

# BEST PRACTICE GUIDELINES



for anaphylaxis prevention  
and management in **SCHOOLS**

Version 2.1, 2023



©National Allergy Council, November 2023.

**How to cite this document**

National Allergy Council. Best practice guidelines for the prevention and management of anaphylaxis in schools. 2023.

**Acknowledgements**

The National Allergy Council would like to thank all the representatives from state and territory health and education departments, children’s education and care services and schools, as well as the many health professionals and consumers who contributed to the initial development as well as the recent review of these guidelines.

The National Allergy Council is a partnership between the Australasian Society of Clinical Immunology and Allergy (ASCIA) and Allergy & Anaphylaxis Australia (A&AA).

The National Allergy Council has received funding from the Australian Government, Department of Health.



Download and access from [Allergy Aware website](#)

# CONTENTS

<b>Abbreviations and definitions</b>	<b>4</b>
<b>Introduction</b>	<b>7</b>
<b>Key principles for reducing the risk of anaphylaxis</b>	<b>9</b>
<b>Part A: Recommendations</b>	<b>10</b>
Recommendation 1 – Allergy aware approach	11
Recommendation 2 – Anaphylaxis management policy and plans	12
Recommendation 3 – Allergy documentation	14
Recommendation 4 – Emergency response	17
Recommendation 5 – Staff training	20
Recommendation 6 – Community and student education	22
Recommendation 7 – Post incident management and incident reporting	23
<b>Part B: Implementation guide</b>	<b>24</b>
Allergy aware approach – Information and resources	25
Anaphylaxis management and policy plans – Information and resources	28
Allergy documentation – Information and resources	31
Emergency response – Information and resources	35
Staff training – Information and resources	40
Community and student education – Information and resources	43
Post incident management and incident reporting – Information and resources	44
<b>Appendices</b>	<b>45</b>
A: Other serious forms of food allergy that do not trigger anaphylaxis	46
B: List of supporting resources	49
National Allergy Council Anaphylaxis management checklist for schools	52
Template for reporting an allergic reaction	53

# 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. The adrenaline injectors currently available in Australia are EpiPen<sup>®</sup> and Anapen<sup>®</sup>. Adrenaline injectors are either prescribed to an individual or can be purchased by the school and stored in first aid kits.

---

**Allergic reaction** An immune response to something (an allergen) that is harmless to most people. Allergic reactions can be mild, moderate or severe.

---

**Allergy aware** Implementing a range of measures to minimise the chance of a student being exposed to a known allergen.

---

**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, parent body or contractor.

---

**Anaphylaxis** The most severe form of allergic reaction. Anaphylaxis is life-threatening and requires prompt administration of adrenaline.

---



---

**ASCIA  
Action Plan**

A standardised anaphylaxis 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 and are signed medical orders providing confirmation of the child's allergies.

There are different types of plans:

- ASCIA Action Plan for Anaphylaxis (red) for people who have been prescribed an adrenaline injector.
- ASCIA Action Plan for Allergic Reactions (green) for people with confirmed allergy but who have not been prescribed an adrenaline injector. These plans are not used for aeroallergens, such as allergies to pollen or animal dander.
- ASCIA Action Plan for Drug (Medication) Allergy (dark green) for people with confirmed medication allergies. If a person also has other allergies, their drug allergy will be documented on their other ASCIA Action Plan so that they only have one plan.
- ASCIA First Aid Plan for Anaphylaxis (orange) for storage with general use adrenaline injectors or for use as a poster.

---

**Hands on  
practice**

Refers to physical demonstration of correct use of adrenaline injector devices using a trainer device.

---

**Individualised  
anaphylaxis  
care plan**

A plan that documents the student's allergies and the risk minimisation strategies that will be put into place by the school to prevent exposure to known allergens. These care plans may have different names (such as Individual Health Care Plan, Individual Anaphylaxis Management Plan) in different states and territories, however, the purpose of the plan is the same.

---

**Jurisdictions**

The different states and territories in Australia.

---

**Parents**

Refers to parents and 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), an ASCIA Action Plan for Allergic Reactions (green) or an ASCIA Action Plan for Drug (Medication) Allergy (dark green).

---



# INTRODUCTION

---

The National Allergy Council *Best practice guidelines for Anaphylaxis Prevention and Management in Schools* (the Best practice guidelines) are based on the current evidence and best practice. The Best practice guidelines were developed by the National Allergy Council in consultation with key stakeholder organisations, principals and staff working in the school sector and parents of school-aged children.

The Best practice guidelines aim to provide best practice guidance and support through the provision of sample documents and templates, to reduce the risk of anaphylaxis in schools, while supporting students to participate in the full range of school life.

The Best practice guidelines have been developed for schools across all states and territories 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.
- States and territories may have existing policies or guidelines, and schools are encouraged to comply with the policies or guidelines in their jurisdiction.
- The Best practice guidelines may recommend measures which are additional to the legislation and/or guidelines in your state or territory, and implementing these additional measures where possible, is encouraged.

The Best practice guidelines may be used by any school sector (such as Education Departments, Independent Schools Associations and Catholic Education) when reviewing and updating guidelines, policies and procedures to standardise anaphylaxis management across Australia. The Best practice guidelines are also designed to be used at an individual school level to prevent and manage anaphylaxis.

The Best practice guidelines help prevent and manage anaphylaxis in students, however, schools should also have strategies in place for staff, volunteers and visitors with allergies.

