Education & Communities

Anaphylaxis

Procedures for Schools 2012

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The Department of Education and Communities
The Association of Independent schools of NSW
The Catholic Education Commission of NSW

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Managing anaphylaxis (severe allergic reactions) at school

Anaphylaxis Procedures for Schools 2012 are mandatory for NSW government schools and preschools.

What is anaphylaxis?

Anaphylaxis is a severe and sometimes sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as a food or an insect sting). Reactions usually begin within minutes of exposure and can progress rapidly over a period of up to two hours or more. **Anaphylaxis is potentially life threatening and always requires an emergency response**. Further information about anaphylaxis is found at Appendix 5.

Providing support to students at risk of anaphylaxis

It is the responsibility of the parent[1] to notify the school that their child has an allergy and is at risk of anaphylaxis. This notification should occur either at the time of enrolment, or if the student is already enrolled, as soon after diagnosis as possible.

As with other serious health conditions, it is important that schools put in place strategies to manage a student at risk of anaphylaxis at school or while the student is engaged in school related activities. For this support to be effective it is important that:

- a partnership is established between the parent and the school to share information and clarify expectations
- every reasonable effort is made to minimise the exposure of a student who is at risk of anaphylaxis to known allergens within the school environment and during school related activities (Appendices 8 and 9)
- the full range of the student's learning and support needs are identified in relation to their anaphylaxis
- an ASCIA[2] Action Plan for Anaphylaxis, signed and dated by the student's doctor is provided to the school by the parent for the individual student (Appendix 7).

If written information provided by the parent from a doctor confirms that their child has been assessed as being at risk of anaphylaxis, an individual health care plan (Appendices 6, 7 and 8) must be formulated by the principal or their delegated executive staff in consultation with the parent and relevant staff, and where practicable, the student and their doctor.

The individual health care plan must include an ASCIA Action Plan for Anaphylaxis for the individual student signed by their doctor (Appendix 7) and a plan for the avoidance of known allergens (Appendix 8), developed by the school with regard to their particular environment and drawing on advice from the student where practicable, and the student's parent and

[1] In this document the term parent is used to refer to parent, parents or carer or if the student is living independently the student.

[2] ASCIA- Australasian Society of Clinical Immunology and Allergy

doctor. Planning must take into account the student's full range of learning and support needs including their age, maturity, ability to understand their condition, and any factors that may affect the student's health, safety and wellbeing while at school, for example, learning difficulties or an intellectual disability. In addition, the severity of an anaphylactic reaction can be influenced by the presence of asthma.

Educating other students and their parents about anaphylaxis is important:

- to gain their support in minimising the risk of the affected student's exposure to allergens
- to alert other students to the need to immediately inform a teacher if they become aware a classmate has come into contact with an allergen
- to minimise the potential for teasing or provocation that may result in risk taking associated with allergens, e.g. peanuts. (Appendix 9).

Note: Symptoms of severe allergic reactions or anaphylaxis can occur when there is no history of known allergies. This situation should be treated as an emergency. An adrenaline autoinjector should be administered, if available, an ambulance called and first aid provided until expert help arrives.

Action steps for principals

Principals are responsible for overseeing the planning and implementation of procedures and support to protect the health and safety of students at risk of anaphylaxis when they are at school or involved in school activities. Principals need to develop and document local procedures, which may include utilising the leadership of the deputy principal, other delegated executive staff and/or learning and support teams, to put processes in place to support students. This will include the development of an individual health care plan that takes account of the student's full range of learning and support needs.

Schools must seek information from parents about allergies and other health conditions that may affect their child at school, at enrolment and on an ongoing basis, for example, as part of regular health updates.

It is important that principals have a system in place in the school to check enrolment forms and follow up where this or any other information indicates a student has an allergy or medical condition.

A system needs to be in place in all schools, whether or not any student is known to be at risk of anaphylaxis.

Providing the learning support team or delegated executive staff with a list of students who indicate they have allergies or other health conditions on their enrolment form would assist in this process.

Where allergies are identified the following steps apply:

1) **Provide parent with a copy of the form 'Students with allergies'** (Appendix 1) and ask them to complete it, where the information from the parent indicates that their child has allergies, either from enrolment forms or where a parent notifies the school with an existing enrolment. Consideration should be given to any necessary adjustments for the parent's access to this information (see step 4).

2) **Determine whether the information provided by the parent on the form (Appendix 1) indicates the need for further action, including discussion with the parent**

   Further action or discussion is required if:

- the form indicates the student has an allergy/s or the student has either been hospitalised or prescribed an adrenaline autoinjector
- the form is left blank, is incomplete or not returned
- the information provided is inconsistent with any information provided by a former school.

   If no further action or discussion is required, add the form to the student's records and, as necessary, manage in accordance with the school's procedures for assisting students with health conditions at school. Ask the parent to notify the principal or delegated executive staff immediately if there is a change in the student's condition, including if their child is:

- subsequently hospitalised as a consequence of a severe allergic reaction
- prescribed an adrenaline autoinjector.

3) **Access a copy of the student's individual health care plan and/or any other relevant health and learning and support information held by the previous school**

in relation to the student's anaphylaxis[3]

Health and other relevant learning and support records from the student's previous school can inform and assist health care planning in the new school. It is important that the new individual health care plan account for the new school environment and that the most recent ASCIA Action Plan for Anaphylaxis is current. Where the doctor prescribes a new adrenaline autoinjector they will issue an updated ASCIA Action Plan for Anaphylaxis. It is important for the individual health care plan to include the current ASCIA Action Plan for Anaphylaxis signed and dated by the child's prescribing doctor.

4) **Consider any barriers to communication with the parent** (for example language or disability) and implement strategies to respond to those barriers. This may include providing adjustments such as having a translator and/or support person available for meetings or considering how to best explain management of health care at school and potential strategies to the parent who could have a cognitive disability.

5) **Arrange a meeting with parent/s whose form (Appendix 1) indicated further discussion is required** (see step 2)

   Before the meeting, provide the parent with:

   a) 'Information for Parents and Carers of students at risk of anaphylaxis' (Appendix 2).

   b) 'Authorisation to contact doctor' (Appendix 3). The parent should be asked to complete this form and bring it with them to the meeting.

   c) 'Severe Allergies – 'Information from the doctor' (Appendix 4). The parent may be able to have the doctor complete this information and provide an ASCIA Action Plan for Anaphylaxis (Appendix 7) prior to the meeting. If not these requirements should be discussed at the meeting.

   The NSW government school and preschool application to enrol requests permission for the the named doctor to provide the school with information about how to manage the student's allergy or medical condition at school. The use of the Appendices in these procedures is still recommended for students diagnosed at risk of anaphylaxis as it gives the parent the opportunity to provide permission and contact details relevant to their child's allergy specialist and provides additional detail.

   Appendix 1, 2 and 3 are available in a range of community languages. For more information go to http://www.schools.nsw.edu.au/languagesupport/documents/index_a.php.

6) **Develop an interim individual health care plan** in consultation with the student, where practicable, parents and staff. Consideration should be given to whether reasonable adjustments need to be made for the student at this time.

   Note: It is important to put measures in place to address student health care needs in time for a student's commencement at school. Sometimes it may not be possible to implement necessary health care support arrangements in time. If commencement in

[3] This information can be directly requested from schools/preschools within the same system (e.g. two government schools). If the school/preschool is from a different system the information can be exchanged under Chapter 16A of the Children and Young Persons (Care and Protection) Act. Note: government primary schools are required to send the student record to the government high school.

these circumstances would put the student's safety at risk, it should be deferred, but only for the minimum time needed to introduce the necessary arrangements.

Consideration may also need to be given to alternate education programs in the interim period. On rare occasions an enrolment or continued attendance at a school may give rise to genuine safety issues that cannot be resolved or that impose an unjustifiable hardship on the school.

Refusing enrolment or continued access to education in circumstances other than where there are irresolvable safety issues or an unjustifiable hardship arises may amount to unlawful discrimination. It is recommended that legal advice is sought before any such decision is made.

7) **Assess the risk of an individual student's potential exposure to known allergens** in the school setting and the issues to be addressed in implementing the student's ASCIA Action Plan for Anaphylaxis. Information to assist schools in developing strategies can be found in Appendix 8 and 9. This information will also form the basis of the student's individual health care plan and should consider:
   - the physical school environment
   - the social/cultural environment
   - any individual characteristics of the student including the full range of their learning and support needs that may impede implementation of the plan and therefore need to be explicitly addressed in the plan
   - how to inform the student and other students about anaphylaxis using curriculum and other measures, for example, an address by the principal or delegated executive staff in the school assembly
   - routine classroom activities, including lessons in other locations around the school
   - non-routine classroom activities
   - non-routine school activities
   - before school, recess, lunchtime, other break or play times
   - sport or other programmed out of school activities, work placement, work experience, TVET
   - excursions, including overnight excursions and school camps.

