

RATIONALE

Eastbourne Primary School has a duty of care towards students, which includes protecting a student at risk of anaphylactic reaction from risks that the school should reasonably have foreseen.

Eastbourne Primary School will fully comply with Ministerial Order 706 and the associated guidelines published and amended by the Department from time to time. The school acknowledges its responsibility to develop and maintain an Anaphylaxis Management Policy.

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.

Signs and symptoms of anaphylaxis

For a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes;
- hives or welts, tingling mouth; and
- abdominal pain and/or vomiting (these are signs of a severe allergic reaction to insects).

For a severe allergic reaction can include:

- difficulty breathing or noisy breathing;
- swelling of the tongue;
- swelling/tightness in the throat
- difficulty talking and/or a hoarse voice;
- wheeze or persistent cough;
- persistent dizziness or collapse; and
- young children may appear pale and floppy.

Symptoms usually develop within 10 minutes to several hours after exposure to an allergen, but can appear within a few minutes.

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.
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.

GUIDING PRINCIPLES

A reaction can develop within minutes of exposure to the allergen, but with awareness, planning and training, a reaction can be treated effectively by using an adrenaline auto-injector injected into the muscle of the outer mid-thigh. The school will ensure that a backup adrenaline auto-injector is at all times part of the school's first aid supplies and available for general use.

Eastbourne P.S. recognises that it is difficult to achieve a completely allergen free environment in a school context. Eastbourne P.S. is committed to adopting and implementing a range of procedures and risk minimisation strategies:-

- to reduce the risk of a student having an anaphylactic reaction at school.
- to ensure that staff are trained to respond appropriately if a student has an anaphylactic reaction.
- to ensure that prevention strategies will be employed by the school to minimise the risk of an anaphylactic reaction.
- all staff, students and members of the Eastbourne P.S. community are aware of the Communication Plan developed to raise awareness about severe allergies.

DEFINITION

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. Up to two per cent of the general population and up to five percent of children are at risk. The most common causes in young children are eggs, nuts, cow milk, bee or other insect stings and some medications.

DEPARTMENT POLICY

Under Ministerial Order 706 any school that has enrolled a student/s at risk of anaphylaxis must by law have a school Anaphylaxis Management Policy in place. The Order outlines mandatory anaphylaxis training requirements for Victorian schools and includes the new online training model, accessed from ASCIA Anaphylaxis e-Training.

IMPLEMENTATION

ANY SCHOOL THAT HAS A STUDENT OR STUDENTS AT RISK OF ANAPHYLAXIS MUST HAVE THE FOLLOWING IN PLACE:

- 1. An Individual Anaphylaxis Management Plan** for the student, developed in consultation with the student's parents/carers and medical practitioner (**see Appendix 1**)
- 2. Prevention strategies** for in-school and out of school settings
- 3. A communication plan** to raise staff, student and school community awareness about severe allergies and the school's policies
- 4. Regular training** and updates for school staff in recognising and responding appropriately to an anaphylactic emergency, including competently administering an Adrenaline Auto-injector.

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

Anaphylaxis Management Plans (**Appendix 1**) will be developed for every student who has been diagnosed as at risk of anaphylaxis.

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 student's Anaphylaxis Management Plan should clearly set out the following:

- Information about the diagnosis, including the type of allergy or allergies the student has (based on a 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 food related activities, camps, excursions and incursions.
- 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 emergency procedures plan (ASCIA Action Plan), provided by the parent, that:
 - 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.

The student's individual management plan will be reviewed, in consultation with the student's parents/carers:

- annually before the school year commences, and if there is a changeover of teachers
- if the student's condition changes
- immediately after a student has an anaphylactic reaction (either at school or outside 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 (eg. class parties, elective subjects, cultural days, fetes, incursions).

A copy of the student's ASCIA Action Plan will be kept in the first aid office with the student's medication and will be easily accessible by staff in the event of an incident. Another copy will be provided to the student's teacher.

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 downloaded from the following website:

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

PREVENTION STRATEGIES

The key to prevention of anaphylaxis is the **identification of triggers** (allergens) and prevention of exposure to these.

For students who have been diagnosed with a severe allergy, there is a range of practical prevention strategies that

schools can put in place to minimise exposure to known allergens.

Schools should undertake a **risk assessment** based on the student's usual routine, as well as plan for special circumstances such as class parties, sports days, camps, incursions or excursions. It is useful to discuss and establish emergency procedures for various scenarios, e.g. if an anaphylactic reaction occurs in the classroom, while on yard duty or after school, and practise these to assess how effective they are.

Banning of food or other products is not recommended due to the possibility of encouraging complacency among staff and students, the presence of hidden allergens and the difficulty of monitoring and enforcing a ban. It is better for school communities to become aware of the risks associated with anaphylaxis, and to implement practical, age-appropriate strategies to minimise exposure to known allergens. However, it is

recommended that food related activities are amended where practicable to minimise any risk of exposure to the allergen and to allow students at risk of anaphylaxis to participate equally in all activities.

