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allergy AWARE

Best Practice Guidelines for Anaphylaxis Prevention and Management in Schools

ascia australasian society of clinical immunology and allergy

national allergy council

Allergy & Anaphylaxis Australia

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

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Contents

Abbreviations and definitions

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 cannot produce enough adrenaline to treat anaphylaxis.
Adrenaline device	Adrenaline devices contain a single, fixed dose of adrenaline, designed for use by anyone, including people who are not medically trained. The adrenaline devices currently available in Australia are Anapen®, EpiPen®, Jext® and *neffy*®. Anapen®, EpiPen® and Jext® are injector devices, and *neffy*® is a nasal spray. Adrenaline devices are either prescribed to an individual or can be purchased by the school and stored in first aid kits.
Allergen	A substance, usually a protein, that causes an allergic reaction.
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 device. • ASCIA Action Plan for Allergic Reactions (green) for people with confirmed allergy but who have not been prescribed an adrenaline device. 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 devices or for use as a poster.
Hands-on practice	Refers to physical demonstration of correct use of adrenaline 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. This plan is in addition to the ASCIA Action plan.
Jurisdictions	The different states and territories in Australia.
Oral Immunotherapy (OIT)	Oral Immunotherapy (OIT) is an emerging treatment option for food allergy. OIT treatment is designed to help a child's body get used to a specific food that usually causes an allergic reaction. Under careful medical supervision, a small, controlled amount of the food that causes the allergy (e.g. peanut) is consumed. Doses slowly increase over time until the top maintenance dose is reached.
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 to provide guidance and support to 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 manage students at risk of 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.

The 2026 update to the Best Practice Guidelines includes:

- guidance about use of new adrenaline devices available in Australia.
- information on how to conduct an anaphylaxis drill.
- information and tools to assist schools with risk assessment when planning school excursions, camps and interstate or overseas travel.
- a recommendation that students on oral immunotherapy treatment for food allergy have this documented on their individualised anaphylaxis care plan.

Recommendations related to requirements for teachers or staff members responsible for making and serving food to complete *All about Allergens online food allergen management training* have been strengthened. This is because knowing how to avoid exposure to known food allergen is important to manage risk for food-related anaphylaxis.

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 the 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 interest holders 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.

Have an anaphylaxis management policy. Review this policy and associated procedures 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 the student's ASCIA Action Plan.

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.

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 individuals not previously known to have allergy.

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

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.

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

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

Offer support (including counselling) for school staff who manage an anaphylaxis.

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 24

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

A site-specific emergency response plan for camps should be developed if there is not one. Risk management plans for students with food allergy should include detailed information about food and drink provision at the activity. This includes plans for food on the way, to and from, the activity. Food service providers for any offsite activity will require accurate information about students and staff with food allergies.

Recommendation 2

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 27

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 an updated adrenaline device 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 students ASCIA Action Plan where possible. However, if the parent is unable to provide a colour copy, a black and white copy of the student'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 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.**
- **indicate if the student is undergoing a medical treatment program for food allergy (oral immunotherapy (OIT) or desensitisation).**
- **include appropriate risk minimisation strategies that will be implemented to manage the student's allergies for both on-site and off-site activities including events, excursions, camps, interstate and overseas travel.**
- **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 Documentation for off-site activities.

Hard copies of individual students' ASCIA Action plans must be kept with their adrenaline devices and/or other medication for treating an allergic reaction and be taken on all off-site activities.

Individualised anaphylaxis care plans should include risk minimisation strategies for off-site activities, travel and camps. This will help planning for events during the school year.

Where appropriate (for example, camps) a copy of the students' ASCIA Action Plans should be provided with parental consent.

For catered activities:

- Accurate information about food allergies (student names and their food allergies) must be provided within the required timeframe specified by the food service provider and no later than two weeks prior to the activity.
- A copy of the student's ASCIA Action Plans should also be provided with parental consent.
- Food service providers should acknowledge receipt of the information.
- The school, the parent and camp food service provider should liaise prior to the activity about food provision. Schools should provide parents with the food service provider's contact details to enable this.
- All food allergies must be taken seriously regardless of the type of ASCIA Action Plan.

Off-site activities include events (for example, school balls / formals), excursions, sporting activities, camps, interstate and overseas travel. Schools should follow their jurisdiction's policy where policies guiding documentation exist.

See Implementation guide page 33

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 device 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 device 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 device 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 device 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 outlining 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 devices should be available to the school accompanied by their ASCIA Action Plan, while they are at school and on school related activities or excursions.

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

For overnight excursions including camps, students with prescribed adrenaline devices should take both devices stored with a copy of their ASCIA Action Plan.

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

Parents should collect their child's adrenaline device (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 device. A copy of the ASCIA First Aid Plan for Anaphylaxis with the correct instructions for the general use adrenaline device must be stored with the general use device.

Schools should have at least one 300 microgram general use adrenaline device (or equivalent) with a risk assessment undertaken to determine if additional devices are required, considering on-site activities, camps and excursions.

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

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

Recommendation 4

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

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

4.6 Adrenaline devices (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 devices 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 devices (general use and prescribed) in the school.

The devices should be replaced if they are out of date. Injectable devices (Anapen®, EpiPen® and Jext®) should be replaced if there is any sign of discolouration and sediment.

See Implementation guide page 38

Staff training

5.1 All staff should undertake anaphylaxis training at least every 2 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 trainer devices.**

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

Recommendation 5

5.3 Anaphylaxis refresher training, including hands on practice with adrenaline 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 device 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 44

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 47

Recommendation 7

Post incident management and 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 template for reporting an allergic reaction, page 68.)

Allergic reactions to a packaged food that does not list the student's food allergen, or food provided by a food service provider after the allergy has been declared, should be reported to the local health department.

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 and staff who witness the anaphylaxis may require support.

See Implementation guide page 49

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 which 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 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 food allergen management training. If volunteers have not been trained, they should not have the responsibility for preparing meals and serving food to students 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 something their friend is allergic to.

'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 and Food Technology

- 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* online food allergen management training provides guidance to school canteen / tuckshop and food technology staff 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 may be 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.
- *All about Allergens for Schools* online food allergen management training provides training and guidance to boarding house food service staff about how to manage food allergens.

Resources

→ All about Allergens for Schools online food allergen management training

→ Examples of risk minimisation strategies for schools

→ What does it mean to be an Allergy aware school?

→ How can families support Allergy aware schools?

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 devices, 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, including events, excursions, sporting activities, camps, interstate and overseas travel, 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

→ Examples of how to reduce the risk of allergic reactions in schools

Anaphylaxis risk management plans for off-site activities

A risk management plan including risk minimisation strategies specific to anaphylaxis must be developed for all off-site activities including events, excursions, sporting activities, camps, interstate and overseas travel. The risk management plan for the activity will vary, depending on the location, duration of the activity, age of the students and their allergies.

