

Anaphylaxis and Boarding Schools

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 management in boarding schools

There are a range of anaphylaxis management issues that should be considered and addressed in the boarding school setting:

- Adrenaline autoinjector issues:
 - Boarding schools in consultation with the school, parents/guardians and the student need to determine how the student's two adrenaline autoinjectors will be stored. For example, will one adrenaline autoinjector always remain at the school and the second adrenaline autoinjector always on the student?
 - Consideration of situations when the student participates in off-site activities such as school camps. Who is responsible for ensuring the adrenaline autoinjector goes with the student?
 - Does the student need the adrenaline autoinjector on their person in transit from the boarding school to the school and vice versa?

- Are all boarding school students required to be responsible for carrying their adrenaline autoinjector on their person?
- Training issues:
 - As boarding schools are providing regular meals for food allergic students, food preparation staff should be trained in how to select, prepare, store and serve meals that are safe for students with food allergy. Food preparation staff should communicate with parents/guardians to ensure a safe food service for the allergic student.
 - Boarding school staff/student supervisors should be trained in the recognition, treatment and prevention of anaphylaxis.
- Consideration of appropriate risk minimisation strategies to prevent exposure to known allergens.
- Age appropriate education of students with allergies.
- Age appropriate education of peers. Peer support is an important element of support for students at risk of anaphylaxis. Key messages include:
 - Always take food allergies seriously.
 - Don't share your food with friends who have food allergies or pressure them to eat food that they are allergic to.
 - Wash your hands before and after eating.

- Know what your friends are allergic to.
- If a schoolmate becomes sick, get help immediately.
- Be respectful of a schoolmate's medical kit.

It is important to be aware that some students at risk of anaphylaxis may not want to be singled out or be seen to be treated differently.

- Be aware that bullying of students at risk of anaphylaxis can occur in the form of teasing, tricking a student into eating a particular food or threatening a student with the substance that they are allergic to, such as peanuts. Talk to the students involved so they are aware of the seriousness of an anaphylactic reaction. Any attempt to harm a student at risk of anaphylaxis with an allergen should be classed as a serious and dangerous incident and treated accordingly. Schools can refer to relevant policies related to behaviour management and strategies for dealing with bullying situations.
- Raise awareness of severe allergies and strategies to minimise the risk of exposure to allergens through effective communication with the boarding school community.



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 Inc
www.allergyfacts.org.au

