

Early Learning

Dealing with Medical Conditions Policy

Anaphylaxis Appendix 23.1

This policy must be read in conjunction with the Dealing with Medical Conditions policy.

Current Environmental Context

The policy applies regardless of whether or not a child diagnosed by a registered medical practitioner as being at risk of anaphylaxis is enrolled at the service.

Anaphylaxis is a severe and potentially life-threatening allergic reaction. Up to two per cent of the general population and up to ten per cent of children are at risk. The most common causes of allergic reaction in young children are eggs, peanuts, tree nuts, cow's milk, fish, shellfish, soy, wheat and sesame, bee or other insect stings, and some medications. A reaction can develop within minutes of exposure to the allergen and young children may not be able to identify or articulate the symptoms of anaphylaxis. With planning and training, a reaction can be treated effectively by using an adrenaline autoinjector, often called an EpiPen®. In any service that is open to the general community it is not possible to achieve a completely allergen-free environment. A range of procedures and risk minimisation strategies, including strategies to minimise the presence of allergens in the service, can reduce the risk of anaphylactic reactions.

Children at risk of anaphylaxis must be identified during the enrolment process and staff informed. A notice must be displayed prominently at the service stating that a child diagnosed as at risk of anaphylaxis is attending the service. An ASCIA action plan for anaphylaxis must be provided by the child's parents/carers and an individual risk minimisation plan developed by the service in consultation with the child's parents. It is most important that children at risk of anaphylaxis are not discriminated against in any way and are able to participate in all activities safely and to their full potential. Each service should identify and minimise allergens irrespective of whether a child at risk of anaphylaxis is attending or not.

Staff should practice administration of treatment for anaphylaxis using an adrenaline autoinjector trainer at least annually, and preferably quarterly.

Centre-based services will have a current adrenaline autoinjector, (EpiPen®) for emergency use, located in the first aid kit.

The following attachments contain detailed information relating to all aspects of this policy:

Attachment 23.1a:- Responsibilities relating to the Anaphylaxis Policy

Attachment 23.1b:- Risk minimisation procedures

Attachment 23.1c:- ASCIA Action Plans for Anaphylaxis and Allergic Reactions - Sample

Attachment 23.1d:- ASCIA Action Plans for Allergic Reactions - Sample

Attachment 23.1e:- ASCIA First Aid Plans for Anaphylaxis - Sample

Forms available on the Intranet [Click Here](#)

Form 23.1.1: Anaphylaxis Service Enrolment checklist

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Uniting Early Learning acknowledges the contribution of the Department of Allergy and Immunology at The Royal Children's Hospital Melbourne, Allergy & Anaphylaxis Australia Inc. and Department of Education and Training (DET) in the development of this policy.

Reference/Sources

- ACECQA provides lists of approved first aid training, approved emergency asthma management training and approved anaphylaxis management training on their website:
<https://www.cecqa.gov.au/qualifications/requirements/first-aid-qualifications-training>
- Allergic and anaphylactic reactions: <https://www.rch.org.au/kidsinfo/>
- Allergy & Anaphylaxis Australia Inc is a not-for-profit support organisation for families of children with food-related anaphylaxis. Resources include a telephone support line and items available for sale including storybooks, and EpiPen® trainers: www.allergyfacts.org.au
- Australasian Society of Clinical Immunology and Allergy: (ASCIA) www.allergy.org.au provides information and resources on allergies. Action plans for anaphylaxis can be downloaded from this site. Also available is a procedure for the First Aid Treatment for Anaphylaxis (refer to Attachment 23.1c). Contact details of clinical immunologists and allergy specialists are also provided
- *ASCIA guidelines for prevention of anaphylaxis in schools, pre-schools and childcare: 2015 update.* Vale.S, Smith.J, Said.M, Mullins.R, and Loh. R. Position Paper. Australasian Society of Clinical Immunology and Allergy. Journal of Paediatrics and Child Health 2105
- Autoinjectors (EpiPens) for anaphylaxis – an overview:
https://www.rch.org.au/kidsinfo/fact_sheets/Allergic_and_anaphylactic_reactions/
- Department of Allergy and Immunology at The Royal Children's Hospital Melbourne (www.rch.org.au/allergy) provides information about allergies and services available at the hospital. This department can evaluate a child's allergies and provide an adrenaline autoinjector prescription. Kids Health Info fact sheets are also available from the website, including the following:
- The Royal Children's Hospital has been contracted by the Department of Education and Training (DET) to provide an Anaphylaxis Advice & Support Line to central and regional DET staff, school principals and representatives, school staff, children's services staff and parents wanting support. The Anaphylaxis Advice & Support Line can be contacted on 1300 725 911 or 9345 4235.

