GUIDELINE

Anaphylaxis prevention

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<th>School Health</th>
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<td>Scope (Area):</td>
<td>CACH, WACHS</td>
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This document should be read in conjunction with this DISCLAIMER

Background

Anaphylaxis is a severe, rapidly progressing allergic reaction that is potentially life threatening. Australian research indicates that 1 in 170 school aged children have suffered at least one episode of anaphylaxis and 1 in 50 children under five years of age have food allergies which may have the potential to progress to anaphylaxis. Over recent years, hospital admissions for children due to anaphylaxis have increased significantly, and WA records indicate that many children have experienced anaphylaxis while at school.

Anaphylaxis in children is most often caused by food allergies. Any food can cause an allergic reaction, however nine foods cause 90% of reactions in Australia: peanuts, tree nuts (e.g. hazelnuts, cashews, almonds), egg, cow's milk, wheat, fish, shellfish, sesame and soy. Non-food causes (triggers) include insect stings, latex and medications. Sometimes the cause of anaphylaxis is not known. In the school setting, most severe allergic reactions are caused by food allergy or bee stings.

Increasing rates of severe allergy in infants means the number of children entering school at risk of anaphylaxis continues to increase. Not all children who experience anaphylaxis are diagnosed by the time they start school, and data indicate that a significant number of children have their first anaphylactic reaction while at school.

It is important that schools are equipped with the knowledge and skills to prevent and minimise the risk of anaphylaxis, and to provide emergency care if an anaphylaxis event occurs.

The Western Australian the Poisons Act 1964 was recently amended to enable schools and child care services to keep and supply adrenaline autoinjectors for general use. In addition, the School Education Act 1999 was amended so that there is now statutory support for staff in schools and childcare services to administer emergency treatment for anaphylaxis, without parental consent.

Schools and their staff are required to provide safe and supportive environments for students. This requires schools to minimise the risk of anaphylaxis within the school community. Principals are required to inform parents of their duty to engage with the school by providing up-to-date information and medication for students with anaphylaxis. Principals are to ensure that a student health care plan is developed and known by relevant staff.

Schools are responsible for ensuring that staff recognise and understand the signs and symptoms and can respond appropriately to anaphylaxis. An e-learning package is available for all school administration, teaching and other staff.
Each school is required to have an appropriate number of staff trained and available to provide emergency first aid in an anaphylaxis event. When determining what is adequate, schools should consider relevant factors including enrolment numbers, number of diagnosed students, age of students, capabilities of students, configuration of the campus, and arrangements for offsite or higher risk activities.

The role of the Community Health Nurse in schools

School/Community Health Nurses provide specialist health expertise to school staff and students as defined in the (negotiated) School Level Agreement, which may include:

- Assisting with health care planning for individual students.
- Supporting schools in the development of systems and processes for managing first aid, including the management of anaphylaxis.
- Providing, or assisting the school staff to access, practical training in the administration of an adrenaline autoinjector. (See Appendix A.)
- Advocating the health education curriculum include education about anaphylaxis awareness and safety.

Options for professional development for Community Health Nurses


Related internal policies, procedures and guidelines

Student health care plans guideline

Memorandum of Understanding, Department of Education and Training, and the Department of Health (for the provision of School Health Services for school students attending Government schools), 2010 – 2013.

References


environments with and without legislation for the prevention and management of anaphylaxis. *Allergy* (67,) 131-137.


