

severe allergic reactions

Interim Anaphylaxis Guidelines *for* Queensland Schools



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Foreword

Anaphylaxis is a severe and sudden allergic reaction. Anaphylaxis is potentially life threatening and always requires an emergency response.

It is therefore critical that school staff, parents and caregivers are confident about the management and treatment of students who have been diagnosed by a medical practitioner as being anaphylactic or potentially anaphylactic.

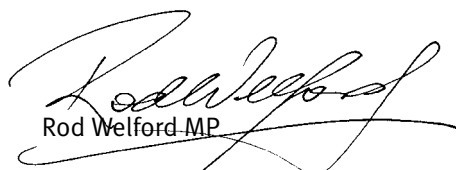
The *Interim Anaphylaxis Guidelines for Queensland Schools* provides specific information on how to manage and treat students with anaphylaxis.

All state school staff should read the guidelines, learn to recognise the symptoms and know how to react quickly and decisively to treat anaphylaxis.

Parents and caregivers of children who suffer severe allergic reactions to such common allergens as peanuts, cow's milk and bee stings have a reasonable expectation that teachers and other school staff can recognise an anaphylactic reaction and respond quickly and confidently in an emergency.

Following these guidelines could well save a life.

I would also like to acknowledge the significant contributions of members of the Anaphylaxis Working Group who have assisted in the development of these guidelines.



Rod Welford MP

Minister for Education and Training and
Minister for the Arts

Managing anaphylactic (severe allergic) reactions in the school setting

The *Interim Anaphylaxis Guidelines for Queensland Schools* relates to the Department's Health and Safety Procedure, HLS-PR-009 *Administration of Routine and Emergency Medication and Management of Health Conditions* and provides specific information for Queensland schools on how to manage and treat students with anaphylaxis.

The guidelines include an Action Plan for Anaphylaxis (see page 9), which has been developed by the Australasian Society of Clinical Immunology and Allergy (ASCI). This Action Plan, which must be signed by a medical practitioner, incorporates information such as the signs and symptoms and planned responses to an individual student's severe allergic reaction.

To complement the information provided in these guidelines, a PowerPoint presentation on the *Management and Treatment of Students with Anaphylaxis* is available online at www.education.qld.gov.au/schools/healthy

What is anaphylaxis?

Anaphylaxis is a severe and sudden allergic reaction. It occurs when a person is exposed to an allergen to which they are sensitive. The most common allergens or trigger substances that may cause anaphylaxis in school-aged children are peanuts, tree nuts, fish, shellfish, egg, cow's milk, sesame, soy, insect stings, latex and certain medications.

Anaphylaxis is potentially life threatening and always requires an emergency response

Symptoms and signs of anaphylaxis

The symptoms and signs of anaphylaxis, usually but not always, occur within the first 20 minutes after exposure but in some cases can be delayed up to 2 hours or more. Rapid onset and development of potentially life-threatening clinical effects are characteristic markers of anaphylaxis.

Symptoms and signs of anaphylaxis (a severe allergic reaction) may include one or more of the following:

- Difficulty and/or noisy breathing
- Swelling of the tongue
- Swelling or tightness in the throat
- Difficulty talking or hoarse voice
- Wheeze or persistent cough
- Dizzy/light headed
- Loss of consciousness and/or collapse
- Pale and floppy (young child).

Symptoms and signs of a mild to moderate allergic reaction may include one or more of the following:

- Tingling of the mouth
- Hives, welts or body redness
- Swelling of the face, lips, eyes
- Vomiting, abdominal pain

Emergency treatment procedures – Immediate Reaction Required

These procedures are based on advice from the Australasian Society of Clinical Immunology and Allergy (ASCI).

For students WITH an Action Plan for Anaphylaxis

- Follow emergency response plan as outlined in a student's Action Plan for Anaphylaxis
- If Action Plan indicates the use of an adrenaline auto injector (EpiPen), trained staff if possible should administer the EpiPen
- Seek urgent medical assistance – call an ambulance (tell the dispatcher that the medical condition is anaphylaxis or a severe allergy)
- If unconscious and no pulse is evident, commence Cardio Pulmonary Resuscitation (CPR) and continue until ambulance arrives
- Contact parents/caregivers
- Maintain airway, breathing and circulation at all times
- Maintain close observation for possible relapse while waiting for ambulance or medical assistance.

