

Anaphylaxis

What are allergies?

An allergy is when the immune system reacts to substances (allergens) in the environment which are usually harmless (e.g. food proteins, pollen, dust mites).

What is anaphylaxis?

Anaphylaxis is a severe, often rapidly progressive allergic reaction that is potentially life threatening.

What causes anaphylaxis?

Anaphylaxis is most commonly caused by food allergies. Any food can cause an allergic reaction, however nine foods cause 90% of reactions in Australia, these are:

- peanuts
- tree nuts (e.g. hazelnuts, cashews, almonds)
- egg
- cow's milk
- wheat
- soybean
- fish
- shellfish
- sesame.

Other causes of anaphylaxis include:

- insect stings and bites
- medications
- latex.

What are the signs and symptoms?

Mild to moderate allergic reaction

- swelling of lips, face, eyes
- hives or welts
- tingling mouth
- abdominal pain, vomiting (these are signs of a severe allergic reaction to insects).

Anaphylaxis (Severe Allergic Reaction)

- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- pale and floppy (young children).



Why is it important to know about anaphylaxis?

Avoidance of known allergens is crucial in the management of anaphylaxis. Schools and child care services need to work with parents/guardians and children to minimise a child's exposure to known allergens. Knowledge of severe allergies will assist staff to better understand how to help children who are at risk of anaphylaxis.

How can anaphylaxis be treated?

Adrenaline given as an injection using an autoinjector (such as an EpiPen® or Anapen®) into the outer mid thigh muscle is the most effective first aid treatment for anaphylaxis. Adrenaline autoinjectors are designed so that anyone can use them in an emergency.

Parents/guardians should provide schools or child care services with an adrenaline autoinjector and ASCIA Action Plan for their child, which should be stored unlocked and easily accessible to staff. If a child is treated with an adrenaline autoinjector, an ambulance must be called immediately to take the child to a hospital.

How can anaphylaxis be prevented?

The key to the prevention of anaphylaxis is:

- knowledge of children who are at risk,
- awareness of known allergens, and
- prevention of exposure to known allergens.

Some children wear a medical warning bracelet to indicate allergies.

Anaphylaxis management in schools or child care services

When a child known to be at risk of anaphylaxis attends a school or child care service, parents/guardians must:

- inform staff of the child's allergies
- discuss risk minimisation strategies with staff
- work with staff to complete an Individual Anaphylaxis Health Care Plan
- provide the school with a copy of the child's ASCIA Action Plan that has been completed by a medical practitioner and has an up-to-date photograph
- supply the child's adrenaline autoinjector and ensure it has not expired

It is recommended that staff involved:

- know the identity of children who are at risk of anaphylaxis
- communicate regularly with parents/guardians
- follow information contained in the child's Individual Anaphylaxis Health Care Plan
- obtain training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector
- ensure the adrenaline autoinjector is stored in an unlocked, easily accessible place
- know where the adrenaline autoinjector is located
- in the event of a reaction, follow the procedures in the child's ASCIA Action Plan

Further information:

WA Department of Health
www.health.wa.gov.au/anaphylaxis

Australasian Society of Clinical Immunology and Allergy (ASCIA)
www.allergy.org.au

Anaphylaxis Australia
www.allergyfacts.org.au

