Allergy and Anaphylaxis Guidelines for Schools and Kura 2022

Allergy NEW ZEALAND
www.allergy.org.nz

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Improving the quality of life for people
living with allergies in New Zealand

Contents

Foreword

Kia ora koutou katoa,

Allergies are one of the most common chronic diseases in New Zealand and a major public health issue in most developed countries. Prevalence has been increasing over the last two decades and it is likely a third of the New Zealand population now suffer from a chronic allergy.

Also in recent times, there has been a two to three-fold increase in hospital admissions for anaphylaxis, a life-threatening allergic reaction. This increase is mainly attributable to the increase in prevalence of food allergy, which is now estimated to affect 10% of tamariki by 12 months of age. New Zealand data also indicates the prevalence of food allergy, and risk of anaphylaxis, is highest in our Asian and Pasifika communities.

Living with food or other allergies that could cause anaphylaxis presents tamariki and young people with many challenges. These can affect their ability to learn, as well as their social and emotional development, and even their future career prospects.

However, schools and their communities can make a difference for these tamariki and rangatahi, and their whānau. By developing and implementing policies and procedures to effectively manage the risk of food allergies and anaphylaxis, they can help keep them safe while removing a significant barrier to them reaching their full potential.

These Guidelines have been developed to assist New Zealand schools and Kura to reduce the risk of anaphylaxis for the tamariki and young people in their care, while supporting them to participate fully in all activities with their peers.

We gratefully acknowledge the generous financial support of the McDowell Family which has enabled these guidelines to be completed and shared with all school campuses in NZ.

Ngā mihi nui

Mark Dixon
CEO
Allergy New Zealand

Acknowledgements

Allergy New Zealand is a not-for-profit organisation with the mission of enhancing the health and well-being of people living with allergies. We do this by sharing current knowledge and expertise and by leading positive change through providing a strong and credible national voice on allergies.

These guidelines have been produced by Allergy New Zealand in consultation with members, health professionals including allergy specialists, general practitioners, dietitians and nurses, as well as people involved in the education sector. We would also like to thank Asthma New Zealand and members of the New Zealand Child and Youth Allergy Clinical Network for their input.

Advice in this publication follows guidelines developed by the Australasian Society of Clinical Immunology and Allergy (ASCIA). ASCIA is the peak professional body of clinical immunology and allergy specialists in Australia and New Zealand.

We also thank the National Allergy Strategy, a partnership between ASCIA and Allergy & Anaphylaxis Australia, for their support, and great work on resources which we are grateful to be able to access.

Our thanks to Viatris for funding the development and publication of these School Allergy Guidelines. As Allergy New Zealand receives no government funding we are heavily reliant on the generosity of private donors and sponsors to support our education initiatives.

We are thrilled to publish this foundation document from Allergy New Zealand and recognise the hard work of both Penny Jorgensen (Allergy NZ) in collating this valuable information and of Tara Voice (Priority Communications Ltd, CHCH) for her clear and sensitive presentation of it.

We hope that all school leaders are able to access and share this information to enhance the safe and inclusive management of students living with allergies on campus throughout New Zealand."

Find out more: www.allergy.org.nz

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Member of iFAAA, EAACI, ASCIA and the Allergen Collaboration

Executive summary

1. Why do schools and kura need to have policies and procedures to manage students at risk of anaphylaxis?

1.1 Schools and kura have a duty of care to children/students, staff and volunteers at risk of anaphylaxis (pronounced "ann-a-fill-axis"), and obligations under education, health and safety legislation to manage this risk.

1.2 Anaphylaxis is a severe allergic reaction which can happen in minutes and is potentially life-threatening. As such, it is a medical emergency and needs to be responded to appropriately if/when it occurs.

1.3 An intra-muscular injection of adrenaline (epinephrine) is the first-line treatment for anaphylaxis. It is administered via an 'adrenaline auto-injector' (AAI) especially designed for non-health professionals to use in an emergency. As those experiencing anaphylaxis may be too unwell to self-administer, school staff should be prepared to assist or administer it for them.

Currently the only brand of AAI available in New Zealand is EpiPen®.

1.4 The most common trigger of anaphylaxis in tamariki and rangatahi in New Zealand is food, followed by bee or wasp venom. Up to 10% of young children and 5% (one-in-twenty) of adolescents are likely to have food allergies.

1.5 Food allergens, such as milk, eggs, soy, wheat, peanuts, sesame, tree-nuts, fish, and shellfish, are common in the NZ diet and are likely to be present in most food brought into schools. Avoiding exposure to these can be challenging for those with a food allergy.

2. What are the key procedures needed?

2.1 To minimise the risk of anaphylaxis by implementing allergy prevention strategies as appropriate to the students concerned and the school community and environment.

2.2 To ensure regular training for school staff in recognising and responding appropriately to an anaphylactic reaction, including competently administering an EpiPen®.

2.3 To ensure timely access to adrenaline auto-injectors (EpiPens®) when and if these are needed.

2.4 To provide effective communication with the aim that all staff, students and the school community understand and support the strategies in place needed to reduce the risk of anaphylaxis.

3. Developing your school's policies and procedures.

A co-operative approach works best in developing policies and procedures. Schools and kura should ensure students with food allergies/risk of anaphylaxis and their parents/families/whānau, as well as staff, volunteers, board members, and health professionals if possible, are involved.

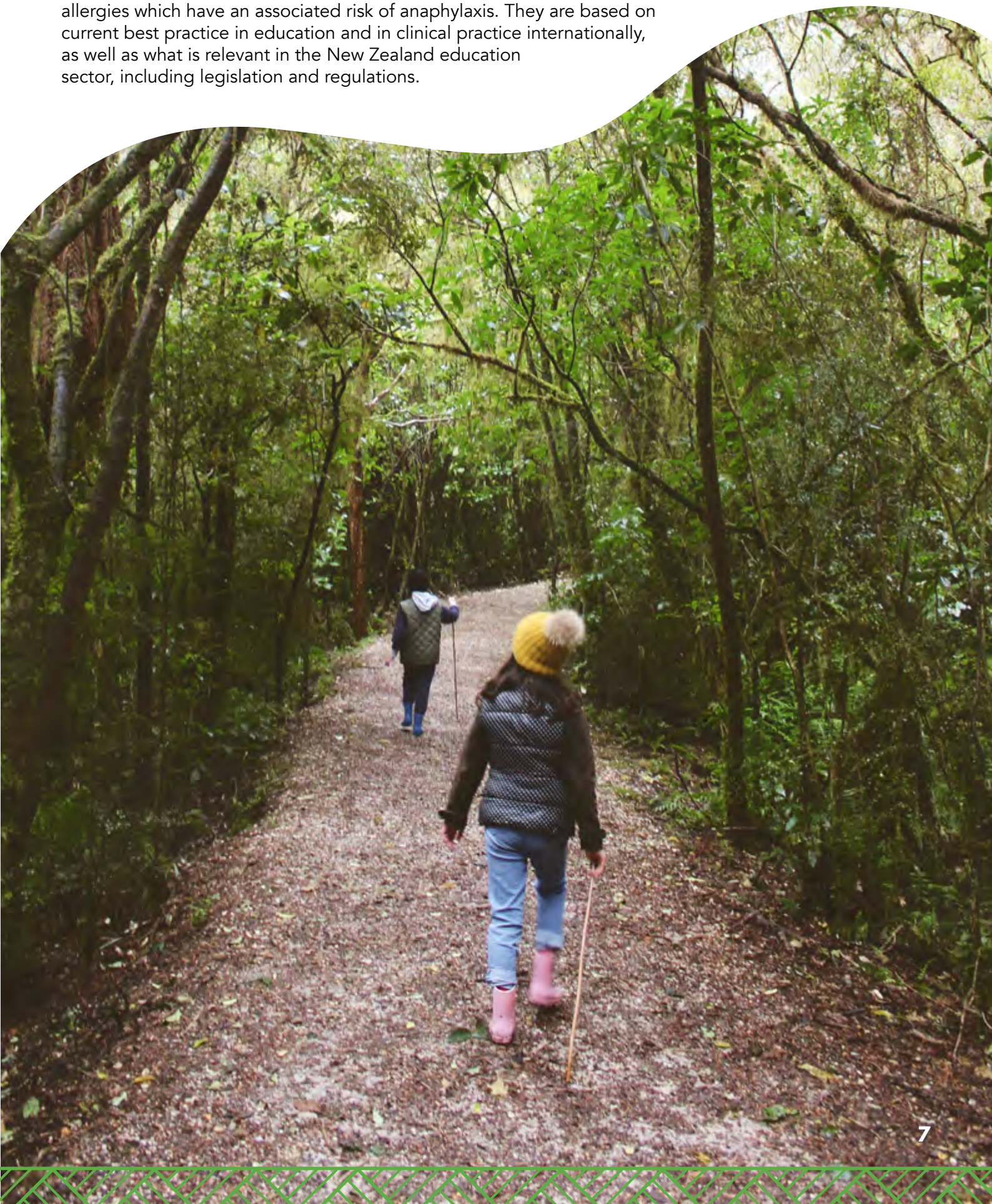
While there is an obligation on schools to manage the (anaphylaxis) risk to these students, their well-being is also important. Policies and procedures should reflect the desirable long-term outcome for students to be able to effectively self-manage their allergy risk by the time they leave secondary school, without this placing limits on their educational attainment, and/or social and mental wellbeing. Policies and procedures therefore need to be age-appropriate and sensitive to student's individual differences, circumstances and support needs, while encouraging increasing independence for older children and young people.

