



# **MALVERN VALLEY PRIMARY SCHOOL**

## **ANAPHYLAXIS POLICY**

HEALTH

### **DEFINITION**

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 medication.

### **RATIONALE**

This school will comply with Ministerial Order 706 and guidelines related to anaphylaxis management in schools as published and amended by the Department of Education.

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at 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. Adrenaline given through an adrenaline auto-injection device to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

### **AIMS**

- To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community
- To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- 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.

### **IMPLEMENTATION**

#### **1. INDIVIDUAL ANAPHYLAXIS MANGEMENT PLANS**

- 1.1 The principal will ensure that an individual 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 that relates to allergy and the potential for anaphylactic reaction, where a school has been notified of that diagnosis.
- 1.2 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.
- 1.3 The individual anaphylaxis management plan must include the following:
  - Information about the medical condition that relates to the allergy and the potential for anaphylactic reaction including the type of allergy or allergies the student has, based on the written diagnosis from a 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 the school yard, camps, excursions or at special events conducted, organised and attended by the school.
  - 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 contact details.
  - An action plan for anaphylaxis in a format approved by ASCIA, provided by the parent.

- Set out the emergency procedures to be taken in the event of an anaphylactic 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.
  - Note: The red and blue 'ASCIA Action Plan' is the most common form of emergency procedures plan that is provided by medical practitioners to parents when a child is diagnosed as being at risk of anaphylaxis.
- 1.4 The student's individual management plan will be reviewed, in consultation with the student's parents/ carers in all of the following circumstances:
- Annually, and as applicable,
  - If the student's condition changes, or
  - Immediately after a student has an anaphylactic reaction at school.
  - When a student is to participate in camps, excursions or at special events conducted, organised and attended by the school.
- 1.5 It is the responsibility of the parent to:
- Provide the ASCIA Action Plan.
  - Inform the school in writing of their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic to reaction, changes and if relevant provide an updated 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.
  - Provide an in date, labelled adrenaline auto-injection device appropriate for their child.

## **2. COMMUNICATION PLAN**

- 2.1 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.
- 2.2 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 yard, on school excursions, on school camps and special event days.
- 2.3 Volunteers and casual relief staff of students at risk of anaphylaxis will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction of a student in their care during their induction or by the supervising teacher.

## **3. PREVENTION STRATEGIES**

- 3.1 The Principal or delegate will complete an Anaphylaxis Risk Management Checklist and monitor obligations as published and amended by the DET annually to ensure practices and strategies are up to date.
- 3.2 Parents of anaphylactic children who attend the school will be required to provide an anaphylaxis management plan to ensure staff are aware of individual allergies and can therefore maintain caution.
- 3.3 The first aid officer will ensure individual students' adrenaline auto-injection devices are in date.
- 3.4 The school canteen will supply nut free products and minimise sale and use of products that may contain traces of nuts
- 3.5 Teachers will encourage students to practise hygiene by keeping work and eating areas clean and not sharing food.
- 3.6 Teachers will encourage students to bring nut free products to school.

- 3.7 The school will put information about anaphylaxis into a newsletter in term 1 and teachers with children who have anaphylaxis will advise parents through a class newsletter that there are children in the class with anaphylaxis and remind them not to send allergen containing foods to school.
- 4. STAFF TRAINING AND EMERGENCY RESPONSE – first aid and emergency response**
- 4.1 The Principal will ensure that 2 staff are nominated to be the School Anaphylaxis Supervisors and complete the Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC.
- 4.2 The Principal will ensure that all school staff are trained by completing the ASCIA Anaphylaxis e-training for Victorian Schools followed by a competency check by the School Anaphylaxis Supervisors which remains valid for 2 years, as well as an online training module within 2 weeks of the competency check.
- 4.3 The Principal or First Aid officer will deliver twice yearly briefings (using DET provided resources) covering
- 4.3.1 The school's anaphylaxis management policy;
  - 4.3.2 The causes, symptoms and treatment of anaphylaxis;
  - 4.3.3 The identities of students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located;
  - 4.3.4 How to use an adrenaline autoinjector, including hands on practise with a trainer adrenaline autoinjector;
  - 4.3.5 The school's general first aid and emergency response procedures; and
  - 4.3.6 The location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.
- 4.4 At other times when a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school, the principal must ensure that there is a sufficient number of school staff present who have been trained in accordance with clause 4.2.
- 4.5 The principal will identify the school staff to be trained based on a risk assessment.
- 4.6 Training will be provided to these staff as soon as practicable after the student enrolls.
- 4.7 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.
- 4.8 All training of staff will be maintained on the school's Training Needs Register and is to be updated by individual staff upon completing courses in Anaphylaxis Management.
- 4.9 Photos of anaphylactic students will be kept in yard duty folders with management plans kept in classrooms, staffroom, first aid room and in the canteen)
- 4.10 Adrenaline auto-injection devices will be kept in the first aid room and taken with students when they leave the school grounds throughout the school day.
- 4.11 The principal will arrange for the purchase of additional adrenaline autoinjector(s) for general use and as a back up to those supplied by parents; and will consider the following upon purchase:
- 4.11.1 The number of students enrolled at the school that have been diagnosed with Anaphylaxis
  - 4.11.2 The accessibility of adrenaline autoinjectors that have been provided by parents;
  - 4.11.3 The availability of a 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;and
  - 4.11.4 That adrenaline autoinjectors have a limited life, 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.

