



Western Australian Anaphylaxis Child Care Survey 2008

Analyses Report

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Introduction

The following report documents the results of the Western Australia Anaphylaxis Child Care Survey 2008. The study provides baseline data on anaphylaxis prevalence and management among Western Australian (WA) child care services to assist in the development of anaphylaxis resources and staff training.

Overview and Rationale

Background

Anaphylaxis is a sudden, severe and rapidly progressive allergic reaction requiring prompt recognition and immediate management. The aetiology of anaphylaxis is commonly known to be peanuts, but it can also be triggered from exposure to other allergens such as shellfish, egg, milk, insect stings, latex and medicines. While researchers and scientists continue to seek a cure for anaphylaxis, prevention is the only avenue to protect children from the condition.

Allergic reactions, including the potentially life threatening anaphylaxis, can and do occur in child care services. The latest Australian figures show that hospital admissions for anaphylaxis have increased five-fold in children in the last decade¹. Parents of 'at risk' children are seeking reassurance that staff will know what to do if an emergency occurs.

The Western Australian Government has committed \$6.6 million over the next four years to implement the recommendations in the report *Anaphylaxis: Meeting the Challenge for Western Australian Children*. The state strategy will offer greater protection by providing anaphylaxis information, resources and training to those who work with children.

In May 2008, the *Anaphylaxis Management Implementation Group* (AMIG) was established to implement the state strategy. The group consists of representatives from the Department of Health, Department of Education and

Training, Department for Communities and Department for Child Protection. Also represented on the committee are Anaphylaxis Australia, the Australasian Society of Clinical Immunology and Allergy, Catholic Education, the Association of Independent Schools, Dietitians and General Practitioner's (GP's).

In order to ensure resources and staff training meet the needs of WA child care services, it was important for AMIG to gather a sound understanding of the scope of the issue. This includes baseline data on the prevalence and management of anaphylaxis among WA child care services.

To date, there are limited studies in Australia that examine the prevalence of anaphylaxis among children. Previous studies focus on children with allergies and population based data is limited. Furthermore, little is known about the current management of anaphylaxis among child care services in WA.

Purpose of Study

The aim of the WA Anaphylaxis Child Care Survey 2008 was to provide baseline data on the prevalence and management of anaphylaxis among WA child care services to assist in the development of the anaphylaxis resources and training. In addition, the survey was designed to foster ownership among child care services by obtaining the views, opinions and ideas and was to be instrumental in raising the awareness of anaphylaxis.

Objectives

1. To identify how many children in Western Australia are 'at risk' of anaphylaxis
2. To identify current anaphylaxis policies and management plans in Western Australian child care services
3. To identify how many children in Western Australia have had an anaphylactic reaction(s) in the last 12 months
4. To identify how many children in Western Australia who had an anaphylactic reaction required the use of an EpiPen®

5. To identify how many staff in child care services are trained in anaphylaxis management and the type of training received
6. To identify strategies used in Western Australian child care services to raise awareness and reduce exposure to possible risks of anaphylaxis
7. To provide recommendations to the AMIG Committee for planning and decision-making for future phases of the project.

Glossary of Abbreviations

AMIG Anaphylaxis Management Implementation Group

DOH Department of Health

DFC Department for Communities

DCP Department for Child Protection

DET Department of Education and Training

WA Western Australia

Methodology

The survey was developed and reviewed in consultation with the AMIG. The survey involved a doubled-sided A4 sheet leaflet that incorporated a variety of questions covering the following topics; identifying data, children 'at risk' of anaphylaxis, policy and guidelines, incidence and reporting of anaphylactic reactions, staff training, storage of EpiPen®, risk minimisation strategies and awareness. A copy of the survey is provided in appendix A, along with the consent form (appendix B).

On 31 October 2008, approximately 1,445 surveys were distributed to each child care service in WA. Respondents were asked to complete and return the survey by mail before 14 November 2008. To maximise the response rate the survey was placed on the anaphylaxis health website to be completed online.

Ethical Considerations

The anaphylaxis child care survey study was reviewed by the Anaphylaxis Management Implementation Group (AMIG) and was considered 'negligible risk' under the *National Statement on Ethical Conduct in Human Research 2007 (National Health and Medical Research Council)*. This was, as the study would not survey individual children and would collect unidentifiable data (i.e. no children would be identified in the research). As such, there was no foreseeable risk of harm or discomfort; and any foreseeable risk would be no more than inconvenience to the person responding to the survey.