Children and young people with food allergy tend to miss out on social and cultural activities such as birthday parties and community events. Bullying by provoking food allergic children with food to which they are allergic is also common and should be recognised as a risk factor and addressed by anti-bullying policies. These impacts of living with food allergy can lead to young people not disclosing their allergy, which significantly increases their risk of a fatal outcome from anaphylaxis.

Anxiety and depression are not uncommon in young people at risk of anaphylaxis. This is understandable as they are living with a potentially life-threatening condition.

Peer and community support, however, can counter these impacts, and schools have an important role in facilitating this. Raising awareness among other tamariki of the seriousness of allergies, and enlisting their support and that of their community, can improve safety and well-being for all those who have food allergies and/or are at risk of anaphylaxis.

These guidelines are to assist New Zealand schools, kura and families/whānau with the development of policies and procedures in relation to allergies which have an associated risk of anaphylaxis. They are based on current best practice in education and in clinical practice internationally, as well as what is relevant in the New Zealand education sector, including legislation and regulations.



About anaphylaxis

What is anaphylaxis?

Anaphylaxis is the most severe form of allergic reaction. It may cause death, although this is rare. Adolescents and young adults are most at risk of fatal outcomes from anaphylaxis, particularly if they also have asthma.

An allergy is caused by someone's immune system over-reacting to an otherwise harmless substance (the allergen) as if it is a threat to that person. An allergic reaction usually starts within minutes of contact, rarely beyond two hours. The immune system releases histamine and other chemicals which cause tissue to swell and leak. On the skin this causes hives, rash and swelling. The eyes and nose may also be itchy and runny. If the allergen enters the body e.g. a food (ingested) or bee/wasp sting (injected), this can cause tissue to swell in the throat and/or internally, blocking airways, and/or affecting blood vessels, causing a sudden drop in blood pressure. This is anaphylaxis and it is life-threatening.

The main triggers of anaphylaxis in New Zealand are certain foods *(see section on food allergens page 14)*, insect venom (bee or wasp), medicines, and latex. Some people may have a rare condition putting them at risk of anaphylaxis, from an unknown cause. This is referred to as 'idiopathic' anaphylaxis.

How common is anaphylaxis?

In general terms, when we talk about the risk of anaphylaxis this relates to people whose allergies

could result in severe reactions. It is estimated around 3 - 5% of our population have a food, bee or wasp, medicine or latex allergy, which could put them at risk of anaphylaxis in a community (out of hospital) setting.

Globally, the incidence of anaphylaxis is known to be increasing. This is likely due to the increase in prevalence of food allergy, which is now around 10% of young children and 6 - 8% of older tamariki.

Studies of NZ data on paediatric hospital admissions for food-triggered anaphylaxis show a near three-fold increase in the past decade, with the highest rates in Asian and Pasifika people, and in young children. ACC data shows a significant number of claims for food-triggered anaphylaxis in schools annually. Australian studies have found one in 30 childcare services and one in seven schools have reported having at least one child with anaphylaxis in the preceding year.

Deaths from anaphylaxis are rare but do happen. Globally, the age group most at risk of fatal outcomes from food allergy are adolescents and young adults.

Signs and symptoms of anaphylaxis

Symptoms, severity and time of onset may vary between people, and from one episode of anaphylaxis to another.

Symptoms usually occur within **five to 30 minutes** of exposure to an allergen. However, reactions can occur up to two hours later.

Some people experience anaphylaxis without first developing mild or moderate symptoms such as hives, welts or swelling.

Any ONE or more of the following symptoms is a sign of anaphylaxis:

- difficulty with breathing or noisy breathing
- swelling of the tongue
- swelling or tightness in the throat
- wheeze or persistent cough
- difficulty talking and/or hoarse voice
- persistent dizziness, loss of consciousness and/or collapse
- becoming pale and floppy (in young children).

Abdominal pain and vomiting are signs of anaphylaxis for insect allergy.

Go here for more information: www.allergy.org.au/hp/ascia-plans-action-and-treatment

What someone might experience:

How to recognise an anaphylactic reaction:

- Young children may comment or indicate their mouth feels funny, or they may start coughing or sound as if they are trying to clear their throat.
- Older children and adults may feel dizzy or faint, and/or seem confused.

Note: The rapid development of severe asthma symptoms may be a sign of anaphylaxis in someone who has a food allergy and is known to be at risk. If it is uncertain whether the person is suffering from asthma or anaphylaxis, it is appropriate to administer an adrenaline autoinjector first, followed by asthma reliever medication. If in doubt, use the adrenaline auto-injector.

What to look for:

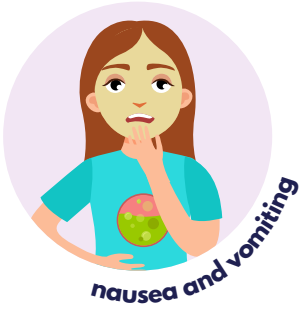
Signs and symptoms of mild to moderate allergic reation

A person may have one or all of the following symptoms during a mild allergic reaction to food, latex or insect venom:

- swelling of the lips, face or eyes
- hives (swollen, itchy pink/red bumps) or welts on the skin
- tingling in the mouth
- abdominal pain*
- vomiting*.

***Note:** Abdominal pain and vomiting are signs of anaphylaxis in reactions to insect (bee or wasp) stings.

What someone might experience:



Managing anaphylaxis in an emergency

Adrenaline is a hormone that the body produces naturally (epinephrine is the drug form of adrenaline). It is the first line emergency treatment for anaphylaxis. Injected into muscle, it works rapidly (within minutes) to reduce throat swelling, open-up the airways and maintain blood pressure. Withholding or delaying adrenaline may result in deterioration and potentially the death of a person experiencing anaphylaxis.

What to do if someone has signs of anaphylaxis:

Follow the steps in the ASCIA Action Plan - Action for Anaphylaxis as follows:

1. Get the child/young person to lie flat; elevate their legs if possible. If their breathing is difficult, allow them to sit. Do not allow them to stand or walk, even after adrenaline has been given.
2. Give adrenaline immediately using an EpiPen®.
3. Phone 111 for an ambulance. Say "anaphylaxis – need adrenaline".
4. If the child/young person has asthma and is still wheezy, follow the instructions on their **Asthma Action Plan** for asthma reliever medication, such as Ventolin, through the child's spacer.
5. Call the child/young person's family/emergency contacts.
6. Give further adrenaline dose (EpiPen®) if no response after 5 minutes (if available)
7. Commence CPR if the child/young person's pulse or breathing is absent.

Use an EpiPen® even if you are not sure the child is experiencing anaphylaxis: under-treatment is more harmful (and potentially life threatening) than over-treatment of a mild or moderate reaction.

Standing or walking can prevent enough blood from getting to the heart, leading to a drop in blood pressure and increased risk of death.

A person experiencing anaphylaxis must not stand or walk until cleared by a doctor to do so. If they are vomiting, lie them on their side in the recovery position.

See this animation:

How to position a person having anaphylaxis - Australasian Society of Clinical Immunology and Allergy (ASCIA)

Recovery position:

What to do if someone is having a mild to moderate allergic reaction:

Follow the steps for Mild to Moderate Allergic Reactions in the ASCIA Action Plan for allergic reactions as follows:

- If they have been stung by an insect, flick the barb out (rather than pinching it out) if visible (do not remove ticks)
- Stay with the person and call for help
- Give medications if prescribed (as per their ASCIA Action Plan)
- Contact their family or emergency contact person
- Watch for any one of the signs of anaphylaxis
- If there are any signs of anaphylaxis, follow the steps for that.