For students WITHOUT an Action Plan for Anaphylaxis

Severe allergic reactions or anaphylaxis can occur rarely when there is no history of known allergies. This situation should be treated as an emergency. Under these circumstances there will be no Action Plan. Recognition of the symptoms and/or signs as being anaphylactic may also be a problem. The following steps should be followed:

- Seek urgent medical assistance – call an ambulance (if suspected, tell the dispatcher that the medical condition is anaphylaxis or a severe allergy)
- Lay the person flat and elevate the legs if the person is dizzy or seems confused or has a reduced level of consciousness, unless this makes it more difficult for the person to breathe
- Follow standard resuscitation measures if there is no pulse, no breathing or loss of consciousness – if oxygen is available give at a high flow rate.

Reducing the risk

Although it may be possible to minimise students' exposure to potential allergens within the school environment, the implementation of blanket food bans or attempts to prohibit the entry of particular food substances into schools is not supported by Education Queensland, Queensland Health and the Australasian Society of Clinical Immunology and Allergy (ASCIA). Schools should not make claims that their school is 'peanut/nut free' as this is impossible to guarantee and may lead to a false sense of security about exposure to allergens.

Examples of strategies to minimise students' exposure to potential allergens include:

For the school

- ensuring consideration is given to changes from usual school routine such as the use of relief teachers
- ensuring consideration is given to students participating in excursions, camps, and sports carnivals including the provision of full medical information and a student's Action Plan for Anaphylaxis to outside school venues
- ensuring consideration is given to the distance from the school, camp or location of a school activity to an ambulance service or medical treatment
- on school camps where there are students with severe nut allergy, it should be requested that foods containing nuts are not taken to or supplied by camp organisations
- including information on severe allergic reactions in curriculum
- adopting a no food and drink sharing policy at school
- promoting hand washing before and after eating
- informing other class members' parents/caregivers of trigger substances and request that these foods are avoided
- ensuring that bullying by provoking allergic students with potential allergens is recognised as a risk factor and addressed by anti-bullying policies
- encouraging affected students to wear a medic alert.

For the classroom

- avoiding the use of high risk allergens such as peanuts and tree nuts in curricular activities
- reviewing curriculum materials to ensure that they do not advocate the use of high risk allergens such as peanuts and tree nuts
- being aware that craft items can be risk items (for example, egg cartons, milk containers, peanut butter jars)
- avoiding the use of party balloons where latex is a known allergen.

For the tuckshop

- informing tuckshop staff of students with anaphylaxis
- providing written parental consent as to which products students with severe allergic reactions can purchase
- placing a copy of the student's Action Plan for Anaphylaxis on the tuckshop wall
- ensuring that the promotion of the sale of new foods in the tuckshop, and encouragement given to students to try new foods, is properly supervised. Children with severe allergic reactions should not be given any food without parental consent.
- ensuring tuckshop staff are aware of the risk of cross-contamination when preparing foods (for example, ensuring all utensils used in the preparation of egg sandwiches are thoroughly cleaned before reuse).

For parents

- parents providing safe food to enable the child with allergies to participate in activities such as birthday celebrations
- parents providing drink containers and lunch boxes, which are clearly labelled with the name of the child for whom they are intended.

The Australasian Society of Clinical Immunology and Allergy (ASCIA) has information on the prevention of food anaphylactic reactions in schools, preschools and childcare centres available at www.allergy.org.au/pospapers/anaphylaxis.htm

Actions for managing students with anaphylactic or potential anaphylactic reactions

If written advice has been provided by parents/caregivers to the school, stating that their child has been diagnosed with or being at risk of anaphylaxis, the parent/caregiver must provide to the school an Action Plan for Anaphylaxis, which has been signed by a medical practitioner.

Action Plan for Anaphylaxis (Appendix)

The Action Plan for Anaphylaxis has been developed by the Australasian Society of Clinical Immunology and Allergy (ASCI) and details how to deal with a severe allergic reaction should it occur.

It is important that copies of the Action Plan are placed in appropriate locations across the school to alert all staff to the student's health condition and appropriate emergency response, if required. If a student has been prescribed an EpiPen a copy of the Action Plan should also be stored with the student's EpiPen.