## About this document:

This document has been developed in two parts:

- Part A includes the key principles for reducing the risk of anaphylaxis in schools and Best practice guidelines recommendations.
- Part B is an Implementation Guide which contains additional information to help schools to implement the Best practice guidelines recommendations. Resources, templates and sample documents are also provided to support the adoption of the recommendations. These resources are available as free downloads from the National Allergy Council's **Allergy Aware website**. The Allergy Aware website is a resource hub that includes links to evidence based resources for schools to help manage anaphylaxis. The website also contains links to state and territory specific information and resources.

## How were these guidelines developed?

These guidelines were developed after reviewing current published literature about managing allergies and anaphylaxis in schools. Where published literature was lacking, the Best practice guidelines include recommendations based on what is considered best practice. The National Allergy Council engaged with all key stakeholders in the development and review of the Best practice guidelines.



# Key principles for reducing the risk of anaphylaxis in schools



Implement an allergy aware approach to preventing and managing anaphylaxis.



Provide age-appropriate education of students to help raise awareness and manage anaphylaxis risk in schools.



Have an anaphylaxis management policy. Review this policy and associated procedures if an allergic reaction occurs.



Implement reasonable and effective strategies to reduce the risk of accidental exposure to known allergic triggers and review anaphylaxis risk minimisation strategies if an allergic reaction occurs.



Obtain up-to-date student medical information and develop individualised anaphylaxis care plans for each student at risk of anaphylaxis. These plans will include a copy of the student's ASCIA Action Plan.



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



Educate and train staff and volunteers in the prevention, recognition and treatment of allergic reactions including anaphylaxis. Educate and train staff and volunteers who prepare, serve or supervise meals or who teach food technology classes in food allergen management.



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



Ensure staff know which students are at risk of anaphylaxis and understand that unexpected allergic reactions, including anaphylaxis, might occur for the first time in students not previously known to have an allergy.



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



# **PART A: RECOMMENDATIONS**

---

## RECOMMENDATION 1

# Allergy aware approach

---

- 1.1 Schools should promote an allergy aware approach to the prevention and management of anaphylaxis.

An allergy aware approach is recommended rather than implementing food bans. Banning foods, and use of terminology such as 'nut free' is not an effective strategy for preventing or managing anaphylaxis in schools.

---

See Implementation guide page 25



## RECOMMENDATION 2

# Anaphylaxis management policy and plans

---

2.1 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 and volunteer education and training.
- Risk management and risk minimisation.
- Communication plan.
- Community and student education.
- Emergency response plan.
- Self-administration of medication (where the student is developmentally ready).
- Incident reporting.

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

Some states and territories have overarching policies developed by their education department, and these should be followed by schools in those jurisdictions rather than developing a site-specific policy.

---

2.2 Schools should develop anaphylaxis risk management plans that are specific to the school site or off-site activity (for example, excursions or camps).

---

2.3 Schools should implement reasonable risk minimisation strategies if the school has children with known allergies enrolled.

Risk minimisation strategies (such as hand washing and mealtime supervision) aim to reduce the chance of accidental exposure to an allergen.

Schools should access evidence based, best practice information when identifying and implementing appropriate risk minimisation strategies as detailed in Part B in the Implementation Guide.

---

---

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

Schools should clearly communicate an allergy aware approach.

---

2.5 Schools should develop school site and activity specific (for example, excursions or camps) anaphylaxis emergency response plans which includes the ASCIA Action Plan and identifies staff roles and responsibilities in an anaphylaxis emergency. Emergency response plans (for school sites) should be practised at least once a year.

Separate emergency response plans should be developed for any off-site activity such as camps and excursions in collaboration with the site coordinator, parent and staff responsible for risk assessing the camp or excursion.

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

---

**See Implementation guide page 28**



## RECOMMENDATION 3

# Allergy documentation

---

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

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

---

- 3.2 Schools should take all reasonable efforts to obtain a copy of the student's ASCIA Action Plan from the student's parents. The ASCIA Action Plan provides medical confirmation of the student's allergies.**

Schools should request colour copies of the child's ASCIA Action Plan where possible. However, if the parent is unable to provide a colour copy, a black and white copy of the child's ASCIA Action Plan is acceptable.

---

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

If a student's allergies have changed and no updated plan is available, the most recent plan can still be used but parents should see a doctor to update the ASCIA Action Plan as soon as possible.

If a student has had medical confirmation that they no longer have allergies requiring an ASCIA Action Plan, the student's doctor or allergy clinic should provide a letter confirming that the student is no longer allergic.

---

---

**3.4 An individualised anaphylaxis care plan should be completed by the school for all students with an ASCIA Action Plan for Anaphylaxis or an ASCIA Action Plan for Allergic Reactions, in consultation with the student’s parent.**

Individualised anaphylaxis care plans should:

- Be completed as soon as the student starts at the school or when the school is informed about the student’s allergies.
- Be reviewed each year and updated if the school is informed about changes to the student’s allergies.
- 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:

The student’s doctor does not have to sign the individualised anaphylaxis care plan – this is a plan for the school to complete in consultation with the parent and therefore should be signed by the school and the parent.

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.

---

**3.5 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.

If medical confirmation has been provided that a student no longer has a food allergy or an allergy where there is a risk of anaphylaxis (that is, they no longer have an ASCIA Action Plan), the school is no longer required to have an individualised care plan specifically for anaphylaxis management for that student. The student may have other health care needs and may however, require an individualised care plan relating to those health needs.

