Department of Education

Anaphylaxis guidelines for Queensland state schools

Queensland Government

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State of Queensland (Department of Education)

Last updated: November 2021

Acknowledgements

Thank you to the Australasian Society of Clinical Immunology and Allergy (ASCIA) and Allergy and Anaphylaxis Australia for content advice.

Purpose

The *Anaphylaxis guidelines for Queensland state schools* provide information on how to support students who are diagnosed at risk of anaphylaxis at school. The guidelines are also relevant for supporting staff, visitors or previously undiagnosed students who require emergency first aid in response to anaphylaxis.

These guidelines must be used with the following procedures:

- *Supporting students with asthma and/or at risk of anaphylaxis at school*, which provides the process schools undertake to ensure that students diagnosed at risk of anaphylaxis can safely participate in schooling
- *Administration of Medications in Schools*, which explains schools' roles and responsibilities for storage, record-keeping and administration of medication.

While these guidelines use the term 'student', they can be applied to staff members or visitors to the school.

Contents

1. What is anaphylaxis?

Anaphylaxis is a severe allergic reaction that can be fatal. It requires immediate treatment.

Anaphylaxis is always a medical emergency.

Anaphylaxis occurs when a person is exposed to an allergen they are sensitive to. Common food allergens that may cause anaphylaxis include cow's milk (dairy), egg, peanut, tree nuts, soy, sesame, wheat, fish and shellfish. Other allergens include insects (bee, wasp, ant) venoms, medications, and latex. The Australasian Society of Clinical Immunology and Allergy (ASCIA) provides information on a wide range of allergens.

2. Signs and symptoms of anaphylaxis

The signs and symptoms of anaphylaxis usually occur within 20 minutes of exposure to an allergen, but can take up to two hours.

Mild to moderate allergic reaction

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

- tingling mouth
- hives or welts (raised, red, itchy patches of skin)
- swelling of the face, lips, eyes
- vomiting, abdominal pain (these are signs of anaphylaxis for insect allergy).

Anaphylaxis (severe allergic reaction)

Signs and symptoms of anaphylaxis may include any one or more of:

- difficulty talking
- hoarse voice
- difficult or noisy breathing
- swelling of the tongue
- swelling or tightness in the throat
- wheeze or persistent cough
- persistent dizziness or collapse
- vomiting, abdominal pain (for insect allergy)
- pale and floppy (young children).

Signs of a mild to moderate allergic reaction may not always occur before anaphylaxis.

3. Duty of care

Schools have a duty of care to take all reasonable steps to keep their students safe by managing reasonably foreseeable risks. This includes taking steps to minimise the risk of students being exposed to their identified allergens, and ensuring that school staff can administer emergency medication and seek medical assistance when a student has signs and symptoms of anaphylaxis.

All Queensland state schools **must**:

- develop an *Anaphylaxis risk management plan*
- maintain a minimum of one school purchased adrenaline auto-injector
- determine, through a risk assessment process, the purchase of any additional adrenaline auto-injectors, including devices for children under 20 kg
- store an ASCIA First aid plan for anaphylaxis with the school's adrenaline auto-injector
- ensure relevant staff members are trained in anaphylaxis management and using adrenaline auto-injectors.
- ensure staff are familiar with the school's procedures in the event of a medical emergency.

Schools should have at least two adrenaline auto-injectors for first aid in every campus of the school, as people at both the school and any excursion or event will need access to an adrenaline auto-injector.

Requirements for supporting students diagnosed at risk of anaphylaxis

Schools with a student diagnosed at risk of anaphylaxis should:

- ensure staff with a student diagnosed at risk of anaphylaxis in their care are trained in anaphylaxis management
- ensure staff are aware of students' allergens and products to avoid that may include the allergen (e.g. eggs in mayonnaise), and consider these in curriculum activity risk management processes
- ensure staff are familiar with the student's ASCIA Action plan for anaphylaxis
- ensure staff are familiar with the *Supporting students with asthma and/or at risk of anaphylaxis at school* procedure
- implement and review risk management strategies.

4. Working with parents/carers of students at risk of anaphylaxis

It is important to collaborate with parents/carers of students at risk of anaphylaxis so that they can feel confident the school can support their child, and that appropriate risk management strategies are in place. Parents/carers of a student who is at risk of anaphylaxis may experience anxiety about sending their child to school or allowing others to be responsible for the safety of their child.

