

# EVERY SECOND COUNTS

AS THE NUMBER OF CHILDREN SUFFERING LIFE-THREATENING FOOD ALLERGIES CONTINUES TO INCREASE, FEDERAL MPS ARE LOOKING FOR BETTER WAYS TO HELP PROTECT ANAPHYLACTIC CHILDREN WHILE IN THE CARE OF THEIR SCHOOLS, PRESCHOOLS AND DAY CARE CENTRES.

STORY: GEORGIE OAKESHOTT

It's been called Australia's allergy epidemic—a rapid and unexplained increase in the number of children suffering allergic reactions to a range of every day items such as pets, pollens and peanuts.

Ten years ago there was only a handful of sufferers, today an estimated 40 per cent of children have an allergy of some sort, whether asthma, a food allergy or dermatitis.

The rise of food allergies is particularly concerning, because in children food allergies are the ones most likely to cause the severe and life threatening allergic reaction called anaphylaxis.

Of the 380,000 Australians with anaphylaxis, an estimated 5 to 8 per cent are children. That's around 20,000 children who could potentially die if exposed to the slightest trace of foods as common as eggs, milk and peanuts.

Why this is happening is unclear, but what is known is that anaphylaxis can kill in minutes. A severe anaphylactic reaction includes difficulty breathing, swelling of the tongue and throat, loss of consciousness



and collapse. Sometimes just the smell of a particular food can trigger an anaphylactic reaction.

Each year, up to 10 Australians die from anaphylaxis, while thousands more receive urgent medical treatment, usually in the form of an adrenalin shot called an EpiPen. Simple to use, an EpiPen is a disposable device designed to give a measured dose of adrenalin and can be self-administered or injected by anyone close at hand, even those without medical training.

Yet despite the apparent ease of emergency treatment, included in the statistics from the last five years are two young Australians who died while in the care of their schools.

for Chisholm, Vic) who has called for the introduction of legislation, devised in consultation with the states and territories, to ensure all preschools, primary and secondary schools have necessary policies and procedures to provide an effective response to a student who experiences an anaphylactic reaction.

Ms Burke wants policies that reduce exposure to allergens in the classroom environment; staff members to be appropriately trained to support life in the event of an anaphylactic reaction; and the development of an individual action plan for each student that has an anaphylactic allergy, including treatment plans from the student's doctor.

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One of those victims was four year old Melbourne pre-schooler, Alex Baptist, who died despite the efforts of those around him to administer his EpiPen, which should have saved his life.

Why he died that September day in 2004 will now be examined by a coronial inquest due to commence this March, and the questions raised will undoubtedly focus more attention on what can be done to protect anaphylactic children while at school.

At the same time, federal parliamentarians from both sides of politics have spoken up in support of national guidelines to ensure schools respond more effectively to anaphylaxis.

Leading the call for action is Melbourne MP Anna Burke (Member

“Deaths from anaphylactic shock can be averted if the correct measures and safeguards are put in place,” Ms Burke told the House of Representatives.

“Amongst other things, these preventative actions would involve the training of all teachers in reducing exposure to anaphylactic inducing agents at school, and in the correct manner to administer the EpiPen, the only effective treatment, which buys valuable time until the child suffering the attack can be seen by a medical professional,” she said.

Anna Burke is the right person in the right place to lead the charge on food allergies, because not only is she a member of parliament, she is also the mother of a four year old

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anaphylactic. Her son John is highly allergic to both eggs and nuts. He has an EpiPen and attends a kindergarten where a staff member is trained in its use.

“When you send your small child off to child care you do not expect that they will come into contact with an allergen and never come home. In memory of Alex, I hope that we never again see a small child die through an allergy, which could have been prevented if someone had been appropriately trained at that school,” she said.

While many schools are supportive of allergy problems, some are not. According to Anna Burke, many parents face a real battle trying to convince their schools of the severity of their child’s condition.

“I’ve certainly had enough parents contact me to say their principal or school teacher says it’s not an issue, don’t worry about it. I had one parent in tears because her teacher told her not to be ridiculous, ‘if they eat enough of it they’ll build up immunity to it’.

“That’s just wrong. We need to raise more awareness of what an anaphylactic reaction is,” she said.

Her motion has received widespread support from MPs including John Anderson (Gwydir, NSW), Ann Corcoran (Isaacs, Vic), Harry Jenkins (Scullin, Vic) and two doctors, Andrew Southcott (Boothby, SA) and Mal Washer (Moore, WA).

Former Deputy Prime Minister, John Anderson told the House the government is seeking input from the relevant ministers.

“I make the point that it is not clear whether legislative approaches are necessary to achieve the very desirable aim of this proposal. If such approaches are required they would of course be the responsibility of the state and territory jurisdictions,” Mr Anderson told the House.

“I can advise that the government has sought input by the office of the Minister for Health and Ageing, through the office of the Minister for Education, Science and Training, in relation to further measures which could be taken in schools, which may or may not require legislative backing,” he said.

Supporting the motion, Dr Southcott and Dr Washer said a comprehensive national policy is needed to cover teacher education and training; the importance of collecting and updating medical information; strategies to avoid exposure to triggers; and age appropriate training for the children concerned.

