

Skye Primary School
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SKYE PRIMARY SCHOOL Anaphylaxis Management Policy

AIM

To raise awareness in the Skye Primary School community of the school's guidelines and processes in managing anaphylaxis at the school.

**Ratified by School Council: September 2016
Review date: September 2017**

Rationale

The purposes of this policy are:

- To raise awareness about anaphylaxis and the school's anaphylaxis management policy
- Through education, staff training and policy implementation to minimise the risk of a student having an anaphylactic reaction at school
- 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 schooling
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures to respond to an anaphylactic reaction
- To ensure all staff members are trained to respond appropriately if a student has an anaphylactic reaction
- To facilitate communication between the school and families to ensure the safety and wellbeing of students at risk of anaphylaxis
- To actively involve parents/guardians of students at risk of anaphylaxis in assessing risks
- Ensuring the location of the auto-injectors are well known, accessible and in an appropriate location

Guiding Principles

A reaction can develop within minutes of exposure to the allergen, resulting in a severe and potentially life threatening condition. With awareness, planning and training, a reaction can be treated effectively by using an adrenalin auto-injector injected into the muscle of the outer mid-thigh.

Skye Primary School recognises that it is difficult to achieve a completely allergen free environment in a school context. Skye Primary School 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

Definition

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. Up to 2% of the general population and up to 5% of children are at risk. The most common causes in young children are eggs, nuts, cow's milk, bee or other insect stings and some medications.

School Approach

Staff Training and Emergency Response

Skye Primary School will comply with Ministerial order no. 706 “Anaphylaxis Management in Victorian schools” and the guidelines related to Anaphylaxis management in schools as published by the DET.

All staff will be briefed and assessed bi-annually by a staff member who has successfully completed and holds a current 22303VIC course in Verifying the Correct Use of Adrenalin Auto-Injector Devices on:

- The Schools Anaphylaxis Management policy
- The causes, symptoms and treatment of anaphylaxis
- The identities of students diagnosed at risk of anaphylaxis and the location of their medication, including the location of the school’s general use adrenaline auto-injecting devices
- How to use and auto adrenaline injecting device, including hands on practice and individual assessment with a trainer auto-injector device
- The school’s First Aid and Emergency Response procedures (Appendix C) Scenarios to be completed on how to respond to an anaphylactic reaction in the following scenarios
 - Classroom
 - School Yard
 - Excursions, incursions and camps
 - Extra-curricular whole school events

Additionally

All staff must complete the ASCIA e-training once every 2 years, once staff have completed the online course, they must print their certificate of completion and present it to one of the two staff members who can verify the correct demonstration of how to use the adrenaline auto-injector, if successful they will have their certificate signed off. If deemed not yet competent they will need to repeat the online course and practical demonstration until they can demonstrate the skill successfully in the presence of one of the school verifiers

- School verifiers will be required to undertake training once every three years so they can verify the practical demonstrations of staff

Policy Procedures

On display in the main staff room, the sick bay and daily organisers medical alerts are displayed with photos of the children at risk.

Staff briefings are conducted biannually. The principal will complete an annual Anaphylaxis Risk Management checklist (appendix D)

Procedures are in place for informing casual relief teachers or volunteers of:

- the students at risk of anaphylaxis;
- the symptoms of an anaphylactic reaction;
- the students’ allergies; and

- the individual anaphylaxis management plans; and
- the location of the Auto-injector kits

This confidential information is accessible on the Student Management Tool and updated annually by the school's first aid officer. The Principal is responsible for ensuring an Individual Management Plan (IMP) (Appendix A) is provided and developed in consultation with the students' parents/guardians and "Ideas on Risk Minimisation strategies in the School and/or Childcare Environment" provided by the DEECD (Appendix E) for any student diagnosed by a medical practitioner of being at risk of anaphylaxis. It is the parent/guardian's responsibility to ensure that an Individual ASCIA Action Plan (Appendix B) is provided to Skye Primary School and has been signed by the student's registered medical practitioner. This will occur as soon as practicable and be in place preferably before the student commences their first day of school. The school will record when the student's Individual ASCIA Action Plan is provided and record the expiry date of the adrenaline auto-injector.

Check that a complete Auto-injector kit is supplied for the student and is stored in the Sick Bay according to the Skye Primary School Medication Policy and that this is known to all staff and easily accessible to adults. The school will display an ambulance contact card by telephones.