The anxiety that parents/carers, students and staff may feel can be reduced through engaging parents/carers in consultation, well-planned and documented risk minimisation strategies and education, awareness and support from the school community.

Schools can raise awareness about anaphylaxis so that the parents/carers of all students have an understanding of allergy and how they can contribute to a safe school environment.

4.1 Information privacy

It may be necessary to provide medical and other information to staff in order to ensure the safety of students with allergy. Depending on the circumstances, it may be necessary and appropriate to disclose information about student's allergies to volunteers, other parents/carers and students.

Before sharing information the parent/carer and the student should be informed, and an agreement made about what information can be shared and with whom. Principals should ensure that the people who are provided with this information are aware of the need to deal with information sensitively and confidentially.

Explain to the parent/carer and/or student that health plans will be stored and displayed in staff accessible locations to ensure that all staff are aware of which students require support, the content of student's action plans, how best to support the student and where they can access this information.

Action plans should not be displayed in areas used by the general public.

5. Anaphylaxis action plans

All students diagnosed at risk of anaphylaxis or with allergy who require support at school should have an action plan.

ASCIA action plans assist people to recognise and respond to anaphylaxis. The plans detail signs and symptoms of allergic reaction and how to manage an allergic reaction. Action plans are completed by a doctor or nurse practitioner.

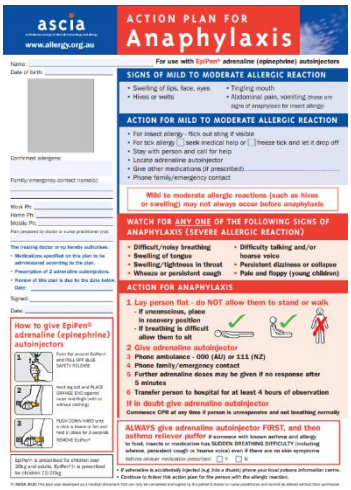
Action plans should be reviewed when individuals are reassessed, and each time they obtain a new adrenaline auto-injector prescription.

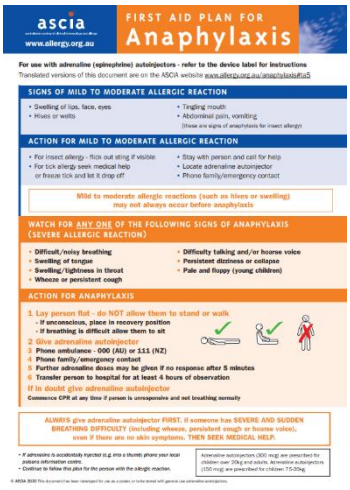
Action plans should be used as part of a comprehensive anaphylaxis management strategy that includes:

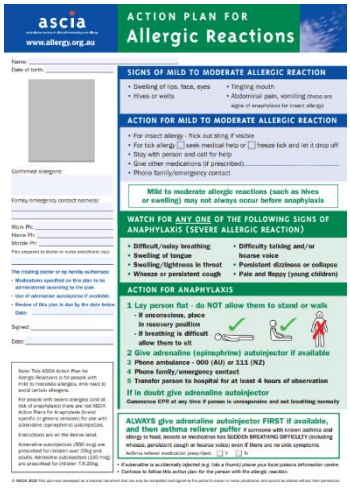
- age-appropriate education of individuals with allergies and their peers or colleagues
- training in the recognition and management of allergic reactions
- development of strategies to reduce the risk of accidental exposure (refer to ASCIA and Allergy and Anaphylaxis Australia Risk minimisation strategies for schools, preschools and childcare services)
- a plan to respond in an emergency if exposure occurs.

The ASCIA First aid plan for anaphylaxis provides a standard emergency procedure for managing anaphylaxis. It can be used as a poster. There must be an ASCIA First aid plan for anaphylaxis accompanying the school's adrenaline auto-injectors.

If a student has an adrenaline auto-injector, they should have a red ASCIA Action Plan for Anaphylaxis.







Action plans are available from the ASCIA website.

