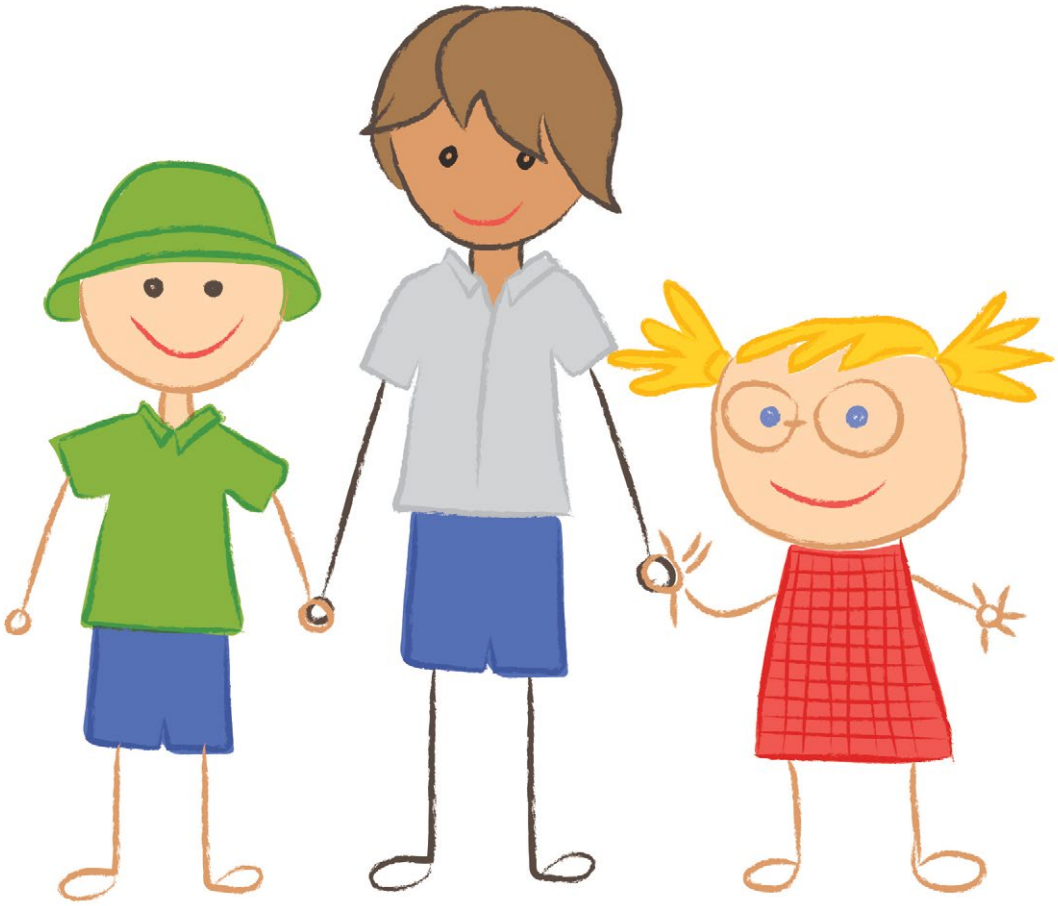
Best Practice Guidelines

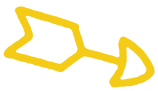
for anaphylaxis prevention and management in schools



Allergy & Anaphylaxis Australia

national allergy strategy

ascia australasian society of clinical immunology and allergy



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ABBREVIATIONS

A&AA	Allergy & Anaphylaxis Australia
ASCIA	Australasian Society of Clinical Immunology and Allergy

DEFINITIONS

Adrenaline (epinephrine)	A medication that reverses the effects of a severe allergic reaction (anaphylaxis). Adrenaline is a hormone produced naturally by the body however, the body is not able to produce enough adrenaline to treat anaphylaxis.
Adrenaline injector	Adrenaline injectors contain a single, fixed dose of adrenaline, designed for use by anyone, including people who are not medically trained. Some adrenaline injectors (e.g. EpiPen® and Anapen®) are automatic injectors. Adrenaline injectors are either prescribed to an individual or can be purchased by the school for general use and stored in first aid kits.
Allergic reaction	An immune response to something that is harmless to most people. Allergic reactions can be mild, moderate or severe.
All staff	Refers to all staff including full-time, part-time, casual and relief teachers, education assistants, support and administration staff, canteen/tuckshop staff and any other staff employed by the school.
Anaphylaxis	The most severe form of allergic reaction. Anaphylaxis is life-threatening and requires prompt administration of adrenaline.

ASCIA Action Plan	A standardised response plan for people with allergies that can lead to anaphylaxis. ASCIA Action Plans must be completed by the student's doctor or nurse practitioner. There are different types of plans: – ASCIA Action Plan for Anaphylaxis (red) given to people who have been prescribed an adrenaline injector. – ASCIA Action Plan for Allergic Reactions (green) given to people with confirmed allergy but who have not been prescribed an adrenaline injector. – ASCIA Action Plan for Drug (Medication) Allergy given to people with confirmed medication allergies. If a person has other allergies, their drug allergy will be documented on their other ASCIA Action Plan so that they don't have two plans. – ASCIA First Aid Plan for Anaphylaxis (orange) for storage with general use adrenaline injectors or for use as a poster.
Hands-on practise	Refers to physical demonstration of correct administration of adrenaline injector devices using a trainer device.
Individualised anaphylaxis care plan	A plan that documents the student's allergies and risk minimisation strategies to prevent exposure to known allergens and treatment in the event of an allergic reaction. It also includes a copy of the student's ASCIA Action Plan. These care plans may have different names (e.g. Individual Health Care Plan, Individual Anaphylaxis Management Plan) in different jurisdictions however, the purpose of the plan is the same.
Jurisdictions	The different states and territories in Australia.
Parents	Refers to parents and/or guardians/carers.
Schools	Refers to government/public schools, independent schools and catholic schools.
Students at risk of anaphylaxis	Students with an ASCIA Action Plan for Anaphylaxis (red) or an ASCIA Action Plan for Allergic Reactions (green) or an ASCIA Action Plan for Drug (Medication) Allergy.

INTRODUCTION

The *Best Practice Guidelines for Anaphylaxis Prevention and Management in Schools* (the Guidelines) are based on the current evidence-base and best practice. The Guidelines have been developed in consultation with key stakeholder organisations, principals and staff working in the school sector and parents of school-aged children. These Guidelines aim to provide best practice guidance and associated support documents to reduce the risk of anaphylaxis in schools while supporting students to participate in the full range of school life.

The Guidelines have been developed to provide guidance and support to schools across all jurisdictions of Australia. However, it is important to note the following:

- Where state or territory legislation exists, schools must comply with the legislation in their jurisdiction.
- State and territory based guidelines may also exist and schools are encouraged to comply with the guidelines in their jurisdiction.
- The Guidelines may recommend measures which are additional to the legislation and/or guidelines in your jurisdiction and implementing these additional measures where possible is encouraged.

The Guidelines can be used by overarching bodies (such as Education Departments, Independent Schools Associations and Catholic Education) when reviewing and updating their central guidelines, policies and procedures to improve standardisation of anaphylaxis management across Australia. These Guidelines can also be used at an individual school level (particularly where guidelines, policies or procedures are not available) to implement appropriate strategies to manage students at risk of anaphylaxis.

To support the adoption of the Guidelines, several supporting resources have been developed including an *Implementation guide* (Part B of this document), templates and sample documents. These resources are publicly available as free downloads from the National Allergy Strategy Allergy Aware website. The **Allergy Aware website** is a resource hub that includes links to useful resources for schools to help manage anaphylaxis. The website also contains links to state and territory specific information and resources.

While these guidelines refer to strategies for preventing and managing anaphylaxis in students, schools should also implement appropriate strategies for staff, volunteers and visitors with confirmed allergies (i.e. people with an ASCIA Action Plan for Anaphylaxis or an ASCIA Action Plan for Allergic Reactions).

Key principles for reducing the risk of anaphylaxis

1. Have an overarching anaphylaxis management policy and review anaphylaxis management policies and procedures if an allergic reaction occurs.

2. Obtain up-to-date medical information and develop individualised anaphylaxis care plans for each student at risk. Individualised anaphylaxis care plans must be developed in consultation with parents. ASCIA Action Plans completed by the student's treating doctor or nurse practitioner must be included in the individualised anaphylaxis care plan.

3. Train staff in the prevention, recognition and treatment of allergic reactions including anaphylaxis.

4. Ensure staff awareness of students at risk of allergic reactions (i.e. students with an ASCIA Action Plan for Anaphylaxis (red), ASCIA Action Plan for Allergic Reactions (green) or an ASCIA Action Plan for Drug Allergy) and that unexpected allergic reactions, including anaphylaxis, might occur for the first time in students not previously identified as being at risk, while in the school setting.

5. Provide age-appropriate education of students with allergies and their peers to manage risks in school settings.

6. Implement practical strategies to reduce the risk of accidental exposure to known allergic triggers according to the school's policy and individualised anaphylaxis care plans and review anaphylaxis risk minimisation strategies if an allergic reaction occurs.