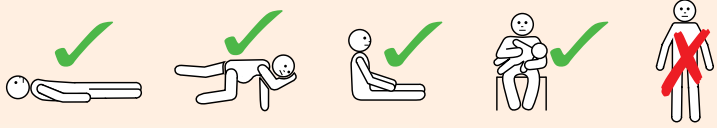
Positioning a person having anaphylaxis

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



How to use an EpiPen®

In New Zealand, the only brand of adrenaline (epinephrine) autoinjector available is EpiPen®. An EpiPen® contains a single, pre-measured dose of adrenaline, otherwise referred to as 'epinephrine' (the term used in the USA). It has been designed to be used by people who are not medically trained, such as a teacher, or the patient themselves if they are well enough to do so. Note that the EpiPen® is a 'one-shot' device and will need to be replaced after use. The adrenaline (epinephrine) also expires over a period of time, and each device needs to be replaced as per its expiry date.

There are two doses of EpiPen® available:

- EpiPen® Junior (usually prescribed for children 7.5 kg – 20 kg)
- EpiPen® (usually prescribed for adults and children over 20 kg).

BLUE TO THE SKY, ORANGE TO THE THIGH

Follow these four steps:

1. With one hand, **form a fist around the EpiPen®**; with the other hand, **pull off the blue safety release***
2. Place orange end against outer mid-thigh (with or without clothing).
3. Push down hard until a click is heard or felt and **hold in place for three seconds**.
4. Afterwards, remove the EpiPen® and return it to its plastic container. Note the time you gave the EpiPen®. Give the information to the paramedics when they arrive. They will also dispose of the used EpiPen®.

***Make sure you use two hands when taking the blue safety cap off.**

See the short video at www.epiclub.co.nz/ on how to use an EpiPen®.

You'll find frequently asked questions about auto-injectors here:

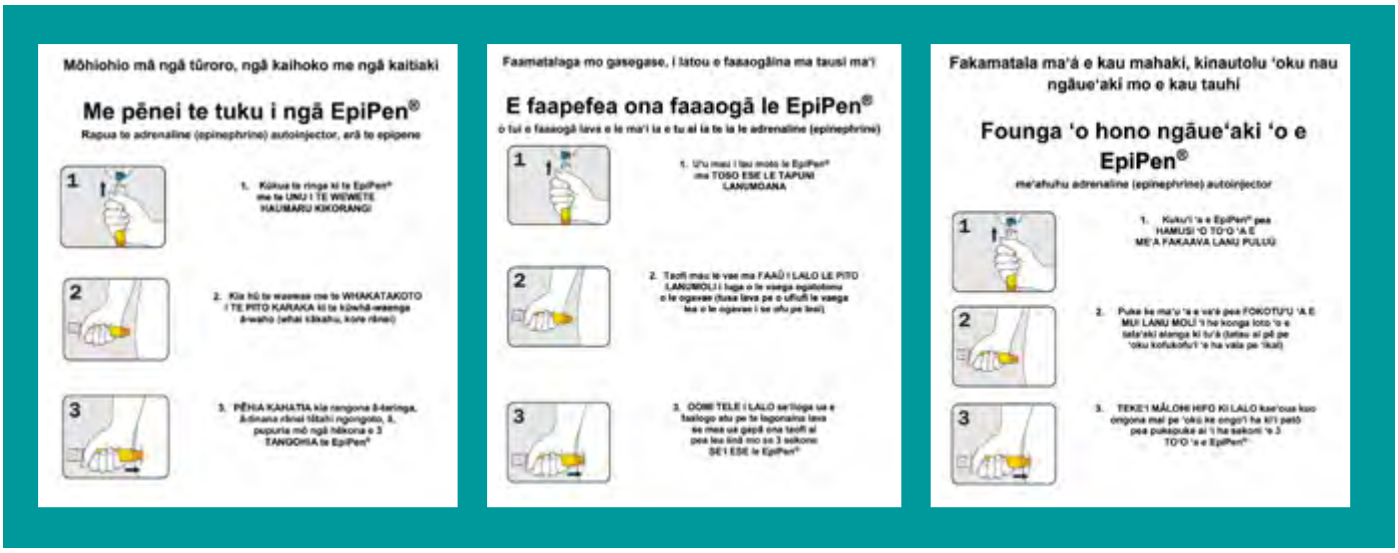
www.allergy.org.au/hp/anaphylaxis/adrenaline-autoinjectors-faqs

Anaphylaxis information is available in Te Reo Māori, Samoan, Tongan and other languages here:

www.allergy.org.au/hp/anaphylaxis#ta5

Resources in other languages

How to use an EpiPen® in Māori, Samoan and Tongan:



Body positions in Māori:

NGĀ MAHI MŌ TE TAUHOHE PĀWERA INATI (PUTANGA MATE PĀWERA KIKINO)

1 Whakatoropapatia te tangata
KAUA e whakaae kia tū, kia hīkoi rānei ia
Mēnā e tūāmoe ana, whakatakotoria ki te whakatakotoranga whakarauora
Mēnā e uaua ana te hā tukuna ia ki te noho

See the full anaphylaxis first aid document in Māori here.

Body positions in Samoan:

GAIOIGA E FAI PE A AAFIA I NI MEA E ILITATA AI LE TINO (E MATUĀ OGAOGA AAFIAGA O IAI)

1 Faataliaga lelei le taoto a le tagata i lalo
AUA ne'i faatagaina i latou e tutū pe savavali
Afai ua lē o iloa e le tagata se mea, faataatia i lona itu e toe te'i mai ai
Afai ua tau lē mafai ona mānava, tuu e faasaofai

See the full anaphylaxis first aid document in Samoan here.

Body positions in Tongan:

NGĀUE KE FAKAHOKO 'I HA HOKO MAI 'A E ANAPHYLAXIS (UESIA MĀTU'AKI TŌTU'A)

1 Fakatoko 'a e tokotaha ko iá ke tokoto hangatonu
'OUA na'a fokotu'u ke ne tu'u ki 'olunga pe luelue
Kapau 'oku pongia, fokotu'u ki he tu'unga ke ne ake hake aí
Kapau 'oku faingata'a'ia 'a 'ene mānavá, 'ai ke ne tangutu hake ki 'olunga

See the full anaphylaxis first aid document in Tongan here.

Asthma, food allergy and anaphylaxis

Asthma, food allergy and high risk of anaphylaxis (severe allergic reaction) frequently occur together, and asthma increases the risk of fatal anaphylaxis.

For more information, see:

Asthma and anaphylaxis - Australasian Society of Clinical Immunology and Allergy (ASCIA)

It is important students with food allergy manage their asthma well as part of their anaphylaxis risk management. **A copy of their Asthma Management Plan should be kept at school, with their medication.**

Asthma Management Action Plan for Young People.pdf

If someone has asthma, has been prescribed an adrenaline (epinephrine) autoinjector and suddenly starts to have difficulty breathing, they should:

- Use the adrenaline autoinjector **FIRST**, then use the asthma reliever medication.
- Sit or lie down and do **NOT** stand or walk.
- Support people should phone an ambulance - 111 (New Zealand).
- Follow the **ASCIA Action Plan for Anaphylaxis**, then continue asthma first aid.
- If in doubt, use the adrenaline autoinjector.
- For further information and resources on asthma, see Asthma New Zealand

CPR for Basic Life Support

www.resus.org.nz/assets/Guidelines/ANZCOR-Guideline-8-CPR-April-2021.pdf

If the child/young person's pulse or breathing is absent, CPR (cardiopulmonary resuscitation) should be commenced AFTER the EpiPen® has been administered.

CPR is taught as an essential component of first aid courses.

Transport to the Emergency Department (ED)

All patients who have been given adrenaline, and/or are suspected of having anaphylaxis, should be transported to hospital via ambulance with paramedics in attendance. Further treatment may be required.

Most cases of anaphylaxis resolve quickly after adrenaline has been given but in some cases the symptoms go away for an hour or so and then reoccur. People who have had an anaphylactic reaction should be observed in the ED for at least four hours.

