

This document has been developed by [ASCIA](http://www.allergy.org.au), the peak professional body of clinical immunology/allergy specialists in Australia and New Zealand. ASCIA information is based on published literature and expert review, is not influenced by commercial organisations and is not intended to replace medical advice. This information is consistent with [Best Practice Guidelines](#) for Anaphylaxis Prevention and Management. For patient or carer support contact [Allergy & Anaphylaxis Australia](#) or [Allergy New Zealand](#).

What should a doctor or nurse practitioner provide if your child is at risk of anaphylaxis?

- **Education about avoiding known allergens at home and outside the home**
Anaphylaxis is a severe allergic reaction that is most often caused by food allergens (when eaten or in drinks), drugs (medicines), insects or ticks.
- **ASCIA Action Plan for Anaphylaxis**
This plan includes your child's details, signs of allergic reactions, what to do if your child has an allergic reaction and how to give adrenaline (epinephrine) devices to treat anaphylaxis.
A copy of the plan should be stored with your child's adrenaline devices.
The plan is completed and signed by your child's doctor or nurse practitioner.
- **Prescription for two adrenaline devices (either EpiPen® or Anapen®)**
These devices are available on prescription and rebated in Australia and New Zealand.
They should be replaced just before they expire, and the expiry date is on the device.
Your child's adrenaline device dose will change depending on how much they weigh.
- **Education on how to use adrenaline devices**
You should practise using a trainer version of the device prescribed for your child. Trainer devices do not have a needle or adrenaline, so they can be safely reused by family and friends.

What is the role of the parent or carer?

- **Give the childcare service, preschool or school a copy of your child's ASCIA Action Plan**
This plan should be updated when new adrenaline injectors are prescribed or if allergies change and can only be completed or updated by your child's doctor or nurse practitioner.
- **Give adrenaline injector device/s to childcare services, preschools or schools**
One device should be available to the childcare, preschool or school when your child is there, including offsite activities. Devices need to be replaced if they are used or just before they expire.
- **Work with childcare, preschool or school to develop an individual anaphylaxis care plan**
This plan helps staff to manage your child's allergies at childcare, preschool or school.
- **Teach your child to avoid what they are allergic to and why this is important**
Remind your child that they need to tell staff or a friend as soon as they feel sick.
If your child is allergic to food, remind them not to accept food or drinks from others.
- **Follow the ASCIA action plan if an allergic reaction occurs.**

What is the role of childcare, preschools and schools?

- Childcare, preschools and schools should be allergy aware and follow Best Practice Guidelines.
- Training of staff in prevention, recognition, and treatment of allergic reactions including anaphylaxis.
- Staff need to know where adrenaline devices are kept, including students who carry their device.

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For more information go to www.allergy.org.au/schools-childcare

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