

Anaphylaxis and Allergy Management Procedures

Background

- Anaphylaxis is a severe, life-threatening allergic reaction. Allergies are increasing, with about 1 in 20 Australian children having a food allergy.
- The most common food allergies in children are milk (dairy), egg, peanuts, tree nuts (e.g. cashew, pistachio, almond etc), wheat, soy, sesame, fish and crustacea (shellfish). A smaller number of children have severe allergies to insect bites and stings (particularly bee stings).
- The best way to prevent anaphylaxis in schools is to know which students have been diagnosed with food, medication and insect allergies, and to then put plans in place to help prevent allergic reactions where possible. Communication between the school and parents/guardians is important to help students avoid known allergens. Parents/guardians and school staff need to work together to put procedures in place to reduce risk. These procedures are called risk minimisation strategies.
- Adrenaline (epinephrine) given through an adrenaline injector (EpiPen® or Anapen®) into the muscle of the outer mid-thigh is the first line emergency treatment for anaphylaxis.

Purpose

- To increase safety and provide a supportive environment where students at risk of anaphylaxis are able to join in school activities.
- To raise awareness about allergy, including anaphylaxis and the school's approach to anaphylaxis management in the school community.
- To work with parents/guardians of students at risk of anaphylaxis in understanding risks and identifying and implementing appropriate risk minimisation strategies to support the student and help keep them safe.
- To ensure staff know about and understand that allergies can be potentially life-threatening and the school's guidelines and procedures in recognising and treating anaphylaxis when it happens.

Definitions

- *Adrenaline* - A medication that reverses the effects of a severe allergic reaction (anaphylaxis). Adrenaline is a hormone produced naturally by the body however, the body is not able to produce enough adrenaline to treat anaphylaxis.
- *Adrenaline injector* - Adrenaline injectors contain a single, fixed dose of adrenaline, designed for use by anyone, including people who are not medically trained. Some adrenaline injectors (e.g. EpiPen® and Anapen®) are automatic injectors.
- *Adrenaline injector for general use* – An adrenaline injector for first aid kits that has not been prescribed for a specific person.
- *Adrenaline injector trainer devices* – Adrenaline injector trainer devices contain no adrenaline and no needle to allow staff to practise using the device.

- *Allergens* - Substances that can cause an allergic reaction. These include food, insects, some medicines as well as house dust mites, pet dander, pollen and moulds.
- *Allergy* - When the immune system reacts to substances in the environment that are harmless for most people.
- *Anaphylaxis* - The most severe form of allergic reaction. Anaphylaxis is life-threatening and requires prompt administration of adrenaline.
- *ASCIA Action Plan* - A standardised response plan for people with allergies that can lead to anaphylaxis. ASCIA Action Plans must be completed by the student's doctor or nurse practitioner. There are different types of plans:
 - ASCIA Action Plan for Anaphylaxis (red) given to people who have been prescribed an adrenaline injector.
 - ASCIA Action Plan for Allergic Reactions (green) given to people with confirmed allergy but who have not been prescribed an adrenaline injector. There is still a small chance their allergic reaction may one day progress to anaphylaxis, so they need to avoid the allergy trigger.
 - ASCIA Action Plan for Drug (Medication) Allergy given to people with confirmed medication allergies. If a person has other allergies, their drug allergy will be documented on their other ASCIA Action Plan so that they don't have two plans. People with medication allergy are very rarely prescribed an adrenaline injector. As the trigger can be avoided more easily than food or insect sting, for example.
 - ASCIA First Aid Plan for Anaphylaxis (orange) for storage with general use adrenaline injectors or for use as a poster.
- *Individualised anaphylaxis care plan* - A plan that documents the student's allergies and risk minimisation strategies to prevent exposure to known allergens and treatment in the event of an allergic reaction including anaphylaxis. It also includes a copy of the student's ASCIA Action Plan.
- *Students at risk of anaphylaxis* - Students with an ASCIA Action Plan for Anaphylaxis (red) or an ASCIA Action Plan for Allergic Reactions (green) or an ASCIA Action Plan for Drug (Medication) Allergy.