6. Equipment for anaphylaxis emergencies

6.1 What is an adrenaline auto-injector?

An adrenaline auto-injector is an automatic injector that contains a dose of adrenaline (epinephrine). Adrenaline is the emergency treatment for anaphylaxis. Adrenaline works rapidly to reduce throat swelling, open up the airways and maintain blood pressure.

Adrenaline auto-injectors have been designed to be used by anyone.

Instructions are on the label of each device and on the action plan.

In Australia and New Zealand, there are two brands of adrenaline auto-injectors, EpiPen and Anapen. There are three dose options for people of different ages and weights.

The shelf life of adrenaline auto-injectors is around 1-2 years from manufacture. The expiry date is on the side of the device.

While using an expired adrenaline auto-injector is not ideal, recently expired devices may work. If no other adrenaline auto-injector is available, a *recently* expired device can be used to treat anaphylaxis, as stated on the ASCIA website, and an ambulance called.

6.2 School emergency equipment

To determine the number of adrenaline auto-injectors the school requires, consider:

- the number of students enrolled who have been diagnosed as being at risk of anaphylaxis
- the location of the adrenaline auto-injector and the proximity to each student's classroom, playground area, sports field, and other learning environments
- the cohort of students and dosage that might be appropriate
- the accessibility of adrenaline auto-injectors during school excursions and camps
- the level of risk in the environment (e.g. potential for exposure allergens and distance from emergency services).

A sufficient supply of school purchased adrenaline auto-injectors should be easily available throughout the school and at excursions, camps, and special events.

The school's Anaphylaxis risk management plan will assist in determining the number of school adrenaline auto-injectors for first aid to purchase.

The school's adrenaline auto-injectors may be used when:

- a student, staff member or visitor presents with signs and symptoms of anaphylaxis, even if not previously diagnosed
- another dose of adrenaline is required after using a student's adrenaline auto-injector
- a first dose of adrenaline has not been successfully administered
- a student's adrenaline auto-injector is not readily available.

The school's adrenaline auto-injector should not be a substitute for individuals at risk of anaphylaxis having their own prescribed adrenaline auto-injector/s.

People with appropriate training should administer adrenaline auto-injectors to ensure they are used safely and effectively. However, if there is no trained person available, **a person with no training can administer the adrenaline auto-injector**.

6.3 School purchase of adrenaline auto-injectors

A principal, or a person delegated by the principal, can purchase an adrenaline auto-injector from a pharmacy.

Talk to the pharmacist about the most appropriate adrenaline auto-injector dose for the students at your school.

A pharmacist *may* ask for evidence of a person's authority to purchase adrenaline auto-injectors for emergency first aid. A letter from the principal nominating the person as an approved purchaser on behalf of the school should serve this purpose.

Check with the pharmacy to ensure the adrenaline auto-injector has maximum shelf life.

6.4 Student equipment

Each student diagnosed at risk of anaphylaxis must have their own anaphylaxis emergency kit. This kit contains:

- their personal adrenaline auto-injector
- their (red) ASCIA Action plan for anaphylaxis
- a pen and blank paper to write down the time the adrenaline auto-injector was administered to provide to emergency services.

Ensure that each student's emergency medication is stored in a known, safe, unlocked location near the student.

Staff members will usually be responsible for a student's anaphylaxis emergency kits if the student is under the age of 10 years, or if the student is not yet able to be responsible for their medication.

If the student travels independently to and from school, agree with the parent, carer or student on a plan for managing their emergency kit.

6.5 Storing adrenaline auto-injectors

Adrenaline is heat and light sensitive. Ensure the adrenaline auto-injectors are:

- stored in a safe, cool, dark, unlocked location, that is easily accessible
- kept between 15 and 25 degrees Celsius (to maintain shelf life)
- **not** stored in the refrigerator, as this may cause the injector mechanism to jam
- available for use after hours.

Regularly monitor, maintain and check expiry dates of the school adrenaline auto-injector.

Adrenaline auto-injectors can be stored in an insulated bag if the temperature is more than 25°C , or less than 15°C, or if they are subject to changing temperatures.

6.6 Disposing expired adrenaline auto-injectors

The expiry date on an adrenaline auto-injector is for the end of the month specified.

The school’s unused expired adrenaline auto-injectors must be returned to a pharmacy for safe disposal.

