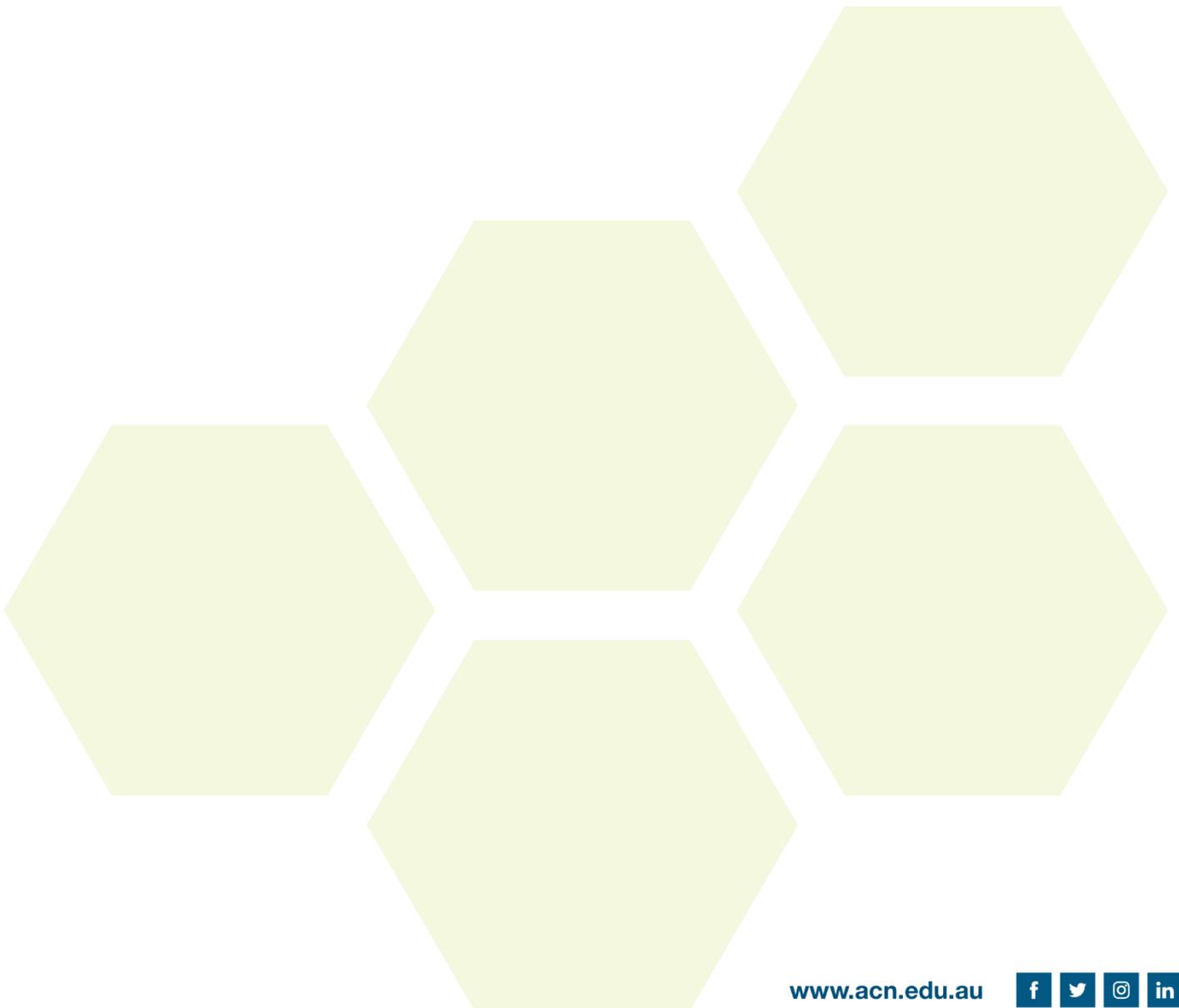




**Australian College of Nursing**

# **ACN RESPONSE TO THE PARLIAMENTARY INQUIRY INTO ALLERGIES AND ANAPHYLAXIS**



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## General comment

Allergy and anaphylaxis are on the rise in Australia (ASCIA, 2019, c), so it is an issue that requires attention from many sectors including health care professionals such as nurses. Currently the reasons for this increase are not well understood so more research is needed to produce the evidence base to develop the robust and effective models of care and prevention required (*National Allergy Strategy*, 2015, 5-6).

