

Examples of risk minimisation strategies for schools, preschools and childcare services

GENERAL POLICY ISSUES	
School, preschool or childcare policy communication	<ul style="list-style-type: none"> Consider sending out an information sheet to the parent community on severe allergy and the risk of anaphylaxis. Alert parents to strategies that the school, pre-school or childcare service has in place and the need for their child to not share food and to wash hands after eating.
Part-time educators, casual relief teachers	<p>These educators need to know the identities of children at risk of anaphylaxis and should be aware of the anaphylaxis management plan at the school, preschool or childcare service. Some casual staff have not received training in anaphylaxis management and emergency treatment. This needs to be considered when a teacher is chosen for a class with a child at risk of anaphylaxis and if this teacher is on playground/yard duty.</p> <p>Suggestions to minimise the risk:</p> <ul style="list-style-type: none"> Casual staff, who work at school regularly, should be included in anaphylaxis training sessions. Schools should have interim educational tools such as adrenaline autoinjector training devices and access to 'how to administer' videos available to all staff. A free online training course for school and childcare staff is available from the ASCIA website (www.allergy.org.au). This course can also be undertaken as refresher training. ASCIA anaphylaxis e-training for childcare is ACECQA approved.
Fundraising events/special events/cultural days	<ul style="list-style-type: none"> Consider children with food allergy when planning any fundraisers, cultural days or stalls for fair/fete days, breakfast mornings etc. Notices may need to be sent to parent community discouraging specific food products (e.g. nuts) where appropriate. Where food is for sale, a list of ingredients should be available for each food.
INSECT ALLERGY	
Bees, wasps, stinging ants	<ul style="list-style-type: none"> Have honey bee and wasp nests removed by a professional; Cover garbage receptacles that may attract stinging insects. When purchasing plants for an existing or new garden, consider those less likely to attract bees and wasps. Specify play areas that are lower risk and encourage the student and their peers to play in these areas (e.g. away from garden beds or garbage storage areas). Ensure students wear appropriate clothing and covered shoes when outdoors. Be aware of bees in pools, around water and in grassed or garden areas. Educate children to avoid drinking from open drink containers, particularly those containing sweet drinks that may attract stinging insects. Children with food and insect allergy should not be asked to pick up litter by hand. Where possible, these types of duties should not put them at increased risk of an allergic reaction.

<p>Ticks</p>	<p>Strategies to reduce the risk of tick exposure have been recently published. When walking or working in areas where ticks are endemic:</p> <ul style="list-style-type: none"> • Wear long sleeved shirts and long pants. • Tuck pants into long socks and wear a wide brimmed hat. • Wear light coloured clothing, which makes it easier to see ticks. • Use insect repellent to skin and clothing when walking in areas where ticks are found, particularly ones containing DEET such as Tropical RID®, Tropical Aerogard®, Bushmans® or Picaridin (OFF!®). • Brush clothes to remove ticks before coming inside. • Undress and check for ticks daily, checking carefully on the neck and scalp. <p>Anaphylaxis to tick bites usually occurs when the tick is disturbed, such as with scratching the bite, with attempts at deliberate removal or after application of irritant chemicals such as kerosene. If a tick bite is suspected, the tick should not be removed, but rather killed by use of an ether-containing spray to freeze dry the tick to prevent it from injecting more allergen-containing saliva. Ether-containing aerosol sprays are currently recommended for killing the tick. Aerostart® or other ether-containing sprays such as Wart-Off Freeze® and similar such as Elastoplast Cold Spray® and WartSTOP®. It should be noted that Aerostart® is not registered for use in humans and that all these products are flammable but there is long-term experience with these products, which have been shown to be very effective in treating those with serious tick allergies.</p> <p>Further information is available from: www.allergy.org.au/patients/insect-allergy-bites-and-stings/tick-allergy and www.tiara.org.au</p>
<p>LATEX ALLERGY</p>	
	<ul style="list-style-type: none"> • Latex allergy is relatively rare in children, but where such individuals are identified non-latex gloves (e.g. sick bay, first aid kits, canteens, kitchens) should be made available. • Consideration may also need to be made for non-latex swimming caps if a school specific swimming cap must be worn (e.g. interschool sports carnivals). • Non-latex balloons should also be considered when there is a child enrolled with latex allergy.
<p>MEDICATION ALLERGY</p>	
	<ul style="list-style-type: none"> • Severe allergic reactions to medications are relatively rare in young children outside of the hospital setting. Nonetheless, documentation regarding known or suspected medication allergy should be recorded by the school/childcare on enrolment. • Any medication administered in the school/childcare setting should be undertaken in accordance with school/childcare and education and children's services department guidelines and with the written permission of parents or guardians. • Students in the later years of primary school and secondary school need to be reminded that they should not share medications (e.g. for period pain or headaches).