8) **Develop and document an individual health care plan** (including Appendix 6, 7,8 and 9) that takes account of the student's full range of learning and support needs in consultation with relevant staff, the parent and student, where practicable, to incorporate:
   - an ASCIA Action Plan for Anaphylaxis for the student completed and signed by the doctor (Appendix 7). **This document is not to be prepared by the school but is provided by the doctor.**
   - strategies for minimising the student's exposure to known allergens (Appendix 8 and 9)
   - medical information provided by the student's doctor, including information about other known health conditions and/or disabilities that may impact on overall management of the student's health condition at school (Appendix 6). For example, the potential impact on a cognitive condition on a student's ability to understand and manage aspects of their own health.
   - information about the student from his or her previous school (where applicable) including previous known examples of risk taking behaviour by the student and any learning difficulties.
   - arrangements for the supply, storage and replacement of medication, including the adrenaline autoinjector.
   - emergency contacts.

Where practicable in view of the student's age, maturity and abilities, discussion with the student about his or her anaphylaxis and the individual health care plan that has been

developed for him/ her should take place. It is important to check the level of the student's understanding of his or her condition, and the strategies that are in place to minimise risk of exposure to a known allergen/s during this discussion.

9) Develop and implement a communication strategy

The strategy should cover:

- communication of relevant aspects of the individual health care plan, including with other parents and staff
- ongoing communication within the school community to provide information about severe allergies and the school's procedures to staff, students and parents. This should include awareness of how to respond in the event of a student suffering an anaphylactic reaction
- advising staff that they will not be legally liable for administering an auto-injector to a student who is having an anaphylactic reaction
- reminding parents on a regular basis of the need to advise the principal or their delegated executive staff if there has been a change in their child's health condition. This can be done through parent's association meetings, newsletters, school website, blogs, etc.

10) Implement a strategy that addresses the training needs of staff for relevant aspects of the student's individual health care plan

It is a mandatory requirement for all permanent, temporary and casual school based employees to complete the Department's Anaphylaxis e-learning (intranet) module. This e-learning module has been developed to provide all staff working in NSW government schools with essential information about recognising and providing an emergency response to anaphylaxis together with information about key department policies and procedures to manage and support students diagnosed as being at risk of anaphylaxis. This training is required to be completed every two years.

All NSW government schools are required to arrange for face to face Recognition and Management of Anaphylaxis Training (intranet) to be delivered annually. This training has been designed to complement the mandatory online training. It focuses on responding to anaphylaxis, including responding to the signs and symptoms, the administration of an adrenaline autoinjector and incorporates scenarios for staff to participate in.

Each school is required to ensure that a significant proportion of staff attend the training, subject to essential student supervision arrangements. This should include school administrative staff and casual staff who are working in the school on that day. Schools should consider extending an invitation to their scheduled training session to other school community members as appropriate. This can include casual staff who are not already working on that day, the school canteen manager, staff from the Out of School Hours Centre associated with the school.

Delivery of the Recognition and Management of Anaphylaxis training must be arranged through the Department's panel of approved registered training organisations. For details on how to book this training, see the Face to Face CPR and Anaphylaxis training intranet page.

Training records for the online and face to face anaphylaxis training are maintained in the Department's e-Safety system. Principals are responsible for ensuring they monitor their staff training records within the e-Safety system to ensure they are up to date with mandatory training requirements.

Additionally principals should be aware of the other mandatory staff training requirements such as e-Emergency care to be completed by all school-based permanent, temporary and casual employees every three years and arrange for the delivery of face to face CPR training annually through the Department's panel of registered training organisations.

11) **Review the individual health care plan at least annually** and at a specified time, for example at the beginning of the school year, and at any other time where there are changes in:

- the student's health needs, for example, if the student has had a severe allergic reaction
- other learning and support needs of the student, for example, other health related conditions, learning or behaviour difficulties
- staff, particularly class teachers, year coordinator or adviser or any staff member who has a specific role in the plan
- activities e.g. TVET, work experience and work placement
- curriculum, for example, the student wishes to study Food Technology or there are changes to subjects conducted outdoors such as PDHPE
- medication or medical conditions, or if a new adrenaline autoinjector and/or new ASCIA Action Plan for Anaphylaxis is provided by the parent.

Each time the doctor prescribes a new adrenaline autoinjector they will issue an updated ASCIA Action Plan for Anaphylaxis. It is important for the individual health care plan to include the current ASCIA Action Plan for Anaphylaxis signed and dated by the student's prescribing doctor.

Note: It is important that review dates for individual health care plans are identified through a number of reliable systems at your school, for example, standard agenda items at the beginning of the year for learning and support teams, include annually on the school calendar and incorporated into the school plan.

12) **Forward a copy of the current individual health care plan to the principal of a new school**[4], in the event that the student enrols/transfers to another school, or where a student attends two schools, for example, a shared enrolment.

13) **Keep records**
Anaphylaxis is a life threatening condition and it may be necessary to provide records in the event of an anaphylaxis related event. Systems need to be in place for keeping records of such things as:

- training registers
- risk management plans
- meetings about development of the individual health care plan and emergency response
- meetings of learning and support teams that assist in health care planning for the student
- conversations and communications with parents
- medical advice sought and provided.

14) **Complete the checklist** (Appendix 13).

[4]This information can be directly requested from schools/preschools within the same system (e.g. two government schools). If the school/preschool is from a different system the information can be exchanged under Chapter 16A of the Children and Young Persons (Care and Protection) Act. Note: government primary schools are required to send the student record to the government high school.

Action steps for the parent

It is important that parents[5] notify the school if their child has an allergy and is at risk of anaphylaxis. This notification should occur either at the time of enrolment, or if the student is already enrolled, as soon after diagnosis as possible. So that the support provided by the school is effective it is important that a partnership is established between the parent and the school to share information and clarify expectations.

It is the role of the parent to:

- promptly notify the principal or their delegated executive staff if they are aware that their child has been diagnosed as being at risk of a severe allergic reaction.
- promptly notify the principal or their delegated executive staff if the health needs of their child change.
- promptly notify the principal or their delegated executive staff if their child has a severe allergic reaction outside of school hours, at home or at another location.
- inform the principal or their delegated executive staff of any other known learning and support needs, including health care needs, disability or learning or behaviour difficulties which may impact on the management of anaphylaxis.
- assist in the development of an individual health care plan for school support of their child's health with the principal or their delegated executive and staff.
- provide the 'Severe Allergies-Information from the doctor' form (Appendix 4) to their child's doctor for completion, and return the completed form to the school.
- provide an ASCIA Action Plan for Anaphylaxis completed and signed by the doctor. A new plan is completed by the doctor each time an adrenaline autoinjector is prescribed. It is important that parents provide the school with a copy of the updated plan, or a photocopy of that plan.
- reinforce relevant aspects of the individual health care plan with their child, where practicable, for example if their child comes into contact with an allergen at school they must immediately inform a teacher and, if age appropriate, remind the child of the importance of taking their adrenaline autoinjector to school with them.
- provide the equipment and consumables for carrying out health care support as specified in the student's individual health care plan, including where relevant, the appropriate adrenaline autoinjector (Appendix 12).
- replace the adrenaline autoinjector in a timely manner before it expires or after it has been used.
- provide written requests for the school to administer prescribed medications where necessary. For example some children are prescribed antihistamine or have other health conditions that require administration of prescribed medications.
- talk to their child about the most likely times and places they may be exposed to the allergen and how to avoid it.
- reinforce risk minimisation strategies agreed upon for the school environment with their child, as appropriate.

[5] In this document the term parent is used to refer to parent, parents or carer or if the student is living independently the student.

APPENDIX 1

Students with allergies

This form is to be completed by the parent /carer of a student with an allergy and returned to the principal or delegated executive staff. The school will complete the first three fields. The purpose of collecting this information is to identify students who are at risk of a severe allergic reaction. Information provided on this form will be used to assist the school in determining what action needs to be taken in relation to a student with an allergy.

Dear_____

You have identified_____

as having an allergy/allergies to_____

Please complete the questions below and return to the principal or delegated executive staff.

1. A doctor has diagnosed my child with an allergy to:

☐ Insect sting/bite_____ (specify)

☐ Medication_____ (specify)

☐ Food:

- Peanuts Y/N
- Nuts. Please specify:_____ Y/N
- Fish Y/N
- Shellfish Y/N
- Soy Y/N
- Sesame Y/N
- Wheat Y/N
- Milk Y/N
- Egg Y/N
- Other. Please specify: _____Y/N

☐ Latex _____

☐ Other. Please specify: _____

2. My child has been hospitalised with a severe allergic reaction Y/N

3. My child has been prescribed an adrenaline autoinjector (EpiPen® or Anapen®) Y/N

4. My child has an ASCIA Action Plan for Anaphylaxis[6] (please attach this and return the form) Y/N

Completed by _____ ____/____/____
Parent/Carer (please print) date

Signature: _____

[6] Each time your child is prescribed a new adrenaline autoinjector the doctor will issue an updated ASCIA Action Plan for Anaphylaxis. It is important that this is the plan provided to the school

APPENDIX 2

Information for parents and carers of students at risk of anaphylaxis

You have identified your child as being at risk of a severe allergic reaction. Thank you for providing this information. While the main role of the school is to provide education, we want your child to be relaxed, safe and happy at school and for you to feel confident that your child is being well looked after.

The school principal and/ or delegated executive staff will work with you to prepare an individual health care plan for your child. In some circumstances the principal or their delegated executive staff may need additional support from relevant school authorities or your child's doctor to determine the best way for your child's needs to be met. If you are seeking enrolment for your child or if your child is already enrolled there may be a slight delay while arrangements are worked out.

