

severe allergic reactions

Anaphylaxis Guidelines for Queensland State Schools

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Managing anaphylactic (severe allergic) reactions in the school setting

The *Anaphylaxis Guidelines for Queensland State Schools* relate to the Department's Health and Safety Policies, *HLS-PR-009 Administration of Routine and Emergency Medication in Schools* and *The Management of Students with Health Conditions in State Schools* and provide specific information for Queensland state schools on how to manage and treat students with anaphylaxis.

The guidelines include links to the *Australasian Society of Clinical Immunology and Allergy* (ASCIA) website from which schools can download copies of *Action Plans for Anaphylaxis* (personal and insect allergy). These Action Plans, which must be completed and signed by a medical practitioner, incorporate information such as the signs and symptoms and planned responses to an individual student's severe allergic reaction.

Schools are also required to have a copy of the *Action Plan for Anaphylaxis* (general) and/or *Action Plan for Anaphylaxis* (personal and /or insect allergy) for a student who has a medical diagnosis and an adrenaline auto injector for general use to cover situations when:

- a second dose of adrenaline is required after the administration of the student's prescribed auto-injector
- the first dose of adrenaline has not been able to be successfully administered due failure of the adrenaline auto-injector, or misfire.
- a student not previously diagnosed presents with signs and symptoms of anaphylaxis.

NOTE: Authorisation has been provided under the *Health (Drugs and Poisons) Regulation 1996* by Queensland Health for the principal to obtain an adrenaline auto-injector for the purpose of providing emergency medication to students and staff for the treatment of anaphylaxis.

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, cows' milk, sesame, soy, insect stings, latex and certain medications.

Anaphylaxis is potentially life threatening and always requires an emergency response

Signs and symptoms of anaphylaxis

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

Signs and symptoms of anaphylaxis (a **severe** allergic reaction) may include one or more of the following:

- difficulty talking and/or hoarse voice
- difficult/noisy breathing
- swelling of the tongue
- swelling or tightness in the throat, difficulty in swallowing
- confusion
- pale and floppy (young children)
- shortness of breath, repetitive coughing and/or wheezing
- chest tightness
- faint, rapid pulse, low blood pressure (may also have cool sweaty skin)
- loss of consciousness and/or collapse

Signs and symptoms of a **mild to moderate** allergic reaction may include one or more of the following:

- tingling of the mouth

- hives, welts or body redness
- flushing and/or swelling of the face, lips, eyes
- vomiting, abdominal pain (except in insect sting allergy where vomiting and/or abdominal pain indicate an anaphylactic reaction.)

Emergency treatment procedures – Immediate Action 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 (personal) or Action Plan for Anaphylaxis (insect allergy)

NOTE: DO NOT allow student to stand or walk - **provide treatment where student is located**

- Follow emergency response plan as outlined in a student's *Action Plan for Anaphylaxis* (personal or insect allergy)
- If the Action Plan indicates the use of an adrenaline auto injector (EpiPen® or Anapen®), trained staff, if possible, should administer the adrenaline auto injector
- Seek urgent medical assistance – call an ambulance (tell the dispatcher that the medical condition appears to be anaphylaxis or a severe allergy)
- If unconscious and no pulse is evident, commence Cardio Pulmonary Resuscitation (CPR) and continue until ambulance arrives
- Contact parents
- Maintain airway, breathing and circulation at all times
- Maintain close observation for possible relapse while waiting for ambulance or medical assistance
- Provide the following details to ambulance officers:
 - time anaphylaxis reaction commenced, if known
 - time adrenaline auto-injector administered, including all doses given
 - specific allergies, particularly if latex

For students WITHOUT an Action Plan for Anaphylaxis (personal or insect allergy)

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 follow the steps in the *Action Plan for Anaphylaxis* (general).

- Administer the school's adrenaline auto-injector for general use
- Call an ambulance (Dial 000) for urgent medical assistance and inform the dispatcher that the medical condition could be a severe allergic reaction (anaphylaxis)
- If the student is dizzy or seems confused or has a reduced level of consciousness, lie the student flat and elevate the legs (should this make it more difficult for the person to breathe, sit the student up)
- ENSURE the student does NOT stand or walk
- Take any treatment to the student and wait for emergency medical assistance to come to the student
- Follow standard resuscitation measures if there is no pulse, no breathing or loss of consciousness.

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

- ensure consideration is given to changes from usual school routine such as the use of relief teachers
- ensure 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* (personal or insect allergy) to outside school venues
- ensure consideration is given to the distance from the school, camp or location of a school activity to an ambulance service or medical treatment
- provide information on severe allergic reactions in curriculum
- adopt a no food and drink sharing policy at school
- promote hand washing before and after eating
- inform other class members' parents of trigger substances and request that these foods are avoided (particularly with early school age students)
- to ensure the safety of students who may be at risk of anaphylaxis, consideration should be given to the potential for others to provoke these students into having contact with allergens or triggers. As a preventative measure, and in specific cases, strategies should be implemented as outlined in *SMS-PR-021: Safe Supportive and Disciplined School Environment* [SMS-PR-021 Safe Supportive and Disciplined School Environment](http://education.qld.gov.au/strategic/eppr/students/smspr021/) <http://education.qld.gov.au/strategic/eppr/students/smspr021/>

For the classroom

- avoid the use of high risk allergens such as peanuts and tree nuts e.g. walnuts, almonds, cashews in curricular activities
- review curriculum materials to ensure that they do not advocate the use of high risk allergens such as peanuts and tree nuts
- be aware that craft items can be risk items (for example, egg cartons, milk containers, peanut butter jars)

- avoid the use of party balloons where latex is a known allergen.