All surveys were conducted with informed consent and with the assurance of confidentiality of responses. A copy of this consent form is provided in appendix B.

Analysis

Frequency and multiple response analysis were performed to analyse the data and obtain the desired results. All analyses were performed in SPSS version 15, with assistance from the Department of Health Epidemiology team.

Study Population

Demographic Profile

A total of 389 WA child care services responded to the survey (response rate of 27%). Of the survey respondents, 53.5% were from Child Care Centres, 16.4% from Outside Hours School Care and 30.1% from Family Day Care Schemes. A greater proportion of survey respondents were from rural locations (62.7%), compared to metro locations (35.2%). The surveys were completed predominantly by managers and directors of child care centres (34.7%), followed by child care co-ordinators (19.8%) and carers (10.8%). A breakdown of respondents is shown in Table 1.

Table 1: Demographic profile

	n	%
Child Care Type	n=396	
Child Care Centre	212	53.5
Outside Hours School Care	65	16.4
Family Day Care Scheme	119	30.1
Location	n=381*	
Rural	244	64.0
Metro	137	36.0
Position	n=360*	
Administrator	3	0.8
Carer	43	11.9
Coordinator	77	21.4
Licensee	19	5.3
Manager/Director	135	37.5
Owner	29	8.1
Principal	2	0.6
Supervisor	45	12.5
Teacher	7	1.9

*Excluding missing data

Results

Children 'at risk' of Anaphylaxis

As shown in Table 2, over half of all respondents reported caring for a child 'at risk' of anaphylaxis (50.4%), with 18.5% reporting three or more children 'at risk' in their care. A total of 491 children were identified to be 'at risk' of anaphylaxis (1.8%) by survey respondents.

Table 2: 'At risk' of anaphylaxis

	n	%
How many children are 'at risk'?	<i>n=27,426</i>	
Children identified as 'at risk'	491	1.8
Number of child care services with 'at risk' children	<i>n=389</i>	
Services with 1 or more child/ren 'at risk'	196	50.4
Services with 3 or more children 'at risk'	72	18.5

Policy and Guidelines

The majority of child care services were guided on anaphylaxis management by general health and safety policies (81%), followed by department guidelines or recommendations (45.8%) (Table 3). A significant proportion of services (67%) prepared individual management plans for all children 'at risk' of anaphylaxis, whereas only 10.5% reported they did not prepare individual management plans (Table 4). The majority of management plans addressed information on the child's allergen (65.3%), however less than half addressed prevention strategies (41.9%) and parental involvement (37.5%) (Table 4). The majority of services (70.6%) reported they displayed action plans around the service for all children at risk of anaphylaxis, only 13.5% of services reported they did not (Table 5).

Table 3: Current child care guides for anaphylaxis management

	n	%
What guides anaphylaxis management?	n=389	
General health & safety policies	315	81.0
School specific anaphylaxis policy	102	26.2
Department guidelines or recommendations	178	45.8
No policy	10	2.6
Unsure	11	2.8
Other	56	14.4

Table 4: 'At risk' child/rens' individual action plan and elements in plan

	n	%
How many children with individual plans	n=209	
All	140	67.0
Most	16	7.7
Some	19	49.1
None	22	10.5
Unsure	12	5.7
What elements are in each management plan?	n=389	
Information on the child's allergen/s	254	65.3
Photo of the child	157	40.4
Emergency contact details	247	63.5
Emergency response plan/procedures	231	59.4
Prevention strategies	163	41.9
Arrangements for staff to support the child	150	38.6
Information on where the EpiPen® is stored	157	40.4
Parent Involvement	146	37.5
Unsure	22	5.7
No current management plan	130	33.4

Table 5: 'At risk' child/ren who have action plans displayed in agreed positions around the child care service

	n	%
How many children have plans displayed in agreed positions around the child care service?	n=208	
All	147	70.6
Most	11	5.3
Some	6	2.9
None	28	13.5
Unsure	16	7.7

Incidences and reporting of anaphylactic reactions

Of the 491 children 'at risk' of anaphylaxis, 15 had an anaphylactic reaction in the last 12 months (3.1%). Of these children, only one experienced a reaction in the last 12 months (6.7%) (Table 6). A total of 12 services (3.1%) reported caring for a child that had an anaphylactic reaction in the last 12 months. Only one service cared for a child that had more than one reaction.