7. Have at least one general use adrenaline injector at each campus.

8. Communicate about anaphylaxis management with school staff and the school community.

9. Provide support (including counselling) for school staff who manage an anaphylaxis, and for the student who experienced the anaphylaxis and any witnesses.

10. Appropriate reporting if an allergic reaction occurs while the student is in the care of the school.

PART A:
RECOMMENDATIONS

Recommendation 1

Anaphylaxis management policy and plans

1.1 Schools should have a site-specific anaphylaxis management policy that details the following:

- Identifying students at risk
- Allergy documentation
- Prescribed and general use adrenaline injectors
- Staff training
- Risk management and risk minimisation
- Communication plan
- Peer education
- Emergency response plan
- Incident reporting

This policy should be reviewed and updated at least every two years.

In some jurisdictions, overarching policies are developed by the state Education Department and these should be followed by schools in those jurisdictions rather than developing a site-specific policy.

1.2 Schools should develop anaphylaxis risk management plans that are specific to the school site or off-site activity (e.g. excursion or camp).

1.3 Schools should implement reasonable risk minimisation strategies if the school has students with known allergies enrolled (refer to Part B - Implementation guide).

Identifying and implementing appropriate risk minimisation strategies relies on schools being able to access accurate information (e.g. through medical professionals, parents and patient support organisations).

1.4 Schools should have a communication plan detailing how the school communicates with staff, volunteers, students, parents and the broader school community.

Schools should clearly communicate in their policy an 'allergy aware' approach.

1.5 Schools should develop school site and activity specific (e.g. excursion or camp) anaphylaxis emergency response plans which follow the ASCIA Action Plan and identifies staff roles and responsibilities in an anaphylaxis emergency. Emergency response plans should be practised at least once a year.

Separate emergency response plans should be developed for any off-site activities such as camps and excursions and include a section on student health management.

In some jurisdictions, overarching emergency management procedures are developed by the state Education Department and these should be followed by schools in those jurisdictions.

See Implementation guide page 19

Recommendation 2

Allergy documentation

2.1 Schools should take all reasonable efforts to obtain a copy of the student's ASCIA Action Plan as a means of obtaining the student's up-to-date written medical information regarding known allergies upon enrolment, diagnosis and as needs change.

2.2 All parents of students with known allergies attending school should provide an ASCIA Action Plan completed and signed by the student's doctor or nurse practitioner.

Individual ASCIA Action Plan for Anaphylaxis (red), ASCIA Action Plan for Allergic Reactions (green) or ASCIA Action Plan for Drug (medication) Allergy.

2.3 If there is a change in the student's allergy, parents should provide an updated ASCIA Action Plan.

If no updated plan is available, the most recent plan can still be used but parents need to be informed and instructed to see a doctor to update the ASCIA Action Plan as soon as possible.

If there is no change in the student's allergy, the plan should be updated before the date specified by the student's doctor or nurse practitioner on the current plan, usually every 12-18 months when they are reviewed by their doctor and receive a new adrenaline injector prescription. Specifically, there is no need to update the ASCIA Action Plan at the start of each school year.

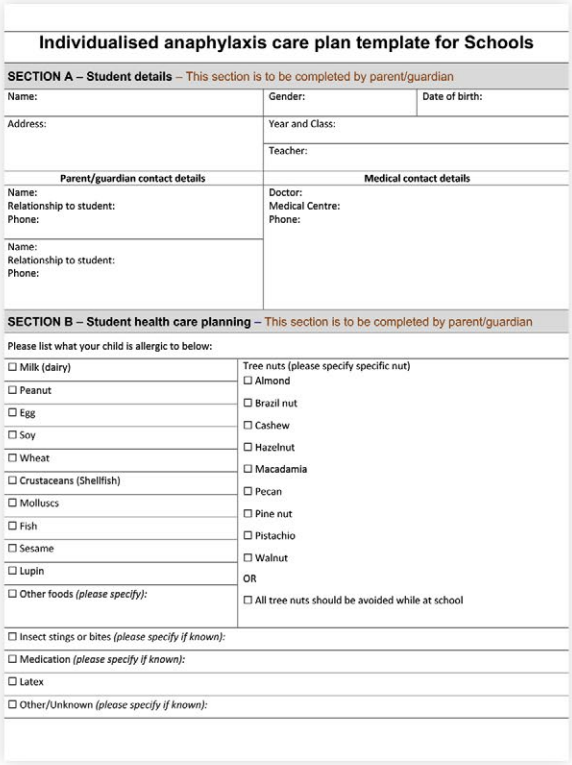
2.4 All students with an ASCIA Action Plan for Anaphylaxis or an ASCIA Action Plan for Allergic Reactions should have an individualised anaphylaxis care plan completed by the school in consultation with the student's parent. Individualised anaphylaxis care plans should:

- be completed at the start of each school year or when school is informed about the student's allergy.
- include a copy of the student's current ASCIA Action Plan.
- include appropriate risk minimisation strategies that will be implemented to manage the student's allergies for both on-site and off-site activities.
- be agreed to and signed by a parent.

Note: Students who have only an ASCIA Action Plan for Drug (medication) Allergy do not require an individualised anaphylaxis care plan as the student can easily avoid the medication whilst in the care of the school.

2.5 The student's individualised anaphylaxis care plan must be reviewed and updated:

- if the student's allergies change.
- after exposure to a known allergen at school.



Individualised anaphylaxis care plan template for Schools

SECTION A – Student details – This section is to be completed by parent/guardian

Name:	Gender:	Date of birth:
Address:	Year and Class: Teacher:	

Parent/guardian contact details	Medical contact details
Name: Relationship to student: Phone:	Doctor: Medical Centre: Phone:
Name: Relationship to student: Phone:	

SECTION B – Student health care planning – This section is to be completed by parent/guardian

Please list what your child is allergic to below:

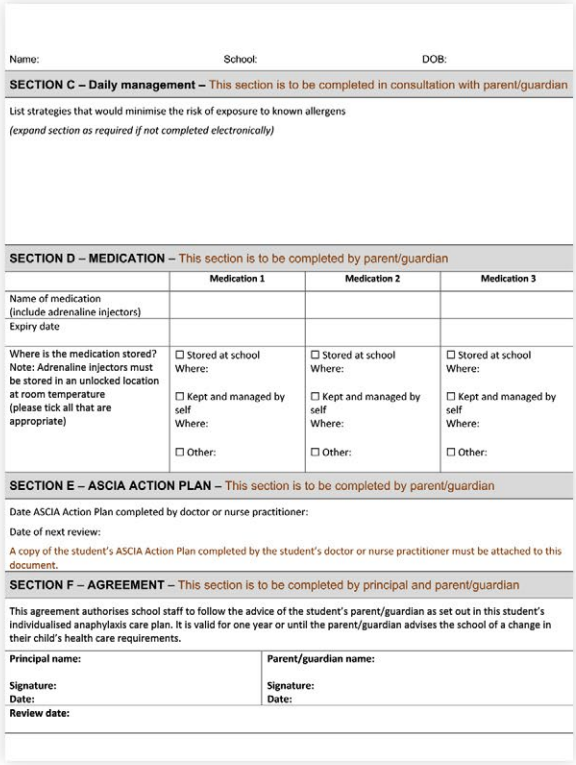
☐ Milk (dairy)	Tree nuts (please specify specific nut)
☐ Peanut	☐ Almond
☐ Egg	☐ Brazil nut
☐ Soy	☐ Cashew
☐ Wheat	☐ Hazelnut
☐ Crustaceans (Shellfish)	☐ Macadamia
☐ Molluscs	☐ Pecan
☐ Fish	☐ Pine nut
☐ Sesame	☐ Pistachio
☐ Lupin	☐ Walnut
☐ Other foods *(please specify)*:	OR
	☐ All tree nuts should be avoided while at school

☐ Insect stings or bites *(please specify if known)*:

☐ Medication *(please specify if known)*:

☐ Latex

☐ Other/Unknown *(please specify if known)*:



Name: School: DOB:

SECTION C – Daily management – This section is to be completed in consultation with parent/guardian

List strategies that would minimise the risk of exposure to known allergens

(expand section as required if not completed electronically)

SECTION D – MEDICATION – This section is to be completed by parent/guardian

	Medication 1	Medication 2	Medication 3
Name of medication (include adrenaline injectors)			
Expiry date			
Where is the medication stored? Note: Adrenaline injectors must be stored in an unlocked location at room temperature (please tick all that are appropriate)	☐ Stored at school Where: ☐ Kept and managed by self Where: ☐ Other:	☐ Stored at school Where: ☐ Kept and managed by self Where: ☐ Other:	☐ Stored at school Where: ☐ Kept and managed by self Where: ☐ Other:

SECTION E – ASCIA ACTION PLAN – This section is to be completed by parent/guardian

Date ASCIA Action Plan completed by doctor or nurse practitioner:

Date of next review:

A copy of the student's ASCIA Action Plan completed by the student's doctor or nurse practitioner must be attached to this document.

