

know risk

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Allergies & anaphylaxis

Background

Anaphylaxis is the most severe form of allergic reaction which usually occurs within 20 minutes of exposure to the trigger and can rapidly become life threatening.

Reactions can be caused by common triggers including foods (milk, eggs, nuts, sesame, fish, soy), insect venom (bees, wasps, ants), medication, latex and sometimes, exercise.

The reaction is treated by injecting epinephrine (adrenaline) usually with the use of an auto-injector known as the EpiPen. The procedure is relatively simple. The EpiPen is firstly 'triggered' and then jabbed into the patient's thigh. Research shows that fatalities more often occur away from home and are associated with either not using, or a delay in the use of, epinephrine.

Duty of care

A duty of care will apply to a child with a known condition such as anaphylaxis. The duty imposed upon the organisation is, essentially, that they must do all things reasonably necessary to avoid the child suffering harm. Some examples of actions that an organisation may undertake to risk manage food allergens and other triggers might include;

- Training staff and volunteers in 'allergy' awareness and recognition of anaphylaxis.
- Identifying children at risk in their programs.
- Avoiding or reducing exposure to potentially toxic substances within their programs.
- Educating staff/volunteers on how to avoid food allergens and other triggers.
- Training staff and volunteers to administer adrenaline.

Allergies and anaphylaxis

Staff and volunteers ought to be aware of a child's Personal Action Plan and in the event of anaphylaxis, attempt to follow the plan as effectively as possible. Anaphylaxis should be treated as a medical emergency, requiring immediate treatment and urgent medical attention. Where a Personal Action Plan is not carried out correctly, "Good Samaritan" legislation (enacted in all States) can provide some protection against charges of negligence.

Risk management

Anaphylaxis is a preventable and treatable event. Knowing the triggers is the first step in prevention. Children, staff and volunteers should be educated on how to avoid food allergens and/or other triggers. However, accidental exposure is still the most likely risk. Children, staff and volunteers should also be able to recognise symptoms of anaphylaxis and be prepared to administer epinephrine (adrenaline) according to the individual's Personal Action Plan.

Source: [Http://www.allergyfacts.org](http://www.allergyfacts.org)

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