The risk management plan should include:

- Names of students and staff at risk of anaphylaxis.
- Allergies that need to be managed.
- Communication strategy (internal and with parents).
- Mobile phone connectivity or coverage.
- Access to ambulance services/medical care.
- Staff education and training (first aid, anaphylaxis, food allergen management).
- Medication management (including expiry date checks).
- Management of prescribed adrenaline devices.
- Number of general use adrenaline devices.
- Information about food provision.
- Policy regarding taking food/sharing food.
- Type of activities to be undertaken.
- Emergency response.

The checklists for off-site activities in the appendix are designed to help develop risk management plans with risk minimisation strategies specific to anaphylaxis for off-site activities of different types.

Resources

- → Anaphylaxis risk management plan template for schools
- → Examples of how to reduce the risk of allergic reactions in schools
- → Anaphylaxis checklist: Preparing for off-site activities (events, excursions, sporting activities)
- → Anaphylaxis checklist: Preparing for off-site camps (including day camps and overnight excursions)
- → Anaphylaxis checklist: Preparing for interstate and overseas travel
- → All about Allergens for Camps online food allergen management training
- → All about Allergens Resource Hub
- → All about Allergens booklet

Resources for families

- → Allergy & Anaphylaxis Australia Preparing for Camp with Food Allergies e-book
- → Allergy & Anaphylaxis Australia Food Allergy Travel Hub

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.
- 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.
- Off-site activities and special events including excursions, sporting activities, camps, interstate and overseas travel require special attention. Risk minimisation strategies should be discussed with parents of students at risk of anaphylaxis and the student if age appropriate when planning the activity.
- Risk minimisation strategies for students with food allergy should include clearly documented plans for the provision of meals, snacks and drinks for the entire time students are off-site.
- ASCIA and A&AA, as the peak medical and patient support allergy bodies in Australia, have developed a list of appropriate risk minimisation strategies.
- The anaphylaxis checklists in the appendix are designed to assist schools in planning risk minimisation strategies specific to the off-site activity.

Resources

→ Examples of how to reduce the risk of allergic reactions in schools

→ Anaphylaxis checklist: Preparing for off-site activities (events, excursions, sporting activities)

→ Anaphylaxis checklist: Preparing for off-site camps (including day camps and overnight excursions)

→ Anaphylaxis checklist: Preparing for interstate and overseas travel

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.

Resources

→ What does it mean to be an Allergy aware school?

→ How can families support Allergy aware schools?

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 devices (prescribed and general use).
  - include details of how to communicate the emergency. Ideally do not rely on students to deliver messages, or to run for adrenaline devices.
- 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.

Resources

→ National Allergy Council Anaphylaxis Drill Checklist

→ Example Scenarios for an Anaphylaxis Drill

Anaphylaxis drills

What is an anaphylaxis drill?

- An anaphylaxis drill is an opportunity to practice a real-life scenario of a person experiencing anaphylaxis. The scenario may relate to a child, student, staff member or visitor.
- When conducting an anaphylaxis drill, staff can practise the school's incident response including delineation of staff roles needed during an incident.

- An anaphylaxis drill gives an opportunity to practice first aid management of anaphylaxis including
  - following an ASCIA Action Plan.
  - correctly positioning the person having anaphylaxis.
  - procedures for raising the alarm.
  - locating and using an adrenaline device (trainer device).
  - calling emergency services (simulation).

Why hold an anaphylaxis drill?

- Conducting an anaphylaxis drill allows your school to practice your incident response plan for anaphylaxis to make sure that all the necessary steps have been thought about and included. This allows for improvements or changes to be made if necessary.
- Regular anaphylaxis drills help staff to know how to act in real life situations. People can forget what to do in an emergency.

How often should your school run an anaphylaxis drill?

- Anaphylaxis drills should be held every year.
- If schools have different sites (including campuses, outdoor education sites or sporting facilities), it is recommended that drills are conducted at each site.

How do you run an anaphylaxis drill?

- Example scenarios to use during an anaphylaxis drill are included on page 59.
- Use the Anaphylaxis Drill checklist (page 56) to keep a record of the drill, and to identify areas for improvement.
- Schedule anaphylaxis drills to occur at different times during the day (including during lunch or recess breaks).
- Reflection after the drill is important to identify what went well, any gaps and points for improvement, and any additional training requirements.

Resources

- → National Allergy Council Anaphylaxis Drill Checklist
- → Example Scenarios for an Anaphylaxis Drill
- → National Allergy Council animation on positioning
- → A&AA How to use an anaphylaxis device animation series
- → A&AA animation: Signs and Symptoms of Allergic Reactions
- → ASCIA Anaphylaxis Resources

Allergy documentation is required to help schools prevent and manage the risk of anaphylaxis. ASCIA Action Plans are important as they provide medical confirmation of students' allergies and risk of anaphylaxis, and they support the development of individualised anaphylaxis care plans.

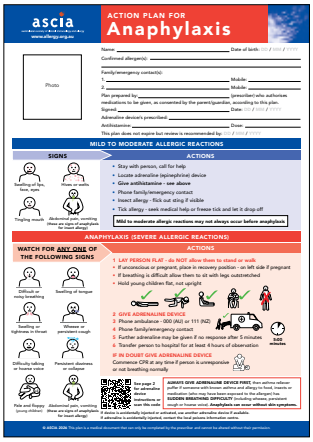
ASCIA Action Plans and individualised anaphylaxis care plans are different.

- ASCIA Action Plans are completed by the students' prescribing practitioner and provide guidance on when and how to respond to an allergic reaction including anaphylaxis.
- Individualised anaphylaxis care plans include information about what risk minimisation strategies the school will put in place for each individual student at risk of anaphylaxis. The individualised anaphylaxis care plans are developed by the school in consultation with parents and student if appropriate, not by the student's doctor.

Additional information about ASCIA Action Plans and individualised anaphylaxis care plans is provided below.

ASCIA Action Plans

- Provide medical confirmation of allergies.
- Provide guidance on how to respond to an allergic reaction.
- Are completed by a doctor or nurse practitioner.
- Do not expire, but should be updated when allergies change
- Do not need to be completed and signed each year.