A ban on peanut and nut products within a school is not recommended but may be agreed to by a school and its community. However to minimize the risk of a first-time reaction to nuts, schools should not use peanuts, nuts, peanut butter or other peanut or nut products in curricular or extra-curricular activities.

Food such as cakes or other foods may be sent to school to celebrate birthdays however a full list of ingredients needs to be provided. On special occasions when food is freely available, teachers will ensure that a safe environment is maintained for all students. Prior to commencing units of work that involve cooking, teachers will discuss the individual needs of students at risk with parents.

Refer to **Appendix 2** of the Anaphylaxis Guidelines for Victorian Government Schools for advice about a range of prevention strategies that can be put in place.

STAFF TRAINING AND EMERGENCY RESPONSE

School staff must complete one of the following options to meet anaphylaxis training requirements of Ministerial Order 706.

Option 1: All school staff complete the *ASCIA Anaphylaxis e-training* followed by a competency check by the Assistant Principal (valid for two years); **and**

Two staff per school complete the course in *Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC*, provided for free by the Asthma Foundation (valid for three years).

Option 2: School staff (as determined by the Principal) complete the Course in *First Aid Management of Anaphylaxis*

22300VIC provided St John Ambulance for a fee (valid for three years). The principal will identify the school staff to be trained based on a risk assessment.

Please note First Aid training does not meet the requirements of anaphylaxis training requirements under MO706.

Training will be provided as soon as practicable after a child at risk of an anaphylactic reaction enrolls. 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.

In addition, all schools with a child at risk of an anaphylactic reaction enrolled must undertake twice-yearly briefings on anaphylaxis management under Ministerial Order 706. Topics will include:

- the school's Anaphylaxis Management Policy;
- the causes, symptoms and treatment of anaphylaxis;
- the identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located;
- how to use an Adrenaline Auto-injector, including hands on practise with a trainer Adrenaline Auto-injector device;
- the school's general first aid and emergency response procedures; and
- the location of, and access to, Adrenaline Auto-injector that have been provided by parents or purchased by the school for general use.

The briefing must be conducted by a member of school staff who has successfully completed an Anaphylaxis Management Training Course in the last 12 months.

The school's first aid procedures and students' emergency procedures plans (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.

Note: A video has been developed and can be viewed from:

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

Storage and Accessibility of Adrenaline Auto-injector

If a student has been prescribed an Adrenaline Auto-injector, the Adrenaline Auto-injector must be provided by the student's parent/carers to the school.

Adrenaline Auto-injectors will be located in the first aid office and when deemed appropriate by parents and the school, another Adrenaline Auto-injector may be carried by an at-risk student.

A school purchased back-up Adrenaline Auto-injector will be carried by one yard duty teacher. It will be in the green yard duty bag and the teacher carrying this bag will wear the orange vest.

Adrenaline Auto-injectors should be clearly labelled with the student's name; a copy of the student's ASCIA Action Plan should be kept with the Adrenaline Auto-injector; each student's Adrenaline Auto-injector should be distinguishable from other students' Adrenaline Auto-injector and medications; all staff should know where the Adrenaline Auto-injector is located; and Adrenaline Auto-injectors should be signed in and out when taken from the usual place, for example for camps or excursions.

Adrenaline Auto-injectors for General Use

The principal will purchase Adrenaline Auto-injector(s) for general use (purchased by the school) and as a back up to those supplied by parents.

The principal will determine the number of additional Adrenaline Auto-injector(s) required. In doing so, the principal will 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 Auto-injectors 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 Auto-injector for general use in specified locations at the school, including in the school yard and at excursions, camps and special events conducted or organised by the school; and
- the Adrenaline Auto-injector for general use have a limited life, usually expiring 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.

Note: Adrenaline Auto-injector for general use are available for purchase at any chemist. No prescriptions are necessary.

RESPONSIBILITIES

Students at Risk will:

1. be asked to only eat snack food and lunches prepared at home and not trade or share food, food utensils or containers.

Parents/Carers of Students at Risk will:

1. inform the school, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed as being at risk of anaphylaxis and provide the ASCIA Action Plan which is signed by a medical practitioner.
2. 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. provide the school with an Adrenaline Auto-injector (and a spare if deemed necessary).
4. replace the Adrenaline Auto-injector before it expires.
5. inform the school in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan
6. inform staff of any changes to the student's emergency contact details.
7. meet with the school to develop the student's Individual Anaphylaxis Management Plan.
8. assist school staff in planning and preparation for the student prior to school camps, field trips, incursions, excursions or special events such as class parties or sport days.
9. supply alternative food options for the student when needed.

10. participate in reviews of the student's Anaphylaxis Management Plan, e.g. when there is a change to the student's condition or at an annual review.

School staff, other students and volunteers

Organisation

1. Auto-injecting devices will be stored properly (below 25 degrees, out of direct sunlight, in an easily accessible location) in the First Aid room and will be clearly labelled with the students' names and anaphylaxis management plans.
2. A copy of the student's ASCIA Action Plan will be kept with the Adrenaline Auto-injector.
3. A copy of the student's ASCIA Action Plan will be available in the First Aid Room, Front Office and in the student's classroom.

