Department of Health

GOVERNMENT OF WESTERN AUSTRALIA

Anaphylaxis Management Guidelines

for Western Australian Schools

Acknowledgements

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The Government of Western Australia would also like to acknowledge the contributions from the members of the Anaphylaxis Management Implementation Group:

- Anaphylaxis Australia Inc
- Association of Independent Schools of Western Australia
- Australasian Society of Clinical Immunology and Allergy (ASCIA)
- Catholic Education Office of Western Australia
- Department for Communities Western Australia
- Department of Education Western Australia
- Department of Health Western Australia
- Dietitians Association of Australia

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Introduction

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. In the past four years admissions due to anaphylaxis to Princess Margaret Hospital for Children have doubled.[1] Surveys in other States in Australia report that:

- 1 in 170 school children had suffered at least one episode of anaphylaxis[1]
- 1 in 50 children under the age of five years had food allergies.[1]

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. In the past four years admissions due to anaphylaxis to Princess Margaret Hospital for Children have doubled.[1] Surveys in other States in Australia report that:

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- 1 in 50 children under the age of five years had food allergies.[1]

To date, there have been no reported deaths from anaphylaxis in children in Western Australia, however, recent deaths have occurred in New South Wales and Victoria.[1] The death of a student and the release of the results of the coronial inquest into his death in 2005, led to the establishment in 2006 of the Western Australian Anaphylaxis Expert Working Group. The Group's report, *Anaphylaxis: Meeting the Challenge for Western Australian Children*, which outlined recommendations for anaphylaxis management in school and child care settings, was endorsed by the Western Australian government in 2007.

These Guidelines have been developed by the Western Australian Anaphylaxis Management Implementation Group (AMIG) to assist schools in all education sectors to respond effectively to the recommendations of the anaphylaxis report.

Legislative and regulatory context

These guidelines are consistent with the relevant sections of the following legislation:

- *Civil Liability Act 2002 (WA)*
- *Occupational Safety and Health Act 1984 (WA)*
- *Privacy Act 1988 (Cth)*
- *Poisons Act 1964 (WA) and Poisons Regulations 1965 (WA)*
- *School Education Act 1999 (WA) and School Education Regulations 2000 (WA)*

Key principles

The Government of Western Australia and all education sectors are committed to:

- providing, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of their schooling;
- raising awareness about allergies and anaphylaxis in the school community;
- actively involving the parents/guardians of each student at risk of anaphylaxis in assessing risks, developing risk minimisation and management strategies for the student;
- ensuring that an adequate number of staff members have an understanding of the causes, signs and symptoms of anaphylaxis and of their role in the school's emergency response procedures.

The key to the prevention of anaphylaxis in schools is awareness of known allergens and prevention of exposure to known allergens. Achieving this requires education and planning. This resource has been developed to assist schools in achieving 'allergy awareness' to support the student with severe allergies.

The key to prevention of anaphylaxis in schools is knowledge, awareness and planning.

Policy context

These guidelines should be referred to in accordance with all legislative requirements and the policy context of each education sector.

Department of Education policies:

- Behaviour Management in Schools
- Duty of Care for Students
- Enrolment
- Excursions: Off School Site Activities
- First Aid for Sickness and Accidents in Schools
- Healthy Food and Drink
- Student Health Care.

Catholic Education Office of Western Australia:

- Dealing with Bullying and Harassment (Students) Policy Statement
- Handbook for Catholic Schools
- Healthy Food and Drink Choices Policy Statement
- Management of Confidential Information Policy Statement
- School Camps and Excursions Policy Statement
- Student Enrolment Policy Statement.

Association of Independent Schools of Western Australia policies:

- Asthma care for students
- Duty of care
- Healthy food and drinks in school canteens
- Student health care – including asthma, sun protection and healthy food and drinks in school canteens.

Definitions

Adrenaline

Adrenaline is a natural body hormone. Adrenaline is the only known effective treatment for anaphylaxis. It works in minutes to relax breathing, maintain heart function and blood pressure.

Adrenaline autoinjector (such as an EpiPen® or Anapen®)

A device that automatically delivers a single fixed dose of adrenaline and is designed for use by people without specific medical training.[1]

Allergens

Substances that can cause an allergic reaction.[1]

Allergy (or Allergies)

Allergy is when the immune system reacts to substances (allergens) in the environment, which are usually harmless (e.g. food proteins, pollens, dust mites and insect venoms).

Anaphylaxis

A severe, rapidly progressive allergic reaction that is potentially life threatening. As death can result from anaphylaxis, it must be regarded as a medical emergency.

Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan

Provides details on how to manage mild to moderate allergic reactions and anaphylaxis including appropriate medications, as well as listing known allergens. It is important that the ASCIA Action Plan is completed by a medical practitioner.

Individual Anaphylaxis Health Care Plan

A plan completed in consultation with parents/guardians detailing the child's known allergens and risk minimisation strategies to be employed.

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7 Steps to **'allergy awareness'** in schools

1 Understanding roles and responsibilities

Parents/guardians and staff have important and differing roles and responsibilities in managing anaphylaxis in schools. These responsibilities need to be identified and communicated.

2 Determine what allergies you need to manage

It is important to obtain medical information from parents/guardians about allergies and risk of anaphylaxis. This information can be recorded using an Individual Anaphylaxis Health Care Plan.

3 Assess the risk of allergen exposure

It is important to assess the likelihood of exposure to known allergens.

Minimise the risk of allergen exposure

There are a range of practical strategies that schools can implement to minimise the risk. Strategies implemented by the school should be determined by what allergies the school needs to manage. Schools may like to develop policy specific to their school community.

Train staff and plan emergency response

Staff members need to know how to recognise, treat and prevent anaphylaxis, where medications are stored and emergency response procedures to effectively manage anaphylaxis.

Communicate with the school community

Communicating with staff, parents/guardians and students is essential in successfully managing anaphylaxis in schools.

Review and assess management strategies

Policies, procedures and strategies need to be reviewed each year as well as after a child has experienced a severe reaction while in the school's care.

1 Understand roles and responsibilities

Even in schools where no student has been diagnosed as being at risk of anaphylaxis, principals are advised to ensure that members of staff, responsible for first aid, have the knowledge and skills to respond to an anaphylaxis emergency. It is possible that a student who has not been previously diagnosed will have their first anaphylactic reaction at school.

Parents/guardians of the student at risk of anaphylaxis

Parents/guardians of a student at risk of anaphylaxis are encouraged to assist schools in providing a safe environment for their child.

Parents/guardians should:

- Inform the principal, either at enrolment or diagnosis, of their child's allergies and whether their child has been diagnosed as being at risk of anaphylaxis (e.g. provide an ASCIA Action Plan completed by their child's medical practitioner).
- Meet with the school staff to develop their child's Individual Anaphylaxis Health Care Plan (see Appendix 2). It should include an ASCIA Action Plan (see Appendix 3) completed by their child's medical practitioner.
- Inform school staff of all other relevant information and concerns relating to the health of their child.
- Provide the adrenaline autoinjector and any other medications to the school.
- Replace the adrenaline autoinjector and any other medications before the expiry date. It may be advisable to check expiry dates at the start of each term.
- Alert staff to the additional risks associated with non routine events and assist in planning and preparation for the student prior to school camps, field trips, in school activities, excursions or special events such as class parties or sport days.
- For children with food allergy:
  - supply alternative food options for their child when needed.
  - educate their child about only eating food provided from home. It is important to reinforce that their child should not share food with other students.
  - educate their child (for older children) about the responsibility of carrying their own adrenaline autoinjector and the need to have their medication available at all times.
- Inform staff of any changes to their child's emergency contact details.
- Participate in annual reviews of their child's Individual Anaphylaxis Health Care Plan.
- Provide the principal with an immediate update if there is a change to their child's condition.