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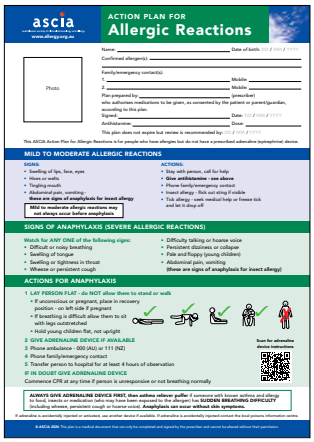
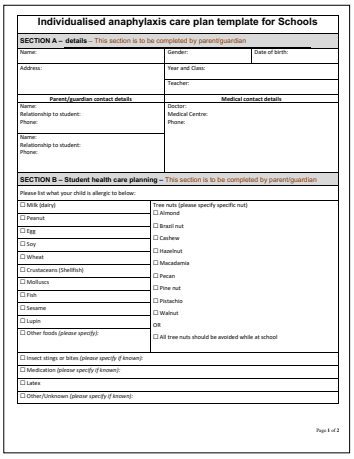


PLUS

Individualised Anaphylaxis Care Plan for Schools

- Required for children with an ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions.
- A copy of the ASCIA Action Plan should be attached to the Individualised Anaphylaxis Care Plan.
- Outlines risk minimisation strategies that the school will put in place to reduce the risk of an allergic reaction.
- Completed by the school with parents (and the student as appropriate).
- Should be reviewed each year.



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 their child's ASCIA Action Plan.
- 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 students 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.

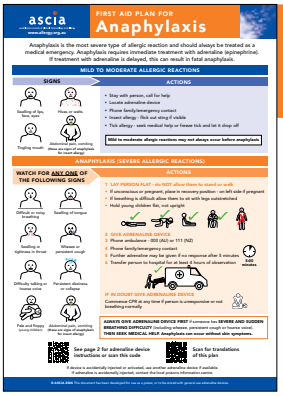
Resources

→ ASCIA Action Plan

→ ASCIA Action Plan FAQ

Figure 1 ASCIA Action Plans

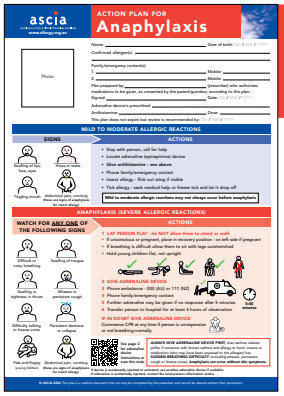
First Aid Plan for Anaphylaxis



ASCIA First Aid Plan for Anaphylaxis (orange)

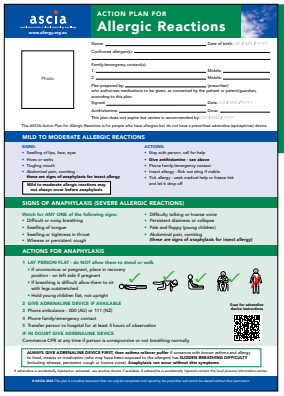
To be stored with general use adrenaline devices and used as a poster.

Action Plans for Individuals



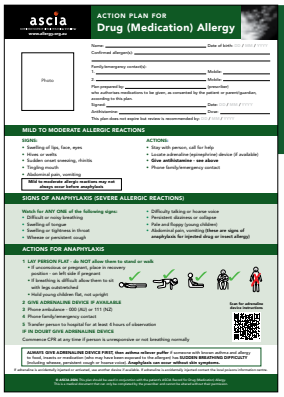
ASCIA Action Plan for Anaphylaxis (red)

For people with allergies prescribed an adrenaline device (Anapen®, EpiPen®, Jext® or neffy®).



ASCIA Action Plan for Allergic Reactions (green)

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



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 device.

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.
- Students who do not have an ASCIA Action Plan and students with an ASCIA Action Plan for Drug (Medication) Allergy do not need an individualised anaphylaxis care plan.
- 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, who is responsible for implementing these strategies, and information about where the student's adrenaline device (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 in the plan.
- Students undergoing medical treatment programs for food allergy (oral immunotherapy (OIT) or desensitisation) are at greater risk of anaphylaxis. Parents should notify schools if their child is having OIT and provide written risk minimisation strategies from their allergy specialist.
- 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), 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

→ ASCIA FAQs: Oral Immunotherapy for Food Allergy

Documentation for school camps and other residential programs

It is important that staff at camps and other residential activities are aware of which students are at risk of anaphylaxis and which allergies need to be managed.

The necessary documentation and other considerations have been included in the following checklists in the apendix to help schools support students in a variety of off-site activities:

- Anaphylaxis risk management plan template
- Examples of how to reduce the risk of allergic reactions in schools
- Anaphylaxis checklist: Preparing for off-site activities (events, excursions, sporting activities)
- Anaphylaxis checklist: Preparing for off-site camps (including day camps and overnight excursions)
- Anaphylaxis checklist: Preparing for interstate and overseas travel

Resources

- Anaphylaxis risk management plan template
- Examples of how to reduce the risk of allergic reactions in schools
- Anaphylaxis checklist: Preparing for off-site activities (events, excursions, sporting activities)
- Anaphylaxis checklist: Preparing for off-site camps (including day camps and overnight excursions)
- Anaphylaxis checklist: Preparing for interstate and overseas travel

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 when and how to give the adrenaline device.
  - All staff should be trained to follow the ASCIA Action Plan and administer the adrenaline device if needed.
  - Staff should ALWAYS be prepared to administer an adrenaline device in an anaphylaxis emergency.
  - No student experiencing anaphylaxis should be expected to be fully responsible for self-administration of an adrenaline device 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 device 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 device has been given, an ambulance must be called to transport the student to hospital for medical monitoring.
- Once a student's adrenaline device has been used, it must be replaced by the parents as soon as possible.
- If a general use adrenaline device has been used, this must be replaced by the school immediately.

Resources

→ A&AA How to use an anaphylaxis device animation series

→ ASCIA adrenaline device 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.
- 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 they have a biphasic reaction, and their anaphylaxis symptoms return. 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 devices

- In Australia, EpiPen®, Anapen®, Jext® and *neffy*® adrenaline devices are available (see Figure 2), and schools must accept students with any device as prescribed by their doctor or nurse practitioner. Staff should be trained in how to administer all devices.
- If the student has an ASCIA Action Plan for Anaphylaxis, one of the student's prescribed adrenaline devices 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 device 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 device always be remembered and be with the student while they are at school?
  - How easy is it for the school to access the adrenaline device if it is kept with the student?
  - Does the school have a general use adrenaline device in case the school cannot access the student's prescribed device?
- Parents may collect their child's adrenaline device (if it is usually kept at school) when the student is not in the care of the school for an extended time (such as school holidays).

Resources

→ ASCIA adrenaline devices FAQ

Figure 2: Adrenaline devices available in Australia.