About food allergy

Food allergy is caused by an over-response of the immune system that occurs 'reproducibly' (every time) the person is exposed to a given food. There are two main types of food allergy:

1. **IgE mediated, where symptoms occur usually within 20 minutes of ingesting the food concerned; and**
2. **Non IgE mediated, where reactions are delayed up to 24 hours.**

IgE is a unique class of immunoglobin that mediates (causes) an immediate allergic reaction. These guidelines only refer to IgE-mediated food allergy, as non-IgE-mediated food allergy is not associated with the risk of anaphylaxis.

Food allergy is often confused with food intolerance, a reaction to a food which is not caused by the immune system. These can be from a range of causes, and symptoms are often delayed and dose-responsive, but do not include immediate, severe reactions such as anaphylaxis.

More information about non-IgE-mediated food allergy and food intolerance can be found here: Food other adverse reactions - Australasian Society of Clinical Immunology and Allergy (ASCIA)

Food allergy is now one of the most common types of allergic conditions, and has become a major public health problem in Western countries in recent decades. This is because of the potential severity of the allergic reactions, and the dramatic increase in their prevalence. The prevalence of food allergy in children under five years in Australia and New Zealand is estimated at one in ten (10%). However around 80% will eventually outgrow their milk and/or egg allergies, and up to 20% outgrow peanut allergy. It is estimated 6% to 8% of school age children overall will have a food allergy.

At this time, there is no cure for food allergy. The focus for people with food allergy is to avoid the food they are allergic to, while being prepared in case of accidentally eating the food and having an anaphylactic reaction.

Even a small amount of the food concerned can trigger a reaction when eaten. This can happen by a person at risk touching an allergenic substance – such as peanut butter left on a table surface – then touching their mouth. A small amount 'hidden' in a food – such as a sesame seed in a bun that is supposed to be sesame-free – or soy in a dressing transferred to another food from serving tongs – can cause someone allergic to the hidden allergen to have a reaction. While most food allergic reactions do not involve anaphylaxis, reactions are unpredictable.

Food allergens

Any type of food can cause an allergy in a person. However, most food allergies are caused by a small number of foods:

- Egg
- Cow's milk (dairy)
- Peanuts
- Tree nuts (almond, brazil nut, cashew, hazelnut, macadamia, pecan, pine nut, pistachio and walnut)
- Fish
- Sesame
- Shellfish (crustacea and molluscs)
- Soy
- Wheat.

While it is not possible to eliminate all risk to children/students with food allergies in schools, it is possible to reduce the risk of accidental exposure through effective policies and procedures.

Egg and milk are the most common triggers in infants. Peanuts, tree nuts and seafood are the most common triggers in older children and adults.

Food can trigger reactions ranging from localised swelling through to generalised reactions, including anaphylaxis.

Many (but not all) tamariki outgrow milk, egg, soy, and wheat allergies by adolescence; however, peanut, tree-nuts, sesame, fish, and shellfish allergies tend to persist into adulthood and may be life-long. Some children may only be allergic to one food, while others may be allergic to several.

Allergies to other foods do occur. Internationally there are regional variances e.g. mustard and celery are known to cause food allergies in Europe. Kiwifruit allergy is not uncommon in New Zealand.

Most food allergy is identified in early childhood as infants are being introduced to a food for the first time. Infants with a family history of allergies or asthma have a higher risk of developing food allergy. Current research shows that introducing common allergy-causing foods by 12 months may reduce the chance of some infants developing food allergy.

Infants and children with food allergy should be referred to their local DHB paediatric service or a specialist, through which they can be diagnosed and provided anaphylaxis action plans and prescriptions for EpiPens®, as well as education on these. There should also be ongoing monitoring, including food challenges and/or dietetic support, if needed. However, families/whānau in some areas may have limited access to these services.

Day to day management of food allergy

Food allergy can be difficult to manage for individuals and families. Most of the foods concerned are common in the New Zealand diet, and some, such as milk, are important for nutritional reasons. Foods such as soy and wheat are especially difficult to avoid. Children with allergies to these foods, or multiple foods, are usually referred to a dietitian as well as a specialist, for ongoing support. Those with persistent allergies, such as to peanuts, tree-nuts, or seafood, should be under the care of a paediatrician or allergy specialist.

The primary focus for day-to-day management is to avoid exposure as far as possible to the food concerned, while being prepared in case anaphylaxis to a hidden allergen does occur.

As part of this, it is important to minimise the risk of cross contact between allergenic and non-allergenic foods during storage, processing, transportation, preparation, serving and eating.

Food safety regulations in New Zealand require businesses to manage allergens in their production process, and any of the food allergens listed in the Food Standards Code* to be declared if they are intentionally in a food for sale as an ingredient, processing aid, or additive (or a compound of any of these).

Food allergens must be declared on the labels of packaged foods, or information provided on request from the consumer if the food is for sale but does not require a label e.g. food sold in delicatessens, cafes, restaurants, or catering services.

However, many food manufacturers use 'may contain' statements when they are not sure if an allergen may be in the product unintentionally through cross-contact. It is important to know these 'Precautionary Allergen Labelling' (PAL) statements are voluntary on the part of the manufacturer and are not regulated.

*Food Standards Australia New Zealand (FSANZ) Food Code: Food Standards Code

Policies and procedures for allergies and anaphylaxis:
Recommendations for schools and kura

Purpose

To enable safety and well-being of students at risk of anaphylaxis.

Key Principles:

1. Know the students at risk
2. Minimise risk, particularly in relation to food allergy
3. Be prepared in case anaphylaxis occurs
4. Raise awareness of food allergies and support for students at risk of anaphylaxis.

Recommendations for policy and procedures for allergy and anaphylaxis in schools:

It is recommended that the school's allergy and anaphylaxis policy and procedures be reviewed annually and include the following:

1. Know the students at risk

1.1. Identification of student with risk of allergy and anaphylaxis on enrolment

- Students with risk of allergy and anaphylaxis are identified through a questionnaire and declaration in the enrolment form. (Refer to Appendix 3)
- There needs to be a clear process to follow up students identified with food allergy and/or other risk of anaphylaxis, for the information the school needs to manage the risk to that student.
- It is the responsibility of the parent/caregiver/whānau to tell the school on enrolment if their child has a food or other allergy that could put them at risk of anaphylaxis.
- Because good communication between the school and families/whānau involved is crucial, it is recommended a staff member be designated to be the key point of contact for the families/whānau.

Refer to Ministry of Education: Guide to Allergies and learning.

1.2 Information collection about identified students with risk for allergy and anaphylaxis

- Parents (upon enrolment) are asked to provide the school with the student's ASCIA Action Plan for Allergic Reactions (green) and/or Action Plan for Anaphylaxis (red) that is/are filled and signed by the student's doctor or nurse practitioner.

Note: The Anaphylaxis Action Plan with the doctor's signature is necessary for the school to be able to take appropriate action should the child/young person have a reaction whilst in their care. If the parent/whānau needs help getting a current ASCIA Plan filled in and signed, their GP or a school/public health nurse may be able to help.

- Follow-up to the allergy information provided on enrolment should include a meeting with the parent/caregiver and, if possible, a relevant health professional, to develop an Individualised Medicines Management and Healthcare Plan. Older students should also be consulted.
- The purpose of the Individualised Medicines Management Plan is to determine where the student's medication including their EpiPen (if prescribed/recommended) is kept, and when, who by, and how it can be accessed and/or replaced.
- Parent/caregiver may need to sign a consent form to authorise staff to administer medication including the EpiPen.
- The purpose of the Individualised Healthcare Plan is to review the school's health and safety policies and procedures in relation to food allergy/anaphylaxis risk management, and identify particular procedures to be followed, relevant to the student's specific allergies and anaphylaxis risk, age, school programme, facilities and so on.
- The Individualised Medicines and Health Care Plan should be reviewed and updated annually. This review should include the ASCIA Anaphylaxis Action Plan and if the student's allergy has changed or after exposure to an allergen while in school.

ASCIA plans

ASCIA Action Plan for Allergic Reactions: download here

ASCIA Action Plan for Anaphylaxis: download here

ASCIA First Aid Action Plan for Anaphylaxis: download here

ASCIA Action Plan for Drug (Medication) Allergy: download here

- Ministry of Education (MOE) NZ Sample of Individual healthcare plan.
- National Allergy Strategy: Individual Anaphylaxis Care Plan Template for Schools.
- Ministry of Education (MOE) NZ: Medical Consent Form Ministry of Education (MOE) NZ Medical Consent Form.

1.3 Inform staff including locums, contractors and volunteers as appropriate of students at risk, including a copy of their Anaphylaxis Action Plan and any procedures required to minimise risk to the student.

- This can be done through the student management system and communication processes in the school in accordance with the current Privacy Act.