SECTION F – AGREEMENT – This section is to be completed by principal and parent/guardian

This agreement authorises school staff to follow the advice of the student's parent/guardian as set out in this student's individualised anaphylaxis care plan. It is valid for one year or until the parent/guardian advises the school of a change in their child's health care requirements.

Principal name: Signature: Date:	Parent/guardian name: Signature: Date:
Review date:	

See Implementation guide page 21

Recommendation 3

Emergency response

3.1 If a student is showing signs and symptoms of anaphylaxis, school staff should immediately administer an adrenaline injector according to the student's ASCIA Action Plan or the ASCIA First Aid Plan for Anaphylaxis.

Adrenaline is the first line treatment for anaphylaxis. If in doubt about whether a student is experiencing anaphylaxis or not, staff should immediately administer the adrenaline injector.

The school must be prepared to respond appropriately to an anaphylaxis emergency, even for students not previously identified as being at risk. Staff should immediately administer the school's general use adrenaline injector and follow the ASCIA First Aid Plan for Anaphylaxis (orange).

3.2 Ensure up-to-date medical advice and first aid practices are followed in response to an anaphylaxis.

- After an adrenaline injector has been administered, the student should stay in position as per the ASCIA Action Plan and an ambulance (where available) should be called to transport the student to hospital for medical monitoring.
- Until the ambulance arrives the student must not be allowed to stand or walk (even if they appear well) and should lay flat or sit with legs outstretched (e.g. on the floor or on a bed) if breathing is difficult.

When paramedics arrive, they will take responsibility for emergency care. Paramedics should stretcher the student to the ambulance (they must not stand or walk even if they appear well).

- Where an ambulance is not available, staff should follow the directions of the ambulance service. If the student needs to be transported to a health care service, staff should stretcher the student to a vehicle. They must not be allowed to stand or walk, even if they appear to be well.

The school's emergency response plan should include a strategy as to how to manage situations where an ambulance is not available.

3.3 If the student has an ASCIA Action Plan for Anaphylaxis, one of the student's prescribed adrenaline injectors should be available to the school accompanied by their ASCIA Action Plan, while they are in attendance at school and on school related activities or excursions.

- Where students have been prescribed adrenaline injectors, one should be made available to the school for the excursion or off-site activity with a copy of their ASCIA Action Plan. This can be the student's adrenaline injector that is usually kept at school, or the adrenaline injector that the student brings to school daily.

- For camps, students with prescribed adrenaline injectors should take both devices on the camp with a copy of their ASCIA Action Plan.

The school's access to a prescribed adrenaline injector may include the student carrying their own adrenaline injector, dependent on the student and their ability to manage their own medication (e.g. age and maturity).

Schools should allow parents to collect their child's prescribed device (if they leave it with the school) when the student is not in the care of the school for a period of time (e.g. holidays).

3.4 As per policy requirements in jurisdictions, schools should have at least one general use adrenaline injector. A copy of the ASCIA First Aid Plan for Anaphylaxis should be stored with the general use device.

Schools should have at least one 0.30mg general use adrenaline injector with a risk assessment undertaken to determine if additional devices are required, taking into consideration on-site activities, camps and excursions.

General use adrenaline injectors are additional to a student's prescribed adrenaline injector and not a substitute for prescribed devices.

3.5 Schools should equip trained staff on excursions or other off-site activities with at least one general use adrenaline injector and ASCIA First Aid Plan for Anaphylaxis and an ASCIA First Aid Plan for Anaphylaxis.

3.6 Adrenaline injectors (general use and prescribed devices) should be kept out of the reach of young children. However, they should be easily accessible when needed and not in a locked cupboard, classroom, or office.

Adrenaline injectors should be stored at room temperature (not in the fridge) away from direct sunlight.

3.7 A process should be in place to regularly check (once per term) the expiry date of all adrenaline injectors (general use and prescribed) in the school.

See Implementation guide page 24

Recommendation 4

Staff training

4.1 All staff should undertake anaphylaxis training which includes preventing exposure to known allergens, and how to recognise and respond to an allergic reaction including anaphylaxis, at least every two years.

All staff have a role in anaphylaxis prevention and management and should know how to recognise and respond to anaphylaxis.

Even where schools do not currently have students or staff with confirmed allergies, staff should be able to recognise and respond to an allergic reaction including anaphylaxis as someone not previously thought to be at risk could have their first anaphylaxis at school.

4.2 Anaphylaxis training should:

- Be evidence-based, follow best practice and be consistent with the recommendations outlined in this document. The *ASCIA anaphylaxis e-training for schools* is recommended. Training can be face to face or online.
- Include how to follow the ASCIA Action Plan in an anaphylaxis emergency.
- Be undertaken by all school staff (including part-time, casual and relief staff).

  The need for volunteers including graduate/trainee teachers to undertake anaphylaxis training is at the discretion of the school as it may depend on the frequency of their engagement.
- Be undertaken as a pre-requisite and completed before starting work at the school or on the first day of commencing work in the school.
- Include hands-on practise with adrenaline injector trainer devices.

Schools should have adrenaline injector trainer devices available for hands-on practise by staff. Adrenaline injector trainer devices should be kept separate to real adrenaline injectors to avoid confusion.

4.3 Anaphylaxis refresher training, including hands-on practise with adrenaline injector trainer devices should be undertaken at least twice a year.

This should also include a revision of signs and symptoms and a reminder of which students are at risk of anaphylaxis. The *ASCIA anaphylaxis refresher e-training* is recommended.

In some jurisdictions, school/community nurses support schools and may be able to assist with adrenaline injector training.

4.4 A staff training register should either be kept by the school or accessible to the school through centrally provided systems according to jurisdiction requirements. The register should include all names of staff that have completed the training, the name of the course completed, training provider and the date of completion.

4.5 Staff and regular volunteers responsible for preparing and serving food (e.g. staff in school canteens/tuckshops, food technology, boarding school cooks and chefs) should undertake the National Allergy Strategy All about Allergens for Schools online food allergen management training.

- This training should be undertaken at least every two years.
- A staff training register should be kept with the names of staff and volunteers who complete the training and the date of completion.
- Untrained staff and volunteers should not be given the responsibility of preparing or serving food to students with food allergies.

See Implementation guide page 28

Recommendation 5

Community and peer education

5.1 Schools should communicate with their school community about food allergy and anaphylaxis at least at the commencement of each school year or when the allergies being managed by the school change.

This is to help raise awareness and provide information about current school policies.

5.2 Communication should be undertaken with volunteers, the parent body and the broader school community about the school's anaphylaxis management policy.

Schools should clearly communicate an 'allergy aware' approach.

5.3 Schools should implement age-appropriate peer education programs.

Australian evidence-based, best-practice resources should be used. Peer education about the seriousness of food allergies may help to educate students and prevent food allergy specific bullying.

A key component of peer education includes students with food allergy not sharing food and eating utensils, including food prepared in food technology classes.

See Implementation guide page 30

Recommendation 6

Post incident management and incident reporting

6.1 The following data should be collected by schools for all allergic reactions (where there is a risk of anaphylaxis):

- Student's name and date of birth.
- Date and time of the allergic reaction.
- Does the student have an ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions?
- What caused the allergic reaction? Was the student exposed to a known allergen and how did the exposure occur?
- If no known allergies, what was the suspected cause of the allergic reaction?
- Name and position (e.g. nurse, teacher, administrator) of the staff member who provided first aid.
- Signs and symptoms observed.
- Was the student's ASCIA Action Plan followed?
- Location of the student when the allergic reaction occurred?
- Where was the student treated?
- Was the student positioned appropriately during the allergic reaction (sitting with legs outstretched or lying down)?
- Was a prescribed adrenaline injector device used? If not, why (e.g. expired, misfired, not as close to hand as a general use device)?
- Was a general use adrenaline injector device used? If so, why (e.g. first anaphylaxis, second dose)?
- How long after observing anaphylaxis symptoms was the adrenaline injector administered?
- What medications were given, including additional doses of adrenaline?
- Was an ambulance called?
- Was the student stretchered to the ambulance?
- Was the student transported to hospital?
- Was the parent/emergency contact called?
- Any additional information that may be relevant to the incident.

Allergic reactions to packaged foods or food provided by a food service provider after the allergy has been declared, should be reported to the Health Department in the jurisdiction that the school operates.

6.2 When an incident occurs in a school, a debriefing meeting should be held:

- to discuss the incident for emotional processing.
- to discuss any areas of improvements or learnings (e.g. whether there needs to be any changes to the risk management strategies in place).

The student's individualised anaphylaxis care plan should be reviewed and updated if required.

6.3 When an incident occurs in a school, support (e.g. counselling) should be provided to staff and students where required.

Staff involved in managing the anaphylaxis, the student who experienced the anaphylaxis and students who witness the anaphylaxis may require support.

6.4 A consistent data set should be collated at a jurisdictional level to allow national pooling of de-identified data that will facilitate improved risk-minimisation strategies and inform policy at all levels.

Collection of standardised, centralised data across all jurisdictions will facilitate improved risk-minimisation strategies and inform policy at all levels.

Currently, there is no capacity to collect data from both public and private schools within jurisdictions or nationally.