Principals

School principals have an overall responsibility for implementing strategies and processes for ensuring a safe and supportive environment for the student at risk of anaphylaxis.

Principals should:

- Actively seek information to identify a student with severe life threatening allergies at enrolment (e.g. ASCIA Action Plan completed by the student's medical practitioner).
- Meet with parents/guardians to develop an Individual Anaphylaxis Health Care Plan for the student.

- Request that parents/guardians provide an ASCIA Action Plan that has been completed by the student's medical practitioner and has an up to date photograph of the student.
- Ensure that parents/guardians provide the student's adrenaline autoinjector.
- Ensure that an adequate number of staff are trained in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector. This should also include regular practice using adrenaline autoinjector training devices (e.g. at least twice yearly).
- Provide information to all staff (including specialist staff, new staff, sessional staff, canteen staff and office staff) so that they are aware of the student who is at risk of anaphylaxis, the student's allergies, the school's risk minimisation strategies and emergency response procedures. This can include providing copies or displaying the student's ASCIA Action Plan in canteens, classrooms and staff rooms (see Step 6 regarding privacy considerations), subject to parent/guardian agreement.
- Ensure that there are procedures in place for informing casual/relief teachers of the student at risk of anaphylaxis and the steps required for prevention and emergency response. This should include visitors (e.g. school psychologist).
- Liaise with the school food service provider (where an external contractor is responsible for the school food service), to ensure that the provider can demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling practices.
- Encourage ongoing communication between parents/guardians and staff about the current status of the student's allergies, the school's procedures/strategies and their implementation.
- In consultation with parents/guardians, review the student's Individual Anaphylaxis Health Care Plan annually, after a severe allergic reaction or if the student's circumstances change.
- Provide or arrange post-incident support (e.g. counselling) for students and staff, if needed or appropriate.
- Work with staff to conduct regular reviews of risk minimisation strategies.
- Work with staff to develop strategies to increase awareness about severe allergies amongst school staff, students and the school community.

Staff responsible for the care of the student at risk of anaphylaxis

Teachers and other school staff who are responsible for the care of the student at risk of anaphylaxis are encouraged to obtain training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector. This may include administrators, canteen staff, casual staff and volunteers.

Staff should:

- Know the identity of the student in their care who is at risk of anaphylaxis.
- Understand the causes, symptoms, and treatment of anaphylaxis.
- Consider undertaking training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector.
- Know the school's first aid emergency procedures and their role in relation to responding to an anaphylactic reaction.
- Keep a copy of the student's ASCIA Action Plan (or know where to find one quickly) and ensure it is followed in the event of an allergic reaction.
- Know where the student's adrenaline autoinjector is kept and that it is not out of date. Remember that the adrenaline autoinjector is designed so that anyone can administer it in an emergency.
- Know the risk minimisation strategies in the student's Individual Anaphylaxis Health Care Plan and ensure they are followed.

- Plan ahead for special class activities or occasions such as excursions, in school activities, sport days, camps and parties. Work with parents/guardians to provide appropriate food for the student.
- Avoid the use of food treats in class or as rewards, as these may contain hidden allergens. Non-food rewards are recommended. Work with parents/guardians to provide appropriate treats for the student.
- Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.
- Consider the risk of cross-contamination when preparing, handling and displaying food.
- Ensure that tables and surfaces are wiped down regularly and that students wash their hands before and after handling food.
- Raise student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.

First aid coordinators and Community Health Nurses

School based first aid coordinators can take a lead role in supporting principals and teachers to implement risk minimisation strategies for the school.

First aid coordinators can support students at risk of anaphylaxis by:

- Keeping an up-to-date register of students at risk of anaphylaxis.
- Obtaining training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector.
- Checking each term that the adrenaline autoinjector is not discoloured or out of date.
- Ensuring that the adrenaline autoinjector is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place, and that it is appropriately labelled. In hot climates, the adrenaline autoinjector should be stored in a small esky or similar container, but not refrigerated.

School/Community Health Nurses can provide specialist health expertise to school staff and students by:

- Supporting the implementation of risk minimisation strategies.
- Assisting in health care planning for the individual and development of systems/ processes for managing first aid.
- Supporting training in recognising and responding to an anaphylactic reaction, including administering an adrenaline autoinjector.

2 Determine what allergies you need to manage

It is important to obtain medical information from parents/guardians about allergies and the risk of anaphylaxis. This information can be recorded using an Individual Anaphylaxis Health Care Plan, which incorporates the student's ASCIA Action Plan. These forms can be accessed from the Department of Health Anaphylaxis website **www.health.wa.gov.au/anaphylaxis** and from the ASCIA website **www.allergy.org.au** respectively.

Individual Anaphylaxis Health Care Plans

Every student who has been diagnosed as being at risk of anaphylaxis should have an Individual Anaphylaxis Health Care Plan (see Appendix 2). As a student's allergies may change over time, it is important for schools to ensure that the student's Individual Anaphylaxis Health Care Plan and ASCIA Action Plan (see Apendix 3) are kept current and reviewed annually with the student's parents/guardians. When reviewed, parents/guardians should also provide an updated photo of the child on the ASCIA Action Plan.

A copy of the student's ASCIA Action Plan should be kept in various locations around the school, such as in the student's classroom, the canteen, the sick bay and the school office. It should be visible and/or easily accessible by staff in the event of an incident (refer to Step 6 regarding privacy considerations). Remember a copy of the ASCIA Action Plan must also be kept with the adrenaline autoinjector in the student's medical kit.

Assess the risk of allergen exposure

When are students most at risk?

Students are most at risk when:

- their routine is broken (e.g. sports carnivals, in class activities);
- they are at recess and lunch;
- they are off the school site (e.g. excursions, camps);
- immediate access to medical services is not available;
- staff changes occur (e.g. relief/casual staff);
- participating in activities involving food (e.g. cooking lessons).

Recorded deaths from anaphylaxis have most often occurred in situations where the emergency medication has not been readily available and/or has not been administered as soon as possible.[2] Therefore, it is important at these times when the student is most at risk, suitable strategies are in place to ensure a timely response to an anaphylactic reaction.

4 Minimise the risk of allergen exposure

The key to the prevention of anaphylaxis is the identification of allergens and prevention of exposure to these allergens. For the student who has been diagnosed with a severe allergy, there is a range of practical prevention strategies that schools can implement to minimise exposure to known allergens.

When considering appropriate prevention strategies, schools should take into account factors such as the allergen involved, the age of the student and the severity of the allergy (based on information provided by the student's parent/guardian from the student's medical practitioner).

A range of practical strategies for on-site and off-site school settings are set out in Appendix 1: Sample School-based Policy.

It is particularly important to have procedures in place for informing casual relief staff of the student at risk of anaphylaxis and the steps required for prevention and emergency response. A designated staff member should have responsibility for briefing new staff (including canteen staff, volunteers or casual relief staff) about the student at risk of anaphylaxis and the school's procedures and prevention strategies.

'Allergy aware' versus 'nut-free'

Given the number of foods to which the student may be allergic, it is not possible to remove all allergens. It is better for school communities to become aware of the risks associated with anaphylaxis and to implement practical, age-appropriate strategies to minimise exposure to known allergens.

In communicating the school's strategies to the school community, it is important that schools do not promote that they either 'ban nuts' or are 'nut-free' – being 'allergy aware' is a more appropriate term. Minimising the allergen is one of several strategies that can be implemented to reduce the risk.