Refer to:

Ministry of Education: Managing Student and Teacher Data

Te Kete Ipurangi (TKI) Software

Ministry of Education: Sharing Information

It is recommended that a delegated staff member (key point of contact) oversees allergy and anaphylaxis risk minimisation and management, including training and communications across the school campus, staff, volunteers etc.

2. Minimise Risk

2.1 Awareness of risk factors in the school and out of campus environments

- Understanding the factors leading to allergic reactions and anaphylaxis can help to prevent and manage them.
  - Hidden food allergens that can be accidentally consumed are the main risk for those with food allergies. This can be through:
  - Food that does not have allergens clearly labelled (or student not able to read the label) or information is not available on request
  - Unknown cross contact between an allergen-free food and the food a student is allergic to
  - Traces of food allergens left on a surface (e.g. table/desk) where the student may come into contact with it or traces transferred to other food.
- Any place where food is prepared, served and/or eaten is a potential risk for those with food allergy.
- Irregular situations such as camps and school trips or supervision by an adult who doesn't know the child (e.g. locum teacher or volunteer), can all increase risk.
- Bullying by peers is also known to increase risk, while support from other children can help improve a child's safety and well-being.

2.2 Appropriate allergy and anaphylaxis risk minimisation plan and strategies

- There are policies, procedures, plans and strategies which could be standard across all schools, however others will vary depending on the age-range of students, size of campus, facilities and location, as well as the likely effectiveness of measures and the practicality of implementation.
- It is not possible to eliminate all hazards and risks. Nevertheless, appropriate management can help to reduce the chance of allergic reactions and anaphylaxis occurring.
- Provision of individualised procedures will also be required, based on each child's specific needs in relation to their allergies and circumstances.

2.3 It is recommended that an allergy and anaphylaxis risk minimisation and management policy be incorporated in the school's health and safety policy.

Also see the Ministry of Education's Guidance on Managing Students with Food Allergies in the Health School Lunch Programmes

See page 24 for allergen risk minimisation strategies.

Note: Risk minimisation strategies for allergies other than food should also be incorporated in the policy and procedures.

3. Be prepared in case anaphylaxis occurs

3.1 Allergy and Anaphylaxis Emergency Response

- It is recommended to include allergy and anaphylaxis in the school's emergency response plan which includes management of unexpected allergic reactions in students undiagnosed before commencing school.
- Any staff or volunteers in education settings (on and off-site) likely to have children/students with risk of anaphylaxis in their care, should be required to complete and/or maintain a current First Aid Certificate. The course should include a module on recognising and treating anaphylaxis.
- It is recommended that all staff and volunteers participate in allergy and anaphylaxis training and refresher training annually and/or as required.
- A staff member with training in emergency management of anaphylaxis should be present in the school facilities and out of campus activities.
- Evaluation criteria for school contractors (e.g. food providers, school bus services) could also include food allergen, anaphylaxis risk minimisation and management training.

Recommended free training:

- ASCIA E-training Course for Schools & Children's Education/Care 2021 -2 (September 2021)
- All About Allergens Training for Schools and Children's Education and Care

It is also recommended that staff (and students) practice through role-play exercises. For example, how will the school manage a situation somewhere on the campus where a child/student has an anaphylactic reaction:

- Who will stay with the child and/or administer the EpiPen® and other first aid?
- Who will get the EpiPen® and/or ring for an ambulance?
- Who will supervise other children while this is happening?

Training and planning should also include preparedness for unexpected reactions including in those who were not previously known to be at risk of anaphylaxis.

This could be, for example, a child or teacher having anaphylaxis following a bee or wasp sting.

- ACC claims

Anaphylaxis due to accidental exposure to a known trigger is generally covered by ACC. This includes the cost of emergency treatment such as the ambulance call out and emergency department, and any treatment of injuries which may arise from the anaphylaxis. Patients can claim reimbursement of their EpiPen® if used in the emergency treatment of their anaphylaxis. There is more information here: www.acc.co.nz/assets/provider/cover-allergic-reaction-acc7822.pdf

- Complaints Procedures

Schools and ECEs should also have an accessible complaints procedure for parents if they are concerned about the handling of their child's food allergy or risk of anaphylaxis. Disputes should be referred to the Ministry of Education.

- Undeclared allergens in a food from a registered food provider

The provider should be informed, and the school should also report the incident to New Zealand Food Safety on 0800 00 83 33 or by emailing info@mpi.govt.nz

3.2 Provision for and access to EpiPen®

- Student's EpiPens® should be kept safely and

accessible at all times. This will depend on the size of the campus and the facilities but could be in a central location e.g. the school office or a nurse's station. Older students should carry their EpiPen® with them, but with arrangements made for staff or volunteers to look after it when the student is engaged in sport or other physical activities.

- EpiPen® and other medications required by each identified student should be provided with clear labels and instruction. Access and use should be defined as per the student's individualised Medicines Plan and ASCIA Anaphylaxis Plan.
- Schools may like to consider purchasing EpiPens to hold in first aid kits. These could be used as back-up devices for students known to be at risk of anaphylaxis, should
  - Their own EpiPen® not be available or
  - A second dose of adrenaline is required.

Adrenaline injectors: General use - Australasian Society of Clinical Immunology and Allergy (ASCIA)

3.3 Relevant reporting and documentation policy and procedures for food allergies and anaphylaxis are established.

- Anaphylaxis is unpredictable and there will always be potential for an allergic reaction to happen. Reactions should be dealt with at the time as per the emergency management procedures set down in the ASCIA Anaphylaxis Action Plan.
- Schools are required to report, record and investigate all incidents, and identify any trends to their health and safety representative and to WorkSafe where appropriate.

Note: Anaphylaxis meets the definition of a notifiable incident under section 23 of HSWA as:

a) Requires the person to have immediate treatment (other than first aid) due to the loss of a bodily function (e.g. breathing or blood pressure); and

b) Is an injury or illness that requires, or would usually require, the person to be admitted to a hospital for immediate treatment.

- Ensure there is a debriefing procedure after any incident related to anaphylaxis. Debriefing provides an opportunity for the child, their parents and any staff involved to:
  - address any anxiety
  - reflect on how the incident was managed
  - determine whether any policies or procedures need updating
  - provide reassurance about any future episodes.

4. Raise awareness of food allergies and support for those at risk of anaphylaxis

4.1 Cultural inclusivity and Te Tiriti o Waitangi principles are integrated in the allergy and anaphylaxis policy and procedures

- Understanding the school community and students (their family/whānau, identity, culture, language, values and practices) is important. Building relationship and working in partnerships will help to support the promotion of inclusivity.

Refer to Te Kete Ipurangi (TKI):

Developing an inclusive classroom culture | Inclusive Education (tki.org.nz)

Inclusion Principle

Community Engagement Principle

Refer to Ministry of Education: The Education and Training Act 2020: Te Tiriti o Waitangi

Refer to Wellbeing@school: Inclusive practices toolkit

Wellbeing@School Resources

4.2 Ensure allergies and anaphylaxis plans, policy and procedures are accessible and regularly communicated to parents/caregivers, school community, families and contractors at the first point of contact with the school.

Refer to Educational Leaders (MOE): Effective Communications

4.3 Age-appropriate allergy and anaphylaxis education for students and their peers should be regularly conducted.

The two key objectives to this recommendation are:

- To ensure students with food allergy/risk of anaphylaxis can participate fully in the curriculum and school-related activities.
- To raise awareness of food allergy and associated risk of anaphylaxis, and support for those at risk.

4.4 Implement regular activities and initiatives to raise awareness about prevention and management of allergies and anaphylaxis are carried out amongst the students, their families and the community.

Participation in Allergy New Zealand's annual awareness campaigns may also help with raising awareness in the school and its community - register with Allergy NZ on allergy@allergy.org.nz

Available resources:

Translations of anaphylaxis information into Māori, Samoan and Tongan.

The MPI food safety guide for marae.

Please watch for additional/new resources at Allergy NZ's website: www.allergy.org.nz

4.5 Food allergy and anaphylaxis topics/concepts should be incorporated across the school curriculum

- Schools should review course content across the curriculum and adapt where necessary to ensure students with food allergy can participate safely (e.g. cooking class & science experiments). Schools could also incorporate information about food safety in relation to allergens, and include the first aid response to anaphylaxis into relevant subjects.

Refer to the Ministry of Education's Allergies Guide for more ideas: https://inclusive.tki.org.nz/guides/allergies-and-learning/

- Other strategies include building allergy awareness into the health curriculum, including risk management and emergency response and food allergen management into the food technology curriculum.

