

Severe allergies in children

14

Anaphylaxis in Schools

What is anaphylaxis?

Anaphylaxis is a severe, life-threatening allergic reaction, and up to 2% of the general population are at risk.

The most common causes in children are eggs, peanuts, tree nuts, cows milk, bee or other insect stings, and some drugs.

A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline injection (EpiPen®).

Any school that has a student or students at risk of anaphylaxis must by law have the following in place:

- An Anaphylaxis Management Plan for each student, developed in consultation with the student's parents/carers and medical practitioner.
- Prevention strategies for in-school and out-of-school settings.
- A communication plan to raise staff, student and school community awareness about severe allergies and the school's policies.
- Regular training and updates for school staff in recognising and responding appropriately to an anaphylactic reaction, including competently administering an EpiPen®.

Signs and symptoms of anaphylaxis

All reactions need to be taken seriously, but not all reactions will require adrenaline. A reaction will include one or more of these symptoms, and it is possible that a number of them will occur simultaneously.

The following are common signs and symptoms of an allergic reaction:

- Hives or welts
- A tingling feeling in or around the mouth
- Abdominal pain, vomiting or diarrhoea
- Facial swelling
- Cough or wheeze
- Difficulty swallowing or breathing
- Loss of consciousness or collapse
- Breathing stops.

It is also important to remember that young children may not be able to express what the problem is, or may describe it in other words.

Prevention of any allergic reaction

- Know and avoid the causes
- Do not allow food sharing or swapping
- Only give foods approved by parents
- Give only food rewards or 'treats' provided by the parents
- Encourage parents to provide safe treats from home
- Practise routine hygiene. Children and staff should always wash their hands after play and before eating.

Treatment of a life threatening reaction

The recommended treatment for a life threatening allergic reaction is adrenaline, given as an EpiPen® injection. An EpiPen® is a single dose auto-injector, which is prescribed by a doctor and provided by the parents.

Management of anaphylaxis:

- Each child who has been prescribed an EpiPen® requires a medical management plan, completed by a doctor. A parent must provide written consent to use the EpiPen® in line with this management plan.
- Employers should support staff training, so

that all staff can recognise an allergic reaction and be able to administer an EpiPen® appropriately.

- If a reaction is suspected, the management plan should be followed.
- If an EpiPen® is given, an ambulance must be requested by phoning 000.

Care of the EpiPen®:

- Clearly label storage container with child's name.
- Check expiry date regularly.
- Store at room temperature.
- Store in a safe, easily accessible location close to the child.

Staff may also find it useful to store the phone numbers for parents or guardians, medical services and other relevant contact people in the storage container.

General issues

Banning of products

Banning of products that contain the allergen is **not** recommended, for many reasons.

Banning products will not succeed in creating an 'allergy free zone'. It is difficult to achieve a 100% ban, for a variety of reasons. For example, product labels can be confusing, parents of non-allergic children may not comply with the ban and staff can become complacent.

Food sharing

Food sharing between children at risk of anaphylaxis should be completely avoided. These children must only have food provided from home or given with the parent's permission.

Food preparation

Any staff, including relief staff, who are responsible for cooking or delivering food to

children should know about the child's allergies. They should be aware of alternative words used to describe the particular allergy food. For example, cow's milk may be called casein, and egg may be called ovalbumin.

Art/craft

Food containers or packages that contained the allergy food should not be used. Parents of children with anaphylaxis can help by checking art/craft products for hidden ingredients, as they are often more aware of terms used.

Separate tables should be used for art/craft and food. Where this is not possible, tables must be cleaned thoroughly between uses.

Excursions

The EpiPen® must be taken on all excursions and a staff member trained to use the EpiPen® should also be present. The EpiPen® should always be readily accessible.

For further information:

The Royal Children's Hospital, Department of Allergy conducts education sessions for carers, parents and teachers. Details of these community education sessions are available on the website or by phone.

W www.rch.org.au/allergy

T (03) 9345 5701.

For information on Victorian Guidelines for managing anaphylaxis in government schools:

W www.eduweb.vic.gov.au/edulibrary/public/stuman/wellbeing/Anaphylaxis_guidelines-v1.01b.pdf

The Department of Education and Early Childhood

W www.education.vic.gov.au/healthwellbeing/health/anaphylaxisschools.htm

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