In order to meet your child's needs the school will take the following steps.

STEP 1: Communicate with you and your child's doctor to collect all relevant health information

We will need to gather information that will assist in determining how best to support your child at school. This will help in putting together an individual health care plan. This will include obtaining a current *ASCIA Action Plan for Anaphylaxis* signed and dated by your child's doctor and getting additional information from your child's doctor about:

- known allergens
- medication prescribed
- when and how medication should be administered
- other conditions that may impact on your child's ability to
    - understand the nature of their anaphylaxis
    - understand the risk that it poses
    - participate in strategies to minimise the risk of their being exposed to known allergens
        - advise a teacher promptly of this exposure if it happens at school
- other known health conditions
- any other details your doctor believes are important in managing the severe allergy at school and during activities conducted under the auspices of the school.

The school would like your permission to contact your doctor if necessary. A consent form to obtain information from your doctor is attached (Appendix 3) as well as a form for your doctor requesting information that will help in putting together the individual health care plan (Appendix4).

While it would be preferable to obtain your consent to this information being provided please note that if your doctor works in a public health organisation we are able to collect information that relates to the safety, welfare or wellbeing of your child under Chapter 16A of the Children and Young Persons (Care and Protection) Act.

STEP 2: Preparation of an individual health care plan

Your doctor will need to provide information about the nature of the allergy and appropriate emergency treatment, including an ASCIA Action Plan for Anaphylaxis so we can develop the individual health care plan.

This plan will include:

- details of your child's severe allergy/allergies.
- a passport sized photograph of your child.
- an ASCIA Action Plan for Anaphylaxis, signed and dated by your child's treating doctor. This sets out the emergency response to be followed if your child has an anaphylactic reaction at school or during a school related activity.
- instructions to your child about what they need to do if they come into contact with an allergen or appear to be experiencing the signs of anaphylaxis.
- changes, modification or support needed to allow your child to participate in school related activities.
- actions the school will take to minimise the risk of contact with known allergens.
- arrangements for school staff to support your child, for example, training in the management of severe allergic reactions.
- arrangements for the supply, storage and replacement of medication, including the adrenaline autoinjector.
- your contact details in case of an emergency and those of another person in the event you are unavailable.
- an arrangement for copies of the ASCIA Action Plan for Anaphylaxis, that includes your child's photograph, to be placed in appropriate places around the school. You will be consulted in relation to this.
- your signature together with that of the principal, to indicate details have been read and that you and your child have been consulted in the development of the plan. If you do not sign the plan it will still be implemented at school.

STEP 3: Documentation and supply of prescribed medication

Any medication required by your child will require a written request to the principal or delegated executive staff, including instructions for administration. You will need to provide the appropriately labelled medication(s) to the school (e.g. EpiPen®, Anapen®, antihistamine). Advise the school also if your child wears a medical alert bracelet or necklace.

STEP 4: Participate in annual review of the individual health care plan

The school will review your child's individual health care plan annually or at any other time where there are changes in your child's health needs, for example if they have had a severe allergic reaction, they have new medication or medical conditions, or a new ASCIA Action Plan for Anaphylaxis and adrenaline autoinjector is provided. Please let us know if there is ever a change in your child's health needs.

School Principal_____

___ _ _ _ _ ___ _____/_ __ /__ __

Phone Number ***Date***

APPENDIX 3

Authorisation to contact doctor

This form is to be completed by the parent/carer.

My child (student's name)

_____

is currently enrolled or applying for enrolment at_____.

I have been advised that:

1. the school may need to discuss the implications of _____ (child's name) medical condition(s) with their treating doctor so that the school can develop and implement an individual health care plan.

2. the information that can be sought by the school includes information about my child's allergy and risk of anaphylaxis and any other condition that might impact on the school providing support for my child during school hours and during activities conducted under the auspices of the school.

I am advised that information provided by the doctor to the school may be used or disclosed by school staff for the purposes of the development or implementation of the individual health care plan

I consent to the health care professional identified below to provide the Department of Education and Communities/school with information about my child's allergy, risk of anaphylaxis and any other condition, including a learning disorder, that might impact on the school providing support for my child during school hours and during school related activities.

Doctor's information:

Name: _____

Address: _____

Phone: _____

Mobile (if known): _____

Email (if known): _____

Fax (if known): _____

Signed:_____Date: _____/____/_____
(Parent/Carer)

Name of parent (please print): _____

APPENDIX 4 (Page 1 of 2)

Severe Allergies – Information from the doctor

This form is to be completed by the doctor. Information provided will be used for the development of the student's individual health care plan at school

Please provide, completed and signed, the appropriate ASCIA Action Plan for Anaphylaxis for this patient outlining the emergency response for anaphylaxis. The plans can be accessed from the ASCIA website at http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis

Please complete all parts of the plan so they can bring it to school for use as the schools emergency response plan.

The additional information requested below will further assist the school in the development of the student's individual health care plan.

Name of patient: _____

This patient has:

mild asthma ☐ ☐ moderate asthma

severe asthma: ☐ ☐ no history of asthma

Other relvant health conditons:_____

_____

Conditions known to you that may impact on the student's ability to understand the nature of their anaphylaxis and the risk that it poses to them:

_____

_____

_____

This has been discussed by you with the patient/his or her parents

Yes ☐ No ☐

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Other information or details you believe are important in managing the severe allergy at school and during activities conducted under the auspices of the school:

_____

_____

Please telephone the school on_____and speak to the school principal if you require further information.

Doctor: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Signature (Doctor): _____

Date:_____/____/_____

Signature (Principal) _____

Name of Principal _____

Date:_____/____/_____

I_____consent to this information being
(parent/carer)

provided for the school's use so they can develop an individual health care plan for my child_____at school.

Parent/carer signature:_____Date_____/____/____

APPENDIX 5 (page 1 of 5)

Information for school staff about anaphylaxis

What is anaphylaxis?

Anaphylaxis is a severe and sometimes sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen, such as a food or insect sting. Although death is rare, an anaphylactic reaction always requires an emergency response. Prompt treatment with adrenaline is required to halt progression and can be lifesaving. Fortunately anaphylactic reactions are usually preventable by implementing strategies for avoiding allergens.

Common allergens that can trigger anaphylaxis are:

- foods (e.g. peanuts and other nuts, shellfish and fish; milk and egg, wheat, sesame and soy)
- insect stings (e.g. bee, wasp, jack jumper ants)
- medications (e.g. antibiotics, aspirin)
- latex (e.g. rubber gloves, balloons, swimming caps).

This is not, however, an exhaustive list of possible allergens.

The severity of an anaphylactic reaction can be influenced by a number of factors including minor illness, asthma, and, in the case of food allergens, the amount eaten. In the case of severe food allergies, an anaphylactic reaction is usually triggered by ingestion of the food. Contact skin reactions to an allergen are very unlikely to trigger anaphylaxis.

The school can help by assisting the student in the avoidance of allergens through health care planning. The early recognition of the signs and symptoms of anaphylaxis may save lives by allowing the earlier administration of emergency care and contact of the appropriate emergency medical services.

All staff need to be aware of students diagnosed at risk of anaphylaxis and the relevant parts of their individual health care plan, including the emergency response for anaphylaxis which is outlined in their ASCIA Action Plan for Anaphylaxis, including:

- signs and symptoms of anaphylaxis
- administration of adrenaline autoinjectors
- strategies to avoid exposure to known allergens
- location of the adrenaline autoinjector.

Who is at risk of anaphylaxis?

Students who are highly allergic to any of the above allergens are at risk of anaphylaxis if exposed. Those who have had a previous anaphylactic reaction are at increased risk.

How can you recognise an anaphylactic reaction?

Reactions usually begin within minutes of exposure and can progress rapidly at any time over a period of two hours.

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In some cases, anaphylaxis is preceded by signs of a mild to moderate allergic reaction including:

- Swelling of face, lips and eyes
- Hives or welts on the skin
- Tingling mouth
- Stomach pain, vomiting (these are signs of a mild to moderate allergic reaction to most allergens, however, in insect allergy these are signs of anaphylaxis).

A severe allergic reaction is indicated by any one of the following:

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

Staff responsibility in an emergency

Any school staff member must, when necessary, reasonably assist in an emergency.

What should I do?

It is important to know which students have anaphylaxis and where their adrenaline auto-injector is located. Anaphylaxis always requires an emergency response. You should administer the adrenaline autoinjector and call an ambulance.

The ASCIA Action Plan for Anaphylaxis (Appendix 7) provides instructions for administering the adrenaline auto-injector and should be kept with the adrenaline autoinjector, in an accessible location.

For an individual with asthma who is also at risk of anaphylaxis, the adrenaline autoinjector should be used first, followed by asthma reliever medication, calling an ambulance, continuing asthma first aid and following the instructions on the student's ASCIA Action Plan for Anaphylaxis. Early recognition of symptoms and immediate treatment could save a student's life.

Anaphylaxis Training

All NSW government schools are required to arrange for the face to face Recognition and Management of Anaphylaxis training (intranet) to be delivered annually. Each school is required to ensure that a significant proportion of staff attend the annual training, subject to essential student supervision arrangements.

This training has been designed to complement the anaphylaxis e-learning and focuses on responding to anaphylaxis. It includes responding to the signs and symptoms, the administration of an adrenaline autoinjector and incorporates scenarios to assist learning.