Refer to:

Wellbeing@school: Making a Difference to Student Wellbeing

Allergy and Anaphylaxis Australia: How to give an EpiPen®

- Primary schools could consider incorporating 'allergy awareness' into the curriculum and/or annual campaigns. Activities could include learning to read labels and identifying allergens, and what children should do if their friend is having an allergic reaction.

Empowering a child to teach others what they know e.g. how to use an EpiPen®, may help them feel more comfortable about disclosing their food allergy.

A relevant 'Allergy aware' slide set for primary schools is available here.

- Secondary schools should develop an 'adolescent-centred approach' to empower students with food allergy to be involved in decisions about something that is important to their lives. An example is meaningful consultation with students in the planning of events, activities, camps etc where food will be involved. Check out this PowerPoint Presentation (allergy.org.au) and Home (250K — An allergy awareness project) for relevant resources.

4.6 Ensure staff who have known allergy/anaphylaxis risks and staff who have students at risk of allergy and anaphylaxis are regularly communicated with and supported

Refer to:

Ministry of Education: Wellbeing for staff

Teaching Council of Aotearoa New Zealand: Teacher wellbeing

4.7 A support system should be available for students with food allergies and risk of anaphylaxis and their parents/caregivers

Given the daily management of food allergy requires avoidance strategies to minimise the risk of a life-threatening reaction, it is not surprising children and young people with food allergy are also at risk of developing anxiety and related disorders, including depression. Schools should be aware of this and consult with parents (or respond to parents if they express concerns) and seek help as appropriate.

Refer to Ministry of Education: Wellbeing in schools

Wellbeing and Mental Health Teaching Resource for Teachers

Wellbeing@School Resources

Please watch out for additional/new resources at Allergy NZ's website: www.allergy.org.nz

Allergens risk minimisation strategies

This resource offers examples of strategies to help reduce the risk of exposure to known allergens in the school or kura and out-of-campus settings. The aim is to reduce the risk of a student's accidental exposure to a food or substance that they are allergic to.

It is important to highlight that useful and appropriate risk minimisation strategies across the school/kura should be in place to prevent students with allergy be given a food or coming in contact with a substance to which they are allergic.

It is recommended that the school or kura engage and consult with parents, students (when appropriate), school staff & volunteers and local health professionals when establishing and communicating practical strategies that are suitable for the school/kura in general and for each student.

Strategies specific to a student should be included in the student's individualised health care plan and disseminated to relevant staff and volunteers.

Students should not be excluded from activities because of their allergy/risk of anaphylaxis.

Strategies for food allergies

A. Food policy and guidelines can include the following:

- All students should wash their hands before and after eating. See this resource.
- By the time of starting school, children with food allergy should know only to eat food provided from home or a source approved by their parent, to wash their hands before and after eating, and not to put their fingers in their mouth. It is important for the school to support this by enforcing policies on 'no sharing of food or drink' and washing hands. See this resource.
- If possible, food should be kept out of all classrooms (including specialist and technical classes) and only eaten in areas designated for this purpose.
- If the school facility does not have a designated space for eating and there is no alternative to food being eaten in the classroom, special arrangements and strict guidelines should be made for a class that includes a child/student with food allergy.

  This may include:

  - Sharing the classroom of another class or using another hall when eating lunch.
  - Students wash hands before and after eating.
  - Students remain seated at their own desks or designated tables while eating and not move around with food or drinks.
  - No sharing of food, drink and utensils.
  - All food waste and rubbish disposed of appropriately.
  - Surfaces where food has been eaten are wiped clean afterwards. Floors may also need to be cleaned.
- All bottles, other drinks and lunch boxes clearly labelled with the student's name.
- Level and type of supervision is required, particularly for younger students during mealtimes, activities, etc. where food is involved. Students with food allergies should not be isolated from their peers as a risk minimisation strategy.
- In any event or activity at the school, including individual classes, sports events or cultural activities where it is intended food will be shared, the safety needs of individual students with food allergy will need to be assessed and their risk minimised.
- Food bans are not recommended as the primary risk minimisation strategy due to difficulties in implementation and lack of proven effectiveness.
- However, food restrictions, with appropriate education and communication, may have a role to play in some circumstances e.g:

  - Where there are young children who have insufficient maturity to protect themselves (e.g. early primary school or children with developmental delay).
  - Primary schools could consider requesting that nut products are not sent in lunch boxes in new entrant classes to reduce the risk of accidental exposure in young children. (Much of the focus is on accidental peanut or tree nut exposure, as reactions may occur after exposure to tiny amounts, and as these foods are the most common trigger for childhood anaphylaxis)

- In a class that has a student with food allergies, particularly where food has to be eaten in the classroom, parents should be communicated with regarding not sending "messy" food items which contain allergens avoided by the student with food allergy (e.g. egg sandwich, yoghurt tubs).
- At school camps (see Out-of-campus activities below)

B. School activities and programmes:

- Provision for handwashing facility. Resources are displayed to encourage handwashing.

Some relevant resources here:

www.toiteora.govt.nz/public/hand-hygiene/

www.healthed.govt.nz/resource/wash-and-dry-your-hands

If running water is not available, hand wipes can be used to remove allergens. **Hand sanitiser is not used as a substitute as it does not remove allergens.**

- Needs of students with food allergy/risk of anaphylaxis are considered early in the planning of events or activities where food is involved e.g. stalls or fundraisers, after match functions, school trips, camps, etc.
- Class activities or games should not include use of any food item that any student is allergic to.
- Ensure avoidance of allergen-containing resources (e.g. empty milk bottles, cereal boxes) in learning experiences.
- Encourage the use of non-food rewards in activities or competitions.
- School programmes
  - The **supervision** of students as part of Food in School programmes, such as the Ka Ora, Ka Ako | Healthy School Lunch Programme, Milk in Schools and/or Breakfast in Schools; and for meals in school camps.
  - **Procedures need to be established** when food is being provided to the student by the school or a contracted food service provider, including consultation with the parents/caregiver/whānau of students with food allergies.
  - Schools are responsible for ensuring the caterers for school food programmes such as the Ka Ora, Ka Ako | Healthy School Lunch Programme, or for school camps or other activities, **are registered under the appropriate food safety regulations, and are able to provide safe food for students with food allergies.**
  - Relevant courses have been developed by National Allergy Strategy Australia to help food services manage food allergies:

All About Allergens for General Foodservice.

  - Where food is being provided to students through these programmes, it is the school's responsibility to ensure the provider knows about the needs of individual students with food allergies; and there are procedures to ensure the right meal gets to the right child.
- Out-of-campus activities
  - **Discussion and planning** of out of campus activities with parents/caregivers/whanau of students with allergies beforehand.
  - Parents/caregivers/whanau of students with food allergies can send **clearly labelled food or treats** for their child.
  - Require the supervision of students when food is eaten, including outside the school or kura (trips, camps or excursions).
  - Consider a 'no eating' rule during daily travel on school buses. (For long excursions, there may be occasions where students eat on the bus. It is recommended that proper education and precautions be taken to minimize the risk of exposure).
  - On camps where there are students with severe nut (peanut or tree nut) allergy, it should be **requested that foods containing nuts are not taken or supplied**. This should be considered particularly where camps are in remote locations at distance from emergency services.
  - There should be an established process and procedures for school and camp staff to communicate a student's food allergy

information to cooks, chefs and any other camp staff involved in food service – both at the main site and off site. It is important that coordination occurs before the child goes on camp.

- Students with food allergy should be allowed to take their own food, and prepare this on-site, if that is the best option to enable them to attend and fully participate.

- Curriculum activities (e.g. Food Technology)
  - Schools could consider incorporating age-appropriate and skill-building topics about allergy and anaphylaxis into the curriculum. Examples include reading food labels.
  - Allergen-containing ingredients that pose risk to a student should be substituted accordingly.

Relevant resource: National Allergy Strategy Food Allergen Ingredient Substitution Tool

- Strategies should be used to prevent cross contamination in activities which involve food.
- Ensure that cooking utensils and equipment are thoroughly washed and cleaned before and after use (in a dishwasher, if possible).
- Encourage online training for food technology staff and volunteers.

Relevant course: National Allergy Strategy Australia's All About Allergens for Schools www.foodallergytraining.org.au/

C. School and community support:

- Allergen management and anaphylaxis training for all staff, volunteers and contractors is recommended. Training should include identification of students at risk, recognition of signs and symptoms and how to use an EpiPen®.