The law and who is responsible

- Fear of someone taking legal action should not stop someone using an adrenaline injector. All school staff need to understand that any staff member who provides emergency treatment to students having anaphylaxis, according to information on the ASCIA Action Plan, are doing what they can to save the life of a student.
- The school will make sure personal information given by parents/guardians is collected, used, shared as needed, stored and destroyed (when no longer needed) according to the relevant Privacy Act in that state. The school needs to get written permission from the parents before the student's ASCIA Action Plan is displayed in public areas at the school.

Knowing which students have allergies

- Before enrolment, or as soon as an allergy is diagnosed, the school will develop an individualised anaphylaxis care plan for the student.
- The student's individualised anaphylaxis care plan will be developed in consultation with the student's parents/guardians and signed by the school and the parent/guardian. The plan will include written permission to display the student's ASCIA Action Plan on the wall in the staff room and other appropriate places (such as the school canteen) and share the information in the plan with school staff.

- The student's individualised anaphylaxis care plan will be reviewed annually (at the start of each school year) in consultation with the student's parents/guardians to make sure information is up to date and strategies to reduce risk remain age appropriate.
- The individualised anaphylaxis care plan will also be reviewed when a student's allergies change or after exposure to a known allergen while attending the school or before any special activities (such as excursions, camps) to make sure information is up to date and correct, and any new procedures for the special activity are included.
- Whenever a student at risk of anaphylaxis is enrolled at the school, or newly diagnosed as being at risk of anaphylaxis, all staff will be told:
 - the student's name, year and classroom/classes.
 - where the student's ASCIA Action Plan is located.
 - where the student's adrenaline injector are located.
- Staff will help students at risk of anaphylaxis feel safe while they are at school by:
 - Talking to the student about signs and symptoms of an allergic reaction so they learn to talk about these symptoms and how to tell staff when they are having an allergic reaction.
 - Taking the student's and their parent's/guardian's concerns seriously.
 - Making every effort to address any concerns/worries they may talk about.
- New, relief and casual staff will be given information about the student's allergies during the orientation process before the student is in their care.

Adrenaline injectors, antihistamines, ASCIA Action Plans and identification

Prescribed adrenaline injectors

- Students prescribed with an adrenaline injector will be required to make two devices available to the school during the school terms. Parents/guardians are responsible for supplying the adrenaline injectors and making sure they have not expired.
- One student's adrenaline injector is to be stored in a personal bum-bag, to be carried by the student. The student's spare adrenaline injector is to be labelled and stored in the First Aid Room cupboard (years 1-6) or classroom First Aid box (PK,K,PP).
- Both the adrenaline injector in the student's personal bum-bag, the spare adrenaline injector and ASCIA Action Plans are taken whenever the student attends off-site activities/camps.
- A process will be in place to regularly check (at least each term) that students prescribed adrenaline injectors have not expired and do not need to be replaced. School staff will inform the parents/guardians if the adrenaline injector needs to be replaced (if used or about to expire).

General use adrenaline injectors

- The school will have at least two general use adrenaline injectors. These are stored in the First Aid Room cupboard. The general use adrenaline injector is taken when a student with an ASCIA Allergy Action Plan attends off-site activities or camp.
- The general used adrenaline injector can be used if the student does not have their prescribed adrenaline injector, if their device is not administered correctly, if the student requires a second dose or if a student does not have a prescribed device.

- A process will be in place to regularly check (at least each term) that general use adrenaline injectors have not expired. General use adrenaline injectors will be replaced before they expire.
- A student (or staff member/school visitor) with no history of anaphylaxis may have their first anaphylaxis whilst at the school. If school staff think a student/staff member/school visitor may be having anaphylaxis, the general use adrenaline injector should be given to the individual immediately, and an ambulance called. If the general use adrenaline injector is not available, staff will follow the ASCIA First Aid Plan including calling an ambulance.

Antihistamines

- The student's antihistamine is to be labelled and stored in the First Aid Room cupboard (years 1-6) or classroom First Aid box (PK,K,PP).

