

Anaphylaxis and Bus Services

What are allergies?

An allergy is when the immune system reacts to substances (allergens) in the environment which are usually harmless (e.g. food proteins, pollen, dust mites).

What is anaphylaxis?

Anaphylaxis is a severe, often rapidly progressive allergic reaction that is potentially life threatening.

What causes anaphylaxis?

Anaphylaxis is most commonly caused by food allergies. Any food can cause an allergic reaction, however nine foods cause 90% of reactions in Australia, these are:

- peanuts
- tree nuts (e.g. hazelnuts, cashews, almonds)
- egg
- cow's milk
- wheat
- soybean
- fish
- shellfish
- sesame.

Other causes of anaphylaxis include:

- insect stings and bites
- medications
- latex.

What are the signs and symptoms?

Mild to moderate allergic reaction

- swelling of lips, face, eyes
- hives or welts
- tingling mouth
- abdominal pain, vomiting (these are signs of a severe allergic reaction to insects).

Anaphylaxis (Severe Allergic Reaction)

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

Why is it important to know about anaphylaxis?

Avoidance of known allergens is crucial in the management of anaphylaxis. Schools need to work with parents/guardians and students to minimise exposure to known allergens. Knowledge of severe allergies will assist staff to better understand how to help students who are at risk of anaphylaxis.

How can anaphylaxis be treated?

Adrenaline given as an injection using an autoinjector (such as an EpiPen® or Anapen®) into the outer mid thigh muscle is the most effective first aid treatment for anaphylaxis. Adrenaline autoinjectors are designed so that anyone can use them in an emergency.

Parents/guardians should provide schools with an adrenaline autoinjector and ASCIA Action Plan for their child, which should be stored unlocked and easily accessible to staff. If a student is treated with an adrenaline autoinjector, an ambulance must be called immediately to take the student to a hospital.



How can anaphylaxis be prevented?

The key to the prevention of anaphylaxis is:

- knowledge of students who are at risk,
- awareness of known allergens, and
- prevention of exposure to known allergens.

Some students wear a medical warning bracelet to indicate allergies.

Anaphylaxis and the school bus service

As part of your Safety Management Planning, consideration should be given to the needs of students at risk of anaphylaxis. You can help keep students at risk of anaphylaxis safe by:

- Participating in anaphylaxis management education through the school you service.
- Not allowing students to consume food on the bus, unless there are special medical needs.
- Requesting the student at risk of anaphylaxis sits (with friends) in a position where they are visible to the driver.

In the event of an allergic reaction:

- Stop the bus in a safe area.
- Follow the procedures in the student's ASCIA Action Plan (which may require the student's adrenaline autoinjector to be administered).

- Follow communication procedures to secure help. If an ambulance is not immediately available (e.g. remote/rural areas), then you should follow the procedures within your Safety Management Plan. Remember your Safety Management Plan will have specific guidance as to what to do in the area your school bus run operates in, based on the available resources in the area and what was agreed to through consultation with the appropriate stakeholders (e.g. parents, schools, local GP or regional hospital etc).
- Calm and reassure the student.
- Stay with the student until help arrives.

Further information:

WA Department of Health
www.health.wa.gov.au/anaphylaxis

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

Anaphylaxis Australia
www.allergyfacts.org.au

Public Transport Authority
www.pta.wa.gov.au

