

## 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

<b>ALL ALLERGIES</b>	
<b>Risk</b>	<b>Examples of strategies which may be implemented</b>
<b>Awareness of school staff of who is at risk of anaphylaxis and where emergency medication is stored</b>	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.	
<b>Awareness of students around what to do if a student is experiencing symptoms of anaphylaxis</b>	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.
<b>Awareness of the student and their parent of the student's allergy and risk management strategies</b>	Discuss risk minimisation strategies with the student and their parent so the level of understanding of the strategies can be determined, as appropriate.

<b>Off-site activities: sports and swimming carnivals, field trips, excursions</b>	<p>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</p>
	<p>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.</p>
	<p>Inform all staff present during the excursion that there is a student at risk of anaphylaxis and of any relevant strategies to minimise exposure.</p>
	<p>Inform staff of the emergency procedure and the roles and responsibilities in the event of an anaphylactic reaction.</p>
	<p>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.</p>
<b>Overnight excursions, including camps, remote settings</b>	<p>Develop an excursion risk management plan that includes strategies to avoid exposure to allergens and provide a copy to staff on the excursion.</p>
	<p>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.</p>
	<p>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.</p>
	<p>Inform staff of the emergency procedure and the roles and responsibilities in the event of an anaphylactic reaction.</p>
	<p>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.</p>
	<p>Identify local emergency services in the area and how to access them.</p>
	<p>Have an adrenaline autoinjector in reasonably close proximity to the student at risk of anaphylaxis and inform staff of its location.</p>
	<p>Request the parent provide a backup adrenaline autoinjector.</p>
<p>Further information about excursion risk management can be found in the <a href="#">Excursion Policy Implementation Procedures</a>.</p>	
<b>Students attending TAFE courses (for example TVET courses)</b>	<p>Clearly indicate on the expression of interest form/enrolment form that the student is at risk of anaphylaxis.</p>
	<p>Provide the TAFE college with a copy of the students ASCIA Action Plan for Anaphylaxis and the student's individual health care plan.</p>
	<p>Confirm and negotiate arrangements in regard to adrenaline autoinjector being available when the student goes to TAFE.</p>
	<p>For students who carry their own adrenaline autoinjector, check that the student has their adrenaline autoinjector with them before they leave the school.</p>

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

**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
<p><b>Recess and lunch</b></p>	<p>Request that all parents clearly label lunch boxes, bottles and other drinks with the name of the child for whom they are intended.</p>
	<p>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.</p>
	<p>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.</p>
	<p>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.</p>
<p><b>Class parties, open days and whole school activities involving food</b></p>	<p>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.</p>
	<p>Inform other class members' parents of food allergens that effect students in the class and request these foods are avoided.</p>
	<p>Use non food treats as far as possible.</p> <p>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.</p>
	<p>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.</p>
<p><b>Curriculum activities that</b></p>	<p>Avoid the use of the known food allergen when the student at risk of anaphylaxis is participating in curricular activities.</p>

<p><b>involve food ( e.g. kitchen garden activities, cooking classes in primary school, food technology, PDHPE and science classes)</b></p>	<p>Where practical replace known allergens 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.</p>
	<p>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.</p> <p>The use of particular food may need to be restricted, depending on the allergies of particular students and their age and developmental stage.</p>
	<p>Discuss with classes that prepare food the risks associated with sharing their food outside the classroom.</p>
	<p>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:</p> <ul style="list-style-type: none"> <li>•thorough hand washing before and after handling foods</li> <li>•careful cleaning of food preparation areas including bench top areas and utensils before and after use.</li> </ul>
	<p>Have regular discussions with students about the importance of washing hands, eating their own food, and not sharing food, food utensils or food containers.</p>
	<p>Identify foods that contain, or are likely to contain, known allergens and replace with other suitable foods.</p>
<p><b>Food allergens in the canteen</b></p> <p>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'.</p>	<p>Where food is prepared on site, clearly label foods items on the menu, and at point of sale, as appropriate.</p>
	<p>Inform canteen staff (including volunteers) about students at risk of anaphylaxis and the foods they are allergic to.</p>
	<p>Display a copy of the student's ASCIA Action Plan for Anaphylaxis in the canteen.</p>
	<p>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.</p>
	<p>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:</p> <ul style="list-style-type: none"> <li>• thorough hand washing before and after handling food</li> <li>• careful cleaning of food preparation areas including bench top areas and utensils before and after use.</li> </ul>
	<p>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.</p>
<p><b>Trying new foods</b> (for example, through the canteen, curriculum or extra-curricular activities)</p>	<p>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.</p>
	<p>Staff involved in such events should know which students are at risk of food induced anaphylaxis and what the student is allergic to.</p>
	<p>Provide staff supervision so that no student is pressured to try foods during the promotion and encouragement of new foods.</p>

<p><b>Food consumption at off-site school activities</b>, e.g. sports and swimming carnivals, field trips, excursions</p>	<p>Consider the potential exposure to allergens when consuming food on buses where teachers are supervising students in transit to school related activities.</p>
	<p>Adopt a no food sharing rule on excursions. Include reminders on permission slips.</p>
	<p>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.</p> <p>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.</p>
	<p>Liaise with parents/carers to develop alternative menus or allow students to bring their own meals.</p>
	<p>Avoid using known food allergens in activities and games, including as rewards.</p>

<b>INSECT STING ALLERGIES</b>	
<b>Risk</b>	<b>Examples of strategies which may be implemented</b>
<b>Outdoors activities</b> For example: <ul style="list-style-type: none"> <li>• playground and off-site school activities</li> <li>• sports and swimming carnivals</li> <li>• field trips and excursions</li> <li>• curriculum based lessons, e.g. PDHPE, outdoor education, science</li> <li>• students involved in agriculture lessons</li> </ul>	Students with anaphylaxis to insects should: <ul style="list-style-type: none"> <li>• wear closed shoes and long-sleeved garments when outdoors</li> <li>• keep drinks and food covered while outdoors.</li> </ul>
	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.
<b>LATEX ALLERGIES</b>	
<b>Risk</b>	<b>Examples of strategies which may be implemented</b>
<b>Exposure to latex in school and class activities including swimming</b>	Avoid: <ul style="list-style-type: none"> <li>• using party balloons and latex gloves</li> <li>• contact with swimming caps, latex products (especially in PDHPE lessons) and latex goggles.</li> </ul>
<b>MEDICATION ALLERGIES</b>	
<b>Risk</b>	<b>Examples of strategies which may be implemented</b>
<b>Medication brought from home without staff knowledge.</b>	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.