HEALTH & MEDICAL CONDITIONS › ALLERGIES AND ANAPHYLAXIS

# Allergies and Anaphylaxis

Full transcript · 9 video clips · generated 22 September 2026

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## 1. Allergies an Anaphylaxis - Allergic reactions

What are common things that kids are allergic to? Well you can be allergic to lots of different things including medication, environmental things but one of the most common things we see in our allergy clinics are our food allergies and the really common food allergies would be egg, cow's milk protein, wheat, sesame, seafood, peanuts and tree nuts would generally be the most common that we see as well as soy. Okay and so with having an allergy to nuts or seafood or anything can they eat, could your child eat something with traces of that in or is it just a no-no for it? Yeah so when we read allergen labels we definitely get our families to avoid things that says contain the allergen which in our country we have to label as bold.

The may contain is not a legal requirement and so generally we say that the risk is would be low so we say to our families that that would be okay for them to eat it although I do know that some of the websites like ASCIA they recommend avoiding so it would be one of those things to chat to about with your doctor but most of the time in our clinics we would recommend that it would be low risk and we've taught our families how to manage a reaction should that happen. Okay and what age would you see a reaction usually like is it always as a as a young baby when they're starting to eat solids or is it something that can occur later?

So to develop an allergy you have to have been exposed to it at least once so sometimes we're seeing infants develop an allergy in that at that starting solid time so they might have started a solid and then it's on the second to third time but it's not just in infancy that you can develop it you can at any point and often what we can see as well is someone might have been eating a food regularly and then they have a period without it and you can lose tolerance and develop an allergy to that as well. So if I wasn't to expose my child to say nuts and certain egg and things until later is it more likely that they're going to develop an allergy because I haven't exposed them to it when they're younger.

Yeah so we used to quite a few years ago when my child was young the recommendations were that we held off certain highly allergenic foods until later but now our recommendations are the sooner you can get the food in the better so we recommend developmentally appropriate that people start introducing those highly allergenic foods and there's the research has shown there's a bit of a protective mechanism by doing so. Not always the case your child may still get an allergy but it's thought that if we introduce them earlier then we can sometimes prevent an allergy. When you're pregnant and you're like eating nuts and eggs and that is that something that you know could potentially stop allergies from occurring because you're exposing them to that in utero or is that?

Yeah so we definitely don't recommend any maternal avoidance of any foods in regards to allergies and even when breastfeeding we often will encourage maternal diet to continue most of those foods in early infancy. If the child's known to have an allergy to that food and they react when that food we obviously get them to avoid it but even sometimes the child can tolerate it. So with cooking? When you've got a child with allergies and you're cooking the meals separate do you need to use different utensils for all of that? Are you using a different chopping board, a different everything to avoid that?

Yeah so it would depend on the degree of the child's allergy so cross contamination is something to be mindful of and if a child does have quite a severe allergy then they are using the same chopping board and exposed to say peanut butter because someone's made toast they were likely to react. So having separate things can be helpful especially if it's a severe allergy being really careful with that.

## 2. Allergies an Anaphylaxis - What is an allergy_

Hello, my name's Charlene. I'm a mother of four neurodiverse children. My name's Emily Templeton and I'm a public health nurse who works for Te Whare Ora or Health New Zealand. And kia ora, I'm Amy. I'm an allergy eczema nurse specialist working for Health New Zealand Canterbury. What is an allergy and how do people acquire them? So allergies derive from our immune system. So our immune system is a part of our body which is designed to help fight against bacteria or viruses when we're exposed to them and it creates special proteins which are called antibodies. So say you get chickenpox, your body will produce an antibody against that to help for future.

What happens in children or adults with allergies, whether it be food allergy or an airborne allergy or sting allergy, whatever, is that the immune system actually makes a mistake and so it identifies that allergen it was presented with as something that's dangerous whereas we would normally not. So it was peanut, would normally not be dangerous for us but it recognises that it's dangerous and it creates a special antibody against it. That first process is called sensitisation where your body makes that antibody and once it's made it lines your airways, your gut, under your skin and it just sits there.