All parents/guardians as part of the enrolment procedure, prior to their child's attendance at the School, are asked whether their child has allergies and this information is documented on the child's enrolment record and the Student Management Tool.

The school will ensure that the student's Individual ASCIA Action Plan signed by a registered medical practitioner is inserted into the enrolment records for that student. This will outline the allergies and describe the prescribed medication for that student and the circumstances in which it should be used.

The students IMP will be reviewed in consultation with the students' parents/guardians:

- annually
- if the student's condition is diagnosed differently or changes
- if the student has an anaphylactic reaction at school
- when a student is to participate in an off-site activity such as camps and excursions, or special events conducted, organised or attended by the school
- A reminder letter will be sent home to the parent/guardian by the first aid officer six weeks prior to the adrenaline auto-injector expiry date, providing sufficient time for the device to be replaced
- A phone call will also be made to the parent/guardian 2 weeks prior to the expiry date as a reminder to replace the adrenaline auto-injector

Role of staff responsible for the student at risk of anaphylaxis

A copy of the student's Individual ASCIA Action Plan is displayed in the Sick Bay, staffroom and around the school and is visible to all staff. A list of students with IMP's will be provided to all staff at the start of each school year. The plan will also be attached to the student's profile for all teachers to access. It is the responsibility of all staff to make themselves familiar with these students using the available tools.

Auto-injector expiry dates are checked at the commencement of each year by the school first aid officer and parent's contacted if they are out of date. The General Use Adrenaline Auto-injector's

will be checked at the commencement of each year and replaced by the school's first aid officer on expiry.

A copy of the student's Individual ASCIA Action Plan is also stored with the Auto-injector kit.

Where there is a student who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction the process is to:

- Call an ambulance immediately by dialling 000
- Commence first aid measures
- Locate auto-injector for general use. Follow instructions of the operator on the 000 call and only administer the auto-injector under direct instruction
- Contact the parent/guardian or person to be notified in the event of illness if parent/guardian cannot be contacted

All staff conducting camps or excursions will be required to undertake further risk minimisation assessments. These assessments should take place in consultation with the student's parents prior to the student participating in these special events and incorporated into the planning for such an event.

The school will ensure that the Auto-injector kit for each student at risk of anaphylaxis is carried by a trained adult on excursions that this student attends.

Staff, will, where possible, enforce the agreed Risk Minimisation strategies on students IMP regarding "food sharing" whilst at school.

Role of Parent/Guardian

It is expected that the parent/guardian will:

- Provide the school with an Individual ASCIA Action Plan with up-to-date photo, signed by a registered medical practitioner giving written consent to use the Auto-injector in line with this action plan, on enrolment or as soon as diagnosed after enrolment and updated annually or if students medical condition changes
- Provide a complete Auto-injector kit to School. Ensure the Auto-injector is clearly labelled with student's name and not out of date. The parent is required to supply an Auto-injector to the school immediately when the Auto-injector supplied becomes out of date. The student may be asked to stay at home until a new one is supplied so adequate care can be provided by the school in response to a reaction
- Read and be familiar with the school's Anaphylaxis Management Policy
- Notify the School in writing of any advice from medical practitioner
- Assist staff by offering information and answering any questions regarding their child's allergies
- Communicate all relevant information and concerns to staff, for example, any matter relating to the health of their child
- Encourage their child to follow the agreed Risk Minimisation strategies on their IMP regarding "food sharing" whilst at school

Communication Plan

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 and annual review of the policy including community input.

Prevention Strategies

For the prevention strategies used by the school to minimise the risk of an anaphylactic reaction occurring within the school see Appendix D & E – Discussion Guide Ideas on Risk Minimisation Strategies in the School Environment. This discussion guide will also be provided to staff and parents for consultation when developing and reviewing a student's IMP.

Evaluation and 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 of 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.