Action Plans

- ASCIA Action Plans are located on the Teacher's classroom wall, Classroom Medical file, Support Area file, Canteen file, Music Tutor files, Duty files, First Aid room file, Staffroom wall, and Student Administration file.

Identification

- A red cross badge is to be attached to the student's hats and shirt/dress collars – to be supplied by the school at a cost to the parent (Anaphylaxis Action Plan students only).
- A privacy letter is to be sent to parents for signing giving permission to display the student's Action Plan.

In the event of a student attending school without their adrenaline injector (bum-bag)

Parents must rectify this as soon as possible, preferably on the same day. Parents are to be made aware that the student will not be carrying an adrenaline injector on them during that day. In the event of an emergency response, the student's spare adrenaline injector will need to be retrieved from the First Aid Room cupboard or classroom First Aid box. This will incur a delay in the administration time of the adrenaline injector that would otherwise not have occurred.

Emergency Response Plan

SEVERE ALLERGIC REACTION

Emergency 'Orange Epipen Alert' cards will be kept in all duty files, sports file, specialist area files, canteen file and classrooms. In the event of a student having a severe anaphylactic reaction:

1. Check and Follow Action Plan.
2. The adrenaline injector kept on the student is to be administered immediately.
3. **ON DUTY** - An 'Orange Epipen Alert' card is to be sent to administration with 2 students (years 1 - 6) and 2 staff will bring the spare adrenaline injectors, general use injectors and hands-free telephone to the student.
4. **IN CLASS** – telephone administration and 2 staff will bring spare adrenaline injectors, general use injectors and hands-free telephone to student.
5. A staff member will take the spare adrenaline injector or general use injector to the student (PK, K, PP).

6. **CALL AMBULANCE IF ADRENALINE INJECTOR IS ADMINISTERED.**

7. The spare adrenaline auto injector is to be administered if there is no change in symptoms after 5 minutes or if symptoms start to reappear whilst waiting for the ambulance (advise 000 operator).
8. Administration and Principal must be advised if an ambulance is called.
9. Staff member waits at front letter box for ambulance to arrive.
10. Administration to contact parents.
11. Staff administering adrenaline injector to document the incident.
12. All staff involved are to be offered a debrief.
13. All staff and students involved are to be offered counselling.

It is mandatory that staff call an ambulance if the adrenaline injector has been administered.

Staff training

- All staff will be trained in the prevention, recognition and emergency treatment of anaphylaxis, including the use of adrenaline injectors as this is considered best practice. [ASCIA anaphylaxis e-training for schools](#) will be undertaken at least every two years.
- All staff will also undertake [ASCIA anaphylaxis refresher e-training](#) twice yearly. The school will have adrenaline injector trainer devices available to allow staff to have hands-on practise with the devices during training and refresher training.
- The Canteen Manager, will undertake the National Allergy Strategy [All about Allergens for Schools](#) food allergen management training for food service at least every two years.
- A staff training register will be kept.

Planned emergency procedures

- Signs and symptoms of an allergic reaction to food usually occur within 20 minutes and up to two hours after eating the food allergen. Severe allergic reactions/anaphylaxis to insects usually happen within minutes of the insect sting or bite.
 - Where it is known that a student has been exposed to whatever they are allergic to, but has not developed symptoms, the student's parents/guardians will be contacted and asked to come and collect their child.
 - The school will carefully monitor the student following instructions on the ASCIA Action Plan until the parents/guardians arrive.
 - Staff should be prepared to take immediate action following instructions on the ASCIA Action Plan should the student begin to develop allergic symptoms.
- Anaphylaxis emergency response will always include transport by ambulance (where possible) for medical monitoring (a hospital where possible), as the student needs medical care and observation for at least four hours after being given the adrenaline injector.
- Anaphylaxis emergency response drills (like a fire drill) will be practised and assessed twice a year to make sure staff understand the anaphylaxis emergency procedure and know what to do.
- After an allergic reaction/anaphylaxis, the individualised anaphylaxis care plan will be reviewed to determine if the school's risk minimisation strategies and emergency response procedures need to be changed/improved.