The Terms of Reference for the House of Representatives Standing Committee on Health, Aged Care and Sport inquiry into allergies and anaphylaxis (the Inquiry) recognises the multi-faceted and complex nature of the care and treatment of those with an allergy. The Australian College of Nursing (ACN) welcomes the opportunity to provide the following submission to the Inquiry.

ACN's submission endorses the *National Allergy Strategy* (2015) (the Strategy), as developed by the Australasian Society of Clinical Immunology and Allergy (ASCIA) and Allergy and Anaphylaxis Australia. Note that ACN was one of the stakeholder organisations consulted in the development of the Strategy. This submission supports and extends the recommendations made within the Strategy for the expansion of the nursing role in the identification of allergies and their subsequent management and treatment for patients, carers and the community. For example, an expansion of the "Allergy nurse" role which the Strategy notes has already made "a significant contribution" to patients and carers. ACN also supports the suggestion in the Strategy for the development and expansion of the Nurse Practitioner role (*Strategy*, 2015, 17-18 and 33-34). ACN further endorses the sections of the Strategy which call for education programs and other measures targeted to nurses (*Strategy*, 2015, 17-18).

Development of a variety of nursing roles as suggested in the Strategy can only enhance and improve care for those with an allergy, or those who experience allergy induced anaphylaxis. That role is especially significant in rural and remote areas where a registered nurse is often the only health care practitioner available (ACN 2018).



## Response to the Terms of Reference

### 1. The potential and known causes, prevalence, impacts and costs of anaphylaxis in Australia

Allergic disease affects 20% of the Australian population, with this number continually increasing (ASCIA 2019, c: ASCIA, 2013). Anaphylaxis is a known outcome of an allergy, whether the allergen is a medically identified one (for example, a drug), or another substance such as food. The Strategy has estimated that the incidence of anaphylaxis requiring hospital admission has increased five-fold over the past 20 years with a four-fold increase in food induced anaphylaxis also requiring hospital admission (*Strategy*, 2015, 5). According to an economic impacts report from ASCIA, the total financial costs of allergies was \$7.8 billion in 2007 (ASCIA, 2007). With the continual rise in the rates of allergies, financial costs are increasing as well as other less tangible costs such as fear of anaphylaxis and interruption of schooling or career choices. As a totality, allergies and the concomitant danger of anaphylaxis therefore represents substantial costs not only to allergy sufferers, but also to their families and the government (*Strategy*, 2015, 8). In addition to the financial burden, the emotional and social burden of allergy sufferers (particularly children) and their families is also significant (Patel, Herbert and Green, 2017). Avoiding allergens can be a cause of significant stress and can impact sufferers' ability to participate in social activities, particularly when the reaction is the life-threatening one of anaphylaxis. There are also impacts to schools and workplaces, where allergenic foods such as peanuts often need to be banned as a preventative measure.

Since 2015 when the Strategy was published, there has not been a significant increase in research which leads to a better understanding of the many types of allergies and how best to prevent and treat them as well as manage and treat any resultant anaphylaxis. Fundamentally, there is a need for a great deal more research funding to identify the multifaceted underlying causes of allergy and anaphylaxis so that consistent, evidence-based management and treatment strategies can be developed. There also needs to be more research to provide the evidence base for educational programs targeted to health care professionals and to specific industries. A current example of an industry specific educational program, which could serve as a model for others, is the free on-line food allergy awareness training for food service which has been funded by the Department of Health and developed jointly by ASCIA and Allergy and Anaphylaxis Australia as part of the Strategy (2019).