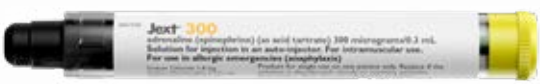
neffy® 2 mg

EpiPen® Jr

EpiPen®

neffy® 1 mg

Jext® Jr



Jext®

Anapen® 500

General use adrenaline devices

General use adrenaline devices are additional to a person's prescribed adrenaline device and are not a substitute for prescribed adrenaline devices:

- Schools should have at least one general use adrenaline device.
- General use adrenaline devices can be purchased over the counter (without a prescription).
- The dose of the general use adrenaline device should be suitable for the weight of most school students, such as a 300 microgram adrenaline injector device (or equivalent).
- Other types of adrenaline devices (such as nasal sprays) that are available over the counter (without a prescription), may also be considered for general use.
- It is important to check local legislation regarding general use adrenaline devices.
- A risk assessment should be undertaken to determine if more than one general use adrenaline device is required.
- School staff must be trained to use the general use device that the school has chosen.

General use adrenaline devices 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 accidentally been misfired, activated or injected.
- A student has their first episode of anaphylaxis, who was previously diagnosed with a mild or moderate allergy, and was not prescribed an adrenaline device.
- A person has anaphylaxis for the first time, who was not previously known to be at risk (for example, a student has their first reaction at school).
- An adrenaline device is available but is unfamiliar to the responder or device instructions are not readily available.

It is safe to use the school's general use device for anyone having anaphylaxis, even if it is a different brand to the child's own prescribed adrenaline device or a different strength.

Resources

→ ASCIA adrenaline devices for general use

Using another student's adrenaline device

- If there is no other adrenaline device available staff may use another student's adrenaline device. This may save a life.
- If another student's adrenaline device 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 devices FAQ

Expired adrenaline devices

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

Resources

→ ASCIA adrenaline devices FAQ

Storing adrenaline devices

- Adrenaline devices must be easily accessible to staff and not be stored in locked first aid cabinets.
- In primary schools it is recommended that adrenaline devices are kept in a central location. For early years (for example, kindergarten and pre-primary, adrenaline devices may be stored in the child's classroom).
- Schools should store general use adrenaline devices in strategic locations around the school campus.
- Adrenaline devices should be stored at room temperature (not in the fridge) away from direct sunlight.
- When participating in off-site activities, store the adrenaline devices in an insulated wallet or container out of direct sunlight (for example, in the shade). The *neffy*® device may be exposed to temperatures up to 50˚C for short periods.
- Adrenaline devices 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 device mechanism).

Resources

→ ASCIA adrenaline device storage, expiry and disposal

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 devices including hands-on practise with adrenaline 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 devices are stored.
- Schools should refer to the jurisdiction specific information regarding training requirements.

Resources

→ National Allergy Council's 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 devices. 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 device trainers is important to help staff confidence to give an adrenaline 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 device training.
- An accredited adrenaline device verification course is available for schools that are required or choose to have a more formal process for checking correct administration of the adrenaline device.
- 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 use an adrenaline device animation series
- → Accredited adrenaline device verification course
- → How to safely remove ticks animation

Staff training

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.
- 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* online food allergen management training. This is a free course developed by the National Allergy Council which 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.
- Staff teaching food technology classes and students undertaking these classes should also understand food allergen management. The *All about Allergens for General Food Service* or *All about Allergens for Cooks and Chefs* online food allergen management training courses are recommended for students studying food technology or hospitality.
- 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 online food allergen management training

→ Food allergen menu matrix template and sample

→ Standardised recipe template and sample

→ Food allergen ingredient substitution tool

→ Food allergen management audit tool for Schools

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

→ Template letter to parents

→ What does it mean to be an Allergy aware school?

→ How can families support Allergy aware schools?

Community and student education

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

- → 250K Allergy Aware slide sets for primary and secondary schools
- → National Allergy Council Allergy 250K website and resources for teens and young adults
- → National Allergy Council Allergy 250K Health Game
- → A&AA curriculum resources
- → A&AA resources, including the Be a Mate program
- → NSW Department of Education 'Allergy & Management within the Curriculum P-12'

- 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 that does not list the student's food allergen, or to 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

→ Template for reporting an allergic reaction

Appendices

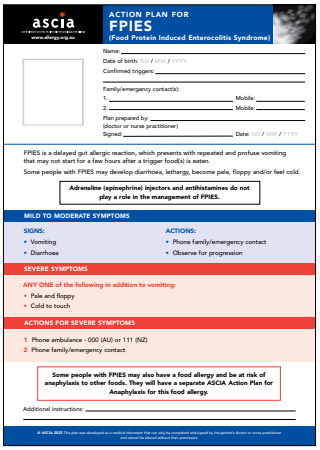
Other serious forms of food allergy that do not trigger anaphylaxis

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 (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 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.


ascia
www.allergy.org.au

ACTION PLAN FOR
FPIES
(Food Protein Induced Enterocolitis Syndrome)

Name:
Date of birth: DD / MM / YYYY
Confirmed triggers:

Family/emergency contact(s):
1. Mobile:
2. Mobile:
Plan prepared by:
(doctor or nurse practitioner)
Signed: Date: DD / MM / YYYY

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.

MILD TO MODERATE SYMPTOMS

SIGNS:
- Vomiting
- Diarrhoea

ACTIONS:
- Phone family/emergency contact
- Observe for progression

SEVERE SYMPTOMS

ANY ONE of the following in addition to vomiting:
- Pale and floppy
- Cold to touch

ACTIONS 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:

- 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 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 at https://www.allergy.org.au/patients/food-other-adverse-reactions/food-protein-induced-enterocolitis-syndrome-fpies

Other serious forms of food allergy that do not trigger anaphylaxis

What is eosinophilic oesophagitis?