Promoting a school as 'nut-free' is not recommended for the following reasons:

- it is impractical to implement and enforce;
- there is no evidence of effectiveness;
- it does not encourage the development of strategies for avoidance in the wider school community;
- it may encourage complacency about risk minimisation strategies (for teachers, students and parents/guardians) if a food is banned.[3]

Whilst schools are advised not to claim to be 'nut-free', minimising exposure to particular foods such as peanuts and tree nuts can reduce the level of risk. This can include removing nut spreads and products containing nuts from the school canteen, but does not include removing products that 'may contain traces' of peanuts or tree nuts.

Schools may also choose to request that parents/guardians of classmates of a young student (K-7) do not include nut spreads in sandwiches or products containing nuts in the lunchbox.[3]

5 Train staff and plan emergency response

Staff training

It is important for schools to plan first aid and emergency response procedures for on-site and off-site settings that allow staff to react quickly should an anaphylactic reaction occur.

Staff should receive regular training in the recognition, treatment and everyday management of those at risk of anaphylaxis.

For more information about training providers, training packages and online training visit the Department of Health Anaphylaxis website **www.health.wa.gov.au/anaphylaxis**

Responding to an incident

Where possible, only staff with training in the administration of an adrenaline autoinjector should administer the device. However, adrenaline autoinjectors are designed for anyone to use and in the event of an emergency it may be administered by any person, following the instructions in the student's ASCIA Action Plan.

If a student has a severe allergic reaction, but has not been previously diagnosed with the allergy or as being at risk of anaphylaxis, the following action should be taken:

- If the school does not have an adrenaline autoinjector for general use, 000 should be called immediately. Follow any instructions given by emergency services, as well as the school's first aid emergency procedures.
- If the school has an adrenaline autoinjector for general use, school staff can administer the adrenaline following the instructions on the General ASCIA Action Plan (orange) stored with the device.
- If an adrenaline autoinjector is used, staff must call an ambulance and the used adrenaline autoinjector should be given to ambulance staff.

If an ambulance service is not immediately available (e.g. rural and remote settings), the principal should arrange for the student to be transported to a health service or medical practitioner. Ideally, two people should travel with the student, one to drive and the other to monitor the health of the student. Parents/guardians should also be advised of the incident as soon as possible.

Post-incident support

Schools must complete incident reporting documentation as required by the school or education sector. Further to this, schools should consider that an anaphylactic reaction can be a very traumatic experience for the student, staff, others witnessing the reaction, and parents/guardians. In the event of an anaphylactic reaction, students and staff may benefit from a debriefing and/or post-incident counselling, provided, for example, by the school nurse, student welfare coordinator, school psychologist or counselling service. Schools should contact their governing bodies for advice on counselling service providers.

Adrenaline autoinjectors

Adrenaline given through an autoinjector (such as an EpiPen® or Anapen®), to the outer mid-thigh muscle is the most effective treatment for anaphylaxis. Administering adrenaline can reverse potentially life threatening symptoms such as difficult/noisy breathing, swelling/tightness in the throat or loss of consciousness and/or collapse, within minutes.

Students at risk of anaphylaxis may be prescribed an adrenaline autoinjector by their medical practitioner for use in an emergency. Students between 10–20kg (1–5 years of age) are prescribed a Junior adrenaline autoinjector, which has a smaller dosage of adrenaline. For students over 20kg (or over five years of age), a higher dose adrenaline autoinjector is prescribed.

Two adrenaline autoinjector devices are now available in Australia (ie EpiPen® and Anapen®) and they differ in their method of administration, so it is important that the ASCIA Action Plan is kept with the device to ensure correct use (see Appendix 3). If a student has been prescribed an adrenaline autoinjector, one must be provided to the school by the student's parents/guardians.

In some cases, exposure to an allergen can lead to an anaphylactic reaction in as little as five minutes. Therefore, it is recommended that:

- The adrenaline autoinjector should be stored in a central, unlocked location, out of reach for students yet easily accessible to staff.
- The adrenaline autoinjector should be placed away from direct heat or sunlight. It should not be stored in the refrigerator or freezer. In hot climates the adrenaline autoinjector should be stored in an esky or similar container.
- The adrenaline autoinjector should be checked regularly (once a term) to ensure it is not discoloured or out of date, and does not contain sediment.
- A copy of the student's ASCIA Action Plan should be kept with the adrenaline autoinjector.
- The student's adrenaline autoinjector should be distinguishable from other students' adrenaline autoinjector and medications. For example, each student may have a plastic container clearly labelled with their name, into which their medications including the adrenaline autoinjector and ASCIA Action Plan can be kept.
- All staff should know where the adrenaline autoinjector is stored.
- The adrenaline autoinjector should be signed in and out when taken from its usual place, for example on camps or excursions.
- Depending on the age of the student, the size of the school, or the speed of past reactions, it may be appropriate to have the adrenaline autoinjector in class or carried by the student/supervising staff if they are in the playground or away from school grounds.

Adrenaline autoinjector for general use

Schools may consider purchasing an adrenaline autoinjector for 'general use' as a precaution when:

- A student is experiencing an anaphylactic reaction for the first time (i.e. they have not been diagnosed with anaphylaxis and do not have a prescribed adrenaline autoinjector).
- A student is experiencing an anaphylactic reaction, has been administered their prescribed adrenaline autoinjector, but requires a second dose of adrenaline because symptoms persist after five minutes.
- There is a problem with administering the student's prescribed adrenaline autoinjector (e.g. out of date, not readily available, administered incorrectly).

For schools purchasing an adrenaline autoinjector for general use, the higher dose device is recommended which can be given to any child who weighs over 20kg. It should be clearly labelled as the adrenaline autoinjector for general use.

Note: Different adrenaline autoinjector devices are available and they differ in their administration, so if purchasing an adrenaline autoinjector for general use for your school, ensure you choose the type of device that staff are trained to use. Members of staff are advised to read the information included with the device.

Self-administration of the adrenaline autoinjector

It is recommended that the decision whether a student can carry their own adrenaline autoinjector be made when developing the student's Individual Anaphylaxis Health Care Plan, in consultation with the student, the student's parents/guardians and the medical practitioner.

It is important to note that the student has the right to self-administer if they are able to at the time, but even an 18-year-old may not physically be able to self-administer due to the effects of a reaction. Staff still have a duty of care to the student who carries their own medication.

If a student self-administers an adrenaline autoinjector, they must immediately alert a staff member who will remain with the student and an ambulance must be called. Note: If a student carries their own adrenaline autoinjector, a second adrenaline autoinjector (provided by the parent/guardian) should be kept on site in an easily accessible, unlocked location that is known to all staff.

Training devices

It is important that the adrenaline autoinjector trainer (a training device which does not contain a needle or adrenaline) is kept in a separate location from students' prescribed adrenaline autoinjector. The adrenaline autoinjector trainer should NOT be kept in the school's first aid kit.

6 Communicate with the school community

It is important to work with the whole school community to better understand how to provide a safe and supportive environment for all students, including the student with severe allergies.

Raising student awareness

Peer support and understanding is important for the student at risk of anaphylaxis. Staff can raise awareness in school through fact sheets or posters displayed in hallways, canteens and classrooms or in class lessons.

Class teachers can discuss the topic with students in class, with a few simple key messages:

- always take food allergies seriously – severe allergies are no joke;
- don't share your food with friends who have food allergies or pressure them to eat food that they are allergic to;
- not everyone has allergies – discuss common symptoms;
- wash your hands before and after eating;
- know what your friends are allergic to;
- if a schoolmate becomes sick, get help immediately;
- be respectful of a schoolmate's medical kit.