Relevant courses:

- ASCIA anaphylaxis e-training for Australasian schools 2021: www.allergy.org.au/patients/anaphylaxis-e-training-schools-and-childcare
- National Allergy Strategy Australia's All About Allergens for Schools: www.foodallergytraining.org.au/

- Parents of classmates in early primary years should be asked for their support by not sending meals or snacks containing highly allergenic and easily transferable food such as egg mayonnaise or peanut butter sandwiches. This is due to the higher risk of person-to-person contact in younger children. This will need to be monitored daily, but should not be relied on as the sole measure for avoiding accidental exposure.
- Food should not be given to children with food allergy without parental engagement and permission (e.g. birthday parties, food treats). Parents could consider leaving safe treats for their child with the teacher for special occasions, and/or schools look at other ways of celebrating that does not involve food.
- Bullying prevention strategies with respect to food allergy and anaphylaxis are strongly recommended.

Relevant resources:

Te Kete Ipurangi (TKI): Bullying-free NZ

Promoting positive behaviour.

- Allergy and anaphylaxis policy and procedures should be regularly communicated (e.g. through school newsletters, website, social media) to the staff, volunteers, families/whanau, students, contractors and visitors.
- Communication between parents/caregivers/whanau and school is essential in supporting the wellbeing of a student with food allergy and at risk for anaphylaxis.

Note: Food allergies are not always known before a student commences school. In the school setting, unforeseen allergic responses might happen in a student with no prior history of food allergy.

Strategies for other allergens

A. Bee or wasp stings/bites:

Where children are identified as at risk of anaphylaxis to bee or wasp venom:

General

- Ensure grass areas where children play are regularly mowed.
- Remove hives or wasp nests on the ECE or school's grounds.
- Cover rubbish bins etc that might attract bees or wasps; keep children away from these areas.

- If beehives are in the vicinity, check the path of bees is being directed above head height and away from school buildings, facilities and play or sports areas (check this with your local council).

For individual children at risk of anaphylaxis

- Wear closed footwear when outside.
- Keep limbs covered when outdoors.
- Avoid products with strong perfumes such as suntan lotions - they can attract insects.
- Avoid pastel coloured clothing.
- Avoid eating sweets or drinking sugary drinks, particularly from open containers, outdoors.
- Use an insect repellent.

ECEs and schools should also:

- Identify high-risk areas such as pools and garden beds.
- Assess risk associated with school camps and other out of school activities, to minimise as far as possible.
- Consider having general-use EpiPens® in first aid kits.

B. Latex allergy

This is rare in children and young people, with children with spina bifida at highest risk. Where identified:

- They should have an Anaphylaxis Action Plan and EpiPen® on hand.
- Health professionals including public health and school nurses, GPs and dental clinicians providing support to children/students at the ECE or school should be advised.
- The emergency response plan should include advising emergency services the patient has latex allergy.
- Only non-latex gloves should be used in ECEs and schools (e.g. for changing nappies, personal care, sick bay, dental clinic, first aid kits, school kitchens, cooking classes, cafeteria, BBQs, food stalls, cleaning services).
- ECEs should be aware of latex pacifiers or dummies and restrict the use of these in the centre; there are silicone alternatives.
- Only non-latex balloons only should be used e.g. in play activities, decorations for events such as parties, school balls etc.
- Elastic tape may include latex in school uniforms or sports gear.
- Elastic bandages or tape may include latex. Latex-free alternatives should be used in first aid kits.
- Sports and other equipment the student may come into contact with e.g. swimming caps, should be checked and replaced with non-latex versions.

C. Medicines

This is rare in children and young people but where identified:

- Their allergy should be documented, and a Medic Alert bracelet recommended
- No medication should be administered to the student by school personnel, including over the counter (OTC) medicines without the permission of the parent and/or advice of a registered health professional.
- Documentation on the child's allergies should be provided to the dental health service, and parent's consent to treatment required.
- Students to be reminded that they should not share their medications with others.

See more information on Allergy New Zealand's website www.allergy.org.nz

The role of parents and health professionals

While these guidelines are written specifically for school management and staff, it is important to note that parents/whānau, health professionals and the community at large also play an important role.

The role of parents:

- Comply with recommended health management including relevant allergen avoidance.
- Help your child learn how to manage their allergy safely.
- On the enrolment form, inform the school or ECE service of any allergy diagnosis.
- Where appropriate, obtain a written allergy action plan or anaphylaxis action plan from your child's doctor and provide a copy for the school or ECE along with an EpiPen®. If your child has asthma, an asthma management plan may also be useful.
- Ensure all prescribed medication is provided to the school or ECE, kept up to date and replaced as soon as possible when used, especially adrenaline auto-injectors (EpiPens®) and asthma inhalers.
- Provide written consent for teachers to administer prescribed medication.
- Particularly if the child has multiple allergies, liaise with the teacher and public health nurse/ school nurse to create and help implement a personalised care plan for your child at the start of each school year.
- Arrange for an annual appointment with your child's doctor or specialist to review and update allergy medical information including their Allergy or Anaphylaxis Action Plans and medications, to pass on to the school or ECE service as appropriate.
- Provide children with a named lunchbox and drink bottle with non-allergenic foods.
- Consider providing a treat box of safe food to be kept at the ECE service or school to be used when other children are having food celebrations.
- Contact the school public health nurse for advice and support on working with the ECE service or school to manage allergies.

The role of the public health or school nurse:

- Provide annual training to school staff on anaphylaxis.
- Meet with the teacher and parent to create an individualised care plan together for tamariki who have severe or multiple allergies.
- Keep up to date with health information and treatment relating to allergies, including auto-injectors.
- Provide advocacy and support for children with severe allergies in the school environment.

The role of the family doctor or allergy specialist:

- Diagnose or exclude allergies and communicate the results to the parents or guardians.
- Provide a written Allergy Action Plan or Anaphylaxis Action Plan in plain language with clear identification of the allergens, the main symptoms of an allergic reaction and how to treat them, with instructions for administration of emergency medication.
- Monitor the child's allergies, and arrange dietitian referral and tests, including food challenges as appropriate. https://www.starship.org.nz/guidelines/food-allergy/
- If the child has asthma, an up-to-date asthma management plan should also be provided.

Four quick steps to an allergy friendly school

Start today:

1. Know your students at risk
2. Minimise their risk
3. Be prepared for anaphylaxis
4. Raise awareness of allergies

Resources

Allergy and anaphylaxis – general information:

- Allergen labelling saves lives Food Standards Australia New Zealand
- Anaphylaxis Australasian Society of Clinical Immunology and Allergy
- Anaphylaxis Allergy New Zealand
- Anaphylaxis resources Australasian Society of Clinical Immunology and Allergy

Anaphylaxis information in Te Reo Māori, Samoan, Tongan and other languages:

https://www.allergy.org.au/hp/anaphylaxis#ta5

Anaphylaxis FAQs: https://www.allergy.org.au/hp/anaphylaxis/adrenaline-autoinjectors-faqs

Anaphylaxis: Policy | education.vic.gov.au - Victoria State Government, Australia.

What is anaphylaxis? Allergy & Anaphylaxis Australia

Clinical Guidelines and strategies for schools and early learning centres:

ASCIA guidelines for prevention of anaphylaxis in schools, pre-schools and childcare: 2015 update *Journal of Paediatrics and Child Health, 2015*

Schools - Australasian Society of Clinical Immunology and Allergy (ASCIA)

Education Guidelines and Resources: NZ Ministry of Education Guide: Health and safety practical guide for boards of trustees and school leaders

Guide to allergies Te Kete Ipurangi, NZ, 2019

Guidance on managing students with food allergies - Ka Ora, Ka Ako | Healthy School Lunches programme, NZ Ministry of Education

Food Regulations and Resources:

Guidance for early learning services (mpi.govt.nz) https://www.mpi.govt.nz/dmsdocument/11287/direct

Useful resources to help implement strategies:

Allergy Aware resources to support children's education and care services to prevent and manage anaphylaxis: Schools - Allergy Aware

All About Allergens training course: https://foodallergytraining.org.au/

All About Allergens resources for camps: FA Training: Choose your course (foodallergytraining.org.au)

All About Allergens for General Food Service: FA Training: Choose your course (foodallergytraining.org.au)

ASCIA anaphylaxis e-training for Australasian schools 2021: https://etraining.allergy.org.au/