---

### 3.6 When participating in camps and other residential programs:

- Accurate information about food allergies, including the names of students with food allergies and the foods they are allergic to, must be provided to the camp food service provider within the required time frame specified by the campsite, no later than two weeks before the camp.
- The students' ASCIA Action Plans should be provided to the campsite with parental consent, as confirmation of allergies, no later than three weeks before the camp.
- The students' ASCIA Action Plans for food allergy should be provided to the food service provider, with parental consent as confirmation of food allergies, no later than three weeks before the camp. Food Service providers should acknowledge receipt of the ASCIA Action Plan.
- The school, the parent and camp food service provider should liaise prior to the camp about food provision to confirm that all of the student's food allergies can be accommodated while on camp (this is particularly important for children with multiple food allergies).
- Parents are encouraged to contact the camp food service provider to discuss their child's food allergies prior to camp. Schools should provide parents with the camp food service provider's contact details to enable this.
- All food allergies must be taken seriously regardless of the type of ASCIA Action Plan.
- Schools must ensure that a copy of the students' ASCIA Action Plans stored with their adrenaline injectors and/or other medication for treating an allergic reaction, is taken on camp.

**See Implementation guide page 31**





## RECOMMENDATION 4

# Emergency response

---

- 4.1 The school must be prepared to respond appropriately to an anaphylaxis emergency, even for students not previously identified as being at risk of anaphylaxis.

If any student is showing signs and symptoms of an allergic reaction, school staff should immediately follow the student's ASCIA Action Plan (if they are known to have allergies) or the ASCIA First Aid Plan for Anaphylaxis (for other students), positioning the student appropriately and administering an adrenaline injector if required.

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 student's adrenaline injector if they have one.

For students not previously known as being at risk of anaphylaxis, staff should immediately administer the school's general use adrenaline injector and follow the ASCIA First Aid Plan for Anaphylaxis.

---

- 4.2 The ASCIA Action Plan or ASCIA First Aid Plan should be 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 (for example, on the floor) if breathing is difficult.

When paramedics arrive, they will take responsibility for emergency care. Paramedics should stretcher the student to the ambulance (the student 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, they must be taken to the vehicle without being allowed to stand, walk or being carried in an upright position, 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.

---

- 
- 4.3 If the student has an ASCIA Action Plan for Anaphylaxis, one of the student's prescribed adrenaline injectors should be available to the school and stored with their ASCIA Action Plan, while they are 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 excursions or off-site activities, 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 (for example, age and maturity).

Parents should collect their child's adrenaline injector (if it is usually kept at school) when the student is not in the care of the school for a period of time (for example, school holidays).

- 
- 4.4 Schools should have at least one general use adrenaline injector. A copy of the ASCIA First Aid Plan for Anaphylaxis with the correct instructions for the general use adrenaline injector must be stored with the general use device.

Schools should have at least one 300 microgram general use adrenaline injector with a risk assessment undertaken to determine if additional devices are required, considering 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.

Schools should have a general use adrenaline injector even when the school does not have a student at risk of anaphylaxis enrolled.

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

This should be risk assessed to determine if additional injectors may be required.

---

---

4.6 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.

---

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

The devices should be replaced if they are out of date or if there is any sign of discolouration and sediment.

---

**See Implementation guide page 35**

## RECOMMENDATION 5

# Staff training

---

**5.1 All staff should undertake anaphylaxis training at least every two years. This training must include preventing exposure to known allergens, and how to recognise and respond to an allergic reaction including anaphylaxis.**

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 known to be at risk could have their first anaphylaxis at school.

---

**5.2 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 may be in person 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 and duties.
- **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 practice with adrenaline injector trainer devices.**

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

---

---

**5.3 Anaphylaxis refresher training, including hands on practice 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 or community nurses support schools and may be able to assist with adrenaline injector training.

---

**5.4 A staff training register should either be kept by the school or accessible to the school through centrally provided systems according to state or territory 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.

---

**5.5 The National Allergy Council's All about Allergens for Schools online food allergen management training:**

- Should be undertaken by all staff and volunteers responsible for preparing and serving food (for example, staff in school canteens/tuckshops, food technology staff, boarding school cooks and chefs).
  - 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 for students, staff or visitors with food allergies.
- 

**See Implementation guide page 40**

## RECOMMENDATION 6

# Community and student education

---

- 6.1 Schools should communicate with their school community about food allergy and anaphylaxis at least at the start 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. Communications with the school community should promote an allergy aware approach.

---

- 6.2 Communication should be undertaken with volunteers, families and the broader school community about the school's anaphylaxis management policy.

Schools should clearly communicate an allergy aware approach.

---

- 6.3 Schools should implement age-appropriate student education programs.

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

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

---

**See Implementation guide page 43**

## RECOMMENDATION 7

# Post incident management and incident reporting

---

### Incident reporting

- 7.1 All allergic reactions (where there is a risk of anaphylaxis) should be reported to the relevant organisation (such as state or territory education department) within the required timeframe.

Documentation about the incident should include adequate details about the circumstances and the management of the reaction (see incident reporting checklist page 53 implementation guide).

Allergic reactions to packaged foods or food provided by a food service provider after the allergy has been declared, should be reported to the local health department.

---

### Debriefing after an incident

- 7.2 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 (for example 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.

---

- 7.3 When an incident occurs in a school, support (for example counselling) should be offered 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.