For the tuckshop

- inform tuckshop staff of students who are medically diagnosed with severe allergy at risk of anaphylaxis
- provide written parental consent as to which products students with severe allergic reactions can purchase
- place a copy of the student's Action Plan for Anaphylaxis (personal or insect allergy) on the tuckshop wall
- ensure that the promotion of the sale of new foods in the tuckshop, and encouragement given to students to try new foods, is properly supervised. Students with severe allergic reactions should not be given any food without parental consent.
- ensure 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

- provide safe food to enable the child with allergies to participate in activities such as birthday celebrations
- provide drink containers and lunch boxes, which are clearly labelled with the name of the child for whom they are intended.
- educate their child about the condition
- educate their child not to share food with other students

The Australasian Society of Clinical Immunology and Allergy (ASCI) 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 severe allergy

If written advice has been provided by parents to the school, stating that their child has been medically diagnosed with a severe allergy and are at risk of anaphylaxis, the parent must provide to the school an *Action Plan for Anaphylaxis* (personal or insect allergy), which has been signed by a medical practitioner.

The Action Plans for Anaphylaxis have been developed by the Australasian Society of Clinical Immunology and Allergy (ASCIA) and detail how to manage a severe allergic reaction (anaphylaxis) should it occur.

It is important that copies of the students' *Action Plan for Anaphylaxis* (personal or insect allergy) 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 medication such as an adrenaline auto-injector, a copy of the student's *Action Plan for Anaphylaxis* (personal or insect allergy) should also be stored with the student's adrenaline auto-injector.

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 at risk of anaphylaxis
- obtain from the parents of student at risk of anaphylaxis an *Action Plan for Anaphylaxis* (personal or insect allergy), which has been signed by a medical practitioner
- ensure that equipment and consumables, including medication (for example, EpiPen® or Anapen®), used to treat severe allergic reactions are stored securely and in accordance with the manufactures' recommendations and is:
 - readily accessible at all times (for example, not locked in a cupboard or room)

- available for use after hours for students who attend *Outside School Hours Care* or participate in extracurricular activities on the school grounds outside normal school hours and activities off campus that are outside school hours.
- obtain, as part of a risk management process, an adrenaline auto-injector for general use, for example, an EpiPen® or Anapen®, to be part of the school's first aid kit. Approval has been given under the *Health (Drugs and Poisons) Regulation 1996* under Section 18(1). See below *How to Obtain an Adrenaline Auto-Injector*.
- inform staff that the first line emergency response will be with the student's own labelled adrenaline auto-injector, and that the adrenaline auto-injector for 'general use' is to be administered if there is no response after **five** minutes or as indicated on the *Action Plan for Anaphylaxis* (personal or insect allergy). **(NOTE: the adrenaline auto-injector for 'general use' may also be required if a first time presentation of an anaphylactic reaction is suspected.)**
- 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 can self-administer this medication (refer to guidelines for [Self-Administration of Medication or Health Procedure](#))
- provide staff with written information about the individual student's severe allergy including copies of the *Action Plan for Anaphylaxis* (personal) or *Action Plan for Anaphylaxis* (insect allergy)
- ensure, where indicated by the medical practitioner on the *Action Plan for Anaphylaxis* (personal or insect allergy), that the treatment for a student's severe allergic reaction is the administration of an EpiPen® or Anapen®
- ensure a range of staff has completed the online training course - *Anaphylaxis Awareness and Management* and has undergone training in the use of an EpiPen® or Anapen® see section *Education and Training in the Management and Emergency Treatment of Anaphylaxis* (see page 10 for details of the course)

- conduct an assessment of potential risks in the student's routine and ensure that students at risk of anaphylaxis are given every opportunity to participate in a full range of school activities
- develop a whole of school [Anaphylaxis Management Plan](#) to minimise risks and reduce the risk of accidental exposure
- embed age appropriate education in the curriculum regarding severe allergies
(For useful resources go to <http://www.allergyfacts.org.au/product.html>)
- review each student's *Action Plan for Anaphylaxis* (personal or insect allergy) at a specified time (e.g. beginning of the school year) and at any other time where there are changes in:
 - the student's health needs
 - staff, particularly class teacher, year coordinator or adviser, or any staff member who has a specific role in the plan
 - other factors that affect the plan, for example, when an allergic reaction or anaphylactic event occurs.