It is important to be aware that the student at risk of anaphylaxis may not want to be singled out or be seen to be treated differently.

Bullying

Be aware that bullying of a student at risk of anaphylaxis can occur in the form of teasing, tricking a student into eating a particular food or threatening a student with the substance that they are allergic to, such as peanuts. Talk to the students involved so they are aware of the seriousness of an anaphylactic reaction. It is recommended that any attempt to harm a student at risk of anaphylaxis with an allergen be treated as a serious and dangerous incident and treated accordingly. Schools can refer to relevant policies related to behaviour management and strategies for dealing with bullying situations.

Work with parents/ guardians of the student at risk of anaphylaxis

Parents/guardians of a student who is at risk of anaphylaxis may experience high levels of anxiety about sending their child to school. It is important to encourage an open and cooperative relationship with parents/guardians so that they can feel confident that appropriate risk minimisation strategies are in place.

Additional to implementing risk minimisation strategies in schools, the anxiety that parents/guardians and the student may feel can be considerably reduced by keeping them informed of the increased education, awareness and support from the school community.

Engage the broader school community

Schools can raise awareness about anaphylaxis in the school community so that parents/guardians of all students have an increased understanding of the condition.

Posters, fact sheets and brochures can be downloaded from the Western Australian Department of Health Anaphylaxis website **www.health.wa.gov.au/anaphylaxis**.

Privacy considerations

It is important to be aware that some parents/guardians may not wish their child's identity be disclosed to the wider school community, this may also apply to the student themselves. It is recommended that this be discussed with the student's parents/guardians and written consent obtained to display the student's name, photograph and relevant treatment details in staff areas, canteens and/or other common areas.

Review and assess management strategies

Review management processes

If a student has experienced an anaphylactic reaction:

- the adrenaline autoinjector (if used) must be replaced by the parent/guardian before the student returns to school.
- the school should review the student's Individual Anaphylaxis Health Care Plan and ASCIA Action Plan with the student, student's parents/guardians and the medical practitioner.
- appropriate steps should be taken to reassure the student and parents/guardians which may include:
  - taking steps to avoid the student's exposure to relevant allergen(s);
  - closer monitoring of the student by school staff;
  - having the student carry the adrenaline autoinjector at all times (if appropriate age and/or maturity);
  - training updates for staff.

Resources/useful links

- Department of Health Anaphylaxis website **www.health.wa.gov.au/anaphylaxis**
- Anaphylaxis Australia Inc website **www.allergyfacts.org.au**
- Australasian Society of Clinical Immunology and Allergy website **www.allergy.org.au**
  ASCIA Action Plans can be accessed from **www.allergy.org.au/content/view/10/3/#r1**
- Department of Education website **www.det.wa.edu.au**

  Individual Anaphylaxis Health Care Forms can be accessed from **www.det.wa.edu.au/inclusiveeducation/detcms/navigation/care-and-protection/promoting-student-health-care**

  Policies can be accessed from **http://policies.det.wa.edu.au**
- Catholic Education Commission of Western Australia website **www.ceo.wa.edu.au**

  Policy statements can be accessed from **http://web4.ceo.wa.edu.au/policy_statements.asp**
- Association of Independent Schools of Western Australia website **www.ais.wa.edu.au**

  Member schools can log on to the AISWA member section of the website to access policies

References

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3. Baumgart, K., Brown, S., Gold, M. et al. (2004). ASCIA guidelines for prevention of food anaphylactic reactions in schools, preschools and childcare centres. *Journal of Paediatrics and Child Health*, 40(12), pp.669-671.

Appendix 1

Sample school-based policy

Note: this is only a sample. Your school may choose to develop/update your own school-based anaphylaxis management policy. Schools should read the Anaphylaxis Management Guidelines for Western Australian Schools when developing or updating their own school-based anaphylaxis management policy.

Anaphylaxis Management Policy

For [enter name of school here]

[Enter date here]

Background

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame and certain insect venom (particularly bee stings).

The key to prevention of anaphylaxis in schools is knowledge of the student who has been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Partnerships between schools and parents/guardians are important in helping the student avoid exposure.

Adrenaline given through an adrenaline autoinjector (such as an EpiPen® or Anapen®) into the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

Purpose

- To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of their schooling.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.
- To engage with parents/guardians of each student at risk of anaphylaxis in assessing risks and developing risk minimisation strategies for the student.
- To ensure that staff have knowledge about allergies, anaphylaxis and the school's guidelines and procedures in responding to an anaphylactic reaction.

Individual Anaphylaxis Health Care Plans

The principal will ensure that an Individual Anaphylaxis Health Care Plan is developed in consultation with the student's parents/guardians, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis (see Appendix 2).

The Individual Anaphylaxis Health Care Plan will be in place as soon as practicable after the student is enrolled and where possible before their first day of school.

The student's Individual Anaphylaxis Health Care Plan will be reviewed, in consultation with the student's parents/guardians:

- annually, and as applicable;
- if the student's condition changes;
- immediately after the student has had an anaphylactic reaction.

It is the responsibility of the parent/guardian to:

- provide an ASCIA Action Plan completed by the child's medical practitioner with a current photo;
- inform the school if their child's medical condition changes, and if relevant provide an updated ASCIA Action Plan.

Communication

The principal will be responsible for providing information to all staff, students and parents/guardians about anaphylaxis and development of the school's anaphylaxis management strategies.

Volunteers and casual relief staff will be informed on arrival at the school if they are caring for a student at risk of anaphylaxis and their role in responding to an anaphylactic reaction.

Staff training and emergency response

Teachers and other school staff who have contact with the student at risk of anaphylaxis, are encouraged to undertake training in anaphylaxis management including how to respond in an emergency.

At other times while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the principal must ensure that there is a sufficient number of staff present who have up to date training and know how to recognise, prevent and treat anaphylaxis. Training will be provided to these staff as soon as practicable after the student enrols.

Wherever possible, training will take place before the student's first day at school. Where this is not possible, an interim plan will be developed in consultation with the student's parents/guardians.

The school's first aid procedures and student's ASCIA Action Plan will be followed when responding to an anaphylactic reaction.

Risk minimisation

The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them. The school can employ a range of practical prevention strategies to minimise exposure to known allergens. The table over the page provides examples of risk minimisation strategies.

SETTING	CONSIDERATIONS
Classroom	■ Display a copy of the student's ASCIA Action Plan in the classroom. ■ Liaise with parents/guardians about food related activities ahead of time. ■ Use non-food treats where possible. If food treats are used in class, it is recommended that parents/guardians provide a box of safe treats for the student at risk of anaphylaxis. Treat boxes should be clearly labelled. Treats for the other students in the class should be consistent with the school's allergen minimisation strategies (see Step 4 of 'allergy awareness' in schools). ■ Never give food from outside sources to a student who is at risk of anaphylaxis. ■ Be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons). ■ Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food. ■ Casual/relief teachers should be provided with a copy of the student's ASCIA Action Plan.
Canteens	■ If schools use an external/contracted food service provider, the provider should be able to demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling. ■ With permission from parents/guardians, canteen staff (including volunteers), should be briefed about students at risk of anaphylaxis, preventative strategies in place and the information in their ASCIA Action Plans. With permission from parents/guardians, some schools have the students name, photo and the foods they are allergic to, displayed in the canteen as a reminder to staff. ■ Liaise with parents/guardians about food for the student. ■ Food banning is not recommended (see Step 4 of 'allergy awareness' in schools), however some school communities may choose not to stock peanut and tree nut products (including nut spreads) as one of the school's risk minimisation strategies. ■ Products labelled 'may contain traces of peanuts/tree nuts' should not be served to the student known to be allergic to peanuts/tree nuts. ■ Be aware of the potential for cross contamination when storing, preparing, handling or displaying food. ■ Ensure tables and surfaces are wiped clean regularly.
Yard	■ The student with anaphylactic responses to insect venom should wear shoes at all times. ■ Keep outdoor bins covered. ■ The student should keep open drinks (e.g. drinks in cans) covered while outdoors. ■ Staff trained to provide an emergency response to anaphylaxis should be readily available during non class times (e.g. recess and lunch). ■ The adrenaline autoinjector should be easily accessible from the yard. ■ It is advised that schools develop a communication strategy for the yard in the event of an anaphylactic emergency. Staff on duty need to be able to communicate that there is an anaphylactic emergency without leaving the child experiencing the reaction unattended. Refer to Case Studies provided for examples of how schools could manage this (see Appendix 4).