Research is also required for the design and implementation of health policies which are both cost effective and effective in terms of prevention and treatment (*Strategy*, 2015, 10-11; Mullins and Loh, 2015). In rural and remote areas that research needs to be nurse led (although multidisciplinary where possible) because the more remote the location, the more likely it is that a registered nurse is the only health care practitioner available (ACN, 2018).

### 2. The adequacy of food and drug safety process and food and drug allergy management, auditing and compliance (including food allergen labelling by manufacturers and food service providers)

Whilst the nursing profession is not directly involved in the development of food standards, registered nurses who work in occupational health and safety roles may be called upon to treat workers with an allergy and/or suffering anaphylaxis. In that context, ACN endorses Food Standards Australia and New Zealand (FSANZ) and its policies, for example, development of "plain English language" food labelling standards specific to allergens in food (FSANZ, 2017).



Registered nurses administer medically prescribed drugs and, if endorsed to do so by the Nursing and Midwifery Board of Australia (NMBA), can prescribe drugs independently in some circumstances (NMBA, 2019, a). Nurses are also involved in the development of drugs through the clinical trials processes as regulated by the Therapeutic Goods Administration (TGA) (2019, a) and the *National Statement on Ethical Conduct in Human Research* (2007). The TGA has a robust regulatory and legislative environment which ensures that “therapeutic goods” including pharmaceuticals (drugs) are safe to prescribe and use in Australia (TGA, 2019, b). The TGA also has enforceable regulatory requirements concerning labelling and packaging for “medicines” (drugs) (TGA, 2019, c). Through the *Code of Conduct for Nurses*, the NMBA requires all registered nurses to practice in accordance with Australian regulations and legislation as it pertains to their practice (NMBA, 2018, b), in this case, in the identification, treatment and management of allergies and anaphylaxis whatever the source of the allergen including drugs. An allergy to a drug is considered an adverse event which can be serious as it can cause anaphylaxis. The Australian Commission on Safety and Quality in Health Care (ACSQHC) has developed various standards for the improvement of health care. “Standard 4: Medication Safety” has stated that medication errors are “the second highest reported category of incident, after falls, within health care incident monitoring systems” and that these can be prevented by “introducing safe systems and safe medication practice” (ACSQHC, 2012, 12). Standard 4 goes on to outline detailed actions to be taken to ensure “medication safety” including adequate capturing and recording of drug allergies, for example, action 4.7.3. ACN endorses the ACSQHC approach as outlined in Standard 4.

This brief explanation of the complex interactions between food and drug safety and labelling and the highly individualistic nature of food and drug allergies suggests that there are adequate systems in place to identify, treat and manage anaphylaxis: the problem is they are not sufficiently integrated.

ACN has made suggestions in relation to Terms of Reference number 3 below for the use of technology to develop this integration, for example, with the ‘My Health Record’ system.

### **3. The adequacy and consistency of professional education, training, management/treatment standards and patient record systems for allergy and anaphylaxis**

Education in the area of allergies and anaphylaxis for professionals is variable. Likewise, there is a need for education for patients and consumers to counter the misinformation surrounding allergies and treatment options. The Australasian Society of Clinical Immunology and Allergy (ASCIA) states that some food allergies can be outgrown although not all of them (ASCIA 2019, c). Registered nurses working in primary and community care, for example, as school nurses, see the results of the problems with allergies and anaphylaxis on an almost daily basis. These nurses work with families and school teachers to conduct education programs, for instance, in the correct use of EpiPen’s used to treat anaphylaxis and how to modify diets to incorporate food allergies and sensitivities.

