

GUIDELINES

ANAPHYLAXIS MANAGEMENT IN SCHOOLS

Responsibility of: School Support Services
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Target Audience: Staff and parents

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This document should be read in conjunction with the [Health of Students policy](#).

1. INTRODUCTION

Anaphylaxis should always be treated as a medical emergency. Immediately administer EpiPen® then phone for an ambulance – Triple zero (000).

Anaphylaxis is a potentially life threatening severe allergic reaction. It occurs after exposure to an allergen (usually food, insects or medicines) to which a person is allergic.

Symptoms of a severe reaction include:

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

In some, but not all, cases anaphylaxis is preceded by signs and symptoms of a mild to moderate allergic reaction such as:

- swelling of the face, lips and/or eyes
- hives or welts
- abdominal pain and/or vomiting (these are also signs of anaphylaxis for insect allergy).

The most common allergens or trigger substances that may cause anaphylaxis in school age children are [food items](#) (such as eggs, cow's milk, peanuts, tree nuts [such as cashew and walnut], wheat, sesame, soy, fish and shellfish [such as prawns and crab]), [insect stings/bites](#), and [certain medications](#). Not all people with allergies are at risk of anaphylaxis.

For comprehensive support information please visit:

- the Australasian Society of Clinical Immunology and Allergy (ASCIA) website: <https://www.allergy.org.au/schools-childcare>
- the Allergy & Anaphylaxis Australia website: <https://allergyfacts.org.au/allergy-management/schooling-childcare>.

2. DEFINITIONS

Adrenaline (epinephrine) auto-injectors (EpiPen® is currently the only brand available in Australia) are the first line of treatment for anaphylaxis in the community setting. They are automatic injectors that contain a single, fixed dose of adrenaline, designed for use by people who are not medically trained.

No adrenaline auto-injector should be locked up and each emergency medical kit should have a copy of the individual's ASCIA Action Plan stored with it.

Health Care Plans are developed by a Health Care Team to manage the student's anaphylactic condition and to mitigate against potential risks to the student.

Health Care Team is the collection of people that draft and manage the Health Care Plan. The team **must** include the principal or a delegate and a parent. It **may** also include a medical practitioner, Health Promoting School Nurse, First Aid Officer, teacher, or member from a specialised agency representing those with allergy and the risk of anaphylaxis.

3. ROLES AND RESPONSIBILITIES

Principals will ensure:

- the school has developed an anaphylaxis emergency response procedure, that it is regularly updated, and that it is regularly practiced (at least once per year)
- the school has risk minimisation strategies in place and they are monitored to confirm they are being actioned (support information is available at section 4.2 below)
- that staff have been trained in anaphylaxis, even if there are no known students at risk of anaphylaxis enrolled in the school (a child may have their first reaction at school)
 - all staff are encouraged to complete [ASCIA Anaphylaxis e-training](#), a free online course designed for schools and childcare
 - identify a range of staff that have completed training that is current (within two years) that includes a practical component (support information available at 4.3 below)
 - maintain a register of all staff that have been trained
- the school has strategies and processes in place to enable the appropriate management of anaphylaxis medication, equipment and plans
 - each student at risk of anaphylaxis has a Health Care Plan that is reviewed by parents and selected staff each year
 - the student's ASCIA Action Plan should be reviewed and updated annually
 - parents provide schools with a labelled in-date adrenaline auto-injector (EpiPen)®

- emergency medical kits containing adrenaline auto-injectors are kept in a safe, central location and that all staff know that location and have easy access.

Staff have a responsibility to:

- know the identity of students in the school who are at risk of anaphylaxis
 - read and become familiar with student's plans related to anaphylaxis
- know what to do in relation to anaphylaxis
 - undertake [ASCIA Anaphylaxis e-training](#), a free online course designed for schools and childcare
 - read and become familiar with the school's anaphylaxis emergency response procedure
 - be able to identify the early signs of a mild to moderate allergic reaction and a severe allergic reaction/anaphylaxis
 - know the location of the adrenaline auto-injector (EpiPen)[®] and how to use it
 - know when to call 000
 - record all anaphylaxis emergencies in conjunction with the school incident reporting process
- communicate with the student's parents
 - notify the student's parents when safe to do so after an emergency
 - ensure parents have provided the school with a copy of the ASCIA Action Plan
- implement the school's risk minimisation strategies
 - provide relevant information to excursion/camp coordinators
 - ensure adrenaline auto-injector is taken with the student to all off-site locations
 - include information on allergy and anaphylaxis in class lessons as appropriate.