Training

1. All staff will have regular training in recognizing and responding to an anaphylactic reaction and in the use of an Adrenaline Auto-injector.
2. All staff will be familiar with the ASCIA Action Plans and Individual Management Plans of the anaphylactic students.
3. Staff briefings will be conducted each semester to review policy and procedures.
4. Risk assessments will be conducted at the commencement of the year and prior to excursions and camps.

First Aid coordinator will:

1. check adrenaline auto-injectors for cloudiness and/or expiry dates and inform parents, in writing, if they need to be replaced.
2. maintain an up to date register of students at risk of anaphylaxis.
3. display ascia action plans in the first aid room, office, staffroom and canteen.
4. expect that students' emergency contact details are up to date.
5. ensure that the adrenaline auto-injector is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place, and that it is appropriately labelled and accompanied by the ascia action plan and individual management plan.
6. support staff in conducting regular reviews of prevention and management strategies and individual student management plans.
7. support staff in developing strategies to raise school staff, student and community awareness about severe allergies.

Teachers in charge of excursions, out of school activities and camps will:

1. conduct a risk assessment of the venue
2. ensure that they take the auto-injecting device and are responsible for the administration of all medications.
3. ensure visitors to the school are informed of the presence of students at Rye with severe food allergies.
4. inform the venue staff of the presence of students with severe food allergies.
5. inform parents of anaphylactic children either by written notification and/or email or phone contact about planned activities involving food to allow them to consider the food and/or provide an alternative. For random activities/events, parents of anaphylactic children must be contacted prior to food being offered to their children. No parent contact, no food!

Classroom and specialist teachers will:

1. educate all students about anaphylaxis.
2. be mindful of the use of food treats in class or as rewards, as these may contain hidden allergens.
3. be alert to the type of food containers used for art/craft activities, in particular milk, egg and nut containers. These items/containers will not be used with children at risk of anaphylaxis.
4. make sure in food technology that tables and surfaces are wiped down regularly with anti-bacterial wipes and that students at risk are given an allocated workspace.
5. assist anaphylactic students to wash their hands at the conclusion of lessons involving shared items/equipment and before eating.
6. will not ask anaphylactic students participate in cleaning up of food rubbish, unless it is their own and will not participate in yard duty that includes cleaning up of food rubbish, unless it is their own.

Administration Staff will:

1. ensure a copy of an anaphylactic student's ASCIA Action Plans and Individual Management Plans is available for CRTs and other volunteers to view and the Emergency Response Plan is made known.

Casual Relief Teachers will:

1. be asked if they have been trained.
2. be provided with a list of at risk students
3. will review Individual Anaphylaxis Management Plans at the commencement of the day.
4. will review emergency procedures be discussed, including the location of the medication and action plan.

All Students will:

1. be encouraged not to share or swap food.
2. clearly label lunchboxes and drink containers with their name.
3. be encouraged not to use anyone else's lunch box or drink from anyone else's drink bottle.
4. be advised not to take foodstuffs with them on excursions or camps that contain known allergens such as nuts.

School Canteen, Stephanie Alexander Kitchen and P&F will:

1. demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling practices such as being careful of the risk of cross-contamination when preparing, handling and displaying food.
2. inform parents of anaphylactic children well in advance about planned activities involving food. No parent contact, no food.
3. view ASCIA plans for at risk students.

COMMUNICATION PLAN

The principal will be responsible for ensuring that a communication plan is developed to provide information to all staff, students, parents and visitors (including casual relief teachers) about anaphylaxis and the school's anaphylaxis management policy.

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.

Volunteers and casual relief staff of students at risk of anaphylaxis will be informed regarding students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the Principal, Assistant Principal or reception staff.

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 causes, 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
- All school staff, students and parents are to refer to the Emergency Response Procedures listed in Appendix C for guidance on how to respond to an anaphylactic reaction, via the First Aid Officer.

Any staff member whether it be casual or full time will undertake training including being provided with a list of students with IMP's and directed to a copy of the Anaphylaxis Policy by the school's induction coordinator or daily organiser.

The Principal is responsible for ensuring that the school staff are trained in accordance with process set out in the section Staff Training and Emergency Response of this policy.

The Principal is responsible for making sure this policy is adequately communicated to the wider school community including all employees. This will occur through newsletter articles, training and support as detailed previously, annual review of the policy including community input, posting on the schools' website and being promoted to students through level assemblies.

PREVENTION STRATEGIES

The prevention strategies used by the school to minimise the risk of an anaphylactic reaction occurring with the school are highlighted in purple on Appendix D – Discussion Guide Ideas on Risk Minimisation Strategies in the School and/or Childcare Environment. This discussion guide will also be provided to staff and parents for consultation when developing and reviewing a student's IMP.

EVALUATION / POST INCIDENT SUPPORT

An anaphylactic reaction can be a very traumatic experience for the student, others witnessing the reaction, and parents. In the event of an anaphylactic reaction, students and school staff may benefit from post-incident counselling, provided by the Well-being team or School psychologist.

