



# St Mary's Primary School Bairnsdale

## Allergy Policy

*To be read in conjunction with our Nut Aware Policy*

### Purpose:

- To provide a safe learning environment for all members of St. Mary's Primary School.
- To raise awareness of all members of the community regarding severe allergies.

Allergies affect approximately 1 in 50 children and it is likely that at school children will encounter and may accidentally ingest one of the many products which cause an allergic reaction. Students with an allergy may react to tactile (touch) exposure or inhalation exposure. Not every ingestion exposure will result in Anaphylaxis but the potential always exists. This means we encourage parents, children and staff to be aware of the risks associated with allergies for students and to plan accordingly in the management of the school.

The most common allergies stem from a reaction to:

- Insect sting/bite
- Medication
- Peanuts
- Nuts
- Fish
- Shellfish
- Soy
- Sesame
- Wheat
- Milk
- Egg
- Latex

Activities that are to be considered for risk management include but are not restricted to:

- Routine classroom activities and lessons including art, science, mathematics and sport
- Non routine classroom and school activities and performances
- Before and after school, school breaks
- Sporting events or other off site activities
- Excursions
- School and class celebrations, parties and picnics
- Fundraising activities that involve food.

## **Preventative Strategies**

### **School Community Responsibilities**

- All parents/guardians of students in the school to be notified that there is a student/s with a life threatening food allergy and the foods which cause this allergy. Notification sent home with a list of foods that should not be brought to school
- Reinforce appropriate avoidance and management strategies
- Ensure a Health Care Plan containing a photo and relevant information of the child is in the first aid room, in the staff room foyer and provided to the child's teacher
- Ensure that foods ordered through the canteen are sensitive of the Allergy Policy
- Provide additional information to classes with children who have had previous Anaphylaxis episodes
- Provide opportunity for a handover at the end of a school year for the child's teacher, parent and prospective teacher
- Inform new families of this policy when starting at school, with reminders at Orientation Day and Parent Information nights
- Keep an Epi-pen in an agreed area and have staff member responsible for checking expiry date of Epi-pen
- Develop, maintain and review playground supervision adaptations for identified students
- Provide relief staff with information regarding particular students and the modifications in place for them
- Discourage parents sending in "food" as a treat or celebration for an entire class

### **Parent Responsibilities**

- Parents/Caregivers of children with previous Anaphylaxis:
- Prior to entry into school (or, for a student who is already in school, immediately after the diagnosis of a life threatening allergic condition), the parent/guardian should meet with the school to develop an individualised Anaphylaxis plan
- Provide the school with a Health Care Plan with a documented plan for first aid response □ Provide an Epi-pen to the school for use with their child. They will need to ensure that the Epi-pen is clearly labelled and not out of date, and replace it when it expires or after it has been used. It must be kept in a clearly defined location agreed to by parents and school.
- Provide written authorisation for the school to administer the Epi-pen or other medication or to assist a child to administer the medication
- The name and contact detail of the doctor who signed the Health Care Plan
- Support the class teacher/s and other staff in implementing the Health Care Plan.
- Meet with the class teacher at the commencement of the school year to review the Health Care Plan and its impact on the curriculum
- Teach and encourage children to self-manage

### **All parents are asked to support the Allergy Policy by:**

- Being sensitive and supportive to the needs of students with a history of Anaphylaxis
- providing children with healthy food options that do not contain nuts
- encouraging children to wash their hands before and after eating

### **Staff Responsibilities**

All staff are asked to support the Allergy Policy by:

- Individual classes and cohorts need to develop specific measures including modification of activities to ensure that the child is afforded the same opportunities to participate without risk in activities that support the curriculum
- Ensuring that a student's food allergens are never used in the classroom
- Using the "Checklist for activities using food" prior to considering the use of foods in the school or classroom environment

- Incorporating allergy education as part of the class health and hygiene program
- Wash hands before and after eating
- Teaching children the importance of washing their hands before and after eating
- Maintain supervision at eating times and discourage students from sharing food
- When on duty be prepared to accept responsibility for the supervision of at risk students, carry appropriate medical equipment and, if some distance from the school, carry a mobile phone.
- Consider the policy when developing risk management plans for camps and excursions
- Take Epi-pen, medications and Medical Plans to play areas off site, on camps, excursions, sports events and water safety program. If the classroom teacher is not attending the event it is their responsibility to relay relevant information and medication to the attending staff member
- Communicating with relief staff the needs and modifications for particular students in a class
- have up to date training in:
  - What is an allergy?
  - What is Anaphylaxis?
  - What are the triggers for allergy and Anaphylaxis?
  - How is Anaphylaxis recognised?
  - How can Anaphylaxis be prevented?
  - What should be done in the event of a child having a severe allergic reaction?
  - Epi-pen use