FOOD ALLERGY

In the classroom

Food rewards

- Food rewards should be discouraged and non-food rewards encouraged.
- If food rewards are being used, parents or guardians should be given the opportunity to provide a clearly labelled 'treat box' for their child.

Class parties or birthday celebrations

- Discuss these activities with the parents or guardians of the child with allergy well in advance.
- Suggest that a notice is sent home to all parents prior to the event, discouraging specific food products (e.g. nuts) where appropriate.
- Teacher may ask the parent to attend the party as a 'parent helper'.
- Child at risk of anaphylaxis should not share food brought in by other children. Ideally they should bring their own food.
- Child can participate in spontaneous birthday celebrations by parents supplying 'treat box' or safe cupcakes stored in the freezer in a labelled sealed container.

Cooking/food technology

- Engage parents or guardians and older children in discussions prior to cooking sessions and activities using food.
- Remind all children to not share food they have cooked with others at school including during morning tea and lunch breaks.

Science experiments

- Engage parents in discussion prior to experiments containing foods.

Music

- There should be no sharing of wind instruments (e.g. recorders).
- Teacher should discuss with the parent or guardian about providing the child's own instrument where appropriate.

Art and craft classes

- Ensure containers used by students at risk of anaphylaxis do not contain allergens (e.g. egg white or yolk on an egg carton).
- Activities such as face painting or mask making (when moulded on the face of the child), should be discussed with parents prior to the event, as products used may contain food allergens such as peanut, tree nut, milk or egg.
- Care should to be taken with play dough etc. Check that nut oils have not been used in their manufacture. Discuss options with parents or guardians of wheat allergic children. If unable to use the play dough, provide an alternative material for the child to use.

Use of food as counters

- Be aware of children with food allergies when deciding on 'counters' to be used in mathematics or other class lessons.
- Non-food 'counters' such as buttons/discs may be a safer option than chocolate beans.

Class rotations

- All teachers will need to consider children at risk of anaphylaxis when planning rotational activities for year level, even if they do not currently have a child enrolled who is at risk, in their class.

Canteen and childcare food service	<p>Strategies to reduce the risk of an allergic reaction can include:</p> <ul style="list-style-type: none"> • Consideration of whether the canteen offers foods containing nuts (as a listed ingredient). • Staff (including volunteer helpers) educated on food handling procedures and risk of cross contamination of foods. • Children with food allergy should have distinguishable lunch order bags. • Restriction on who serves children with food allergy when they go to the canteen. • Discuss possibility of photos of the children with food allergy being placed in the canteen/childcare kitchen. • Encourage parents or guardians of children with allergy to visit the canteen/childcare kitchen to view products available.
In the playground	<p>Litter duty</p> <ul style="list-style-type: none"> • Non rubbish collecting duties are encouraged. • Students at risk of insect sting anaphylaxis should be excused from this duty due to increased risk of allergen contact. • Students at risk of food allergy anaphylaxis should either be provided with gloves or an instrument to pick up the rubbish to avoid skin contact with potential allergens. <p>Sunscreen</p> <ul style="list-style-type: none"> • Parents of children at risk of anaphylaxis should be informed that sunscreen is offered to children. They may want to provide their own as some sunscreens may contain nut oils.
School gardens	<ul style="list-style-type: none"> • The cultivation of nut bearing crops and trees is a potential source of exposure to nut allergens. • As school gardens are considered part of the educational program, peanuts and tree nuts should be excluded from future garden plantings in future. • The presence and removal of existing nut trees should be considered as part of a risk assessment.
Class pets, pet visitors, school farmyard	<ul style="list-style-type: none"> • Be aware that some animal feed contains food allergens (e.g. nuts in birdseed and cow feed, milk and egg in dog food, fish in fish food). • Have a strategy to reduce risk of the children with egg allergy coming into contact with raw egg if there are chickens in the farmyard that enables them to still participate.
Incursions (on-site activities)	<ul style="list-style-type: none"> • Prior discussion with parents if incursions/on-site activities include any food activities.
Excursions	<ul style="list-style-type: none"> • Teachers organising/attending excursions or sporting events should plan an emergency response procedure prior to the event. This should outline the roles and responsibilities of teachers attending, if an anaphylaxis occurs. <p>Staff should also:</p> <ul style="list-style-type: none"> • Carry mobile phones. Prior to event, check that mobile phone reception is available and if not, consider other forms of emergency communication (e.g. walkie talkie, satellite phone). • Consider increased supervision depending on the size of the excursion/sporting event (e.g. if students are split into groups at large venue such as a zoo or at large sports venue for a sports carnival). • Consider adding a reminder to all parents regarding children with allergies on the excursion/sports form and encourage parents not to send in specific foods in lunches (e.g. foods containing nuts). • Discourage eating on buses. • Check if excursion includes a food related activity, if so discuss with the parent or guardian. • Ensure that all staff are aware of the location of the emergency medical kit