- The adrenaline auto-injector must be replaced by the parent/guardian before the student is allowed to return to school
- If the general use adrenaline auto-injector is used this should be replaced as soon as possible
- The student's IMP should be reviewed in consultation with the student's parent/guardian.
- The school's 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 this Policy

- Staff to be taken through details of Anaphylaxis Management Policy annually and participate in Anaphylaxis training biannually
- The School will take all reasonable steps to implement this Anaphylaxis Management Policy
- 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 with 1 to be used as an excursion auto-injector

Storage

- 2 general use auto-injector stored in the sick bay
- Student auto-injectors stored in the sick bay

References and Acknowledgments

- Australian Society of Clinical Immunology and Allergy
- Royal Children's Hospital
- Ministerial order 706 Anaphylaxis management in schools
- Department of Human Services
- The Department of Education and Early Childhood Development

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	
Storage for adrenaline auto-injector (device specific) (EpiPen®)	

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?

Appendix B: ASCIA Action plan for anaphylaxis



ascia
Allergy Society of Australia
www.allergy.org.au

ACTION PLAN FOR
Anaphylaxis

For use with EpiPen® adrenaline autoinjectors

Name: _____
Date of birth: _____

Photo

Confirmed allergens:

Family/emergency contact name(s):

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

Plan prepared by:
Dr: _____
I hereby authorise medications specified on this plan to be administered according to the plan.
Signed: _____
Date: _____
Date of next review: _____

How to give EpiPen®



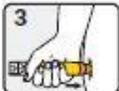
1

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



2

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



3

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

REMOVE EpiPen®. 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 anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.
- 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 may not always occur before 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 FOR ANAPHYLAXIS

- 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 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, 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.
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.

IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Asthma: Y N Medication: _____

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, coughing or difficulty breathing, 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 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 phone or mobile phone to call sick bay or 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. 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 Sick Bay or 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)

1.4 Sick Bay attendant (or office staff if Sick Bay attendant not available) to attend the classroom with the student's adrenaline auto-injector, general adrenaline auto-injector and student's plan

1.5 Sick Bay attendant and Teachers are to follow the instructions on the student's ASCIA plan

1.6 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 Sick Bay for strict observation and parents called – never leave the student alone

1.7 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 Sick Bay attendant or office staff member while the teacher rings 000. Teachers are to follow instructions as provided by the paramedics on the phone. **IF IN DOUBT, GIVE THE ADRENALINE AUTOINJECTER**

1.8 Sick Bay attendant and teachers are to remain with the student – one to keep student calm, assisting teacher to relay information to the paramedics

1.9 Second office staff member to contact parent and advise them of the incident. If parent not available, emergency contact must be contacted

1.10 Second office staff member to attend the main gate/entrance to school to await ambulance and direct paramedics to the relevant room on arrival

1.11 Second dose of adrenaline can be administered after 5 minutes if the ambulance has not arrived yet

1.12 In the event of cardiac arrest CPR is to be commenced immediately

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, lay them down and ask their name
- 2.2 If teacher does not have a mobile phone, teacher is to send a reliable student with medical emergency slip to the Sick Bay to raise the alarm, providing the 'runner student', and therefore the Sick Bay, 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 Sick Bay attendant (or office staff member if not available) 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 Sick Bay 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 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 Sick Bay for strict observation and parents called – never leave the student alone
- 2.9 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 Sick Bay attendant or office staff while the teacher rings 000. Teachers are to follow instructions as provided by the paramedics on the phone. **IF IN DOUBT, GIVE THE ADRENALINE AUTOINJECTER**
- 2.10 Second office staff member to contact parent and advise them of the incident. If parent not available, emergency contact must be contacted
- 2.11 Second office staff member to attend the main gate/entrance to school to await ambulance and direct paramedics to the relevant area on arrival
- 2.12 Second dose of adrenaline can be administered after 5 minutes if the ambulance has not arrived yet
- 2.13 In the event of cardiac arrest CPR is to be commenced immediately

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 lay them down. Teacher is to call the office/Sick Bay 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 Sick Bay/Front Office to raise the alarm, providing the 'runner student' and therefore the Sick Bay attendant with student's name and exact location in the school grounds
- 3.4 Sick Bay attendant (or office staff member if not available) 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 Sick Bay for strict observation and parents called – never leave the student alone

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 Sick Bay attendant or office staff while the 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 Sick Bay attendant and teachers are to remain with the student – one to keep student calm, assisting teacher to relay information to the paramedics

3.8 Second office staff member to contact parent and advise them of the incident. If parent not available, emergency contact must be contacted

3.9 Second office staff member to attend the main gate/entrance to school to await ambulance and direct paramedics to the relevant room on arrival

