Anaphylaxis Training

Increasing rates of severe allergy in infants means the number of children entering school at risk of anaphylaxis continues to increase.

Since 2010, community health nurses have trained staff in 82% of WA schools.

Access to face to face training (initial and refresher courses) has been extended until mid 2012. Training can be accessed through community health nurses. Please contact your local nurse, community health centre or the Department of Health website www.health.wa.gov.au/anaphylaxis

CONGRATULATIONS TO SCHOOL STAFF

During 2011, a number of school staff put their training to good use by providing emergency first aid care to students experiencing anaphylaxis. Some of these students had no previous history of severe allergy.

Hospital staff have indicated that quick and appropriate responses by school staff may well have saved children’s lives.

Principals are asked to remind their staff of the following key elements of responding to an anaphylaxis emergency:

- Do not allow patient to stand or walk.
- Lie the patient flat and transport them lying down - Sit up only if breathing is difficult.
- Call for an ambulance and give adrenaline autoinjector without delay. Do not wait for the ambulance to arrive.

Be aware (and if necessary remind parents) that even if a child is responding to treatment, they need to be monitored at a medical facility for no less than 4 hours as further adrenaline may be required.

PLEASE NOTE

Antihistamine medication is useful for the treatment of mild allergic reactions, such as localised hives or itch. Antihistamines do not treat or prevent anaphylaxis.

Adrenaline is the first line treatment for anaphylaxis. Adrenaline should be given as soon as possible via an adrenaline autoinjector (EpiPen or Anapen).

Is your school ‘anaphylaxis ready’?

- Do the children in your care who have been diagnosed as being at risk of anaphylaxis have an anaphylaxis health care plan?
- Are measures in place to help students at risk to avoid known allergens?
- Are all staff, including relief staff advised of the students at risk and the location of the prescribed and non prescribed adrenaline autoinjectors?
- Are the adrenaline autoinjectors easily accessible and their expiry dates checked regularly?
- Have an adequate number of staff completed training in responding to an anaphylaxis emergency?

Adrenaline autoinjectors in schools

Since mid 2010, over 2000 adrenaline autoinjectors for general use have been distributed to schools. These are primarily intended for use in emergencies involving students not previously diagnosed with anaphylaxis who therefore do not have prescribed medication available.

Since 2010, 17 adrenaline autoinjectors for general use have been used in schools to provide emergency treatment for students or
staff. These are in addition to the prescribed adrenaline autoinjectors administered to children who had been previously diagnosed.

A second distribution of general use EpiPens will continue during 2012. Report if a replacement is needed for a pen which has been used or expired - anaphylaxis@health.wa.gov.au Complete the 'used' general use EpiPen form.

Those students with diagnosed anaphylaxis should have a health care plan which is revised annually, and an adrenaline autoinjector is to be provided by parents.

STORING AUTOINJECTORS

The devices are sensitive to heat and cold. If they have been inappropriately stored e.g. in a car glove box or in a fridge, they should be replaced.

An ASCIA Action Plan for Anaphylaxis should be stored with each autoinjector.

It is recommended that autoinjectors are stored with first aid kits in one or more locations which are secure but readily accessible to staff and not locked. All staff, including relief staff should know how to access the autoinjectors.

Depending on the size and layout of the campus, devices may need to be stored in multiple locations.

It is recommended that the general use autoinjectors are not removed from the school for excursions. Those prescribed for individuals with a diagnosis should be taken on excursions and camps as per the student’s health care plan.

As children grow older and become more mature (e.g. high school aged children), it may be appropriate for them to carry their adrenaline autoinjctor. However, this is a decision that should be made in consultation with the parents, student and school administrator. It is not recommended that young students use ‘bum bags’ to carry their own devices, however this may be suitable for the teachers on duty to cater for some children at high risk.

EXPIRY AND DISPOSAL

Adrenaline autoinjectors expire after 12 -18 months and should be checked regularly. It is a good idea to check all devices (and indeed, other medication), for expiry, as a matter of course at the beginning of each term.

If sediment can be seen in the autoinjector or if the adrenaline appears cloudy it indicates that the medication is compromised and will no longer be effective. If this happens, it should be disposed of and replaced as soon as possible.

When an autoinjector which has been purchased by a parent for their child expires, parents should be asked to pick it up and replace it with a new device.

Expired pens should not be kept for training because of the risk of needle stick. Training pens are available at low cost from Anaphylaxis Australia.

For disposal of general use devices, the local hospital, GP surgery or pharmacy may assist. Be aware that some pharmacies may charge for this service. Ask the local community health nurse for advice and assistance.

FOOD ALLERGY AWARENESS WEEK

STUDENT COMPETITIONS

To help raise awareness about food allergy and anaphylaxis, Anaphylaxis Australia in partnership with the Department of Health is offering students the opportunity to win some great prizes through a poster competition for primary school students and a video competition for high school students. Visit the Anaphylaxis Australia website for more information www.allergyfacts.org.au

Entries close Friday 13th April, 2012.

This communiqué is authorised by Mark Morrissey
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