# Anaphylaxis Guidelines 2015
## Mount Hawthorn Primary School

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|---|---|
| **Number of students in school** | **800** |
| **Number of students at risk of anaphylaxis:** | **31** |
| **Number of Students with allergy** | **13** |

**Allergens:** peanut, cashew, pistachio tree nut, eggs, kiwi fruit, melon, bee, penicillin, unknown,

## Contents



# 1. Positioning Statement

## Discussion & Awareness

- An allergen avoidance policy is designed to reduce the risk of inadvertent exposure as far as practicable; it is never possible to achieve a completely allergen-free environment that is open to the general community.
- Mount Hawthorn Primary School (MHPS) strives to be an *'Allergy Aware'* school. *('Nut Free'* is different). MHPS continues to be proactive to reduce risks eg camps, canteen.
- Staff needs to be aware that it is possible a student may have their first allergic reaction (mild/moderate or anaphylaxis) at school.
- It is possible that an initial episode could occur unexpectedly in a student not previously diagnosed as having an allergy.
- Staff should not have a false sense of security that an allergen has been eliminated from the environment. It is not possible to eliminate the risk, but it is possible to reduce the risk.
- The school adopts a range of risk minimisation strategies to reduce the risk of exposure to known allergens.
- Despite the best efforts of all concerned to prevent students at risk of anaphylaxis being exposed to allergens, accidents can happen.
- All staff should have an awareness of anaphylaxis and understand the policy on prevention and response. The school will identify which staff should have specific anaphylaxis training.

# 2. Key Principles and Policy

## Background

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame and certain insect venom (particularly bee stings).

The key to prevention of anaphylaxis in schools is knowledge of the student who has been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens.

Partnerships between schools and parents/guardians are important in helping the student avoid exposure.

Adrenaline given through an adrenaline autoinjector (such as an EpiPen® or Anapen®) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

## Purpose

MHPS aims to:

- provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of their schooling.
- raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.
- engage with parents/guardians of each student at risk of anaphylaxis in assessing risks and developing risk minimisation strategies for the student.
- ensure that staff have knowledge about allergies, anaphylaxis and the school's guidelines and procedures in responding to an anaphylactic reaction.

# 3. Risk Management & Awareness Procedures

Mount Hawthorn Primary School is committed to Prevention of anaphylaxis is the identification of allergens and prevention of exposure to them. The school has employed a range of practical prevention strategies to minimise exposure to known allergens

(Individual Anaphylaxis Health Care Plans, Communication, Staff training and emergency response and Risk minimisation).

MHPS aims to achieve this by following the 7 Steps to 'allergy awareness' in schools recommend by the Health Department WA.

## Step 1: Understand roles and responsibilities

**Parents/guardians of the student at risk of anaphylaxis**

- ✓Involve parents in the process.
- ✓Ensuring parents are aware it is their responsibility to provide and replace medication and equipment as required by use by dates.
- ✓Parents may wish to liaise with the canteen to see if there are any foods that are safe for their child http://mounthawthornps.wa.edu.au/parents/pc/canteen/
- ✓Students to have own medical box in the first aid room
- ✓Inform parents that student information is displayed in staff area & Teacher Relief files.
- ✓Inform the school community parents of known food allergies. Avoiding these foods supports the school greatly reduce the risk (eg peanuts/tree nuts as a main ingredient and not foods which "may contain .....").
- ✓Liaise with parents well in advance of any off-site activities (eg excursions, camps etc) as well as any incursions or special class activities (eg cooking lessons) so that they can provide suitable food.

**Principals**

- ✓ See passage page 1 *"Schools Regulations 70(1/2/3) 2000"*.
- ✓ School principals have an overall responsibility for implementing strategies and processes for ensuring a safe and supportive environment for the student at risk of anaphylaxis.
- ✓ The Principal should actively seek information to identify a student with severe life threatening allergies at enrolment (e.g. ASCIA Action Plan completed by the student's medical practitioner).
- ✓ Meet with parents/guardians to develop an Individual Anaphylaxis Health Care Plan for the student.

