Be a MATE: An Allergy Awareness Resource





PRIMARY YEARS

Acknowledgements

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Foreword

Did you know that 1 in 20 school age children have a food allergy and some of them will experience a severe, potentially life-threatening allergic reaction called anaphylaxis? Australia has one of the highest allergy rates in the world. While insect allergy is less common than food allergy in the school setting, the school community needs to understand how they can help support someone at risk of insect anaphylaxis.

Currently there is no cure for food allergy so avoiding the food trigger is the only way to prevent an allergic reaction. It is important to note that for some individuals, very small amounts of a food or drink can trigger an allergic reaction including anaphylaxis.

This Be a MATE (Make Allergy Treatment Easier) allergy awareness resource for Primary school years is designed to provide educators with information for teaching Foundation – Year 6 students what allergies are and how to help classmates who have them. This includes being able to recognise an allergic reaction, including anaphylaxis, and act appropriately when it occurs.

The interactive activities in this resource have been designed to be used as part of the school's Health and Physical Education programs. It uses a range of appropriate learning and teaching styles and

provides clear, planned curriculum opportunities for students to understand and explore areas linked to allergy awareness. The parent information sheets also promote a whole school approach to students' learning.

The National Allergy Strategy's Best practice guidelines for anaphylaxis prevention and management in schools recommend schools implement age-appropriate peer education programs and communicate with the school community about allergy and anaphylaxis. The National Allergy Strategy, through the 250K youth project, provides education and support to young people living with severe allergies and supports the uptake of this Be a MATE resource so that their peers become educated as well.

Implementation of Be a MATE: an allergy awareness resource for primary years will help inform and engage everyone within the school community to increase allergy awareness. The health, wellbeing and safety of those with a potentially severe allergy is improved if they have community support, awareness and understanding.

Thank you for supporting students with food and insect allergy through education of their peers and the community.

Maria Said

CEO, Allergy & Anaphylaxis Australia
Co-chair, National Allergy Strategy

Allergy & Anaphylaxis Australia

Allergy & Anaphylaxis Australia (A&AA) is a not-for-profit organisation that strives to raise awareness of allergic disease including anaphylaxis in the community. A&AA provides evidence-based information, resources and services to support children and adults living with allergic conditions. A&AA receives funding from the Australian Government and is supported by a medical advisory board comprised of clinical immunology/allergy specialists.

Resources and professional learning

Allergy & Anaphylaxis Australia resources

The A&AA website contains information and resources for schools including story books, bookmarks, posters, awareness tools, adrenaline injector training devices and carriers/pouches. Visit the A&AA schooling and childcare webpage: https://allergyfacts.org.au/allergy-management/schooling-childcare

A&AA information for the primary school years: https://allergyfacts.org.au/allergy-management/5-12-years

Food Allergy Week is promoted every year in May by A&AA and has resources for schools. Visit: https://allergyfacts.org.au/faw

Australasian Society of Clinical Immunology and Allergy (ASCIA) anaphylaxis resources

ASCIA anaphylaxis resources (including action plans, e-training courses, guidelines and procedures) can be used throughout Australasian schools. These resources are available via: https://allergy.org.au/schools-childcare

National Allergy Strategy 250K youth project

The 250K project aims to provide age-appropriate information and support for young people living with severe allergy, and to help them feel more connected to other teens and young adults going through similar experiences in a fun but informative way.

The primary target audience is 11–25 year old individuals. Visit: https://teen.250k.org.au/

Free 250K bookmarks can be ordered in sets of 10 to hand out to students in Year 6, their friends, teachers, health professionals and others who support them. Visit: https://allergyfacts.org.au/shop/nasr/250k-bookmarks-x-10

Food Allergy Aware website

A community education slide set is available for both primary and secondary school audiences. Visit: https://foodallergyaware.org.au/school-childcare

Allergy Aware website

Minimum standards for anaphylaxis management in schools and children's education and care, and implementation tools. Visit: www.allergyaware.org.au

Aim of Be a MATE: An allergy awareness resource for primary years

Be a MATE for primary years is an allergy awareness resource that can be used to teach learning in the Australian Curriculum for Health and Physical Education (Foundation – Year 6).

