

Anaphylaxis / Severe Allergic Reaction Guidelines



These guidelines have been developed to:

- Raise awareness about severe allergies and anaphylaxis in the Little Athletics community.
- Outline the roles and responsibilities of those within the Little Athletics community when it comes to the support of Little Athletes at risk of severe and sudden allergic reactions.

What is Anaphylaxis?

Anaphylaxis is a severe and sudden allergic reaction that is potentially life threatening. It can occur when a susceptible person is exposed to an allergen (such as a food or insect sting). The severe allergic reaction is known as anaphylactic shock because the body develops severe shock after the allergen enters the body. Anaphylaxis must be treated as a medical emergency, requiring immediate treatment and urgent medical attention.

What causes Anaphylaxis?

Certain foods and some stings are the most common causes of anaphylaxis.

Nine foods cause 90% of food allergic reactions in Australia and can be common causes of anaphylaxis.

These are:

- Peanuts
- Tree nuts (e.g. hazelnuts, cashews, almonds)
- Egg
- Cow's milk
- Wheat
- Soy
- Fish
- Crustacea (e.g. lobster, prawn)
- Sesame

Other common allergens include:

- Some insect stings (e.g. bee, wasp, jack jumper ants)
- Some medications (e.g. antibiotics, aspirin, anesthesia),
- Latex (e.g. rubber gloves, balloons, swimming caps)

Signs & Symptoms

The symptoms of a mild to moderate allergic reaction can include: -

- Swelling of the lips, face and eyes
- Hives, welts or body redness
- Tingling of the mouth
- Abdominal pain, nausea and/or vomiting

The symptoms of a severe allergic reaction (ANAPHYLAXIS) can include: -

- Difficulty breathing and/or noisy breathing
- Swelling of the tongue
- Swelling/tightness in the throat
- Difficulty talking and/or a hoarse voice
- Wheezing or persistent coughing
- Loss of consciousness and/or collapse
- Young children may appear pale and floppy

Symptoms usually appear within minutes to two hours of exposure to an allergen.

Treatment of Anaphylaxis?

- Stay with the individual and ensure total rest.
- Call 000 or mobile 112 for an ambulance if the victim is known to have an allergy problem or if the reaction involves any breathing difficulty.
- Follow instructions on the Anaphylaxis Action Plan. Children diagnosed as being at risk of anaphylaxis are prescribed adrenaline in an auto-injector commonly known as an “EpiPen”. The EpiPen is designed so that any lay person can use them in an emergency. The adrenaline is given as an injection into the muscle of the outer mid-thigh. The instructions are on the Anaphylaxis Action Plan which each child at risk must have.
- While waiting for the ambulance to arrive, observe the individual closely and be prepared to begin resuscitation if necessary.

NOTE: Severe allergic reactions or anaphylaxis can occur when there is no history of known allergies. This situation should be treated as any other emergency. An ambulance should be called and first aid provided until expert help arrives.

Management of Anaphylaxis at Little Athletics Activities

- It is the responsibility of the parent to notify the Little Athletics centre and/or relevant officials that their child is at risk of an anaphylactic reaction. Parents need to supply the child’s up-to-date medical information, including an Anaphylaxis Action Plan signed by their treating doctor. This action plan includes the child’s photo, allergen triggers, signs and symptoms of a reaction and first aid response/medication.
- The Little Athletics centre/relevant officials and parents need to work together to share information, clarify expectations and implement strategies to minimize the risk of a reaction while the child is at a Little Athletics activity.
- A parent/guardian must always be present while the child is at Little Athletics. In a residential camp or representative team situation, where the parent is not present, the duty of care is assumed by the camp staff or team management / supervisors. This needs to be clearly communicated.
- Parents / care-givers must ensure that all medication can be easily accessed during an emergency. Parents need to supply an in-date (not expired) EpiPen along with the Anaphylaxis Action Plan.
- Key LANSW camp staff or team management who will undertake the duty of care of athletes should obtain training in how to recognize and respond to an anaphylactic reaction, including administering an EpiPen.
- As agreed with the parent/s, all relevant officials, volunteers and staff should be provided with information so that they are aware of which children are at risk of anaphylaxis, their allergies, management strategies and first aid procedures. They should have a copy of the child’s Anaphylaxis Action Plan (or know where to quickly find one).
- Relevant officials should be provided with information so they can recognize the signs and symptoms of a severe allergic reaction and act according to the child’s individualized Anaphylaxis Action Plan.
- Where possible, educating an athlete’s peers about severe allergic reactions is important to gain their support for preventing exposure to allergens and to ensure that the affected athlete is protected from any teasing or provocation that may result in risk taking associated with allergens e.g. nuts.
- Canteen staff and all food providers should develop knowledge in the area of anaphylaxis and its implications on food handling practices. This should include the possibility of hidden allergens in foods and the risk of cross-contamination when preparing, handling and displaying food.
- A general ban on certain foods at Little Athletics activities is not recommended but may be put into place in specific circumstances.

More Information

More information about anaphylaxis can be found at www.allergyfacts.org.au.

References

- Anaphylaxis Australia Inc, www.allergyfacts.org.au
- Australian Red Cross; “First Aid Handbook”; Edition 2006
- NSW Department of Education & Training, “Anaphylaxis Guidelines for Schools”; 2006
- Office of School Education, Department of Education & Training, Melbourne; “Anaphylaxis Guidelines – A resource for managing severe allergies in Victorian Government Schools”; November 2006