---

**See Implementation guide page 44**



# PART B: IMPLEMENTATION GUIDE

---



The Implementation Guide provides more detailed information related to each recommendation in the Best practice guidelines to support their adoption and provides links to relevant resources including templates and sample documents. These resources are available as free downloads from the National Allergy Council's [Allergy Aware website](#).



# Allergy aware approach

---

Being allergy aware means implementing a range of measures to minimise the chance of a student being exposed to a known allergen. These measures include:

- Knowing which students are at risk of anaphylaxis.
  - Knowing what allergies you need to manage in your school community.
  - Engaging with parents of students at risk of anaphylaxis to identify appropriate risk minimisation strategies for their child.
  - Completing a risk management plan for the school. This includes ensuring anaphylaxis risk and management is considered in management plans for all off-site activities including camps and other programs.
  - Implementing appropriate strategies to minimise the risks identified. Some risk minimisation strategies include hand washing, procedures at meal and snack times to ensure that children with allergies get the right food, supervision of children at meal and snack times, and not sharing food and drinks or drink bottles.
  - Ensuring all relevant staff have undergone anaphylaxis training including hands on practice with adrenaline injector trainer devices.
  - Ensuring all staff and volunteers responsible for preparing and serving food (including food technology staff) have undertaken All about Allergens for Schools online training. If volunteers have not been trained, they should not have the responsibility for preparing meals and serving food to children with food allergies.
  - Communicating with your school community about how your school manages the risk of anaphylaxis and how they can help support the school's approach.
  - Communicating with parents of students with food allergies about any school activities that involve food.
  - Informing students about allergies and how they can help to keep their friends and peers safe. This includes educating students to not share food with students with food allergy and washing their hands after they eat.
-

---

### **‘Allergy aware’ vs ‘allergen free’**

An allergy aware approach is recommended rather than implementing food bans. Banning foods is not an effective strategy for preventing or managing anaphylaxis in schools.

- Many strategies are important in reducing the risk of accidental exposure to an allergen. Schools need to have a range of measures in place to minimise the chance of a student having an allergic reaction, such as hand washing, not sharing food and drinks, age-appropriate education of students and staff training.
  - Claiming to be ‘nut free’ or ‘banning peanuts’ for example gives staff, students and families a false sense of security. Banning one food such as peanut, does not help protect a student with other food allergies. Students can be allergic to a wide range of foods such as cow’s milk, egg and wheat which are staple foods that cannot be removed from school environments. A cow’s milk, egg, wheat or sesame allergy (for example) is just as serious as having a peanut or tree nut allergy.
  - Banning certain foods in the school setting is difficult to enforce. While packaged foods must have reliable ingredient information (including food allergens), many foods have no ingredient list, and it is impossible to know which food allergens they contain.
  - Having some food restrictions is not the same as ‘banning’ a food. For young students it is reasonable to ask parents not to send messy egg sandwiches or sticky nut spreads in the lunch box for example. However, asking the entire school to avoid specific foods is unreasonable. Older students are capable of utilising other risk minimisation strategies such as washing their hands after eating a food their friend is allergic to and not sharing food or drinks, and they are unlikely to smear foods on surfaces.
- 



---

## **Canteen/Tuckshop, Food Technology and Boarding Schools**

- It is important to remember that all foods can cause anaphylaxis.
- The canteen/tuckshop (employed staff, volunteers 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, this is a reasonable strategy to implement.
- Other common allergens such as milk (dairy), wheat containing products (such as bread) and eggs, are staple foods providing essential nutrients and it is not recommended that these foods are removed from the menu.
- Food technology staff may also choose to remove peanuts and tree nuts or other allergens as appropriate from recipes used in classes or by the student with allergies.
- All about Allergens for Schools provides guidance to school canteen/tuckshop, food technology staff and boarding school cooks and chefs about how to manage food allergens.
- Knowing which students are at risk of anaphylaxis is essential. A copy of the student's ASCIA Action Plan may be kept in the canteen/tuckshop in an area not visible to other students.

### **Food service in boarding schools**

- 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, this is a reasonable strategy to implement. Other common allergens such as milk (dairy), wheat containing products (such as bread) and eggs, are staple foods providing essential nutrients and it is not recommended that these foods are removed from the menu.
- The boarding school should have procedures at meal and snack times to ensure that students with allergies get the right food.

### *Resources*

#### **All about Allergens for Schools**

#### **Examples of how to reduce the risk of allergic reactions in schools**

---

# Anaphylaxis management policy and plans

---

### Policy

- Policies help to guide practice and make sure that everyone understands how the school plans to manage allergy. An anaphylaxis policy should address all issues outlined in Recommendation 2: 'Anaphylaxis Management Policy and Plans'.
- In addition, the policy should:
  - Be reviewed and updated at least every two years to ensure 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 states and territories, the education department has an overarching policy for all schools so that individual government schools are not required to develop a site-specific policy.
- If schools are following the education department's policy, schools are required to review their individual school-based documentation such as risk assessments for students at risk of anaphylaxis 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 or in the school's care, 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 anaphylaxis risk minimisation is recommended and many of the risk minimisation strategies adopted by the school will also be included in the individualised anaphylaxis care plans for students with known allergies who attend the school.
- ASCIA and A&AA, as the peak medical and patient support bodies for allergy in Australia, have developed a list of appropriate risk minimisation strategies.