This resource aims to ensure that students:

- understand the importance of being allergy aware
- make decisions and take actions to protect and promote their own and others' health and wellbeing to avoid allergens
- understand what actions to take if someone has an allergic reaction, including anaphylaxis
- develop personal and social skills such as expressing needs and feelings, negotiating, respecting others, and making decisions around allergy safety
- learn to access valid health and safety information about allergy safety, and
- are supported by parents/guardians and community agencies who reinforce the same health and safety messages.

DEVELOPMENTALLY
APPROPRIATE LEARNING
ACTIVITIES ARE GROUPED
UNDER THE BANDS
OF LEARNING.

Components of this resource

- Foundation-Year 2
- Years 3-4
- Years 5-6

The **Introduction** to this teacher resource provides a rationale for teaching allergy awareness in the primary years and in particular a rationale for why this booklet can help teachers do this effectively. It also provides a range of **Whole-school Enrichment Activities** for schools to implement to ensure full engagement with the school community and increase the likelihood of sustainable improvements in health attitudes and behaviours.

Teacher notes precede the learning experiences in each band of learning. These notes provide key content information such as allergy facts, signs and symptoms of allergic reactions including anaphylaxis, how to avoid triggers and what to do in emergency. It is recommended that teachers read them before commencing any of the activities.

Key Content, Key Understandings and Key Skills to practice and the General Capabilities

from the Australian Curriculum are outlined at the beginning of each band of learning. Key learning related to the Achievement Standards for Foundation-Year 2, Years 3–4 and Years 5–6 will help teachers to make judgments about students' specific skills and depth of understanding in relation to allergy awareness.

At Home Activities and Parent/Guardian Information Sheets aim to engage parents/guardians to improve their knowledge of allergy including anaphylaxis, and how they and their children can support students at risk.

They may be photocopied on school letterhead and sent home with students or attached to newsletters to encourage families to discuss information covered in class. This action can help strengthen a whole-school approach to students' learning. Teachers must be aware that not all parents/guardians will be willing or able to undertake At Home Activities, so it is important to ensure that children are not excluded from classroom activities as a result.

Activities are presented in sequential format under the Inquiry Learning model of Tuning In; Finding Out; Sorting Out and Reflection; however, teachers are encouraged to choose activities that suit the learning needs of their students. Some activities are followed by an accompanying Activity sheet, which can be photocopied or placed on an interactive white board.

Early childhood activities have been designed for a 20–30 minute time period and the middle and upper primary activities have been designed to be completed in a 45 minutes time period, however, teachers are encouraged to adapt the activities to suit the learning needs of their students. For example, one activity could be broken down into smaller 'blocks' to suit the shorter lesson times of early childhood.

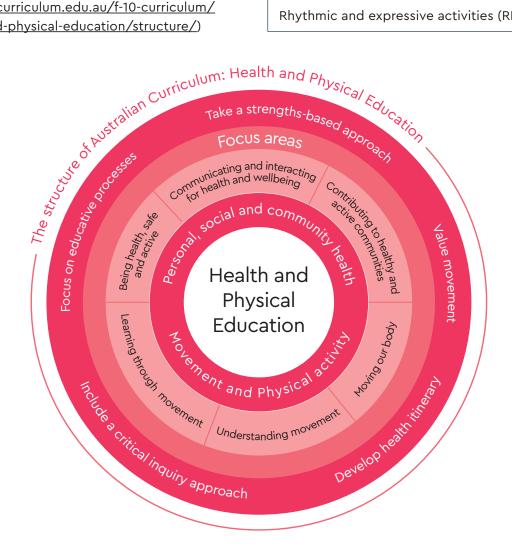
By referring to the **Key Understandings and Key skills** to practice in the Introduction section of each band of learning, teachers can decide which activities would be appropriate **assessment tasks** for their students.