### **Promoting the Allergy Policy**

The policy will be promoted by:

- Parents and caregivers being informed via the school website and newsletter
- New families to the school community being informed via the Enrolment Information Package
- Staff will be informed of the policy and the students it relates to
- Staff will be required to develop modifications to the curriculum and its delivery as required
- Staff provided with training opportunities in the treatment of allergic reactions
- The following treatment information poster will be displayed in the first aid and staffroom outlining the treatment system:
  - Lie child down and reassure
  - Take out of container, check solution is clear in colour
  - Pull off grey cap, place black tip or pen on outer thigh at right angles to leg
  - Press hard into thigh until you hear it click and then hold for 3 seconds. It can be used through clothing.
  - Call ambulance immediately. The adrenaline from the epi pen only lasts up to 20 minutes so the patient may require another injection which the paramedic can administer.
  - Remove Epi-pen and place in container (avoid needle stick injuries)
  - Cover injection site with Band-Aid (avoid contact with blood)
  - Reassure child, keep calm and warm
  - Note the time Epi-pen was given.

# EpiPen<sup>®</sup> Jr EpiPen<sup>®</sup>



## St. Mary's Primary School Bairnsdale Individual Health Care Plan

The Individual Health Care Plan is to be developed in consultation with the parent, staff and student (where practicable) and on the basis of information from the student's doctor provided to the school by the parent.

For students at risk of anaphylaxis, the student's ASCIA Action Plan for Anaphylaxis and risk management strategies must be attached and form part of this Individual Health Care Plan.

### Student Information

Name		Photo
Class		
Date of Birth		

### Health Information

Health Information (including anaphylaxis)	
If anaphylaxis, confirmed allergies	
For students with anaphylaxis – Adrenaline auto injector supply / storage / replacement	
Learning and Support needs of the student (including learning, behaviour and other needs)	
Impact of these needs on the implementation of the Plan	
Medications at school	
Other support at school	

## Contacts

	Parent 1	Parent 2
Name		
Relationship to Child		
Home Phone		
Work Phone		
Mobile Phone		

	Emergency Contact	Medical Practitioner
Name		
Relationship to Child		
Address		
Home Phone		
Work Phone		
Mobile Phone		

## Emergency Care

An emergency response plan is required if the student is at risk of an emergency.

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For students at risk of anaphylaxis the ASCIA Action Plan for Anaphylaxis is the emergency response plan. This Plan is obtained by the parent from the student's doctor and not developed by the school or the parents.

Special Medical Notes:

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

Class: \_\_\_\_\_

Accommodations for Student with Food Allergy

Describe the specific accommodations planned for this student, including the responsible party. These are just a few sample accommodations that might be made. These requirements would not be applicable to every student. These are to be completed at the beginning of each school year.

Tick box	Accommodation Needed	Responsible Party	Date
	A. Develop an emergency action plan for food allergies that is reviewed and signed by the parent yearly.	Parent	
	B. Teachers and staff members must attend immediately to any complaint by CHILD regarding his/her health.	All Staff	
	C. Be prepared to handle an allergic reaction and ensure that there is a staff member available who is properly trained to administer emergency medication(s) during the school day regardless of time or location.		
	D. Keep an individualized emergency kit in an easily accessible, secure location in the school office. An additional epi-pen will be kept in the classroom and/or on the CHILD's person. The epi-pen will be carried by the supervising teacher or student to all locations CHILD travels to within the school and on the playground ( <b>walkie talkie must be utilized for all activities outdoors</b> ).	Classroom Teacher School Staff Student	
	E. Assure that all staff that interact with the CHILD on a regular basis understands food allergies, can recognize symptoms of an allergic reaction, and knows what to do in an emergency.	School Staff	
	F. When using food in the classroom work through attached checklist.	Classroom Teacher Specialists School Staff Parent School volunteers Others	
	G. If CHILD'S classroom is used as a lunchroom, all desks will be wiped down after lunch.	Class room Teacher	
	H. No food/treats to be given as rewards by classroom teachers and/or relief staff.	Classroom Teacher	
	Other Individual Requirements should be listed here.		