3.10 Second dose of adrenaline can be administered after 5 minutes if the ambulance has not arrived yet

3.11 In the event of cardiac arrest CPR is to be commenced immediately

Out of School sporting activities:

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

3.12 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

3.13 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

3.14 The supervising teacher must also collect the general auto-injector from Sick Bay

3.15 The supervising teacher must carry a mobile phone with them

3.16 This teacher must have up to date training on anaphylaxis management

3.17 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

3.18 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

3.19 The supervising teacher is to send a reliable student to locate another teacher from Skye Primary School if available, to assist in managing the situation

3.20 The supervising teacher is to call 000 immediately and follow instructions from the paramedic

3.21 additional teacher from Skye Primary School to allocate another responsible adult to meet and await the arrival of ambulance at entrance of facility

3.22 In the event of cardiac arrest CPR is to be commenced immediately

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, lay them down and keep them under observation whilst you locate their adrenaline auto-injector. Contact the parents. 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 Skye Primary School, if available, to assist in managing the situation

4.11 The supervising teacher is to call 000 immediately and follow instructions from the paramedics

4.12 additional teacher from Skye Primary School to allocate another responsible adult to meet and await the arrival of ambulance at entrance of facility

4.13 In the event of cardiac arrest CPR is to be commenced immediately

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, lay them down and keep them under observation whilst you locate their adrenaline auto-injector. Contact the parents. 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, administer the auto-injector 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

5.8 The supervising teacher is to call 000 immediately and follow instructions from the paramedics

5.9 If available additional teacher/supervisor from Skye Primary School to allocate another responsible adult to meet and await the arrival of ambulance at entrance of facility

5.10 In the event of cardiac arrest CPR is to be commenced immediately

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 school, classroom teachers/supervisors 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 28 degrees

6.5 At the completion of the day, the classroom teacher/supervisor will need to collect the adrenaline auto-injector from the first aid area and return it to the Sick Bay 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

6.7 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

6.8 Staff in attendance at the event must have up to date training or anaphylaxis management

6.9 The supervising teacher is to call 000 immediately and follow instructions from the paramedics

6.10 If available additional teacher/supervisor from Skye Primary School to allocate another responsible adult to meet and await the arrival of ambulance at entrance of facility

6.11 In the event of cardiac arrest CPR is to be commenced immediately

Appendix D: Annual Risk Management Checklist

School Name:		
Date of Review:		
Who completed this checklist?	Name:	
	Position:	
Review given to:	Name	
	Position	
Comments:		
General Information		
1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an Adrenaline Autoinjector?		
2. How many of these students carry their Adrenaline Autoinjector on their person?		
3. Have any students ever had an allergic reaction requiring medical intervention at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many times?		
4. Have any students ever had an Anaphylactic Reaction at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many students?		
b. If Yes, how many times		
5. Has a staff member been required to administer an Adrenaline Autoinjector to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many times?		
6. Was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION 1: Individual Anaphylaxis Management Plans		
7. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an Adrenaline Autoinjector have an Individual Anaphylaxis Management Plan and ASCIA Action Plan completed and signed by a prescribed Medical Practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Are all Individual Anaphylaxis Management Plans reviewed regularly with Parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?		
a. During classroom activities, including elective classes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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b. In canteens or during lunch or snack times	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Before and after School, in the school yard and during breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. For special events, such as sports days, class parties and extra-curricular activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. For excursions and camps	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do all students who carry an Adrenaline Autoinjector on their person have a copy of their ASCIA Action Plan kept at the School (provided by the Parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are they kept?	
11. Does the ASCIA Action Plan include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2: Storage and Accessibility of Adrenaline Autoinjectors	
12. Where are the student(s) Adrenaline Autoinjectors stored?	
13. Do all School Staff know where the School's Adrenaline Autoinjectors for General Use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are the Adrenaline Autoinjectors stored at room temperature (not refrigerated)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is the storage unlocked and accessible to School Staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are the Adrenaline Autoinjectors easy to find? Comments:	<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 Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the Adrenaline Autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Has someone been designated to check the Adrenaline Autoinjector expiry dates on a regular basis? Who?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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21. Are there Adrenaline Autoinjectors which are currently in the possession of the School and which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Has the School signed up to EpiClub or ANA-alert (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Do all School Staff know where the Adrenaline Autoinjectors and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Has the School purchased Adrenaline Autoinjector(s) for General Use, and have they been placed in the School's first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Where are these first aid kits located?	
26. Is the Adrenaline Autoinjector for General Use clearly labelled as the 'General Use' Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Is there a register for signing Adrenaline Autoinjectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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
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

