

Appendix A: Anaphylaxis Risk Minimisation and Prevention Strategies

In school settings

Classrooms
A copy of the student's Individual Anaphylaxis Management Plan is kept in the classroom. The plan is to have easy access even if the Adrenaline Auto injector is kept another location.
The school will liaise with parents about food-related activities ahead of time.
Use non-food treats where possible, but if food treats are used in class it is recommended that parents of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and handled by the student. Treats for other students should be treated with absolute care to ensure there is no cross contamination of food. If possible, foods should not contain the substance to which the student is allergic to.
Never give food from outside sources to a student who is at risk of anaphylaxis.
Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes, eg: milk or egg cartons, empty peanut butter jars.
When cooking utensils are used in the classrooms they are washed and cleaned thoroughly after preparation of food and cooking, such as; preparation dishes, plates, knives and forks and other utensils.
Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
A designated staff member should inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident ie: seeking a trained staff member
Yard
The school will ensure all staff are trained in the administration of the Adrenaline Auto injector (ie: EpiPen) to be able to respond quickly to an anaphylaxis reaction if needed.
Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. School staff should liaise with parents to encourage students to wear light or dark rather than bright colours, as well as closed in shoes and long sleeved garments with outdoors.
Keep the school grounds well maintained with grass areas mowed and bins covered.
Students should keep drinks and food covered while outdoors.
Special events (sporting events, incursions, class parties, etc)
Sufficient School staff supervising the special event must be trained in the administration of an Adrenaline Auto injector to be able to respond quickly to an anaphylactic reaction if required.
School staff should avoid using food in activities or games, including as rewards.
For special occasions, School staff should consult parents in advance to either develop an alternative food menu or request the parents to send a meal for the student.
Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request they avoid providing students with treats whilst they are at School or at a special event.
Party balloons should not be used if any student is allergic to latex.
Canteen
Canteen staff (whether internal or external) should be able to demonstrate satisfactory training in food allergen management and its implications on food handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross contamination issues specific to food allergy, label reading etc.
Canteen staff, including volunteers, should be briefed about students at risk of anaphylaxis and, where the Principal determines in accordance with clause 12.1.2 of the Order, have up to date training in an Anaphylaxis Management Training Course as soon as practical after a student enrolls.
Display the student's name and photo in the canteen as a reminder to School staff.
Products labelled 'may contain traces of nuts' should not be served to student students allergic to nuts.
Make sure that tables and surfaces are wiped down with warm soapy water regularly.
Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis in someone who is at risk of anaphylaxis from cow's milk products or peanuts.

Out of school settings

Field trips, excursions and sporting events

Students at risk of anaphylaxis, will have sufficient school staff supervising the special event who are trained in the administration of an Adrenaline Auto injector and be able to respond quickly to an anaphylactic reaction if needed.

There will always be a trained school staff member in the administration of the Adrenaline Auto injector, accompany any student at risk of anaphylaxis on field trips or excursions.

School staff should avoid using food in activities or games, including as rewards.

The Adrenaline Auto injector and a copy of the Individual Anaphylaxis Plan for each student at risk of anaphylaxis should be easily accessible and school staff must be aware of their exact location.

For each field trip, excursion etc, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.

All school staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.

The school should consult parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu or request the parents to provide the meal (if required).

Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with parents as another strategy for supporting the student who is at risk of anaphylaxis.

Prior to the excursion taking place school staff should consult with the student's parents and medical practitioner (if necessary) to review the student's Individual Anaphylaxis Plan to ensure that it is up to date and relevant to the particular excursion activity.

Camps and remote settings.

Prior to engaging a camp owner/operator's services the School will make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the School, then the School will consider using an alternative service provider.

The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.

The School must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. The School has a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.

The School will conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with Parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.

School Staff will consult with Parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.

If the School has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should also consider alternative means for providing food for those students.

Use of substances containing allergens should be avoided where possible.

Camps should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts.

The student's Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.

Prior to the camp taking place School Staff should consult with the student's Parents to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.

School Staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all School Staff participating in the camp are clear about their roles and responsibilities.

Contact local emergency services and hospitals well prior to the camp. Advise full medical conditions of students at risk, location of camp and location of any off camp activities. Ensure contact details of emergency services are distributed to all School Staff as part of the emergency response procedures developed for the camp.

The School will consider taking an Adrenaline Autoinjector for General Use on a school camp, even if there is no student at risk of anaphylaxis, as a backup device in the event of an emergency.
The Schools will purchase an Adrenaline Autoinjector for General Use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.
The Adrenaline Autoinjector should remain close to the student and School Staff must be aware of its location at all times
The Adrenaline Autoinjector will be carried in the school first aid kit; however, Schools can consider allowing students, particularly adolescents, to carry their Adrenaline Autoinjector on camp. Remembering that all School Staff members still have a duty of care towards the student even if they do carry their own Adrenaline Autoinjector.
Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
Cooking and art and craft games should not involve the use of known allergens.
Consider the potential exposure to allergens when consuming food on buses and in cabins.
Travel To and From school by Bus
School Staff should consult with Parents of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur on the way to and from School on the bus. This includes the availability and administration of an Adrenaline Autoinjector. The Adrenaline Autoinjector and ASCIA Action Plan for Anaphylaxis must be with the student even if this child is deemed too young to carry an Adrenaline Autoinjector on their person at School.
Overseas travel
Review and consider the strategies listed under “Field Trips/Excursions/Sporting Events” and “Camps and Remote Settings”. Where an excursion or camp is occurring overseas, Schools should involve Parents in discussions regarding risk management well in advance.
Investigate the potential risks at all stages of the overseas travel such as: <ul style="list-style-type: none"> • travel to and from the airport/port; • travel to and from Australia (via aeroplane, ship etc); • various accommodation venues; • all towns and other locations to be visited; • sourcing safe foods at all of these locations; and • risks of cross contamination, including - <ul style="list-style-type: none"> ◦ exposure to the foods of the other students; ◦ hidden allergens in foods; ◦ whether the table and surfaces that the student may use will be adequate cleaned to prevent a reaction; and ◦ whether the other students will wash their hands when handling food.
Assess where each of these risks can be managed using minimisation strategies such as the following: <ul style="list-style-type: none"> • translation of the student’s Individual Anaphylaxis Management Plan and ASCIA Action Plan; • sourcing of safe foods at all stages; • obtaining the names, address and contact details of the nearest hospital and Medical Practitioners at each location that may be visited; • obtaining emergency contact details; and • sourcing the ability to purchase additional autoinjectors.
Record details of travel insurance, including contact details for the insurer. Determine how any costs associated with medication, treatment and/or alteration to the travel plans as a result of an anaphylactic reaction can be paid.
Plan for appropriate supervision of students at risk of anaphylaxis at all times, including that: <ul style="list-style-type: none"> • there are sufficient School Staff attending the excursion who have been trained in accordance with Chapter 12; • there is an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are taking medication and eating food;

- there will be capacity for adequate supervision of any affected student(s) requiring medical treatment, and that adequate supervision of other students will be available; and
- staff/student ratios should be maintained during the trip, including in the event of an emergency where the students may need to be separated.

The School should re-assess its Emergency Response Procedures, and if necessary adapt it to the particular circumstances of the overseas trip. Keep a record of relevant information such as the following:

- dates of travel;
- name of airline, and relevant contact details;
- itinerary detailing the proposed destinations, flight information and the duration of the stay in each location;
- hotel addresses and telephone numbers;
- proposed means of travel within the overseas country;
- list of students and each of their medical conditions, medication and other treatment (if any);
- emergency contact details of hospitals, ambulances, and Medical Practitioners in each location;
- details of travel insurance
- plans to respond to any foreseeable emergency including who will be responsible for the implementation of each part of the plans;
- possession of a mobile phone or other communication device that would enable the School Staff to contact emergency services in the overseas country if assistance is required.