

# Frequently Asked Questions

## What is the difference between an allergy and anaphylaxis?

Allergy occurs when a person's immune system reacts to substances (allergens) in the environment which are usually harmless (e.g. food proteins, pollen, dust mites).

Anaphylaxis is the most severe form of allergic reaction and is potentially life-threatening. Not everyone with allergies will have anaphylaxis.

An anaphylactic reaction involves the respiratory and/or cardiovascular system. Signs and symptoms include breathing difficulties, swelling of the tongue, tightness in the throat, difficulty talking, wheezing or persistent cough and even loss of consciousness or collapse.

Hives, welts, vomiting, diarrhoea by themselves are mild to moderate symptoms of food allergy, but can be early warning signs of an anaphylactic reaction. For insect allergy, vomiting and abdominal pain are signs of a severe allergic reaction.

## How do I know if it is anaphylaxis and not asthma?

Unlike asthma, anaphylaxis can affect more than one system in the body. This means that during a reaction, you may see one or more of the following symptoms: swelling or welts on the skin, stomach pain, vomiting or diarrhoea, in addition to breathing difficulties and increased heart rate or altered consciousness. If you treat asthma as anaphylaxis and give the adrenaline autoinjector according to the child's ASCIA Action Plan, no harm will be done. If in doubt, give the adrenaline autoinjector.

## What if I think it is anaphylaxis, I administer the adrenaline autoinjector and it turns out to be something else?

The adrenaline autoinjector contains adrenaline, which is a natural hormone produced by the body. If it is given to a child who does not have anaphylaxis, the child will have a raised heart rate and become pale and sweaty. They may feel anxious and shaky. These are common side-effects of adrenaline but medical advice indicates there will be no lasting ill effects. You must dial 000 and ask for an ambulance immediately to treat the other medical symptoms. Make sure you advise the ambulance officers that you have administered an adrenaline autoinjector and the time it was given.

## What is the difference between a junior and higher dose adrenaline autoinjector?

Children aged approximately 1-5 years (10 - 20kg) are generally prescribed a Junior adrenaline autoinjector (green), which has a smaller dosage of adrenaline. For children over five years (over 20kg), a higher dose adrenaline autoinjector (yellow) is prescribed.

## What should I do if I do not have an adrenaline autoinjector with the age/weight appropriate dose available in an emergency?

In children over one year of age, if an adrenaline autoinjector is available it should be administered regardless of the dose.

Children under one year of age are not usually prescribed an adrenaline autoinjector as reactions are not severe and deaths are extremely rare. If anaphylaxis is suspected only the Junior adrenaline autoinjector can be given.

## Can I give an adrenaline autoinjector if it has expired, is discoloured or contains sediment?

It is recommended that the adrenaline autoinjector should only be given if the device is not out of date and the fluid inside is clear. In an emergency, when there is no general use autoinjector available, Princess Margaret Hospital for Children advises to give the adrenaline autoinjector regardless of expiry date, discolouration or sedimentation and dial 000 for an ambulance immediately. Remember the key to effective management is preparation – strategies should be in place to prevent being in a situation where you have a child with anaphylaxis that does not have a current adrenaline autoinjector.

## What happens to the child once I give them the adrenaline autoinjector?

You should soon see a reversal of the more serious symptoms of the child's reaction. They will breathe more easily as the swelling and tightness in their throat will recede. However, they may feel very anxious and shaky. This is a side effect of adrenaline. Reassure the child and closely watch them in case of a repeat reaction.

## Can I give a second adrenaline autoinjector?

Watch the child closely in case of a repeat reaction. In the rare situation where there is no marked improvement and **severe symptoms** (as described in the ASCIA Action Plan) are present and/or persist, a second adrenaline autoinjector (of the same dosage) may be administered after five minutes.

## What happens if I accidentally inject myself?

Call for assistance as you will require support, if a student is having a reaction ask another staff member to take over. If you have an adrenaline autoinjector for general use on site, ask someone to retrieve it and administer to the child. Adrenaline has no long term ill effects though it is advisable for you to seek medical assistance for yourself.

## If a child does not have an adrenaline autoinjector and appears to be having a reaction, can I administer another child's adrenaline autoinjector to them?

No. If the school or child care service has an adrenaline autoinjector for general use, this can be administered and an ambulance called.

## What should I do if the parents/guardians have not replaced their child's adrenaline autoinjector and it has expired?

Contact the parents/guardians immediately and request them to replace the adrenaline autoinjector. If the school or child care service has an adrenaline autoinjector for general use, be prepared to use it in the interim and make sure that staff members know where it is stored.

## What if the parents/guardians have not told us about their child's condition, but the child mentions it in class or at the child care service?

Contact the child's parents/guardians as a priority to verify if their child is at risk of anaphylaxis. If necessary, ask the parents/guardians to obtain an adrenaline autoinjector and ASCIA Action Plan for the school/child care service as soon as possible. It is advisable to complete an Individual Anaphylaxis Health Care Plan with the parents/guardians.

## Can we ask parents/guardians not to send nut products to the school/child care service? What happens if they refuse?

Before you make this request of parents/guardians, ask yourself why you are doing this and if there are other risk minimisation strategies that you could put into place instead. It may be more appropriate, for example, to provide better education and awareness to the child's friends and class mates about minimising exposure during 'at risk' times such as lunch time.

You can request parents/guardians not to send nut products to schools/child care services but it is important to realise that this does not mean that your school/service is 'nut free'. While most parents/guardians will be happy to comply, there may be a small group who disagree. In those situations it is best to work with them. Educate them about how severe anaphylaxis can be. Help them to develop alternative, nutritious food options for their children.

## What can I do to keep a child at risk of anaphylaxis safe in my class/child care service?

Be well prepared. Minimise their exposure to known allergens by planning ahead and thinking about alternatives for certain activities when necessary. Consult with the child and their parents/guardians when any food is to be consumed and keep a separate treats box for the child at risk of anaphylaxis.

Be familiar with the child's ASCIA Action Plan and know where the adrenaline autoinjector is and how to administer it. Consult with the parents/guardians about potential hidden allergens in foods or other substances (e.g. soaps or lotions).

## If we follow all the policies and recommendations, will we prevent anaphylactic reactions in our school/child care service?

You will certainly minimise the risk of a reaction and be well equipped to manage one should it occur. However, there is no guarantee that you will prevent one. Remember that advance planning and good preparation for all school/child care settings is the key to minimising the risk and effectively managing anaphylaxis.