4.12 In the event of an anaphylactic reaction, the student's ASCIA Action Plan will be followed, an ambulance will be called and the incident will be logged with the DET Emergency Management Security Services Unit (ph. 03 9589 6266)

### **APPENDICES:**

- Appendix 1 – Example of ASCIA Action Plan (parents to provide from medical practitioner)
- Appendix 2 – Individual Anaphylaxis Management Plan
- Appendix 3 – Annual Risk Management Checklist
- Appendix 4 – Department Risk Minimisation Strategies

### **EVALUATION:**

This policy will be reviewed as part of the school's three-year review cycle, or upon any updates advised by the DET.

### **RESOURCES:**

- DET guidelines  
<http://www.education.vic.gov.au/school/teachers/health/pages/anaphylaxisschl.aspx>
- DET Anaphylaxis Policy  
<http://www.education.vic.gov.au/school/principals/spag/health/Pages/anaphylaxis.aspx>
- Ministerial Order 706  
[http://www.education.vic.gov.au/Documents/school/teachers/health/Anaphylaxis\\_MinisterialOrder706.pdf](http://www.education.vic.gov.au/Documents/school/teachers/health/Anaphylaxis_MinisterialOrder706.pdf)
- ASCIA Anaphylaxis Australia: <https://www.allergyfacts.org.au/allergy-anaphylaxis>

**RATIFIED BY SCHOOL COUNCIL: 2016**

**TO BE REVIEWED: 2019**

## 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 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.

<b>School</b>		<b>Phone</b>	
<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>			
<b>Storage for Adrenaline Autoinjector (device specific) (EpiPen®/ Anapen®)</b>			
<b>ENVIRONMENT</b>			
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.			
<b>Name of environment/area:</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>
<b>Name of environment/area:</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>
<b>Name of environment/area:</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>
<b>Name of environment/area:</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>


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:	
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Date:	
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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):	
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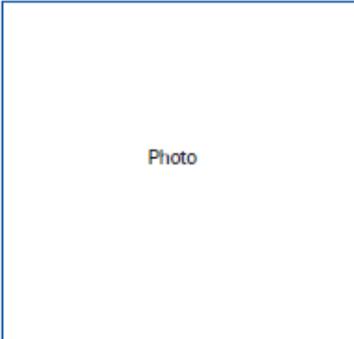
Date:	
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# ACTION PLAN FOR Anaphylaxis

For use with EpiPen® Adrenaline Autoinjectors

Name: \_\_\_\_\_

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



Confirmed allergens:

\_\_\_\_\_

Asthma Yes  No

Family/emergency contact name(s):

\_\_\_\_\_

Work Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

Plan prepared by:

Dr: \_\_\_\_\_

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

Date: \_\_\_\_\_

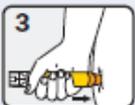
## How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.



PLACE ORANGE END against outer mid-thigh (with or without clothing).



PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.  
 REMOVE EpiPen®. Massage injection site for 10 seconds.

Instructions are also on the device label and at:  
[www.allergy.org.au/anaphylaxis](http://www.allergy.org.au/anaphylaxis)

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## 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.