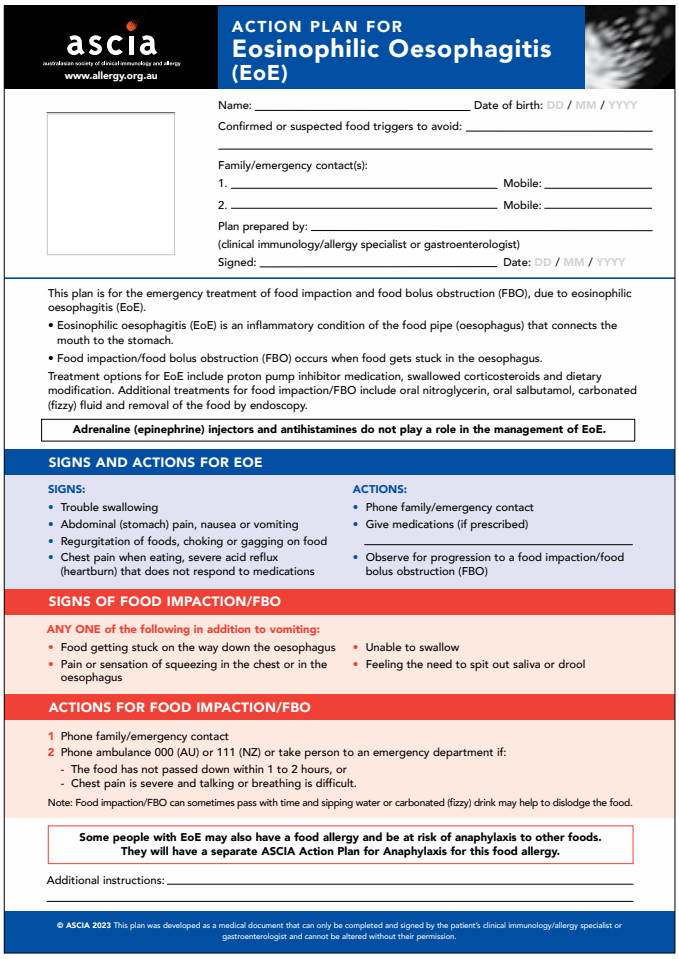
- Eosinophilic oesophagitis (EoE) is a condition where white blood cells (eosinophils) are found in the lining of the oesophagus (the food tube that connects the mouth to the stomach).
- EoE can be caused by an allergic reaction to a food.
- EoE is different to common food allergies (where there is a 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.



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

ACTION PLAN FOR
Eosinophilic Oesophagitis (EoE)

Name: _____ Date of birth: DD / MM / YYYY

Confirmed or suspected food triggers to avoid: _____

Family/emergency contact(s):

1. _____ Mobile: _____

2. _____ Mobile: _____

Plan prepared by: _____

(clinical immunology/allergy specialist or gastroenterologist)

Signed: _____ Date: DD / MM / YYYY

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 AND ACTIONS FOR EOE

SIGNS:
- 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

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

SIGNS OF FOOD IMPACTION/FBO

ANY ONE of the following in addition to vomiting:
- 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

ACTIONS FOR FOOD IMPACTION/FBO

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

- 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.
- Schools 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

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 minimisation 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 adrenaline device animation series	→ ASCIA adrenaline devices for general use	→ ASCIA adrenaline device FAQ
	→ ASCIA adrenaline device storage, expiry and disposal	→ How to position a child or adult having a severe allergic reaction (anaphylaxis) animation	
Staff training – anaphylaxis management	→ How to safely remove ticks animation	→ ASCIA anaphylaxis e-training for schools	→ ASCIA anaphylaxis refresher training
	→ National Allergy Council minimum standards for anaphylaxis management training	→ Trainer devices are available from the distributor of the device or from A&AA	→ Accredited adrenaline device verification course
	→ Anaphylaxis drill checklist and example Anaphylaxis drill scenarios		

List of supporting resources, page 2

Staff training – anaphylaxis management	→ Preparing for off-site activities (events, excursions, sporting activities)	→ Preparing for off-site camps (including day camps and overnight excursions)	→ Preparing for interstate and overseas travel
Staff training – food service	→ Food allergen ingredient substitution tool	→ Food allergen menu matrix template and sample	→ Food allergen management audit tool for Schools
	→ All about Allergens for Schools online food allergen management training	→ Standardised recipe template and sample	→ All about Allergens for Camps online food allergen management training
Community and student education	→ Sample letter to school community	→ 250K Allergy Aware slide sets	→ National Allergy Council Allergy 250K website
	→ National Allergy Council Allergy 250K Health Game	→ 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	→ A&AA How to report reactions to food information	

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 last 2 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 or a school event.
- ☐ 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 device and other medication should always be available.
- ☐ Adrenaline devices are stored in an unlocked location, easily accessible to staff. They are stored at room temperature, away from direct heat and sunlight.
- ☐ Adrenaline devices are stored with a copy of the student's ASCIA Action Plan.
- ☐ Adrenaline devices (general use and prescribed) are checked for expiry each term.
- ☐ A process is in place to make sure adrenaline devices and ASCIA Action Plans are taken whenever the student goes to off-site activities.
- ☐ At least one general use (non-prescribed) adrenaline device 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 all available adrenaline 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 an adrenaline trainer device, twice yearly.
- ☐ Staff and volunteers responsible for preparing and serving food, undertake *All about Allergens for Schools* online food allergen management training, 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.
- ☐ Education to raise awareness amongst students in the school is undertaken.

Anaphylaxis drill checklist

	Yes/No	Comments
Identify that the child or adult is having anaphylaxis		
• The person was recognised as having anaphylaxis.		
• The person was positioned correctly (laid flat). If breathing is difficult, allow them to sit with legs outstretched.		
• The person was not moved, unless there was danger. Do not allow them to stand or walk.		
Getting help		
• Staff knew how to alert others to the emergency and obtain help (for example, by phone).		
• It was clear which staff was responsible for removal of bystanders from the area (such as other students) and provide support.		
Adrenaline device and ASCIA Action Plan		
• It was clear who should bring the adrenaline device and ASCIA Action Plan to the person having anaphylaxis.		
• There were no delays in bringing the device to the person having anaphylaxis.		
• Appropriate medication (as listed on ASCIA Action Plan) was brought to the person having anaphylaxis.		
• An ASCIA Action Plan was stored with the adrenaline device.		
• The adrenaline device was easy to locate.		
• The adrenaline device was not locked in a room or cupboard.		
• The adrenaline device was in date.		
• Which device was brought to the person – a general use or personal device? • Was this appropriate?		

Anaphylaxis drill checklist, page 2

	Yes/No	Comments
ASCIA Action Plan		
• Staff correctly followed instructions on the ASCIA Action Plan according to signs.		
Administering the adrenaline device*		
• Staff followed the steps on the ASCIA Action Plan to correctly administer the device. *Note: The person having anaphylaxis may prefer to administer the device themselves with staff supervision.*		
• The time of administration was recorded.		
Calling Emergency Services		
• The school has a policy about calling emergency services, communicated to all staff.		
• It was clear which staff member was responsible for simulating a call to emergency services. *Note: A team member could act as the emergency call line and take a simulated call.*		
• The staff member had enough information about the incident to make the call.		
• Staff member knew school address and had information about where the ambulance should enter.		
• A staff member was assigned to meet the ambulance staff, and to ensure clear access to the premises.		
• It was clear which staff member was responsible for communicating details about the incident to ambulance staff.		
• Staff are aware of school policy regarding accompanying a student in an ambulance.		