Updates, e-training, slide sets etc: Anaphylaxis e-training - Australasian Society of Clinical Immunology and Allergy (ASCIA)

Going to school with food allergies (Starship Allergy Clinic): Microsoft Word - 5 for 5.docx (starship.org.nz)

Resources for school-aged teens living with severe allergies: Australian National Allergy Strategy https://teen.250k.org.au/

Allergy New Zealand: Allergy Today - www.prod.allergynz.cl.pxlfsn.co/about-us/allergy-today/

Allergy Awareness Week: Resources for schools and ECEs: Allergy New Zealand

Allergy & Anaphylaxis Australia, 2016 School correspondence - ideas for notes to parents

Ministry for Primary Industries, New Zealand Top 5 food safety factors – early childhood education

Ministry of Education, NZ, 2017 Safety in technology education

Handwashing:

https://toiteora.govt.nz/public/hand-hygiene/

https://www.healthed.govt.nz/resource/wash-and-dry-your-hands

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National Allergy Strategy. Best Practice Guidelines for anaphylaxis prevention and management in schools. 2021. Accessed from https://allergyaware.org.au/schools/best-practice-guidelines-schools

Appendix 1: ASCIA Action Plans for anaphylaxis and allergic reactions

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

ACTION PLAN FOR
Anaphylaxis

For use with EpiPen® adrenaline (epinephrine) autoinjectors

Name:
Date of birth:

Confirmed allergens:

Family/emergency contact name(s):
1.
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.

SIGNS OF MILD TO MODERATE ALLERGIC REACTION
- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - these are signs of

ACTION FOR MILD TO MODERAT
- For insect allergy - flick out sting if visib
- For tick allergy ☐ seek medical help or
- Stay with person, call for help and loc
- Give antihistamine (if prescribed)
- Phone family/emergency contact

Mild to moderate allergic r
or swelling) may not always

WATCH FOR ANY ONE OF T
ANAPHYLAXIS (SEVERE AL
- Difficult or noisy breathing
- Swelling of tongue
- Swelling or tightness in throa
- Wheeze or persistent cough

ACTION FOR ANAPHYLA

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www.allergy.org.au

ACTION PLAN FOR
Allergic Reactions

Name:
Date of birth:

Confirmed allergens:

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 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

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF
NAPHYLAXIS (SEVERE ALLERGIC REACTION)
- Difficult or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ION FOR ANAPHYLAXIS
Y PERSON FLAT - do NOT allow them to stand or walk
nconscious or pregnant, place in recovery position
left side if pregnant, as shown below
athing is difficult allow them to sit with legs outstretched
oung children flat, not upright

DRENALINE INJECTOR IF AVAILABLE
mbulance - 000 (AU) or 111 (NZ)
mily/emergency contact
person to hospital for at least 4 hours of observation
GIVE ADRENALINE INJECTOR
R at any time if person is unresponsive and not breathing normally

ADRENALINE INJECTOR FIRST, and then asthma
if someone with known asthma and allergy to food, insects or
DDEN BREATHING DIFFICULTY (including wheeze, persistent
ce) even if there are no skin symptoms
ation prescribed: ☐ Y ☐ N
ntally injected (e.g. into a thumb) phone your local poisons information
is action plan for the person with the allergic reaction.
ned by the patient's doctor or nurse practitioner and cannot be altered without their permission.

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

FIRST AID PLAN FOR
Anaphylaxis

For use with adrenaline (epinephrine) injectors - refer to the device label for instructions
Translated versions of this document are on the ASCIA website www.allergy.org.au/anaphylaxis#ta5

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
- Phone family/emergency contact

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

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS
- Difficult or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

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, if someone has SEVERE AND SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms. THEN SEEK MEDICAL HELP.

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

Adrenaline injectors are given 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

Find them here:

ASCIA Action Plan for Allergic Reactions: download here

ASCIA Action Plan for Anaphylaxis: download here

ASCIA First Aid Action Plan for Anaphylaxis: download here

Appendix 2:

Regulations that apply to schools and kura

1. The Education and Training Act 2020

This establishes the legal framework for our education system, including early childhood education, compulsory schooling, international education and tertiary education.

1.1 The National Administration Guidelines set guidance for schools in complying with regulations under the Act. Note these are due to be repealed on commencement of the new strategic planning and reporting framework on 1 January 2023.

The National Administration Guidelines (NAGs) – Education in New Zealand

1.2 The National Administration Guideline 5 (NAG 5) requires the board of trustees to:

- provide a safe physical and emotional environment for students
- promote healthy food and nutrition for all students
- comply in full with any legislation currently in force or that may be developed to ensure the safety of students and employees.

NAG 5 is about the pastoral care of children and students and focuses on educational health and safety, not workplace health and safety. NAG 5 overlaps with the HSWA duties and schools/kura are required to meet the requirements of both.

2. Health and Safety at Work Act 2015

The Health and Safety at Work Act 2015 (HSWA) applies to schools in the same way it applies to businesses and organisations.

The HSWA 2015 encourages a proactive approach to keeping people safe from harm. If there is a failure to put appropriate systems in place to identify potential harm and work collaboratively to keep people safe, then prosecution and penalties may be applied. This is the same as the 1992 Act however the penalties have significantly increased. The HSWA broadens the Primary Duty of Care. This defines the boards, as a legal entity, with an obligation to do what is reasonably practicable to keep workers and others safe.

Regulations under HSWA 2015 are based on a risk management approach to health and safety – essentially identifying hazards and eliminating or minimising the risk of harm from these.

Schools also have to ensure there are adequate first aid facilities, including an easily accessible first aid kit and enough staff trained to administer first aid.

Under the Act, the criteria for a notifiable incident is:

"an unplanned or uncontrolled incident in the workplace that exposes a worker or any other person to a serious risk to that person's health or safety arising from an immediate or imminent exposure to a … hazard".

This means the board must:

- notify WorkSafe as soon as possible
- notify the Ministry of Education
- keep a record of the incident for five years.

For further information see 'Health and safety practical guide for boards of trustees and school leaders'.

3. Food Act 2014

The Food Act 2014 applies to schools and kura that sell food or provide it (e.g. as part of their paid holiday programme).

To comply with the law, depending on the type of food that is prepared, served or sold and the level of food safety risk involved, schools may be required to operate under:

- A Food Control Plan, or
- One of the National Programmes (Level 1, 2, or 3).

If the school cooks or prepares food to sell, or if food prepared by students as part of a lesson is later sold at the school café, the school will need to

register a written food control plan (with the local council) and get checked to make sure everything is in order.

If the school only sells pre-packaged food (for example hot pies), they will need to follow a national programme. This means registering and getting checked, but doesn't require a written plan.

If a school only sells pre-packaged shelf-stable food like chocolate bars or dried fruit and nuts, it doesn't need to register or get checked.

For more information, see:

https://www.mpi.govt.nz/dmsdocument/5260-schools-what-does-the-food-act-mean-for-me

If a catering service is used, then it is their responsibility to register. This includes food service providers of the Ka Ora, Ka Ako lHealthy School Lunch Programme, as well as facilities where school camps or other activities/events are held.

Healthy-School-Lunches-Food-Control-Plan.PDF (education.govt.nz)

If the operator of the facility is contracted by the school to provide the food, the operator will be responsible for maintaining registration under the food safety regulations, including food allergen management.

However, in any of these situations, it is the school's responsibility to check the facility or service has appropriate registration, and that they can meet the needs of students with food allergies.

Appendix 3:

Samples of allergy-related questions for enrolment forms

Sample A:

Medical Conditions - select as appropriate. Please provide as much detail as possible for all conditions selected (ie date of diagnosis, medication required, treatment plans etc), attach extra sheet of paper if required.

	Yes	No
Asthma Please circle: Mild / Moderate / Severe *Please provide up to date asthma action plan.*		
Allergy/Allergies Please circle: Mild / Moderate / Severe Does the student carry their own Epipen®? YES / NO *Please provide up to date asthma action plan.*		

Sample B:

Medical Conditions - select as appropriate. Please provide as much detail as possible for all conditions selected (ie date of diagnosis, medication required, treatment plans etc), attach extra sheet of paper if required.

Please detail all medical conditions you believe the school needs to know about, for the safe custody of your child while under school supervision.

Remember to complete your child's detailed Student Health Record later in this application.

Doctor name: _____

Health notes: _____

_____

_____

_____

List any medical problems including hearing, allergies and diagnosed conditions.

Viatris are proud to support Allergy New Zealand in the production of their School Allergy Management Guidelines.