Delivery of the Recognition and Management of Anaphylaxis training is arranged through the Department's panel of approved and registered training organisations. See the Face to Face CPR and Anaphylaxis Training intranet page for more information.

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In addition, the Department's anaphylaxis e-learning (intranet) module is mandated for all permanent, temporary and casual employees who work in schools. The self-paced e-learning module is completed in lessons. Staff are required to complete the learning module every 2 years.

Your principal or delegated executive staff will inform staff about anaphylaxis training and advise them of relevant details of the individual student's allergy/s, including as appropriate, information about other health conditions and/or disabilities that may impact on the health, safety and wellbeing of the student.

Undertaking the anaphylaxis e-learning module does not replace the requirement for your school to schedule the Recognition and Management of Anaphylaxis training annually.

Schools can access further information about the e-learning and face to face training from the anaphylaxis e-learning module intranet page.

Assisted School Travel Support Officers undertake anaphylaxis training through the Assisted School Travel Program.

All teacher education students are required to provide proof of having undertaken the online ASCIA anaphylaxis e-training before commencing a professional experience placement in a NSW government school or preschool. This anaphylaxis training must have been completed in the last two years.

All schools are responsible for administering an emergency response which may include a response to a first time episode of anaphylaxis. Anaphylaxis training provides staff with essential information about recognising and providing an emergency response to anaphylaxis.

Note: All preschools are required to comply under the National Quality Framework for Early Childhood Education and Care and are subject to mandatory training requirements set out in the Education and Care Services National Regulations. By following the anaphylaxis training requirements for NSW government schools, Department preschools will meet these mandatory training requirements.

Legal liability of staff administering medication

School education authorities have a duty of care to take reasonable steps to keep students safe while they attend school. They meet their duty of care obligations through the actions of their staff. This includes the administration of an adrenaline autoinjector and/or any other emergency care provided when a student has an anaphylactic reaction at school or during school activities.

Staff acting in the course of their employment enjoy full legal protection in relation to any personal liability claims. The education authorities are liable for their employees regarding claims for compensation that may be made in the unlikely event of a student suffering injury as a result of an employee's actions in dealing with anaphylaxis. The legal principle involved is called vicarious liability. Essentially this means employers are responsible for what employees do as part of their work.

The only exception will be where the actions of the employee amount to serious and wilful misconduct. Carelessness, inadvertence or a simple mistake do not amount to serious and willful misconduct.

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Further information about anaphylaxis

NSW Department of Education and Communities

- Advice on a wide range of issues relating to student health in public schools can be found at http://www.schools.nsw.edu.au/studentsupport/studenthealth/index.php

- Advice specific to anaphylaxis can be found at http://www.schools.nsw.edu.au/studentsupport/studenthealth/conditions/anaphylaxis/index.php

- Further advice or assistance can be obtained from the learning and wellbeing officers in your local Educational Services team. The Public Schools NSW intranet page includes a link to find your school's Educational Services contacts

- Advice on managing risk associated with anaphylaxis in schools can be found on the Work Health and Safety intranet at https://detwww.det.nsw.edu.au/workhealthandsafety/risk-management-student-services/anaphylaxis (intranet)

- Information about online anaphylaxis training for school staff is at https://detwww.det.nsw.edu.au/workhealthandsafety/esafety-program/anaphylaxis-etraining-aptss (intranet)

- Information about face to face anaphylaxis training for school staff is at https://detwww.det.nsw.edu.au/workhealthandsafety/esafety-program/specialist-anaphylaxis-training (intranet)

- Allergy and Anaphylaxis Management within the Curriculum P-12 Procedures is at at http://www.schools.nsw.edu.au/media/downloads/schoolsweb/studentsupport/studenthealth/conditions/anaphylaxis/guidelines/anacurric.pdf

- PDHPE support is at http://www.curriculumsupport.education.nsw.gov.au/secondary/pdhpe/pdhpe7_10/health_education/ana_intro.htm

- The Preschool Handbook, for the Department's 100 preschools, includes a Wellbeing section with important information about supporting health care needs and is at https://detwww.det.nsw.edu.au/early-learning/preschool-handbook

- Early Childhood Education and Care information: http://www.dec.nsw.gov.au/what-we-offer/regulation-and-accreditation/early-childhood-education-care

The Sydney Children's Hospital Network

Allergies and Anaphylaxis factsheets http://www.chw.edu.au/parents/factsheets/

Australasian Society of Clinical Immunology and Allergy (ASCIA)

Anaphylaxis resources, including ASCIA Action Pans http://www.allergy.org.au/

Allergy & Anaphylaxis Australia

A support organisation for anyone needing to manage allergy and the risk of anaphylaxis, including individuals, families, health, childcare and teaching professionals, food industry, workplaces etc. The organisation has a Medical Advisory Board which consists of ASCIA members. More information and educational/awareness raising resources can be found at www.allergyfacts.org.au Phone: 1300 728 000

Information about training in Appendix 5 was updated on 11 November 2015.

APPENDIX 6

Individual Health Care Plan Cover sheet

Photo of student

The individual health care plan is to be developed in consultation with the parent, staff and student, where practicable, and on the basis of information from the student's doctor, provided by the parent.

For students with anaphylaxis the student's ASCIA Action Plan for Anaphylaxis (Appendix 7) and risk management strategies (Appendix 8) must be attached and form part of this individual health care plan.

School_____**Phone** _____

Student Name:			**Class:**
DOB:		**Medicare number:**	
ERN /Student number:			
Health conditions (including anaphylaxis)			
If anaphylaxis, confirmed allergies to:			
Learning and support needs of the student (including learning difficulties, behavior difficulties and other disabilities)			
Impact of any of the conditions (as mentioned above) on implementation of this individual health care plan			
Medications at school:			
Other support at school:			
For students with anaphylaxis: Adrenaline autoinjector supply/storage/replace-ment:			

Parent contact:	Parent information (1) Name: Relationship to child: Address: Home phone: Work phone Mobile phone:	Parent information (2) Name: Relationship to child: Address: Home phone: Work phone: Mobile Phone:
Other emergency contacts if parent is unavailable	Name: Relationship to child: Address: Home phone: Work phone: Mobile phone:	
Medical practitioner contact:	Name: Address: Phone: Mobile: Email: Fax:	

Emergency care:
Note: An emergency response plan is required if the student is at risk of an emergency.
For students at risk of anaphylaxis the ASCIA Action Plan for Anaphylaxis is the emergency response plan. This plan is obtained by the parent from the student's doctor and not developed by the school.

_____

_____

_____

_____

Emergency Service Contacts: (e.g. ambulance, local hospital, medical centre)

_____

_____

_____

_____

In the event of an emergency and an ambulance is called government schools can print and ambulance report from within ERN for the student.

Special medical notes:
Any special medical notes relating to religion, culture or legal issues, e.g. blood transfusions.
Note: If the student is transferred to the care of medical personnel, e.g. paramedics this information, will if practicable in the circumstances, be provided to those personnel. It will be a matter for the professional judgment of the medical personnel whether to act on the information.

_____

_____

_____

_____

_____

Documents attached:
Please tick which of the following documents are attached as part of the individual health care plan:

- ○ An emergency care/response plan. (for students with anaphylaxis this is the ASCIA Action Plan for Anaphylaxis)
- ○ A statement of the agreed responsibilities of different people involved in the student's support
- ○ A schedule for the administration of prescribed medication
- ○ A schedule for the administration of health care procedures
- ○ An authorisation to contact the medical practitioner
- ○ Other documents – please specify (for anaphylaxis this should include strategies to minimise risk and details of communication and staff training strategies)

_____

_____

_____

_____

_____

Consultations:
This individual health care plan has been developed as part of the learning and support plan, in consultation with those indicated below and overleaf and with the knowledge and agreement[7] of the student's parent/caregiver. Information has been provided by:

- ○ Student
- ○ Parent/Carer
- ○ General Practitioner
- ○ Medical specialist

Department staff involved in plan development:

1. .....Phone: ....
2. .....Phon e: .....
3. .....Phone: ....
4. .....Phone: ....

Health care personnel involved in managing the student's health at school: (e.g. Community Nurse, Therapist)

1. ..... Phone: ....

[7] If the parent does not agree to the development of a health care plan it may still be necessary to develop one.The reference to the parent agreeing to the plan should be deleted in those circumstances.

2. ..... Phone: .....

3. ..... Phone: ....

Plan for review:

The plan will be reviewed on:……

NOTE: Individual health care plans should be reviewed at least annually or when the parent notifies the school that the student's health needs have changed. Principals or their delegated exective staff can also instigate a review of the health care plan at other times.

Signature of Parent/Carer: ..... Date .....

Signature of Principal: ..... Date .....

NOTES:

Information in this individual health and emergency care plan remains specific to meet the needs of the individual student named and should not be applied to the care of any other student with similar health and emergency care needs. All individual health and emergency care plans must take into account issues of confidentiality and privacy to ensure information about the student is treated appropriately.

When discussing the individual health care plan with parents and students reasonable adjustments necessary for them to participate may need to be considered. This may include adjustments in the provision of written materials including alternate formats, use of a translator/interpreter, and involvement of a support person or disability advocate.