“Anaphylaxis is becoming more prevalent,” Dr Southcott said. “At least one in 100 children in Australia has had an episode of nut allergy and would be at risk from anaphylaxis. The incidence has doubled over the last 30 years. Fortunately, deaths from anaphylaxis are rare and they are also often preventable if immediate first aid is provided.

“When we look at schools and anaphylaxis we see that there are no national guidelines for managing anaphylaxis in a school setting. Each state does things differently, and national guidelines would play an

important role in making sure that every school and every child care centre has the gold standard.

“I think it would be a great thing if, at COAG, we could see that all schools, preschools, childcare centres and kindergartens have guidelines for dealing with anaphylaxis. The one caution I have is that I am not sure it would require national legislation. I think it is something that could be done through COAG, through a council of education and health ministers working together,” Dr Southcott told parliament.

Supporting the motion, Dr Washer said even though anaphylactic episodes are rare, schools must have policies to deal with these life-threatening situations if they arise.

He said the prevalence of food induced anaphylaxis in pre-school aged children was one in 170 and in school aged children one in 1,900. A recent survey found that although

**Peanut allergy**

*Even small amounts of peanut can kill a person sensitive to the nut's proteins.*

**Worst symptoms**

- Dizziness, sudden fatigue, rapid heartbeat, chills
- Flushed face; hives; swollen lips, mouth, eyes or tongue
- Difficulty breathing; coughing, choking or wheezing
- Vomiting, nausea, diarrhea, stomach pains
- Pallor, loss of consciousness, coma, death

**Allergy pitfalls**

- Failure to read food labels
- Tasting bits of unknown food or sharing foods
- Not taken to hospital immediately

**Shock can occur rapidly and be fatal within minutes**

**Shot of adrenaline is required immediately**

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Source: AP, Allergy Asthma & Immunology Society Ontario, KRT Photo Service  
Graphic: Thomas Jensen, Morten Lyhne

Photo: AAP





Member for Chisholm (Vic), Anna Burke with her son John, who has a severe food allergy; and the EpiPen that would save his life if he had an allergic reaction.  
Photos: Michael Silver and photolibary



"I just don't want to have another four year old die at kindergarten."

90 per cent of anaphylactic food reactions occurred in preschoolers, more than 90 per cent of the fatal reactions to foods occurred in children aged five years and over.

"I strongly urge state governments and private educators that have not implemented comprehensive policies to do so. Deaths from anaphylaxis are preventable if quick and effective action is taken. It is unforgivable for any child to be at risk due to unnecessary ignorance or inadequate policy," Dr Washer said.

In October last year, the Victorian government announced it would be the first Australian state to introduce legislation for compulsory allergy training for child care workers, kindergarten and school teachers. Costing around \$2.5 million, an estimated 70,000 teachers and carers will be trained to support life in the event of an anaphylactic attack.

Anna Burke said Victorian parents are breathing a sigh of relief. "The training will include ways to minimise risks, recognise the signs and symptoms of an allergic reaction, and perform emergency treatment with an EpiPen, which gives an instant adrenalin interaction. Schools would also be required by law to have an anaphylactic policy. The AMA says

that Victoria is leading the world in introducing mandatory allergy training. This should be done so that no more small lives are lost.

"I cannot see why we in the federal sphere cannot do likewise and ensure that, via COAG, legislation consistent across all states is introduced to train all teachers and child care workers in the analysis of anaphylaxis and the correct use of an EpiPen. The lives of our children literally depend upon it."

The parliamentary support for national consistency has been welcomed by Anaphylaxis Australia, a not for profit support group which has been calling for the introduction of legislation since the 2005 coronial inquest into the death of Hamidur Rahman, a thirteen-year-old who died from a severe peanut allergy while on a school camp.

At the time, the NSW Deputy Coroner, Jacqueline Milledge, supported Anaphylaxis Australia's call and recommended the government introduce legislation similar to Canada's 'Sabrina's Law'. "The intention of the legislation would be to protect pupils at risk of anaphylaxis and to safeguard teachers and staff from prosecution if an act done to manage or save a child was undertaken in good faith," she said.

Anaphylaxis Australia expects the Victorian Coroner will make a similar recommendation after the inquest into the death of Alex Baptist.

"Children spend half their waking hours in the care of others

and legislation is the only way to ensure they're given the best care possible," said president of Anaphylaxis Australia, Maria Said.

"We've had guidelines and policies across the states, but we still have school principals who don't understand their duty of care to these children and that they need to educate all their staff. It needs to be enforced by law," she said.

Just like teaching children the dangers of crossing roads, anaphylactic children are being taught the dangers of eating out, sharing food, even holding handrails and drinking from bubblers which may have traces of allergens on them.

Anna Burke knows how easily things can go wrong, having recently bought John a seemingly harmless sausage roll which, much to her alarm, contained nuts. Luckily, they noticed before he ate it.

"He always tells me I squeeze his hand too tight when we're crossing the road, but I can't help it," she said.

"I don't think I'm being overprotective, I don't think it's possible to be overprotective when we're not doing enough to keep our kids safe in the first place.

"Victoria is leading the way, but why aren't the other states doing it? How difficult is it to say every school teacher must be trained in this?"

"I just don't want to have another four year old die at kindergarten," she said. ■