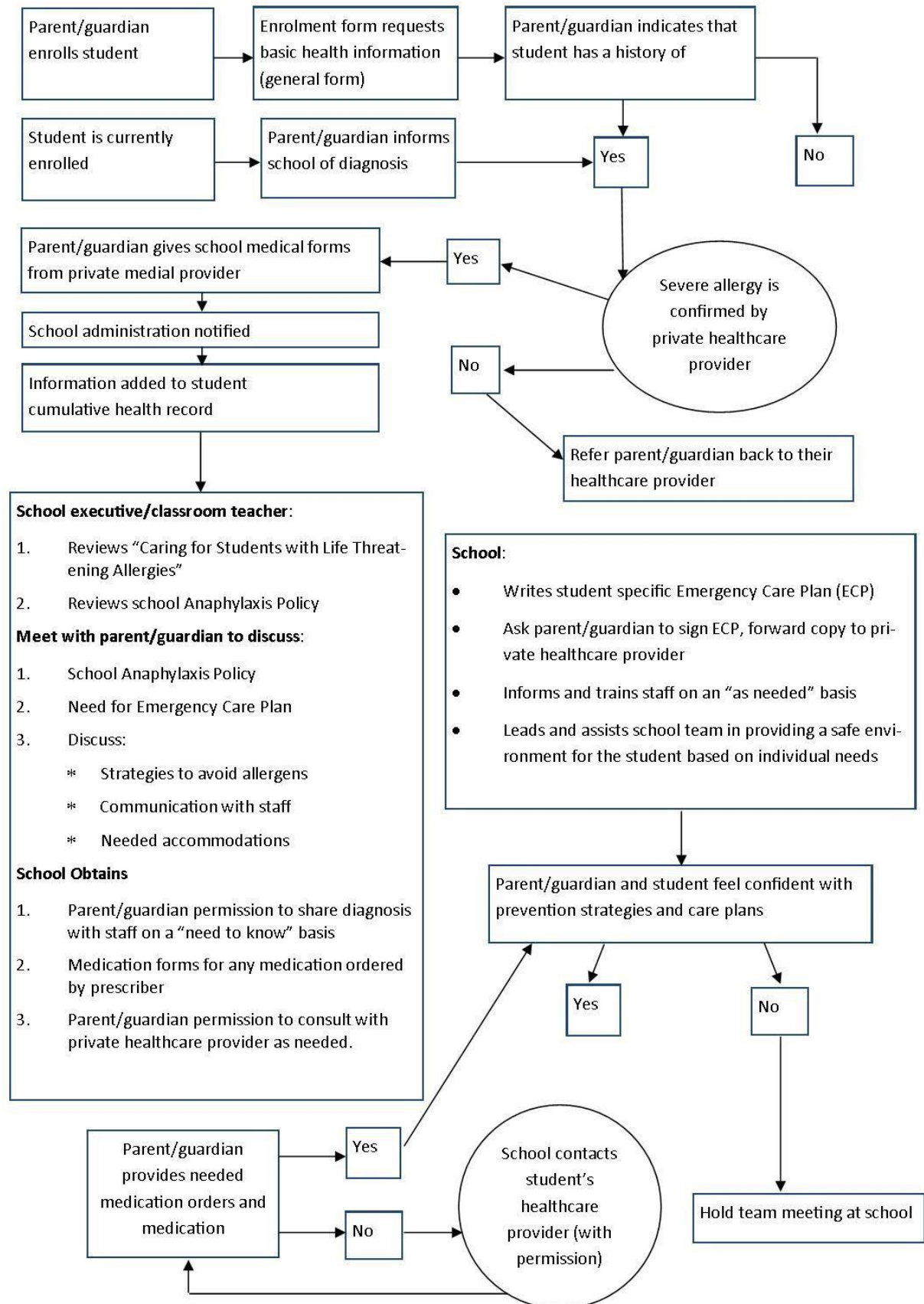


## St. Mary's Primary School

Checklist when planning activities involving food:

- ☐ I am familiar with the Anaphylaxis Procedures for Schools.
- ☐ I am familiar with systems for managing anaphylaxis within my school.
- ☐ I know which students in my class/es have been diagnosed at risk of anaphylaxis.
- ☐ I have communicated with the student/s in my classes diagnosed at risk of anaphylaxis and their parents/carers, to ensure I am well informed about their condition.
- ☐ I have completed anaphylaxis training requirements.
- ☐ I know where the school stores the adrenaline auto injectors.
- ☐ Curriculum and extracurricular materials have been reviewed to make sure that peanuts, tree nuts and nut products have been eliminated.
- ☐ Procedures are in place for checking ingredient labels.
- ☐ Specific work practices, such as separate equipment, are in place for students at high risk of anaphylaxis.
- ☐ Teachers regularly discuss the risks associated with food sharing with students.
- ☐ Teachers regularly discuss the risks associated with anaphylaxis with students and remind them to immediately seek adult help if someone becomes sick or unwell.
- ☐ Students' personal ASCIA Action Plan for Anaphylaxis are clearly displayed in an easily accessible area for staff.
- ☐ A process is in place to ensure all support staff, casual staff and practicum teachers are familiar with your school systems for managing anaphylaxis.
- ☐ A process is in place to ensure all support staff, casual staff and practicum teachers are informed of students diagnosed at risk of anaphylaxis.
- ☐ A process is in place to ensure guest presenters and visitors are informed of students diagnosed at risk of anaphylaxis.
- ☐ A process is in place for activities that include the participation of students from other schools. **Before the activity:**
  - ☐ I have ensured that the students with known allergies have returned a signed permission/notification form for the activity/course
  - ☐ I have checked the permission/notification forms and collated information
  - ☐ I have identified each student at risk of anaphylaxis involved in the activity and their known allergens
    - ☐ I have checked ingredient labels
  - ☐ I have modified recipes/activities/work practices for students with identified food allergies eg. by eliminating or substituting ingredients
  - ☐ I have discussed the modification to ingredients/activities and work practices with student/s with food allergies and their parents to ensure they understand why changes have been made. **During the activity:**
    - ☐ I have reminded all students of the risks associated with anaphylaxis and appropriate modification to ingredients and work practices that have been implemented to reduce the risk of exposure or cross contamination.
    - ☐ I have reminded students about the risks associated with food sharing and any protocols or procedures required by the school.

# Anaphylaxis Management



## Examples of risk minimisation strategies for schools, preschools and Childcare services

GENERAL POLICY ISSUES	
<b>School, preschool or childcare policy communication</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, pre-school or childcare service has in place and the need for their child to not share food and to wash hands after eating.</li> </ul>
<b>Part-time educators, casual relief teachers</b>	<p>These educators need to know the identities of children at risk of anaphylaxis and should be aware of the anaphylaxis management plan at the school, preschool or childcare service. Some casual staff have not received training in anaphylaxis management and emergency treatment. This needs to be considered when a teacher is chosen for a class with a child at risk of anaphylaxis and if this teacher is on playground/yard duty.</p> <p>Suggestions to minimise the risk:</p> <ul style="list-style-type: none"> <li>Casual staff, who work at school regularly, should be included in anaphylaxis training sessions.</li> <li>Schools should have interim educational tools such as adrenaline autoinjector training devices and access to 'how to administer' videos available to all staff.</li> <li>A free online training course for school and childcare staff is available from the ASCIA website (<a href="http://www.allergy.org.au">www.allergy.org.au</a>). This course can also be undertaken as refresher training. ASCIA anaphylaxis e-training for childcare is ACECQA approved.</li> </ul>
<b>Fundraising events/special events/cultural days</b>	<ul style="list-style-type: none"> <li>Consider children with food allergy when planning any fundraisers, cultural days or stalls for fair/fete days, breakfast mornings etc.</li> <li>Notices may need to be sent to parent community discouraging specific food products (e.g. nuts) where appropriate.</li> <li>Where food is for sale, a list of ingredients should be available for each food.</li> </ul>
INSECT ALLERGY	
<b>Bees, wasps, stinging ants</b>	<ul style="list-style-type: none"> <li>Have honey bee and wasp nests removed by a professional;</li> <li>Cover garbage receptacles that may attract stinging insects.</li> <li>When purchasing plants for an existing or new garden, consider those less likely to attract bees and wasps.</li> <li>Specify play areas that are lower risk and encourage the student and their peers to play in these areas (e.g. away from garden beds or garbage storage areas).</li> <li>Ensure students wear appropriate clothing and covered shoes when outdoors.</li> <li>Be aware of bees in pools, around water and in grassed or garden areas.</li> <li>Educate children to avoid drinking from open drink containers, particularly those containing sweet drinks that may attract stinging insects.</li> <li>Children with food and insect allergy should not be asked to pick up litter by hand. Where possible, these types of duties should not put them at increased risk of an allergic reaction.</li> </ul>