How to use this resource in a range of contexts in the Foundation – Year 6 Health and Physical Education Scope and Sequence?

Allergy awareness complements and reinforces the content that needs to be taught in a range of focus areas (food and nutrition, mental health and wellbeing, safety) in the Foundation – Year 6 Health and Physical Education curriculum. It is not envisaged that teachers would use this resource in isolation, but rather to complement a range of content within a planned Personal, Social and Community Health (health education) program.

Figure 1 Australian Curriculum for Health and Physical Education structure (https://www.australiancurriculum.edu.au/f-10-curriculum/health-and-physical-education/structure/)

Alcohol and other drugs (AD) Food and nutrition (FN) Health benefits of physical activity (HBPA) Mental health and wellbeing (MH) Relationships and sexuality (RS) Safety (S) Active play and minor games (AP) Challenge and adventure activities (CA) Fundamental movement skills (FMS) Games and sports (GS) Lifelong physical activities (LLPA) Rhythmic and expressive activities (RE)



Why teach allergy awareness in primary years?

- Severe allergy is on the increase in Australia. One in ten Australian infants, and one in twenty children have a food allergy.^{1,2} Allergies to other things such as insect stings, medication, latex and exercise also affect children.
- Allergic reactions can be mild to moderate, or severe (anaphylaxis).
- Anaphylaxis can be rapid in onset and commonly occurs within 20 minutes to two hours after eating the food or being in contact with the allergen, so students need to be able to recognise the signs and symptoms and respond by seeking an adult's help.
- Ninety percent of food allergic reactions are caused by the common allergy causing foods.
 These are:
 - peanut
 - tree nuts (e.g. walnuts, almonds, cashews, pistachios, pecans)
 - egg
 - milk (dairy)
 - fish
 - crustacea (e.g. prawns)
 - molluscs (e.g. oysters)
 - sesame
 - soy
 - wheat
- Some of these foods are commonly consumed at school while others may in schools in lesser quantities. Strategies to reduce the risk of exposure and to avoid these allergens need to be understood by all staff and students.
- There is no cure for food allergies, therefore, avoidance of the food is the only way to prevent an allergic reaction. The student with the food or insect allergy has many age appropriate

- strategies to help increase safety. All staff and students need to be aware of how to reduce risk of an allergic reaction by putting safety strategies in place such as washing hands after eating something your friend is allergic to, not sharing food with students with food allergy, and wearing footwear when outside to avoid insect stings.
- The personal and social skills that protect and promote students own and others' health and wellbeing around allergens include:
 - expressing needs and feelings,
 - negotiating,
 - respecting others, and
 - making safe decisions.
- These are the building blocks that also promote learning and affect a students' capacity to succeed academically. The primary years are crucial times to start explicitly teaching these skills.
- It has long been recognised that engaging
 the broader school community enhances the
 effectiveness of the delivery of the Health and
 Physical Education curriculum. The Whole-school
 Enrichment Activities (see page 8) in this
 resource provide a range of ideas on how to
 enhance the school environment to promote safer
 behaviours and attitudes in regard to allergies.
- In the primary years, parents and guardians are the most important influence in a child's life and increasing parental/guardian awareness of allergies and strategies to avoid triggers should be considered as part of a whole school allergy safety program. At Home Activities and Parent/Guardian Information Sheets in this resource will assist with this.
- 1. Osborne et al. Prevalence of challenge proven IgE-mediated food allergy using population-based sampling and predetermined challenge criteria in infants. J Allergy Clin Immunolol. 2011: 127(3): 668-676
- 2. Sasaki et al. Prevalence of clinic-defined food allergy in early adolescence: The SchoolNuts study. J Allergy Clin Immunol. 2018: 141(1):391–398

Why use Be a MATE: an allergy awareness resource for primary years?