Schools are subject to the Health Records and Information Privacy Act 2002. The information on this form is being collected for the primary purpose of ensuring the health and safety of students, staff and visitors to the school. It may be used and disclosed to medical practitioners, health workers including ambulance officers and nurses, government departments or other schools (government and non-government) for this primary purpose or for other related purposes and as required by law. It will be stored securely in the school.

For more information about individual health care plans:
http://www.schools.nsw.edu.au/studentsupport/studenthealth/individualstud/devimpindhcplan/index.php

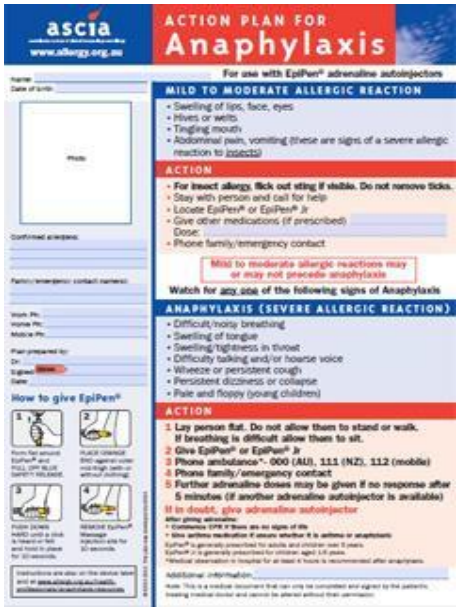
When developing risk management strategies for a student at risk of anaphylaxis, government schools may use Appendix 8 or the Work Health and Safety risk assessment. For further information see the Department of Education and Communities intranet at
https://detwww.det.nsw.edu.au/adminandmanage/ohands/safeworklearn/riskmanage/index.htm

APPENDIX 7

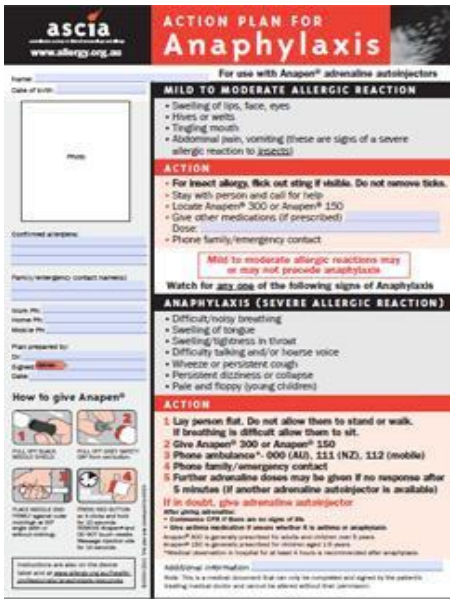
ASCIA Action Plan for Anaphylaxis
(Emergency Response Plan)

A student's individual health care plan for anaphylaxis must include an <u>emergency response plan</u>. For anaphylaxis the emergency response plan is an <u>ASCIA Action Plan for Anaphylaxis</u>, which is to be completed and signed by the student's doctor. The doctor will determine which personal ASCIA Action Plan for Anaphylaxis should be used and will provide this to the parent.

There are different versions of the action plan available for each of the different autoinjectors.



ASCIA Action plan for anaphylaxis where a student is prescribed an EpiPen®



ASCIA Action plan for anaphylaxis where a student is prescribed an Anapen®

It is the role of the parent to provide the school with an ASCIA Action Plan for Anaphylaxis completed and signed by their child's doctor. (This is the **ASCIA Action Plan for Anaphylaxis-personal**) A new plan will be completed by the doctor each time an adrenaline autoinjector is prescribed. It is important that parents provide the school with a copy of the most recent action plan.

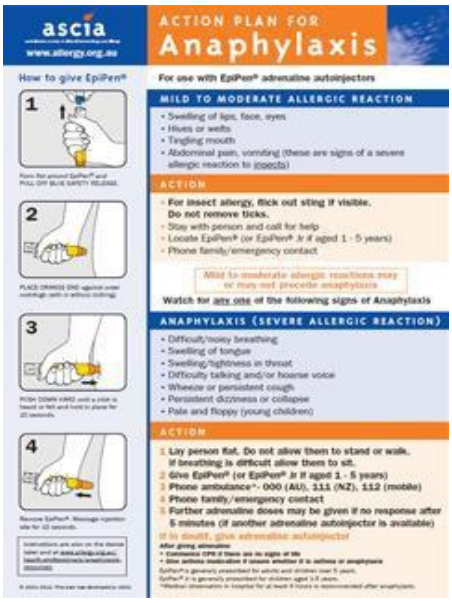
ASCIA Action Plans for Anaphylaxis detail the emergency response for anaphylaxis, including instructions for using the adrenaline autoinjector and a copy should therefore always be stored with the autoinjector.

A students **<u>ASCIA Action Plans for Anaphylaxis</u>** should be posted in suitable locations for easy reference, in case of an emergency, in consultation with the parent and where appropriate, the student. If copies are required then the original signed copy, prepared by the doctor, should be photocopied and not altered in any way.

NOTE:

- **ASCIA Action Plan for Anaphylaxis-general** these action plans do not include information about a specific student. They can be used as a poster around the school reminding staff how to use an adrenaline autoinjector in an emergency (different versions of the plan are available for each of the autoinjectors).

- Appendix 11 provides additional information about adrenaline auto injectors, including links to information about how to use them in an emergency.



ASCIA Action Plans for Anaphylaxis are available from the Australasian Society of Clinical Immunology and Allergy (ASCIA) website.

APPENDIX 8

Risk management strategies

See examples in Appendix 9 to assist with developing strategies to avoid exposure to known allergens. The principal or their delegated executive staff must exercise his or her professional judgment to endorse strategies that they believe are appropriate to the individual student. As part of that process consideration should be given to the extent to which the student understands and is able to participate in a proposed strategy. Reasons for decisions made should be documented.

Student name: _____

Student number: _____

SEVERE ALLERGIES: .....

Asthmatic? ☐ Yes* ☐ No

*High risk for severe allergic reaction. In an individual with asthma, who is also at risk of anaphylaxis, the adrenaline autoinjector should be used first, followed by asthma reliever medication, calling an ambulance, continuing asthma first aid and following the emergency response plan (the ASCIA Action Plan for Anaphylaxis).

Other confirmed allergies:

_____ _____ _____

_____ _____ _____

RISK	STRATEGY/IES	WHO

RISK	STRATEGY/IES	WHO

APPENDIX 9

Examples of strategies for minimising risk

As a part of the development of the individual health care plan and at each review, schools should consider all learning activities and events the student will participate in as part of their learning program and plan accordingly so the health care needs of the student can be met. To assist in the preparation of the individual health care plan and risk management strategies schools must take into account the following factors when considering appropriate avoidance strategies to known allergens as part of health care planning:

- the particular allergen/s involved
- the age and developmental level of the student
- how to communicate risk minimisation strategies to other students and parents at the school
- other factors that may influence risk of exposure, e.g.
    - learning difficulties or disability impacting on the ability of the student to implement risk management strategies (for example in understanding the nature of the risk posed by exposure to an allergen)
    - the potential influence of other students on children and young people at risk of anaphylaxis to engage in risk taking behaviour where they have contact with known allergens
    - bullying by provoking food allergic children with food to which they are allergic should be recognised as a potential risk factor and be addressed.

Specific strategies should be in place for activities during school time and for activities conducted under the auspices of the school, including:

- routine classroom activities and lessons in other locations around the school
- non-routine classroom and school activities and special events
- before school, recess, lunchtime, other break or play times, and the school canteen
- TVET enrolment and where there is a shared enrolment between two schools
- sport or other off-site school activities, including sports carnivals and work experience
- excursions, including overnight excursions and school camps
- school open days, celebrations and picnics
- fundraising activities that involve food.

To assist in the development of risk management strategies, reference can also be made to the *ASCIA Guidelines for Prevention of Food Anaphylactic Reactions in Schools, Preschools and Childcare*.

Schools are also directed to information about managing exposure to allergens in the work place on the Work Health and Safety Directorate intranet site.

The suggested strategies listed in the appendix are grouped under the following headings:

- All allergies
- Food allergies
- Insect sting allergies
- Latex allergies
- Medication allergies

ALL ALLERGIES	
Risk	**Examples of strategies which may be implemented**
Awareness of school staff of who is at risk of anaphylaxis and where emergency medication is stored	Provide a copy of the student's ASCIA Action Plan for Anaphylaxis to classroom teacher/s and post the plan in suitable locations (such as the canteen) for easy reference, in consultation with the parent, and where appropriate, the student.
	Communicate regularly with all staff so they are aware of which students have allergies and what they are allergic to.
	Communicate to staff with responsibility for first aid and care of students who become unwell at school which students are at risk of anaphylaxis, the signs of anaphylaxis and the emergency response including the priority of administration of medication.
	Make sure the adrenaline autoinjector is readily accessible from the classroom/s and playground and that staff know where it is located.
	Raise awareness of staff and educate student about the importance of the ASCIA Action Plan for Anaphylaxis being stored with the adrenaline autoinjector as the plan includes instructions on how to use the adrenaline autoinjector and the signs of anaphylaxis.
	Check all staff have completed the Department's anaphylaxis e-learning module.
	Provide face to face anaphylaxis training to as many staff as possible so that trained staff are readily available to provide an emergency response to any anaphylactic reaction during recess and lunch times and other non-class activities.
	Develop a communication strategy for the playground in the event of an allergic reaction. Teachers should not leave a student who is experiencing an allergic reaction. The teacher should direct another person to seek help, i.e. bring the adrenaline autoinjector and the ASCIA Action Plan for Anaphylaxis and call for an ambulance immediately.
	Provide casual relief teachers with a copy of the student's ASCIA Action Plan for Anaphylaxis and details of where the autoinjector and ASCIA Action Plan for Anaphylaxis is located and how to access it if required.
	Communicate relevant information to the school community using such means as parent newsletters, fact sheets and letters.
Awareness of students around what to do if a student is experiencing symptoms of anaphylaxis	Raise the awareness of students about signs of allergic reactions and anaphylaxis and the importance of always telling a teacher if students notice that a class mate is unwell. This could be done for example through year meetings and coordinated by student advisors, stage coordinators or learning and support team coordinators.
Awareness of the student and their parent of the student's allergy and risk management strategies	Discuss risk minimisation strategies with the student and their parent so the level of understanding of the strategies can be determined, as appropriate.