**Staff responsible for the care of the student at risk of anaphylaxis**

- ✓Training will be provided to these staff as soon as practicable after the student enrols.
- ✓Maintain communication with the teacher.
- ✓Teacher Relief and casual staff will be informed on arrival at the school if they are caring for a student at risk of anaphylaxis and their role in responding to an anaphylactic reaction.
- ✓Build awareness with parents at the Parent Meeting Term 1. Discuss how the community can contribute to the risk reducution.
- ✓Add this item to the Parent Meeting Term 1 checklist.
- ✓Teachers to utilise teaching opportunities to reinforce risk reduction practises in the school, in the newsletter, or memo.
- ✓Ongoing examinination of the need / allocation of trained EA time for daily supervision at recess, lunchtime, in/excursions, projects related to the handling of food.

**First aid coordinators and Community**

- ✓Raising Awareness through the school newsletter.
- ✓Appealing to all parents through newsletter not to send foods that contain the most common allergens for celebrations and occasions when food might be shared (class parties, ex/incursions).
- ✓Utilise available posters, broad sheets, information for the school newsletter to increase awareness of the severe allergies of students at school.

**Health Nurses**

- ✓ Utilise Nurses services for consultation

## Step 2: Determine what allergies you need to manage

**Individual Anaphylaxis Health Care Plans**

- ✓ Obtain **medical information** about students on enrolment for provision of medical and other information at enrolment (DoE and MHPS form).
- ✓ Regular adjustments and annual (July-Sept) monitoring of Anaphylaxis Action Plan (ASCIA) – Deputy Principal.
- ✓ Maintain storage of medication and equipment for students.
- ✓ Placement and monitoring of Adrenaline Auto Injector in the unlocked medical cupboard in the medical room, PP/K kitchens.
- ✓ Adjust teacher relief (TR) file to ensure regular updated communication between classroom teacher, duty teachers, support teachers, relief teachers.

## Step 3: Assess the risk of allergen exposure

**When are students most at risk?**

- ✓ Being aware of the risk to an identified student of using allergenic foods in cooking activities.
- ✓ Being aware that materials such as milk cartons, egg cartons or eggshells are potential risk.
- ✓ Being aware that eating areas and utensils may need to be thoroughly cleaned with warm soapy water and ensure that no remaining traces of food allergens.
- ✓ Consider non-food rewards.
- ✓ Duty staff to carry a mobile phone.
- ✓ School to review the risk regarding the selection of excursion/camp venues for these students.
- ✓ Identify risk management strategies on Excursion Plan.
- ✓ Take mobile phone on excursions/camps.

- ✓ Ensure medication is with student at all times (eg same bus as student).

## Step 4: Minimise the risk of allergen exposure

**'Allergy aware' versus 'nut-free'**
- ✓ MHPS strives to be an *'Allergy Aware'* school

## Step 5: Train staff and plan emergency response

**Staff training**
- ✓ Annual update for staff early in the year (Tchr, EA, Duty Tchrs & Support staff Term 1, Day 1 or 2).
- ✓ Online training for new staff.
- ✓ Communicate to all staff via PL/memo/individual. notes/conversations of the high risks students.

**Responding to an incident**
- ✓ Access and respond according to individual student action plans:
  - · **awareness of** allergens
  - · **preventative measures** to minimise the risk of exposure to known allergens
  - · **recognition of the signs** and symptoms of mild/moderate allergic reactions and anaphylaxis
  - · **emergency treatment** including practical training in the administration of an Adrenaline Auto Injector

**Post-incident support**
- ✓ Complete an medical incident report.

**Adrenaline autoinjectors**
- ✓ Maintain and monitor storage of medication for students in the unlocked and easily accessible medical cupboard in the medical room, PP/K kitchens.

**Adrenaline autoinjector for general use**
- ✓ Maintain storage of school autoinjectors in medical cupboard in the medical room, PP/K kitchens.

**Self-administration of the adrenaline autoinjector**
- ✓ Currently no students self-administer.

**Training devices**

## Step 6: Communicate with the school community

**Raising Student Awareness & Meal Management**
- ✓ Education for peers and all parents of students in the class about allergies for students and how they can help, eg what a reaction may look like, awareness of food around these students, foods for special class occasions, bullying (Video from Victoria).
- ✓ Currently provide trained staff on duty at recess and lunch time.