### *Resources*

## **Examples of how to reduce the risk of allergic reactions in 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. See Recommendation 1: Allergy aware approach for more information.
  - 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 (such as cooking) and any other activities they will engage in (for example, incursions and off-site activities) where there may be a risk. Parents should be told in a timely manner about activities that include the student's allergen so that parents have time to organise an alternative. For example, on International Food Day, the parent may provide a suitable food for the student with allergy.
-

---

### 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 allergic reactions including anaphylaxis.
    - Identify staff roles and responsibilities in an anaphylaxis emergency.
    - Include enough detail to guide staff, so that they have a clear understanding of who does what and when, in an anaphylaxis emergency.
    - 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

---

### **ASCIA Action Plans**

- There are different types of ASCIA Action Plans (see Figure 1).
- Parents of students with an ASCIA Action Plan must provide the school with the most recent version of the ASCIA Action Plan when it is next updated.
- 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.
- The school should store copies of students' ASCIA Action Plans in areas visible to staff but not students. If a copy is kept in the school canteen/tuckshop, they should be stored where visible to staff but not students.
- 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.
- Students can 'outgrow' allergies. If a student has had medical confirmation that they no longer have allergies where there is a risk of anaphylaxis, a letter of confirmation from the child's doctor should be provided to the school. Once the school has received a letter from the doctor stating that the student is no longer at risk of anaphylaxis, the school does not need to provide an Individualised anaphylaxis care plan for that student.

### *Resources*

#### **ASCIA Action Plans**

#### **ASCIA Action Plan FAQ**

---

# ASCIA Action Plans

## First Aid Plan for Anaphylaxis

### ASCIA First Aid Plan for Anaphylaxis (orange)



To be stored with general use adrenaline injectors and used as a poster.

## Action Plans for Individuals

### ASCIA Action Plan for Anaphylaxis (red)



For people with allergies prescribed an adrenaline injector (EpiPen® or Anapen®).

### ASCIA Action Plan for Allergic Reactions (green)



For people with known food, insect, or latex allergies who have not been prescribed an adrenaline injector.

### ASCIA Action Plan for Drug (medication) Allergy (dark green)



For people with medication allergy. People with this ASCIA Action Plan are not usually prescribed an adrenaline injector.

Figure 1 Types of ASCIA Action Plans.



---

## Documentation for school camps and other residential programs

The following points discuss considerations for documentation and risk minimisation for schools when planning camps and other residential programs:

- It is important that camp staff are aware of which students are at risk of anaphylaxis and which allergies need to be managed.
- If visiting a camp site in an area known to have ticks, then prevention measures should be used, and tick freeze spray should be included in the camp first aid kit.

## Managing food allergies on camp

### *Prior to camp*

- Accurate information about food allergies, including the names of students with food allergies and which foods they are allergic to, must be provided to the camp food service provider within the required timeframe, as specified by the campsite, no later than two weeks before the camp.
- The students' ASCIA Action Plans must be provided to the campsite and food service provider, with parental consent. Food Service providers should acknowledge receipt of the ASCIA Action Plan.
- The school, the parent and camp food service provider should liaise prior to the camp, about food provision to confirm that all of the student's food allergies can be accommodated while on camp (this is particularly important for students with multiple food allergies).
- Parents are encouraged to contact the camp food service provider to discuss their child's food allergies prior to camp. Schools should provide parents with the camp food service provider's contact details to enable this.
- All food allergies must be taken seriously regardless of the type of ASCIA Action Plan.
- Schools must ensure that a copy of the students' ASCIA Action Plans stored with their adrenaline injectors and/or other medication for treating an allergic reaction, is taken on camp.
- When food is provided by the school, family or the student, strategies should be in place to ensure that this does not contain the student's allergen. Catering documentation should state if food has been provided from home, and the meals and snacks must be clearly labelled with the student's full name and their allergies. If food is to be provided by the school, catering documentation must include an allergen matrix. Care should be taken to ensure that food, snacks, and drinks provided or purchased when travelling to the camp is appropriate for the student with food allergies.

### *Upon Arrival at Camp*

- The teacher in charge of dietaries/allergies should report to the camp food service provider with their group, so that the catering team can cross check all food allergy (and other dietary) information and ask any questions directly to the individual student regarding their food allergies.
- Students should be reminded not to share food with others while on camp.

## ***After Camp***

- ASCIA Action Plans left at a camp site need to be disposed of in a confidential manner after the camp.

### *Resources*

**A&AA Camp Allergy Management Checklist**

**A&AA Preparing for Camp with Food Allergies e-book**

**All about Allergens for Camps online training**

**All about Allergens Resource Hub**

---

## **Individualised anaphylaxis care plans**

- Individualised anaphylaxis care plans are different documents to the ASCIA Action 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 states or territories. 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, 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.
- The student's ASCIA Action Plan must be followed if the student has anaphylaxis.
- 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, and signed by, parents. Where appropriate the student should also be involved.
- Appropriate risk minimisation strategies to be implemented should be documented and should be considered within a whole of school approach to anaphylaxis management. Activities undertaken off site (such as swimming lessons and other co-curricular activities) must be considered.
- 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.
- If medical confirmation has been provided that a student no longer has any allergies where there is a risk of anaphylaxis (that is, they no longer have an ASCIA Action Plan for Anaphylaxis), the school is no longer required to have an individualised care plan specifically for anaphylaxis management for that student. The student may have other health care needs and may however, require an individualised care plan relating to those health needs.