Parents of children at risk of anaphylaxis are responsible for:

- communicating with their child about their allergy and precautions they need to take, e.g. not accepting food off others, only eating food mum or dad have prepared from their lunch box, notifying a grown up immediately when feeling unwell
- communicating with the school about their child and any changes in the child's condition or management requirements
- providing to the school the child's medication (including an in-date auto-injector), and an in-date ASCIA Action Plan completed and signed by the doctor.

4. GUIDELINES

4.1 Notification

Parents are required to notify the school at the time of enrolment, or at the time of diagnosis, that their child has been medically diagnosed with a severe allergy and is at risk of anaphylaxis. Additionally, parents should provide the school with an in-date adrenaline auto-injector, if prescribed, and an ASCIA Action Plan completed and signed by the doctor.

Schools must ensure that staff are notified of the student's condition.

4.2 Risk minimisation

Schools are required to put in place strategies to minimise the risk of the student having an anaphylactic reaction. Information that assists with this can be found here:

- [Examples of risk minimisation strategies for schools, preschools and childcare services](#)
- [ASCIA guidelines for Prevention of Anaphylaxis in Schools, Preschools and Childcare.](#)

Student plans and forms

A variety of documentation supports effective management. These include:

- Health Care Plan – see ‘Definitions’ above for additional detail
- Anaphylaxis - Student’s Risk Minimisation Plan - developed on enrolment or diagnosis in consultation with the student’s parents and the Health Care Team. This plan is part of the Health Care Plan
- [ASCIA Action Plan](#) - has been developed as a concise and easy to follow, single page document to assist in recognition and emergency treatment of anaphylaxis. ASCIA Action Plans are medical documents that must be completed and signed by the treating medical or nurse practitioner. Where provided by parents, a copy should be attached to the Student’s Risk Minimisation Plan and a copy kept with the student’s adrenaline auto-injector (i.e. EpiPen®)

Health Care Plan and Student’s Risk Minimisation Plan templates are available at <https://education.nt.gov.au/education/policies/medical-administration-of-medications-to-students-with-notified-medical-conditions>.

Each student at risk of anaphylaxis has a Health Care Plan that is reviewed by parents and selected staff each year. Changes to the Health Care Plan are made in line with student maturation, changes of condition etc.

Each student with an allergy to a food that has an ASC IA Action Plan for Allergic reactions (green) or an ASCIA Action Plan for Anaphylaxis (red) has a Health Care Plan which includes, but is not limited to, an ASCIA Action Plan.

As allergies, particularly food allergies, can change with time, it is important that the Health Care Plan and the ASCIA Action Plan are reviewed and updated:

- if circumstances change
- if a serious incident involving the student’s medical condition occurs
- or at least every year.

Further, strategies may vary as the student ages and has a greater understanding of personal management. A student may also outgrow an allergy, or develop another allergy.

Whole School

Allergy & Anaphylaxis Australia provides a [Canteen risk minimisation policy](#).

It is possible to minimise exposure to allergens by having age appropriate measures in place. These include:

- educating the student to not share food
- eating from their own lunch box
- arranging for a younger child with food allergies to sit with some friends who are not eating the food the child is allergic to
- limiting foods entering the classroom
- supervision during meal breaks
- washing hands after eating if a student does eat an allergen
- education of all students.

Schools should never make claims that the school is, for example, “peanut free” as this is not possible and may lead to a false sense of security about possible exposure to allergens.

Some children are allergic to egg and cow’s milk and, as it is not possible to ban these items, schools can help reduce risk through the assistance of parents. For example, asking parents to ensure no milk drinks, cheese or boiled eggs are brought to the school. There will still be milk and egg products in the classroom that require management but such strategies ease the management burden on the teacher.

As a general principle it is not recommended that students with an allergy be physically isolated from other students.

4.3 Staff Training

The department encourages all school staff to undertake [ASCIA Anaphylaxis e-training](#), a free online course designed for schools and childcare.

Appropriate numbers of staff must also have current (within two years) training that includes a practical component. Practical training can be sourced through providers such as [St John Ambulance](#) or [Asthma Foundation NT](#).