Table 6: 'At risk' children experiencing anaphylactic reactions

	n	%
How many children/child care services had anaphylactic reactions?	n=491	
'At risk' children who had a reaction in the last 12 months	15	3.1
	n=15	
'At risk' children who had more than 1 reaction in the last 12 months	1	6.7
	n=389	
Services that had a child that had a reaction in the last 12 months	12	3.1
Services that had a child with more than one reaction/s in the last 12 months	1	0.3

EpiPen is a registered auto injector device that administers adrenaline in the event of an anaphylactic episode. As shown in Table 7, one out of fifteen children who experienced a reaction required the use of an EpiPen® (6.7%), with no children requiring the use of more than one EpiPen®. Only one child care service (0.3%) reported the use of an EpiPen® after the occurrence of an anaphylactic reaction, no services were required to use more than one EpiPen®.

Table 7: Reactive children requiring the use of EpiPen®

	n	%
How many children/ child care services used an EpiPen®?	n=15	
Children who required the use of an EpiPen®	1	6.7
Children who required the use of more than 1 EpiPen®	0	0.0
	n=389	
Services that required the use of an EpiPen®	1	0.3
Services that required the use of more than 1 EpiPen®	0	0.0

Staff Training

Services reported that 67% of staff attended EpiPen® training in the last 12 months (Table 8). Training was primarily conducted by a First Aid Training Organisations (49.4%), or a parent (38.8%) (Table 9).

A relative small proportion of child care services reported training included elements on how to write an anaphylaxis management plan (19%), food allergy and onsite preparation (21.9%) and risk minimisation strategies (30.3%). A higher proportion of child care services reported training included elements on how to administer an EpiPen® (67.1%), recognising signs and symptoms (64.3%) and managing and treating allergic reactions (60.9%) (Table 9).

Table 8: Staff training in anaphylaxis management

	n	%
How many staff were trained?	<i>n=5,074</i>	
Trained in anaphylaxis management	1, 668	32.9
Not trained in anaphylaxis management	3, 406	67.1

Table 9: Who conducted and elements of anaphylaxis training

	n	%
Who conducted the training?	<i>n=389</i>	
Service Coordinator	30	7.7
Parent	151	38.8
Community Health Nurse	31	8.0
First Aid training organisation	192	49.4
Professional Support Coordinator	24	6.2
Unsure	33	8.5
No answer	104	26.7
Other	86	22.1
What elements are in the training?	<i>n=389</i>	
Recognise the signs and symptoms	250	64.3
Manage and treat an allergic reaction	237	60.9
How to write an anaphylaxis management	74	19.0
Risk minimisation strategies	118	30.3
How to administer an EpiPen®	261	67.1
Practice with an EpiPen®	227	58.4
Food allergy and onsite food preparation	85	21.9
Unsure	11	2.8
No answer	110	28.3

As shown in Table 10, anaphylaxis training was considered helpful by 67.4% of child care services, only 1.0% of services reported it was unhelpful. Almost half of all child care services (48.8%) reported that no staff attended annual training on EpiPen use, whereas 19.0% reported all staff attended annual training (Table 11).

Table 10: Training satisfaction

	n	%
Was the training helpful?	n=389	
Yes	262	67.4
No	4	1.0
Unsure	11	2.8
No Answer	112	28.8

Table 11: Staff attendance at annual anaphylaxis training

	n	%
How many staff attend training?	n=389	
All	74	19.0
Most	61	15.7
Some	64	16.5
None	190	48.8

Only 26.5% of child care services reported they had access to a community health nurse for training purposes. Almost half of all services (46.0%) were unsure as to whether they had access to community health nurses for training purposes and approximately 18.8% reported no access (Table 12).

Table 12: Access to a community health nurse

	n	%
Does your child care service have access to a nurse?	n=389	
Access	103	26.5
No Access	73	18.8
Unsure	179	46.0
No Answer	34	8.7

The majority of child care services (65.0%) reported they provide all new and temporary staff with information on children 'at risk' of anaphylaxis (Table 13). Whilst 30.6% of services are aware of anaphylaxis training options available to them, 42.2% are unaware of available training options (Table 14).

Table 13: Information provided to new staff

	n	%
Is new staff provided information?	<i>n=389</i>	
Yes	253	65.0
No	28	7.2
Unsure	30	7.7
No Answer	78	20.1

Table 14: Staff awareness of anaphylaxis training options

	n	%
Are you aware of training options?	<i>n=389</i>	
Yes	119	30.6
No	164	42.2
Unsure	84	21.6
No Answer	22	5.7

Storage of the EpiPen®

As shown in Table 15, a total of 155 child care services reported a child who has a prescribed EpiPen® stored on site (39.9%). Just over 60% of services reported they had children 'at-risk' of anaphylaxis with a prescribed EpiPen® on site (60.5%).