See Implementation guide page 32

PART B: IMPLEMENTATION GUIDE

Anaphylaxis management policy and plans

Information and resources

Policy

- Policies help to guide practice and make sure that everyone understands how the school plans to manage allergy. An anaphylaxis policy needs to address all the issues outlined in Recommendation 1 'Anaphylaxis management policy and plans'.
- In addition, the policy should:
  - Be reviewed and updated at least every two years to make sure that it still meets the needs of the students in the school.
  - Be site specific to make sure that it is appropriate for each individual school and setting.
- In some jurisdictions, the Education Department has an overarching policy for all schools so that individual government schools are not required to develop a site-specific policy.
- Where schools are following the jurisdiction's overarching policy, schools are required to review their local level documentation such as risk assessments for students at risk and management of prescribed and general use adrenaline injectors, at least annually.

Resources

Sample anaphylaxis management policy for schools

Anaphylaxis risk management plan

- A risk management plan:
  - Helps to identify areas of potential risk and possible solutions to reduce the risk.
  - Should be developed for day-to-day allergy management at the school.
  - Should also be developed for off-site activities, as the risks will be different.
- An anaphylaxis risk management plan template has been developed to help staff consider possible risks.

Resources

Anaphylaxis risk management plan template for schools

Anaphylaxis risk minimisation strategies

- While it is not possible to completely remove the risk of a student having an allergic reaction while at school, it is possible to reduce the risk using appropriate risk minimisation strategies.
- Therefore, it is important for schools to implement appropriate risk minimisation strategies for known allergens.
- Several site-specific factors (such as the age and number of students and the activities undertaken), will determine which risk minimisation strategies should be put into place.

- A whole of school approach to risk minimisation is recommended and many of these risk minimisation strategies will also be included in the individualised anaphylaxis care plans for students with known allergies that attend the school.
- ASCIA and A&AA, as the peak medical and patient support allergy bodies in Australia, have developed a list of appropriate risk minimisation strategies.

Resources

Examples of anaphylaxis risk minimisation strategies for schools

Communication plan

- A communication plan outlines how the school plans to communicate with staff, volunteers, students, parents and the broader school community about allergies.
- An 'allergy aware' approach is recommended rather than focusing on banning specific food allergens. See Community and peer education information and resources.
- It is important that schools have a plan for informing staff about students with allergies, including any changes to their allergies. This includes informing new and relief staff and volunteers (including students on practical placement).
  - All staff need to know that there are students at risk of anaphylaxis and what they are allergic to so that they can help to manage the risks.
  - It is important for the school to inform staff who may not have been included in anaphylaxis training such as cleaners and grounds maintenance staff, about how the school manages allergies.
- It is also important that schools have a plan for informing parents of students with allergies about food related activities (e.g. cooking) and any other activities they will engage in (e.g. incursions and off-site activities) where there may be a risk.

Site specific anaphylaxis emergency response plans

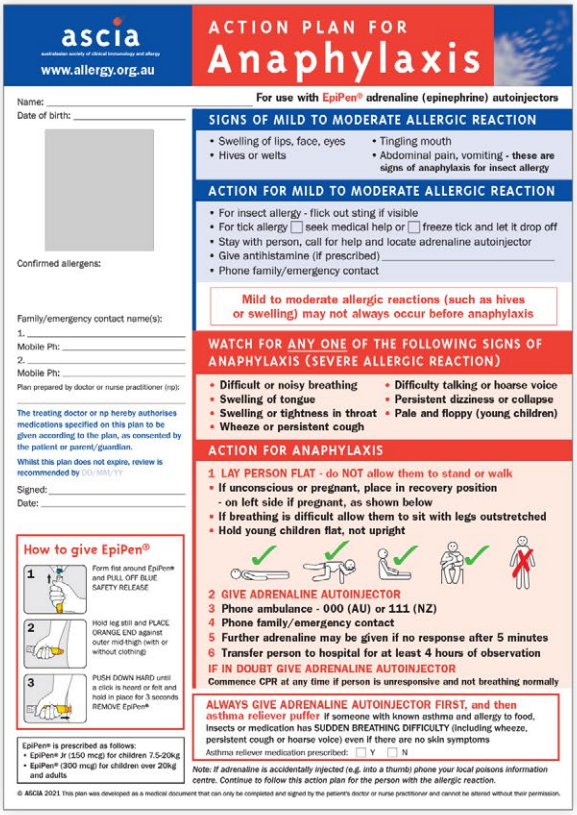
- It is important for schools to develop site specific information about how the school will respond to suspected allergic reactions, including in students with no known risk of anaphylaxis.
- The emergency response plan should follow the ASCIA Action Plan in terms of actions for anaphylaxis, but it should also identify staff roles and responsibilities in an anaphylaxis emergency.
- The plan should have enough detail to guide staff, so that they have a clear understanding of who does what and when, in an anaphylaxis emergency.
- The plan should include the location and accessibility of adrenaline injectors (prescribed and general use).
- It is recommended that the emergency response plan is practised at least once a year (like you would practise a fire drill).
- Emergency response plans and risk assessments should be developed for all off-site activities, camps and excursions to support anaphylaxis management.

Allergy documentation

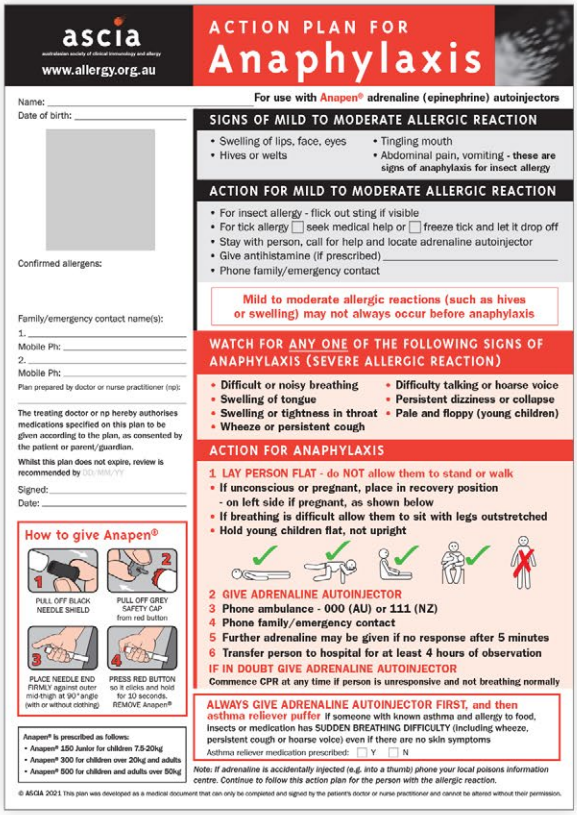
Information and resources

ASCIA Action Plans

- There are different types of ASCIA Action Plans:
  - ASCIA Action Plan for Anaphylaxis (red) – provided to people with allergies who have been prescribed an adrenaline injector (EpiPen® or Anapen®).
  - ASCIA Action Plan for Allergic Reactions (green) – provided to people with known food, insect, or latex allergies who have not been prescribed an adrenaline injector.
  - ASCIA First Aid Plan for Anaphylaxis (orange) – a general plan to be stored with general use adrenaline injectors and used as a poster.
  - ASCIA Action Plan for Drug (medication) Allergies. Adrenaline injectors are not usually prescribed for people with medication allergy (because it is relatively easy to avoid having a medication compared with avoiding eating a food), and therefore students or staff with this ASCIA Plan, may not have an adrenaline injector.



ASCIA Action Plan for Anaphylaxis for EpiPen®



ASCIA Action Plan for Anaphylaxis for Anapen®

- Parents of students with an ASCIA Action Plan must provide a current copy of the ASCIA Action Plan to the school.
- If no updated plan is available, the most recent ASCIA Action Plan can still be used but parents need to be instructed to see a doctor or nurse practitioner to update the ASCIA Action Plan as soon as possible.
- Allergies to grasses, dust mite or mould do not require an ASCIA Action Plan or an individualised anaphylaxis care plan as allergic reactions to these allergens do not result in anaphylaxis.
- ASCIA Action Plans do not expire, and therefore the plan is still valid beyond the date of review, which is a guide for patients to see their doctor or nurse practitioner.

Resources

ASCIA Action Plan

ASCIA Action Plan FAQ

Individualised anaphylaxis care plans

- Students with an ASCIA Action Plan (red or green) should have an individualised anaphylaxis care plan. These plans may have a different name in different jurisdictions. Regardless of the name of the plan, the purpose is the same.
- The purpose of the individualised anaphylaxis care plan is to document the student's allergies, treatment to be administered in the event of an allergic reaction including anaphylaxis, the risk minimisation strategies that will be put into place to prevent exposure to known allergens, and information about where the student's adrenaline injector (and any other medication) will be stored.
- A copy of the student's ASCIA Action Plan should be attached to the individualised anaphylaxis care plan.

Individualised anaphylaxis care plans must be updated at the start of each school year, when allergies change and when exposure to a known allergen occurs while at school.