And so if we were to skin prick test at that stage you would see the presence of that antibody but sometimes people will get to that process and be able to eat the food and be absolutely fine with it. So they're not allergic, they're sensitised. However if you then eat that food on subsequent exposure and you have an allergic reaction then that's when they have an allergy. And is exposure to the food helpful to overcome the allergy? So if it wasn't a severe reaction, just mild, would it be something where you would say okay we're going to just add a little bit in and just over time, is that helpful?

Generally if we know you've an allergy and we've confirmed the allergy with testing would get you to avoid that food. And then as we would monitor your levels over time and do a food challenge to see if you've outgrown it. Repeated exposure, there is immunotherapy goes along that line of thought and that's a, what that looks like is giving small increments of something that someone's allergic to to calm down their immune response. We use immunotherapy with our neuro allergens. So for people that are allergic to house dust mite or to certain pollens, you can use immunotherapy to slowly turn that off.

There is research happening around the world in terms of food immunotherapy but not currently available in New Zealand. So we wouldn't recommend people at home did that and it may be something that's coming in the future but right now we don't do it in terms of food. But definitely we do for bee stings and all kinds of stings. And we do it for our aero allergens and it's not funded so it is a bit of an expense to do. So when I was a kid I never heard about anybody with allergies and now every second kid is lactose intolerant or you know. So what's going on that we've got so many allergies? Were they just not recognised?

There were always allergies but we definitely seem to have an increase in allergic conditions. And there's different schools of thought as to why that is and different hypothesis to why that is in terms of research. And like you alluded to, there's lactose intolerance. So there's different types of allergies and what we've mainly talked about on this are our IgE allergies. So our acute response allergies. But intolerances are a different type of allergy. And so they are one which you see a delayed response. So they don't need an action plan like Emily talked about. They are ones where the body has difficulties in dealing with the lactase, which is in the milk.

So in that kind of instance, avoiding those foods are helpful but they don't produce an immediate response. It's often a delayed like eczema the next day or tummy problems. But definitely there seems to be an increase in allergic conditions which keeps me very busy. With multiple children, you've got one child that has allergies and eczema and potentially asthma. Am I likely to see that in my second

child as well? Is it likely to be genetic? So yeah, we do see it running. It's not a given but it can run in families. And that's that atopic gene which we talked about earlier. So often that's passed down by parents and it can manifest and present itself as different conditions.

So you may have a child that has an IgE allergy and the next child may have a different atopic condition. So they may have eczema or asthma or a little bit of hay fever or they may not get their gene all together and not have any of those allergic conditions. But it is genetic and it's you have higher risk if your sibling does. So is it likely that the child's going to grow out of the allergy or is it going to be something that's going to be ongoing for all their lives? It is common for children to outgrow allergies and it's more common for certain allergens. So your cow's milk protein and your egg are quite likely children will grow out of them.

In contrast, your sesame, your banana and your peanut or tree nuts, they are more likely to stick around into adulthood. Having said that, lots of people can still grow out of those. And what happens is often we'll see as a child outgrows it that they're able to tolerate the baked form of that allergen. So they might be able to tolerate egg and baking and it's because the protein almost turns inside out when it's a high degree of cooking, and so then your immune system doesn't veganize it so much.