SETTING	CONSIDERATIONS
On-site events (e.g.sporting events, in school activities, class parties	■ For special occasions, class teachers should consult parents/guardians in advance to either develop an alternative food menu or request the parents/guardians to send a meal for the student. ■ Parents/guardians of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis as well as being informed of the school's allergen minimisation strategies (see Step 4 of 'allergy awareness' in schools). ■ Party balloons should not be used if a student is allergic to latex. ■ Latex swimming caps should not be used by a student who is allergic to latex. ■ Staff must know where the adrenaline autoinjector is located and how to access it if required. ■ Staff should avoid using food in activities or games, including rewards. ■ For sporting events, it may be appropriate to take the student's adrenaline autoinjector to the oval. If the weather is warm, the autoinjector should be stored in an esky to protect it from the heat.
Off-site school settings – field trips, excursions	■ The student's adrenaline autoinjector, ASCIA Action Plan and means of contacting emergency assistance must be taken on all field trips/excursions. ■ One or more staff members who have been trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector should accompany the student on field trips or excursions. All staff present during the field trip or excursion need to be aware if there is a student at risk of anaphylaxis. ■ Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction. ■ The school should consult parents/guardians in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/guardian to send a meal (if required). ■ Parents/guardians may wish to accompany their child on field trips and/or excursions. This should be discussed with parents/guardians as another strategy for supporting the student. ■ Consider the potential exposure to allergens when consuming food on buses.
Off-site school settings – camps and remote settings	■ When planning school camps, a risk management plan for the student at risk of anaphylaxis should be developed in consultation with parents/guardians and camp managers. ■ Campsites/accommodation providers and airlines should be advised in advance of any student with food allergies. ■ Staff should liaise with parents/guardians to develop alternative menus or allow students to bring their own meals. ■ Camp providers should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of peanuts/tree nuts may be served, but not to the student who is known to be allergic to peanuts/tree nuts. ■ Use of other substances containing allergens (e.g. soaps, lotions or sunscreens containing nut oils) should be avoided. ■ The student's adrenaline autoinjector and ASCIA Action Plan and a mobile phone must be taken on camp.

SETTING	CONSIDERATIONS
Off-site school settings – camps and remote settings *continued*	■ A team of staff who have been trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector should accompany the student on camp. However, all staff present need to be aware if there is a student at risk of anaphylaxis. ■ Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction. ■ Be aware of what local emergency services are in the area and how to access them. Liaise with them before the camp. ■ The adrenaline autoinjector should remain close to the student at risk of anaphylaxis and staff must be aware of its location at all times. It may be carried in the school first aid kit, although schools can consider allowing students, particularly adolescents, to carry it on their person. Remember, staff still have a duty of care towards the student even if they carry their own adrenaline autoinjector. ■ The student with allergies to insect venoms should always wear closed shoes when outdoors. ■ Cooking and art and craft games should not involve the use of known allergens. ■ Consider the potential exposure to allergens when consuming food on buses/ airlines and in cabins.

Adapted from the Department of Education and Early Childhood Development, Victoria, *Anaphylaxis Guidelines: A resource for managing severe allergies in Victorian government schools (2006) and Sample Anaphylaxis Management Policy (2008).*

Appendix 2

Sample Individual Anaphylaxis Health Care Plan

This can be accessed at www.health.wa.gov.au/anaphylaxis

STUDENT DETAILS – To be completed by parent/guardian		
School:	Year: Form:	INSERT PHOTO HERE
Student's Name:	Date of Birth:	
Address:	Male ☐ Female ☐	
PARENT/GUARDIAN CONTACT DETAILS	Teacher:	
1. Name:	**MEDICAL DETAILS**	
Address:	Doctor 1:	
Relationship to Student:	Doctor 2:	
Telephone: (W) (H) (M)	Medical Centre:	Telephone:
2. Name:	Hospital:	
Address:	Permission is given to seek medical attention for my child as required from the above medical centre. YES ☐ NO ☐	
Relationship to Student:	Do you have ambulance cover? YES ☐ NO ☐ **If there is a medical emergency parents/guardians are expected to cover the cost of an ambulance.**	
Telephone: (W) (H) (M)	Child has a medical bracelet/pendant. YES ☐ NO ☐ If yes, please provide details.	

SECTION A: CHILD HEALTH CARE PLANNING – To be completed by parent/guardian		
Please list specific allergens and most recent reactions in the table below:		
MY CHILD IS ALLERGIC TO:	Please indicate which allergen(s) your child is allergic to.	Where applicable, please indicate your child's most recent reaction to the allergen *(e.g. anaphylaxis, hay fever, hives, eczema).*
Peanuts		
Tree nuts		
Cow's milk		
Eggs		
Soy products		
Wheat		
Shellfish		
Fish		
Sesame		
Insect Stings or Bites *(please specify if known)*		
Medication *(please specify medication(s) if known)*		
Other/Unknown *(please specify food(s) if known)*		

Name:	School:	DOB:

SECTION B: DAILY MANAGEMENT – To be completed in consultation with parent/guardian

List strategies that would minimise the risk of exposure to known allergens.

SECTION C: STAFF TRAINING – To be completed by Principal

Is specific training for staff required? YES ☐ NO ☐ Date attended:

Type of training:

Name of person(s) trained:

SECTION D: EMERGENCY RESPONSE – As per the child's ASCIA Action Plan attached (this must be completed by the child's medical practitioner)

SECTION E: MEDICATION – To be completed by parent/guardian

	INSTRUCTIONS					
	Medication 1		Medication 2		Medication 3	
Name of medication						
Expiry date						
Dose/frequency – may be as per the pharmacist's label						
Duration (Dates)	From: to:		From: to:		From: to:	
Route of administration (please tick appropriate box)	BY SELF REQUIRES ASSISTANCE	☐ ☐	BY SELF REQUIRES ASSISTANCE	☐ ☐	BY SELF REQUIRES ASSISTANCE	☐ ☐
Storage instructions (please tick appropriate box)	stored at school kept and managed by self refrigerate keep out of heat and sunlight other	☐ ☐ ☐ ☐ ☐	stored at school kept and managed by self refrigerate keep out of heat and sunlight other	☐ ☐ ☐ ☐ ☐	stored at school kept and managed by self refrigerate keep out of heat and sunlight other	☐ ☐ ☐ ☐ ☐

SECTION F: AGREEMENT BETWEEN THE SCHOOL PRINCIPAL AND PARENT/GUARDIAN – To be completed by Principal and Parent/Guardian

This agreement authorises the school staff to follow the advice of the child's parent/guardian and medical practitioner as set out in child's Individual Anaphylaxis Health Care Plan and the child's ASCIA Action Plan. It is valid for one year or until I advise the school of a change in my child's health care requirements.