Risk minimisation strategies

- Strategies used to reduce the risk of allergic reactions, including anaphylaxis, for individual students will depend on what the student is allergic to and the developmental stage of the student.
- Wherever possible, the school will reduce exposure to known allergens.
- The following risk minimisation strategies will be implemented:

Food from Home

- It is NOT recommended that schools 'ban' food and as such schools should not claim to be free of any allergen (e.g. 'nut free'). An 'allergy aware' approach which focuses on implementing a range of appropriate risk minimisation strategies is recommended.
- In cases where the students are of a young age or have cognitive impairments limiting their ability to manage their own food allergies, it may be appropriate to implement allergen-restricted zones to reduce the risk that they will accidentally eat a food allergen. For example, this may be appropriate if there are students eating messy egg meals, grated cheese or drinking milk, so that they are not sitting next to students with egg or milk (dairy) allergy.
- Request that all student lunch boxes and water bottles are clearly labelled with the student's name.
- Educate students and the school community about food allergy so they understand why they should only eat their own food and why they should not share or offer food to students with food allergies.
- In early primary school years, communicate with parents/guardians in classes that have a student with food allergies about not sending 'messy' foods that contain the student's food allergens where possible. For example, sliced cheese is less messy and therefore less risk than grated cheese. Staff need to be aware of students who are eating food that can be messy (such as egg sandwiches, milk in tetra packs or yoghurt tubs) and be prepared to clean appropriately.

Meals and mealtime supervision

Meals

- All students should be encouraged to wash hands before eating (especially children with food allergy).
- All students should be encouraged to wash their hands after eating, especially if they have eaten something that another student in their class is allergic to.
- Hand wipes can be used to remove allergens from hands (and faces) if running water and soap is not available.
- Hand sanitiser should not be used as a substitute to washing hands with soap and water as it does not remove allergens.
- Food, utensils and containers should not be shared.
- Supervision of students eating is recommended in early primary years for students with food allergy. However, students that have food allergy should not be isolated from their peers.
- If using shared platters (such as fruit), give the student with food allergy their own separate serving of fruit on a separate plate.

Canteen

- All staff preparing and serving food to students are to undertake All about Allergens for Schools online training so they understand how to select suitable foods for students and staff with food allergy and avoid cross contamination during storing, handling, preparing and serving food.

- A copy of the student's ASCIA Action Plan (for food allergy) should be displayed in the canteen visible to staff.
- Communicate with the school community regularly through school newsletters, website and social media about how the canteen or manages food allergies. This can include information about new products or menu items that may or may not be suitable for students with food allergies. Remind staff that the product label must be read each time a student with food allergy is served food or drink.
- Encourage parents/guardians of students with food allergy to discuss menu options and products available with the canteen, or other food providers, when they are ready for others to supply food to their child.
- The canteen will not supply foods that contain nuts. These are not essential foods and are easily avoided.
- Lunch bags for students and staff with food allergies will be stamped with an 'ALLERGY' stamp in the canteen each time the student places an order.
- If using an online ordering system, ensure all parents/guardians (and older students ordering themselves) and staff to declare their food allergy, so this is recorded against the food order.
- Prepare food for students with food allergy first so their food does not come into contact with other foods being prepared. Food for students with food allergies should be clearly labelled with the student's name and packaged (wrapped or put into a container with a lid) to avoid cross contamination.
- Foods with precautionary allergen labelling statements (such as "may contain traces of") should not be provided to students allergic to that particular food unless the parent has given permission on the student's Individualised Anaphylaxis Care Plan.
- Thorough washing of kitchen equipment with hot soapy water is needed to remove allergens. - When preparing food, clean/separate utensils should be used. If shared utensils are used, they should be washed in hot soapy water or a dishwasher to remove traces of potential allergens.
- Allergy Food Matrix is to be made available to parents. This will list all foods supplied by the canteen and the allergens they contain.

