

Anaphylaxis Fact Sheet for Parents of Children at Risk of Anaphylaxis

What is anaphylaxis and how is it treated?

Anaphylaxis is the most severe form of allergic reaction and is potentially life threatening. It usually occurs rapidly after exposure to a food, insect or medicine to which a person may already be allergic. Anaphylaxis must always be treated as a medical emergency and requires immediate treatment with adrenaline.

Adrenaline autoinjectors (EpiPen® or Anapen®) are designed to be given by non-medical people, such as parents, school or childcare staff, friends, passers-by or the allergic person themselves (if they are well and old enough). Adrenaline autoinjector devices contain a single, fixed dose of adrenaline that works rapidly to reverse anaphylaxis. Instructions are included on the device labels, on ASCIA Action Plans for Anaphylaxis and on the ASCIA website: www.allergy.org.au/health-professionals/anaphylaxis-resources

If your child has been diagnosed at risk of anaphylaxis, their treating doctor should provide:

- Education on avoidance of known allergens (substances causing the allergic reaction).** This is particularly important with food anaphylaxis which can be caused by very small amounts of food or accidental exposure. Strategies to avoid exposure to known food and insect allergens should be implemented at home and school, preschool or childcare. Further information:
www.allergy.org.au/health-professionals/anaphylaxis-resources/anaphylaxis-guidelines-for-schools-and-childrens-services
Food allergy - www.allergy.org.au/patients/food-allergy
Insect allergy - www.allergy.org.au/patients/insect-allergy-bites-and-stings
- ASCIA Action Plan for Anaphylaxis.** This plan outlines what to do if your child is having an allergic reaction. It must be completed and signed by your child's doctor and stored with the adrenaline autoinjector, even if it is carried by your child. The plan includes personal details, signs of allergic reactions, instructions on how to use the device and whether to give any other medications. Further information:
www.allergy.org.au/health-professionals/anaphylaxis-resources/action-plans-for-allergic-reactions-faq
- Prescription for two adrenaline autoinjectors.** This allows you to keep one with your child at all times (whilst in or out of the home) and another at school or childcare. High school and upper primary school students should usually carry one device on their person, whilst the second one should be kept at school. Two devices are PBS subsidised in Australia and additional devices can be purchased at full price from pharmacies. Further information:
www.allergy.org.au/health-professionals/anaphylaxis-resources/adrenaline-autoinjectors-faqs
- Education on how to use an adrenaline autoinjector.** It is recommended that you regularly practice using a trainer version of the adrenaline autoinjector that has been prescribed for your child. Trainer versions of the devices do not have a needle and do not contain adrenaline, so they can be used repeatedly for practice and to teach family and friends.
- Information on medical identification jewellery.** This can be discussed with your child's doctor as it is optional. It does not replace the ASCIA Action Plan for Anaphylaxis.

What is the role of the parent?

- Notify school principal or preschool/childcare supervisor** if your child has been prescribed an adrenaline autoinjector; had previous or subsequent anaphylaxis; has any changes in allergies; and any other health care needs or disabilities (including learning difficulties) that may affect anaphylaxis management.
- Provide an ASCIA Action Plan for Anaphylaxis completed and signed by your child's treating doctor.** This should be updated (including photo) when adrenaline autoinjector prescriptions are renewed (usually every 12-18 months) or if allergies change. These plans are medical documents and must not be completed or altered by parents, school staff or childcare staff.
- Provide an adrenaline autoinjector to your child's school, preschool or childcare.** Always note the date on the label and replace the device before it expires. Even if your child carries their own adrenaline

autoinjector you should provide another adrenaline autoinjector to the school. This is required in case your child does not have it on them when needed.

- ❑ **Assist in the development of an Individual Health Care Plan or Risk Minimisation Plan.** This is a plan that school, preschool or childcare staff develop to support your child's health care needs.
- ❑ **Age appropriate education.** Educate your child about how to avoid known allergens and why it is important. Remind them that if they feel sick, they should immediately tell someone nearby, such as a teacher or other adult. Assure them it is the right thing to do, and they should not be afraid of getting into trouble for doing this.

What are the responsibilities of your child's school, preschool or childcare service?

- ❑ **Training of staff** in awareness, management, recognition and emergency treatment for anaphylaxis.
- ❑ **Implementation of strategies** to minimise risk of accidental exposure to known allergens, including special events such as excursions.
- ❑ **Appropriate storage of adrenaline autoinjectors** with an ASCIA Action Plan for Anaphylaxis in an easily accessible location, out of direct sunlight and heat. Staff also need to know the agreed location (pocket, beltbag, school bag etc) of the devices that are carried by students.

Further information

- ❑ **Australasian Society of Clinical Immunology and Allergy (ASCIA)**
www.allergy.org.au
 - Online anaphylaxis training for schools, childcare services and the community free of charge.
 - Information for patients including infant feeding advice and dietary avoidance information sheets for common allergens.
 - ASCIA Action Plans for Anaphylaxis available from the website for completion by your medical doctor.
- ❑ **Allergy & Anaphylaxis Australia**
www.allergyfacts.org.au or phone 1300 728 000
 - Australian patient support organisation that provides advice and resources on allergy and anaphylaxis.
 - Phone support and information about managing allergies at school, childcare, playgroup, on camp, when eating out etc.
 - A wide range of resources (DVDs, books, adrenaline autoinjector trainer devices and insulated bags) available.
- ❑ **Food Standards Australia and New Zealand (FSANZ)**
www.foodstandards.gov.au/consumerinformation/foodallergies
 - Information about food labelling laws and information relating to food allergens on food labels.
- ❑ **Western Australian Department of Health**
www.health.wa.gov.au/anaphylaxis
 - Anaphylaxis management guidelines for WA schools and childcare services.
 - A range of information sheets (e.g. general anaphylaxis fact sheet, reading food labels for food allergy, cooking lesson checklists, etc.) to assist anaphylaxis management in schools, childcare services and the broader community.

Do you need help to manage food and nutrition?

If you or your child are having difficulties managing food allergy, you may wish to consult a dietitian with experience in food allergy. Visit www.daa.org.au to find a dietitian who can assist you.

Do you need help to manage anxiety?

If you or your child are experiencing anxiety relating to severe allergy, you may wish to consult a psychologist who specialises in anxiety management. To find a psychologist who can assist you visit the Australian Psychological Society www.psychology.org.au/findapsychologist .