<b>Ticks</b>	<p>Strategies to reduce the risk of tick exposure have been recently published. When walking or working in areas where ticks are endemic:</p> <ul style="list-style-type: none"> <li>• Wear long sleeved shirts and long pants.</li> <li>• Tuck pants into long socks and wear a wide brimmed hat.</li> <li>• Wear light coloured clothing, which makes it easier to see ticks.</li> <li>• Use insect repellent to skin and clothing when walking in areas where ticks are found, particularly ones containing DEET such as Tropical RID®, Tropical Aerogard®, Bushmans® or Picaridin (OFF!®).</li> <li>• Brush clothes to remove ticks before coming inside.</li> <li>• Undress and check for ticks daily, checking carefully on the neck and scalp.</li> </ul> <p>Anaphylaxis to tick bites usually occurs when the tick is disturbed, such as with scratching the bite, with attempts at deliberate removal or after application of irritant chemicals such as kerosene. If a tick bite is suspected, <b>the tick should not be removed</b>, but rather killed by use of an ether-containing spray to freeze dry the tick to prevent it from injecting more allergen-containing saliva. Ether-containing aerosol sprays are currently recommended for killing the tick. Aerostart® or other ether- containing sprays such as Wart-Off Freeze® and similar such as Elastoplast Cold Spray® and WartSTOP®. It should be noted that Aerostart® is not registered for use in humans and that all these products are flammable but there is long-term experience with these products, which have been shown to be very effective in treating those with serious tick allergies.</p> <p>Further information is available from: <a href="http://www.allergy.org.au/patients/insect-allergy-bites-and-stings/tick-allergy">www.allergy.org.au/patients/insect-allergy-bites-and-stings/tick-allergy</a> and <a href="http://www.tiara.org.au">www.tiara.org.au</a></p>
<b>LATEX ALLERGY</b>	
	<ul style="list-style-type: none"> <li>• Latex allergy is relatively rare in children, but where such individuals are identified non-latex gloves (e.g. sick bay, first aid kits, canteens, kitchens) should be made available.</li> <li>• Consideration may also need to be made for non-latex swimming caps if a school specific swimming cap must be worn (e.g. interschool sports carnivals).</li> <li>• Non-latex balloons should also be considered when there is a child enrolled with latex allergy.</li> </ul>
<b>MEDICATION ALLERGY</b>	
	<ul style="list-style-type: none"> <li>• Severe allergic reactions to medications are relatively rare in young children outside of the hospital setting. Nonetheless, documentation regarding known or suspected medication allergy should be recorded by the school/childcare on enrolment.</li> <li>• Any medication administered in the school/childcare setting should be undertaken in accordance with school/childcare and education and children's services department guidelines and with the written permission of parents or guardians.</li> <li>• Students in the later years of primary school and secondary school need to be reminded that they should not share medications (e.g. for period pain or headaches).</li> </ul>

## FOOD ALLERGY

### In the classroom

#### Food rewards

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

#### Class parties or birthday celebrations

- Discuss these activities with the parents or guardians of the child with allergy well in advance.
- Suggest that a notice is sent home to all parents prior to the event, discouraging specific food products (e.g. nuts) where appropriate.
- Teacher may ask the parent to attend the party as a 'parent helper'.
- Child at risk of anaphylaxis should not share food brought in by other children. Ideally they should bring their own food.
- Child can participate in spontaneous birthday celebrations by parents supplying 'treat box' or safe cupcakes stored in the freezer in a labelled sealed container.

#### Cooking/food technology

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

#### Science experiments

- Engage parents in discussion prior to experiments containing foods.

#### Music

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

#### Art and craft classes

- Ensure containers used by students at risk of anaphylaxis do not contain allergens (e.g. egg white or yolk on an egg carton).
- Activities such as face painting or mask making (when moulded on the face of the child), should be discussed with parents prior to the event, as products used may contain food allergens such as peanut, tree nut, milk or egg.
- Care should be taken with play dough etc. Check that nut oils have not been used in their manufacture. Discuss options with parents or guardians of wheat allergic children. If unable to use the play dough, provide an alternative material for the child to use.

#### Use of food as counters

- 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

- 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.