Anaphylaxis drill checklist, page 3

	Yes/No	Comments
Monitor the person having anaphylaxis		
• The ASCIA Action Plan continued to be followed to check for signs of anaphylaxis.		
• The person was kept in an appropriate position even when they appeared to be recovering.		
• Staff knew when to administer an additional adrenaline device.		
• There was a plan in place for getting the additional device. Was it a general use device?		
Notify emergency contact		
• It was clear which staff member was responsible for contacting the child or adult's emergency contact.		
• The emergency contact was notified in a timely manner.		
Note taking		
• It was clear which staff member was responsible for recording details of the incident. This includes possible trigger, symptoms, the time adrenaline device given and all actions taken.		
Reporting the incident		
• It was clear which staff member was responsible for completing the report to the appropriate leadership and/or authority.		
Debrief and follow up		
• What went well?		
• What could have been improved?		
• Did anything unexpected happen?		

Note:
*Staff should be familiar with administration of the school's general use device, and the prescribed adrenaline devices carried by students. The ASCIA website has instructions on how to correctly give an adrenaline device. This information is also on the ASCIA Action Plan, and the ASCIA First Aid Plan for Anaphylaxis.

Anaphylaxis drill scenarios

The following anaphylaxis drill scenarios can be tailored to your school.

Scenario A

A student with a known egg, tree nut and sesame allergy comes to you 10 minutes after lunchtime. They have hives on their body and complains of a tight throat. You can hear they have noisy breathing and a hoarse voice. You know that they have an ASCIA Action Plan for Anaphylaxis and an adrenaline device in the office.

Scenario B

A student has been stung by a bee on the playground and has come inside to receive First Aid. They have a rash spreading over their body and they complain of a sore stomach and then begin to vomit. This student has no history of allergies or other medical conditions.

Scenario C

A staff member with known food allergies at your school complains of persistent dizziness and "feeling faint" after a shared lunch in the staff room where they ate a food they had never tried before. You notice they have been coughing since lunch, and their eyes and lips are puffy. They start looking for their asthma puffer when they suddenly slump to the floor.

Scenario D

Part 1: A student has known allergies to peanuts, egg and cow's milk. The child's parents have provided the school with a prescribed adrenaline device and prescribed antihistamine, which are both listed on their ASCIA Action Plan for Anaphylaxis.

The student is at a school camp, 30 minutes away from the nearest town, where the food service staff have been informed of the allergies and serve the student's food on a separate tray. While eating the prepared hamburger for dinner, the student complains they have an itchy throat and are not feeling well. You notice they look pale and have puffy lips.

Part 2: After 10 minutes, the student starts to breathe noisily and develops a persistent cough.

Scenario E (for schools with Early Learning Centres)

A young child with a known cow's milk allergy is accidentally served the wrong lunch with a savoury muffin containing cheese. The child suddenly begins to scratch their neck, and you notice hives developing. When you take them from their highchair you notice they become pale and floppy.

Anaphylaxis Checklist for off-site activities

Preparing for off-site activities (events, excursions, sporting activities)

This checklist aims to guide schools when planning off-site activities such as school events, local excursions and sporting activities. This should be completed as the risk management plan for the activity is developed. The checklist may be adapted as template for school protocols.

Prior to the off-site activity:

Assessing risk, planning and communication

- ☐ When planning excursions and activities, identify which students are at risk of anaphylaxis and which allergies need to be managed. Assess planned activities for inclusivity.
- ☐ At least one general use adrenaline device must be included in the first aid kit with an ASCIA First Aid Plan for Anaphylaxis. An assessment of risk should be undertaken to determine if more than one adrenaline device should be taken. Determine location and storage of additional devices for the duration of the event.
- ☐ Arrange for a copy of the students' ASCIA Action Plans, their prescribed adrenaline device and medication listed on the ASCIA Action Plan to be taken on the event.
- ☐ Communicate an allergy aware approach with staff, parents and students. This may be via briefings and written information. Briefings should be repeated at the start of the excursion and when required throughout.

In case of emergencies

- ☐ Follow instructions on the ASCIA Action Plan.
- ☐ Ensure staff always have access to a suitable communication device for the location.
- ☐ Have a plan for who will accompany the student to hospital, and which staff member is responsible for communication with emergency services, parents and school leadership..

Staff training

- ☐ School staff attending the event should have current first aid training consistent with state / territory requirements.
- ☐ All school staff attending the event must have current anaphylaxis training including hands on practice with adrenaline trainer devices.

For students with food allergy

- ☐ Develop a plan to ensure students with food allergy have appropriate food and drinks brought from home for consumption during the excursion, event or sporting activity.
- ☐ If food is provided on the excursion, food allergens need to be declared to the food service providers by the school prior to the event, and then again by staff/student when the food is made available.
- ☐ If food or drink is to be purchased during the activity, a plan to ensure that this is appropriate for the student's allergies should be developed prior to the event.

Anaphylaxis Checklist for off-site activities, page 2

During the off-site activity:

Remind all students:

- ☐ To not share other students' food or drinks.
- ☐ To report any insect or wasp nests or bee hives.
- ☐ To notify a staff member if they have any concerns about other students with allergy.

Remind students with allergies:

- ☐ To notify a staff member if they feel unwell or have any signs of an allergic reaction.
- ☐ To ask a staff member if they are not sure about a food or drink.
- ☐ To wear shoes and appropriate clothing when outside if they are allergic to insect stings or bites.

After the off-site activity:

- ☐ Ensure all ASCIA First Aid Plans, medications and first aid kits are returned to their correct location.
- ☐ Ensure any forms, contact details or personal ASCIA Action Plans taken offsite are returned and filed or disposed of appropriately.
- ☐ Ensure students' medication is returned to the school, student and/or parents.

Notes: .....

Anaphylaxis Checklist for off-site camps

Preparing for off-site camps (including day camps and overnight excursions)

This checklist aims to guide school staff when planning for off-site travel, including day camps and excursions with overnight stays. This should be completed as the risk management plan for the activity is developed. The checklist may be adapted as template for school protocols.

Prior to camp:

Assessing risk, planning and communication with the campsite.

- ☐ Identify which students are at risk of anaphylaxis and which allergies need to be managed.
- ☐ Meet with parents and students as appropriate to discuss allergen management during the camp. The individualised anaphylaxis care plan should be updated during this meeting.
- ☐ Communicate with camp staff about which students are at risk of anaphylaxis and which allergies need to be managed. A copy of students' ASCIA Action Plans should be provided to the campsite.
- ☐ At least one general use adrenaline device should be included in the first aid kit with an ASCIA First Aid Plan for Anaphylaxis. An assessment of risk should be undertaken to determine if more than one adrenaline device should be taken. Determine and communicate where additional devices may be stored or located as part of the planning documentation communicated with all participating staff.
- ☐ Arrange for a copy of the students' ASCIA Action Plans, their two prescribed adrenaline devices (one from home and one from school) and/or other medication for treating an allergic reaction, to be taken on the camp.
- ☐ If students are on an excursion with an overnight stay, ensure that adrenaline devices and food can be kept at appropriate temperatures.
- ☐ Communicate an allergy aware approach with staff, parents and students. This may be via briefings and written information. Briefings should be repeated at the start of the excursion and when required throughout.

