
- Parents or guardians 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.

Discussions by school staff and parents or guardians 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:

- Possibility of removal of nuts from menu for the duration of the camp (if nut allergic child attending camp).
- Creation of strategies to help reduce the risk of an allergic reaction where the allergen cannot be removed (e.g. egg, milk, wheat). A decision may be made to remove pavlova as an option for dessert if an egg allergic child is attending for example.
- Awareness of cross contamination of allergens in general (e.g. during storage, preparation and serving of food).
- Discussion of the menu for the duration of the camp including morning and afternoon teas and suppers.
- Games and activities should not involve the use of peanut or tree nut products or any other known allergens.
- Camp organisers need to consider domestic activities that they assign to children on camp. It is safer to have the child with food allergy set tables, for example, rather than clear plates and clean up.

## ANIMAL ALLERGY

- Exposure to animals such as domestic dogs, cats, rabbits, rats, mice, guinea pigs, chickens and horses may trigger contact rashes, allergic rhinitis (hay fever) and sometimes asthma.
- Severe allergic reactions are rare but may occur, and are of potential relevance with activities such as “show and tell”, or visits to farms or zoos. Importantly, animal feed may sometimes contain food allergens (e.g. nuts in birdseed and cow feed, milk and egg in dog food, fish in fish food).
- If a child has an egg allergy, they may still wish to participate in activities such as hatching chickens in class, with close supervision and washing of their hands following handling of chickens.

Source: ASICA -

[https://www.allergy.org.au/images/scc/ASCIA\\_Risk\\_minimisation\\_strategies\\_table\\_030315.pdf](https://www.allergy.org.au/images/scc/ASCIA_Risk_minimisation_strategies_table_030315.pdf)

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