How to obtain an adrenaline auto-injector

[Authorisation has been provided by Queensland Health](#) under Section 18(1) of the Health (Drugs and Poisons) Regulation 1996 for the principal to obtain adrenaline as an auto-injector for the purpose of providing emergency medication to students and staff for the treatment of anaphylaxis. This means that schools are able to purchase adrenaline auto-injectors from a pharmacist or licensed wholesaler of drugs or poisons on the signed written order of the principal and provision of a copy of the Queensland Health approval letter.

The role of the parent

It is the role of the parent to:

- upon enrolment, or if the student is already enrolled, as soon as possible after diagnosis, inform the principal of the school in writing that their child has a severe allergy and/or is at risk of anaphylaxis
- provide the school with an *Action Plan for Anaphylaxis* (personal or insect allergy) signed by a medical practitioner, for all students who have been

medically diagnosed as having a severe allergy or are at risk of anaphylaxis

- provide written notification for the school to administer, or assist a student with the administration of, a prescribed medication (for example, EpiPen® or Anapen®) in the management of an anaphylactic reaction
- provide the equipment and consumables, including medication (for example, EpiPen® or Anapen®) for carrying out emergency treatment as specified in the student's *Action Plan for Anaphylaxis* (personal or insect allergy)
- discuss with the school the option of the student carrying their emergency medication (for example, EpiPen® or Anapen®) on their person
- negotiate with the principal the conditions around which their student self-administers medication
- ensure that the equipment and consumables, including medication (for example, EpiPen® or Anapen®) are provided, are not out of date and are labelled clearly with the student's name and dosage information
- replace the medication (for example, EpiPen® or Anapen®) when it expires or after it has been used.

Education and training in the management and emergency treatment of anaphylaxis

Where written advice has been provided to the school by the parent, that a student has been diagnosed by a medical practitioner with a severe allergy and is at risk of anaphylaxis, the principal must ensure that all school staff receive a copy of the *Anaphylaxis Guidelines for Queensland State Schools*. Staff should also receive a copy of the school's *Anaphylaxis Management Plan*. All staff must also be advised of the relevant details of the individual student's severe allergy.

The principal, through a risk management process, determines which members of staff and school community are required to complete the online training package, Australasian Society of Clinical Immunology and Allergy (ASCIA) anaphylaxis e-training course.

Staff and others, having successfully completed the online course, will receive a certificate of completion. This certificate then enables them to attend a practical session organised by the principal in the use of the adrenaline auto-injectors.

Principals who are responsible for the management of students experiencing anaphylaxis are able to access *Module 4: Management – Policies and Procedures (for Principals and site administrators)* within the DET Anaphylaxis Awareness and Management online course on The Learning Place.

A range of staff must undergo training in the use of an adrenaline auto-injector. When determining how many staff are to be trained, consideration should be given to:

- the number of students medically diagnosed with severe allergy at risk of anaphylaxis
- the variety of activities these students engage in as part of the school program
- the level of associated risk.

The practical training can be facilitated through a range of providers such as the following:

First aid organisations such as Red Cross, Queensland Ambulance Service, St. John's Ambulance

- Department of Education and Training funded Registered Nurses
- Accredited private Registered Nurses
- Registered Training Organisations

Principals would need to consider the following when choosing a training provider for the practical use of adrenaline auto injectors:

- appropriately qualified in the operation of the current adrenaline auto-injectors
- appropriately indemnified

- Blue Card holders unless exempt

Principals will be required to maintain a register of staff who participate in the practical training component. Principals should review staff requirements for access to the online training course and practical training on the use of the adrenaline auto-injectors.

Appendix 1

Action Plans for Anaphylaxis

A suitable *Action Plan for Anaphylaxis* will be completed and signed by the treating medical practitioner. These are standardised plans that provide the specific individual's details about their medically diagnosed severe allergy. There are a number of different templates for the *Action Plan for Anaphylaxis* available such as:

- *Action Plan for Anaphylaxis* (personal)
- *Action Plan for Anaphylaxis* (insect allergy)
- *Action Plan for Anaphylaxis* (general) it provides the generic emergency response in managing an anaphylaxis it can be used as a poster or kept with the school first aid kit

NOTE: These Action Plans are specific for each adrenaline auto-injector i.e. Anapen® and Epipen®

The Action Plans for Anaphylaxis are available at the following link:

<http://www.allergy.org.au/content/view/10/3/>

Principals can utilise the [Anaphylaxis Management Plan template](#) to assist in the school's risk management process.

Useful resources and web links:

1. Anaphylaxis Risk Management Checklist

http://www.eduweb.vic.gov.au/edulibrary/public/stuman/wellbeing/A_Anaphylaxis_Risk_Management_Checklist.pdf

2. Anaphylaxis Australia

<http://www.allergyfacts.org.au/>

3. Australasian Society of Clinical Immunology and Allergy

<http://www.allergy.org.au/>

4. Anapen®

<http://www.analert.com.au/>

5. Epipen®

<http://www.epiclub.com.au/>