So they might tolerate baked formed first, able to go on to outgrow to be lightly cooked so my child reacts to pretty much everything what can i feed are there resources cookbooks what can i use to make sure my feet are balanced on it okay so um the ask your website is a wealth of information as is allergy new zealand website um and they will um they can direct you to substitute out different foods for something else um if you go and have a look on the website um i think if if your child is very reactive to a lot of different things then it's really really important to see a paediatric dietitian and work through some of those things with that with that dietitian and is that something that's available um paediatric dietitian or is that something you'd go private for either either really um there are paediatric dietitians available here in christchurch um but some people would choose to absolutely go private for that yeah

## 3. Allergies an Anaphylaxis - Reactions – mild, moderate, anaphylaxis

And what sort of reaction are we looking for? Is it, you know, from mild to severe? What would be the first signs that my child was allergic to something? So generally a reaction occurs between five minutes and 30 minutes of ingesting of food, but it can happen up to two hours after. And it depends on the child. And there's different types of signs and symptoms we see. And what you've had one time, you don't necessarily have the next time. But generally what we see is there's two types. We have our mild to moderate allergic reaction. And that is where we have signs and symptoms of an allergic reaction that don't involve the breathing or the heart, which is anaphylaxis.

And so really common ones would be swelling of the eyes, lips, urticaria, which is the welts or itchy bites you commonly see on skin. Sometimes tummy upset, so vomiting. Those are kind of signs and symptoms that you're having a mild to moderate reaction. And it doesn't necessarily look moderate or mild when you're the parent. It can be really severe in symptoms. So they are still, we call it mild to moderate because it's not severe as an anaphylaxis. So what is anaphylaxis and when do I administer the EpiPen? How do I know? So anaphylaxis is a type of reaction that involves your breathing or your heart.

So when I educate whānau on it, I always say that's the question. I want you to stop, even though it's an emergency situation, stop, take a breath and ask that of your child or yourself if you're having a reaction. Does this involve my breathing? Does it involve my heart? And do you want to, on the action plan, the signs and symptoms are there? Absolutely. So the red action plan is for anaphylaxis. So anaphylaxis is that life-threatening, severe allergic reaction that, as Amy said, involves the breathing or the heart. So some of the signs to watch out for for anaphylaxis, bearing in mind we only need one of these, not all of them, is difficulty or noisy breathing, wheeze or persistent cough, swelling or tightness in the throat and swelling of the tongue, difficulty talking or a hoarse-sounding voice, an unusual sounding voice for the child or person, and persistent dizziness or collapse.

And in young children, they can become very pale and go floppy. And so if you have any of those signs, or symptoms, that by definition is anaphylaxis. You might start off with the mild to moderate reaction we talked about, where you have some hives and it progressed to anaphylaxis, or anaphylaxis can just present on its own, just with those signs. And like Emily said, you only need one. So if you've answered that question, does it involve my breathing? Does it involve my heart? And it's a yes, then we're managing it as anaphylaxis. We don't worry about antihistamine like we do in a mild to moderate.

We're managing it as anaphylaxis. You've given me a peep in. Lying them down and giving me a peep in. Really important to lie them down. Why do we need to lie down? Well, in anaphylaxis, our blood pressure drops. And part of our blood pressure's role is to push the oxygenated blood around our body. So if you're standing up in an anaphylaxis and your blood pressure is low, it's hard to get that oxygen to your brain against gravity. So we want them to sit down or lay down if they can to help make sure we've got all of that surrounding the brain. And that's the first thing we do. If they don't have access to someone else to give the epipen, then it would be appropriate for them to get it.

But really important that they sit down or do lay down is the first thing and stay laying down regardless of the treatment. Then the second point is that we would give the epipen then. And then the third is to phone an ambulance. And we do it in that order. When you phone an ambulance, they can talk for a long time. And we've already answered that question that involves the breathing or the heart. And we know the medication that we want to give them. So we're going to give them the epiPen that we want to give for anaphylaxis is the adrenaline. And so we've got that in our hands. So we're going to treat first and then phone the ambulance.

And then the ambulance is on its way. And regardless if the adrenaline then makes the child or the adult really well quite quickly, which it will, but we still want them to phone an ambulance regardless because there's a small percentage of children or adults that will have a rebound anaphylaxis within four hours. So we want them to be in a day monitored for that period of time. And should they need a second dose of adrenaline, the ambulance can bring that second dose if they need one, which after five minutes, if they've still got signs and symptoms of anaphylaxis, they can have a second dose or a second epiPen if they carry one.

