



# Anaphylaxis Risk Minimisation Strategies for Schools

Marymede Catholic College



## In-school settings

### Learning Areas/Classrooms

1. A copy of each student's Individual Anaphylaxis Management Plan (IAMP) is easily accessible kept in the First Aid office and kept alongside the students Auto-Injector device.
2. Where food-related activities are planned, staff liaise with parents/carers ahead of time.
3. Use non-food treats where possible, but if food treats are used in class, it is recommended that parents/carers of students with food allergy provide a treat box with alternative treats. Alternative treat boxes should be clearly labelled and only handled by the student.
4. Staff do not provide food items from external sources to students who are at risk of anaphylaxis.
5. Lunch box items/treats from other students in class should not contain the substances to which the student is allergic. Staff will avoid the use of food items as treats.
6. Products labelled as containing specific allergens known to impact students such as may contain traces of nuts, should not be served to students allergic to nuts. Products labelled may contains milk or egg, should not be served to students with milk or egg allergy.
7. Staff are to be aware of possible hidden allergens in food and other substances used in cooking, food technology, science and art classes including packaging e.g., peanut butter containers, egg containers.
8. All cooking utensils, preparation dishes, plates, knives and forks are to be washed and cleaned thoroughly after preparation of food and cooking.
9. The school acknowledges that children with food allergies need special care when cooking or undertaking food technology. School staff liaise with parents/ carers prior to the student undertaking these activities/subjects. The resources available to support decision making processes noting that helpful information are utilised and available at:  
[www.allergyfacts.org.au/images/pdf/foodtech.pdf](http://www.allergyfacts.org.au/images/pdf/foodtech.pdf)
10. Regular discussions with students occur about the importance of washing hands, eating their own food and not sharing food.
11. The Deputy Principal – Professional CultureCollege Nurses inform emergency teachers, specialists, teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and adrenaline autoinjector, the School's Anaphylaxis Policy and each person's responsibility in managing an incident i.e. seeking a trained staff member.

### Canteen

12. Canteen staff are trained in food allergen management and its implications for food handling practices. Canteen staff (whether internal or external) should be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy and label reading.
13. Canteen staff, including volunteers, are briefed about students at risk of anaphylaxis and have up to date training in an anaphylaxis management training course as soon as practical after a student enrolls.
14. A copy of the student ASCIA Action Plans for Anaphylaxis are displayed in the canteen as a reminder to canteen staff and volunteers.
15. Products labelled may contain traces of nuts should not be served to students allergic to nuts.
16. The canteen provides a range of healthy meals and products that exclude peanuts or other nut products in the ingredient list, or a 'may contain' statement.

17. Tables and surfaces are wiped down regularly.
18. The principal acknowledges that food banning is not generally recommended by the Royal Children's Hospital and ASCIA. A no sharing rule is reinforced with the students as recommended for food, utensils and food containers. Where it is deemed in the best interests of the school community the school may seek agreement to not stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds).
19. Staff has an awareness of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.

## School Grounds

20. The principal regularly reviews plans to ensure that sufficient school staff trained in the administering adrenaline autoinjectors are on yard duty and be able to access the autoinjector and respond quickly to an allergic reaction if needed.
21. The principal reviews processes to ensure that adrenaline autoinjectors and Individual Anaphylaxis Plans are easily accessible from the school grounds.
22. An emergency response procedure and communication plan is in place for staff on Yard Duty so medical information can be retrieved quickly if an allergic reaction occurs in the yard. All staff will be aware of the school process for seeking support (notify the general office/first aid team) if an anaphylactic reaction occurs during recess or lunchtime.
23. Primary staff on yard duty are provided with a first aid kit containing essential medical supplies and includes the school nurse emergency contact number. Yard duty staff are required to have a mobile phone with them whilst on duty.
24. Staff on duty can identify by face those students at risk of anaphylaxis.
25. Students with anaphylactic responses to insects are encouraged to stay away from water or flowering plants.
26. The principal ensures lawns are regularly mowed and bins are covered.
27. Students keep drinks and food covered while outdoors.