If a child has an anaphylactic reaction, there will be a review the adequacy of the response of the school and consider the need for additional training and other corrective action. This will include the following steps.

1. The adrenaline auto-injector must be replaced by the parent/caregiver before the student is allowed to return to school.
2. If the general use adrenaline auto-injector is used this should be replaced as soon as possible.
3. The students IMP should be reviewed in consultation with the students parent/care givers.
4. The schools anaphylaxis management policy should be reviewed to ensure that it adequately responds to the anaphylactic reactions by students who are in the care of the school staff.

IMPLEMENTATION OF THE POLICY

Staff to be taken through details of Anaphylaxis Management Policy annually and participate in Anaphylaxis training each semester.

Eastbourne P.S. Anaphylaxis Management Policy to be distributed to parents / caregivers and available on the School website.

The School will take all reasonable steps to implement this Anaphylaxis Management Policy.

If a student is enrolled at Eastbourne P.S. who is at risk of an anaphylactic reaction a twice yearly briefing on anaphylaxis management will be undertaken under MO706.

Anaphylaxis Risk Management checklist to be completed annually.

That the school purchase general use auto-injectors available for use in line with the instructions contained in this policy.

- 2 general use auto-injectors and 1 excursion auto-injector

Storage

- 1 general use auto-injector stored at the general office
- 1 general use auto-injector stored in the sick bay.
- 1 excursion use auto-injector stored in the general office

REFERENCES AND ACKNOWLEDGEMENTS

- **Australasian Society of Clinical Immunology and Allergy (ASCIA)** provide information on allergies. ASCIA anaphylaxis e-training provides ready access to anaphylaxis management education throughout Australia and New Zealand, at no charge. The child care versions of the courses, incorporating training in the use of the Adrenaline Auto-injector devices Epipen® and Anapen®,

have been approved by ACECQA for the purposes of meeting the requirements of the National Regulations. Further information is available at: <http://www.allergy.org.au/>

- **ANAlert** is a free alert service that sends reminders to replace an Anapen® before it expires, helping to ensure it is within its 'use by' or 'expiry date'. ANAlert can be accessed at: <http://www.analert.com.au>
- **EpiClub** provides a wide range of resources and information for managing the use and storage of the Adrenaline Auto-injector device EpiPen®. They also provide a free service that sends a reminder by email, SMS or standard mail prior to the expiry date of an EpiPen®. Further information is available at: www.epiclub.com.au
- **Allergy & Anaphylaxis Australia** is a non-profit organisation that raises awareness in the Australian community about allergy. A range of items including children's books and training resources are available from the online store on the Allergy & Anaphylaxis Australia website. Further information is available at: <http://www.allergyfacts.org.au/allergy-and-anaphylaxis>
- **Royal Children's Hospital Anaphylaxis Advisory Line** provides advice and support on implementing anaphylaxis legislation to education and care services and Victorian children's services. The Anaphylaxis Advisory Line is available between the hours of 8:30 a.m. to 5:00 p.m., Monday to Friday. Phone 1300 725 911 (toll free) or (03) 9345 4235. Further information is available at: http://www.rch.org.au/allergy/advisory/anaphylaxis_Support_advisory_line/
- **Royal Children's Hospital, Department of Allergy and Immunology** provide information about allergies and the services provided by the hospital. Further information is available at: <http://www.rch.org.au/allergy/>
- www.allergy.org.au (ASCIA)

ANNUAL RISK MANAGEMENT CHECKLIST

- The principal will complete an annual risk management checklist as published by the Department of Education to monitor compliance with their obligations. **See Appendix 4**

ENDORSEMENT

REVIEW CYCLE

This policy was last updated November 2023 and is scheduled for review in November 2025.

Appendix A: Individual Anaphylaxis Management Plan (IMP)

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.

School		Phone	
Student			
DOB		Year level	
Severely allergic to:			
Other health conditions			
Medication at school			

EMERGENCY CONTACT DETAILS (PARENT)

Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	

EMERGENCY CONTACT DETAILS (ALTERNATE)

Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	

Medical practitioner contact	Name	
	Phone	

Emergency care to be provided at school	
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Storage for Adrenaline Autoinjector (device specific) (EpiPen® / Anapen®)	
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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:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

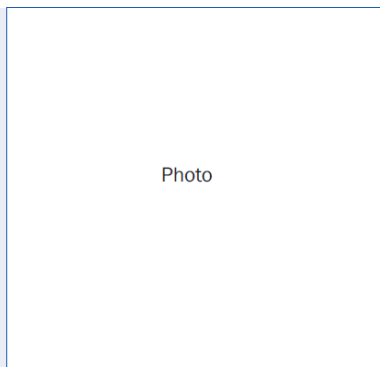
Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

ACTION PLAN FOR Anaphylaxis

For use with EpiPen® Adrenaline Autoinjectors

Name: _____
 Date of birth: _____



Confirmed allergens:

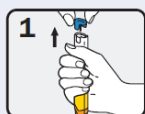
Asthma Yes No

Family/emergency contact name(s):

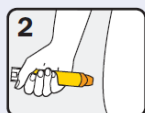
Work Ph: _____
 Home Ph: _____
 Mobile Ph: _____

Plan prepared by:
 Dr: _____
 Signed: _____
 Date: _____

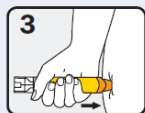
How to give EpiPen®



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

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 C: Emergency Response Procedure

Responding to an incident

If a student shows the first signs and symptoms of an allergic reaction, such as swelling of lips, face or eyes, hives or welts, abdominal pain or vomiting, it is vital to react quickly. Please read the following emergency response procedures and know what to do if a child has an anaphylactic reaction in the relevant areas while in your care.