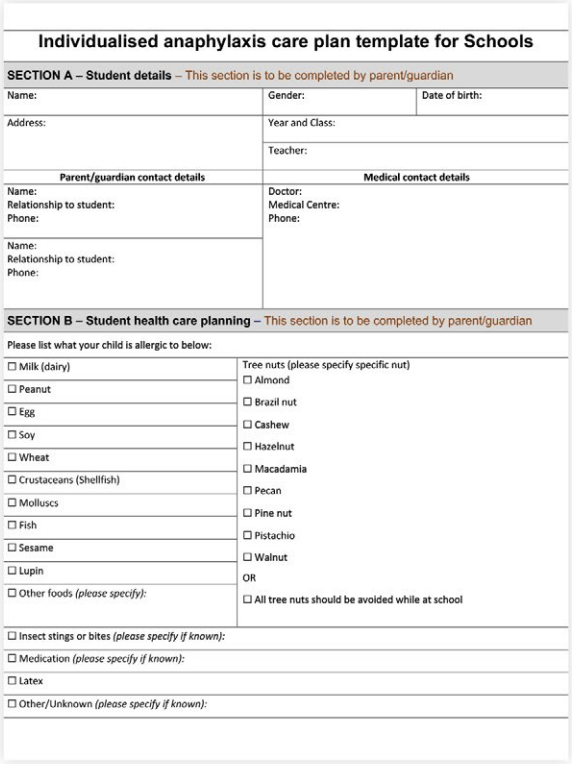
Individualised anaphylaxis care plans must be developed in consultation with, agreed and signed by, parents.

Appropriate risk minimisation strategies to be implemented should be documented and should be considered within a whole of school approach to anaphylaxis management.

Students who do not have an ASCIA Action Plan (red or green) and students with an ASCIA Action Plan for Drug (Medication) Allergy DO NOT need an individualised anaphylaxis care plan.

Resources

Individualised anaphylaxis care plan template for schools



Individualised anaphylaxis care plan template for Schools

SECTION A – Student details – This section is to be completed by parent/guardian

Name:	Gender:	Date of birth:
Address:	Year and Class: Teacher:	

Parent/guardian contact details	Medical contact details
Name: Relationship to student: Phone:	Doctor: Medical Centre: Phone:
Name: Relationship to student: Phone:	

SECTION B – Student health care planning – This section is to be completed by parent/guardian

Please list what your child is allergic to below:

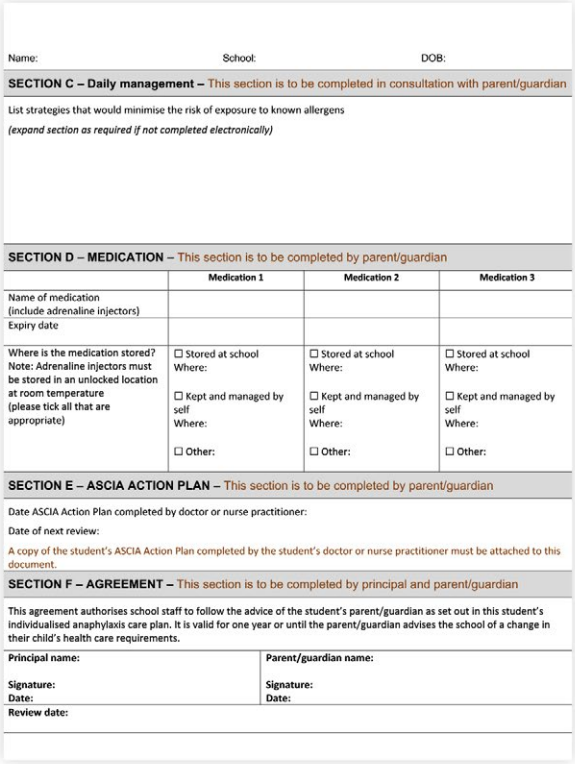
☐ Milk (dairy)	Tree nuts (please specify specific nut)
☐ Peanut	☐ Almond
☐ Egg	☐ Brazil nut
☐ Soy	☐ Cashew
☐ Wheat	☐ Hazelnut
☐ Crustaceans (Shellfish)	☐ Macadamia
☐ Molluscs	☐ Pecan
☐ Fish	☐ Pine nut
☐ Sesame	☐ Pistachio
☐ Lupin	☐ Walnut
☐ Other foods *(please specify)*:	OR
	☐ All tree nuts should be avoided while at school

☐ Insect stings or bites *(please specify if known)*:

☐ Medication *(please specify if known)*:

☐ Latex

☐ Other/Unknown *(please specify if known)*:



Name: School: DOB:

SECTION C – Daily management – This section is to be completed in consultation with parent/guardian

List strategies that would minimise the risk of exposure to known allergens

(expand section as required if not completed electronically)

SECTION D – MEDICATION – This section is to be completed by parent/guardian

	Medication 1	Medication 2	Medication 3
Name of medication (include adrenaline injectors)			
Expiry date			
Where is the medication stored? Note: Adrenaline injectors must be stored in an unlocked location at room temperature (please tick all that are appropriate)	☐ Stored at school Where: ☐ Kept and managed by self Where: ☐ Other:	☐ Stored at school Where: ☐ Kept and managed by self Where: ☐ Other:	☐ Stored at school Where: ☐ Kept and managed by self Where: ☐ Other:

SECTION E – ASCIA ACTION PLAN – This section is to be completed by parent/guardian

Date ASCIA Action Plan completed by doctor or nurse practitioner:

Date of next review:

A copy of the student's ASCIA Action Plan completed by the student's doctor or nurse practitioner must be attached to this document.

SECTION F – AGREEMENT – This section is to be completed by principal and parent/guardian

This agreement authorises school staff to follow the advice of the student's parent/guardian as set out in this student's individualised anaphylaxis care plan. It is valid for one year or until the parent/guardian advises the school of a change in their child's health care requirements.

Principal name: Signature: Date:	Parent/guardian name: Signature: Date:
Review date:	

Emergency response

Information and resources

Adrenaline

- Adrenaline is the first line treatment for anaphylaxis.
- Staff should follow emergency response procedures to make sure the student receives adrenaline as quickly as possible.
- When responding to an allergic reaction, the following principles should be followed:
  - The ASCIA Action Plan should be followed to guide staff as to when and how to give the adrenaline injector.
  - Staff should ALWAYS be prepared to administer an adrenaline injector in an anaphylaxis emergency. No student experiencing anaphylaxis should be expected to be fully responsible for self-administration of an adrenaline injector as they may be too unwell and/or have poor judgement during such an emergency.
  - All staff should be trained to follow the ASCIA Action Plan and give the adrenaline injector. If a staff member has not had training, they should still be able to follow the ASCIA Action Plan and administer the adrenaline injector if needed.
  - Anaphylaxis can sometimes present with asthma-like symptoms without other signs such as rash or swelling. If a student with asthma and a known allergy has sudden severe breathing difficulty, staff should follow the ASCIA Action Plan and treat for anaphylaxis first.

EpiPen®

Anapen® 300

- Antihistamines, corticosteroids and asthma medicines are not suitable alternatives to adrenaline for treating anaphylaxis. If in doubt, administer the adrenaline injector FIRST and then other medication as indicated on the ASCIA Action Plan.

- After an adrenaline injector has been administered, an ambulance must be called to transport the student to hospital for medical monitoring.
- Once a student's adrenaline injector has been used, it must be replaced by the parents as soon as possible.
- If a general use adrenaline injector has been used, this must be replaced by the school immediately.

Resources

A&AA How to give an EpiPen® animation

A&AA How to give an Anapen® animation

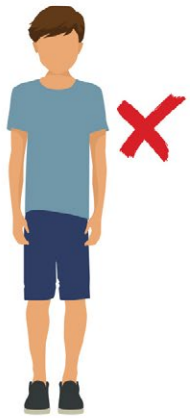
ASCIA adrenaline injector FAQ

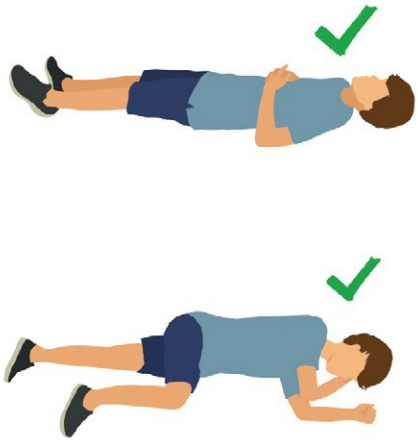
Positioning and further monitoring

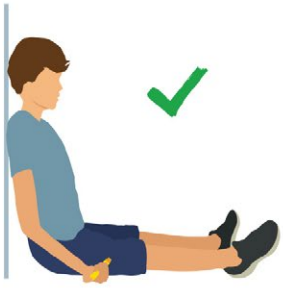
- Staff should make sure the student experiencing anaphylaxis is lying down or sitting with legs outstretched and is not upright (i.e. not sitting up or not standing or walking). This can potentially save their life.
- If the student has low blood pressure due to anaphylaxis, they could collapse if allowed to be upright and may not be able to be resuscitated.
- Therefore, paramedics must stretcher the student to the ambulance (they must not stand or walk) even if they appear to have recovered as per the ASCIA Action Plan.
- The student needs medical monitoring for at least four hours in case their reaction gets worse, therefore they must be transported by ambulance (where possible) to a hospital (or medical facility).