Principal: **Date:**	**Parent/Guardian:** **Date:**

Annual review date:

A copy of the child's ASCIA Action Plan completed by the child's medical practitioner must be attached to this document.

Adapted from the Department of Education and Training Western Australia, *Form 4 – Severe Allergy/Anaphylaxis Management & Emergency Response Plan (2005).*

Appendix 3

ASCIA Action Plans

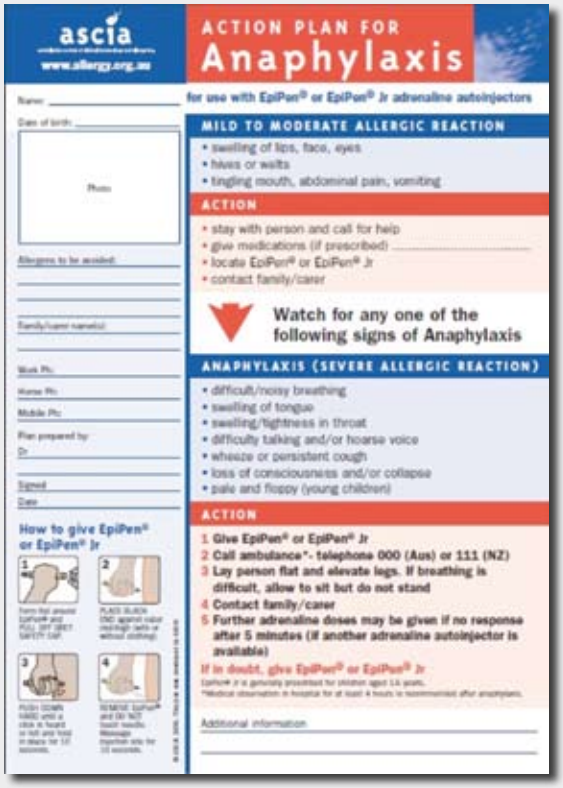
The Australasian Society of Clinical Immunology and Allergy (ASCIA) has developed four Action Plans.

ASCIA Action Plan for Allergic Reactions

This Action Plan is green and is provided to children (or adults) with known mild to moderate allergies (including insect allergy), who are not thought to be at risk of anaphylaxis and therefore have not been prescribed an adrenaline autoinjector.

ASCIA Action Plan for Anaphylaxis

This Action Plan is red (pictured) and is provided to children (or adults) at risk of anaphylaxis to all allergens except insect venoms. These children (or adults) have been prescribed an adrenaline autoinjector.



ASCIA General Action Plan for Anaphylaxis

This Action Plan is orange and is a general Action Plan for Anaphylaxis. A copy should be stored with the adrenaline autoinjector for general use. It can also be used as a poster.

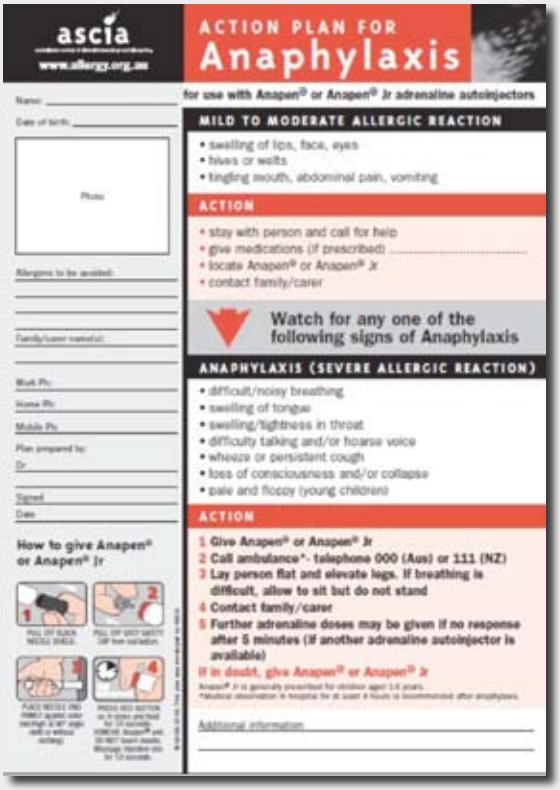
Action Plans for EpiPen® and Anapen®

Instructions on how to give an adrenaline autoinjector are shown on the ASCIA Action Plans for Anaphylaxis. As there are two adrenaline autoinjector devices in Australia, there are two versions of each Action Plan.

The Action Plans shown are the:

- ASCIA Action Plan for Anaphylaxis for EpiPen®; and
- ASCIA Action Plan for Anaphylaxis for Anapen®.

For more information about the ASCIA Action Plans, please refer to the ASCIA Action Plan Information Sheet or visit the ASCIA website **www.allergy.org.au**



Sharing Strategies: Case studies from WA Schools

Case Study 1

K-7 school in metropolitan area

Number of students in school	320
Number of students at risk of anaphylaxis:	8
Allergens:	peanut, tree nut, egg and dairy,animal hair, insect sting (bee)

Adrenaline autoinjector management:

The school currently has eight students at risk of anaphylaxis. The parents/guardians provide a 'medical kit' for the student which contains their adrenaline autoinjector. The students' medical kits are stored in labelled pigeon holes in the staff room which is centrally located in the school. If a student has a second medical kit, this is stored with the teacher in the classroom.

Each student's medical kit contains the student's adrenaline autoinjector, Action Plan and any other medications as required by the student's Action Plan (e.g. antihistamine, asthma reliever medication).

The school encourages parents/guardians to take the medical kits home over the school breaks to provide an opportunity to check the expiry dates of the medication in the kit. The Education Assistants for students at risk in the K-2 year range and school administrators for the 3–7 year range also check the expiry dates of the adrenaline autoinjectors each term. If a staff member discovers that an adrenaline autoinjector is soon to expire or expired, the parents/guardians are contacted.

Training:

The school receives formal training in the recognition, prevention and treatment of anaphylaxis annually. As part of their annual training, the school conducts a workshop to discuss risks and risk minimisation strategies. This workshop provides an opportunity for staff to hear the many differing issues faced by different staff within the school and assist in the problem solving process.

The school also has discussions and adrenaline autoinjector training in staff meetings throughout the year.

Action Plans:

The school requires that Action Plans be updated as prescribed by the student's medical practitioner. Action plans are displayed around the school in the following locations: medical room, staff room, physical education teacher's office, art room, performing arts room, classrooms of the students at risk of anaphylaxis and school canteen.

A copy of the relevant actions plans are included in the relief teacher folders.

Risk minimisation strategies:

The school uses a variety of strategies to minimise the risk of exposure to known allergens. These include:

- Staff training;
- Monitoring new enrolments;
- All students are encouraged to wash their hands after meal times;
- Education assistants allocated to support students (K-2) with anaphylaxis receive specific training to manage anaphylaxis and wear orange vests. These education assistants are always on duty during meal times;
- Education assistants are responsible for cleaning spills and cleaning areas where students eat.

- Parent/guardian communication/awareness
- Peer education through DVDs, books and general discussions

When the students at risk of anaphylaxis are off the school site the following strategies are employed:

- Education assistants attached to K-2 students attend the excursion for the duration. If the student does not have an Education Assistant, parents/guardians are asked if they would like to attend. If parents/guardians are unable to attend, then the student at risk is placed in the teacher's group.
- The student's medical kit containing an adrenaline autoinjector is taken by the education assistant/teacher.
- The school discourages food purchases.
- If the students are to share food, the food provider, parents and students would be notified of allergies.
- No eating policy on buses and trains.