### *Resources*

**Individualised anaphylaxis care plan template for schools**

---

# Emergency response

---

### 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.
  - All staff should be trained to follow the ASCIA Action Plan and administer the adrenaline injector if needed.
  - 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.
  - A person experiencing anaphylaxis may 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, and then asthma.
  - If in doubt, administer the adrenaline injector FIRST and then other medication as indicated on the ASCIA Action Plan.
  - Antihistamines, corticosteroids and asthma medicines are not suitable alternatives to adrenaline for treating anaphylaxis.
- After an adrenaline injector has been given, 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 injectors 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 (that is, they should not be sitting in a chair, and they should not stand or walk). This can potentially save their life.
- If the student has low blood pressure due to anaphylaxis, they could collapse if allowed to sit up in a chair, stand or walk, 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.
- The student needs medical monitoring for at least 4 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

- In Australia, EpiPen® and Anapen® adrenaline injectors are available (see Figure 2), and schools must accept students with either device as prescribed by their doctor or nurse practitioner. Staff should be trained in how to administer both 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 present at school.
  - For older students, 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:
    - Will the adrenaline injector always be remembered and be with the student while they are at 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?
  - Parents may collect their child's adrenaline injector (if it is usually kept at school) when the student is not in the care of the school for a period of time (such as school holidays).
- 

**Figure: The 300 microgram (EpiPen®, Anapen® 300) and 500 microgram (Anapen® 500) adrenaline injector devices available in Australia.**



EpiPen®



Anapen® 300



Anapen® 500

---

## General use adrenaline injector devices

- Schools should have at least one general use adrenaline injector. A 300 microgram device is recommended as the general use device.

Different doses of adrenaline injectors are available:

- 150 microgram adrenaline injectors – for children 7.5–20 kg (usually aged around 1 to 5 years).
  - 300 microgram adrenaline injectors – for children/adults 20kg or more (usually aged 5 and up).
  - 500 microgram adrenaline injectors devices are also available and may be used if the person weighs 50kg or more.
- A risk assessment should be undertaken to determine if more than one general use adrenaline injector is required.
  - General use adrenaline injectors are important for the following situations:
    - A student who is known to be at risk of anaphylaxis does not have their own device immediately accessible or the device is out of date.
    - Further doses of adrenaline are required before an ambulance has arrived.
    - A student's device has misfired or accidentally been discharged.
    - A student previously diagnosed with a mild or moderate allergy who was not prescribed an adrenaline injector has their first anaphylaxis.
    - A student having their first anaphylaxis who was not previously diagnosed or known to be at risk (for example, a student having their first reaction at the school).

It is safe to use the school's general use adrenaline injector if it is a different brand to the student's own prescribed adrenaline injector as a second or subsequent dose.

*Resources*

**ASCIA adrenaline injectors for general use**

---

## Using another student's adrenaline injector device

- If there is no other adrenaline injector available staff may use another student's adrenaline injector. This may save a life.
- If another student's adrenaline injector is used in an anaphylaxis emergency, 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 include strategies to make sure that there is always an in-date adrenaline injector available for use in an anaphylaxis emergency.
- 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 accessible 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, remember to keep the adrenaline injectors out of direct sunlight (for example, 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

---

### **Anaphylaxis training**

- All staff should know how to prevent, recognise and respond to anaphylaxis.
- Training (online or in person) 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 Council's minimum content requirements for anaphylaxis 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 should be aware of the 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 Council's minimum content requirements 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 practice with adrenaline injector trainer devices is important to help staff confidence to give an adrenaline injector device in an emergency and should be part of staff development and training.
- In some jurisdictions, school or 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 autoinjector verification course**

**How to safely remove ticks animation**

---



---

## **Food allergen management training for food service**

- It is important that staff and volunteers responsible for preparing and serving food to students and staff understand food allergen management, including boarding school staff.
- Staff teaching food technology classes and students undertaking these classes should also understand food allergen management.
- School canteen/tuckshop staff and 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 Council and takes approximately one hour to complete and a certificate is issued upon successful completion.
- Volunteers (for example, in school canteens/tuckshops) who have not completed the All about Allergens for Schools training should not be responsible for preparing or serving food for students or staff with food allergies.
- 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**

**Food Allergens: The Usual Suspects poster**

**National Allergy Council/WA School Canteen Association (WASCA) posters**

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

---

# Community and student education

---

### Awareness raising in the school community

- Schools should communicate about anaphylaxis management with the school community to help raise awareness and provide information about current school policies.
- Schools should promote an allergy aware approach.
- 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*

[Sample letter about allergies and anaphylaxis for the primary school community](#)

[Sample letter about allergies and anaphylaxis for the secondary school community](#)

---

### Student education

- It is important that students are educated about allergy so they can provide support to their peers with food allergy and alert staff if their friend is having an allergic reaction.
- Student education about the seriousness of food allergies may help prevent bullying.
- Incorporating student education into health classes and other class activities (for example, story time in the younger school years) can help support students with food allergy.
- A key component of education includes students not sharing food, drink bottles 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*

[Allergy 250K allergy aware slide sets for primary and secondary schools](#)

[Allergy 250K website and resources for teens and young adults](#)

[A&AA curriculum resources](#)

[NSW Department of Education 'Allergy & Management within the Curriculum P-12'](#)

---

# Post incident management and incident reporting

---

- Nationally standardised data of incidents should be collected at a jurisdictional level and collated into a national data pool to allow identification of common areas of risk, to inform risk minimisation strategies and policy.
- Some states and territories already have incident reporting requirements, particularly for government schools.
- Currently, there is no ability to combine jurisdictional data nationally. However, some jurisdictions do collect anaphylaxis event data from public and/or private schools.
- 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 local health department. 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.
- Australia does not currently have a nationally centralised process for collecting standardised anaphylaxis data, however it is important that incident reporting occurs. An anaphylaxis incident reporting template has been developed to enable collection of standardised information across all jurisdictions to facilitate centralised data collection in the future.

