

Inquiry into allergies and anaphylaxis

Allergies and anaphylaxis management in schools is legislated by Ministerial Order 706 (MO706) and the Department of Education also provides guidelines to direct practice.

The management of a child with allergies at school can be challenging and as a School Nurse I submit the following considerations relation to:

Terms of Reference (3) The adequacy and consistency of professional education, training, management/treatment standards and patient record systems for allergy and anaphylaxis;

Terms of Reference (4) Access to and cost of services, including diagnosis, testing, management, treatment and support:

Terms of Reference (3) The adequacy and consistency of professional education, training, management/treatment standards and patient record systems for allergy and anaphylaxis;

There is a gap in knowledge of GP's regarding the documentation required by schools for students with allergies which makes it challenging for schools to implement allergy management that meets the requirements of Ministerial Order 706.

Documentation

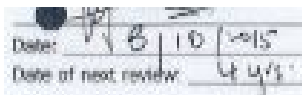
ASCIA action plans are for students with medically diagnosed allergies.

- They need to be the current version
- They need to be in colour
- They need to be filled in completely as they cannot be altered without permission
- They need to have the name of antihistamine written - not just antihistamine - these forms are used by teaching staff to administer medication and the name of the medication needs to be written so that non medical personnel (teachers) are able to know what to administer.

The Green ASCIA Action Plan is for people with mild to moderate allergies, who need to avoid certain allergies yet we get forms for varying conditions including phobias (bees and wasps), localised reactions (insect bites), hayfever (dust and pollen) and intolerances (dairy).

ASCIA Action Plans need to be reviewed between 12-18 months

- Doctors often write a review date in excess of the requirements for schools



Medications

Anti-histamine needs to be non-sedating antihistamines; Phenergan is not a suitable medication to use at school.

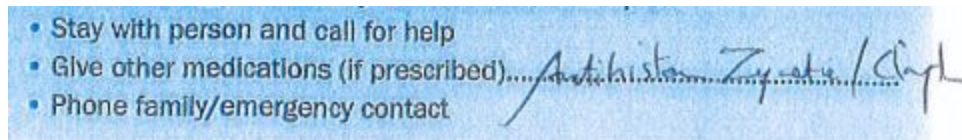
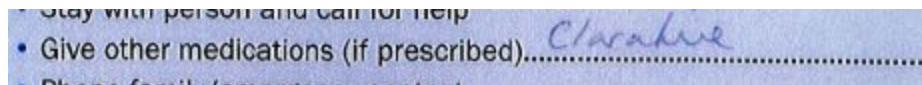
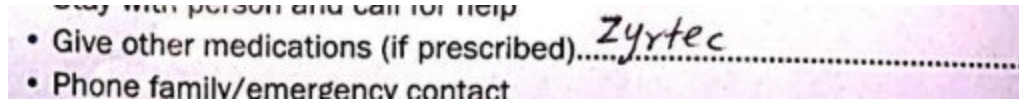
Adrenaline Auto-injectors must be prescribed as per Australian Standards and not as the PDI in the Epipen as these are American guidelines.

Epipen Jr under 20kgs

Epipen over 20kgs

We have many instances where an Epipen Jr is still being prescribed and the students weight is not under 20kgs.

Medication prescribed needs to clear and the dosage written. The form is used by non-medical personnel to manage allergies, sometimes in an emergency, and they do not know how many tablets to administer if it is not clearly written and may not always know what medications fall into the category of antihistamine.



Allergies

The allergies need to be medically confirmed.

We have many students who have 'allergies' however after discussion with parents they are intolerances, phobias, food dislikes or fall into allergic rhinitis rather than allergy.

Parents often present to the GP with the ASCIA action forms pre-filled.

The green ASCIA action plan is designed for "people who need to avoid certain allergens" however its application is not always such.

Some examples of 'allergies' that we have recorded:

Stick insects

Small animal

Chips

Biscuits
Mint
Perfume
Skin of peach
Mustard
Red grapes
Excessive amounts of dairy
Insect bites

Risk minimisation

Ministerial Order 706 requires an individual risk minimisation plan to be created for students. It is reviewed by the parent and staff at the school each year and it is also required to be reviewed before off campus activities.

Whilst it is practical for the review at the beginning of the year it is not practical to contact parents before each activity. Our school has 50+ students with Adrenaline Autoinjectors along with many others with Allergy plans for allergic reactions.

General risk minimisation strategies are applied to each event however it is not feasible to contact parents before each excursion.

Education

Consideration to an online ASCIA e-learning package for GP's should be developed to educate GPs to the regulations surrounding allergies in schools and/or GP's should complete the 22300 VIC - Course in First Aid Management of Anaphylaxis or the 10710NAT - Course in Allergy and Anaphylaxis Awareness to gain an understanding of what is required to manage allergies in the community.

Terms of Reference (4) Access to and cost of services, including diagnosis, testing, management, treatment and support:

Schools are required to purchase general use Adrenaline Autoinjectors available for use in the event of a first time anaphylaxis reaction, if the student does not have their adrenaline autoinjector, if an adrenaline autoinjector is out of date, if another Autoinjector is required to treat anaphylaxis.

The adrenaline autoinjectors are not subsidised which means that schools have to pay @ \$100.00 per autoinjector and they need replacing approximately every 12 months.

It is recommended that Adrenaline Autoinjectors are kept in First Aid kits.

As our school has 2500 students we can be sending out up to 10 excursions per day, sometimes more, depending on the time of year. This expectation to provide General use adrenaline autoinjectors in all first aid kits to accompany all excursion groups is not achievable.