

Guidelines for Responding to Allergies

Background

Sport plays an important and positive role in the lives of many children and young people. In addition to the obvious health benefits, children can gain important social and life skills through involvement in sport. It is therefore important that everyone involved in providing activities does as much as possible to create and maintain positive and safe sporting opportunities.

Safeguarding responsibilities

Governing bodies, sports clubs, sports coaches, parents, guardians and carers all play an important role in safeguarding children and helping them get the best from sport. The term safeguarding is now commonly used as it reflects a wider responsibility of our duty to care and prevention – extending well beyond the limits of child protection. It may be defined as: **doing everything possible to minimise the risk of harm to children and young people.** Safeguarding is about being proactive and putting measures in place in advance of any contact with children to try to ensure that they are going to be kept safe.

Children and young people with allergies

Sports organisations have a duty to be inclusive and to provide opportunities for children and young people of all abilities and regardless of any medical conditions, disabilities or allergies which they may have. This briefing will focus on how coaches/leaders should respond to young people with allergies, as they have a responsibility to ensure their wellbeing whilst they are attending their organisation and activities. However, it is equally important that children with medical conditions or allergies are not unnecessarily excluded from taking part in activities with their peers and that reasonable steps are taken to accommodate their individual needs.

Parents Responsibility

When young people join a sports club, parents/carers should:

- ensure they not only complete the parental/medical consent form accurately but take the time to talk to the sports leader about the specific needs of their child and how to address and accommodate these needs
- update the leader/club of any change in circumstances
- consider a medic alert bracelet/watch for their child
- check the expiry date of adrenaline injectors and any medication regularly. An out-of-date injector may offer some protection, but this will be limited

Guidelines for Responding to Allergies

- Ensure if the young person has a 'rescue pack' that, if necessary, this is given to the person in charge. This may include antihistamines for mild reactions, possibly an inhaler and may have two adrenaline injectors for more serious reactions e.g. anaphylaxis.

What organisations should consider when a child with a serious allergy is present at a sports organisation?

Information sharing/consent forms

- The more information made available to organisations the more the child or young person's need's can be catered for to ensure they reach their potential.
- Consent should be gained on an annual basis from sports clubs with parents given the opportunity to update information should the need arise.
- For individual events consent should be gained at least three weeks before the event to allow time to collate information and to ensure that all children's needs are catered for, including gaining information from specialist services if needed. Clubs should also ensure this consent form travels with the child so that information is readily available should it be needed.

Food

- If you are providing food for the children, make sure that those with allergies are able to be included as much as possible and if they can't that a suitable alternative is found, ask parents/carers for a suggestion.
- If a child in the organisation has an allergy to nuts then it is safer that nuts are banned from the organisation.
- If prizes and presents are given to the children it is best not to use sweets and chocolate etc, a pencil or bookmark would be more appropriate.

Insect stings

- Most people known to be at risk of a severe allergic reaction find the prospect of being stung very frightening. Fortunately the risks of this happening are reduced if sensible precautions are taken. The chances of a sting proving fatal are reduced considerably if the victim is carrying self injectable adrenaline (also known as epinephrine).

Guidelines for Responding to Allergies

- A bee or wasp sting may cause a large swelling at the site of the sting. Providing that the sting site is not on the face or in the airway that might be obstructed by the swelling, this may not be as serious. A few people (less than 0.5 per cent of the population) may experience a severe, generalised allergic reaction known as anaphylaxis.

Outings

- If eating out with the group, parents may be able to recommend somewhere to eat that caters for their child's needs.
- Make sure you know where the nearest hospital is in case it is required.
- Ensure they have all the information from the consent form they need to be able to deal with the young person's condition and take contact details with you.
- **Adrenaline injectors** (*Brand names commonly used are EpiPen® and Anapen®*)
- If a child has a serious allergy they can be in danger of having an anaphylactic reaction (see below for more detail) which could cause blood pressure to drop, swelling of the throat and blocked airways. A person in danger of having an anaphylactic reaction must carry an adrenaline injector which contains adrenaline and works quickly to reverse the symptoms of an anaphylactic reaction.
- Get a health professional to show you how to use the injector.
[Allergy Wise](#) online can help. Get expert advice if unsure of any situation or condition.