Resources

How to position a child or adult having a severe allergic reaction (anaphylaxis) animation







Prescribed adrenaline injector devices

- If the student has an ASCIA Action Plan for Anaphylaxis, one of the student's prescribed adrenaline injectors must be available to the school accompanied by their ASCIA Action Plan, while they are in attendance at school.
- For older students, the parents may prefer the student to carry their adrenaline injector rather than hand it over to the school. A decision about whether this is appropriate is site-specific however, the following issues should be considered:
  - How likely is it that the adrenaline injector will not be forgotten and be with the student while they are in attendance at the school?
  - How easy is it for the school to access the adrenaline injector if it is kept with the student?
  - Does the school have a general use adrenaline injector in case the school cannot access the student's prescribed device?

General use adrenaline injector devices

- Schools should have at least one general use adrenaline injector.
- Different doses of adrenaline injectors are available:
  - 0.15mg adrenaline injectors - for children 7.5-20 kg (usually aged around 1 to 5 years).
  - 0.30mg adrenaline injectors – for children/ adults 20kg or more (usually aged 5 and up).
  - 0.50mg adrenaline injectors devices are also available and may be used if the person weighs 50kg or more.

  In general, primary schools would have a 0.30mg adrenaline injector available as the general use device, as most of their children will be 20kg or more (over 5 years of age).

Resources

ASCIA adrenaline injectors for general use

Using another student's adrenaline injector device

- If another student's adrenaline injector is used in an anaphylaxis emergency, when there is no general use adrenaline injector, it is essential that the student's parents are notified, and the device is replaced immediately by the school.

Resources

ASCIA adrenaline injectors FAQ

Expired adrenaline injectors

- Risk management plans should make sure that there is always an in-date adrenaline injector available for use in an anaphylaxis emergency.
- However, should the situation arise where only an expired adrenaline injector is available, this device should be used rather than using no device at all.

Resources

ASCIA adrenaline injectors FAQ

Storing adrenaline injectors

- Adrenaline injectors must be easily accessible to staff and not be stored in locked first aid cabinets.
- In primary schools it is recommended that adrenaline injectors are kept in a central location.
- Schools should store general use adrenaline injectors in strategic locations around the school campus.
- Adrenaline injectors should be stored at room temperature (not in the fridge) away from direct sunlight.

- When participating in off-site activities, consideration needs to be given to keeping the adrenaline injectors out of direct sunlight (e.g. keeping the devices in the shade when participating in off-site activities).
- Adrenaline injectors must not be left in cars or buses (as they will get too hot) and they must not be stored in a fridge or directly touching a freezer brick (this can affect the injector mechanism).

Resources

ASCIA adrenaline injector storage, expiry and disposal

Staff training

Information and resources

Anaphylaxis management training

- All staff have a role in anaphylaxis prevention and management and should know how to prevent, recognise and respond to anaphylaxis.
- Training (online or face-to-face) should be undertaken every two years. *ASCIA anaphylaxis e-training for schools* (several state specific versions are available) is recommended and takes about one hour to complete with a certificate issued upon successful completion.
- First aid training courses, even those that include some reference to anaphylaxis, do not meet the requirement of anaphylaxis training.
- If not undertaking the *ASCIA anaphylaxis e-training for schools*, training should meet the *National Allergy Strategy minimum standards for anaphylaxis management training*, which includes:
  - What is allergy and anaphylaxis?
  - Common causes of allergic reactions including anaphylaxis.
  - Signs and symptoms of mild to moderate and severe allergic reactions.
  - Using ASCIA Action Plans as the emergency guide to manage allergic reactions including anaphylaxis.
  - Instruction on how to use adrenaline injectors including hands-on practise with adrenaline injector trainer devices.
  - Identifying appropriate risk minimisation strategies to prevent exposure to allergic triggers.

Other training considerations include:

- School staff being made aware about the site's emergency response plan for anaphylaxis.
- If an allergic reaction occurs, staff training requirements need to be reviewed.
- Staff should know where prescribed and general use adrenaline injectors are stored.

Schools should refer to the jurisdiction specific information regarding training requirements.

Resources

National Allergy Strategy minimum standards for anaphylaxis management training

ASCIA anaphylaxis e-training for schools

Anaphylaxis refresher training

- *ASCIA anaphylaxis refresher training* is recommended and provides staff with the opportunity to revise anaphylaxis signs, symptoms and actions including how to use adrenaline injectors. This is a free course and takes about 10-15 minutes to complete and should be undertaken twice yearly. A certificate is available upon successful completion.
- Hands-on practise with adrenaline injector trainer devices is important to help staff confidence to give an adrenaline injector device in an emergency and should be supported through local processes as part of staff development and training.

- In some jurisdictions, school/community nurses support schools and may be able to assist with adrenaline injector training.
- An accredited adrenaline injector verification course is available for schools that are required or choose to have a more formal process for checking correct administration of the adrenaline injector devices.

Schools should refer to jurisdiction specific information regarding anaphylaxis refresher training requirements.

Resources

ASCIA anaphylaxis refresher training

Trainer devices are available from the distributor of the device or from A&AA

A&AA How to give an EpiPen® animation

A&AA How to give an Anapen® animation

Accredited adrenaline injector verification course

How to safely remove ticks animation

Food service training

- It is important that staff and regular volunteers responsible for preparing and serving food to students and staff understand food allergen management.
- Staff teaching food technology classes and students undertaking these classes should also understand food allergen management.
- School canteen staff and regular volunteers, boarding school staff, food technology staff and senior students undertaking food technology should complete *All about Allergens for Schools*. This is a free course developed by the National Allergy Strategy and takes approximately one hour to complete and a certificate is issued upon successful completion.
- It is important that volunteers (e.g. in school canteens/tuckshops) who have not completed the *All about Allergens for Schools* training are not responsible for preparing or serving food for students or staff with food allergies.
- Several supporting resources have been developed to assist school staff responsible for preparing and serving food to students with food allergies.

Resources

All about Allergens for Schools

Food allergen menu matrix template and sample

Standardised recipe template and sample

Food allergen ingredient substitution tool

Food allergen management audit tool for Schools

The Usual Suspects poster

National Allergy Strategy/WA School Canteen Association (WASCA) posters

Federation of Canteens in Schools (FOCIS) Allergy and Anaphylaxis fact sheet

WA School Canteen Association (WASCA) Food allergen management guide for school canteens

Community and peer education

Information and resources

Awarenessraisingintheschoolcommunity

- Schools should communicate about anaphylaxis management with the school community to help raise awareness and provide information about current school policies.
- Raising awareness can help support students with food allergy.
- Schools should communicate with the community at the start of each year to remind parents that students with severe allergies attend the school.
- Communicating at other times throughout the year is also encouraged, such as a notice in the school newsletter.

Resources

Template letter to parents

Promoting'allergyaware'ratherthanfoodbans

- It is NOT recommended that schools 'ban' food and as such schools should not claim to be free of any allergen (e.g. 'nut free').
- An 'allergy aware' approach which focuses on implementing a range of appropriate risk minimisation strategies is recommended.
- In cases where the students are of a young age or have cognitive impairments limiting their ability to manage their own food allergies, it may be appropriate to implement allergen-restricted zones to reduce the risk that they will accidentally eat a food allergen. For example, this may be appropriate if there are students eating messy egg meals, grated cheese or drinking milk, so that they are not sitting next to students with egg or milk (dairy) allergy.
- Students with food allergy must not be isolated from others.

Food service

- The food service provider (employed staff or external provider) may choose to remove peanuts and tree nuts from the menu to minimise the risk of accidental exposure through errors or cross contamination. As peanuts and tree nuts are not staple foods providing essential nutrients (such as milk (dairy), wheat and eggs), this is a reasonable strategy to implement.

Resources

Examples of anaphylaxis risk minimisation strategies for schools

Peer education

- It is important that students are educated about allergy as they can provide support to their peers with food allergy and alert staff if their friend is having an allergic reaction.
- Peer education about the seriousness of food allergies may help prevent bullying.
- Incorporating peer education into health classes and other class activities (e.g. story time in the younger school years) can help support students with food allergy.
- A key component of peer education includes students not sharing food and eating utensils, including food prepared in food technology/cooking classes as well as washing hands after eating something their friend is allergic to.