• It links to the Australian Curriculum.

The Australian Curriculum for Health and Physical Education has two inter-related strands for Foundation – Year 10:

- Personal, Social and Community Health
- Movement and Physical Activity

This resource addresses the content of the Personal, Social and Community Health strand, helping students to develop personal and social capabilities necessary to engage in their learning as well as develop a positive identity and an ability to adjust to life events and transitions.

During Foundation – Year 2, students develop and practice interpersonal skills, such as appropriate sharing, expressing needs and feelings appropriately, respecting others and making decisions in group situations. In Years 3 – 4, students develop appropriate ways to respond to diversity that demonstrate respect and value difference as well as further develop their understanding about a range of personal and social factors that can influence their health.

In Years 5 – 6, students know and apply steps to manage their own health and safety, seeking adult assistance when necessary and understanding basic emergency care procedures.

 The interactive activities in this resource provide teachers with learning experiences that explicitly teach the skills that are appropriate for these age groups.

It links to the General Capabilities of the Australian Curriculum

In the Australian Curriculum the skills, behaviours and attributes that students need to succeed in life and work in the twenty-first century have been identified as General Capabilities. These General Capabilities are to be embedded within the content and teaching and learning of the curriculum learning areas.

Literacy	✓
Numeracy	✓
Information & Communication Technology (ICT) capability	✓
Critical & creative thinking	✓
Personal & social capability	✓
Ethical understanding	✓
Intercultural understanding	✓

Each of these seven capabilities has been embedded in the content of Be a MATE.

It collates the resources teachers need in one resource.

This resource is a collation of songs; pamphlets; activity sheets and parent/guardian information sheets relevant to allergy education of students in a specific band of learning. This makes it easier for teachers to plan, implement and review their programs.

• It links to comprehensive websites:

- A&AA www.allergyfacts.org.au
- ASCIA <u>www.allergy.org.au</u>
- National Allergy Strategy Allergy Aware www.allergyaware.org.au
- National Allergy Strategy 250K https://teen.250K.org.au

An allergy awareness program complements other national frameworks and programs,

such as the National Safe Schools Framework; the National Family-School Partnerships Framework, the Alice Springs (Mparntwe) Education Declaration; the National Framework for Values Education; and the Be You program. This complementary approach assists schools to plan and review whole school initiatives in these areas.

Why adopt a whole-school approach to health and wellbeing?

A comprehensive, whole-school approach is widely acknowledged as best practice in working holistically to promote student health and wellbeing. By adopting this approach, schools ensure full engagement with the school community and are more likely to secure sustainable improvements.

The Health Promoting Schools (HPS) Framework

The Health Promoting Schools Framework (1986), developed by the World Health Organization, is a whole school approach for schools to address the health and wellbeing of their staff, students, parents/guardians and the wider community through three key components working in unison. These are:

- Curriculum: teaching and learning, how this is decided and the way in which teaching is delivered and learning encouraged
- Ethos and Environment: the physical environment, the ethos and values as well as the policies and structures developed to create a conducive environment for living, learning and working
- Parents/guardians and community: internal partnerships with parents/guardians, staff and students and external partnerships with other schools, health workers, government and non-government organisations.

By addressing each component of the framework when planning learning in health and wellbeing or responding to a health concern within the school, school communities can take a coordinated whole-school approach to health.

Whole-school enrichment activities for allergy awareness

The following activities and tips are provided to assist schools plan a whole school allergy awareness program. They have been listed under the three components of the HPS framework.