	<p>containing the adrenaline autoinjector and ASCIA Action Plan for Anaphylaxis and ensure the child at risk of anaphylaxis is in the care of the person carrying the adrenaline autoinjector.</p> <ul style="list-style-type: none"> • Check that high school aged students who should be carrying their adrenaline autoinjector (as agreed in the Health Care Plan) have their adrenaline autoinjector with them.
School camps	<p>Many primary schools invite the parent of the child at risk of anaphylaxis to attend as a parent helper. Irrespective of whether the child is attending primary school or secondary college, parents of children at risk of anaphylaxis should have a face to face meeting with school staff/camp coordinator prior to the camp to discuss the following:</p> <ul style="list-style-type: none"> • School's emergency response procedures should clearly outline roles and responsibilities of the teachers in policing prevention strategies and their roles and responsibilities in the event of an anaphylactic reaction. • All teachers attending the camp should carry laminated emergency cards, detailing the location of the camp and correct procedure for calling ambulance, advising the call centre that a life threatening allergic reaction has occurred and adrenaline is required. • Staff should demonstrate correct administration of adrenaline autoinjectors using training devices (EpiPen® and Anapen®) prior to camp. • Consider contacting local emergency services and hospital prior to camp and advise that xx children are in attendance at xx location on xx date including child/ren at risk of anaphylaxis. Ascertain location of closest hospital, ability of ambulance to get to camp site area (e.g. consider locked gates in remote areas). • Confirm mobile phone network coverage for standard mobile phones prior to camp. If no access to mobile phone network, alternative needs to be discussed and arranged. • Parents or guardians should be encouraged to provide two adrenaline autoinjectors along with the ASCIA Action Plan for Anaphylaxis and any other required medications whilst the child is on the camp. The second adrenaline autoinjector should be returned to the parents/guardian on returning from camp. • Clear advice should be communicated to all parents or guardians prior to camp regarding what foods are not allowed. • Parents or guardians of children at risk of anaphylaxis and school staff need to communicate about food for the duration of the camp. • Parents or guardians should also communicate directly with the catering staff and discuss food options/menu, food brands, cross contamination risks to determine the safest food choices for their child. • Parents or guardians may prefer to provide all child's food for the duration of the camp. This is the safest option. If this is the case, storage and heating of food needs to be organised. <p>Discussions by school staff and parents or guardians with the operators of the camp facility should be undertaken well in advance of camp. Example of topics that need to be discussed would be:</p> <ul style="list-style-type: none"> • Possibility of removal of nuts from menu for the duration of the camp (if nut allergic child attending camp). • Creation of strategies to help reduce the risk of an allergic reaction where the allergen cannot be removed (e.g. egg, milk, wheat). A decision may be made to remove pavlova as an option for dessert if an egg allergic child is attending for example. • Awareness of cross contamination of allergens in general (e.g. during storage, preparation and serving of food). • Discussion of the menu for the duration of the camp including morning and afternoon teas and suppers. • Games and activities should not involve the use of peanut or tree nut products or any other known allergens.

	<ul style="list-style-type: none"> • Camp organisers need to consider domestic activities that they assign to children on camp. It is safer to have the child with food allergy set tables, for example, rather than clear plates and clean up.
Out of ours school care (OSHC)	<ul style="list-style-type: none"> • OSHC services should consider having an adrenaline autoinjector for general use in the first aid kit. • Children at risk of anaphylaxis with a prescribed adrenaline autoinjector should have their adrenaline autoinjector with them when they attend OSHC. The practicalities of this should be discussed with the parent/guardian, particularly for younger children. • The service will also need to consider how to ensure easy access to a child's adrenaline autoinjector whilst they are in OSHC, as well as ensuring that the child's adrenaline autoinjector goes home with them. • Menu options should be discussed with the parent/guardian of the child with food allergy. • Parents/guardians should be encouraged to provide a clearly labelled supply of safe snacks and treats for their child in the OSHC pantry.
ANIMAL ALLERGY	
	<ul style="list-style-type: none"> • Exposure to animals such as domestic dogs, cats, rabbits, rats, mice, guinea pigs and horses may trigger contact rashes, allergic rhinitis (hay fever) and sometimes asthma. • Severe allergic reactions are rare but may occur, and are of potential relevance with activities such as "show and tell", or visits to farms or zoos. Importantly, animal feed may sometimes contain food allergens (e.g. nuts in birdseed and cow feed, milk and egg in dog food, fish in fish food). • If a child has an egg allergy, they may still wish to participate in activities such as hatching chickens in class, with close supervision and washing of their hands following handling of chickens.

This table was initially produced by Allergy & Anaphylaxis Australia (A&AA). To ensure consistency of information A&AA and ASCIA endorse these risk minimise strategies.

Disclaimer

This document has been developed by A&AA and ASCIA and has been peer reviewed by ASCIA members. It is based on expert opinion and the available published literature at the time of review. Information contained in this document is not intended to replace medical advice and any questions regarding a medical diagnosis or treatment should be directed to a medical practitioner.

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