1. IN THE CLASSROOM

Raise the alarm, locate the adrenaline auto-injector and follow the ASCIA Action Plan.

- 1.1 Sit or lay student down and reassure. Ask a reliable student to call on the teacher in the next closest classroom.
- 1.2 Teacher or assisting teacher to use mobile phone to call front office, requesting the student's adrenaline auto-injector and ASCIA Plan as well as the general adrenaline auto-injector be brought to the classroom immediately – teacher to be explicit and clear of the student's name and the classroom number. EPS Sick Bay Attendant or office staff (if Sick Bay Attendant is not available) to bring student's adrenaline auto-injector as well as a general adrenaline auto-injector to the classroom with the ASCIA plan.
- 1.3 If the phone is not available/working instruct one student to run to the office and alert office staff to bring the student's adrenaline auto-injector to the classroom and another child to run and collect the nearest emergency adrenaline auto-injector (available from the Sick Bay & General Office).
- 1.4 One office staff member to attend the classroom with the student's adrenaline auto-injector, general adrenaline auto-injector and student's plan.
- 1.5 Teachers are to follow the instructions on the student's ASCIA plan.
- 1.6 Second office staff member to contact Sick Bay Attendant and advise to attend relevant classroom with general adrenaline auto-injector.
- 1.7 Second office staff member to contact parent and advise them of the incident. If parent not available, emergency contact must be contacted.
- 1.8 **In the case of mild reaction:** Teachers in attendance with student determine if the student is showing signs of mild to moderate allergic reaction. If this is the case student should be taken to the first aid room for strict observation and parents called and implement action plan where applicable.
- 1.9 In the case of moderate to severe reaction: If the student is showing signs of anaphylaxis such as difficulty breathing, swelling of the tongue, tightness in the throat, hoarse voice, wheeze or persistent cough and loss of consciousness then the adrenaline auto-injector will be administered by the first teacher while the second teacher rings 000. Teachers are to follow instructions as provided by the paramedics on the phone. **IF IN DOUBT, GIVE THE ADRENALINE AUTOINJECTER.**
- 1.10 Both teachers are to remain with the student – one to keep student calm, assisting teacher to relay information to the paramedics.
- 1.11 Office staff member to attend the main gate/entrance to school to await ambulance and direct paramedics to the relevant room on arrival.

2. IN THE SCHOOL YARD

Raise the alarm, locate the adrenaline auto-injector and follow the ASCIA Action Plan.

- 2.1 Teacher is to stay with student, sit or lay them down and ask their name.
- 2.2 If teacher does not have a mobile phone, teacher is to send a reliable student to office to raise the alarm, providing the 'runner student', and therefore the office, with student's name and exact location in the school grounds.

- 2.3 Teacher to send another student to nearest Yard Duty teacher for assistance, and for mobile phone access.
- 2.4 One office staff member to attend the relevant area in the school yard with the student's adrenaline auto-injector, general adrenaline auto-injector and student's plan.
- 2.5 If teacher has a mobile phone they are to call the office and alert them that there is a student having an anaphylactic reaction, provide the student's name and the exact location of the student.
- 2.6 Teacher to send a student to nearest Yard Duty teacher for assistance.
- 2.7 Teachers are to follow the instructions on the student's ASCIA plan.
- 2.8 A second office staff member to contact Sick Bay Attendant and advise to attend relevant area in the school yard with general adrenaline auto-injector.
- 2.9 Second office staff member to contact parent and advise them of the incident. If parent not available, emergency contact must be contacted.
- 2.10 **In the case of mild reaction:** Teachers in attendance with student determine if the student is showing signs of mild to moderate allergic reaction. If this is the case student should be taken to the first aid room for strict observation and parents called.
- 2.11 **In the case of moderate to severe reaction:** If the student is showing signs of anaphylaxis such as difficulty breathing, swelling of the tongue, tightness in the throat, hoarse voice, wheeze or persistent cough and loss of consciousness then the adrenaline auto-injector will be administered by the first teacher while the second teacher rings 000. Teachers are to follow instructions as provided by the paramedics on the phone. **IF IN DOUBT, GIVE THE ADRENALINE AUTOINJECTER.**
- 2.12 Office staff member to attend the main gate/entrance to school to await ambulance and direct paramedics to the relevant area on arrival.

3. SPORTING ACTIVITIES

Raise the alarm, locate the adrenaline auto-injector and follow the ASCIA Action Plan.