Indoor activities

- Non-food rewards (such as pencils, stickers, privileges) are encouraged. - If food rewards are used, staff should only offer this to a student with food allergy if the parent/guardian has given them permission to do so and ingredients and precautionary allergen statements have been checked for the student's allergens. - Parents/guardians of students with food allergy may provide food treats in a clearly labelled 'treat box' for their child.
- Discuss cooking, science experiments using foods, incursions and any other onsite activities involving food with parents/guardians of students with food allergy in advance.
- Games and activities should not involve the use of any foods that students are allergic to.
- Wind toys and instruments (such as whistles, recorders, flutes, saxophones) are high risk. Discuss with parents/guardians the provision of the student's own instrument if they have a food allergy.
- Avoid using recycled craft items that can contain food allergens (empty plastic milk bottles, egg cartons, cereal boxes, empty peanut and tree nut spread jars, ice cream containers).
- Activities such as face painting or mask making (when moulded on the face of the student), should be discussed with parents/guardians prior to the activity, as products used may contain food allergens such as peanut, tree nut, wheat, milk or egg.

- Some materials (such as play dough) can contain food allergens. - Discuss options with parents/guardians of students with food allergy (such as using wheat-free flour). - Check that nut oils have not been used in the manufacturing process. - If a student with food allergy is unable to use the play dough provided for their classmates, provide an alternative material for the student to use and adequate supervision to avoid cross-contamination.

Outdoor activities

Insect allergy

- Ensure students with insect allergy wear shoes when outside.
- Have bee and wasp nests removed by a professional.
- Consider poisoning of ant nests if there are students with ant allergy (this should be done when students are not at the school).
- Cover outdoor bins as they attract insects.
- Be aware of bees around water and in grassed or garden areas.
- Keep lawns and clover mowed.
- When purchasing plants, consider those less likely to attract bees and wasps (such as non-flowering plants).
- Do not have open drink containers outside, particularly those containing sweet drinks, as they may attract stinging insects.
- Students with insect allergy should not be asked to pick up litter, even with gloves on.

Tick allergy

- To reduce the risk of tick bites in tick prone regions, students should wear a hat and cover skin when outdoors and remove these before going indoors, where possible.
- They should tuck their pants into their socks and wear long sleeved tops, where possible.
- Consider having an ether containing spray in the first aid kit when engaging in activities in areas where ticks may be present.

Animal allergy

- Some animal feed contains food allergens (such as nuts in birdseed and cow feed, milk and egg in dog food, fish in fish food, peanut butter in dog food, fish in cat food). If possible, source animal feed that does not contain foods students are allergic to.
- Students with egg allergy, should only handle chicks that hatched the previous day or longer (no wet feathers) and must wash their hands afterwards. Further information is available from Allergy & Anaphylaxis Australia.
- Exposure to animals such as domestic dogs, cats, rabbits, rats, mice, guinea pigs and horses may trigger contact rashes including worsening eczema, allergic rhinitis (hay fever) and sometimes asthma.
- Anaphylaxis to animals such as horses or dogs are rare but may occur and should be considered with activities such as "show and tell", or visits to farms or zoos.

Food allergy

- Consider that the paint/coloured powder used for "colour runs" may contain food allergens. Ingredients of the paints used in colour runs should be sought and avoided if they contain a student's allergen.
- Do not use sunscreen containing food products (such as nut oils, cow's or goat's milk).
- Students at risk of anaphylaxis to food should be provided with gloves or an instrument to pick up the rubbish to avoid skin contact with potential allergens.

- Mulches used for gardens can contain food allergens (such as peanut shells) and mould allergens. If possible, source mulches that do not contain allergens and store in a dry place to minimise the growth of mould.
- Children may be allergic to foods grown in the garden (it is possible to be allergic to any food including fruits and vegetables).

Off-site activities including camps

- Check if the excursion includes a food related activity and if so, discuss with the parents/guardians and plan accordingly.
- Refer to the camp Risk Management Plan for further information.