## Special Events (e.g., sporting events, incursions, class parties, etc)

28. The principal ensures that sufficient staff, who have been trained in administering an adrenaline autoinjector, are supervising students to be able to respond quickly to an anaphylactic reaction if required.
29. Staff avoid using food in activities or games or as rewards.
30. The principal consults with parents/carers in advance of planned special events to either develop an alternative food menu or request the parent/guardian/carer to send a meal for the student/s at risk.
31. Parents/carers of other students are informed in advance about foods that may cause allergic reactions in students at risk and request that they avoid providing students with treats containing known allergens whilst they are at a special school event.
32. Party balloons are not to be used if a student has an allergy to latex.
33. Where students from other schools are participating in a school event, staff consider requesting information from the participating schools about any students who will be attending the event who are at risk of anaphylaxis. In this instance, staff seek agreement on strategies to minimise the risk of a reaction while the student is visiting the school. This should include a discussion of the specific roles and responsibilities of the host and visiting school. Students at risk of anaphylaxis are required to bring their own adrenaline autoinjector with them to events outside their own school.

## Out-of-school settings/Excursions/Camps/Tours

34. The principal determines which of the strategies set out below apply in the specific context for the out-of-school setting involved in the planned activity. The strategies that are appropriate will be determined by factors such as the age and independence of the student, the facilities and

activities available, and the general environment. Not all strategies will be relevant for each school activity.

## Travel to and from school by bus

35. School staff consult with parents of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation strategies are in place to manage an anaphylactic reaction should it occur on the way to or from the school or venue on the bus. This includes the availability and administration of an adrenaline autoinjector. The adrenaline autoinjector and ASCIA Action Plan for Anaphylaxis must be with the student on the bus even if this child is deemed too young to carry an adrenaline autoinjector on their person at school.

## Field trips/excursions/sporting events

36. The principal undertakes a risk assessment for each individual student attending. If a student/s at risk of anaphylaxis is attending, sufficient school staff supervising the special event will be trained in the administration of an adrenaline autoinjector and be able to respond quickly to an anaphylactic reaction if required.
37. A school staff member or team of school staff trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector attends field trips or excursions.
38. School staff and venue staff should avoid using food in activities or games, including as rewards.
39. The adrenaline autoinjector and a copy of the individual ASCIA Action Plan for Anaphylaxis for each student at risk of anaphylaxis is to be easily accessible and school staff must be aware of their exact location.
40. For each field trip, excursion etc., a risk assessment is to be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio. All school staff members present during the field trip or excursion will be made aware of the identity of any students attending who are at risk of anaphylaxis and are able to identify them by face.
41. Staff in charge should consult parents of anaphylactic students in advance to discuss issues that might arise, to develop an alternative food menu or request the parent/guardian/carer provide a meal (if required).
42. In rare cases where the school deems it necessary, parents/carers may be invited to accompany their child on field trips and/or excursions. This will be discussed with parents/carers as one possible strategy for supporting the student who is at risk of anaphylaxis.
43. Prior to the excursion taking place, the principal or nominated staff member will consult with the student's parents/carers and medical practitioners (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the excursion activity.
44. If the field trip, excursion or special event is being held at another school then that school should be notified ahead of time that a student at risk of anaphylaxis will be attending, and appropriate risk minimisation strategies discussed ahead of time so that the roles and responsibilities of the host and visiting school are clear. Students at risk of anaphylaxis should take their own adrenaline autoinjector with them to events being held at other schools.

## Camps or remote settings

45. Prior to engaging a camp owner/operator's services, the principal or nominated staff member will make enquiries as to whether the operator can provide food that is safe for any anaphylactic students who may be attending. If a camp owner/operator/camp cook cannot provide this confirmation in writing to the school, the principal or nominated staff member will not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Where this attestation is not provided in writing, then the school will strongly consider using an alternative service provider as a reasonable step in discharging its duty of care to the student/s at risk of anaphylaxis due to food allergens.