Off-site activities: sports and swimming carnivals, field trips, excursions	Take the student's adrenaline autoinjector, ASCIA Action Plan for Anaphylaxis and means of contacting emergency assistance to off-site school activities. Ask the parent to provide an insulated wallet for storage of the adrenaline autoinjector
	One or more staff members who have been trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector accompany the student on field trips or excursions.
	Inform all staff present during the excursion that there is a student at risk of anaphylaxis and of any relevant strategies to minimise exposure.
	Inform staff of the emergency procedure and the roles and responsibilities in the event of an anaphylactic reaction.
	Parents of younger children may wish to accompany their child on excursions. This can be discussed with the parent as another strategy for supporting the student.
Overnight excursions, including camps, remote settings	Develop an excursion risk management plan that includes strategies to avoid exposure to allergens and provide a copy to staff on the excursion.
	Where a student attending the excursion has a severe allergy to peanuts or tree nuts, request that foods containing these are not taken or supplied.
	Take the student's adrenaline autoinjector, copy of their individual health care plan, ASCIA Action Plan for Anaphylaxis and means of contacting emergency services on camp.
	Ensure staff accompanying the student on field trips or excursions have current training in the Recognition and Management of Anaphylaxis Training as it includes practical training in the administration of the adrenaline autoinjector.
	Inform staff of the emergency procedure and the roles and responsibilities in the event of an anaphylactic reaction.
	Identify local emergency services in the area and how to access them.
	Have an adrenaline autoinjector in reasonably close proximity to the student at risk of anaphylaxis and inform staff of its location.
	Request the parent provide a backup adrenaline autoinjector.
	Further information about excursion risk management can be found in the Excursion Policy Implementation Procedures.
Students attending TAFE courses (for example TVET courses)	Clearly indicate on the expression of interest form/enrolment form that the student is at risk of anaphylaxis. Provide the TAFE college with a copy of the students ASCIA Action Plan for Anaphylaxis and the student's individual health care plan. Confirm and negotiate arrangements in regard to adrenaline autoinjector being available when the student goes to TAFE. For students who carry their own adrenaline autoinjector, check that the student has their adrenaline autoinjector with them before they leave the school.

Students who have a shared enrolment across two school settings	Home school should provide a copy of the student's individual health care plan and ASCIA Action Plan for Anaphylaxis to the shared site. Make arrangements for an adrenaline auotinjector for the student to be available at both school sites. For students who carry their own adrenaline autoinjector, check that the student has their adrenaline autoinjector with them before they leave the school.
Work experience	Conduct a risk assessment prior to work placement.
	Discuss risk minimisation strategies with the student, parent and the workplace.
	Provide a copy of the student's ASCIA Action Plan for Anaphylaxis to the workplace.

FOOD ALLERGIES

Peanuts:
To minimise the risk of exposure to a high risk allergens schools should avoid the use of peanuts, peanut butter or other peanut products in all curricular or extra-curricular activities. They should also review curriculum materials to make sure that they do not advocate the use of peanuts, peanut butter or other peanut products. These precautions apply to all schools whether or not any student is known to be at risk from anaphylaxis.

Blanket food bans:
The general banning of foods or food products is not recommended by health experts as there is a lack of evidence to suggest that banning a food from entering a school is helpful in reducing the risk of anaphylaxis. Schools are encouraged to become aware of the risks associated with anaphylaxis and implement a broad range of strategies to minimise exposure to the known allergens. These strategies are developed taking into account the needs of the individual student and the context of the particular school.

Schools, however, may decide in consultation with their community to ask families not to bring nuts or nut products to the school site or to school activities as one of their risk minimisation strategies. This will not guarantee a school site is nut free and schools should not claim they are 'nut or peanut free' if they implement such a strategy. Such a claim could not reliably be made and, if made, may lead to a false sense of security about exposure to peanuts and peanut products.

Risk	Examples of strategies which may be implemented
Recess and lunch	Request that all parents clearly label lunch boxes, bottles and other drinks with the name of the child for whom they are intended.
	Plan regular discussions with students about the importance of washing hands, eating their own food, and not sharing food, food utensils or food containers. Place visual reminders around the classroom, as appropriate.
	If a child in the early primary years (Kindergarten to year 3) has a peanut allergy, consider, in consultation with the school community, asking parents not to send peanut butter on sandwiches or in school lunches (due to higher risk of person to person contact in this age group). Blanket bans, however, are not recommended.
	For early primary school children, consider having the class or year group eat lunch in a specified area which is a focus of supervision, due to higher risk of person to person contact in this age group. The student/s should not be isolated from their peers in any way.
Class parties, open days and whole school activities involving food	Liaise with parent of the student at risk of anaphylaxis about activities involving food ahead of time so planning can occur, and where appropriate, they can provide suitable food or the activity may be adjusted to accommodate the student's allergies.
	Inform other class members' parents of food allergens that effect students in the class and request these foods are avoided.
	Use non food treats as far as possible. If food treats are used in class or other activities, discuss this with the parents of students at risk of anaphylaxis ahead of time so they can provide suitable food.
	If using alternative foods only for the student at risk (e.g. cupcakes as a replacement for a piece of birthday cake) store food in a clearly labelled container to prevent cross contamination.
Curriculum activities that	Avoid the use of the known food allergen when the student at risk of anaphylaxis is participating in curricular activities.

involve food (e.g. kitchen garden activities, cooking classes in primary school, food technology, PDHPE and science classes)	
	Where practical replace known allegens in the recipe prepared in food technology and other classes by the at risk student. Where not practicable another recipe should be used by that student.
	Raise awareness of the possibility of hidden allergens in food technology, science and art classes/activities, e.g. egg or milk containers, peanut butter jars. The use of particular food may need to be restricted, depending on the allergies of particular students and their age and developmental stage.
	Discuss with classes that prepare food the risks associated with sharing their food outside the classroom.
	Put food handling and hygiene procedures in place and communicate to all staff and students involved in food preparation to avoid cross contamination. These procedures should include: •thorough hand washing before and after handling foods •careful cleaning of food preparation areas including bench top areas and utensils before and after use.
	Have regular discussions with students about the importance of washing hands, eating their own food, and not sharing food, food utensils or food containers.
Food allergens in the canteen Risk minimisation strategies for school canteens should be implemented, which may include the removal of peanut products, but not those which state 'may contain traces of nuts'.	Identify foods that contain, or are likely to contain, known allergens and replace with other suitable foods.
	Where food is prepared on site, clearly label foods items on the menu, and at point of sale, as appropriate.
	Inform canteen staff (including volunteers) about students at risk of anaphylaxis and the foods they are allergic to.
	Display a copy of the student's ASCIA Action Plan for Anaphylaxis in the canteen.
	Have separate areas and utensils for preparing food for students at risk of anaphylaxis. Utensils that are thoroughly washed may be used for any student.
	Put food handling and hygiene procedures in place and communicate to all staff and volunteers the need to avoid cross contamination. These procedures should include: • thorough hand washing before and after handling food • careful cleaning of food preparation areas including bench top areas and utensils before and after use.
	Arrange for canteen staff and volunteers to attend the school's Recognition and Management of Anaphylaxis Training. Alternatively they can access online training from the ASCIA website.
Trying new foods (for example, through the canteen, curriculum or extra-curricular activities)	Notify parents prior to events that include tasting of new foods at school so planning and consultation can occur with the parent of the student at risk of anaphylaxis. Staff involved in such events should know which students are at risk of food induced anaphylaxis and what the student is allergic to. Provide staff supervision so that no student is pressured to try foods during the promotion and encouragement of new foods.

Food consumption at off-site school activities, e.g. sports and swimming carnivals, field trips, excursions	Consider the potential exposure to allergens when consuming food on buses where teachers are supervising students in transit to school related activities.
	Adopt a no food sharing rule on excursions. Include reminders on permission slips.
	Advise camps/accommodation providers and airlines in advance of any student food allergies and ensure the adrenaline autoinjector and ASCIA Action Plan for Anaphylaxis are held by a staff member at all times, including on aircraft. Arrange for parent of child with allergies to discuss camp menu with the food provider at the camp facility well in advance of the camp.
	Liaise with parents/carers to develop alternative menus or allow students to bring their own meals.
	Avoid using known food allergens in activities and games, including as rewards.