Curriculum

- Decide which learning experiences in this resource each year group is going to complete and by when and develop a scope and sequence chart. This can be handed to the teachers of a specific year group at the beginning of the following year.
- Carefully consider any learning activities that involve food. Consider food allergen management including possible cross contamination during food preparation. Talk about these with the parents/guardians of students with food allergies.
- Have regular discussions with students about the importance of following the rules to prevent cross contamination – washing hands after eating or preparing food, and not sharing food with students with food allergy. Students at risk of anaphylaxis should not be isolated from their peers.
- Consider non-food reward options for students such as stamps and stickers.
- Be aware of the possibility of hidden allergens in cooking, science and art classes (e.g. egg or milk cartons).
- Consider purchasing story books and posters and ordering Be a MATE brochures and bookmarks (available in Class packs of 30 and Year packs of 100) from https://allergyfacts.org.au/shop/posters-brochures-and-bookmarks to complement the learning experiences in this resource.
- If teaching Year 6, order free 250K bookmarks for your class so they can access allergy information and videos for teens: https://allergyfacts.org.au/shop/nasr/250k-bookmarks-x-10
- Promote whole school learning activities to coincide with Food Allergy Week in May each year if possible. Free Food Allergy Week resources for schools can be downloaded from https://allergyfacts.org.au/faw-resouces
- Casual/relief teachers should be educated about allergy management and provided with a copy of relevant students' ASCIA Action Plans and Individual Anaphylaxis Healthcare/Management Plans.

Ethos and environment

- Have the school principal articulate a clear, shared vision of a whole-school allergy awareness program to staff and parents, including anaphylaxis management policies or guidelines and emergency policies and procedures. Visit https://allergyaware.org.au/ to access a sample school anaphylaxis management policy.
- All staff have a role in anaphylaxis prevention and management and should know how to recognise and respond to anaphylaxis. All teaching staff (including relief/casual) should undertake anaphylaxis training for schools available free online at https://etraining.allergy.org.au/
- It is advised that schools develop an emergency response plan which follows the ASCIA Action Plan and identifies staff roles and responsibilities in an anaphylaxis emergency. Separate emergency response plans are recommended for camps and other off-site activities.
- Ensure that all staff attending school camps or excursions have current anaphylaxis training in recognising an allergic reaction and when and how to use adrenaline injectors; that students' food allergies are communicated to camp operators and caterers well in advance of the camp; that an emergency response plan has been developed for students at risk of an allergic reaction including anaphylaxis.
- Ensure canteen/tuckshop supervisors/
 managers complete food allergen management
 training every two years. All about Allergens
 for School is a free online course available from
 https://foodallergytraining.org.au/. Regular
 canteen volunteers should also be encouraged
 to complete the training, so they understand
 food allergens, how to prepare food safely,
 and check ingredient labels on foods on offer.
- With permission from parents/guardians, brief canteen/tuckshop staff (including volunteers) about students with food allergy, the information on their ASCIA Action Plans and risk minimisation strategies in place.

- With permission from parents/guardians, have the student's name, photo and the foods they are allergic to, displayed in the canteen/tuckshop as a reminder to staff.
- Keep information about students' food allergies in a prominent place where all staff (including casual staff) and helpers will remain aware of it (e.g. staff room, sick bay, canteen). Be mindful of student privacy – make sure they are visible to staff but not students.
- In classes where a student has a known food allergy, the student should wash their hands before and after eating. If other students in the class have been eating a food their classmate is allergic to, they should wash their hands with soap and water after eating. Hand sanitiser does not remove food allergens. Also make sure that utensils and benches are washed thoroughly with warm soapy water.
- Discourage sharing of food, drinks and utensils (e.g. straws and bottles).
- Clean up food mess including spills immediately and regularly wipe down tables with warm, soapy water where food has been present.
- Food banning is not recommended; however, the food service provider may choose to remove peanuts and tree nuts (e.g. cashew, walnut, almond) from the menu to minimise the risk of accidental exposure through errors or cross contamination. Where parents provide food for their children, it is reasonable for the school to request that these foods do not contain peanut or tree nuts as an ingredient. A comprehensive list of risk minimisation strategies has been developed to support schools to manage food allergens (https://allergyaware.org.au/).
- Party balloons should not be used by students with known allergies to latex, and students with latex allergy should avoid latex swimming caps.
 Parents/guardians to provide appropriate latex free bandaids and gloves.