A student's unused expired adrenaline auto-injector should be returned to the parent/carer.

7. Risk management

Episodes of anaphylaxis are unpredictable. Accidental exposure may occur.

There is no one set of risk minimisation strategies for all schools or all students at risk of anaphylaxis.

Schools must:

- complete an Anaphylaxis risk management plan, **and**
- include the needs of students at risk of anaphylaxis in Curriculum activity risk assessment.

The Anaphylaxis risk management plan should be developed by the principal in consultation with:

- supervising teachers
- the parent/carer/s of any students diagnosed at risk of anaphylaxis
- the student/s
- if required, a qualified health professional, such as the State Schools Registered Nurse.

7.1 Identify the risks

Risk factors for anaphylaxis and barriers to effective management could include:

- the student's confirmed allergens, capabilities and support needs
- situations where there may be increased risk to the student
- an insufficient supply or availability of adrenaline auto-injectors
- the number of staff trained in anaphylaxis management, first aid and CPR
- the size, layout and cohort of the school.

When identifying the risks of anaphylaxis for a student:

- *seek information from the parent/carer about the student's allergies*
- *discuss with the parent/carer the capability of the student to recognise their own symptoms, alert others and self-administer medication*

Student's allergens

Students may be exposed to their allergens during school activities.

It is not possible, nor practical, to remove all food or insect allergens from schools. However, schools can implement strategies to reduce exposure to these allergens.

Know what allergens each student must avoid and have a procedure in place to get emergency medication to the student quickly if required.

If the student has food allergy and lessons or activities involve food or food packaging, discuss this with the parent/carer prior to the activity and read product labels to ensure the student will not be exposed to their allergens.

Student capability

Some students may be able to identify their own signs and symptoms of an allergic reaction or anaphylaxis and alert staff. Other students may require more support. Staff must be aware of all students who are at risk of anaphylaxis and the school's processes to support each student.

It is essential that staff are prepared and trained to assist a student who is capable of administering their own adrenaline auto-injector, should the student require assistance.

No student should be expected to be fully responsible for self-administering their adrenaline auto-injector, as their symptoms may compromise their ability to do so.

If a principal has approved a student to carry and administer their own medication, implement protocols to:

- ensure the student informs staff that they have required and used their medication
- provide support
- arrange for follow-up care or emergency services.

Factors that increase risk

The risks to students with anaphylaxis may increase when there are changes to:

- the school routine (e.g. relief teachers, special events, moving around the school without the student's emergency medication)
- the student's environment (e.g. camps or excursions)
- the students' health information (e.g. new allergens for student have been confirmed).

Students may be at increased risk of death if they have both allergies and asthma.

7.2 Minimising the risks

Schools are required to implement and communicate the strategies that are in place to minimise the risk of anaphylaxis occurring. A range of strategies that include avoiding allergens can be used.

Examples of risk minimisation strategies can be found in the department's Anaphylaxis risk management plan, and on the Allergy aware website.

Requesting food allergens are not brought to school

While it is reasonable to request that parents do not to send in foods containing allergens, *do not* attempt to prohibit particular food substances in schools (food bans).

Food bans cannot be policed adequately and can lead to a false sense of security. It must not be assumed that no person has brought food containing allergens.

Do not make claims that the school, or any part of the school, is an allergen-free or nut-free zone. It is not possible to guarantee that there are no allergens or trace of potential allergens in a school environment.

For more information about alternatives to food bans, read the Reducing allergens in schools factsheet.

7.3 Preparing for an anaphylaxis emergency

Implementing risk minimisation strategies reduces the likelihood of a student experiencing an allergic reaction including anaphylaxis. However, completely eliminating exposure to potential allergens cannot be guaranteed. It is essential to develop a school emergency procedure.

7.4 Raising awareness of anaphylaxis risks

Having supportive teachers, friends and peers is an important part of risk minimisation.

Key messages for students include:

- take allergies seriously
- know what your friends are allergic to
- wash your hands after eating or touching food
- don't share your food with friends who have food allergies
- don't pressure your friends to eat or clean up food that they are allergic to
- if a friend or classmate with allergy becomes sick or unwell, get help from an adult immediately
- be respectful of student's adrenaline auto-injectors.

