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Media Release

New allergy guidelines to protect children from severe allergic reactions in schools and childcare

Food allergy and anaphylaxis is increasing in Australian children, with up to 1 in 20 school aged children having food allergies [1]. Anaphylaxis is the most severe form of allergic reaction, and the incidence of food-induced anaphylaxis in Australia has risen rapidly over the last decade [2]. New guidelines and resources from the National Allergy Strategy aim to equip schools and children's education and care (CEC) settings to prevent and manage anaphylaxis.

The National Allergy Strategy has launched [best practice guidelines for the prevention and management of anaphylaxis in schools and children's education and care](#), including out of school hours care. Developed in consultation with key stakeholder organisations, staff working in the sector and parents, the guidelines are important resources in providing evidence-based information and support to reduce the risk of anaphylaxis, while also enabling children to participate in all activities.

"The reality is that severe allergy and the risk of anaphylaxis is common in the school and children's education and care settings. Children with known allergies that are at risk of anaphylaxis may have severe reactions, but they can also occur in children not previously known to be at risk of anaphylaxis," stated Maria Said, Co-chair of the National Allergy Strategy and CEO of Allergy & Anaphylaxis Australia (A&AA). "The new guidelines and supporting resources provide much-needed clarity around best practice."

"Australia is a leader in this area, however a review of school policies and guidelines across Australian states and territories showed inconsistencies in anaphylaxis prevention and emergency treatment, particularly around the amount and frequency of staff training and incident reporting [1]. These variations create confusion and anxiety for parents and educators in schools, and ultimately put children's safety at risk. While the sectors have a lot of demands on them, no one wants to live with a tragic incident that could have been prevented," continued Ms Said.

In schools, there is currently no national mandated approach to training staff in the prevention, recognition and emergency treatment of anaphylaxis and significant variations exist in the approach between jurisdictions and government and non-government school sectors.

In children's education and care services, the minimum requirements are less than what is required in schools and there is greater variation in the type and amount of training being undertaken. Research has shown that 1 in 10 participating services reported no requirement for staff to undertake anaphylaxis training, which is non-compliant with current national regulations [3]. Staff responsible for preparing, serving and supervising meals in children's education and care services also have a responsibility for food allergy management, yet there is no requirement for them to undertake food service allergen management training.

To support the adoption of the guidelines, the National Allergy Strategy has also developed a new ['Allergy Aware' online hub](#) for staff working in schools and CEC, providing free, evidence-based resources including an Implementation Guide, templates and sample documents, plus links to state and territory specific information. The Allergy Aware hub also includes sections for parents and older students.

Dr Preeti Joshi, a paediatric clinical immunology/allergy specialist and Co-chair of the National Allergy Strategy, says the new guidelines and supporting resources outline what is reasonable and what works.

"It is important to embed consistent standards across all of the environments where children receive care so that everyone is informed and knows what is appropriate and reasonable. As an example, the

guidelines might give a school the confidence to discuss appropriate allergy management with a concerned parent, or help a parent discuss what reasonable strategies a school or childcare service should have in place,” said Dr Joshi.

“Trying to completely ban food allergens in these settings simply does not work and is near impossible to enforce. It is not safe or practical to rely on people to not bring food allergens, of which there are many, into a certain environment. A consistent allergy aware approach with age-appropriate strategies is preferred. This includes ensuring staff are adequately trained, especially in the prompt recognition and treatment of an allergic reaction including anaphylaxis,” continued Dr Joshi.

“In addition, a range of appropriate risk minimisation strategies alongside good supervision and open communication is important. Things such as timely administration of adrenaline and correct positioning of the person experiencing anaphylaxis are key factors that can potentially save lives. Standardised reporting of incidents is also critical so we can learn where the gaps are and then work to increase safety. We are prevented from learning and improving after incidents because currently it is not mandatory to report them in schools and childcare services across Australia.”

The guidelines can also be used by overarching education and children’s education and care bodies, when reviewing and updating state and territory legislation, guidelines, policies and procedures to improve standardisation of anaphylaxis management across Australia.

Dr Katie Allen MP, food allergy expert and Member for Higgins – “Australia does not take a back seat when it comes to safety from anaphylaxis in schools and children’s education and care. These guidelines ensure that best practice is standardised across each state and territory. I welcome the work of the National Allergy Strategy in making these guidelines a reality”

The new guidelines and supporting resources are available at www.allergyaware.org.au.

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About the National Allergy Strategy

The National Allergy Strategy (NAS) aims to improve the health and quality of life of Australians with allergic diseases and minimise the burden of allergic diseases on individuals, carers, healthcare services and the community. The NAS is a partnership between the Australasian Society of Clinical Immunology and Allergy (ASCIA) and Allergy & Anaphylaxis Australia, the leading medical and patient organisations for allergy in Australia. For more information about the NAS go to: <http://www.nationalallergystrategy.org.au/>

NOTES FOR EDITORS:

Spokespeople available for interview include:

- Dr Preeti Joshi, National Allergy Strategy Co-chair, paediatric clinical immunology/allergy specialist
- Ms Maria Said, Allergy & Anaphylaxis Australia CEO, National Allergy Strategy Co-chair
 - Personal case studies available in NSW, VIC, WA, ACT. More may be available on request.

Virtual launch:

Media are welcome to join a virtual launch of the initiative.

Event Date: Thursday 7 October 2021

Time: 10.30 – 11.15am AEDT

Event Location: Via Zoom link. Please RSVP to Sandra Vale, National Allergy Strategy Manager for access. sandra@allergy.org.au.

Research papers available [here](#)

Background Information

- Food allergy induced anaphylaxis has doubled between 2003 and 2013 [4].
- One in 10 infants now have a food allergy [5] and 1 in 20 children aged 10-14 years of age have a food allergy [6] and 2-4% of adults [2].
- Hospital admissions for anaphylaxis have increased 5-fold between 1993 and 2013 [4].
- Deaths from anaphylaxis in Australia have increased by 7% per year (1997-2013) [4].
- Those at risk of anaphylaxis live with the very real daily fear of a life-threatening severe allergic reaction. Individuals at risk of food allergy induced anaphylaxis and their carers have higher than average rates of anxiety [7-9].
- Fatalities from food-induced anaphylaxis increase by around 10% each year [4].

References

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