- Students at risk of anaphylaxis to food or insects should not pick up litter with their hands. They should either be given a different duty or provided with gloves or an instrument to pick up the rubbish to avoid skin contact with potential allergens.
- Use Food Allergy Week in the month of May each year to increase awareness of food allergy in the school community.

Parents/guardians and community

- Inform parents/guardians through assemblies, school website and newsletters of the school's commitment to a whole-school allergy awareness program and the importance of their support and involvement at intervals through the year. This could, at the very least be at the beginning of each year, during Food Allergy Week in May and then again later in the year.
- Invite parents/guardians to see their child/children perform learning activities from this resource at assemblies.
- Use the At Home Activities and Parent/
 Guardian Information Sheets in this resource
 in the classroom, in the library and in public
 areas around the school.

Publish current allergy information in the school newsletter, website and/or on social media. To obtain allergy information snippets contact: https://allergyfacts.org.au/contact

- Encourage parents of students with food allergies to provide alternative non-food treats or safe home cooked cupcakes in clearly labeled containers that can be kept in the freezer and defrosted when other students bring birthday cakes to school.
- Inform parents/guardians of students with food allergies of upcoming activities involving food, school excursions and school camps in a timely manner.

Anaphylaxis management in schools

- Parents/guardians of students with known allergies to food, insect stings or bites, or idiopathic (unknown trigger), attending school must provide an ASCIA Action Plan completed and signed by a doctor or nurse practitioner (see sample on page 12 and 13).
- Where the student has a prescribed adrenaline injector (EpiPen® or Anapen®), the adrenaline injector and ASCIA Action Plan for Anaphylaxis should be supplied and stored in an unlocked cupboard/room (at room temperature and away from direct heat and sunlight) so that it can be easily accessed in an emergency.
- Parents/guardians and school staff should discuss risk management strategies and complete an Individual Anaphylaxis Health Care/Management Plan.

It is recommended that staff involved:

- Familiarise themselves with the school's anaphylaxis management plan and emergency procedures and policies.
- Know the identity of the student(s) who are at risk of anaphylaxis.
- Communicate regularly with parents/guardians.
- Follow information contained in the student's Individual Anaphylaxis Health Care/Management Plan.
- Obtain training in how to recognise and respond to an allergic reaction, including anaphylaxis and how to administer an adrenaline injector.
- Know where the adrenaline injector is located.
- In the event of an allergic reaction, follow instructions on the student's ASCIA Action Plan.

Sample ASCIA Action Plans

ASCIA Action Plans can be accessed from: https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis

ascila australasian society of clinical immunology and allergy www.allergy.org.au	ACTION PLAN FOR Allergic Reactions				
Name:					
Date of birth:	SIGNS OF MILD TO MODERATE ALLERGIC REACTION				
	 Swelling of lips, face, eyes Hives or welts Tingling mouth Abdominal pain, vomiting - these are signs of anaphylaxis for insect allergy 				
	ACTION FOR MILD TO MODERATE ALLERGIC REACTION				
Confirmed allergens:	 For insect allergy - flick out sting if visible For tick allergy seek medical help or freeze tick and let it drop off Stay with person and call for help Give antihistamine (if prescribed) Phone family/emergency contact 				
	Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis				
Family/emergency contact name(s): 1.	WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF				
Mobile Ph:	ANAPHYLAXIS (SEVERE ALLERGIC REACTION)				
2	Difficult or noisy breathing Difficulty talking or hoarse voice				
Plan prepared by doctor or nurse practitioner (np): The treating doctor or np hereby authorises	 Difficult or noisy breating Swelling of tongue Persistent dizziness or collapse Swelling or tightness in throat Pale and floppy (young children) Wheeze or persistent cough 				
medications specified on this plan to be given according to the plan, as consented by	ACTION FOR ANAPHYLAXIS				
the patient or parent/guardian, including use					
of adrenaline if available. Whilst this plan does not expire, review is recommended by DD/MM/YY Signed: Date:	LAY PERSON FLAT - do NOT allow them to stand or walk If unconscious or pregnant, place in recovery position - on left side if pregnant, as shown below If breathing is difficult allow them to sit with legs outstretched Hold young children flat, not upright				
	2 GIVE ADRENALINE INJECTOR IF AVAILABLE 3 Phone ambulance - 000 (AU) or 111 (NZ)				
Note: This ASCIA Action Plan for	4 Phone family/emergency contact				
Allergic Reactions is for people who have allergies but do not have a	5 Transfer person to hospital for at least 4 hours of observation				
prescribed adrenaline (epinephrine) injector. For instructions refer to the device label or the ASCIA website	IF IN DOUBT GIVE ADRENALINE INJECTOR Commence CPR at any time if person is unresponsive and not breathing normally				
www.allergy.org.au/anaphylaxis Adrenaline injectors are given as follows:	ALWAYS GIVE ADRENALINE INJECTOR FIRST, and then asthma				
150 mcg for children 7.5-20kg 300 mcg for children over 20kg and adults	reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms Asthma reliever medication prescribed: Y N				
300 mcg or 500 mcg for children and adults over 50kg	Note: If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.				



© ASCIA 2021 This plan was developed as a medical document that can only be completed and signed by the patient's doctor or nurse practitioner and cannot be altered without their permission.



ACTION PLAN FOR Anaphylaxis



For use with adrenaline (epinephrine) injectors

Name:			
Date o	f birth:		

Confirmed allergens:

Family/emergency of	contact name(s):
---------------------	------------------

Mobile Ph: 2.

Mobile Ph: Plan prepared by doctor or nurse practitioner (np):

The treating doctor or np hereby authorises medications specified on this plan to be given according to the plan, as consented by the patient or parent/guardian.

Whilst this plan does not expire, review is recommended by DD/MM/YY

Signed: Date:

Refer to the device label for instructions on how to give an adrenaline (epinephrine) injector.

Instructions are also on the ASCIA website www.allergy.org.au/anaphylaxis

Adrenaline injectors are prescribed as follows:

- 150 mcg for children 7.5-20kg
- 300 mcg for children over 20kg and adults
- 300 mcg or 500 mcg for children and adults over 50kg

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- · Abdominal pain, vomiting these are signs of anaphylaxis for insect allergy

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy flick out sting if visible
- For tick allergy
 seek medical help or freeze tick and let it drop off
- Stay with person, call for help and locate adrenaline injector
- · Give antihistamine (if prescribed)
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
 Pale and floppy (young children)
- Wheeze or persistent cough
- Difficulty talking or hoarse voice
- Persistent dizziness or collapse

ACTION FOR ANAPHYLAXIS

- 1 LAY PERSON FLAT do NOT allow them to stand or walk
- If unconscious or pregnant, place in recovery position
 - on left side if pregnant, as shown below
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright











- 2 GIVE ADRENALINE INJECTOR
- 3 Phone ambulance 000 (AU) or 111 (NZ)
- 4 Phone family/emergency contact
- 5 Further adrenaline may be given if no response after 5 minutes
- 6 Transfer person to hospital for at least 4 hours of observation
- IF IN DOUBT GIVE ADRENALINE INJECTOR

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS GIVE ADRENALINE INJECTOR FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Note: If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

© ASCIA 2021 This plan was developed as a medical document that can only be completed and signed by the patient's doctor or nurse practitioner and cannot be altered without their permission.

