

What is anaphylaxis and how common is it?

Allergic reactions are common and occur as a result of many substance triggers in our environment. Most reactions produce symptoms, which are mild and although bothersome, they are seldom serious.

The most severe and sudden form of reaction, though, is called anaphylaxis.

Anaphylaxis occurs soon after exposure to the trigger. These reactions are serious and even life threatening.

Approximately 1 in 200 children will experience an anaphylactic reaction at some time.

What are the triggers?

Virtually any substance can trigger reactions in susceptible individuals. The common triggers of anaphylaxis INCLUDE:

- Food: usually cows milk; nuts; eggs; fish; shell fish; but can include any food and some additives such as preservatives
- Insect venom: e.g. bees; wasps; jumper ants
- Medication: usually prescribed medication but can also be natural and herbal products

Can anaphylaxis be prevented?

If the trigger is known, anaphylaxis can usually be prevented. However, accidental exposure to triggers can still occur despite all precautions and in a small number of children the trigger may not have been identified. The child and all home/school carers need to be educated on how to avoid specific triggers.

How can an anaphylaxis reaction be recognized?

Common symptoms include the following:

❖ Skin

A red, raised and itchy rash
Swelling of the face and/or body

❖ Breathing

Persistent cough
Noisy breathing
Hoarse voice
Difficulty talking or swallowing
Struggling for breath
Blue tongue and lips

❖ Bowel

Stomach cramps
Urge to pass stool

❖ Heart

Fast Pulse
Limb pulses not felt
Collapse + loss of consciousness

The most dangerous reactions involve a combination of breathing and the heart.

Most children experiencing anaphylactic reactions have more than one symptom, e.g. skin rash with cough.

What action should be taken if a child is experiencing an anaphylactic reaction?

Call an ambulance **000** or get the child to hospital or nearest medical facility.

Children who have had previous reactions should have an Anaphylaxis Action Plan to be followed when a reaction occurs. In the case of these children, the Action Plan may advise seeking emergency care even if symptoms have not yet developed.

What's an ANAPHYLAXIS action plan?

A plan provided by the doctor to the parents of a child who has had a previous anaphylactic reaction. It outlines exactly what is to happen if inadvertent exposure to the trigger occurs or symptoms of anaphylaxis develop. This plan must be given to all carers entrusted with the care of the child including centre or school staff.

What is the treatment?

Severe reactions are treated with an injection of adrenalin. Anaphylactic reactions may be worse if there is a delay in use of adrenalin. Antihistamines and inhaled asthma medications may be used if adrenalin is not available.

Is injectable adrenalin over prescribed for first aid use by carers?

In children who have had a previous severe anaphylactic reaction, injectable adrenalin can be prescribed by the doctor, for first aid use by carers. It is administered by an automatic injector device called an *EpiPen*, for use by non-medical carers. An action plan will always give you details on when and how the adrenalin should be given.

What do I need to know if I have a child or am the carer of a child who has had a previous anaphylactic reaction?

- What are the triggers, if any?
- Do you know how the trigger can be avoided?
- Can you recognize the symptoms of anaphylaxis?
- Has the school been informed?
- Do you and the school have an emergency action plan?
- Has it been recorded who will carry out the Emergency Action Plan and the daily Health Care Plan?
- Do you know when and how to give any prescribed medication in the case of an emergency?

The following items are examples of food products that are nut free:

Fresh fruit and salads
Dried apricots, banana chips
Sandwiches or wraps – vegemite, cheese, cold meats, salads
Kraft Premium Original biscuits
Real Foods Corn Thins

These foods are not to be brought to school:

Peanuts
Tree nuts. E.g. almonds cashews, hazelnuts, brazil nuts, chestnuts, macadamia nuts etc.
Peanut butter/ paste
Chocolate nut spreads
Some breakfast cereals, Cereal bars, muesli bars, health food bars

Further information

- ❖ Fulham Gardens Primary School 8356 3726
- ❖ Health Information Centre
ADELAIDE WOMEN'S AND CHILDREN'S HOSPITAL
8204 5875

WEBSITES that may help

www.actagainstallergy.com.au
www.allergy.org.au
www.allergyfacts.org.au
www.foodallergy.org
www.starallergyalerts.com.au
www.nonuts.com.au



Aiming for Excellence. Learning for Life.

Zero Tolerance to Nuts Policy

Some of our students have life threatening allergies.

The cooperation of all members of the school community is necessary to protect the safety of our students in relation to sending food to school.

Never send nuts or any food containing nuts to school.

This Policy was adopted by the Governing Council in the interest of human safety. The policy bans nuts and any product containing nuts.