Table 15: EpiPen® Storage

	n	%
How many child care services store on site an EpiPen®?	<i>n=389</i>	
Services with a child who has a prescribed EpiPen® stored on site	155	39.9
How many children store on site an EpiPen®?	<i>n=491</i>	
'At risk' children with a prescribed EpiPen® stored on site	297	60.5

Risk Minimisation Strategies

Majority of services had risk minimisation strategies in place for excursions (48.3%), food preparation areas (68.9%) and play areas (48.8%). Only 15% of services had no strategies in place (Table 16).

Table 16: Risk minimisation strategies

	n	%
What are strategies in place to reduce triggers?	<i>n=389</i>	
Excursions	188	48.3
Food preparation areas	268	68.9
Play area	190	48.8
No strategies in place	60	15.4
Unsure	136	35.0
No children 'at risk'	25	6.4

Awareness Strategies

Over half of all respondents reported raising awareness of anaphylaxis through newsletter articles for parents (51.7%), information on a noticeboard (53.5%) and posters or brochures (51.4%). Strategies that were used to a lesser extent include; providing information at staff/parent meetings (41.6%), age appropriate discussions with children (33.9%) and letters sent to parents (25.7%). Only 13.9% of services reported no strategies in place (Table 17).

Table 17: Awareness strategies

	n	%
What strategies are in place to increase awareness?	<i>n=389</i>	
Newsletter articles for parents	201	51.7
Letters sent to parents	100	25.7
Community awareness meeting	14	3.6
Information on a noticeboard	208	53.5
Information at staff/parent meetings	162	41.6
Posters or brochures	200	51.4
Age appropriate discussion with children	132	33.9
No strategies in place	54	13.9
Unsure	20	5.1
Other	26	6.7

Discussion

This study is the first in Western Australia to report on anaphylaxis prevalence and management within child care services throughout the state. The results will provide baseline data for monitoring the prevalence of anaphylaxis for WA children and evaluating management within WA child care services.

The prevalence of children 'at risk' of anaphylaxis in WA child care services was identified as 1.8%, with over 50% of child care services reporting at least one child 'at risk' of anaphylaxis. This result was significantly higher than the results of a South Australian study conducted in 1999, which revealed an anaphylaxis prevalence of 0.59% in school age children². The suggested rise in the prevalence of anaphylaxis in Australia is consistent with the well-documented rise in the incidence of peanut allergies. For instance, Mullins et al found a rise in peanut allergies from 0.73% in 2001 to 1.15% in 2004 for children born in the Australian Capital Territory (ACT)³. Furthermore, a recent study suggests the prevalence of nut allergy to be as high as 3.8% among children in the ACT⁴.

Research on anaphylaxis management within child care services is severely limited. Boros et al reported that less than half of children 'at risk' of anaphylaxis had a management plan at school². In contrast, it is pleasing to note that 67.0% of child care services surveyed in WA had individual management plans for all children identified as 'at risk' of anaphylaxis. Furthermore, a large proportion of child care services were guided by some form of policy or department guideline to manage children 'at risk' of anaphylaxis. Whilst these results are positive, there are still inconsistencies in management highlighting the need to develop anaphylaxis policy and guidelines which outline consistent roles and responsibilities for all WA child care services.

Fifteen children were identified by WA child care services as having had an anaphylactic reaction in the last 12 months. A total of 15 services (3.1%)

reported a child had experienced a reaction on site in the last 12 months. A study by Sicherer in 2001 revealed of the 4536 registrants on a US peanut allergy register, 16% reported suffering an allergic reaction at school or in day care⁵. The results of the WA survey highlight the fact that anaphylactic reactions are occurring in WA child care services and emphasises the need for improved prevention strategies and emergency management plans.

Survey respondents reported that one child required the use of an EpiPen® (adrenaline auto-injector) at the time of an anaphylactic reaction in the last 12 months. While this number may seem small, the availability and timely use of an EpiPen® potentially saved this child's life. It is therefore concerning that of the children 'at risk' of anaphylaxis, only 60% had an EpiPen® stored on site of the child care service they attend. Similarly, a Californian study by Posner found 72.5% of school nurses were aware of children with anaphylaxis with no auto-injector at school⁶. Anaphylactic events are largely unpredictable and administration of adrenaline should be immediate upon evidence of occurrence⁷. The results of the WA survey therefore support the recommendation to ensure all WA child care services are equipped with adrenaline auto-injectors for immediate first aid management.