School community awareness:

The school communicates with the school community about the management of anaphylaxis in a number of ways. These include:

- Policy and risk minimisation strategies provided to all new staff.
- A letter is sent to all parents of students in a class with a child at risk of anaphylaxis.
- New parents receive the school's allergy policy on enrolment.
- Reminder snippets in school newsletters.
- Reminder notes in student's lunchboxes.

Case Study 2

1-12 school in metropolitan area

Number of students in school 1296
(includes both junior and senior schools)

Number of students at risk of anaphylaxis: 31 (21 junior school, 10 senior school)

Allergens: peanut, tree nut, bee, dairy

Adrenaline autoinjector management:

The school currently has 31 students at risk of anaphylaxis. The parents/guardians provide a 'medical kit' for the student which contains the student's adrenaline autoinjector. The school places each student's medication into a video cassette type case with the student's name and photo on the front cover, student's name on the spine and the instructions on how to use the adrenaline autoinjector on the back cover.

Each medical kit contains the student's adrenaline autoinjector, Action Plan and any other medications as required by the student's Action Plan (e.g. antihistamine, asthma reliever medication). The medical kits are stored in the school's Health Centre and are easily accessible.

The expiry dates of the adrenaline autoinjectors are noted on the spine of the medical kit case and in the school's Health Centre diary and are checked each month by the school nurse. A courtesy call is made to parents/guardians a month prior to the expiry of the adrenaline autoinjector and this is followed by a letter.

Training:

All staff have formal training provided by the school nurse. The training includes the recognition, treatment and management of anaphylaxis. The training also addresses the roles and responsibilities of the school, parents and students.

Staff also have 'emergency action cards' which are small, laminated information cards with the signs and symptoms of allergy and anaphylaxis on a key ring. Staff can also access information on anaphylaxis on the school's internal computer network.

ASCIA Action Plans:

The school requires that Action Plans be updated if there is a change in any details (e.g. the child's medication, immunologist and allergy) and encourages the Action Plans to be updated following any immunology review if required.

Action Plans are kept in the student's file, the nurses' emergency medical kit and in the student's individual medical kit. They are also displayed in the staff common room and copies given to the canteens.

Risk minimisation strategies:

The school uses a variety of risk minimisation strategies including:

- the school nurse is on-site all day on school days.
- staff members are trained to recognise the signs and symptoms of anaphylaxis.
- displaying Action Plans in appropriate areas in the school.
- all staff and first aid kits have emergency action cards.
- students at risk of anaphylaxis are encouraged to have a buddy system.
- allergy/anaphylaxis posters displayed around the school to increase awareness.
- prescribed adrenaline autoinjectors are easily accessible and centrally stored.
- the junior school has an emergency response red card system in place for anaphylaxis emergencies.

When the students at risk of anaphylaxis are off the school site the following strategies are employed:

- All students at risk of anaphylaxis are responsible for collecting their medical kit from the school's Health Centre to give to their teacher. They are also responsible for returning their medical kit on return to the school.
- Outdoor education staff have medical update forms completed by parents and are supplied with a list of dietary restrictions, the names of students at risk of anaphylaxis and a medical summary.

Case Study 3

K-7 school in regional area

Number of students in school (includes both junior and senior schools)	424
Number of students at risk of	10
Allergens:	peanut, milk, grass, pet hair, soy, dust mite, cockroaches, egg, seafood and insect sting (bee)

Adrenaline autoinjector management:

The school currently has 10 students at risk of anaphylaxis. The parents/guardians provide a 'medical kit' for the student which contains the student's adrenaline autoinjector. The students' medical kits for the kindergarten and pre-primary are stored in their classrooms and are easily accessible to staff but not students. The medical kits for students in years 1–7 are stored unlocked, near the medical cabinet in the deputy principal's office. This is an unlocked office which enables easy access to the medical kits in an emergency.

Each medical kit contains the student's adrenaline autoinjector, Action Plan and any other medications as required by the student's Action Plan (e.g. antihistamine, asthma reliever medication).

The school officer and the deputy principal check the expiry dates of the adrenaline autoinjectors at the start and end of each

term and make a formal record. Parents/guardians are contacted by phone and notified 2–3 weeks prior to the date of adrenaline autoinjector expiry.

Training:

The school receives annual training in the recognition and treatment of anaphylaxis, including practising with an adrenaline autoinjector trainer. This training is provided by the school nurse. The school has risk minimisation strategies identified in their school's 'Allergy Aware' Policy and all members of staff receive annual updates.

ASCIA Action Plans:

The school requires that Action Plans be updated annually and if there are any changes (e.g. child's medication). Parents/guardians are well educated regarding the need to keep the school up to date with the medical treatments required. Medical histories are checked thoroughly at commencement of each school year.

The Action Plans form an integral part of the school's teacher handover information and are therefore included in the files for relief teachers. The Action Plans are also displayed in relevant classrooms, the staffroom, sick bay, canteen and deputy principal's office.

Risk minimisation strategies:

The school uses a variety of strategies to minimise the risk of exposure to known allergens. These include:

- Staff training.
- Peer education.
- Parent/guardian education sessions.
- Allergen avoidance when conducting cooking lessons.
- No sharing of food policy.
- All staff and students are encouraged to wash their hands after meal times.
- Parents/guardians must consult with the class teacher before sending food (e.g. birthday cakes) to school for students to share.
- Completion of Health Care Plans in consultation with parents/guardians and medical practitioners.
- The canteen does not sell products that have peanuts or tree nuts (e.g. hazelnuts, cashews, almonds) listed as an ingredient.
- All relief teachers are advised of the school's 'Allergy Aware' policy. They are also informed if they are caring for students at risk of anaphylaxis in the class where they are providing relief teaching in.

When the students at risk of anaphylaxis are off the school site the following strategies are employed:

- The medical kit containing the adrenaline autoinjector is taken on the excursion.
- Teachers plan excursions to avoid exposure to known allergens.
- When food is involved, staff should consult with parents/guardians to ensure safe food provision for the students at risk of anaphylaxis.

School community awareness:

The school communicates regularly with the school community through fortnightly newsletters which include tips on managing allergies and anaphylaxis. Additional information is provided to parents/guardians of students in the same class as a child known to be at risk of anaphylaxis.

The school established an 'Allergy Aware' Committee consisting of staff and parents who developed an 'Allergy Aware' policy for the school. This committee continues to operate and provide updated information for dissemination to the wider community.

The school also conducts asthma and allergy education sessions for the school community. These sessions are presented by the school nurse.

Appendix 5

Anaphylaxis Management Checklist for Schools

- ☐ Actively seek information to identify a student with severe life threatening allergies at enrolment.
- ☐ If a student has been diagnosed as being at risk of anaphylaxis, meet with the parents/guardians to complete an Individual Anaphylaxis Health Care Plan.
- ☐ Parents/guardians are to provide copies of the student's ASCIA Action Plan completed by their medical practitioner with an up to date photo.
- ☐ Display the student's ASCIA Action Plan in appropriate staff areas around the school (e.g. staff room).
- ☐ Parents/guardians are to provide the student's adrenaline autoinjector and other medication (e.g. asthma reliever medication) within expiry date.
- ☐ Adrenaline autoinjectors are stored in an unlocked location, easily accessible to staff, but not accessible to students. It is stored with the student's ASCIA Action Plan and away from direct sources of heat and sunlight.
- ☐ Establish a process for checking the adrenaline autoinjector to make sure it has not expired and has no discolouration or sediment.
- ☐ Establish processes for checking the adrenaline autoinjector and ensuring ASCIA Action Plans are taken whenever the student participates in off-site activities (e.g. camps, excursions, sports days).
- ☐ Develop a school-based anaphylaxis management policy and implement strategies to minimise exposure to known allergens.
- ☐ Arrange staff training which should include the recognition of allergic reactions, emergency treatment, practice with adrenaline autoinjector trainer devices and risk minimisation strategies.
- ☐ Hand out anaphylaxis fact sheets to staff to raise awareness about anaphylaxis.
- ☐ Mail/distribute letters to parents/guardians in the school community and include information snippets in newsletters to raise awareness about anaphylaxis and the school's policies/guidelines.
- ☐ Regularly review (e.g. at the beginning of each term) anaphylaxis management strategies and practise scenarios for responding to an anaphylaxis emergency.
- ☐ Review the student's Individual Anaphylaxis Health Care Plan annually, if the student's situation changes or after an anaphylactic incident.