Resources

250K allergy aware slide sets for primary and secondary schools

National Allergy Strategy 250K website and resources for teens and young adults

A&AA curriculum resources

A&AA resources, including the Be A Mate program

NSW Department of Education 'Allergy & Management within the Curriculum P-12'

Post incident management and incident reporting

Information and resources

- Collection of standardised, centralised data across all jurisdictions will facilitate improved risk-minimisation strategies and inform policy at all levels.
- Effective reporting systems allow collection and pooling of de-identified data on prevalence of anaphylaxis and suspected anaphylaxis that can be used to monitor trends, inform policy and staff training changes as required.
- While there is currently no capacity to collect data from both public and private schools within jurisdictions or nationally, schools collecting the same incident information will help facilitate jurisdictional and national data collection as this capacity becomes available.
- Counselling or psychological services may be required by staff or students involved in or witnessing an anaphylaxis and the school should encourage access where required.
- If an allergic reaction has occurred to a packaged food or food provided by the school, it should be reported to the Health Department in the jurisdiction that the school operates. In addition, the suspected food that triggered the allergic reaction should be covered, clearly labelled and stored in the freezer as it may be required for analysis in an investigation.
- Some jurisdictions already have incident reporting requirements, particularly for government schools.
- While Australia does not currently have a nationally centralised process for collecting standardised anaphylaxis data, it is important that incident reporting occurs and collecting standardised information across all jurisdictions will facilitate centralised data collection in the future once this is available. Hence an anaphylaxis incident reporting template has been developed.

Resources

Anaphylaxis incident reporting template

APPENDIX A:

Other serious forms of food allergy that do not trigger anaphylaxis

Other serious forms of food allergy that do not trigger anaphylaxis include Food Protein Induced Enterocolitis Syndrome (FPIES), Eosinophilic oesophagitis (EoE) and Food Protein Induced Allergic Proctocolitis (FPIAP). These are serious forms of food allergy, even though they do not trigger severe allergic reactions (anaphylaxis) and are not treated with adrenaline (epinephrine).

FPIES and EoE can result in symptoms that require medical treatment, so it is important that students and staff with these conditions strictly avoid their trigger foods. Appropriate risk minimisation strategies to prevent exposure to known triggers should be put in place.

What is FPIES?

- FPIES is a reaction to food that involves the immune system, but in a different way to more common food allergies that can potentially result in anaphylaxis.
- FPIES mainly affects babies and young children.
- It is caused by an allergic reaction to trigger foods when eaten, which results in inflammation of the small and large intestine (the gut).
- FPIES is different to common food allergies (where there is a risk of anaphylaxis) as FPIES reactions:
  - are usually delayed (2-4 hours after eating the food).
  - only involve the gastrointestinal system (no hives or swelling).
  - do not progress to anaphylaxis and are not treated with adrenaline.
- Some people with FPIES will also have a food allergy and be at risk of anaphylaxis.

What are the symptoms and treatment?

- Profuse vomiting (and sometimes diarrhoea) most commonly occurs two to four hours after eating a trigger food.
- Some children may become pale, floppy, have a reduced body temperature and/or reduced blood pressure during a reaction.
- If a student becomes pale and floppy or cold to touch, an ambulance should be called as the child needs **urgent** medical treatment.
- Adrenaline is NOT a treatment for FPIES, unlike anaphylaxis where adrenaline is a lifesaving treatment.

ascia
www.allergy.org.au

ACTION PLAN FOR
FPIES
(Food Protein Induced Enterocolitis Syndrome)

Name: _____
Date of birth: _____

FPIES is a delayed gut allergic reaction, which presents with repeated and profuse vomiting that may not start for a few hours after a trigger food(s) is eaten.
Some people with FPIES may develop diarrhoea, lethargy, become pale, floppy and/or feel cold.

Adrenaline (epinephrine) injectors and antihistamines do not play a role in the management of FPIES.

Confirmed triggers:

MILD TO MODERATE SYMPTOMS

- Vomiting
- Diarrhoea

ACTION FOR MILD TO MODERATE SYMPTOMS

- Phone family/emergency contact
- Observe for progression

Family/emergency contact name(s):
1. _____
Mobile Ph: _____
2. _____
Mobile Ph: _____

SEVERE SYMPTOMS

Any one of the following in addition to vomiting:

- Pale and floppy
- Cold to touch

Plan prepared by doctor or nurse practitioner.
Name: _____
Signed: _____
Date: _____

ACTION FOR SEVERE SYMPTOMS

1 **Phone ambulance: 000 (AU) or 111 (NZ)**
2 **Phone family/emergency contact**

Some people with FPIES may also have a food allergy and be at risk of anaphylaxis to other foods. They will have a separate ASCIA Action Plan for Anaphylaxis for this food allergy.

Additional instructions: _____

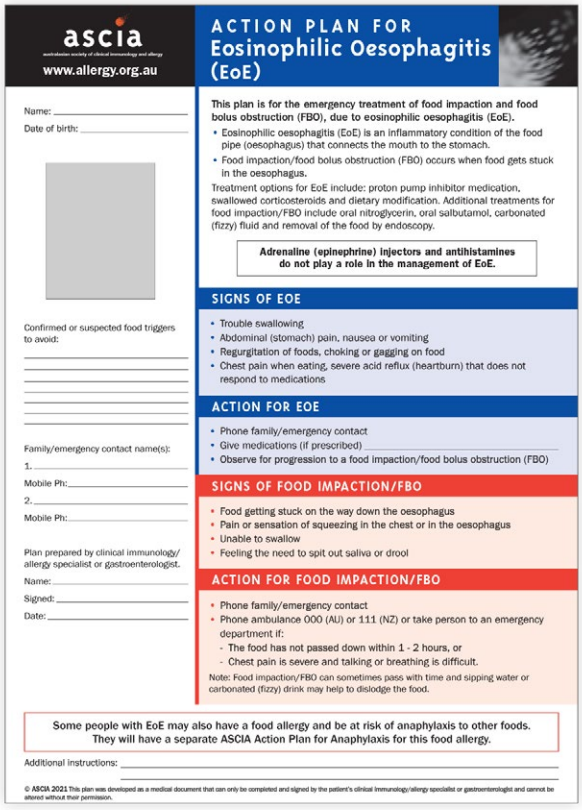
Management of FPIES in schools

- Students diagnosed with FPIES should have an ASCIA Action Plan for FPIES completed and signed by their doctor.
- Parents should provide a copy of the ASCIA Action Plan for FPIES to the school.
- Staff should be aware of which students have FPIES.
- **Strict avoidance of the trigger foods** is the only way to manage FPIES.
- Appropriate risk minimisation strategies to prevent exposure to known triggers should be implemented such as those strategies implemented to prevent anaphylaxis.

Further information is available from ASCIA

What is EoE?

- EoE is a condition where white blood cells (eosinophils) are found in the lining of the oesophagus (the food tube that connects the mouth to the stomach).
- EoE can be caused by an allergic reaction to a food.
- EoE is different to common food allergies (where there is a risk of anaphylaxis) as EoE reactions:
  - can result in food getting stuck in the oesophagus (food tube between mouth and stomach).
  - only involve the gastrointestinal system/gut (no hives or swelling).
  - do not progress to anaphylaxis and are not treated with adrenaline.
- Some people with EoE will also have a food allergy and be at risk of anaphylaxis.



ascia
www.allergy.org.au

ACTION PLAN FOR
Eosinophilic Oesophagitis (EoE)

Name: _____
Date of birth: _____

Confirmed or suspected food triggers to avoid:

Family/emergency contact name(s):
1. _____
Mobile Ph: _____
2. _____
Mobile Ph: _____

Plan prepared by clinical immunology/ allergy specialist or gastroenterologist.
Name: _____
Signed: _____
Date: _____

This plan is for the emergency treatment of food impaction and food bolus obstruction (FBO), due to eosinophilic oesophagitis (EoE).

- Eosinophilic oesophagitis (EoE) is an inflammatory condition of the food pipe (oesophagus) that connects the mouth to the stomach.
- Food impaction/food bolus obstruction (FBO) occurs when food gets stuck in the oesophagus.

Treatment options for EoE include: proton pump inhibitor medication, swallowed corticosteroids and dietary modification. Additional treatments for food impaction/FBO include oral nitroglycerin, oral salbutamol, carbonated (fizzy) fluid and removal of the food by endoscopy.

Adrenaline (epinephrine) injectors and antihistamines do not play a role in the management of EoE.

SIGNS OF EOE

- Trouble swallowing
- Abdominal (stomach) pain, nausea or vomiting
- Regurgitation of foods, choking or gagging on food
- Chest pain when eating, severe acid reflux (heartburn) that does not respond to medications

ACTION FOR EOE

- Phone family/emergency contact
- Give medications (if prescribed) _____
- Observe for progression to a food impaction/food bolus obstruction (FBO)

SIGNS OF FOOD IMPACTION/FBO

- Food getting stuck on the way down the oesophagus
- Pain or sensation of squeezing in the chest or in the oesophagus
- Unable to swallow
- Feeling the need to spit out saliva or drool

ACTION FOR FOOD IMPACTION/FBO

- Phone family/emergency contact
- Phone ambulance 000 (AU) or 111 (NZ) or take person to an emergency department if:
  - The food has not passed down within 1 - 2 hours, or
  - Chest pain is severe and talking or breathing is difficult.

Note: Food impaction/FBO can sometimes pass with time and sipping water or carbonated (fizzy) drink may help to dislodge the food.

Some people with EoE may also have a food allergy and be at risk of anaphylaxis to other foods. They will have a separate ASCIA Action Plan for Anaphylaxis for this food allergy.

Additional instructions: _____

What are the symptoms and treatment?