<b>Canteen and childcare food service</b>	<p>Strategies to reduce the risk of an allergic reaction can include:</p> <ul style="list-style-type: none"> <li>• Consideration of whether the canteen offers foods containing nuts (as a listed ingredient).</li> <li>• Staff (including volunteer helpers) educated on food handling procedures and risk of cross contamination of foods.</li> <li>• Children with food allergy should have distinguishable lunch order bags.</li> <li>• Restriction on who serves children with food allergy when they go to the canteen.</li> <li>• Discuss possibility of photos of the children with food allergy being placed in the canteen/childcare kitchen.</li> <li>• Encourage parents or guardians of children with allergy to visit the canteen/childcare kitchen to view products available.</li> </ul>
<b>In the playground</b>	<p><b>Litter duty</b></p> <ul style="list-style-type: none"> <li>• Non rubbish collecting duties are encouraged.</li> <li>• Students at risk of insect sting anaphylaxis should be excused from this duty due to increased risk of allergen contact.</li> <li>• Students at risk of food allergy anaphylaxis should either be provided with gloves or an instrument to pick up the rubbish to avoid skin contact with potential allergens.</li> </ul> <p><b>Sunscreen</b></p> <ul style="list-style-type: none"> <li>• Parents of children at risk of anaphylaxis should be informed that sunscreen is offered to children. They may want to provide their own as some sunscreens may contain nut oils.</li> </ul>
<b>School gardens</b>	<ul style="list-style-type: none"> <li>• The cultivation of nut bearing crops and trees is a potential source of exposure to nut allergens.</li> <li>• As school gardens are considered part of the educational program, peanuts and tree nuts should be excluded from future garden plantings in future.</li> <li>• The presence and removal of existing nut trees should be considered as part of a risk assessment.</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>• Have a strategy to reduce risk of the children with egg allergy coming into contact with raw egg if there are chickens in the farmyard that enables them to still participate.</li> </ul>
<b>Incursions (on-site activities)</b>	<ul style="list-style-type: none"> <li>• Prior discussion with parents if incursions/on-site activities include any food activities.</li> </ul>

<b>Excursions</b>	<ul style="list-style-type: none"> <li>Teachers organising/attending excursions or sporting events should plan an emergency response procedure prior to the event. This should outline the roles and responsibilities of teachers attending, if an anaphylaxis occurs.</li> </ul> <p>Staff should also:</p> <ul style="list-style-type: none"> <li>Carry mobile phones. Prior to event, check that mobile phone reception is available and if not, consider other forms of emergency communication (e.g. walkie talkie, satellite phone).</li> <li>Consider increased supervision depending on the size of the excursion/sporting event (e.g. if students are split into groups at large venue such as a zoo or at large sports venue for a sports carnival).</li> <li>Consider adding a reminder to all parents regarding children with allergies on the excursion/sports form and encourage parents not to send in specific foods in lunches (e.g. foods containing nuts).</li> <li>Discourage eating on buses.</li> <li>Check if excursion includes a food related activity, if so discuss with the parent or guardian.</li> <li>Ensure that all staff are aware of the location of the emergency medical kit containing the adrenaline auto injector and ASCIA Action Plan for Anaphylaxis and ensure the child at risk of anaphylaxis is in the care of the person carrying the adrenaline auto injector.</li> <li>Check that high school aged students who should be carrying their adrenaline auto injector (as agreed in the Health Care Plan) have their adrenaline auto injector with them.</li> </ul>
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<b>School camps</b>	<p>Many primary schools invite the parent of the child at risk of anaphylaxis to attend as a parent helper. Irrespective of whether the child is attending primary school or secondary college, parents of children at risk of anaphylaxis should have a face to face meeting with school staff/camp coordinator prior to the camp to discuss the following:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Staff should demonstrate correct administration of adrenaline autoinjectors using training devices (EpiPen® and Anapen®) prior to camp.</li> <li>• Consider contacting local emergency services and hospital prior to camp and advise that xx children are in attendance at xx location on xx date including child/ren at risk of anaphylaxis. Ascertain location of closest hospital, ability of ambulance to get to camp site area (e.g. consider locked gates in remote areas).</li> <li>• 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.</li> <li>• Parents or guardians should be encouraged to provide two adrenaline autoinjectors along with the ASCIA Action Plan for Anaphylaxis and any other required medications whilst the child is on the camp. The second adrenaline autoinjector should be returned to the parents/guardian on returning from camp.</li> <li>• Clear advice should be communicated to all parents or guardians prior to camp regarding what foods are not allowed.</li> <li>• Parents or guardians of children at risk of anaphylaxis and school staff need to communicate about food for the duration of the camp.</li> <li>• Parents or guardians should also communicate directly with the catering staff and discuss food options/menu, food brands, cross contamination risks to determine the safest food choices for their child.</li> <li>• Parents or guardians may prefer to provide all child's food for the duration of the camp. This is the safest option. If this is the case, storage and heating of food needs to be organised.</li> </ul> <p>Discussions by school staff and parents or guardians with the operators of the camp facility should be undertaken well in advance of camp. Example of topics that need to be discussed would be:</p> <ul style="list-style-type: none"> <li>• Possibility of removal of nuts from menu for the duration of the camp (if nut allergic child attending camp).</li> <li>• Creation of strategies to help reduce the risk of an allergic reaction where the allergen cannot be removed (e.g. egg, milk, wheat). A decision may be made to remove pavlova as an option for dessert if an egg allergic child is attending for example.</li> <li>• Awareness of cross contamination of allergens in general (e.g. during storage, preparation and serving of food).</li> <li>• Discussion of the menu for the duration of the camp including morning and afternoon teas and suppers.</li> <li>• Games and activities should not involve the use of peanut or tree nut products or any other known allergens.</li> <li>• Camp organisers need to consider domestic activities that they assign to children on camp. It is safer to have the child with food allergy set tables, for example, rather than clear plates and clean up.</li> </ul>
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<b>Out of ours school care (OSHC)</b>	<ul style="list-style-type: none"> <li>• OSHC services should consider having an adrenaline autoinjector for general use in the first aid kit.</li> <li>• Children at risk of anaphylaxis with a prescribed adrenaline autoinjector should have their adrenaline autoinjector with them when they attend OSHC. The practicalities of this should be discussed with the parent/guardian, particularly for younger children.</li> <li>• The service will also need to consider how to ensure easy access to a child's adrenaline autoinjector whilst they are in OSHC, as well as ensuring that the child's adrenaline autoinjector goes home with them.</li> <li>• Menu options should be discussed with the parent/guardian of the child with food allergy.</li> <li>• Parents/guardians should be encouraged to provide a clearly labelled supply of safe snacks and treats for their child in the OHSC pantry.</li> </ul>
<b>ANIMAL ALLERGY</b>	
	<ul style="list-style-type: none"> <li>• Exposure to animals such as domestic dogs, cats, rabbits, rats, mice, guinea pigs and horses may trigger contact rashes, allergic rhinitis (hay fever) and sometimes asthma.</li> <li>• Severe allergic reactions are rare but may occur, and are of potential relevance with activities such as "show and tell", or visits to farms or zoos. Importantly, animal feed may sometimes contain food allergens (e.g. nuts in birdseed and cow feed, milk and egg in dog food, fish in fish food).</li> <li>• If a child has an egg allergy, they may still wish to participate in activities such as hatching chickens in class, with close supervision and washing of their hands following handling of chickens.</li> </ul>