## Appendix 3

# Annual Risk Management Checklist

School Name:	
Date of Review:	
Who completed this checklist?	Name:
	Position:
Review given to:	Name
	Position
Comments:	
<b>General Information</b>	
1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an Adrenaline Autoinjector?	
2. How many of these students carry their Adrenaline Autoinjector on their person?	
3. Have any students ever had an allergic reaction requiring medical intervention at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?	
4. Have any students ever had an Anaphylactic Reaction at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many students?	
b. If Yes, how many times?	
5. Has a staff member been required to administer an Adrenaline Autoinjector to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?	
6. Was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 1: Individual Anaphylaxis Management Plans</b>	
7. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an Adrenaline Autoinjector have an Individual Anaphylaxis Management Plan and ASCIA Action Plan completed and signed by a prescribed Medical Practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are all Individual Anaphylaxis Management Plans reviewed regularly with Parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?	
a. During classroom activities, including elective classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In canteens or during lunch or snack times	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Before and after School, in the school yard and during breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. For special events, such as sports days, class parties and extra-curricular activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. For excursions and camps	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do all students who carry an Adrenaline Autoinjector on their person have a copy of their ASCIA Action Plan kept at the School (provided by the Parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are they kept?	
11. Does the ASCIA Action Plan include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 2: Storage and Accessibility of Adrenaline Autoinjectors</b>	
12. Where are the student(s) Adrenaline Autoinjectors stored?	
13. Do all School Staff know where the School's Adrenaline Autoinjectors for General Use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are the Adrenaline Autoinjectors stored at room temperature (not refrigerated)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is the storage unlocked and accessible to School Staff at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
17. Are the Adrenaline Autoinjectors easy to find?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	

18. Is a copy of student's Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) kept together with the student's Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the Adrenaline Autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Has someone been designated to check the Adrenaline Autoinjector expiry dates on a regular basis? Who? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Are there Adrenaline Autoinjectors which are currently in the possession of the School and which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Has the School signed up to EpiClub or ANA-alert (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Do all School Staff know where the Adrenaline Autoinjectors and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Has the School purchased Adrenaline Autoinjector(s) for General Use, and have they been placed in the School's first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Where are these first aid kits located?	
26. Is the Adrenaline Autoinjector for General Use clearly labelled as the 'General Use' Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Is there a register for signing Adrenaline Autoinjectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 3: Prevention Strategies</b>	
28. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Have all School Staff who conduct classes with students with a medical condition that relates to allergy and the potential for anaphylactic reaction successfully completed an Anaphylaxis Management Training Course in the three years prior and participated in a twice yearly briefing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Are there always sufficient School Staff members on yard duty who have successfully completed an Anaphylaxis Management Training Course in the three years prior?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 4: School Management and Emergency Response</b>	
32. Does the School have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Do School Staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you developed Emergency Response Procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In all School buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the School?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Does your plan include who will call the Ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Is there a designated person who will be sent to collect the student's Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Have you checked how long it will take to get to the Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) to a student from various areas of the School including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. On excursions or other out of school events is there a plan for who is responsible for ensuring the Adrenaline Autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the Adrenaline Autoinjector for General Use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Who will make these arrangements during excursions? .....	

40. Who will make these arrangements during camps? .....	
41. Who will make these arrangements during sporting activities? .....	
42. Is there a process for post incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Have all School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction and any other staff identified by the Principal, been briefed on:	
a. The School's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students with a medical condition that relates to allergy and the potential for an anaphylactic reaction, and who are prescribed an Adrenaline Autoinjector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The School's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the Adrenaline Autoinjector(s) for General Use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the Adrenaline Autoinjectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 4: Communication Plan</b>	
44. Is there a Communication Plan in place to provide information about anaphylaxis and the School's policies?	
a. To School Staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To Parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
45. Is there a process for distributing this information to the relevant School Staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	
46. How is this information kept up to date?	
47. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
48. What are they?	