6. Department of Health WA (2010). *Anaphylaxis Fact Sheets*

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**Useful Resources**

**Anaphylaxis procedure - school health**

E-learning for school administration staff, teaching and non-teaching staff. It covers;

- Anaphylaxis; definitions, causes, signs and symptoms.
- Legislative and policy context in the education sector.
- Planning for an anaphylaxis emergency; emergency first aid, contacting and following up with parents/guardian, debriefing and reporting, and useful tips.
- Adrenaline autoinjectors; types, storage and care, disposal.
- Risk Management; preventing anaphylaxis in the school setting.
- Resources, useful links and frequently asked questions

Anaphylaxis curriculum resource [www.allergyfacts.org.au](http://www.allergyfacts.org.au)


Allergy and Anaphylaxis Australia – includes resources for schools. [www.allergyfacts.org.au](http://www.allergyfacts.org.au)
APPENDIX A

Practical training in the administration of adrenaline autoinjector

Note: This guideline is for use when providing emergency training and support for school staff to care for students with Severe Allergies/Anaphylaxis.

Before delivering this training Community Health staff should complete the ASCIA E-training for health professionals at: wahealth.brightcookie.com.au

To support their understanding and knowledge of Anaphylaxis, encourage school staff to complete e-learning package via DoE ilearning system or for non-govt school staff at: wahealth.brightcookie.com.au

For resources and information go to www.health.wa.gov.au/anaphylaxis/HP/schools.cfm

Session Preparation:

- Review key messages and any supporting notes. Anaphylaxis management checklist for schools

Equipment:

- Copies of Quiz questions and answers
- Copy of Student Health Care plans and or Anaphylaxis Action Plans
  - Sample individual anaphylaxis health care plan
  - ASCIA Action Plan for Anaphylaxis (Personal)
  - ASCIA Action Plan for Allergic Reactions (Personal)
- Copy of School Anaphylaxis Policy Sample school-based anaphylaxis policy
- Trainer Auto injectors – both EpiPens and AnaPens (enough to share one between two or three people)
### Activity

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<th>Key messages (to inform discussion, not intended for use as a formal presentation)</th>
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| **Introduction** | The session will revise key information, and practice providing emergency care.  
It will take approximately 30 minutes if delivered in a group setting. |
| Introduce yourself and the session | |

### Review knowledge

| Quick Quiz (can be distributed prior to the session to encourage further reading).  
Discuss answers (1d, 2a, 3f, 4a, 5g). | What is anaphylaxis? |
|---------------------------------------------|---------------------|
| OR | - It is the most **severe form of allergic reaction**.  
- Symptoms can start within minutes of exposure.  
- Progress of reaction can be very rapid.  
- Symptoms of anaphylaxis can present **without** mild or moderate symptoms beforehand.  
- Potentially life-threatening and **must ALWAYS be treated as a medical emergency**.  
- Children who are suspected of having a risk of anaphylaxis should obtain a referral to see an allergy specialist for correct diagnosis. |
| Ask the participants some questions to check understanding; | **Causes of anaphylaxis:** |
| What is meant by anaphylaxis? | - Any food can cause an allergic reaction, however **nine foods cause 90% of reactions** in Australia: peanuts, tree nuts, egg, cow’s milk, wheat, fish, shellfish, sesame and soy.  
- Other triggers include insect stings, latex and medications.  
- Sometimes the cause is not known.  
- At school, most severe allergic reactions are caused by food allergy or bee stings.  
- Very small amounts of an allergen can cause anaphylaxis – trace amounts which are not visible.  
- Anaphylaxis can occur **within minutes** of contact with a trigger or **up to two hours later**. |
| What signs and symptoms might be evident if someone is experiencing anaphylaxis? | **Signs and symptoms** |
| What triggers might cause anaphylaxis? | **Mild to moderate allergic reactions:** |
| Brainstorm and discuss the causes, signs and symptoms. | |
### Activity

### Key messages (to inform discussion, not intended for use as a formal presentation)

- swelling of lips, face, eyes
- hives or welts on the skin
- tingling mouth
- abdominal pain or vomiting (can be signs of a severe allergic reaction to insect bite/sting)

#### Severe, life-threatening allergic reactions:

- difficulty with breathing or noisy breathing
- swelling of tongue
- swelling or tightness in throat
- wheeze or persistent cough
- difficulty talking and/or hoarse voice
- persistent dizziness and/or collapse
- appearing pale and floppy (young children)
- abdominal pain or vomiting (if it is a severe allergic reaction to insect bite/sting)

### Emergency First Aid

Role play what to do for a mild to moderate allergic reaction.