## 4. Allergies an Anaphylaxis - Testing for allergies – skin prick and blood test

And what sort of test is done to determine an allergy if you're not having a really big reaction? We're seeing hives or blisters or what's to test for what it is? So we've got two types of testing in New Zealand. We've got our skin testing and we've got our yeast testing to confirm what the allergen is. We don't order testing without a history. So it's really good practice to, we're only just doing it to confirm the allergy. So if your child has reacted to likely peanuts, that's the allergen we would test for because it's not helpful to have a large panel of different foods. But in terms of the testing, we prefer skin prick testing if we've got access to it.

And what that test entails is small little droplets of the allergen that the child is suspected to be allergic to. And we do a slight prick through the skin. It's not, it doesn't cause any blood or anything whatsoever. It's just a tiny prick through it. And then we read it 15 minutes later. And what we're expecting is if they're allergic to that food, there'll be a localised reaction. And we measure the size of that wheel. And that gives us an indication as to the likelihood that a child will react to that food. Doesn't tell us what kind of reaction they would have, but the likelihood that they would have it.

We do sometimes see in our eczema patients that they will get lots of skin prick testing done because they're wondering if the foods are causing eczema. We don't encourage that. That's not going to happen. In skin prick testing, you can actually get positive results for a food that you're tolerating all the time. So we wouldn't encourage that as good practice. It's just really good practice to confirm the allergen. And then we do skin prick testing consecutively over time. So it gives us an indication, is this child growing out of this allergy? And if so, is it appropriate to do a food challenge in hospital to see if they've outgrown the allergy now?

Or if the antibody is completely gone, great, they could try their food at home. The alternative we have is our blood test, and that's called an EAST. And it gives us similar results. It tells us how much of that IgE antibody their body has made against that specific food. But skin prick testing would be our gold standard.

## 5. Allergies an Anaphylaxis - EpiPen

My child has an allergy, going to school and going to friends' places. Do they carry an EpiPen with them? Does the school have EpiPens available? What's the process there? So yes, if your child had an anaphylaxis, then it would be really important for the school to be fully informed and definitely have an EpiPen at school. Most schools actually don't have generic or backup EpiPens. Some do, but as a whole they don't. So having that one EpiPen for your child's safety is really important. Now EpiPens are actually available on prescription for people that have anaphylaxis. So they can have two EpiPens and one of them can be at school and one for home as well.

So most primary school level children would have their EpiPen kept in the school office. And public health nurses, part of our role, is to make sure that they have their EpiPen kept in the school office. And public health nurses to go and provide education to school staff about how to recognise an allergy or anaphylaxis and then how to use the EpiPen if they should even need to. So that's part of our role to do that. So how do you use an EpiPen? Would you teach the child how to use it? Or is it that it's got to be done by an adult? How you use an EpiPen? No, it doesn't necessarily have to be done by an adult.

In fact, in high school situations, it's actually a very good... It's a very good idea for the young person or the teenager to have taught, you know, had a wee teaching session with their immediate friends and things that they are aware of both how to recognise and how to use the EpiPen itself. So on the action plan are the instructions for how to use an EpiPen and also clearly written on the EpiPen itself in case anyone was ever sort of flustered in the moment. It's all written down for them. So very, very easy to use. So they get kept in a plastic container. You take it out of the container.

You take the blue cap off. Just flip it off like that. And with a tight fist, hold it with a tight fist. And it's orange to thigh, blue to sky. Well, I've just taken the blue cap off. But I'm holding it very firmly. And it is best to go, you know, not have clothes restricting. But if, you know, in the heat of the moment, you need to go through clothes absolutely fine as long as you're avoiding thick seams of clothes. So holding in a tight fist, you just firmly press roughly about the middle of their thigh and on the side because it's the largest muscle there and firmly press down and you will hear a clicking noise and you might hear, you know, don't be put off by that.