INSECT STING ALLERGIES	
Risk	**Examples of strategies which may be implemented**
Outdoors activities For example: • playground and off-site school activities • sports and swimming carnivals • field trips and excursions • curriculum based lessons, e.g. PDHPE, outdoor education, science • students involved in agriculture lessons	Students with anaphylaxis to insects should: • wear closed shoes and long-sleeved garments when outdoors • keep drinks and food covered while outdoors.
	Specify play areas that are lowest risk to the student and encourage the student and his or her peers to play in this area, e.g. encourage the student to stay away from water or flowering plants.
	Consideration should be given to plants and sources of water in the playground or outdoor areas so that the student can avoid them without being unfairly limited.
	Keep lawns and clover mowed and outdoor bins covered.
	Have adrenaline autoinjectors available and easily accessible during off site sporting activities, including cross country, swimming and athletic carnivals.
	For students at risk of anaphylaxis to tick bites, encouraged them to cover skin as much as possible and shake clothing well before returning indoors.
LATEX ALLERGIES	
Risk	**Examples of strategies which may be implemented**
Exposure to latex in school and class activities including swimming	Avoid: • using party balloons and latex gloves • contact with swimming caps, latex products (especially in PDHPE lessons) and latex goggles.
MEDICATION ALLERGIES	
Risk	**Examples of strategies which may be implemented**
Medication brought from home without staff knowledge.	Inform the school community of the procedures for requesting the administration of medications.
	Educate the student and peers about medication allergies and the importance of taking medication prescribed only for them – both prescribed and non-prescribed medication.
	Encourage affected students to wear medic alert bracelets or necklace.
	Implement effective procedures for administering prescribed medications at school and monitor this to minimise risk of students bringing medication to school without approval.

APPENDIX 10

Communication strategies for school communities

It is important to work with the whole school community to better understand how to provide a safe and supportive environment for all students, including students with severe allergies.

Principals or their delegated executive staff should develop communication strategies in order to provide information about severe allergies and the school's procedures to staff, students and parents.

Raising staff awareness

All staff involved in the care of students at risk of anaphylaxis, including class teachers, casual relief teachers, canteen and administrative staff should know:

- the causes, symptoms and treatment of anaphylaxis
- the identities of students who are known to be at risk of anaphylaxis
- the risk minimisation strategies in place
- where adrenaline autoinjectors are kept
- the school's first aid and emergency response procedures
- their role in responding to an allergic reaction.

Some ways to achieve this include allocating time, such as at staff meetings, to discuss, practise and review the school's management strategies for students diagnosed at risk of anaphylaxis, and providing and/or displaying copies of the student's ASCIA Action Plan for Anaphylaxis in canteens, the front office and staff rooms.

It is particularly important that there are procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response. A designated staff member should have responsibility for briefing new staff (including canteen staff, volunteers or casual relief staff) about students at risk of anaphylaxis, the school's procedures and strategies for minimising risk.

Raising student awareness

Having supportive friends and class mates are important for students at risk of anaphylaxis. Staff can raise awareness of anaphylaxis in school through class activities, teaching activities and use of fact sheets or posters displayed in hallways, canteens and classrooms.

Key messages include:

- always take allergies seriously – severe allergies are no joke
- don't share your food with friends who have food allergies
- wash your hands after eating or touching food
- know what your friends are allergic to
- if a friend/student becomes sick or unwell, get help from an adult immediately
- be respectful of a student's adrenaline autoinjector
- don't pressure your friends to eat food that they are allergic to.

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It is important to be aware that some students at risk of anaphylaxis may not want to be singled out or seen to be treated differently, but this must not compromise their safety.
At any age, students may be unable to communicate with their peers that they have come into contact with an allergen, particularly if they become too distressed or incapacitated. It is important to reinforce the message that if a student sees a peer who is unwell or distressed always notify a teacher.

Also be aware that bullying of students at risk of anaphylaxis can occur in the form of teasing, tricking a student into eating a particular food or threatening a student with the substance that they are allergic to. Talk to the students involved so they are aware of the seriousness of an anaphylactic reaction. Any attempt to harm a student at risk of anaphylaxis must be treated seriously and dealt with accordingly. Government schools can refer to the Student Discipline in Government Schools Policy and the Bullying: Preventing and Responding to Student Bullying in Schools Policy.

Working with parents/carers of students at risk of anaphylaxis

Schools should be aware that the parents of a child who is at risk of anaphylaxis may experience high levels of anxiety about sending their child to school. It is important to encourage an open and cooperative relationship with parents so that they can feel confident that appropriate management strategies are in place.

Aside from implementing practical strategies to minimize risk in schools, the anxiety that parents, students and staff may feel can be considerably reduced by increased education, awareness and support from the school community.

Engaging the broader school community

Schools can raise awareness about anaphylaxis in the school community so that parents of all students have an increased understanding of the condition.

See Appendix 5 for advice on where to access further information on anaphylaxis including posters, fact sheets and brochures for use to promote greater awareness of severe allergies in the school community.

Privacy considerations

Privacy legislation places limitations on the collection, use and disclosure of personal and health information. It may be necessary to provide medical and other information to staff in order to implement an individual health care t plan. Depending on the circumstances it may sometimes be necessary to convey such information to other parents and students. Using or disclosing information for this purpose will not breach privacy legislation.

Where it is necessary to provide information to staff, other parents or students the parent and where applicable the student should be informed of this beforehand. Principals or their delegated executive staff should ensure that the persons who are provided with this information are aware of the need to deal with such as information sensitively and confidentially.[8]

[8] Information in this Appendix was informed by information used in the Anaphylaxis Guidelines: A resource for managing severe allergies in Victorian government schools. Department of Education and Early Childhood Development. Victoria and the 'Be a Mate' resource developed by Allergy & Anaphylaxis Australia.

APPENDIX 11

Information about adrenaline autoinjectors

What is an adrenaline autoinjector?

Adrenaline autoinjectors are auto-injector devices containing a single dose of adrenaline in a spring-loaded syringe. Two brands are approved for sale in Australia by the Therapeutic Goods Administration: the EpiPen® and the Anapen®. A version containing half the standard dose of adrenaline (EpiPen® Jr and Anapen® Jr) is available in both brands for small children (under 20 Kg).

Adrenaline autoinjectors have been designed as first aid devices for use by people without formal medical or nursing training.

When adrenaline is injected, it rapidly reverses the effects of a severe allergic reaction by reducing throat swelling, opening the airways, and maintaining blood pressure. Adrenaline (also called epinephrine) is a natural hormone released in response to stress. It is a natural "antidote" to the chemicals released during severe allergic reactions (anaphylaxis) to common allergens such as drugs, foods or insect stings. Adrenaline is destroyed by digestive enzymes in the stomach and so it needs to be administered by injection.

It is important for school staff to be aware that EpiPen® devices look and operate differently to the Anapen® devices. Information showing the differences between EpiPens® and Anapens® and how they operate can be found on the ASCIA website resources page at http://www.allergy.org.au/health-professionals/anaphylaxis-resources
Or click here for EpiPens® and Anapens®

What if the student is unable to administer his or her own autoinjector?

At any age, students may be unable to administer their own medication, particularly if they become too distressed or incapacitated. Where that is the case, another person should administer the adrenaline autoinjector immediately. Waiting for help to arrive may endanger the student's life.

How quickly does an adrenaline auto injector work?

Signs of improvement should be seen rapidly, usually within a few minutes. If there is no improvement, or the symptoms are getting worse, then a second injection may be administered after 5 minutes.

Is giving an adrenaline autoinjector safe?

Administration of the adrenaline autoinjector is very safe. The needle is thin and short (14 mm) so damage to nerves and blood vessels is not a concern when it is administered in the outer mid-thigh according to standard instructions.

When it is suspected that a person is having a severe allergic reaction, not giving the adrenaline autoinjector can be much more harmful than giving it when it may not have been necessary.

What would happen if the adrenaline autoinjector is given and it was subsequently found to be unnecessary?

The speed and force of the heartbeat could increase and the student may have palpitations and feel shaky for a few minutes. This should wear off after 10 to 15 minutes.

How should a used adrenaline autoinjector be disposed of?

If the adrenaline autoinjector has been given, then an ambulance should be called. The time of administration of the autoinjector should be noted. The used autoinjector should be placed into its screw-top container and given to the ambulance crew so they will know what medication the student has received.

Adrenaline autoinjector storage, shelf life and replacement

Adrenaline autoinjectors should be stored in a cool dark place (such as an insulated wallet) at room temperature, between 15 and 25 degrees Celsius. They must not be refrigerated, as temperatures below 15 degrees Celsius may damage the autoinjector mechanism.

Adrenaline autoinjectors should be kept out of the reach of small children, however, they must be readily available when needed and NOT in a locked cupboard. An ASCIA Action Plan for Anaphylaxis should always be stored with an adrenaline autoinjector.

Make sure the adrenaline autoinjector is readily accessible from the classroom/s and playground and that staff know where it is located. Note: It is not appropriate to store adrenaline autoinjectors in a locked classroom during recess/lunch breaks or to store an autoinjector in a fridge.