Less than one-third of all child care staff attended anaphylaxis training, including how to administer an EpiPen®, in the last 12 months. This result is particularly concerning as it may place a number of children at risk of a fatal reaction. Furthermore, it was revealed that a large proportion (42.2%) of respondents are unaware of staff anaphylaxis training options. These results emphasise the need to establish a state-wide training program that is accessible to all child care services in WA and is extensively promoted.

Risk minimisation is a fundamental step in reducing the risk of anaphylaxis. It is vital that child care services implement such strategies to reduce the likelihood of a reaction on site. It is therefore pleasing to note that most child care services have risk minimisation strategies in place, particularly on excursions (48.3%), in food preparation areas (68.9%) and in the play area

(48.8%). Although positive, the results of the survey do indicate areas for improvement to promote and apply risk minimisation strategies.

Limitations

The WA Anaphylaxis Child Care Survey was mailed to all licensed child care services in Western Australia (n=1,445) however, participation in the survey was voluntary. Self selection bias may therefore be evident as respondents were not randomly selected. For instance, child care services that have had experience with a child 'at risk' of anaphylaxis may be more willing to respond to the survey whereas, services that have had little or no experience with children 'at risk' of anaphylaxis may feel less compelled to respond to the survey.

Self-report bias may have also impacted on the results due to the fact that respondents had to report the number of children 'at risk' of anaphylaxis at their service. Although a factsheet on anaphylaxis was attached to the survey, it is highly likely that an understanding of anaphylaxis varied from respondent to respondent. For instance, minor food intolerance and allergies are commonly mistaken for anaphylaxis. Furthermore, not all children who are identified by their parents or carers at enrolment as 'at risk' of anaphylaxis have been clinically diagnosed by an immunologist.

A number of questions in the survey asked participants to recall information in the last 12 months. The ability for participants to accurately recall this information may have impacted the results.

Another limitation of the survey is attention bias whereby services may attempt to respond to the questions in the way which is socially desirable to prevent the service being viewed negatively. This may result in child care services over-reporting questions such as the number of risk minimisation strategies and management plans in place at their service.

The final limitation to the study is the extent to which the findings can be generalised beyond the participants studied. A response rate of 27% may be too limited for broad generalisations as it may not be an accurate and holistic representation of child care services in WA. This is evident in the breakdown of demographics which revealed a greater proportion of respondents from rural areas (63%) than those of metro areas (35%) which is inconsistent with the distribution of services across the state (28% and 72% respectively).

Conclusion

The WA Anaphylaxis child care survey has been fundamental in providing baseline data on anaphylaxis prevalence and management in WA child care services. The results show that the majority of WA child care services have at least one enrolled child at risk of anaphylaxis, which highlights the severity of the issue and supports the State Government's commitment in 2007 to a WA Anaphylaxis Plan. There were encouraging results on the management of anaphylaxis among services however, inconsistencies in approach and uncertainty among participants highlight the need for standardised guidelines and training. It is important that WA Health continue to conduct a survey approximately every two years in order to analyse trends and assess the impact of the anaphylaxis project and its objectives.

References

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- ⁶ Posner L, Spradling N. Anaphylaxis & Acute Asthma in California Schools *APAAI California*
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WA Anaphylaxis Child Care Survey

Available to complete online at www.health.wa.gov.au/anaphylaxis/survey



Identifying data

1. Please enter your service details:

- Child Care centre
- Outside School Hours Care (OSHC)
- Family Day Care Scheme (FDC) *

*FDC Scheme note: staff equals FDC carers

- Name of service
- Contact name
- Position
- Address
- Suburb
- Postcode
- Phone
- Fax
- E-mail

Children at risk of anaphylaxis

2. How many children are currently enrolled at your service/scheme?

.....

3. How many enrolled children have been identified as 'at risk' of anaphylaxis?

.....

Policy and Guidelines

4. What currently guides your service/scheme on anaphylaxis management? Please tick

- General policies (e.g. health and safety)
- School specific anaphylaxis policy
- Department guidelines or recommendations
- Unsure
- None
- Other, please detail:

.....