Ensure all students are aware of the risks associated with anaphylaxis and the unacceptable dangers of teasing students with their allergens.

ASCIA provides resources that can be used for peer education and to support allergy awareness in the school community. This includes Are you allergy aware? for primary schools and secondary schools.

7.5 The student's role in minimising risk

Students at risk of anaphylaxis can support the implementation of strategies that help to keep them safe, dependent on their age and skills. Students at risk of anaphylaxis can be encouraged to:

- communicate details about their allergies and emergency treatment to peers and teachers
- disclose that they have an allergy when needed e.g. when doing activities they might be exposed to their allergens
- check food labels
- check the environment for the things they are allergic to, and inform a staff member
- know their own signs and symptoms of an allergic reaction and how to alert school staff of this immediately
- know how to use their adrenaline auto-injector
- ensure they have ready access to their adrenaline auto-injector
- ensure their adrenaline auto-injector is within its expiry date
- report any symptoms to school staff.

7.6 Reviewing the risk management plan and emergency response strategies

The school Anaphylaxis risk management plan and any individualised risk management strategies need to be reviewed and communicated with all staff at least annually and if:

- anaphylaxis or exposure to an allergen occurs, or
- information that informs the plan changes (e.g. if a student's confirmed allergens change).

Modify or add control measures to ensure safety and document these.

When reviewing risk management strategies, consider the following questions:

- Did the incident involve a person at risk of anaphylaxis experiencing exposure to a known allergen?
- Were staff able to recognise the signs and symptoms of anaphylaxis?
- Was the student able to report these effectively?
- How did exposure occur?
- Was the school's adrenaline auto-injector for first-aid used?
- Were the action plan and school's emergency processes followed?
- Was the plan for retrieving and administering the auto-injector effective and efficient?
- Did the person experiencing anaphylaxis remain in a sitting or lying position until an ambulance arrived? (If necessary, identify barriers to this occurring).
- Was the plan for getting emergency services effective?

8. Training for school staff

The risk to students being exposed to an allergen is reduced if all staff who have contact with the student:

- understand the student's health condition
- are able to assess potential risks to the student during school-based activities.

The risk of harm to a student experiencing anaphylaxis can be reduced if staff can recognise the signs and symptoms of anaphylaxis, and are trained and confident in administering an adrenaline auto-injector.

Anaphylaxis training for school staff includes:

- the online ASCIA anaphylaxis e-training for Queensland schools
- practical, simulated training using an adrenaline auto-injector training device. The State Schools Nursing Service can provide this training.

Schools must maintain a register of staff who have completed training, and when refresher training is due.

8.1 Determining the number of staff to train

Schools use a risk assessment process to determine the number and distribution of staff trained to meet the needs of students diagnosed at risk of anaphylaxis at the school.

The ratio of trained officer to staff, students and visitors must be no less than the ratio of 1:25, or 1:10 for schools that do not have timely access to medical and ambulance services (to a maximum of all staff being trained).

Staff who are directly responsible for supervising students at risk of anaphylaxis must be trained in order to be able to appropriately plan curriculum activities for students in their class.

Follow the steps below when determining the number of staff to train.

1. Use the information from the Anaphylaxis risk management plan to **identify risk factors**, and the **risk level**. Consider:
    - the availability and commitments of trained staff (including leave, part-time and flexible work arrangements, movement across campuses)
    - the locations of staff in the school and proximity to students at risk of anaphylaxis
    - whether the size and layout of the school will impact how an emergency response will be provided
    - the number of students with anaphylaxis, their allergens and support needs
    - access to emergency services
    - if the staff and students change locations/learning environments.
2. Consider the nature of the activities being carried out. This includes learning activities at different sites, extra-curricular activities and special events. Consider:
    - if students are at risk of being exposed to their allergens
    - the risk level of the activity
    - situations when there might be a large number of visitors to the school
3. Identify the maximum number of staff at the school at any one time.
4. Consider if students need access to trained staff at all times.
5. Consider the following personnel for training:

- all staff who supervise students who are at risk of anaphylaxis
- physical education teachers and staff who supervise or coach sports
- staff who supervise cooking lessons and craft activities
- staff attending camps and/or excursions and special events
- science teachers
- teacher aides
- first aid officers
- front office staff who are the point of contact for visitors to the school
- tuckshop convenor and regular tuckshop helpers
- relief staff
- grounds people.