In case of emergencies, staff need to:

- ☐ Know the contact details for the nearest emergency service and hospital to the campsite.
- ☐ Know how to access information for the intended destination (address, gate number and code, other access points).
- ☐ Always have access to a suitable communication device for the location (UHF radio, mobile or satellite phone). Pre-program emergency service numbers and emergency contact information into the phone.
- ☐ Have a plan for who will accompany the student to hospital or the medical service, and which staff member is responsible for communication with emergency services, parents and school leadership.
- ☐ Know where the personal and general use adrenaline devices are located (and ASCIA action plans).
- ☐ Know how to replace the adrenaline device after use (if needed).

Staff training

- ☐ School staff attending the camp must have current first aid training consistent with state / territory requirements.
- ☐ All school staff attending the camp must have current anaphylaxis training including hands on practice with adrenaline trainer devices.
- ☐ Staff providing food and supervising mealtimes should have current (recommended within the last two years) *All about Allergens for Camps* online food allergen management training.

Anaphylaxis Checklist for off-site camps, page 2

For students with allergies to insect stings and bites

- ☐ Discuss risk minimisation strategies such as mowing grassed areas prior to camp.
- ☐ Appropriate clothing and shoes to minimise insect sting/bite.
- ☐ If the excursion is in an area known to have ticks, use prevention measures and include tick freeze spray in the first aid kit.
- ☐ Ask external providers / site hosts to identify areas of higher risk that must be avoided (such as hives, nests).

For students with food allergy.

- ☐ Ensure communication regarding catering and any adjustments are undertaken at least two weeks prior to the camp.

Where meals are supplied by a food service provider:

- ☐ Communicate with parents to ensure that the school has up to date, accurate information about their child's food allergies.
- ☐ Provide a copy of the proposed menu to provide to staff and parents.
- ☐ Where requested, give parents the camp food service provider's contact details to facilitate communication prior to excursion.
- ☐ Check that each students' food allergies can be catered for. *This is important for students / groups with multiple allergies. In some cases, the parents may choose to provide meals for their child. This must be discussed with the food service provider.*
- ☐ Ask the food service provider for a copy of their *All about Allergens for Camps* training certificate that has been completed in the last two years.

Give the food service provider:

- ☐ The numbers of all students and staff attending the camp including accurate information about any staff and student food allergies.
- ☐ A copy of students' ASCIA Action Plans, if requested (with parental consent). All food allergies must be treated in the same way irrespective of the type of ASCIA Action Plan.

If meals are provided by the school:

- ☐ Work with families to ensure all food allergies are managed appropriately.
- ☐ Staff providing food service and supervising mealtimes should be able to demonstrate successful completion of *All about Allergens for Camps* online food allergen management training within the last two years.
- ☐ Catering documentation must include a food allergen matrix for all meals and snacks which includes allergens listed as ingredients and the precautionary allergen labelling statements.
- ☐ Ensure all staff attending the camp are aware of the arrangements for individualised food management.

If meals are provided from home:

- ☐ Meals or snacks provided from home should be clearly labeled with the student's name and their allergies.
- ☐ Meals or snacks provided from home must be stored and re-heated according to food safety principles and in a way that the food cannot be contaminated with other foods. For example, stored in a sealed container, on the top shelf of a fridge. Cover and reheat separately to other foods.
- ☐ If students are hiking, they should use their own containers for cooking and heating food.

Purchasing of meals, snacks or drinks:

- ☐ Develop a plan to ensure students with food allergy have appropriate food and drinks on the journey to and from camp.
- ☐ If food or drink is to be purchased during the camp, a plan to ensure that this is appropriate for the student's allergies should be developed prior to the event.
- ☐ If necessary, arrange for packed meals and/ or snacks to be provided by the parents for the journey to camp and by the camp food service provider for the return journey.

Anaphylaxis Checklist for off-site camps, page 3

Upon arrival at the venue

- ☐ Report to the food service provider to enable the staff member in charge to check all food allergy (and other special dietary) information.
- ☐ Give the camp food service provider an opportunity to ask any questions directly to the student (or staff member) regarding their food allergies. Staff and students with food allergies should be able to ask questions about the ingredients in the foods they will be served.
- ☐ Check that the tables and chairs in the dining area are clean and keep them clean during the camp.
- ☐ Check that utensils and crockery are clean (wash before first use in hot soapy water or clean dishwasher and check at each mealtime).

During excursion / camp

- ☐ Ensure the student's adrenaline devices and ASCIA Action Plan are kept with their group during activities (and staff know where they are stored).
- ☐ Do not use foods for rewards or activities.
- ☐ Encourage all students to wash their hands before and after eating.
- ☐ Do not ask students with food allergies to help with cleaning that involves handling food (such as cleaning dishes) or food packaging.
- ☐ If meals, snacks or drinks are purchased during the excursion, ensure there are suitable options for the students' food allergies.

Remind all students:

- ☐ To not share other students' food or drinks.
- ☐ To report any insect or wasp nests or bee hives.
- ☐ To notify a staff member if they have any concerns about other students with allergy.

Remind students with food allergies:

- ☐ To ask a staff member if they are not sure about a food or drink.
- ☐ To notify a staff member if they feel unwell or have any signs of an allergic reaction.

Remind students with allergies to insect sting or bites:

- ☐ To wear shoes when outside.
- ☐ To notify a staff member if they feel unwell or have any signs of an allergic reaction.

After the camp:

- ☐ Ensure all ASCIA First Aid Plans, medications and first aid kits are returned to their correct location.
- ☐ Ensure any forms, contact details or personal ASCIA action plans taken offsite are returned and filed or disposed of appropriately.
- ☐ Ensure students' medication is returned to the school, student and/or parents.

Notes: .....

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Anaphylaxis Checklist for interstate and overseas travel

Preparing for interstate and overseas travel

This checklist aims to guide schools when planning for interstate and overseas travel. This should be completed as the risk management plan for the activity is developed. The checklist may be adapted as template for school protocols.

Planning

Some travel is riskier for students at risk of anaphylaxis.