This table was initially produced by Allergy & Anaphylaxis Australia (A&AA). To ensure consistency of information A&AA and ASCIA endorse these risk minimise strategies.

#### Disclaimer

This document has been developed by A&AA and ASCIA and has been peer reviewed by ASCIA members. It is based on expert opinion and the available published literature at the time of review. Information contained in this document is not intended to replace medical advice and any questions regarding a medical diagnosis or treatment should be directed to a medical practitioner.

The development of this document is not funded by any commercial sources and is not influenced by commercial organisations.



## Parent 10-point Plan for School management of students at risk of anaphylaxis

1. Notify the school about your child's allergy as early as possible. Be clear about which foods, insect bites or stings or other allergens may trigger an anaphylactic reaction in your child. Assist them with details on where to access training and further information. Communicate effectively with school staff without being demanding. Negotiate a way forward that supports the needs of everyone involved.
2. Provide the school with an individualised Action Plan for Anaphylaxis signed by your treating doctor. This includes details of prescribed medications such as adrenaline/epinephrine auto injector plus/minus antihistamines and asthma medication.
3. Supply necessary medication and ensure it is clearly labelled, stored in a place that is easily accessible (not in a locked cupboard) and out of direct heat and sunlight. A copy of their Action Plan for Anaphylaxis must always be kept in their emergency kit with their adrenaline/epinephrine autoinjector.
4. Visit the school and enquire about potential risks. e.g. Is the school aware of state government guidelines? Has the school got an Individual Healthcare plan in place? What strategies has the school implemented to reduce the risk of allergic reactions?  
For management strategies see A&AA's Risk Minimisation Strategies Discussion Paper.
5. Ensure teachers and other staff are aware of prevention strategies and ensure they are implemented. Plan ahead for special events such as excursions, sports days and class parties.
6. Work with the school to develop a management plan and ensure an anaphylaxis educator trains staff members in the recognition, management and emergency treatment of anaphylaxis. Ensure staff practise with an adrenaline/epinephrine autoinjector training device at regular intervals throughout the school year. Refer to A&AA's Who should be trained Discussion Paper.
7. When your child is young, teach them not to accept food from others unless mum or dad checks it. Provide the child with a lunchbox of safe food that is clearly labelled and remind them not to swap/share food with friends.
8. Be creative in providing safe food treats for your child. Ask the school to store a batch of your safe cupcakes (in a container and clearly labelled) in the canteen freezer so your child can join in with birthday celebrations. Ask the school to consider non-food rewards such as stickers and stamps.
9. As your child's understanding of their allergy increases slowly encourage them to become more and more independent. Remind them to always take their medication to school.
10. Check and record expiry dates of adrenaline/epinephrine auto injectors and ensure each unit is replaced prior to expiry. Join Epiclub, the autoinjector reminder services, specific to adrenaline/epinephrine autoinjector EpiPen®.