**Bullying**
- ✓ Deal with arising issues via the schools SWPBS program.

**Work with parents/guardians of the student at risk of anaphylaxis**
- ✓ Parent/guardian to provide an ASCIA Action Plan completed by the child's medical practitioner with a current photo.
- ✓ Parents are responsibility to provide and replace medication as required by use by dates.
- ✓ the adrenaline autoinjector (if used) must be replaced by the parent/ guardian before the student returns to school.
- ✓ Liaise with parents well in advance, regarding activities/excursion and food provision for their child.

**Engage the broader school community**
- ✓ Include Canteen/OSCA staff in discussions about risk of anaphylaxis and cross contamination.
- ✓ Consider, in consultation with canteen committee, the identification of foods that contain known allergens
- ✓ Review of menus after these discussions.
- ✓ Promote awareness strategies /reminders during WA Dept of Health Anaphlaxis Awareness Week, via Newsletter.

**Privacy considerations**
- ✓ Work with the parents of students at risk of anaphylaxis to develop anaphylaxis management plans, to gain a shared understanding of the level of risk in routine activities, and the overall philosophy of **inclusiveness, privacy** for students.

## Step 7: Review and assess management strategies

**Review management processes**
- ✓ Develop and review school processes by using the Anaphylaxis Management and Location Checklists.
- ✓ School to consider the risk regarding the selection of excursion/camp venues for these students.
- ✓ Use the Location Checklists to identify risk management strategies on excursions.
- ✓ Continue training updates for staff.

### Resources/useful links

Free e-training is accessible through: http://www.allergy.org.au/patients/anaphylaxis-e-training-schools-and-childcare
Department of Health Anaphylaxis website
**www.health.wa.gov.au/anaphylaxis**

Anaphylaxis Australia Inc website **www.allergyfacts.org.au**

Australasian Society of Clinical Immunology and Allergy website
**www.allergy.org.au**

ASCIA Action Plans can be accessed from
**www.allergy.org.au/content/view/10/3/#r1**
Department of Education website **www.det.wa.edu.au**

Individual Anaphylaxis Health Care Forms can be accessed from
**www.det.wa.edu.au/inclusiveeducation/detcms/navigation/care-and-protection/promoting-student-health-care**

Policies can be accessed from **http://policies.det.wa.edu.au**

Policy statements can be accessed from
**http://web4.ceo.wa.edu.au/policy_statements.asp**

Association of Independent Schools of Western Australia website
**www.ais.wa.edu.au**

### References

*Anaphylaxis Australia. What is anaphylaxis?* *http://www.allergyfacts.org.au/whatis.html*
*Guideline 9.2.7 Anaphylaxis – First Aid Management*
*First Aid Emergency Handbook (Fourth Edition), Royal Life Saving Society of Western Australia*
*Australasian Society of Clinical Immunology and Allergy (ASCIA)* *www.alergy.org.au*
1. Department of Health Western Australia. (2007). *Anaphylaxis: Meeting the challenge for Western Australian Children.* The Western Australian Anaphylaxis Expert Working Committee, Department of Health Western Australia, Perth.
2. Pumphrey, R.S. (2000). Lessons for management of anaphylaxis from a study of fatal reactions. *Clinical and Experimental Allergy*, 30(8), pp.1144-1150.
3. Baumgart, K., Brown, S., Gold, M. et al. (2004). ASCIA guidelines for prevention of food anaphylactic reactions in schools, preschools and childcare centres. *Journal of Paediatrics and Child Health*, 40(12), pp.669-671.

# 4. Legislative & Regulatory Context

## Acts

**1. OCCUPATIONAL HEALTH & SAFETY ACT 2000**

The Occupational Health and Safety Act 2000 has relevance to employers and employees in relation to safe environments, care for the safety of others and care for anything provided at the workplace in the interests of health, safety and welfare.