Lots of people have been put off and have pulled it away before they actually received the medication. But keeping it on there for a very slow count, of three, if in doubt, keep it there for five or six seconds. But just nice, nice slow count of three seconds before you remove it. And by the way, it's very important to get the child or young person to lie down before you give it and stay lying down once they've received it and waiting for the ambulance. And all an EpiPen is, is a fixed dose of adrenaline. And adrenaline is a natural hormone that our bodies all make. So we make this hormone to, for the fight-flight response.

So if we're ever in any danger, then either we run away or we stay and fight. Well, that's what adrenaline is used for. So the EpiPen has just got a much larger amount of adrenaline contained within this pen than our bodies could possibly, make in one go-like-that, so that's why we need it. And quite often, people will need further doses after a few minutes. That's why it's very important to keep the person lying flat and wait for the ambulance and for the ambulance to be on its way in case they need a further dose. And what sort of expiry does the EpiPen have? Like, are you getting them, you know, every two months, you're getting a new one, even though you're not using it?

Like, what's the...? Generally, between 12 and 18 months. So, yeah, all pharmacies and chemists are a little bit different with that, but quite often, if people are ordering through the Allergy Pharmacy, which is an online pharmacy based down in Queenstown, then they will probably get a longer period of time, and sort of up to 18 months would be the best. We're definitely seeing, now that they're funded, that there's not a lot that have been sitting on a shelf for a long time. Mm-hmm. So, we're definitely, like, in your local pharmacy, you will find some that have an extended shelf life. What used to happen prior to them being funded was they'd have them in stock and then sat there for a long time, so you had a short window.

So, now, generally, we're seeing a good turnover of them because now they're finally funded. Yeah, so that's just happened recently, is it? Beginning of last year. I would have thought that would be something that really needed to be funded. Absolutely. We're very happy about that, aren't we, Amy? Yeah, it's a game-changer. So, you can have, in our country, obviously, two funded EpiPens, and as soon as they're going to expire, they can be replaced, or if you use them, they get replaced, and so, yeah. So, lots of families do ask, actually, can I still use the EpiPen even after it's expired? And the answer to that is, if you've got nothing else and it hasn't expired by too much, even if it's two or three months, absolutely do use it.

Use it and be calling an ambulance. Yeah, if it's long gone, then maybe not, but, yeah, just use it if it's only just gone. And if it has been expired for a long time, rather than just get rid of it, have a practice of giving it, is something I often recommend to families, so you know the feel of it. It's similar to the training pen, which we give families to practice with, but it's getting used to that feel. So, use your expired one into something soft that's not going to rebound, usually something that's not going to rebound. Something like an orange or something like that. And then you can take it into your pharmacy to get rid of.

What happens if I give the EpiPen to my child, but they didn't really need it? So, is there going to be any effects that I should be concerned about? Yeah, so, first of all, don't worry. If it wasn't needed, it's not the end of the world. So, the child, obviously, is going to be lying down and is going to look unwell. So, they're going to be a bit pale and trembly and just look unwell. But that is all normal from receiving a dose. So, don't worry about that. So, it is really important, though, that the ambulance is still rung and the child still goes to hospital for monitoring, even if they didn't need the EpiPen.

And sometimes people are a bit unsure, especially in cases that the child has got asthma as well. So, some of the symptoms of anaphylaxis, like the persistent cough or the wheeze or difficulty breathing, that kind of thing, is very similar. So, it does look like asthma or it could be anaphylaxis. So, if you go ahead and give it and it's not needed, don't worry, but they will still need monitoring in hospital for a few hours.