46. The principal or nominated staff member conducts a risk assessment and develops a risk management strategy for any student/s at risk of anaphylaxis while they are on camp. This will be developed in consultation with parents/carers of students at risk of anaphylaxis and camp owners/operators prior to the camp's commencement.
47. School staff consult with the parents/carers of students at risk of anaphylaxis and where appropriate, the camp owner/operator to ensure that appropriate procedures are in place to manage an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will be undertaken in order for the school to adequately discharge its non-delegable duty of care.
48. If school staff has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, they raise these concerns with the camp owner/operator and consider alternative means for providing food for those student/s at risk of anaphylaxis.
49. The use of substances containing known allergens should be avoided where possible.
50. Prior to the camp taking place, school staff should consult with the student's parents/carers to review the Individual Anaphylaxis Management Plan/s to ensure that it is up to date and relevant to the circumstances of the camp. Schools are to seek support from parents/carers to advise students with allergies to insects to wear closed shoes and long-sleeved garments when outdoors and encourage them to stay away from water or flowering plants.
51. The principal or nominated staff member ensures that the student's adrenaline autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone are taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency will be considered, e.g. a satellite phone. All staff attending the camp should familiarise themselves with the students' Individual Anaphylaxis Management Plans and plan emergency response procedures for anaphylaxis prior to camp and be clear about their roles and responsibilities in the event of an anaphylactic reaction.
52. The principal or nominated staff member conducts a risk assessment prior to excursions/school camps which will include contact with local emergency services and hospitals well before the camp to provide details of any medical conditions of students, location of camp and location of any off-camp activities. Contact details of emergency services will be available for school staff as part of the emergency response procedures developed for the camp. Camp activities will be reviewed to avoid activities that use known allergens (cooking, craft etc).
53. Adrenaline autoinjectors should remain close to the students and staff must be always aware of its location.
54. General use Adrenaline autoinjectors will be included in camp first aid kits as a back-up device in the event of an emergency.
55. Staff consider exposure to allergens when students are consuming food during travel on bus/plane and whilst in cabins/tents/dormitories.

## Overseas travel

56. Strategies used will be like those for camps/remote settings and parents/carers will be involved in discussions regarding risk management well in advance.
57. Potential risks at all stages of overseas travel will be considered. Potential risks include:
  - travel to/from airport/port
  - travel to/from Australia
  - various accommodation venues
  - all towns and venues visited, and sourcing safe foods at all locations.

The risk of cross contamination of food will be assessed including:

- exposure to food of other students
  - hidden allergens in foods
  - whether the table and surfaces will be adequately cleaned to prevent reaction
  - whether the other students can wash their hands when handling food.
58. The principal or nominated staff member assess where each of these risks can be managed using minimisation strategies such as the following: Translation of student's Individual

Anaphylaxis Management Plan and ASCIA Action Plan into the local language, sourcing safe food, obtaining names, address and contact details of the nearest hospital and medical practitioners at each location that may be visited, obtaining emergency contact details, seeking information about sourcing additional adrenaline autoinjectors if required in situ.

59. The organising teacher ensures that all participants have appropriate insurance. Details of travel insurance, obtained by the student’s parents/guardian/carer, including contact details for the insurer, are to be recorded. It is recommended that staff and students take out insurance cover directly and not via a tour operator; and that they are covered by the same insurance provider as far as is practicable. It is recommended that insurance covers their needs regarding a risk to or result of an anaphylactic reaction. Refer to Excursion, Camp, and Travel Policy for more information.
60. The principal or nominated staff member will plan for appropriate supervision of students at risk of anaphylaxis at all times including: provision of sufficient supervising staff who have been trained in Anaphylaxis Management, sufficient supervision of at risk students particularly during meal times, when taking medication or engaged in activities where there may be added exposure to potential allergens, provision of adequate supervision of any affected student(s) requiring medical treatment and other students, staff/students ratios can be maintained, including in the event of an emergency where students may need to be separated.
61. The principal or nominated staff member ensures that all students with an ASCIA Action Plan has an updated version where required, along with an [ASCIA Travel Plan](#) completed by a registered medical practitioner. It is recommended that the principal or nominated staff member refers to the ASCIA travel checklist.
62. The School’s Emergency Response Procedure will be determined given local circumstances.
63. The principal or nominated staff member should reassess the emergency response procedures, and if necessary, adapt them to the circumstances of the overseas trip. Keep a record of relevant information such as the following:
  - dates of travel
  - name of airline, and relevant contact details
  - itinerary detailing the proposed destinations, flight information and the duration of the stay in each location
  - hotel addresses and telephone numbers
  - proposed means of travel within the overseas country
  - list of students and each of their medical conditions, medication and other treatment (if any)
  - emergency contact details of hospitals, ambulances, and medical practitioners in each location
  - details of travel insurance
  - plans to respond to any foreseeable emergency including who will be responsible for the implementation of each part of the plans
  - possession of a mobile phone or other communication device that would enable the school staff to contact emergency services in the overseas country if assistance is required.

## Work experience, workplace learning

64. The principal will involve parents/carers, the student and the work experience employer in discussions regarding risk management prior to a student at risk of anaphylaxis attending work experience or workplace learning. The employer and relevant staff must be shown the ASCIA Action Plan for Anaphylaxis and how to use the adrenaline autoinjector in case the work experience student shows signs of an allergic reaction whilst at work experience. It may be helpful for the teacher and the student to do a site visit before the student begins placement.

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