**2. DISABILITY DISCRIMINATION ACT 1992 AND ANTI-DISCRIMINATION ACT 1977**

Disability Discrimination Act 1992, discrimination on the grounds of disability is unlawful unless an unjustifiable hardship would be caused.

## School Education Regulations

The Principal has legislative authority to ban consumption of allergens eg peanuts, on the schools premises. Schools Regulations 70(1/2/3) 2000 – the principal ***may*** by order, either generally or in a specific case, prohibit an item from being brought onto or consumed on the school's premise without permission from the school principal. However Anaphylaxis Australia does not support the banning of products.

**These guidelines should be referred to in accordance with all legislative Department of Education policies requirements and the policy:**
Behaviour Management in Schools
Duty of Care for Students
Enrolment
Excursions: Off School Site Activities
First Aid for Sickness and Accidents in Schools
Healthy Food and Drink
Student Health Care.

## Inclusivity

The school will strive towards providing a safe and healthy environment in which students can participate equally in all aspects of the program.

## Liability

The school must provide a safe and appropriate care and educational environment for all students. Staff has a duty to all students and should take reasonable steps to minimise the risk of exposure to known allergens.

**The Liability requires precautions against a risk of harm where:**

- the risk is foreseeable
- the risk is significant; and
- a reasonable person in the same circumstances would have taken those precautions and the only exception is where there has been serious and wilful misconduct.

**In determining what is reasonable, the following considerations are relevant:**

- the likelihood of harm if care were not taken
- the potential seriousness of the harm, and
- the practicality and social desirability of taking suitable precautions.

The legal principle involved is called vicarious liability. The only exception is where the actions of an employee amount to serious and wilful misconduct. Carelessness, inadvertence or a simple mistake do not amount to serious and wilful misconduct.

### Appendices

Appendix 1: ASCIA Action Plan for Anaphylaxis - EpiPen
Appendix 2: ASCIA Action Plan for Allergy
Appendix 3: Anaphylaxis Review Checklist for Schools
Appendix 4: Location Checklist
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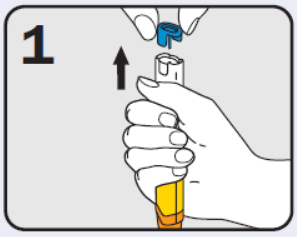
Appendix 6:

# Appendix 1: Action Plan for Anaphylaxis – EpiPen

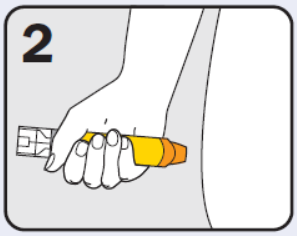
ascia
australasian society of clinical immunology and allergy
www.allergy.org.au

## ACTION PLAN FOR Anaphylaxis

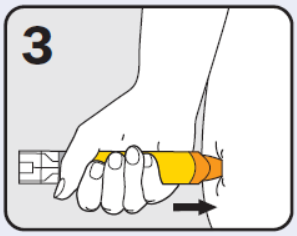
### How to give EpiPen®




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




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




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

Remove EpiPen®. Massage injection site for 10 seconds.

Instructions are also on the device label and at:
www.allergy.org.au/anaphylaxis



**For use with EpiPen® Adrenaline Autoinjectors**

### MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

### ACTION

- **For insect allergy, flick out sting if visible. Do not remove ticks.**
- Stay with person and call for help
- Locate EpiPen® (or EpiPen® Jr if aged 1 - 5 years)
- Phone family/emergency contact

**Mild to moderate allergic reactions may or may not precede anaphylaxis**

**Watch for any one of the following signs of anaphylaxis**

### ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

### ACTION

1. **Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.**
2. **Give EpiPen® (or EpiPen® Jr if aged 1 - 5 years)**
3. **Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)**
4. **Phone family/emergency contact**
5. **Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)**

**If in doubt, give adrenaline autoinjector**

**Commence CPR at any time if person is unresponsive and not breathing normally.**
**If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.**

EpiPen® is generally prescribed for adults and children over 5 years.
EpiPen® Jr is generally prescribed for children aged 1-5 years.
*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

## Appendix 2: Action Plan for Allergy

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# ACTION PLAN FOR Allergic Reactions

Name: _____
Date of birth: _____

Photo

Confirmed allergens:
_____
_____

Asthma Yes ☐ No ☐

Family/emergency contact name(s):
_____
_____

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

Plan prepared by:
Dr: _____
Signed: _____
Date: _____

Note: The ASCIA Action Plan for Allergic Reactions is for people with mild to moderate allergies, who need to avoid certain allergens.