- Travel to non-English-speaking countries and to remote places with poor access to health services carry greater risks for individuals at risk of anaphylaxis.
- For individuals with food allergies some countries pose greater risks due to the nature of their cuisine. Travel is riskier for students with multiple food allergies and allergies to common foods such as milk (dairy) or wheat.

General

- ☐ Identify students at risk of anaphylaxis. Are there food allergies that need to be managed?
- ☐ Meet with students and their families early in the planning process. The individual anaphylaxis care plan should be updated during this meeting.
- ☐ Which countries and locations will you visit?
- ☐ Will a school nurse or paramedic accompany the trip?

Travel

- ☐ Consider which airline the school will use. What is the airline policy about passengers with food allergy, and airline staff first aid training? Does the airline require specific paperwork completed? For more information see Allergy & Anaphylaxis Australia's Airline policy comparison https://allergyfacts.org.au/airline-policy-comparison-for-food-allergies/.
- ☐ Develop a plan for meals, snacks and drinks when in transit. It is recommended that students bring their own food and drinks to consume while in transit. (See day to day management while in transit and away).
- ☐ Can students with food allergies bring suitable snacks and pre-prepared meals from home to consume while away? Will students bringing their own food need to purchase extra baggage?
- ☐ Ensure students with allergies know to carry their emergency medication when in transit.

Accommodation and meal preparation

- ☐ What type of accommodation will be used?
- ☐ Will students with food allergy have access to refrigeration to store their own food?
- ☐ Will meals be catered for?
- ☐ Are there facilities to self-cater for simple meals? Who will be responsible for purchasing food / groceries?
- ☐ Will students be required to choose from menus at restaurants? Who will be responsible for communicating with food service providers? Can the school contact the restaurant in advance, obtain a copy of the menu and communicate dietary needs?

Travel insurance and proximity to health care

- ☐ Is anaphylaxis covered in the school travel insurance? Does the student need to purchase additional travel insurance?
- ☐ What standard of healthcare does the destination country have?
- ☐ Will there be any language barriers? How will this be managed during an emergency?
- ☐ How far will the tour group be from a suitable hospital?
  - Record the local emergency number for medical services at the destination.
  - Identify the nearest suitable medical centres or hospital.

Anaphylaxis Checklist for interstate and overseas travel, page 2

Staffing and Staff training

- ☐ Consider appropriate staff to student ratios for the tour based on the student cohort.
- ☐ Will the school employ a third-party provider such as a tour operator?
  - Is the tour operator responsible for meal / snack provision?
  - Will the tour operator have any responsibility for healthcare provision?
  - What experience or training does the tour operator have?
- ☐ School staff on the tour must have current first aid training consistent with state / territory requirements.
- ☐ School staff on the tour must have up to date anaphylaxis training including hands on practice with adrenaline trainer devices.
- ☐ Assign specific staff to be responsible for the day-to-day primary care of the students at risk of anaphylaxis.
- ☐ For students with food allergy, staff should have up to date *All about Allergens for Schools* online food allergen management training.

Emergency management and medication

- ☐ Plan for staff to always carry a fully charged phone with international coverage. Pre-program emergency service numbers and emergency contact information into this phone.
- ☐ How many general use adrenaline devices will the school take on the trip?
- ☐ Note that adrenaline devices may not be able to be purchased while overseas.
- ☐ Check adrenaline devices and medications will remain in date while away.
- ☐ Which staff member(s) will carry the general use adrenaline devices?
- ☐ Develop a plan for storage and temperature control of adrenaline devices while away.

Just before traveling

Students at risk of anaphylaxis should provide:

- ☐ An up to date ASCIA Action Plan.
- ☐ At least two personal adrenaline devices (in date for duration of travel).
- ☐ Any other required medication (in date for duration of travel).
- ☐ Any medical documentation required for the school's travel insurance.
- ☐ An ASCIA Travel plan.
- ☐ Translations of allergies into local language. Consider electronic copies (audio or visual), saved on phones. For food allergy this may be using chef cards.
- ☐ ASCIA Action Plan translations into local language to help emergency services understand steps taken.

All students:

- ☐ Plan education for other students in the group. This may include reminders not to share food or drink, what to do if their friend is unwell, and anaphylaxis first aid training, including adrenaline device training.

Day-to-day management while in transit and while overseas

- ☐ A staff member should be responsible for checking that the student has their emergency medication, ASCIA Action Plans etc when they arrive at the airport and day to day.
- ☐ Adrenaline devices and ASCIA Action Plans must be packed in carry-on luggage and within reach during the flight.
- ☐ Know who will carry adrenaline devices (personal and general use), other medication and ASCIA Action Plans.
- ☐ Students with food allergy should bring their own pre-packed meals and snacks (do not rely on airline food or food purchased in transit).

Anaphylaxis Checklist for interstate and overseas travel, page 3

Remind all students:

- ☐ To not share other students' food or drinks.
- ☐ To notify a staff member if they have any concerns about other students with allergy.

For students with food allergy

- ☐ Who will be responsible for ordering and double-checking meals, snacks, drinks?
- ☐ Who will carry translated food allergen information (chef cards)?
- ☐ What are the contingency plans for meals, snacks and drinks?

Procedures in case of emergency

- ☐ Always follow the ASCIA Action Plan (personal) or ASCIA Action Plan for Anaphylaxis First Aid. Know the emergency number for the country you are traveling to.
- ☐ Know the communication process if the student feels unwell.
- ☐ How will the student report the reaction to staff, in a way that does not require them to walk or be left alone? (Via a buddy?).
- ☐ Which staff member will call emergency services? How will they communicate with them?
- ☐ Which staff member will attend hospital or the medical service and be responsible for taking any required documentation? How will they communicate with staff?
- ☐ Which staff member will notify parents and school leadership?
- ☐ Know how to replace adrenaline device after use (if needed).
- ☐ Have plans in case a student needs to return home after an adverse event.

After the trip:

- ☐ Ensure all ASCIA First Aid Plans, medications and first aid kits are returned to their correct location.
- ☐ Ensure any forms, contact details or personal ASCIA Action Plans taken on the trip are returned and filed or disposed of appropriately.
- ☐ Ensure students' medication is returned to the school, student and/or parents.

Notes: .....

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Template for reporting an allergic reaction

The following information 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.

Template for reporting an allergic reaction, page 2

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

_____

Was a general use adrenaline device used? ☐ Yes ☐ No

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

_____

How long after observing anaphylaxis symptoms was the adrenaline device 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. ☐ Yes ☐ No

_____

_____

_____

Allergic reactions to packaged foods that do not list the student's food allergen, or to food provided by a food service provider after the allergy has been declared, should be reported to the local Health Department.

Notes:

Notes:

allergy AWARE