Coach/leader responsibility

Coaches/leaders have a duty to care in relation to children and young people in sports organisations. In essence, duty of care means that a sports body needs to take such measures as are *reasonable* in the circumstances to ensure that individuals will be safe to participate in an activity to which they are *invited to* or which is *permitted*.

Coaches/leaders should:

- ensure consent forms for all children and young people attending the organisation are available and up to date together with full details of the child's allergies
- have a copy of the child/young persons care plan and individual risk assessment
- communicate with parents and young person directly
- provide guidance on appropriate sharing of this information (do the right people know?) e.g. clubs should take consent forms to away events and ensure they are readily available

Guidelines for Responding to Allergies

- remember that consent forms should always be stored in a confidential location but accessible to leaders
- ensure correct storage and administration of medication
- record incidents or concerns
- have their mobile phones charged and check they have a signal to allow calls to be made
- plan for additional supervision e.g. when around food?

About anaphylaxis

Anaphylaxis (also known as anaphylactic shock) is an allergic condition that can be severe and potentially life threatening. Anaphylaxis is the body's immune system reacting badly to a substance (an allergen), such as food or an insect sting. The whole body can be affected, usually within minutes of contact with a substance, though the reaction can occur hours later. Anaphylaxis can cause the following symptoms in the body:

- skin: itching, flushing, hives (urticaria), rash or swelling (angioedema)
- eyes: itching, tearing, redness or swelling around the eyes
- nose and mouth: sneezing, runny nose, nasal congestion, swelling of the tongue or a metallic taste
- lungs and throat: difficulty breathing, coughing, chest tightness, wheezing or other sounds of laboured breathing, increased mucus production, throat swelling or itching, hoarseness, change in voice or a sensation of choking
- heart and circulation: dizziness, weakness, fainting, rapid, slow, or irregular heart rate or low blood pressure
- digestive system: nausea, vomiting, abdominal cramps or diarrhoea
- nervous system: Anxiety or confusion
- Feeling of impending doom.

In extreme cases anaphylaxis can result in sudden collapse without any other warning symptoms.

What to consider if a child carries adrenaline injectors?

Adrenaline injectors rarely need to be used however if an adrenaline injector is prescribed for a child it must always be available. Only a person who has been trained in their use should administer one. At least two of the leaders should be trained in the use of an adrenaline injector.

If an adrenaline injector does have to be used the person needs to be taken to hospital for a check up and observation as an anaphylactic reaction can re-occur again within 24/36 hours.

Guidelines for Responding to Allergies

Who can deliver training on the use of adrenaline injectors?

A qualified doctor or nurse can give training to leaders on how to use an adrenaline injector. If this is not a feasible option for your organisation please contact St John Ambulance or visit [Allergy Wise](#) online. Adrenaline injectors training are not covered in the basic first aid training course. Parents may also know how to access suitable training through the child's medical support or at least be able to signpost clubs to who can help.

Useful Contacts

Allergy NI - 02894 461 001 or email info@allergyuk.co.uk

Allergy UK - 01322 619 898 or email info@allergyuk.org

Anapen - www.anapen.co.uk

EpiPen Auto-Injector - www.epipen.co.uk

Kidsaware - www.kidsaware.co.uk

St John Ambulance - <http://www.sja.org.uk> (provide Anaphylaxis first aid training)

The Anaphylaxis Campaign - www.anaphylaxis.org.uk

The above information and advice has been put together with help and advice of Allergy NI and from the web sites of Allergy UK, The Anaphylaxis Campaign and Epipen

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