In addition, ACN is actively involved in the development and promotion of digital health records as a means of enhancing health care for all, for example, through its Membership of the Board of the Australian Digital Health Agency (2019). Notwithstanding the ethical and legal issues of privacy and confidentiality, ACN suggests that consideration be given to inclusion of food allergies as well as drug allergies in the My Health Record system as a means of reducing potentially fatal adverse events to allergens, including drugs. ACN is pleased to offer the expertise of its many Members and Fellows in developing such an initiative.

#### **4. Access to and cost of services, including diagnosis, testing, management, treatment and support**

In Australia, access to health care in general is not equitable, with people in rural and remote areas experiencing reduced access in comparison to those in metropolitan areas (ACN, 2018; Australian Institute of Health and Welfare, 2017; Strategy, 2015, 9). Both the evidence from the Strategy and other anecdotal reports, demonstrates that patients with allergic conditions are often faced with extensive wait-times for expert allergy care, regardless of rural or metropolitan location (NewsComAu, 2010; Strategy, 2015, 8). The Strategic Action Plan – Goal 2 of the Strategy concerns ways to improve “access to care”. Included in its recommendations are increased involvement of registered nurses, in rural and remote locations (Strategy, 2015, 17-18). As noted above in General Comments, “Allergy nurses” are already making a substantial contribution to care in that role.

ACN is of the view that access to health services could be greatly improved with the utilisation of nurses as specialist practitioners. For example, child and family health nurses are integral to supporting families across Australia, with their influence known to improve child health and developmental outcomes (Schmied et al, 2014). ACN argues that access to expert allergy care could be significantly improved through funding for increased numbers of advanced practice nurses, ideally as nurse practitioners: nurses who are specifically trained in this specialist area of care. As highly skilled, experienced and trusted practitioners, nurses are well-placed to deliver and coordinate allergy care within health care facilities and in the wider community. As noted above in the General Comments section, this is supported by ASCIA within the Strategy, which recommends the development of allergy nurse practitioner roles and allergy nurse roles, as well as the implementation of nurse-led interventions and clinics (ASCIA, 2015, 17-18).

Furthermore, given that children often experience acute allergic reactions away from home (Vale et al, 2015), there is a particular need for allergy expertise within schools. The prevalence of school nurses varies across Australia, yet in the schools where they are employed, they play an important role in managing allergies (ANMF, 2019). ACN recommends that school nurses should be a presence in most schools in Australia, with their expertise extending far beyond the management of allergies.

#### **5. Developments in research into allergy and anaphylaxis including prevention, causes, treatment and emerging treatments (such as oral immunotherapy)**

Currently there are some evidence-based treatments available, such as immunotherapy for some allergens (such as those that cause allergic rhinitis). This is often administered in general practice settings by nurses under the direction of a general practitioner, following the development of a treatment plan by an allergy specialist.

It is a theme reflected in the Strategy that the incidence and complexity of allergies and anaphylaxis is not well understood: neither are there sufficient numbers of properly educated and resourced health care practitioners to deliver the care we know is required across all sectors of the health care system. Strategic Action Plan – Goal 3 of the Strategy notes that the role of registered nurses can be expanded and further developed as a means of addressing current inadequacies, for example, “upskilling” of nurses such as “practice nurses” (Strategy, 2015, 17-18). (See too further nursing role expansion and development as outlined above in General Comments).

Nurses constitute the majority of the health care workforce (Australian Health Practitioners Regulatory Agency, 2017-18) and have a demonstrated record of research excellence in the production of research and its translation into practice (Collegian, 2019).



ACN argues that funding for more research into the role of registered nurses who are already delivering care for allergies and anaphylaxis prevention and treatment, needs to be markedly increased to determine evidence-based approaches to the expansion of the nursing role.

## **6. Unscientific diagnosis and treatments being recommended and used by some consumers**

It is becoming apparent that allergy sufferers are seeking alternative testing and treatment for allergic disorders (ASCIA, 2017), perhaps in response to lack of access. There is a great deal of confusion too as to whether an individual is experiencing symptoms or side effects rather than exhibiting an allergic response (Strategy, 2015, 6 & 10). The use of diagnostic tools and treatments that are not supported by evidence is of significant concern, undoubtedly placing the public at risk. The issue of immunisation and the phenomena of “vaccine hesitancy” causing reduction in vaccine uptake, has parallels to allergy and anaphylaxis.

The World Health Organisation has found that decisions to refuse vaccination despite its availability are highly contextual and that health provider recommendations are effective in overcoming that hesitancy because “health workers remain the most trusted advisor and influencer of vaccination decisions” (WHO, 2019; WHO, 2014, 50, 135). As with immunisation, the care and advice expert nurses give in regard to allergy treatment and prevention is key to developing successful strategies aimed at reducing anaphylaxis and other adverse side effects.

ACN suggests that increased involvement of nurses in advising, treating and managing food and drug allergies as well as anaphylaxis is likewise a highly effective strategy to minimise the incidence of allergies and its management. Approaches to increase nurse’s involvement are outlined in the Strategy as noted above in General comments (“allergy nurses” and Nurse Practitioners) and as discussed in relation to school nurses (see Terms of Reference #2 above).

## **7. The impact of unnecessary drug avoidance due to unconfirmed drug allergies and its management, such drug allergy ‘de-labelling’**

Drug allergy ‘labelling’ is a matter that is of concern to nurses as they are the group of health care professionals who deliver the majority of direct patient care, particularly medication administration. The consequences of exposure in drug allergy are very serious and can be fatal. It is thus vital that drug allergies are accurately and consistently communicated to all health care workers.

Unfortunately, the recording and communication of drug allergies is subject to inconsistencies and misinformation and can be confused with side effects, which are often self-reported (Lucas, Loh and Smith, 2018). This can lead to unnecessary avoidance of important and useful drugs (Lucas, Loh and Smith, 2018), and contributes to antibiotic resistance due to inappropriate use of alternative antibiotics (du Plessis et al, 2019). Antibiotic resistance presents a considerable threat to public health (ACSQHC, 2014) and is an important consideration that must not be overlooked.

ACN supports the concept of drug allergy ‘de-labelling’, whereby a patient with a perceived drug allergy receives a comprehensive review of their allergy status. There is an evident need for consistent, national management and treatment standards for drug allergy in Australia. ACN suggests that this could begin with the development of an Allergy/Anaphylaxis Clinical Care Standard by the Australian Commission on Safety and Quality in Health Care (ACSQHC). Other strategies to enhance care and prevent anaphylaxis include recording of drug and food allergies in a central easily



accessed location. An example of how this could occur is the Australian Immunisation Register (AIR). AIR collects data about government funded and privately purchased vaccinations across the life span (AIR, 2019). When combined with other data sources such as developments in e-health records (for example, My Health), and disease surveillance, current programs can be strengthened and modified. The AIR model could be adapted to develop similar recording systems for food and drug allergies with a view to preventing or diminishing life threatening anaphylaxis and other adverse reactions.

### **Conclusion**

ACN always advocates for care delivery based on adherence to current evidence and best-practice standards for nurses and all health care professionals. Nurses play an important role in the diagnosis and management of food and drug allergies and anaphylaxis in the community. ACN would welcome a strengthening of nursing's role and increased funding for research opportunities. This would lead to further contributing to better knowledge and practice in the diagnosis and management of allergies and anaphylaxis.

ACN is the pre-eminent and national leader of the nursing profession and a community of dynamic and passionate nurses. We are committed to our intent of advancing nurse leadership to enhance the health care of all Australians.

ACN is pleased to contribute to the health of the Australian community through its response to this inquiry. We welcome the opportunity to contribute further to developing ongoing strategies, and any research and education approaches which address the alarming increase in food and drug allergies in Australia.



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