For people with severe allergies (and at risk of anaphylaxis) there are ASCIA Action Plans for Anaphylaxis, which include adrenaline autoinjector instructions.

Instructions are also on the device label and at: www.allergy.org.au/anaphylaxis

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.



## MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

## ACTION

- **For insect allergy, flick out sting if visible. Do not remove ticks.**
- Stay with person and call for help
- Give medications (if prescribed) .....
  Dose: .....
- Phone family/emergency contact

**Mild to moderate allergic reactions may or may not precede anaphylaxis**

**Watch for any one of the following signs of anaphylaxis**

## ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

## ACTION

1. **Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.**
2. **Give adrenaline autoinjector if available.**
3. **Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)**
4. **Phone family/emergency contact**

**Commence CPR at any time if person is unresponsive and not breathing normally. If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.**

* Medical observation in hospital for at least 4 hours is recommended after anaphylaxis

Additional information
_____

## Appendix 3: Anaphylaxis Review Checklist for Schools

| Anaphylaxis Review Checklist for Schools | |
|---|---|
| | Actively seek information to identify a student with severe life threatening allergies at enrolment. |
| | If a student has been diagnosed as being at risk of anaphylaxis, meet with the parents/ guardians to complete an Individual Anaphylaxis Health Care Plan. |
| | Parents/guardians are to provide copies of the student's ASCIA Action Plan completed by their medical practitioner with an up to date photo. |
| | Display the student's ASCIA Action Plan in appropriate staff areas around the school (e.g. staff room). |
| | Parents/guardians are to provide the student's adrenaline autoinjector and other medication (e.g. asthma reliever medication) within expiry date. |
| | Adrenaline autoinjectors are stored in an unlocked location, easily accessible to staff, but not accessible to students. It is stored with the student's ASCIA Action Plan and away from direct sources of heat and sunlight. |
| | Establish a process for checking the adrenaline autoinjector to make sure it has not expired and has no discolouration or sediment. |
| | Establish processes for checking the adrenaline autoinjector and ensuring ASCIA Action |
| | Plans are taken whenever the student participates in off-site activities (e.g. camps, excursions, sports days). |
| | Develop a school-based anaphylaxis management policy and implement strategies to minimise exposure to known allergens. |
| | Arrange staff training which should include the recognition of allergic reactions, emergency treatment, practice with adrenaline autoinjector trainer devices and risk minimisation strategies. |
| | Hand out anaphylaxis fact sheets to staff to raise awareness about anaphylaxis. |
| | Mail/distribute letters to parents/guardians in the school community and include information snippets in newsletters to raise awareness about anaphylaxis and the school's policies/guidelines. |
| | Regularly review (e.g. at the beginning of each semester) anaphylaxis management strategies and practise scenarios for responding to an anaphylaxis emergency. |
| | Review the student's Individual Anaphylaxis Health Care Plan annually, if the student's situation changes or after an anaphylactic incident. |
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## Appendix 4: Location Checklist