### Mild to moderate allergic reactions:

- For insect sting, flick out insect sting if visible. Do not remove ticks. For food allergy, wash hands and face
- Stay with the person and call for help. (Do not let the person stand or walk).
- Locate the appropriate adrenaline autoinjector and the students Action Plan. Follow the student health care plan, where one exists, administering the medication as required.
- **Watch for any one of the signs or symptoms of anaphylaxis, as described above:**

### Severe allergic reactions:
### Activity

Role play what to do for a severe allergic reaction.

**Note:** EpiPens or AnaPens are the two adrenaline autoinjectors available in Australia. EpiPen is most widely used so use an EpiPen trainer for practical training.

### Key messages (to inform discussion, not intended for use as a formal presentation)

- Lay the person flat, do not stand or walk. If breathing is difficult, allow to sit.
- **Give the adrenaline autoinjector without delay.** (Make a note of the time given.)
- **Call an Ambulance (000).** Confirm arrival place and time. Inform Principal.
- Stay with and reassure the person. Do not allow them to walk at any time.
- Give another adrenaline autoinjector if no improvement after 5 minutes.
- If the person loses consciousness and there are no signs of breathing, begin CPR.
- Contact parent and let them know where their child has been taken.
- Monitoring in a hospital is required for 4 to 6 hours, even if symptoms improve.

### Giving the adrenaline autoinjector (EpiPen)

- Give everyone an opportunity to practice with the trainer pen.
- Memory tip ‘Blue to the sky and orange to the thigh’.
- Allow one trainer pen for every two or three people, if possible.
- Recommend that everyone practice regularly with the trainer pen.

1. Form a fist around EpiPen and pull off the blue safety release.
2. Place orange end against outer mid-thigh – with or without clothing.
3. Push down hard until you hear or feel a click – hold in place for 10 seconds.

- Antihistamine medication is useful for the treatment of mild allergic reactions, such as localised hives or itch. Antihistamines do not treat or prevent anaphylaxis. **If in doubt, give an adrenaline autoinjector.**
- Even when individuals respond positively and quickly to the administration of adrenaline, there is a high risk of relapse. It is vital to seek urgent medical assistance.
- Give the used adrenaline autoinjector to the ambulance officers to show what has been administered. It has no further use as it is a single dose only.

*Information sourced from Department of Education and Department of Health – Anaphylaxis e-learning package for schools. Dec 2014*  
Anaphylaxis Quick Quiz

1. Anaphylaxis is:
   a. the most severe form of allergic reaction
   b. is potentially life threatening
   c. a medical emergency
   d. all of the above

2. In school settings most severe allergic reactions are caused by:
   a. food allergy or bee stings
   b. stress
   c. over excitement
   d. all of the above

3. Signs and symptoms of anaphylaxis may include:
   a. nausea, abdominal cramping, vomiting, diarrhoea
   b. itching of the skin and raised rash (hives)
   c. wheezing, shortness of breath, coughing, hoarseness
   d. anxiety
   e. flushing, swelling of the tissues of the lips, throat, tongue, hands and feet
   f. all of the above

4. The initial symptoms of anaphylaxis may occur within a few seconds or hours after exposure.
   a. true
   b. false

5. Signs and symptoms of a severe, life-threatening allergic reaction include:
   a. swelling of tongue
   b. swelling or tightness in throat
   c. wheeze or persistent cough
   d. difficulty talking and/or hoarse voice
   e. persistent dizziness and/or collapse
   f. appearing pale and floppy (young children)
   g. all of the above

To review answers or for more information visit www.allergyfacts.org.au
This document can be made available in alternative formats on request for a person with a disability.

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