5. Of the children identified as 'at risk' of anaphylaxis, how many have an individual Management/ Healthcare Plan regarding their condition? Please note we are NOT referring to the ASCIA anaphylaxis action plan

- All Most Some None
- Unsure No children at risk

6. What elements are addressed in each child's Management/Healthcare Plan? Please tick more than one option if appropriate

- Information on the child's allergen/s
- Photo of the child
- Emergency contact details
- Emergency response plan/procedures
- Prevention strategies
- Arrangements for staff to support the child
- Information on where the EpiPen® is stored
- Parent involvement
- Unsure
- No current management plan

7. Of the children identified as 'at risk' of anaphylaxis, how many have an ASCIA anaphylaxis action plan OR their photograph, emergency contact details and emergency response procedures placed in agreed positions around the service/scheme?

- All Most Some None
- Unsure No children at risk

Incidences and Reporting

8. How many children had an anaphylactic reaction at your service in the last 12 months? (i.e. at least one of the following reactions: swelling of the throat or tongue, hoarse voice, noisy or difficulty breathing, pale/floppy, collapse, loss of consciousness)

.....

9. How many children had more than one anaphylactic reaction at your service in the last 12 months?

.....

10. In the last 12 months, how many children had an anaphylactic reaction that required the use of an EpiPen® (adrenaline)?

.....

11. In the last 12 months, how many children had an anaphylactic reaction that required the use of more than one EpiPen®? (i.e. two or more doses for the single reaction)

.....

Staff Training

12. How many staff are currently employed or registered at your service? For FDC: How many FDC Carers are currently members of your scheme?

.....

13. How many staff have attended training on the use of an EpiPen® in the last 12 months:

.....

14. Who conducted the training?

- Service coordinator
- Parent
- Community health nurse
- First aid training organisation
- Professional support coordinator
- Unsure
- No answer
- Other, please detail:

.....

15. What elements did the training include? Please tick more than one option if appropriate

- Recognise the signs and symptoms
- Manage and treat an allergic reaction
- How to write an anaphylaxis management plan
- Risk minimisation strategies
- How to administer an EpiPen®
- Practice with an EpiPen®
- Food allergy and onsite food preparation
- Unsure
- No answer

16. Do you feel the training was helpful?

- Yes
- No
- Unsure
- No answer

17. How many staff attend annual training in the use of an EpiPen®?

- All
- Most
- Some
- None

18. Does your service have access to a community health nurse for EpiPen® training purposes?

- Yes
- No
- Unsure
- No answer

19. Are ALL new and temporary staff provided with immediate information on children at risk of anaphylaxis, relevant action plans and emergency procedures?

- Yes
- No
- Unsure
- No answer

20. Are you aware of staff anaphylaxis training options available?

- Yes
- No
- Unsure
- No answer



Storage of the EpiPen®

21. How many children currently have an EpiPen® that is stored at your service? (FDC scheme: How many children have an EpiPen® stored at a FDC service?)

.....

Risk Minimisation Strategies

22. When or where are strategies in place to reduce the exposure of children to potential anaphylactic triggers? Please tick more than one option if appropriate

- Excursions
- Food preparation area
- Play area
- No strategies in place
- Unsure
- No children at risk

Awareness

23. What strategies are in place to increase awareness about severe allergies among children, parents or staff? Please tick more than one option if appropriate

- Newsletter articles for parents
- Letters sent to parents
- Community awareness meeting
- Information on a noticeboard
- Information at staff/parent meetings
- Posters or brochures
- Age appropriate discussion with children
- No strategies in place
- Unsure
- Other, please detail:

.....

Final Comments

24. What strategies, resources or training would assist your service/scheme to be better equipped to deal with anaphylaxis issues?

.....

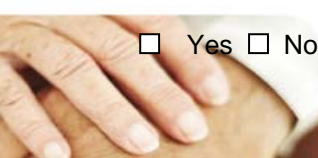
.....

.....

25. Additional comments or suggestions are welcome:

.....

.....



Appendix B

Consent Form

- I have read this document and understand the aims, procedures, and risks of this project, as described within it.
- For any questions I may have had, I have taken up the invitation to ask those questions, and I am satisfied with the answers I received.
- I am willing for my school or child care service to become involved in the research project, as described.
- I understand that participation in the project is entirely voluntarily.
- I understand that my school or child care service is free to withdraw its participation at any time, without affecting the relationship with the research team.
- I understand that this research may be released online provided that the participants are not identified in any way.
- I understand that my school or child care service will be provided with a copy of the findings from this research upon its completion.

Name:

Signature:

Date: / /

Delivering a **Healthy WA**