The role of the principal

It is the role of the principal to:

- inform the school community about anaphylaxis and the guidelines for managing and treating students with anaphylactic and potential anaphylactic reactions
- obtain from the parents/caregivers of an anaphylactic or potentially anaphylactic student an Action Plan for Anaphylaxis, which has been signed by a medical practitioner
- ensure that equipment and consumables, including medication (for example, EpiPen), used to treat severe allergic reactions is stored properly and securely but is readily accessible at all times (for example, not locked in a cupboard or room), including after hours if the child attends before or after-school care or participates in extracurricular activities on the school grounds outside normal school hours
- ensure that all staff are aware of any students who, based on written medical advice, are authorised to carry emergency medication on their person and self-administer this medication
- ensure that, where a student has been diagnosed by a medical practitioner as being anaphylactic or potentially anaphylactic, all staff have been provided with a copy of the *Interim Anaphylaxis Guidelines for Queensland Schools* and have viewed the PowerPoint presentation *Management and Treatment of Students with Anaphylaxis* available at www.education.qld.gov.au/schools/healthy
- advise all staff of the relevant details of the individual student's severe allergy
- negotiate conditions around self-administration of medication by a student
- ensure that, where indicated by the medical practitioner on the Action Plan for Anaphylaxis that the treatment for a student's severe allergic reaction is the administration of an EpiPen, a range of staff has undergone training in the use of an EpiPen
- ensure that students at risk of anaphylaxis are given every opportunity to participate in a full range of school activities.

The role of the parent/caregiver

It is the role of the parent/caregiver to:

- upon enrolment, or if the student is enrolled, as soon as possible after diagnosis, inform the principal of the school in writing that their child is at risk of an anaphylactic reaction
- notify the school in writing of any requests and/or guidelines from medical practitioners concerning the student's anaphylaxis
- provide the school with an Action Plan for Anaphylaxis signed by a medical practitioner, for all students who have been diagnosed as anaphylactic or potentially anaphylactic
- provide written notification for the school to administer or assist a student with the administration of a prescribed medication (for example, EpiPen) in the management of an anaphylactic reaction
- provide the equipment and consumables, including medication (for example, EpiPen), for carrying out emergency treatment as specified in the student's Action Plan for Anaphylaxis
- notify the school if a student is to carry emergency medication (for example, EpiPen) on their person and self-administer this medication
- negotiate with the principal the conditions around which their student self-administers medication
- ensure that the equipment and consumables, including medication (for example, EpiPen) provided, is not out of date and is labelled clearly with the student's name and dosage information
- replace the medication (for example, EpiPen) when it expires or after it has been used.

Education and training in the management and treatment of anaphylaxis

Where written advice has been provided to the school by the parent/caregiver, that a student has been diagnosed by a medical practitioner as being anaphylactic or potentially anaphylactic, the principal must ensure that all school staff receive a copy of the *Interim Anaphylaxis Guidelines for Queensland Schools* and view the PowerPoint presentation *Management and Treatment of Students with Anaphylaxis* available at: www.education.qld.gov.au/schools/healthy. The provision of information to staff in relation to the management and treatment of students with anaphylaxis should occur annually. Principals should also ensure that any new staff appointed during the year are provided with a copy of the guidelines and view the PowerPoint presentation. All staff must also be advised of the relevant details of the individual student's severe allergy.

Where a medical practitioner has deemed in writing that the treatment for a student's severe allergic reaction is the administration of an EpiPen, a range of staff must undergo training in the use of an EpiPen. When determining how many staff is to be trained, consideration should be given to the number of students diagnosed with anaphylaxis or potential anaphylaxis, the variety of activities these students engage in as part of the school program and the level of associated risk.

Appendix

1. Action plan for Anaphylaxis

[www.allergyfacts.org.au/PDF/anaphylaxis_plan_\(child\)_au.pdf](http://www.allergyfacts.org.au/PDF/anaphylaxis_plan_(child)_au.pdf)

Action plan for Anaphylaxis

Name: _____

Date of birth: _____

Photo

Known severe allergies: _____

Parent/carer name(s) _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by: _____

Dr. _____

Signed _____

Date _____

MILD TO MODERATE ALLERGIC REACTION

- swelling of lips, face, eyes
- hives or welts
- abdominal pain, vomiting

ACTION

- stay with child and call for help
- give medications (if prescribed)
- locate EpiPen® or EpiPen® Jr
- contact parent/carer

watch for signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- difficulty/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- loss of consciousness and/or collapse
- pale and floppy (young children)

ACTION

- 1 Give EpiPen® or EpiPen® Jr**
- 2 Call ambulance. Telephone 000**
- 3 Contact parent/carer**

If in doubt, give EpiPen® or EpiPen® Jr

Additional Instructions _____

How to give EpiPen® or EpiPen® Jr

1. Form fist around EpiPen® and pull off grey cap.

2. Place black end against outer mid-thigh.

3. Push down **HARD** until a click is heard or felt and hold in place for 10 seconds.

4. Remove EpiPen® and be careful not to touch the needle. Massage the injection site for 10 seconds.

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australian society of clinical immunology and allergy inc.

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