Adapted from the Department of Education and Early Childhood Development, Victoria, *Anaphylaxis Guidelines: A resource for managing severe allergies in Victorian government schools (2006).*

Appendix 6

Frequently Asked Questions

What is the difference between an allergy and anaphylaxis?

Allergy occurs when a person's immune system reacts to substances (allergens) in the environment which are usually harmless (e.g. food proteins, dust mites, pollen).

Anaphylaxis is the most severe form of allergic reaction and is potentially life-threatening. Not everyone with allergies will have anaphylaxis.

An anaphylactic reaction involves the respiratory and/or cardiovascular system. Signs and symptoms include breathing difficulties, swelling of the tongue, tightness in the throat, difficulty talking, wheezing or persistent cough and even loss of consciousness or collapse.

Hives, welts, vomiting, diarrhoea by themselves are mild to moderate symptoms of food allergy, but can be early warning signs of an anaphylactic reaction. For insect allergy, vomiting and abdominal pain are signs of anaphylaxis.

How do I know if it is anaphylaxis and not asthma?

Unlike asthma, anaphylaxis can affect more than one system in the body. This means that during a reaction, you may see one or more of the following symptoms: swelling or welts on the skin, stomach pain, vomiting or diarrhoea, in addition to breathing difficulties and increased heart rate or altered consciousness. If you treat asthma as anaphylaxis and give the adrenaline autoinjector according to the student's ASCIA Action Plan, no harm will be done. If in doubt, give the adrenaline autoinjector.

What if I think it is anaphylaxis, administer the adrenaline autoinjector and it turns out to be something else?

The adrenaline autoinjector contains adrenaline, which is a natural hormone produced by the body. If it is given to a student who does not have anaphylaxis, the student will have a raised heart rate and become pale and sweaty. They may feel anxious and shaky. These are common side-effects of adrenaline but medical advice indicates there will be no lasting ill effects. You must dial 000 and ask for an ambulance immediately to treat the other medical symptoms. Make sure you advise the ambulance officers that you have administered an adrenaline autoinjector and the time it was given.

What is the difference between a junior and higher dose adrenaline autoinjector?

Children aged approximately 1–5 years (10–20kg) are generally prescribed a Junior adrenaline autoinjector (green), which has a smaller dosage of adrenaline.

For children over five years (over 20kg), a higher dose adrenaline autoinjector (yellow) is prescribed.

What should I do if I do not have an adrenaline autoinjector with the age/weight appropriate dose available in an emergency?

In children over one year of age, if an adrenaline autoinjector is available it should be administered regardless of the dose.

Children under one year of age are not usually prescribed an adrenaline autoinjector as reactions are not severe and deaths are extremely rare. If anaphylaxis is suspected only the Junior adrenaline autoinjector can be given.

Can I give an adrenaline autoinjector if it has expired, is discoloured or contains sediment?

It is recommended that the adrenaline autoinjector should only be given if the device is not out of date and the fluid inside is clear. In an emergency, when there is no general use autoinjector available, Princess Margaret Hospital for Children advises to give the adrenaline autoinjector regardless of expiry date, discolouration or sedimentation and dial 000 for an ambulance immediately. Remember the key to effective management is preparation – strategies should be in place to prevent being in a situation where you have a child with anaphylaxis that does not have a current adrenaline autoinjector.

What happens to the student once I give them the adrenaline autoinjector?

You will soon see a reversal of the more serious symptoms of the student's reaction. They will breathe more easily as the swelling and tightness in their throat will recede. However, they may feel very anxious and shaky. This is a side effect of adrenaline. Reassure the student and closely watch them in case of a repeat reaction.

Can I give a second adrenaline autoinjector?

Watch the student closely in case of a repeat reaction. In the rare situation where there is no marked improvement and severe symptoms (as described in the ASCIA Action Plan) are present and/or persist, a second adrenaline autoinjector (of the same dosage) may be administered after five minutes.

What happens if I accidentally inject myself?

Call for assistance as you will require support, if the student is having a reaction, ask another staff member to take over. If you have an adrenaline autoinjector for general use on site, ask someone to retrieve it and administer to the student. Adrenaline has no long term ill effects though it is advisable for you to seek medical assistance for yourself.

What are my legal rights if I make a mistake?

In the unlikely situation where a staff member administers an adrenaline autoinjector and is then sued for negligence, the Department of Education will defend the action except in the most exceptional circumstances.

If a student does not have an adrenaline autoinjector and appears to be having a reaction, can I administer another student's adrenaline autoinjector to them?

No. If the school has an adrenaline autoinjector for general use, this can be administered and an ambulance called.

What should I do if the parents/guardians have not replaced their child's adrenaline autoinjector and it has expired?

Contact the parents/guardians immediately and request them to replace the adrenaline autoinjector. If the school has an adrenaline autoinjector for general use, be prepared to use it in the interim and make sure that staff members know where it is stored.

What if the parents/guardians have not told us about their child's condition, but the student mentions it in class?

Contact the student's parents/guardians as a priority to verify if their child is at risk of anaphylaxis. If necessary, ask the parents/guardians to obtain an adrenaline autoinjector and ASCIA Action Plan for the school as soon as possible. It is advisable to complete an Individual Anaphylaxis Health Care Plan with the parents/guardians.

Can we ask parents/guardians not to send nut products to the school? What happens if they refuse?

Before you make this request of parents/guardians, ask yourself why you are doing this and if there are other risk minimisation strategies that you could put into place instead. It may be more appropriate, for example, to provide better education and awareness to the student's friends and class mates about minimising exposure during 'at risk' times such as lunch time.

You can request parents/guardians not to send nut products to school but it is important to realise that this does not mean that your school is 'nut-free'. While most parents/guardians will be happy to comply, there may be a small group who disagree. In those situations it is best to work with them. Educate them about how severe anaphylaxis can be. Help them to develop alternative, nutritious food options for their children.

What can I do to keep a student at risk of anaphylaxis safe in my class?

Be well prepared. Minimise their exposure to known allergens by planning ahead and thinking about alternatives for certain activities when necessary.

Consult with the student and their parents/guardians when any food is to be consumed and keep a separate treats box for the student at risk of anaphylaxis.

Be familiar with the student's ASCIA Action Plan and know where the adrenaline autoinjector is and how to administer it. Consult with the parents/guardians about potential hidden allergens in foods or other substances (e.g. soaps or lotions).

If we follow all the policies and recommendations, will we prevent anaphylactic reactions in our school?

You will certainly minimise the risk of a reaction and be well equipped to manage one should it occur. However, there is no guarantee that you will prevent one.

Remember that advance planning and good preparation for all school settings is the key to minimising the risk and effectively managing anaphylaxis.

Adapted from the Department of Education and Early Childhood Development, Victoria, *Anaphylaxis Guidelines: A resource for managing severe allergies in Victorian government schools (2006).*

Notes

This document can be made available in alternative formats such as computer disc, audio tape or Braille, on request.

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