## Appendix 4

# Discussion Guide

## Ideas on Risk Minimisation Strategies in the School and/or Childcare Environment

**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.

<b>RISK</b>	<b>Considerations when you have a child at risk of anaphylaxis in your care</b>
<b>Food brought to school</b>	<ul style="list-style-type: none"><li>• Consider sending out an information sheet to the parent community on severe allergy and the risk of anaphylaxis.</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></ul>
<b>School fundraising/ 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. Notices may need to be sent to parent community discouraging specific food products. E.g. nuts</li></ul>
<b>Food rewards</b>	<ul style="list-style-type: none"><li>• Food rewards should be discouraged and non-food rewards encouraged.</li><li>• 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.</li></ul>
<b>Class parties / Birthday celebrations</b>	<ul style="list-style-type: none"><li>• Discuss these activities with parents of allergic child well in advance</li><li>• Suggest that a notice is sent home to all parents prior to the event, discouraging specific food products</li><li>• Teacher may ask the parent to attend the party as a 'parent helper'</li><li>• Child at risk of anaphylaxis should not share food brought in by other students. Ideally they should bring own food.</li><li>• Child can participate in spontaneous birthday celebrations by parents supplying 'treat box' or safe cup cakes stored in freezer in a labelled sealed container</li></ul>
<b>Cooking/Food Technology</b>	<ul style="list-style-type: none"><li>• Engage parents in discussion prior to cooking sessions and activities using food.</li><li>• Remind all children to not share food they have cooked with others at school.</li></ul>

<b>Science experiments</b>	<ul style="list-style-type: none"> <li>Engage parents in discussion prior to experiments containing foods.</li> </ul>
<b>Students picking up papers</b>	<ul style="list-style-type: none"> <li>Students at risk of food or insect sting anaphylaxis should be excused from this duty.</li> <li>Non rubbish collecting duties are encouraged.</li> </ul>
<b>Music</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>Art and craft classes</b>	<ul style="list-style-type: none"> <li>Ensure containers used by students at risk of anaphylaxis do not contain allergens .e.g. egg white or yolk on an egg carton.</li> <li>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.</li> <li>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.</li> </ul>
<b>Canteen</b>	<ul style="list-style-type: none"> <li>Does canteen offer foods that contain the allergen?</li> <li>What care is taken to reduce the risk to a child with allergies who may order/ purchase food?</li> </ul> <p><b>Strategies to reduce the risk of an allergic reaction can include:</b></p> <ul style="list-style-type: none"> <li>Staff (including volunteer helpers) educated on food handling procedures and risk of cross contamination of foods said to be 'safe'</li> <li>Child having distinguishable lunch order bag</li> <li>Restriction on who serves the child when they go to the canteen</li> <li>Discuss possibility of photos of the children at risk of anaphylaxis being placed in the canteen/children's service kitchen.</li> <li>Encourage parents of child to visit canteen/Children's Service kitchen to view products available.</li> <li>See Anaphylaxis Australia's School Canteen poster, Preschool/Playgroup posters and School Canteen Discussion Guide. <a href="http://www.allergyfacts.org.au">www.allergyfacts.org.au</a></li> </ul>
<b>Sunscreen</b>	<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.</li> </ul>
<b>Hand washing</b>	<ul style="list-style-type: none"> <li>Classmates encouraged to wash their hands after eating.</li> </ul>

<b>RISK</b>	<b>Considerations when you have a child at risk of anaphylaxis in your care</b>
<p><b>Part-time educators, casual relief teachers &amp; religious instruction teachers</b></p> <p><b>Suggestions:</b></p>	<p>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.</p> <ul style="list-style-type: none"> <li>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.</li> <li>Schools should have interim educational tools such as autoinjector training devices and DVDs available to all staff.</li> <li>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.</li> </ul>
<b>Use of food as counters</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>Class rotations</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>Class pets/ pet visitors /school farmyard</b>	<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>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.</li> </ul>

	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>If there is concern about the child having a skin reaction, consider the child wearing gloves.</li> <li>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.</li> </ul>
<b>Incursions</b>	<ul style="list-style-type: none"> <li>Prior discussion with parents if incursions include any food activities.</li> </ul>
<b>Excursions, Sports carnivals, Swimming program</b>	<ul style="list-style-type: none"> <li>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: <ul style="list-style-type: none"> <li>Location of event, including Melway reference or nearest cross street.</li> </ul> </li> </ul> <p><b>Procedure for calling ambulance, advising life threatening allergic reaction has occurred and adrenaline is required.</b></p>
<b>Staff should also:</b>	<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 form of emergency communication i.e. walkie talkie.</li> <li>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.</li> <li>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).</li> <li>Discourage eating on buses.</li> <li>Check if excursion includes a food related activity, if so discuss with parent.</li> <li>Ensure that all teachers are aware of the location of the emergency medical kit containing adrenaline autoinjector.</li> </ul>