Sample letter to parents

To download a Word version of this sample letter visit https://allergyaware.org.au/

Insert Your Logo Here
or print on your letterhead
Dear Parent(s)/Guardian(s)
Dear Farent(S)/ Obardian(S)
We are seeking your help to support the students in our school who are at risk of anaphylaxis.
Anaphylaxis is a severe allergic reaction that is potentially life threatening.
Food allergies are the most common cause of anaphylaxis in children. Currently, there is no cure for food allergy and the only way to prevent allergic reactions is to avoid the food.
Children can be allergic to any food and it is not possible to completely remove these foods from our school. However, we have chosen to remove peanuts and tree nuts from our canteen menu and food technology [insert other relevant – boarding school, cooking lessons etc] to minimise the risk of accidental exposure through errors or cross contamination. As peanuts and tree nuts are not staple foods (such as milk, wheat and eggs), this is a reasonable strategy to implement.
We ask you to support students at risk of anaphylaxis by:
 Not sending food which has peanuts or tree nuts (e.g. hazelnuts, cashews, almonds etc) in the ingredients list.
Teaching your child not to share food with friends that have food allergy.
• Encouraging your child to wash their hands after eating.
Asking your child to get help immediately if their friend with food allergy gets sick.
 Explaining to your child that teasing a child with an allergy is bullying and not acceptable behaviour.
With community support, our school can provide a safe environment that meets the needs of all our students.
If you have any queries in relation to this matter, please contact your child's teacher or the school office.
Your sincerely
[School Principal]

Resources/useful links

Allergy & Anaphylaxis Australia (A&AA)

- A&AA website: https://allergyfacts.org.au/
- School Resources: https://allergyfacts.org.au/allergy-management/schooling-childcare/school-resources
- Food Allergy Week: https://allergyfacts.org.au/faw

Australasian Society of Clinical Immunology and Allergy (ASCIA)

- ASCIA website: www.allergy.org.au
- ASCIA anaphylaxis e-training: https://etraining.allergy.org.au/
- ASCIA Action Plans: https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis

National Allergy Strategy

- Best practice guidelines for anaphylaxis management in schools and children's education and care services, and supporting resources: https://allergyaware.org.au/
- The Food Allergy Aware website has a section for schools managing food allergy: https://foodallergyaware.org.au/schools-childcare
- 250K website a hub for young Australians living with severe allergy: https://teen.250k.org.au
- Food allergen management training for schools: https://foodallergytraining.org.au/

EpiClub

 The EpiClub Expiry Reminder Program open to schools and individuals: https://www.epiclub.com.au/

Links to state/territory Education Departments are included below. The Association of Independent Schools and Catholic Education Office have their own policies. To access these, contact the relevant peak bodies.

Australian Capital Territory

• Obtain from school.

New South Wales

- NSW Health Anaphylaxis: https://education.nsw.gov.au/student-wellbeing/health-and-physical-care/health-care-procedures/conditions/anaphylaxis
- NSW Health Anaphylaxis procedures for schools: https://education.nsw.gov.au/student-wellbeing/health-and-physical-care/health-care-procedures/conditions/anaphylaxis/anaphylaxis-procedures-for-schools2

Northern Territory

NT Department of Education: https://education.nt.gov.au/policies/health-of-students/anaphylaxis

Queensland

 QLD Education Health support needs: https://education.qld.gov.au/students/

 student-health-safety-wellbeing/student-health/health-support-needs

South Australia

Department of Education SA: https://www.education.sa.gov.au/schools-and-educators/
 health-safety-and-wellbeing/specific-conditions-and-needs/supporting-children-and-students-anaphylaxis-and-severe-allergies

Tasmania

 Tasmania Government Department of Education: https://www.education.tas.gov.au
 (Specific Health Issues - Procedures)

Victoria

 Department of Education and Training Victoria: https://www2.education.vic.gov.au/pal/anaphylaxis/policy

Western Australia

- WA Department of Health Anaphylaxis resources for schools: https://ww2.health.wa.gov.au/
 Articles/A E/Anaphylaxis-resources-for-schools