The principal should take into account the following factors when determining the numbers of staff to receive practical training:

- number of students at the school with severe allergy at risk of anaphylaxis
- variety of activities the student(s) engage in as part of the school program e.g. trained teacher being able to accompany the debating team while leaving adequately trained staff in the school
- level of associated risk
- availability/accessibility of trained staff ensuring that someone is always available, inclusive of considerations such as playground and bus duty.

A register of staff that have participated in training must be maintained by the school.

4.4 Student Education and Awareness

Where schools have students with severe allergies they should deliver age appropriate awareness and education programs, particularly in classes that have affected students.

ASCIA and Allergy & Anaphylaxis Australia provides a range of information and resources to assist schools:

<https://www.allergy.org.au/schools-childcare>

<https://allergyfacts.org.au/allergy-management>

A free school curriculum resource can be accessed through:

<https://allergyfacts.org.au/allergy-management/5-12-years/primary-school-resources>

<https://allergyfacts.org.au/allergy-management/13-18-years/high-school-resources>.

[Asthma Foundation NT](#) also provides free one hour education sessions for both primary and secondary school student's in recognising anaphylaxis, and anaphylaxis first aid – 'Recognising Anaphylaxis in your mate'.

For further information email: educators@asthmant.org.au

Schools might like to consider the use of posters around the school, and for inclusion within first aid kits, found at:

[https://www.allergy.org.au/images/stories/anaphylaxis/2017/Anaphylaxis EpiPen General Action Plan 2017 WEB.pdf](https://www.allergy.org.au/images/stories/anaphylaxis/2017/Anaphylaxis_EpiPen_General_Action_Plan_2017_WEB.pdf).

4.5 Adrenaline auto-injectors for general use

As part of its risk minimisation considerations a school should consider the purchase of additional adrenaline auto-injectors. In doing so the following considerations should be taken into account:

- the number of students enrolled at the school who have been diagnosed as being at risk of anaphylaxis
- the accessibility of backup auto-injectors during school excursions and camps
- the level of risk in the environment (remoteness, availability and distance from emergency services).

Additionally:

- the school's adrenaline auto-injector/s should be stored with a copy of an ASCIA Action Plan for Anaphylaxis (general), which provides standard emergency procedures for anaphylaxis
- staff need to be informed about where it/they are located
- adrenaline auto-injectors for general use must be replaced by the expiry date on the device. Tip: if a device expires in, for example, May 19, it is to be replaced by the end of May 19 as it expires at the end of the said month.

4.6 Anaphylaxis and Asthma

Whilst individuals often have skin signs of an allergic reaction, sometimes, an individual can suddenly have difficulty breathing which could resemble asthma. As advised on the ASCIA Action Plan:

“ALWAYS give adrenaline auto-injector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.”

If a student has asthma and has been prescribed an adrenaline auto-injector AND suddenly starts to have difficulty breathing ALWAYS use their adrenaline auto-injector first, then start Asthma First Aid (4x4x4).

Seek urgent medical attention, call 000.

Always follow the student's ASCIA Action Plan for Anaphylaxis, then continue Asthma First Aid.

Additional information can be found at:

https://www.allergy.org.au/images/pcc/ASCIA_PCC_Asthma_and_anaphylaxis_2016.pdf.

4.7 Preschools

Preschools within the scope of the National Quality Framework must meet the requirements outlined in the Education and Care Services National Regulations.

The obligations listed here are additional to the expectations outlined from 4.1 onwards above that apply to all schools. Under the regulations the preschool must:

- at all times have a person who has undertaken approved anaphylaxis management training in attendance or on-site, and immediately available, in case of an emergency
- have a medical conditions policy that sets out practices in relation to the management of a child at risk of anaphylaxis and meets the prescribed requirements of regulation 90 of the Education and Care Services National Regulations
- display a clearly visible notice in the main entrance advising that a child enrolled at the service has been diagnosed as being at risk of anaphylaxis
- prior to a child with a medical condition attending preschool
 - receive a medical management plan
 - develop a risk minimisation plan
 - develop a communication plan.

Further details are available on the Australian Children's Education and Care Quality Authority (ACEQA) website: <http://www.acecqa.gov.au/First-aid-qualifications-and-training>.