<b>RISK</b>	<b>Considerations when you have a child at risk of anaphylaxis in your care</b>
<b>Medical Kits</b>	<p><b>(Student's own and school's autoinjector for general use)</b></p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p><b>Be aware - adrenaline autoinjectors should not be left sitting in the sun, in parked cars or buses.</b></p> <p>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.</p>
<b>School camps</b>	<p>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:</p> <ul style="list-style-type: none"> <li><b>School's emergency response procedures</b>, 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.</li> <li><b>All teachers attending the camp should carry laminated emergency cards</b>, 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.</li> <li><b>Staff to practise with adrenaline autoinjector training devices</b> ( EpiPen® and AnaPen® Trainers) and view DVDs prior to camp.</li> <li><b>Consider contacting local emergency services and hospital prior to camp</b> and advise that xx children in attendance at xx location on xx date including child/ren at</li> </ul>

	<p>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.</p> <ul style="list-style-type: none"> <li>• <b>Confirm mobile phone network coverage</b> for standard mobile phones prior to camp. If no access to mobile phone network, alternative needs to be discussed and arranged.</li> <li>• <b>Parents should be encouraged to provide two adrenaline autoinjectors</b> along with the Action Plan for Anaphylaxis and any other required medications whilst the child is on the camp.</li> <li>• Clear advice should be communicated to all parents prior to camp on what foods are not allowed.</li> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>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:</b></p> <ol style="list-style-type: none"> <li>1. Possibility of removal of peanut/tree nut from menu for the duration of the camp.</li> <li>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.</li> <li>3. Awareness of cross contamination of allergens in general i.e. during storage, preparation and serving of food.</li> <li>4. Discussion of menu for the duration of the camp.</li> <li>5. Games and activities should not involve the use of known allergens.</li> <li>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 clear plates and clean up.</li> </ol> <p>Allergy &amp; Anaphylaxis Australia has launched a new publication titled <b><i>Preparing for Camps and Overnight School Trips with Food Allergies</i></b>. 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.</p> <p><b>To purchase or for more information call 1300 728 000 or visit <a href="http://www.allergyfacts.org.au">www.allergyfacts.org.au</a></b></p>
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<b>RISK</b>	<b>Considerations when you have a child at risk of anaphylaxis in your care</b>
*Insect sting allergy	<p>Children 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:</p> <ul style="list-style-type: none"> <li>• Avoiding being outdoors at certain times of the day</li> <li>• Using insect repellents that contain DEET (Diethyltoluamide, N, N - diethyl - 3-methylbenzamide)</li> <li>• Wearing light coloured clothing that covers most exposed skin</li> <li>• Avoid wearing bright clothing with 'flower' type prints</li> <li>• Wearing shoes at all times</li> <li>• Avoiding perfumes or scented body creams/deodorants</li> <li>• Wearing gloves when gardening</li> <li>• Avoid picking up rubbish which may attract insect/s</li> <li>• Being extra careful where there are bodies of water i.e. lake/pond/swimming pool.</li> <li>• Chlorinated pools attract bees</li> <li>• Drive with windows up in the car/windows closed in a bus</li> <li>• Keep your drink (glass/bottle/can) indoors or covered. Always check your drinks before you sip i.e. don't drink blindly from container.</li> <li>• Keep garbage bins covered – lids on</li> <li>• Keep grass areas mowed (reduce weed such as clover which attracts insects)</li> <li>• Wearing boots and thick clothing such as denim jeans if ant sting allergic and in area where specific ants reside. Avoid ant mounds</li> <li>• Not provoking bees, wasps or ants. Have mounds/nests removed by professionals</li> <li>• Removal of nests when students/teachers are not present</li> </ul>

	<ul style="list-style-type: none"> <li>• When putting in new plants consider location and select plants less likely to attract stinging insects.</li> </ul>
	<p><b>Things to consider when purchasing an adrenaline autoinjector for general use for your school or children's service</b></p> <p>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:</p> <ul style="list-style-type: none"> <li>• Excursions</li> <li>• for school camp</li> <li>• for specialist activities (i.e. a debating group, music group or sports team going off campus)</li> <li>• even a walk to a local park</li> </ul> <p>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:</p> <ul style="list-style-type: none"> <li>• number of children attending outing</li> <li>• number of children at risk</li> <li>• location of the activity</li> <li>• location of emergency services</li> <li>• mobile phone access</li> <li>• food on location etc.</li> </ul>

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