In-School Activities:

- 3.1 For in-school activities teachers are asked to take a mobile phone with them, making sure they have the office number on it.
- 3.2 Teacher is to stay with the student and sit or lay them down. Teacher is to call the office and notify them of the child's name and the exact location.
- 3.3 If the teacher does not have a phone, a reliable student must be sent to the front office to raise the alarm, providing the 'runner student' and therefor the office with student's name and exact location in the school grounds.
- 3.4 One office staff member to attend the relevant area in the school yard with the student's adrenaline auto-injector, general adrenaline auto-injector and student's plan.
- 3.5 **In the case of mild reaction:** Teacher in attendance with student will if the student is showing signs of mild to moderate allergic reaction. If this is the case the student should be taken to the first aid room for strict observation and parents called.
- 3.6 **In the case of moderate to severe reaction:** If the student is showing signs of anaphylaxis such as difficulty breathing, swelling of the tongue, tightness in the throat, hoarse voice, wheeze or persistent cough and loss of consciousness then the adrenaline auto-injector will be administered by the first teacher while the second teacher rings 000. Teachers are to follow instructions as provided by the paramedics on the phone. **IF IN DOUBT, GIVE THE ADRENALINE AUTOINJECTER.**
- 3.7 Office staff member to provide auto-injector and student's plan to teacher on scene and proceed to the school entrance/gate to await the ambulance and escort paramedics to the relevant location.

Out of School Activities:

Raise the alarm, locate the adrenaline auto-injector and follow the ASCIA Action Plan.

- 3.8 For out of school sports/activities, the teacher must identify the students attending who are at risk for anaphylaxis and collect their adrenaline auto-injector and the relevant ASCIA Action Plan/s from the front office.
- 3.9 Teacher must sign out the auto-injector/s and ASCIA Action Plan/s and make sure it is/they are kept with the teacher who is supervising that child for the duration of the event.
- 3.10 The supervising teacher must also collect the general auto-injector from Sick Bay.
- 3.11 The supervising teacher must carry a mobile phone with them.
- 3.12 This teacher must have up to date training on anaphylaxis management.
- 3.13 If a child is observed showing signs of a mild allergic reaction, they will be made to rest and observed, while their adrenaline auto-injector is located and their parent is contacted. They should not be allowed to play sport or exert themselves physically whilst having an allergic reaction.
- 3.14 If the child has an anaphylactic reaction while on the activity, the supervising teacher who has the adrenaline auto-injector must stay with the child, lay them down and follow the student's ASCIA action plan.
- 3.15 The supervising teacher is to send a reliable student to locate another teacher from Eastbourne P.S., if available, to assist in managing the situation.
- 3.16 The supervising teacher is to call 000 immediately and follow instructions from the paramedic.

NOTE IN ALL CASES: Emergency adrenaline auto-injectors are not to be removed from where they belong (unless for emergency use).

4. EXCURSIONS

Raise the alarm, locate the adrenaline auto-injector and follow the ASCIA Action Plan.

- 4.1 Prior to excursions, teachers need to identify the students at risk for anaphylaxis who will be under their care.
- 4.2 Teacher must sign out the auto-injector/s and ASCIA Action Plan/s and make sure it is/they are kept with the teacher who is supervising that child for the duration of the excursion.
- 4.3 The supervising teacher must also collect the general auto-injector from Sick Bay.
- 4.4 The supervising teacher must carry a mobile phone with them.
- 4.5 This teacher must have up to date training on anaphylaxis management.
- 4.6 The adrenaline auto-injectors must stay with the supervising teacher and not be left behind in the bus or left with bags etc.
- 4.7 In completing the risk assessment for the excursion, the teacher must include how long it would take an ambulance to reach the location of the excursion.
- 4.8 If a student is observed showing signs of a mild allergic reaction, sit them down and keep them under observation whilst you locate their adrenaline auto-injector. Contact the parents and school. The student should not be allowed to play sport or exert themselves physically whilst having an allergic reaction.
- 4.9 If the student has an anaphylactic reaction, the supervising teacher must stay with the student and follow the student's ASCIA Action Plan.
- 4.10 The supervising teacher is to send a reliable student to locate another teacher from Eastbourne P.S., if available, to assist in managing the situation.
- 4.11 The supervising teacher is to call 000 immediately and follow instructions from the paramedics.

5. SCHOOL CAMPS

Raise the alarm, locate the adrenaline auto-injector and follow the ASCIA Action Plan.

- 5.1 Prior to the camp, the teacher in charge needs to identify the students at risk for anaphylaxis who will be under their care.
- 5.2 Prior to the camp, the teacher in charge must arrange a meeting with their parents to discuss strategies to avoid allergens and a management plan is to be developed. As a result of the meeting it can be decided who

will be responsible for looking after the adrenaline auto-injector and student's ASCIA Action Plan, supervising the student, monitoring food supply, providing alternative foods and informing all staff and supervisors of the student's allergy etc.