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|---|---|
| | **Classroom** |
| | Have a copy of the student's Action Plan in the classroom. |
| | Liaise with parents/guardians about food activities ahead of time. |
| | Use non-food treats where possible. |
| | Avoid food rewards in class. |
| | Celebration food in the class should be consistent with the school's allergen minimisation strategies. (Parents to provide alternative when possible). |
| | Never give food from outside sources to a student who is at risk of anaphylaxis. |
| | Be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons). |
| | Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food. |
| | Relief teachers should be provided with a copy of the student's ASCIA Action Plan via School TR Medical file. |
| | **Playground and oval** |
| | The student to wear shoes at all times. |
| | Keep outdoor bins covered after use. |
| | The student should keep open drinks covered while outdoors. |
| | Staff trained to provide an emergency response to anaphylaxis to be readily available during non class times (e.g. recess/lunch). |
| | The adrenaline autoinjector is easily accessible in medical room (individual and school autoinjector). |
| | The communication strategy for the playground in the event of an anaphylactic emergency is: |
| | i. Send for help |
| | ii. Do not leave the student |
| | iii. Etc - Refer to Case Studies provided for examples of how schools could manage this (see Appendix 4). |
| | **Canteen** |
| | Be in communication with canteen staff. |
| | Discussion topics could cover: |
| | With permission from parents / guardians, canteen staff (& volunteers), should be briefed about students at risk, preventative strategies in place and the information in their ASCIA Action Plans. |
| | Anaphylaxis posters may be displayed in the canteen as a reminder to staff. |
| | Liaise with parents/guardians about food for the student. |
| | Food banning is not recommended (see Step 4 of 'allergy awareness' in schools), however some school communities may choose not to stock peanut and tree nut products (including nut spreads) as one of the school's risk minimisation strategies. |
| | Products labelled 'may contain traces of peanuts/tree nuts' should not be served to the student known to be allergic to nuts. |
| | Be aware of the potential for cross contamination when storing, preparing, handling or displaying food. |
| | Ensure tables and surfaces are wiped clean regularly. |
| | **All On-site events** |
| | Class teachers to consult parents/guardians in advance to either develop an alternative food menu or request the parents/guardians to send a meal for the student. |
| | Parents/guardians of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis as well as being informed of the school's allergen minimisation strategies |
| | Party balloons should not be used if a student is allergic to latex. |
| | Latex swimming caps should not be used by a student who is allergic to latex. |
| | The adrenaline autoinjector is located in the: |
| | i First aid cupboard – individually labelled and a school au injector |
| | ii K and PP – in the Kitchen First Aid cupboard |
| | Staff should avoid using food in activities, games, or rewards. |
| | For offsite sporting events, take the student's adrenaline autoinjector. |
| | If the weather is warm, the autoinjectors are to be stored in an esky to protect it from the heat. |
| | **Off-site – field trips, excursions** |
| | The student's adrenaline autoinjector, ASCIA Action Plan in the medical box must be taken on all field trips/excursions. |
| | One or more staff members (all staff training annual updated) who have been trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector should accompany the student on field trips or excursions. |
| | All staff present during an excursion need to be aware if there is a student at risk of anaphylaxis. |
| | Emergency procedures are outlined in individual Action Plans in the event of an anaphylactic reaction. |
| | The classroom teacher is to consult parents/guardians in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/guardian to send a meal (if required). |
| | Parents/guardians may wish to accompany their child on field trips and/or excursions. |
| | Food should not be consumed on the bus. |
| | **Off-site – camps and remote settings** |
| | Check list for camps: |
| | i. Advise Campsites/accommodation/travel providers in advance of any student with food allergies. |
| | ii. The risk management plan should be re-examined in consultation with parents/guardians and camp managers ie alternative menus or students to bring their own meals. |
| | iii. The student's adrenaline autoinjector and ASCIA Action Plan and a mobile phone must be taken on camp. |
| | iv. Teachers to discuss with Camp providers: |
| | • avoid pea/tree nut products, including spreads |
| | • avoid soaps, lotions or sunscreens containing nut oils |
| | • Products that 'may contain' traces of peanuts/tree nuts may not to the student who is known to be allergic to peanuts/tree nuts. |
| | Ensure trained staff attend camps |
| | Staff need to be aware of student(s) at risk of anaphylaxis (class and TR Medical files) |
| | Staff to follow Action Plans in the event of and allergen reaction |
| | Staff tyo liaise with camp staff regarding local emergency services are in the area and how to access them. |
| | The adrenaline autoinjector remains close to the student at risk. |
| | School autoinjector to be taken in First aid kit. |
| | The student with allergies to insect venoms are always to wear closed shoes when outdoors. |
| | Cooking and art and craft games should not involve the use of known allergens. |