- Trouble swallowing, abdominal pain, nausea or vomiting.
- Reflux of foods, choking or gagging on food.
- Chest pain when eating, severe acid reflux (heartburn) that does not respond to medications.
- Food impaction – food getting stuck, pain or squeezing sensation in the chest or oesophagus, unable to swallow, feeling the need to spit out saliva or drool.
- An ambulance should be called if food is stuck, or the child has severe chest pain and talking or breathing is difficult.

Management of EoE in schools

- Students diagnosed with EoE should have an ASCIA Action Plan for EoE completed and signed by their doctor.
- Parents should provide a copy of the ASCIA Action Plan for EoE to the school.
- Staff should be aware of which students have EoE.
- Avoidance of the trigger foods helps to manage EoE. Appropriate risk minimisation strategies to prevent exposure to known triggers should be implemented such as those strategies implemented to prevent anaphylaxis.
- Schools should discuss management options with parents which will be guided by the student's treating doctor.

Further information is available from

ASCIA

ausEE

APPENDIX B:

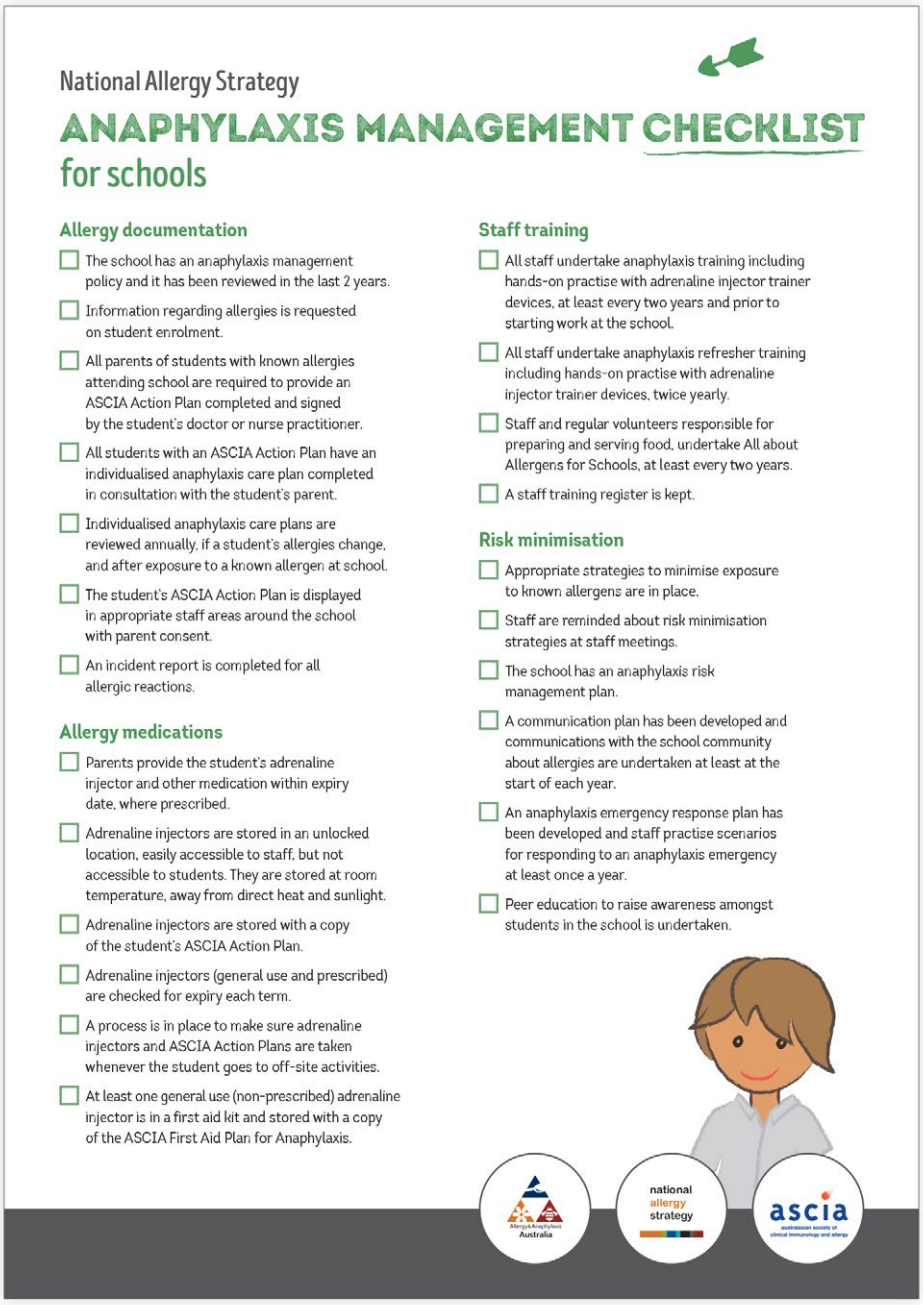
List of supporting resources

Anaphylaxis management policy and plans	• Sample anaphylaxis management policy for schools • Anaphylaxis risk management plan template for schools • Examples of anaphylaxis risk minimisations strategies for schools
Allergy **documentation**	• ASCIA Action Plan • ASCIA Action Plan FAQ • Individualised anaphylaxis care plan template for schools
Emergency Response	• A&AA How to give an EpiPen® animation • A&AA How to give an Anapen® animation • ASCIA adrenaline injector FAQ • How to position a child or adult having a severe allergic reaction (anaphylaxis) animation • ASCIA adrenaline injectors for general use • ASCIA adrenaline injector storage, expiry and disposal
Staff **training – anaphylaxis management**	• National Allergy Strategy minimum standards for anaphylaxis management training • ASCIA anaphylaxis e-training for schools • ASCIA anaphylaxis refresher training • How to safely remove ticks animation • Trainer devices are available from the distributor of the device or from A&AA • Accredited adrenaline injector verification course

Staff **training – food service**	• All about Allergens for Schools • Food allergen menu matrix template and sample • Standardised recipe template and sample • Food allergen ingredient substitution tool • Food allergen management audit tool for Schools • The Usual Suspects poster • NAS/WASCA posters • Federation of Canteens in Schools (FOCIS) Allergy and Anaphylaxis fact sheet • WASCA Food allergen management guide for school canteens
Com**munity and peer educa**tion	• Sample letters to school community • 250K allergy aware slide sets for primary and secondary schools • National Allergy Strategy 250K website • A&AA curriculum resources • A&AA resources, including the Be A Mate program • NSW Department of Education 'Allergy & Management within the Curriculum P-12'
Post incident management and incident reporting	• Anaphylaxis incident reporting template

APPENDIX C:

Anaphylaxis Management Checklist



National Allergy Strategy

ANAPHYLAXIS MANAGEMENT CHECKLIST for schools

Allergy documentation

- ☐ The school has an anaphylaxis management policy and it has been reviewed in the last 2 years.
- ☐ Information regarding allergies is requested on student enrolment.
- ☐ All parents of students with known allergies attending school are required to provide an ASCIA Action Plan completed and signed by the student's doctor or nurse practitioner.
- ☐ All students with an ASCIA Action Plan have an individualised anaphylaxis care plan completed in consultation with the student's parent.
- ☐ Individualised anaphylaxis care plans are reviewed annually, if a student's allergies change, and after exposure to a known allergen at school.
- ☐ The student's ASCIA Action Plan is displayed in appropriate staff areas around the school with parent consent.
- ☐ An incident report is completed for all allergic reactions.

Allergy medications

- ☐ Parents provide the student's adrenaline injector and other medication within expiry date, where prescribed.
- ☐ Adrenaline injectors are stored in an unlocked location, easily accessible to staff, but not accessible to students. They are stored at room temperature, away from direct heat and sunlight.
- ☐ Adrenaline injectors are stored with a copy of the student's ASCIA Action Plan.
- ☐ Adrenaline injectors (general use and prescribed) are checked for expiry each term.
- ☐ A process is in place to make sure adrenaline injectors and ASCIA Action Plans are taken whenever the student goes to off-site activities.
- ☐ At least one general use (non-prescribed) adrenaline injector is in a first aid kit and stored with a copy of the ASCIA First Aid Plan for Anaphylaxis.

Staff training

- ☐ All staff undertake anaphylaxis training including hands-on practise with adrenaline injector trainer devices, at least every two years and prior to starting work at the school.
- ☐ All staff undertake anaphylaxis refresher training including hands-on practise with adrenaline injector trainer devices, twice yearly.
- ☐ Staff and regular volunteers responsible for preparing and serving food, undertake All about Allergens for Schools, at least every two years.
- ☐ A staff training register is kept.

Risk minimisation

- ☐ Appropriate strategies to minimise exposure to known allergens are in place.
- ☐ Staff are reminded about risk minimisation strategies at staff meetings.
- ☐ The school has an anaphylaxis risk management plan.
- ☐ A communication plan has been developed and communications with the school community about allergies are undertaken at least at the start of each year.
- ☐ An anaphylaxis emergency response plan has been developed and staff practise scenarios for responding to an anaphylaxis emergency at least once a year.
- ☐ Peer education to raise awareness amongst students in the school is undertaken.

Allergy & Anaphylaxis Australia

national allergy strategy

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