### *Resources*

**Anaphylaxis incident reporting template** (page 53)

**A&AA how to report reactions to food**

---



# APPENDICES

---

## **Appendix A: Other serious forms of food allergy that do not trigger anaphylaxis**

Food allergy conditions 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.

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.



## Food Protein Induced Enterocolitis Syndrome (FPIES)

### What is food protein induced enterocolitis syndrome?

- Food protein-induced enterocolitis syndrome (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 but can affect older children and adults.
- 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.

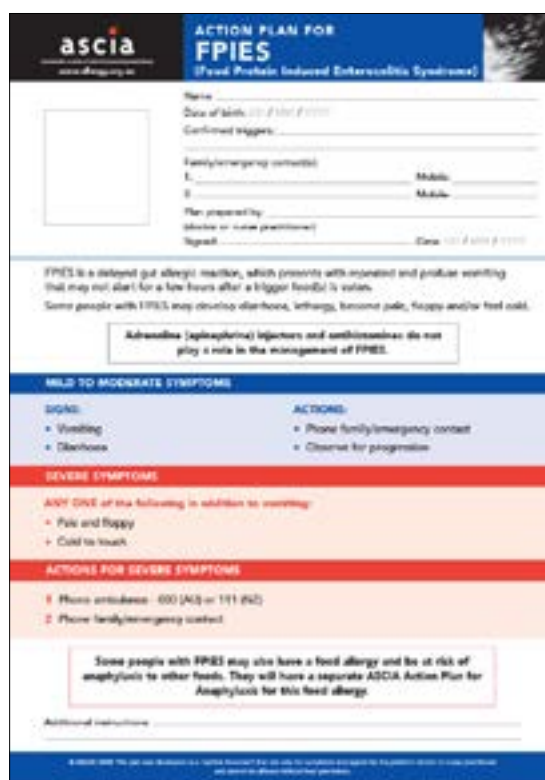
### What are the symptoms and treatment?

- 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 child 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.

### Management of FPIES in CEC services and schools

- Children 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 CEC service or school.
- Staff should be aware of which children have FPIES.
- Strict avoidance of the trigger food 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 at <https://www.allergy.org.au/patients/food-other-adverse-reactions/food-protein-induced-enterocolitis-syndrome-fpies>



The image shows a sample of the ASCIA Action Plan for FPIES form. The form is titled 'ascia ACTION PLAN FOR FPIES (Food Protein Induced Enterocolitis Syndrome)'. It includes fields for Name, Date of birth, Confirmed triggers, Family/emergency contact, and the name of the prescriber. Below the form, there is a section for 'MILD TO MODERATE SYMPTOMS' with goals (Vomiting, Diarrhoea) and actions (Phone family/emergency contact, Observe for progression). A section for 'SEVERE SYMPTOMS' lists symptoms like Pale and floppy, Cold to touch, and provides actions such as 'Phone ambulance - 000 (003 or 111 if 000)' and 'Phone family/emergency contact'. A note at the bottom states: '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.'

## Eosinophilic oesophagitis (EoE)

### What is eosinophilic oesophagitis?

- Eosinophilic oesophagitis (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.

### 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 and CEC services

- Children 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 or CEC service.
- Staff should be aware of which children 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.
- CEC services should discuss management options with parents which will be guided by the child's treating doctor.

Further information is available at <https://www.allergy.org.au/patients/food-other-adverse-reactions/eosinophilic-oesophagitis>

**ascia** ACTION PLAN FOR Eosinophilic Oesophagitis (EoE)

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Qualified or experienced food trigger tester: \_\_\_\_\_  
Family/emergency contact: \_\_\_\_\_  
I, \_\_\_\_\_, Authorise \_\_\_\_\_ to act on my behalf in an emergency.  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Eosinophilic oesophagitis (EoE) is an inflammatory condition of the food pipe (oesophagus) that restricts the mouth to the stomach.

Food impaction/food tube obstruction (FTO) occurs when food gets stuck in the oesophagus. Treatment options for FTO include orogastric intubation with distal washes, esophageal dilatation and dietary modification. Additional treatments for food impaction (FTO) include oral corticosteroids, oral nifedipine, oral prednisone, oral prednisolone and oral prednisone.

Additional treatments for FTO include oral corticosteroids, oral nifedipine, oral prednisone, oral prednisolone and oral prednisone.

SIGNS AND ACTIONS FOR EOE	
<b>Signs:</b> <ul style="list-style-type: none"><li>• Trouble swallowing</li><li>• Abdominal (stomach) pain, nausea or vomiting</li><li>• Regurgitation of foods, choking or gagging on food</li><li>• Chest pain when eating, severe acid reflux (heartburn) that does not respond to medications</li></ul>	<b>Actions:</b> <ul style="list-style-type: none"><li>• Phone Emergency contact</li><li>• Risk minimisation (if present)</li><li>• Observe for progression to a food impaction/food tube obstruction (FTO)</li></ul>

**SIGNS OF FOOD IMPACTION/FTO**

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

**ACTIONS FOR FOOD IMPACTION/FTO**

1. Phone Emergency contact
2. Please call ambulance 000 (001 or 112) or take person to an emergency department if:
  - The food has not passed down within 1 to 2 hours or
  - Chest pain is severe and taking or swallowing is difficult.