6. Ensure a distribution of staff across roles, year levels and locations.
7. Ensure sufficient staff members have current first aid training (including CPR).
8. Monitor and review the number of staff to ensure:
    - the arrangements are effective
    - staff feel confident
    - staff skills are up to date and meet students' needs over time.

For more information, refer to the *First aid officers: Selecting and training the correct number for your workplace* factsheet supporting the Managing first aid in the workplace procedure.

8.2 Selecting anaphylaxis first aid trainers

State Schools Registered Nurses (SSRNs) are employed by the department to support schools to manage risks related to student health conditions. SSRNs can provide practical training sessions in administering auto-injectors and advice about school-based risk management strategies at no cost to the school.

Practical training may also be facilitated through external providers.

If choosing an external training provider, ensure that they:

- are appropriately qualified in the operation of the **current** adrenaline auto-injectors and provide staff practice with a training device
- are appropriately insured
- are Blue Card holders if trainers will be unsupervised in the presence of students
- have an understanding of the *Administration of medications in schools* and *Supporting students with asthma and/or at risk of anaphylaxis at school* procedures, and can provide training suited to the school context
- do not have a conflict of interest at the school.

9. School emergency procedure for anaphylaxis

Effective planning and management of emergencies is essential within schools to prevent loss of life, and allow teaching and learning to be resumed after an event. Emergency procedures are best developed in consultation with school staff, parents and the school community.

All staff should be familiar with the school's emergency procedure and Anaphylaxis risk management plan.

9.1 Developing a school emergency procedure

School-based emergency procedures should be developed with reference to:

- the Health, safety and wellbeing incident management procedure
- the Managing first aid in the workplace procedure.

> In an anaphylaxis emergency, provide immediate first aid for the student using their action plan and contact emergency services.
>
> Ensure the student is laying or sitting with their legs outstretched.
>
> The ambulance (000) should be called by the person nearest to the student rather than from the school office. This allows Queensland Ambulance Services to monitor the student's condition via phone.

Ensure:

- a student demonstrating signs of allergy or anaphylaxis is not left alone
- staff supervision and support is available for a student who is authorised to self-administer their medication should they require assistance
- a school adrenaline auto-injector is brought to the student should another dose be required.

School emergency procedures should include:

- ensuring the student is treated where they experience their reaction (not walked to where the medication is as this increases the risk of death)
- ensuring the staff member treating the student is on the phone with emergency services
- delegating personnel to transport the school's emergency medication to the student
- delegating personnel to guide paramedics to the student
- staff awareness of the school's emergency procedures
- evacuation and lockdown considerations for each student who requires assistance. The student may need a staff member to carry, or ensure they have access to their anaphylaxis emergency kit during an evacuation or lockdown, including drills.

When planning, consider:

- the roles staff will undertake in an emergency. For example, who will:
    - administer medication and who will phone emergency services
    - be responsible for student supervision and evacuation
    - deliver the school's adrenaline auto-injector to the site of the incident
    - escort emergency services to the student. Several people at different locations may be required
    - provide supervision to other students or redirect people away from the incident
    - phone the parent/carer

    - take over delegated responsibilities if staff are absent
- how the administration team will be alerted
- how the time of day and location would impact on directing emergency services (e.g. during lunchtime students may need to be cleared from emergency routes)
- access to phones, intercoms and walkie-talkies.

Ensure all staff and volunteers are aware of the school procedure for alerting other personnel to an anaphylaxis emergency and need for assistance.

Separate emergency procedures should be developed for off-site activities.

Supporting information

Australasian Society of Clinical Immunology and Allergy (ASCIA)
www.allergy.org.au

- Anaphylaxis e-training
- ASCIA Action Plans
- Allergy fact sheets and other resources

Allergy and Anaphylaxis Australia
www.allergyfacts.org.au

- Patient support
- Information and other resources
- National support line 1300 728 000

Allergy aware
https://allergyaware.org.au/schools#pre

- Resources to support schools to prevent and manage anaphylaxis

Return Unwanted Medicines project
www.returnmed.com.au

- Dispose of unwanted medicines safely at your local pharmacy