The shelf life of adrenaline autoinjectors is normally around 1 to 2 years from date of manufacture. The expiry date on the side of the device needs to be marked on a calendar and the device must be replaced prior to this date. Expired adrenaline autoinjectors are not as effective when used for treating allergic reactions. However, a recently expired adrenaline autoinjector should be used in preference to not using one.

It is the role of the parent to provide the prescribed adrenaline autoinjector and to replace it when it expires or after it has been used. A student's individual health care plan for anaphylaxis should include details for replacing used and expired adrenaline autoinjectors in a timely way.

Students who carry their own adrenaline autoinjectors

Students at risk of anaphylaxis usually only carry their own adrenaline autoinjector/s once they travel independently to and from school. This often coincides with high school or the latter years of primary school.

Where a student carries their own adrenaline autoinjector it is advisable that the school requests the parent provide a second adrenaline autoinjector to be kept in a central location at school.

Older students may carry an adrenaline autoinjector on their person, as specified in their individual health care plan. If this is the case, a second autoinjector should be kept in a central

location within the school in order to provide a safe environment as it should not be relied upon that the autoinjector is always being carried on their person.

If a student does choose to carry an autoinjector, they should be sufficiently mature and the exact location of the autoinjector should be easily identifiable by school staff. Hazards such as identical school bags should be considered.

Where an autoinjector is carried on their person, a copy of the ASCIA Action Plan for Anaphylaxis should also be carried.

Adrenaline autoinjectors for general use, not specifically prescribed for a student

Adrenaline autoinjectors are available from pharmacies without a prescription (not Pharmaceutical Benefits Scheme (PBS) subsidised).While it is the role of the parent to provide adrenaline autoinjectors for students diagnosed at risk of anaphylaxis, government schools and their preschools must have a general use adrenaline autoinjector as part of their first aid kit , to use for example, as a backup, or to use if a previously undiagnosed student is having a first episode of anaphylaxis.

For information about general use adrenaline autoinjectors in first aid kits see the Work Health and Safety First Aid Policy and Procedures and Safety Alert No 35 (Intranet only).

The NSW Ministry of Health advises that the 150 microgram adrenaline autoinjector (EpiPen® Jr and Anapen® Jr) should be used by preschools and the 300 microgram adrenaline autoinjector (EpiPen® and Anapen®) should be used by schools from Kindergarten to Year 12.

Systems should be in place to replace expired or used general use autoinjectors in a timely way.

Further information about adrenaline autoinjectors for general use can be found on the ASCIA website at:
http://www.allergy.org.au/health-professionals/anaphylaxis-resources/adrenaline-autoinjectors-for-general-use

Timing and giving a second dose of an adrenaline autoinjector

If an adrenaline autoinjector is administered it is important to note the time of administration. If there is no change in the student's condition after 5 minutes (i.e. there is no response) a second adrenaline autoinjector should be administered to the student if available.

Information about the time that a student has been administered an adrenaline autoinjector should also be provided to ambulance personnel when they arrive at the school.

Another student's adrenaline autoinjector may be used if a second adrenaline autoinjector is required, or a general use adrenaline autoinjector purchased by the school, if available
If there are concerns that the other student may be placed at risk by using their adrenaline autoinjector he or she can be transported to hospital.

In the event of an emergency and an ambulance is called government schools can print and ambulance report from within ERN for the student

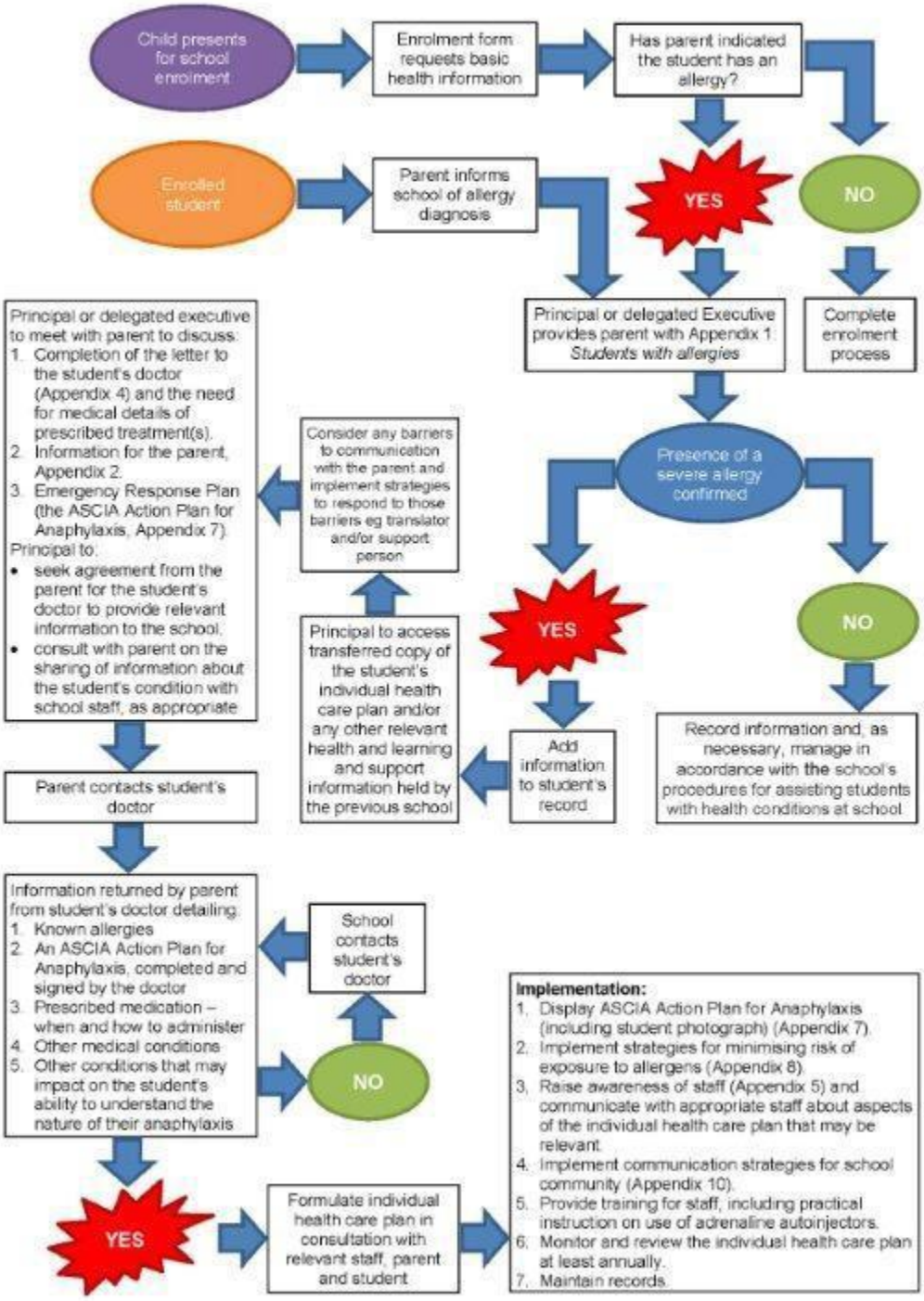
ASCIA Action Plans and the adrenaline autoinjector

An ASCIA Action Plan for Anaphylaxis should be stored with the adrenaline autoinjector as the plan includes instructions on how to use the adrenaline autoinjector and the signs and symptoms of an allergic reaction, including anaphylaxis.

For more information and frequently asked questions about adrenaline autoinjectors see the ASCIA website at http://www.allergy.org.au/health-professionals/anaphylaxis-resources/adrenaline-autoinjectors-faqs

APPENDIX 12

Flow chart- managing anaphylaxis at school



APPENDIX 13

Checklist for a student who identifies with an allergy, including anaphylaxis

Student name:_____Year_____

A system must be in place for checking enrolment forms for health information and arranging follow up where this or any other information indicates a student has an allergy.

Actions	**Tick when completed**
A copy of the form *Students with allergies* has been provided to the parent **Step 1. Appendix 1**	
Appendix 1 checked to determine if action including discussion with the parent is required NOTE: If information provided by the parent in Appendix 1 indicates no further action is required add Appendix 1 to the student's records and as necessary manage in accordance with the schools procedures for assisting students with health conditions at school. **Step 2 Appendix 1**	
Information provided from previous school **Step 3**	
Barriers to communication with parent have been considered **Step 4**	
Parent provided with *Information for Parents and Carers of students at risk of anaphylaxis* **Step 5 Appendix 2**	
Parent provided school with completed: • *Authorisation to contact doctor* form • *Severe Allergies – Information from the doctor* form **Step 5 Appendices 3 and 4**	
Meeting with parent held to discuss arrangements for supporting their child at school **Step 5**	
Risk minimisation strategies developed and documented **Step 7 Appendices 8 and 9**	
Individual health care plan developed and documented **Step 8 Appendices 6,7,8**	
Parent provided school with an ASCIA Action Plan for Anaphylaxis, completed and signed by the doctor **Step 8 Appendix 7**	
Communication strategy developed and implemented **Step 9. Appendix 10**	
Training needs of staff addressed **Step 10**	
School has system in place for review of this student's individual health care plan, at least annually **Step 11**	
School has systems in place for keeping records in relation anaphylaxis and support for this student. **Step 12**	

Principal/delegated executive name:_____Date:

Signature:_____