## 6. Allergies an Anaphylaxis - Medication – antihistamines

Are there any long-term medications available to manage my child's allergies? Yeah, so it depends on the type of allergy that they have. So if we're talking food allergy, then as Emily's shown with the action plans, we would prescribe an antihistamine. So when you're having a mild to moderate reaction, an antihistamine is the medication we would use to turn that response off. So we've got our antihistamines are what we would give in that instance. And then, like she said, we've got our epipens, which are funded for our anaphylactic reactions. And so we prescribe those for someone who has had a history of anaphylaxis or who has high risk.

So if they've got severe asthma that's not well controlled, sometimes we'll take consideration in if they're high risk in terms of someone that goes tramping with not a lot of access to health care, that kind of stuff. And so they're those in terms of food allergy. In terms of the other type of allergy, we have a for allergic rhinitis, which is common. So that's your hay fever. So again, you've developed an antibody to something that's in the environment, whether it be cats or whether it be house dust mite. So we've got medications that you can use for that. So antihistamine is usually our first line to help with the symptom management.

We've got our intranasal steroids, which you can use to help prevent a reaction. And so they're helpful. Depending if you need it all year round or summer's just seasonal, like grasses is just seasonal. And we've got those in, like we talked about, immunotherapy. So that's an option for some of our aero allergens. That can be in tablet form or a subcut injection. But it is a long time that you would do that. You're generally three to five years of committing to that program to turn off those responses. And then we've obviously asthma being and eczema being other atopic conditions. In terms, they aren't allergies per se, but they're from the atopic gene.

And they hit the individual management as well in terms of long term medications.

## 7. Allergies an Anaphylaxis - Keeping my child safe at preschool and school

And how do I keep my child safe in school? If they've got severe allergic reactions, going to school, mixing with other kids who have got whatever they have in their lunchboxes, what can I do? Okay, so a few things. First of all, make sure that the allergy is confirmed, gone to the doctor or the paediatrician, there is an action plan in place, and the school are aware of what to do with that action plan and have had the education about how to recognise an anaphylaxis and then how to treat it or act on it if it should happen at school. So that's where the Public Health Nursing Service comes into play and we can go and provide that education for school staff.

Also for the child to be aware, if it's a food allergy, say, then the child should be aware just to eat the food out of their mouth. They should be aware of their own lunchbox and not to help themselves to anyone else's food perhaps at school, and of course the classroom teacher needs to be aware if there's ever a shared morning tea or lunch or anything like that. So it's staff awareness of this, and schools have a responsibility, part of their policy is risk minimisation, so they've got policies in place that protects children and keeps them safe in a school environment. There's always a risk minimisation.

For children with anaphylaxis there's an emergency kit that is held at school that contains an action plan, an EpiPen, antihistamines, and also if the child has got asthma then an inhaler and spicer and an action plan for that also. So all the emergency stuff should be kept in the child's own emergency kit there at school and if the child needs to go out off the school grounds for a sporting event or a cooking class at another school or anything else, camp situation even, then the kit goes with them and any staff members responsible for looking after that child while they're off the school premises need to know how to recognise and then treat that emergency situation anaphylaxis.

In preschool sometimes there is a blanket ban on some particular foods that are known to be severe allergens. For some children, like for example nuts, lots of schools, preschools I should say, have a peanut or an all-nut ban. However, most primary schools and high schools don't have that blanket ban and it's actually not recommended. So it's about staff awareness in education and risk minimisation.

## 8. Allergies an Anaphylaxis - Managing your response as a parent

As a parent, my child has an anaphylaxis reaction to food, it can be very scary. How do I manage my fears so that I'm not holding my child back from exploring the world? It's definitely, as a parent, it is a significant event if you've seen your child have an anaphylaxis and it can definitely have an impact on the family, especially because if it's a food reaction because food is something they're exposed to all the time. So definitely getting support for that. So if we've recognised an allergy and they have had a reaction, ensuring you've gone to your GP and got referrals to the appropriate channels, so anyone who has an allergy or definitely has an anaphylaxis should have been referred through to the hospital for ongoing support and help and that's where people like myself get involved.