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d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the School?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Does your plan include who will call the Ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Is there a designated person who will be sent to collect the student's Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Have you checked how long it will take to get to the Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) to a student from various areas of the School including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. On excursions or other out of school events is there a plan for who is responsible for ensuring the Adrenaline Autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the Adrenaline Autoinjector for General Use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Who will make these arrangements during excursions?	
40. Who will make these arrangements during camps?	
41. Who will make these arrangements during sporting activities?	
42. Is there a process for post incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Have all School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction and any other staff identified by the Principal, been briefed on:	
a. The School's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students with a medical condition that relates to allergy and the potential for an anaphylactic reaction, and who are prescribed an Adrenaline Autoinjector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The School's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the Adrenaline Autoinjector(s) for General Use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the Adrenaline Autoinjectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4: Communication Plan	
44. Is there a Communication Plan in place to provide information about anaphylaxis and the School's policies?	
a. To School Staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To Parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
45. Is there a process for distributing this information to the relevant School Staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	
46. How is this information kept up to date?	
47. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
48. What are they?	

Appendix 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 staff 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 a Skye Primary School)</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
Class parties / Birthday celebrations	<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

<p>Cooking and Food Technology</p>	<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
<p>Science experiments</p>	<ul style="list-style-type: none"> • Engage parents in discussion prior to experiments containing foods
<p>Students picking up papers</p>	<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
<p>Music</p>	<ul style="list-style-type: none"> • Music teacher to be aware, there should be no sharing of wind instruments e.g. recorders <p>Speak with the parent about providing the child's own instrument</p>
<p>Art and craft classes</p>	<p>Ensure containers used by students at risk of anaphylaxis do not contain allergens e.g. egg white or yolk on an egg carton, biscuit boxes that may contain traces or nuts etc.</p> <ul style="list-style-type: none"> • 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
<p>Canteen <i>(popcorn days/subway days related to Skye Primary School)</i></p>	<p>Does canteen offer foods that contain the allergen?</p> <ul style="list-style-type: none"> • 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

	<p>contamination of foods said to be 'safe'</p> <ul style="list-style-type: none"> • 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
<p>Sunscreen</p>	<p>Parents of children at risk of anaphylaxis should be informed that sunscreen is offered to children. They may want to provide their own</p>
<p>Hand washing</p>	<ul style="list-style-type: none"> • Classmates encouraged to wash their hands after eating
<p>Part-time educators, casual relief teachers, psychologists & religious instruction teachers Suggestions:</p>	<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 DEECD

	<p>nominated anaphylaxis education provider. Visit ASCIA www.allergy.org.au</p> <ul style="list-style-type: none"> • This course can also be done as a refresher
<p>Use of food as counters</p>	<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.
<p>Class rotations</p>	<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.
<p>Class pets/ pet visitors /school farmyard</p>	<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

	<p>the chicks in case there is any residue of egg protein, in addition to usual hygiene purposes.</p> <p>Whilst care needs to be taken, this is an activity that most children can enjoy with some safe guards in place</p>
<p>Incursions</p>	<ul style="list-style-type: none"> • Prior discussion with parents if incursions include any food activities
<p>Excursions, Sports carnivals, Swimming program</p>	<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>
<p>Staff should also:</p>	<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 nuts) • 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 adrenaline auto-injector

<p>Medical Kits</p>	<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
<p>School camps</p>	<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 device (EpiPen® 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

	<p>including child/ren at risk of anaphylaxis</p> <p>Ascertain location of closest hospital, ability of ambulance to get to camp site area i.e. consider locked gates etc in remote areas</p> <ul style="list-style-type: none"> • 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.
<p>School camps (continued)</p>	<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

	<p>5. Games and activities should not involve the use of known allergens</p> <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 Preparing for Camps and Overnight School Trips with Food Allergies. This comprehensive booklet consists of concise and easy-to-read information and ideas on preparing for school camp when you have students at risk of anaphylaxis</p> <p>To purchase or for more information call 1300 728 000 or visit www.allergyfacts.org.au</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.</p> <p>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

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