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Last updated May 2016*

ABN: 70 693 242 620  
[www.allergyfacts.org.au](http://www.allergyfacts.org.au)  
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**Allergy & Anaphylaxis  
Australia**

Your trusted charity for allergy support



Knowledge for Life

# ACTION PLAN FOR Allergic Reactions

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

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

Photo

Confirmed allergens:

Family/emergency contact name(s):

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

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

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

Plan prepared by medical or nurse practitioner:

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

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

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

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

Note: This ASCIA Action Plan for Allergic Reactions is for people with mild to moderate allergies, who need to avoid certain allergens

For people with severe allergies (and at risk of anaphylaxis) there are ASCIA Action Plans for Anaphylaxis, which include adrenaline (epinephrine) autoinjector instructions

Instructions are also on the device label

Note: All EpiPen®s should be held in place for 3 seconds regardless of instructions on device label

## SIGNS OF MILD TO MODERATE ALLERGIC REACTION

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

## ACTION FOR MILD TO MODERATE ALLERGIC REACTION

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

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

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

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

## ACTION FOR ANAPHYLAXIS

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

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



### 2 Give adrenaline (epinephrine) autoinjector if available

### 3 Phone ambulance - 000 (AU) or 111 (NZ)

### 4 Phone family/emergency contact

### 5 Transfer person to hospital for at least 4 hours of observation

### If in doubt give adrenaline autoinjector

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

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

Asthma reliever medication prescribed: ☐ Y ☐ N

# ACTION PLAN FOR Anaphylaxis

For EpiPen® adrenaline (epinephrine) autoinjectors

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

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

Photo

Confirmed allergens:

Family/emergency contact name(s):

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

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

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

Plan prepared by medical or nurse practitioner:

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

Signed:

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

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

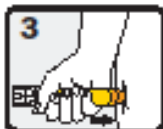
## How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and 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 3 seconds. REMOVE EpiPen®

All EpiPen®s should be held in place for 3 seconds regardless of instructions on device label

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- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

## ACTION FOR MILD TO MODERATE ALLERGIC REACTION

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

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

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## ACTION FOR ANAPHYLAXIS

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

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



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

### 3 Phone ambulance - 000 (AU) or 111 (NZ)

### 4 Phone family/emergency contact

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

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

### If in doubt give adrenaline autoinjector

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

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

Asthma reliever medication prescribed: ☐ Y ☐ N



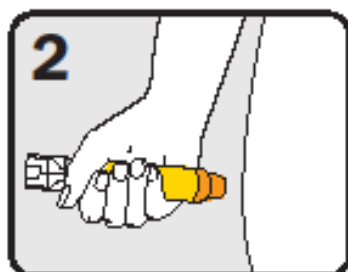
# ACTION PLAN FOR Anaphylaxis

For EpiPen® adrenaline (epinephrine) autoinjectors

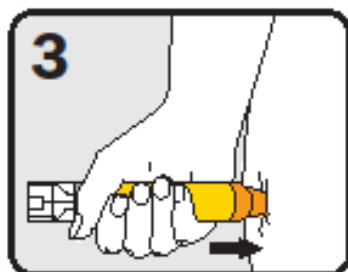
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REMOVE EpiPen®

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### 3 Phone ambulance - 000 (AU) or 111 (NZ)

### 4 Phone family/emergency contact

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

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

### If in doubt give adrenaline autoinjector

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

EpiPen® is prescribed for children over 20kg and adults. EpiPen® Jr is prescribed for children 10-20kg

All EpiPen®s should be held in place for 3 seconds regardless of instructions on device label

## ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer

if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms