Anaphylaxis Guidelines
And Policy
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**Anaphylaxis Management Guidelines**

**Background**
Anaphylaxis is the most severe form of allergic reaction and is potentially life threatening, which often involves more than one body system (e.g. skin, respiratory, gastro-intestinal and cardiovascular).

A severe allergic reaction or anaphylaxis usually occurs within 20 minutes to 2 hours of exposure to the trigger and can rapidly become life threatening.

It must be treated as a medical emergency, requiring immediate treatment and urgent medical attention.

The most common allergens are peanuts, eggs, tree nuts (e.g. cashews, macadamias), cow’s milk, fish and shellfish, wheat, soy, sesame and certain insect stings (particularly bee stings).

There have been reported deaths from anaphylaxis in New South Wales and Victoria. The death of a junior participant in sport in 2012, reported on in 2015, led to Skate Victoria establishing Guidelines and Policy in regards to Allergies, which outline recommendations for anaphylaxis management in clubs.

These Guidelines and Policy have been developed by Skate Victoria to assist clubs to respond effectively to Allergy Management and emergency response.

The key to prevention of anaphylaxis in clubs is knowledge of the members who have been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Partnerships between clubs, their members, and parents/guardians of junior members are important in helping the individual avoid exposure.

**Principles**

Skate Victoria and its members are committed to:

- providing, as far as practicable, a safe and supportive environment in which members at risk of anaphylaxis can participate equally in all aspects of the sport;
- raising awareness about allergies and anaphylaxis in the sporting community;
- actively involving the members and parents/guardians of junior members of each member at risk of anaphylaxis in assessing risks, developing risk minimisation and management strategies for the member;
- ensuring that an adequate number of club members have an understanding of the causes, signs and symptoms of anaphylaxis and of their role in the club’s emergency response procedures.

The key to the prevention of anaphylaxis in clubs is awareness of known allergens and prevention of exposure to known allergens. Achieving this requires education and planning. This resource has been developed to assist clubs in achieving ‘allergy awareness’ to support the member with severe allergies.

**Understanding roles and responsibilities**

Club committees, Coaches, Volunteers, members and parents/guardians of junior members have important and differing roles and responsibilities in managing anaphylaxis in clubs. These responsibilities need to be identified and communicated.

Even in clubs where no member has been diagnosed as being at risk of anaphylaxis, clubs are advised to ensure that committee, coaches and volunteer members, responsible for first aid, have the knowledge and skills to respond to an anaphylaxis emergency. It is possible that a member who has not been previously diagnosed will have their first anaphylactic reaction at the club.

Clubs have a duty of care to provide safe opportunities for members of all abilities, regardless of any medical conditions, disabilities or allergies they may have. It is important that members with medical conditions or allergies are not unnecessarily excluded from participating in activities, and that reasonable steps are taken to accommodate their needs.

**Members or parents/guardians of a junior member at risk of anaphylaxis**

Members or parents/guardians of a junior member at risk of anaphylaxis are encouraged to assist clubs in providing a safe environment for themselves or their child.

**Members or Parents/guardians should:**

- Inform the club, either at sign up or diagnosis, of their or their child’s allergies and whether they or their child has been diagnosed as being at risk of anaphylaxis (e.g. provide an ASCIA Action Plan completed by their or their child’s medical practitioner).
- Meet with the club’s committee and/or coach to develop their or their child’s Individual Anaphylaxis Health Care Plan. It should include an ASCIA Action Plan completed by their or their child’s medical practitioner.
• Inform the club’s committee, coaches and volunteer staff of all other relevant information and concerns relating to their health or the health of their child.

• Provide the adrenaline autoinjector and any other medications to the club.

• Replace the adrenaline autoinjector and any other medications before the expiry date. It is advisable to check expiry dates at least every six months.

• Alert volunteers to the additional risks associated with non-routine events and assist in planning and preparation for the member prior to external events like travel scrimmages/bouts, bootcamps, and in club activities such as sausage sizzles, bake sales or birthday celebrations.

• For members with food allergy:
  • supply alternative food options for the member when needed.
  • educate the member about only eating food provided from home. It is important to reinforce that the member should not share food with another member.
  • educate the member about the responsibility of carrying their own adrenaline autoinjector and the need to have their medication available at all times.

• Inform volunteers of any changes to the member’s emergency contact details.

• Participate in annual reviews of the member’s Individual Anaphylaxis Health Care Plan.

• Provide the club committee with an immediate update if there is a change to their plan or their child’s condition.

**Club Committees**

The Club’s Committee has an overall responsibility for implementing strategies and processes for ensuring a safe and supportive environment for their members at risk of anaphylaxis.

**Club Committees should:**

• Actively seek information to identify a member with severe life threatening allergies at sign up of membership.

• Meet with member or parents/guardians of a junior member to develop an Individual Anaphylaxis Health Care Plan for the member.

• Request that members or parents/guardians of a junior member provide an ASCIA Action Plan that has been completed by the member’s medical practitioner and has an up to date photograph of the member.

• Ensure that the member or parents/guardians of a junior member provides an adrenaline autoinjector.

• Ensure that an adequate number of volunteers are trained in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector. This should also include regular practice using adrenaline autoinjector training devices (e.g. at least twice yearly).

• Provide information to all volunteers (including coaches, referees, NSOs, new volunteer, first aid providers and visiting skaters) so that they are aware of the member who is at risk of anaphylaxis, the member’s allergies, the club’s risk minimisation strategies and emergency response procedures. This can include providing copies or displaying the member’s ASCIA Action Plan in training venues taking privacy into consideration and subject to parent/guardian agreement for junior members.

• Ensure that there are procedures in place for informing casual volunteer of the member at risk of anaphylaxis and the steps required for prevention and emergency response. This should include visitors (e.g. guest coaches/skaters).

• Liaise with the club’s food service provider (where an external contractor is responsible for any catering), to ensure that the provider can demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling practices.

• Encourage ongoing communication between members or parents/guardians of a junior member and volunteers about the current status of the member’s allergies, the club’s procedures/strategies and their implementation.

• In consultation with members or parents/guardians of a junior member, review the member’s Individual Anaphylaxis Health Care Plan annually, after a severe allergic reaction or if the member’s circumstances change.

• Work with volunteers to conduct regular reviews of risk minimisation strategies.

• Work with volunteers to develop strategies to increase awareness about severe allergies amongst club volunteers, members and the sporting community.
Volunteers responsible for the care of the member at risk of anaphylaxis

Coaches and other support volunteers who are responsible for the care of the member at risk of anaphylaxis are encouraged to obtain training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector. This may include assistant coaches, referees, NSOs, canteen volunteer and casual volunteers.

Volunteers should:

- Know the identity of the member in their care who is at risk of anaphylaxis.
- Understand the causes, symptoms, and treatment of anaphylaxis.
- Consider undertaking training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector.
- Know the club’s first aid emergency procedures and their role in relation to responding to an anaphylactic reaction.
- Keep a copy of the member’s ASCIA Action Plan (or know where to find one quickly) and ensure it is followed in the event of an allergic reaction.
- Know where the member’s adrenaline autoinjector is kept and that it is not out of date. Remember that the adrenaline autoinjector is designed so that anyone can administer it in an emergency.
- Know the risk minimisation strategies in the member’s Individual Anaphylaxis Health Care Plan and ensure they are followed.
- Plan ahead for special events like travel scrimmages/bouts, bootcamps, and in club activities such as sausage sizzles, bake sales or birthday celebrations.
- Work with members or parents/guardians of a junior member to provide appropriate food for the member.
- Avoid the use of food treats in training or as rewards, as these may contain hidden allergens. Non-food rewards are recommended. Work with member or parents/guardians of a junior member to provide appropriate treats for the member.
- Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons.
- Consider the risk of cross-contamination when preparing, handling and displaying food, especially at sausage sizzles and bake sales.
- Ensure that tables and surfaces are wiped down regularly and that members wash their hands before and after handling food.
- Raise member awareness about severe allergies and the importance of their role in fostering a club environment that is safe and supportive for their peers.

First aid volunteers

Club based first aid volunteer can take a lead role in supporting the club’s committee and volunteers to implement risk minimisation strategies for the club.

First aid volunteer can support members at risk of anaphylaxis by:

- Keeping an up-to-date register of members at risk of anaphylaxis.
- Obtaining training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector.
- Checking every six months that the adrenaline autoinjector is not discoloured or out of date.
- Ensuring that the adrenaline autoinjector is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place, and that it is appropriately labelled. In hot climates, the adrenaline autoinjector should be stored in a small esky or similar container, but not refrigerated.
- Supporting the implementation of risk minimisation strategies.
- Assisting in health care planning for the individual and development of systems/processes for managing first aid.
- Supporting training in recognising and responding to an anaphylactic reaction, including administering an adrenaline autoinjector.
Determine what allergies you need to manage
It is important to obtain medical information from members or parents/guardians of a junior member about allergies and risk of anaphylaxis. This information can be recorded using an Individual Anaphylaxis Health Care Plan, which incorporates the student’s ASCIA Action Plan. These forms can be accessed from the ASCIA website www.allergy.org.au

Individual Anaphylaxis Health Care Plans
Every member who has been diagnosed as being at risk of anaphylaxis should have an Individual Anaphylaxis Health Care Plan. As a member’s allergies may change over time, it is important for clubs to ensure that the member’s Individual Anaphylaxis Health Care Plan and ASCIA Action Plan are kept current and reviewed annually with the member or parents/guardians of a junior member. When reviewed, members or parents/guardians of a junior member should also provide an updated photo of the member on the ASCIA Action Plan.
A copy of the member’s ASCIA Action Plan should be kept in various locations, such as in the member’s file, the training venue and the training first aid kit. It should be visible and/or easily accessible by volunteers in the event of an incident taking privacy into consideration. Remember a copy of the ASCIA Action Plan must also be kept with the adrenaline autoinjector.

When are members most at risk?
Members are most at risk when:
•  their routine is broken (e.g. external/travel scrimmages/bouts, fundraising events, bootcamps);
•  they are training outdoors;
•  immediate access to medical services is not available;
•  volunteer changes occur (e.g. guest coaching and visiting skaters);
•  participating in activities involving food (e.g. birthday celebrations, sausage sizzles, bake sales).
Recorded deaths from anaphylaxis have most often occurred in situations where the emergency medication has not been readily available and/or has not been administered as soon as possible. Therefore, it is important at these times when the member is most at risk, suitable strategies are in place to ensure a timely response to an anaphylactic reaction.

Assess the risk of allergen exposure
It is important to assess the likelihood of exposure to known allergens. The key to the prevention of anaphylaxis is the identification of allergens and prevention of exposure to these allergens. For the member who has been diagnosed with a severe allergy, there is a range of practical prevention strategies that clubs can implement to minimise exposure to known allergens.

When considering appropriate prevention strategies, clubs should take into account factors such as the allergen involved, the age of the member and the severity of the allergy (based on information provided by the member or the parent/guardian of a junior member from the member’s medical practitioner).
A range of practical strategies for at training and away events settings are set out in the Anaphylaxis Management Policy. It is particularly important to have procedures in place for informing casual volunteers involved with the member at risk of anaphylaxis and the steps required for prevention and emergency response. A designated volunteer should have responsibility for briefing new volunteers and visitors (including coaches, referees, NSOs, new volunteer, first aid providores and visiting skaters) about the member at risk of anaphylaxis and the club’s procedures and prevention strategies.

‘Allergy aware’ versus ‘nut-free’
Given the number of foods to which the member may be allergic, it is not possible to remove all allergens. It is better for clubs to become aware of the risks associated with anaphylaxis and to implement practical, age appropriate strategies to minimise exposure to known allergens.
In communicating the club’s strategies to members, it is important that clubs do not promote that they either ‘ban nuts’ or are ‘nut-free’ – being ‘allergy aware’ is a more appropriate term. Minimising the allergen is one of several strategies that can be implemented to reduce the risk.
Promoting a club as ‘nut-free’ is not recommended for the following reasons:

- it is impractical to implement and enforce;
- there is no evidence of effectiveness;
- it does not encourage the development of strategies for avoidance in the wider sport community;
- it may encourage complacency about risk minimisation strategies (for volunteers, members and parents/guardians) if a food is banned.

Whilst clubs are advised not to claim to be ‘nut-free’, minimising exposure to particular foods such as peanuts and tree nuts can reduce the level of risk. This can include removing nut spreads and products containing nuts from being brought to training, but does not include removing products that ‘may contain traces’ of peanuts or tree nuts.

Train volunteers and plan emergency response

Volunteers need to know how to recognise, treat and prevent anaphylaxis, where medications are stored and emergency response procedures to effectively manage anaphylaxis.

Volunteer training

It is important for clubs to plan first aid and emergency response procedures for at training and away event settings that allow volunteers to react quickly should an anaphylactic reaction occur.

Volunteers should receive regular training in the recognition, treatment and everyday management of those at risk of anaphylaxis.

For more information visit the ASCIA website www.allergy.org.au

Responding to an incident

Where possible, only volunteers with training in the administration of an adrenaline autoinjector should administer the device. However, adrenaline autoinjectors are designed for anyone to use and in the event of an emergency it may be administered by any person, following the instructions in the member’s ASCIA Action Plan.

If a member has a severe allergic reaction, but has not been previously diagnosed with the allergy or as being at risk of anaphylaxis, the following action should be taken:

- If the club does not have an adrenaline autoinjector for general use, 000 should be called immediately. Follow any instructions given by emergency services, as well as the club’s first aid emergency procedures.
- If the club has an adrenaline autoinjector for general use, a volunteer can administer the adrenaline following the instructions on the General ASCIA Action Plan (orange) stored with the device.
- If an adrenaline autoinjector is used, volunteers must call an ambulance and the used adrenaline autoinjector should be given to ambulance staff.
- If an ambulance service is not immediately available (e.g. rural and remote settings), the club's committee should arrange for the member to be transported to a health service or medical practitioner. Ideally, two people should travel with the member, one to drive and the other to monitor the health of the member. Parents/guardians of a junior member should also be advised of the incident as soon as possible.

Post-incident support

Clubs must complete incident reporting documentation as required by Skate Victoria. Further to this, clubs should consider that an anaphylactic reaction can be a very traumatic experience for the member, volunteers, others witnessing the reaction, and parents/guardians. In the event of an anaphylactic reaction, members and volunteers may benefit from a debriefing provided, for example, by the club's first aid volunteer.

Communicate with the sporting community

Communicating with volunteer, members and parents/guardians of junior members is essential in successfully managing anaphylaxis in clubs.

It is important to work with the whole sporting community to better understand how to provide a safe and supportive environment for all members, including the member with severe allergies.
Raising member awareness
Peer support and understanding is important for the member at risk of anaphylaxis. Volunteers can raise awareness in clubs through fact sheets or posters displayed at training venues, club online forums and social media pages. Coaches and officials can discuss the topic with members at training session, with a few simple key messages:
- always take allergies seriously – severe allergies are no joke;
- don’t share your food with friends who have food allergies or pressure them to eat food that they are allergic to;
- not everyone has allergies – discuss common symptoms;
- wash your hands before and after eating;
- know what your friends are allergic to;
- if a team mate becomes sick, get help immediately;
- be respectful of a club’s medical kit.

It is important to be aware that the member at risk of anaphylaxis may not want to be singled out or be seen to be treated differently.

Bullying
Be aware that bullying of a member at risk of anaphylaxis can occur in the form of teasing, tricking a member into eating a particular food or threatening a member with the substance that they are allergic to, such as peanuts/grass/aerosols. Talk to members so they are aware of the seriousness of an anaphylactic reaction.
It is recommended that any attempt to harm a member at risk of anaphylaxis with an allergen be treated as a serious and dangerous incident and treated accordingly. Clubs can refer to relevant policies related to behaviour management and strategies for dealing with bullying situations.

Work with member or parents/ guardians of the junior member at risk of anaphylaxis
Members or parents/guardians of a junior member who is at risk of anaphylaxis may experience high levels of anxiety about being at training and/or away events or sending their child to training and/or away events.
It is important to encourage an open and cooperative relationship with members or parents/guardians of a junior member so that they can feel confident that appropriate risk minimisation strategies are in place.
Additional to implementing risk minimisation strategies in clubs, the anxiety that members, parents/guardians of a junior member and the member may feel can be considerably reduced by keeping them informed of the increased education, awareness and support from the sporting community.

Engage the broader sporting community
Clubs can raise awareness about anaphylaxis in the sporting community so that members and parents/guardians of all junior members have an increased understanding of the condition.
Posters, fact sheets and brochures can be downloaded from the ASCIA website www.allergy.org.au

Privacy considerations
It is important to be aware that some member or parents/guardians of a junior member may not wish their or their child’s identity be disclosed to the wider sporting community, this may also apply to the junior member themselves.
It is recommended that this be discussed with the member or junior member’s parents/guardians and written consent obtained to display the member’s name, photograph and relevant treatment details in training areas, canteens and/or other away areas.

Review and assess management strategies
Procedures and strategies need to be reviewed each year as well as after a member has experienced a severe reaction while in the club’s care.
Review management processes
If a member has experienced an anaphylactic reaction:

- the adrenaline autoinjector (if used) must be replaced by the member or parent/guardian of a junior member before the member returns to training.
- the club should review the member’s Individual Anaphylaxis Health Care Plan and ASCIA Action Plan with the member, junior member’s parents/guardians and the medical practitioner.
- appropriate steps should be taken to reassure the member and parents/guardians of a junior member which may include:
  - taking steps to avoid the member’s exposure to relevant allergen(s);
  - closer monitoring of the member by volunteers;
  - having the member carry the adrenaline autoinjector at all times (if appropriate age and/or maturity);
  - training updates for volunteer.

Definitions
Adrenaline: Adrenaline is a natural body hormone. Adrenaline is the only known effective treatment for anaphylaxis. It works in minutes to relax breathing, maintain heart function and blood pressure.

Adrenaline autoinjector (such as an EpiPen® or Anapen®): A device that automatically delivers a single fixed dose of adrenaline and is designed for use by people without specific medical training.

Allergens: Substances that can cause an allergic reaction.

Allergy (or Allergies): Allergy is when the immune system reacts to substances (allergens) in the environment, which are usually harmless (e.g. food proteins, pollens, dust mites and insect venoms).

Anaphylaxis: A severe, rapidly progressive allergic reaction that is potentially life threatening. As death can result from anaphylaxis, it must be regarded as a medical emergency.

Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan: Provides details on how to manage mild to moderate allergic reactions and anaphylaxis including appropriate medications, as well as listing known allergens. It is important that the ASCIA Action Plan is completed by a medical practitioner.

Individual Anaphylaxis Health Care Plan: A plan completed in consultation with parents/guardians medical practitioner detailing the individual’s known allergens and risk minimisation strategies to be employed.

Anaphylaxis Resources/useful links
Department of Health Anaphylaxis website www.health.wa.gov.au/anaphylaxis
Anaphylaxis Australia Inc website www.allergyfacts.org.au
Australasian Society of Clinical Immunology and Allergy website www.allergy.org.au
ASCIA Action Plans can be accessed from www.allergy.org.au/content/view/10/3/#r1
First Aid Treatment for Anaphylaxis

This can be accessed at http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis

FIRST AID TREATMENT FOR ANAPHYLAXIS

Anaphylaxis is a severe allergic reaction and potentially life threatening. It should always be treated as a medical emergency, requiring immediate treatment. Most cases of anaphylaxis occur after a person with a severe allergy is exposed to the allergen they are allergic to (usually a food, insect or medication).

MILD TO MODERATE ALLERGIC REACTION

In some cases, anaphylaxis is preceded by signs of a mild to moderate allergic reaction:
- Swelling of face, lips and eyes
- Hives or welts on the skin
- Tingling mouth
- Stomach pain, vomiting (these are signs of a mild to moderate allergic reaction to most allergens, however, in insect allergy these are signs of anaphylaxis).

ACTION
- For insect allergy, flick out the sting if it can be seen (but do not remove ticks)
- Stay with person and call for help
- Give medications if prescribed (whilst non-drowsy antihistamines may be used to treat mild to moderate allergic reactions, if these progress to anaphylaxis then adrenaline is the only suitable medication)
- Locate adrenaline autoinjector if available (instructions are included in the ASCIA Action Plan for Anaphylaxis which should be stored with the adrenaline autoinjector)
- Contact parent/guardian or other emergency contact.

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

Continue to watch for any one of the following signs of 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 (in young children)

ACTION
- Lay person flat - if breathing is difficult, allow to sit - do not allow them to stand or walk
- Give the adrenaline autoinjector if available (instructions are included in the ASCIA Action Plan for Anaphylaxis, stored with the adrenaline autoinjector)
- Call Ambulance (Telephone 000 in Australia, 111 in New Zealand)
- Contact parent/guardian or other emergency contact
- Further adrenaline doses may be given (when an additional adrenaline autoinjector is available), if there is no response after 5 minutes.

If in doubt, give the adrenaline autoinjector.
Commence CPR at any time if person is unresponsive and not breathing normally.
If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

NOTE:
- Adrenaline is life saving and must be used promptly. Withholding or delaying the giving of adrenaline can result in deterioration and death. This is why giving the adrenaline autoinjector is the first instruction on the ASCIA Action Plan for Anaphylaxis. If cardiopulmonary resuscitation (CPR) is given before this step there is a risk that adrenaline is delayed or not given.
- In the ambulance oxygen will usually be administered to the patient by paramedics.
- Medical observation of the patient in hospital for at least 4 hours is recommended after anaphylaxis.
- Adrenaline autoinjectors available in Australia and New Zealand include EpiPen® and EpiPen® Jr.. EpiPen Jr is generally prescribed for children aged 1 to 5 years.

© ASCIA 2015 For further information on anaphylaxis visit www.allergy.org.au - the web site of ASCIA. ASCIA is the peak professional body of clinical immunology/allergy specialists in Australia and New Zealand.
**Action Plan for Anaphylaxis (general)**


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**How to give EpiPen®**

1. Form flat around EpiPen® and PULL OFF BLUE SAFETY RELEASE.

2. PLACE ORANGE END against outer mid-thigh (with or without clothing).

3. PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.

Remove EpiPen®, massage injection site for 10 seconds.

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**ACTION PLAN FOR Anaphylaxis**

**For use with EpiPen® adrenaline autoinjectors**

**MILD TO MODERATE ALLERGIC REACTION**

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

**ACTION FOR MILD TO MODERATE ALLERGIC REACTION**

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help.
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector.
- Phone family/emergency contact.

**Mild to moderate allergic reactions may not always occur before anaphylaxis**

Watch for **ANY ONE** of the following signs of anaphylaxis

**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)

**ACTION FOR ANAPHYLAXIS**

1. Lay person flat. Do not allow them to stand or walk.
   If breathing is difficult allow them to sit.
2. Give EpiPen® or EpiPen® Jr adrenaline autoinjector.
3. Phone ambulance*: 000 (AU) or 111 (NZ).
4. Phone family/emergency contact.
5. Further adrenaline doses may be given if no response after 5 minutes, if another adrenaline autoinjector is available.

**If in doubt, give adrenaline autoinjector**

Commence CPR at any time if person is unresponsive and not breathing normally.

EpiPen® is generally prescribed for adults and children over 5 years.
EpiPen® Jr is generally prescribed for children aged 1-5 years.
Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

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**IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA**

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

© ASCIA 2015. This plan was developed for use as a poster and to be stored with general use adrenaline autoinjectors.
**Anaphylaxis Management Policy**

**Background**
Anaphylaxis is the most severe form of allergic reaction and is potentially life threatening, which often involves more than one body system (e.g. skin, respiratory, gastro-intestinal and cardiovascular).

A severe allergic reaction or anaphylaxis usually occurs within 20 minutes to 2 hours of exposure to the trigger and can rapidly become life threatening.

It must be treated as a medical emergency, requiring immediate treatment and urgent medical attention.

The most common allergens are peanuts, eggs, tree nuts (e.g. cashews, macadamias), cow’s milk, fish and shellfish, wheat, soy, sesame and certain insect stings (particularly bee stings).

There have been reported deaths from anaphylaxis in New South Wales and Victoria. The death of a junior participant in sport in 2012, reported on in 2015, led to Skate Victoria establishing Guidelines and Policy in regards to allergies, which outline recommendations for anaphylaxis management in clubs.

**Purpose**
The purpose of this Policy is to:

- provide, as far as practicable, a safe environment in which members at risk of anaphylaxis can participate equally in all aspects of the sport.
- ensure that the club's committee members, coaches and support staff have knowledge about allergies, anaphylaxis and the club’s guidelines and procedures in responding to an anaphylactic reaction.
- encourage members and parents/guardians of each junior member at risk of anaphylaxis in assessing the risks and developing risk minimisation strategies for the member.
- raise awareness about anaphylaxis and the club’s anaphylaxis management policy/guidelines in the sport.

**Training and emergency response**
Club’s Committee Members, Coaches and Support Staff who have contact with the member at risk of anaphylaxis, are encouraged to undertake training in anaphylaxis management including how to respond in an emergency.

Wherever possible, training will take place before the member’s first training session at the club. Where this is not possible, an interim plan will be developed in consultation with the member and/or parents/guardians of a junior member.

The club’s first aid procedures and member’s Allergy Action Plan will be followed when responding to an anaphylactic reaction. It is recommended that members at risk use a personal ASCIA Action Plan.

At other times while the member is under the care or supervision of the club, including training with other clubs, inter-club scrim, bootcamps, fundraisers and any other event days, the Club’s Committee must ensure that there is a sufficient number of support staff present who have up to date training and know how to recognise, prevent and treat anaphylaxis.

**Communication**
The Club’s Committee will be responsible for providing information to all committee members, coaches, support staff, members and parents/guardians of junior members about anaphylaxis and development of the club’s anaphylaxis management strategies.

Any volunteers will be informed on arrival at the club if they are caring for a member at risk of anaphylaxis and their role in responding to an anaphylactic reaction.

**Individual Anaphylaxis Health Care Plans**
The Club’s Committee will ensure that an Individual Anaphylaxis Health Care Plan is developed in consultation with the members or parents/guardians of a junior member, for any member who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Health Care Plan will be in place as soon as practicable after the member has joined the club and where possible before their first day of attendance at the club.
The member’s Individual Anaphylaxis Health Care Plan will be reviewed, in consultation with the member or parents/guardians of a junior member:

- immediately after the member has an anaphylactic reaction;
- if the student’s condition changes;
- annually, and as applicable.

It is the responsibility of the member or parent/guardian of a junior member to:

- provide an Individual Anaphylaxis Action Plan completed by the child’s medical practitioner with a current photo. We recommend using the personal ASCIA Action Plan.
- inform the club if they or their junior member’s medical condition changes, and if relevant provide an updated Individual Anaphylaxis Action Plan.

Risk Minimisation

The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them. The club can employ a range of practical prevention strategies to minimise exposure to known allergens. The table below provides examples of risk minimisation strategies.

<table>
<thead>
<tr>
<th>Setting</th>
<th>Considerations</th>
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<tr>
<td>Training sessions</td>
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- Display a copy of the members ASCIA Action Plan at the venue.
- Liaise with members and parents/guardians of junior members about food related activities ahead of time.
- Use non-food treats where possible. If food treats are used in training, it is recommended that members and parents/guardians of a junior member provide a box of safe treats for the student at risk of anaphylaxis. Treat boxes should be clearly labelled. Treats for the other members in the training session should be consistent with the club’s allergen minimisation strategies.
- Never give food from outside sources to a member who is at risk of anaphylaxis.
- Be aware of the possibility of hidden allergens e.g. egg or milk cartons.
- Have regular discussions with members about the importance of washing hands, eating their own food and not sharing food.
- Guest coaches and casual volunteers should be provided with a copy of the member’s ASCIA Action Plan. |
| Canteens        |  
- If clubs use an external/contracted food service provider, the provider should be able to demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling.
- With permission from members and parents/guardians of a junior member, canteen staff (including volunteers), should be briefed about members at risk of anaphylaxis, preventative strategies in place and the information in their ASCIA Action Plans. With permission from members and parents/guardians of a junior member, some clubs have the members name, photo and the foods they are allergic to, displayed in the canteen as a reminder to staff.
- Liaise with members and parents/guardians of junior members about food for the member.
- Food banning is not recommended, however some clubs may choose not to stock peanut and tree nut products (including nut spreads) as one of the club’s risk minimisation strategies.
- Products labelled ‘may contain traces of peanuts/tree nuts’ should not be served to the member known to be allergic to peanuts/tree nuts.
- Be aware of the potential for cross contamination when storing, preparing, handling or displaying food.
- Ensure tables and surfaces are wiped clean regularly. |
| Outdoor activities |  
- The member with anaphylactic responses to insects should wear shoes at all times.
- The member should keep open drinks (e.g. drinks in cans) covered while outdoors.
- Volunteers trained to provide an emergency response to anaphylaxis should be readily available during outdoor activities and the adrenaline autoinjector should be easily accessible from the outdoor area.
- It is advised that clubs develop a communication strategy for any outdoor activities in the event of an anaphylactic emergency. Volunteers on duty need to be able to communicate that there is an anaphylactic emergency without leaving the member experiencing the reaction unattended. |
### Events
- For special occasions, the club committee and coaches should consult members or parents/guardians of a junior member in advance to either develop an alternative food menu or request the member or parents/guardians of a junior member to send a meal for the member.
- All members should be informed in advance about foods that may cause allergic reactions in members at risk of anaphylaxis as well as being informed of the club’s allergen minimisation strategies.
- Party balloons should not be used if a member is allergic to latex.
- Volunteers must know where the adrenaline autoinjector is located and how to access if it required.
- Clubs should avoid using food in activities or games, including rewards.

### Off-site events
- The member’s adrenaline autoinjector, ASCIA Action Plan and means of contacting emergency assistance must be taken on all off site activities. If the weather is warm, the autoinjector should be stored in an esky to protect it from the heat.
- One or more club members who have been trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector should accompany the member on off-site events. All volunteers present during the event need to be aware if there is a member at risk of anaphylaxis.
- Clubs should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.
- The club should consult members and parents/guardians of a junior member in advance to discuss issues that may arise, to develop an alternative food menu or request the member or parent/guardian of a junior member to send a meal (if required).
- Parents/guardians of junior members may wish to accompany their child on off-site events.
- Consider the potential exposure to allergens when consuming food on buses/while travelling.

### Off-site Travel
- When planning travel training, scrimmages and bouts, a risk management plan for the member at risk of anaphylaxis should be developed in consultation with member or parents/guardians of a junior member and the clubs travel volunteers.
- Accommodation providers and airlines should be advised in advance of any member with food allergies.
- Volunteers should liaise with member and parents/guardians of junior members to develop alternative menus or allow members to bring their own meals.
- Use of other substances containing allergens (e.g. soaps, lotions or sunscreens containing nut oils, aerosoles) should be avoided.
- The member’s adrenaline autoinjector and ASCIA Action Plan and a mobile phone must be taken while travelling.
- A team of volunteers who have been trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector should accompany the member on travel events. However, all volunteers present need to be aware if there is a member at risk of anaphylaxis.
- Clubs should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.
- The adrenaline autoinjector should remain close to the member at risk of anaphylaxis and volunteers must be aware of its location at all times. It may be carried in the club first aid kit, although clubs can consider allowing members, to carry it on their person. Remember, volunteers still have a duty of care towards the member even if they carry their own adrenaline autoinjector.
- The member with allergies to insect venoms should always wear closed shoes when outdoors.
- Consider the potential exposure to allergens when consuming food on buses/airlines and in accommodation venues.
Acknowledgements/References

Department of Health Western Australia website www.health.wa.gov.au
Australasian Society of Clinical Immunology and Allergy website www.allergy.org.au
www.athleticsireland.ie
www.allergy.org.au
www.vinsurancegroup.com
Sports medicine Australia www.sma.org.au

Document Revision History

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<tr>
<th>Date</th>
<th>Description</th>
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<tr>
<td>18 September 2015</td>
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