Special events

- Students should not miss out on activities because of their food allergy, however they (or the school/class as a whole) may have to do things slightly differently to increase safety.
- Special events are high risk for students with food allergy as staff can be distracted with organising extra activities and students may be distracted. Speak with parents/guardians of younger students and students with complex needs that have food allergy to see if they (or trusted relative) can attend as a helper to supervise the student.
- Consider students with food allergy when planning any fundraisers, cultural days or stalls, breakfast mornings, picnics and other celebrations involving food. Student's should not be given any foods that have not been discussed in consultation with their parents, other than foods supplied by the canteen or brought from home.
- Liaise with the parents/guardians of the student with food allergy well in advance so they can provide suitable food or adjust the activity to accommodate their child's allergies.
- Students with food allergy should not consume food brought in by other students even if they are thought to be safe.
- Students with food allergy can participate in spontaneous birthday celebrations by way of their parents/guardians supplying a 'treat box' or safe cupcakes stored in the freezer in a labelled sealed container to prevent cross contamination.
- Cultural days can be especially difficult for students with food allergies due to the involvement of outside catering (often by parents/guardians). A risk minimisation plan should be put in place for students with food allergies due to the high risk of accidental exposure to a student's allergen. This should be developed with the student's parent.
- Be aware that events where food is being provided (such as Father's Day breakfast) can be a stressful event for parents/guardians of students with food allergy and the student themselves. Try to avoid foods students are allergic to where possible.

Medications, creams and latex

- Any medication administered in the school should be given in accordance with school or education department/sector guidelines; school policy and procedures; and with the written permission of parents/guardians.
- Students in the later years of primary school and secondary school need to be reminded that they should not share medications such as Asthma medications.
- Do not use sunscreen containing food products (such as nut oils, cow's/goat's milk).
- Use non-latex gloves in first aid kits and facilities such as kitchens, canteens and the sick bay.
- Food for students with latex allergy should be prepared with clean hands or non-latex gloves.

- A student with latex allergy should not be asked to wear a school latex swimming cap.
- Non-latex balloons should be used when there is a student with latex allergy.
- First aid kits should have non-latex sticking plasters and non-latex gloves available.

Peer education

- Staff will educate students about allergies and the risk of anaphylaxis, including signs and symptoms of an allergic reaction and what to do if they think their friend is having an allergic reaction.
- Considering each student's development, staff will talk about strategies to help keep students with food allergy safe, such as students not sharing food, drinking from their own water bottle and washing their hands after they have eaten something that their classmate is allergic to.
- Staff will include information and discussions about food allergies in the programs they develop, to help students understand about food allergy and to encourage caring, acceptance and inclusion of students with food allergies.

Communication

- Communication regarding allergies and anaphylaxis management to staff will happen via email (with read receipt), TEAMS messages, staff meetings and face to face contact.
- Volunteers and casual relief staff will be informed on arrival at the school by their year level partner teacher if they are caring for a student with an Allergy or Anaphylaxis Action Plan and their role in responding to an allergic reaction.
- Communication to parents of students with allergies will happen via email, telephone and face to face conversation. Communication to students with allergies will happen via face to face conversation.
- The broader school community will receive communications regarding allergies and anaphylaxis through the school newsletter.

Reporting procedures and Post Incident Procedures

- If a student is exposed to a known allergen, an Incident Report will be completed. A copy of the completed form will be kept in the student's file. The Principal will inform staff about the incident. Any other state or national reporting requirements will be undertaken.
- If a student has had an allergic reaction to a packaged food or to a meal provided by the school such as the canteen or camp provider, this will be reported to the local food authority for investigation. If the reaction is to a food sent from home, it is the parent's responsibility to report the reaction.
- Staff will be offered a debrief and both staff and students will be offered counselling after each incident. An emergency can cause staff and other students distress especially if the event was life-threatening. Help should be provided to staff and students as needed.
- The Emergency Response Plan will be reviewed to identify any changes that may be required.
- The student's individualised anaphylaxis care plan will be reviewed to identify if further risk minimisation strategies are needed, or some strategies need to be adapted. It is important to understand what went wrong, to learn from each incident and to put plans in place to help prevent the same accident from happening again.

- Parents are to be contacted to organise replacement adrenaline injectors. General use adrenaline injector is to be used for the student if required in the interim.

Policy review

This policy was created on: 1/11/2021

This policy will be reviewed on: 1/11/2023

Principal's name: Chris Dunning