Phone Emergency contact (EC) on ambulance call and approach an emergency department (ED) with the help to dissolve 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 initial Action Plan for Anaphylaxis for this food allergy.











Additional instructions: \_\_\_\_\_



## Appendix B: List of supporting resources

<p>Anaphylaxis management policy and plans</p>	<p> Sample anaphylaxis management policy for schools</p> <p>Anaphylaxis risk management plan template for schools </p> <p> Examples of how to reduce the risk of allergic reactions in schools</p>
<p>Allergy documentation</p>	<p>ASCIA Action Plans </p> <p> National Allergy Council Individualised anaphylaxis care plan template for schools</p>
<p>Emergency response</p>	<p>A&amp;AA How to give an EpiPen® animation </p> <p> A&amp;AA How to give an Anapen® animation</p> <p>ASCIA adrenaline injectors FAQ </p> <p> ASCIA adrenaline injector storage, expiry and disposal</p> <p>National Allergy Council How to position a child or adult having a severe allergic reaction (anaphylaxis) animation </p> <p> ASCIA adrenaline injectors for general use</p>

<p>Staff training – anaphylaxis management</p>	<p style="text-align: right;">ASCIA anaphylaxis e-training for schools </p> <p> ASCIA anaphylaxis refresher training</p> <p style="text-align: right;">Accredited adrenaline injector verification course </p> <p> National Allergy Council minimum standards for anaphylaxis management training</p> <p style="text-align: right;">Trainer devices are available from the distributor of the device or from A&amp;AA </p> <p> National Allergy Council How to safely remove ticks animation</p>
<p>Staff training – food service</p>	<p style="text-align: right;">All about Allergens for Schools </p> <p> Food allergen menu matrix template and sample</p> <p style="text-align: right;">Standardised recipe template and sample </p> <p> Food allergen ingredient substitution tool</p> <p style="text-align: right;">Food allergen management audit tool for schools </p> <p> Food Allergens: The Usual Suspects poster</p>

<p>Community and student education</p>	<p>How can families support allergy aware schools? </p> <p> What does it mean to be an allergy aware school?</p> <p>Sample letter about allergies and anaphylaxis for the primary school community </p> <p> Sample letter about allergies and anaphylaxis for the secondary school community</p> <p>Allergy 250K allergy aware slide sets for primary and secondary schools </p> <p> Allergy 250K website (for teens and young adults)</p> <p>A&amp;AA curriculum resources </p> <p> NSW Department of Education 'Allergy &amp; Management within the Curriculum P-12'</p>
<p>Post incident management and incident reporting</p>	<p>Anaphylaxis incident reporting template </p> <p> A&amp;AA How to report reactions to food</p>



# National Allergy Council

## Anaphylaxis management checklist for schools

### Allergy aware approach

- The school implements an allergy aware approach to preventing and managing anaphylaxis.

### Allergy documentation

- The school has an anaphylaxis management policy and it has been reviewed in the past two years.
- Information regarding allergies is requested on student enrolment.
- Individualised anaphylaxis care plans are reviewed annually, if a student's allergies change, and after exposure to a known allergen at school.
- 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.
- 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

- Where prescribed, the student's adrenaline injector and other medication should be available at all times.
- Adrenaline injectors are stored in an unlocked location, easily accessible to staff. 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 practice 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 practice with adrenaline injector trainer devices, twice yearly.
- Staff and volunteers responsible for preparing and serving food, undertake All about Allergens for Schools training, at least every two years.
- A staff training register is kept.

### Strategies to reduce risk

- Appropriate strategies to minimise exposure to known allergens are in place.
- Staff are reminded about strategies to reduce risk 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.
- Education to raise awareness amongst students in the school is undertaken in an age and developmentally appropriate way.





# Template for reporting an allergic reaction

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?

Yes

No

Where was the student when the allergic reaction occurred?

---

---

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 (for example, nurse, teacher, administrator) of the staff member who provided first aid.

---

Signs and symptoms observed.

---

---

---

Was the student's ASCIA Action Plan followed?

Yes

No

Where was the student treated?

---

How was the student positioned during the allergic reaction (sitting with legs outstretched or lying down)?

---

Was a prescribed adrenaline injector device used? If not, why (for example expired, misfired, not as close to hand as a general use device)?

---

Was a general use adrenaline injector device used?

Yes

No

If so, why (for example first anaphylaxis, second dose)?

---

How long after observing anaphylaxis symptoms was the adrenaline injector administered?

---

What medications were given, including additional doses of adrenaline? When were they given?

---

Was an ambulance called?

Yes

No

Was the student stretchered to the ambulance?

Yes

No

Was the student transported to hospital?

Yes

No

Was the parent/emergency contact called?

Yes

No

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 local Health Department.*





# allergy AWARE

*A hub for allergy awareness resources*

**ascia**  
australasian society of  
clinical immunology and allergy

**national  
allergy  
council**



**Allergy & Anaphylaxis  
Australia**