- 5.3 Staff in attendance at the camp must have up to date training in anaphylaxis management.
- 5.4 In completing the risk assessment for the camp, the teacher must include how long it would take an ambulance to reach the location of the camp. If more than 20 minutes, parents must be informed of the increased risk.
- 5.5 If a student is observed showing signs of a mild allergic reaction, sit them down and keep them under observation whilst you locate their adrenaline auto-injector. Contact the parents and school. They should not be allowed to play sport or exert themselves physically whilst having an allergic reaction.
- 5.6 If the student has an anaphylactic reaction, the teacher in charge of that student must be able to locate the adrenaline auto-injector quickly, raise the alarm, follow the action plan and be able to contact an ambulance.
- 5.7 The adrenaline auto-injector must stay near the student at all times for it to be an effective first aid device.

6. SPECIAL EVENT DAYS

Raise the alarm, locate the adrenaline auto-injector and follow the ASCIA Action Plan.

- 6.1 For special event days such as athletic or swimming carnivals, held outside the college, home group or classroom teachers will need to be aware of the students in their care who are at risk of anaphylaxis and collect and sign out the adrenaline auto-injector on the morning of the event.
- 6.2 The staff member in charge of first aid for the day must collect a general auto-injector and all the ASCIA Action Plans for students and include this with first aid kits.
- 6.3 The adrenaline auto-injector should travel with the teacher on the same bus as the student.
- 6.4 On arrival at the event, the adrenaline auto-injector must be given to the staff member who has been allocated to attend to first aid duties. All auto-injectors should be stored in the first aid area remembering to keep them out of direct light and below 30 degrees.
- 6.5 At the completion of the day, the classroom teacher will need to collect the adrenaline auto-injector and return it to the front office at the school.
- 6.6 If a student is observed showing signs of a mild allergic reaction, they will be taken to the first aid area for strict observation and parents called. They should not be allowed to play sport or exert themselves physically whilst having an allergic reaction.
- 6.6 If the student has an anaphylactic reaction at an event, a teacher must stay with them and send for the adrenaline auto-injector and ASCIA Action Plan to be brought to them and the plan followed. They must have access to a phone to be able to call an ambulance.

Appendix D: Annual Risk Management Checklist

School Name:	Eastbourne P.S.	
Date of Review:	April 2017	
Who completed this checklist?	Name: Glenda Young/Mandy Norton	
	Position: First Aid Officer	
Review given to:	Name: Stephen Wilkinson	
	Position: Principal	
Comments:	1 student only identified in 2017 as being at risk of Anaphylaxis.	
General Information		
1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an Adrenaline Auto-injector?	1	
2. How many of these students carry their Adrenaline Auto-injector on their person?	0	
3. Have any students ever had an allergic reaction requiring medical intervention at school?	<input type="checkbox"/> Yes <input checked="" 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 checked="" 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 Auto-injector to a student?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
a. If Yes, how many times?	N/A	
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 checked="" type="checkbox"/> No	

SECTION 1: Individual Anaphylaxis Management Plans

7. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an Adrenaline Auto-injector 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	Kitchen <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 Auto-injector 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?	General Office First Aid Room
11. Does the ASCIA Action Plan include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2: Storage and Accessibility of Adrenaline Auto-injectors	
12. Where are the student(s) Adrenaline Auto-injectors stored?	General Office/ First Aid
13. Do all School Staff know where the School's Adrenaline Auto-injectors for General Use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No

14. Are the Adrenaline Auto-injectors 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? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are the Adrenaline Auto-injectors easy to find? Comments: Clearly labelled container on top of supply cupboard but out of student reach.	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Is a copy of student's Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) kept together with the student's Adrenaline Auto-injector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the Adrenaline Auto-injectors 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 Auto-injector expiry dates on a regular basis? Who? Glenda Young First Aid Officer/Administration	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Are there Adrenaline Auto-injectors 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)? EPICLUB	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Do all School Staff know where the Adrenaline Auto-injectors and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Has the School purchased Adrenaline Auto-injector(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?	1 x General Office 1 x Sick Bay
26. Is the Adrenaline Auto-injector for General Use clearly labelled as the 'General Use' Adrenaline Auto-injector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Is there a register for signing Adrenaline Auto-injectors in and out when taken for excursions, camps etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 3: Prevention Strategies

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 Part of OH&S inspections
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

SECTION 4: School Management and Emergency Response

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 Auto-injector 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 Auto-injector 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 Auto-injector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the Adrenaline Auto-injector 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? First Aid Officer with Staff Member attending excursion	Staff member organising the excursion & First Aid Officer.
40. Who will make these arrangements during camps? First Aid Officer with Staff Member attending excursion	Staff member organising the camp & First Aid Officer.
41. Who will make these arrangements during sporting activities? First Aid Officer with Staff Member attending excursion.	Staff member organising the sporting & First Aid Officer.
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 Auto-injector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an Adrenaline Auto-injector, including hands on practise with a trainer Adrenaline Auto-injector?	<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 Auto-injector(s) for General Use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the Adrenaline Auto-injectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4: Communication Plan	
44. Is there a Communication Plan in place to provide information about anaphylaxis and the School's policies?	Yes
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? Debriefing at the beginning of year and when a new student is enrolled who is at risk. Via Classroom Rolls, Yard Care folders. Published on website	Refer to the body of the policy outlining the process.
46. How is this information kept up to date?	First Aid Officer
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?	Education through the Curriculum and communication of the issue through level assemblies. Epiclub and DET updates

Appendix E: Discussion Guide

Ideas on Risk Minimisation Strategies in the School Environment

Risk Minimisation Strategies in School

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.