It's also getting support from the right channels as well. So something that's going to give you the education you need, but also opportunities to debrief or that kind of stuff. So there's lots of great support networks that are out there. Allergy New Zealand is a great thing to join and also is My Epi Club. So they are, it's a website which you can join and gives you reminders and things in terms of your epiPen expiring, but it also has a wealth of information. So sometimes having that information, knowing you know how to manage it should it happen again is a helpful tool. I do sometimes recommend, if it has been especially traumatic, for a family to talk to their GP if it is becoming too big in the room, even if it's a parent or if it's the child, about how to manage that anxiety around it.

Because it can be something that is quite a scary thing. And so we don't want to see in terms of the child, a child, the food allergy taking up too much room in their life. And they're missing out on opportunities that they would otherwise do. So if the child's not

engaging in things, not wanting to stay away, is missing out on important things that they're actually keen, but due to fear, there would be awesome to talk to either your GP about getting some assistance for that. In terms of our region, we've got supports in schools, counselling in schools in Mana Ake. Who can offer some guidance.

Just chats about that. And then obviously, if it's an ongoing concern, referrals to appropriate things that we sometimes use psychology as well to really support a family if they're really struggling with it. Any referral that the Public Health Nursing Service gets about a particular child from a GP or a paediatrician or a school or preschool, then we will always call the parent and see how they're feeling about it. When we're obtaining consent, but also inviting them along to the teaching session, or if they're unable to attend, we will visit them in their own home and go through the stuff with them and make sure that they have a good understanding of how it all works and if they've got any concerns or queries, they can raise it with us and can talk them through it at that appointment.

So how do I educate people on how serious this is? So there's quite a bit. Yeah. So there's quite a few great resources, which I recommend to the whānau that I work with. We've definitely got, as a society, we're becoming more allergy aware than we ever used to be. It's definitely, if you go to a restaurant or a cafe, it's expected that you'll ask. No one would be shocked that you asked about allergen content. So we've definitely got an increasing awareness, but sometimes people don't understand the gravity of a child's reaction. And as a parent, you're really anxious about their potential reaction.

So there are some things you can do. There's a great resource, ASCIA, who they are a big organisation that write the ASCIA action plans that Emily was talking about. They've got lots of great resources. And one of them is a free online anaphylaxis course. So I really recommend, especially to the teenagers I work with, that they get their friends to do that, or if they've got coaches in sports, to do those online free courses. And there's lots of really great resources on that website as well. Yeah. Yeah. But again, if it's a school or a preschool, public health in our region are definitely helpful in doing that as well.

## 9. Allergies an Anaphylaxis - Key messages

So key messages from the public health nursing team is that communication is key. So if parents can communicate the allergy or anaphylaxis issue that their child has with the school and be providing the emergency kit which would contain the action plans, the EpiPen or any other medication and if the child had asthma then of course their asthma inhaler and spacer also with their asthma action plan is very very important. And also keeping an eye on the expiry date of especially the EpiPen would be great. And key messages from me is that there's definitely, allergies are common and they are a big thing to navigate when you're a family and there's definitely support out there for you.

So if you've identified your child has an allergy and they've had an allergic reaction to a food it's seeking help via GP in the first instance, getting referrals for testing if appropriate, getting an action plan and referrals to the hospital if it's appropriate or checking out some of the resources we've talked about. It's just recognition of the two types of potential reactions we can have with an IgE allergy and how to manage those and ensuring you've got the appropriate medication. For those whether it be antihistamine or antihistamine and an EpiPen. And so your GP being your first port of call but absolutely we have a service in our region and it's really around the country.

There's lots of services similar that offer support to families with allergies. So the key message I'm going to take away today, I wasn't aware that it was such a big thing and that the schools and everybody needs to be so involved. I really did think that it was just, you know, parent and child. So I'm really pleased to hear that the schools are getting a lot of the information they need and these kids have got access to what they need, especially for the funding. Which is great for the EpiPen, so that's about it.