RISK	Considerations when you have a child at risk of anaphylaxis in your care <i>(note, some suggestions are not applicable to Eastbourne P.S)</i>
Food brought to school	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 Not applicable to LSC	<ul style="list-style-type: none"> 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 cupcakes stored in freezer in a labelled sealed container
Cooking/Food Technology	<ul style="list-style-type: none"> Engage parents in discussion prior to cooking sessions and activities using food. Remind all children to not share food they have cooked with others at school.
Science experiments	<ul style="list-style-type: none"> Engage parents in discussion prior to experiments containing foods.
Students picking up papers	<ul style="list-style-type: none"> Students at risk of food or insect sting anaphylaxis should be excused from this duty. Non rubbish collecting duties are encouraged.
Music	<ul style="list-style-type: none"> 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.
Art and craft classes	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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? <p>Strategies to reduce the risk of an allergic reaction can include:</p> <ul style="list-style-type: none"> 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

Sunscreen	<ul style="list-style-type: none"> Parents of children at risk of anaphylaxis should be informed that sunscreen is offered to children. They may want to provide their own.
RISK	Considerations when you have a child at risk of anaphylaxis in your care (<i>note, some suggestions are not applicable to Eastbourne P.S.</i>)
Hand washing.	<ul style="list-style-type: none"> Classmates encouraged to wash their hands after eating
Part-time educators, casual relief teachers & religious instruction teachers Suggestions:	<ul style="list-style-type: none"> 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. 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 auto-injector. Schools should have interim educational tools such as auto-injector training devices and DVDs available to all staff. A free online training course for teachers and Children's Service staff is available whilst waiting for face to face training by a DET nominated anaphylaxis education provider. Visit ASCIA www.allergy.org.au. This course can also be done as a refresher.
Use of food as counters	<ul style="list-style-type: none"> 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.
Class rotations	<ul style="list-style-type: none"> 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.
Class pets/ pet visitors /school farmyard	<ul style="list-style-type: none"> 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. 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. 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. 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. If there is concern about the child having a skin reaction, consider the child wearing gloves. 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.
Incursions	<ul style="list-style-type: none"> Prior discussion with parents if incursions include any food activities.
Excursions, Sports carnivals, Swimming program	<ul style="list-style-type: none"> 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"> Location of event, including Melway reference or nearest cross street. <p><i>Procedure for calling ambulance, advising life threatening allergic reaction has occurred and adrenaline is required.</i></p>
Staff should also:	<ul style="list-style-type: none"> 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. 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. 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

	<p>nuts).</p> <ul style="list-style-type: none"> • Discourage eating on buses. • Check if excursion includes a food related activity, if so discuss with parent. • Ensure that all teachers are aware of the location of the emergency medical kit containing adenaline auto-injector.
RISK	Considerations when you have a child at risk of anaphylaxis in your care <i>(note, some suggestions are not applicable to Eastbourne P.S.)</i>
Medical Kits	<p>(Student's own and school's auto-injector for general use)</p> <ul style="list-style-type: none"> • Medical kit containing ASCIA Action Plan for Anaphylaxis and adrenaline auto-injector 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. <p>Be aware - adrenaline auto-injectors should not be left sitting in the sun, in parked cars or buses.</p> <ul style="list-style-type: none"> • 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	<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"> • 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 auto-injector 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 auto-injectors 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.
School camps (continued)	<p>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:</p> <ol style="list-style-type: none"> 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.

	<p>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.</p> <p>Allergy & Anaphylaxis Australia has launched a new publication titled <i>Preparing for Camps and Overnight School Trips with Food Allergies</i>. 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>To purchase or for more information call 1300 728 000 or visit www.allergyfacts.org.au</p>
<p>RISK</p>	<p>Considerations when you have a child at risk of anaphylaxis in your care <i>(note, some suggestions are not applicable to Eastbourne P.S.)</i></p>
<p>*Insect sting allergy</p>	<p>Children who have a severe insect sting allergy and are at risk of anaphylaxis need to have their adrenaline auto-injector 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"> • Avoiding being outdoors at certain times of the day • Using insect repellents that contain DEET (Diethyltoluamide, 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 insect/s • 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.
	<p>Things to consider when purchasing an adrenaline auto-injector for general use for your school or children's service</p> <p>Many Schools/Children's Services now have an adrenaline auto-injector for general use and the device specific Action Plan for Anaphylaxis in their first aid kit. If your facility has an auto-injector 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"> • 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 <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"> • number of children attending outing • number of children at risk • location of the activity • location of emergency services • mobile phone access

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| | <ul style="list-style-type: none">• food on location etc. |
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REVIEW CYCLE

This policy was last updated December 2023 and is scheduled for review in December 2025