Authorisation

This policy was adopted by Uniting Early Learning on 17 August 2020

Review

This policy is to be reviewed by 20 February, 2021

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Attachment 23.1a: Responsibilities relating to the Anaphylaxis Policy

Approved Provider

- Ensure an *Anaphylaxis* and *Dealing with Medical Conditions* policy, which meets legislative requirements and includes a risk minimisation and communications plan (*Attachment 23.1b*), is developed, displayed at the service, and is reviewed regularly.
- Ensure that a medication record includes all details required by legislation for each child to whom medication is to be administered.
- Ensure that medication is not administered to a child at the service unless it has been authorised and administered in accordance with legislation (refer to *Administration of Medication Policy* and *Dealing with Medical Conditions Policy*).
- Provide approved anaphylaxis management training, as required under legislation, to all educators.
- Ensure at least one educator with current approved anaphylaxis management training is in attendance and immediately available at all times the service is in operation.
- Ensure staff practice the administration of an adrenaline autoinjector using an autoinjector trainer and ‘anaphylaxis scenarios’ on a regular basis at least annually, and preferably quarterly, and that participation is documented on the staff record.
- Ensure details of approved anaphylaxis management training are included on staff records, including details of training in the use of an autoinjector.
- Ensure parents, or a person authorised in the enrolment record, provide written consent to the medical treatment or ambulance transportation of a child in the event of an emergency, and that this authorisation is kept in each child’s enrolment record (*also included in the ASCIA Action Plan for Anaphylaxis*).
- Maintain a spare adrenaline autoinjector in the first aid kit of a centre based service to use in an emergency.
- Ensure all children diagnosed as at risk of anaphylaxis have details of their allergy, their ASCIA action plan for anaphylaxis and their risk minimisation plan filed with their enrolment record.
- Ensure a medication record is kept for each child to whom medication is to be administered by the service.
- Ensure that educators/staff who accompany children at risk of anaphylaxis outside the service, including on excursions, carry a fully equipped adrenaline autoinjector kit (refer to *Glossary*) and a copy of the ASCIA action plan for anaphylaxis for each child diagnosed as at risk of anaphylaxis.
- Implement a procedure for first aid treatment for anaphylaxis consistent with current national recommendations (refer to *Attachment 23.1c*) and ensure all staff are aware of the procedure.
- Ensure adequate provision and maintenance of adrenaline autoinjector kits including that the expiry date of the autoinjector is checked regularly and replaced when required.
- Ensure that a sharps disposal unit is available at the service for the safe disposal of used adrenaline autoinjectors.
- Develop a communications plan (refer to *Attachment 23.1b*) and encourage ongoing communication between parents and staff regarding the current status of a child’s allergies, this policy and its implementation.
- Ensure measures are in place, and are followed, to prevent cross-contamination of any food given to children diagnosed as at risk of anaphylaxis.
- Ensure that children at risk of anaphylaxis are not discriminated against in any way and that children at risk of anaphylaxis can participate in all activities safely and to their full potential.
- Respond to complaints and notify the Regulatory Authority in writing and within 24 hours, of any incident or complaint in which the health, safety or wellbeing of a child may have been at risk.

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Responsible Person

- Identify children at risk of anaphylaxis during the enrolment process and inform staff.
- Compile a list of children at risk of anaphylaxis and place it in a secure but readily accessible location known to all staff. This should include the ASCIA action plan for anaphylaxis for each child.
- Ensure all staff, including casual and relief staff, are aware of children diagnosed as at risk of anaphylaxis, their allergies and symptoms, and the location of their adrenaline autoinjector kits and ASCIA action plans for anaphylaxis.
- Ensure all persons involved in the program, including parents, volunteers and students on placement are aware of children diagnosed as at risk of anaphylaxis.
- Ensure all educators' approved first aid qualifications, anaphylaxis management training and emergency asthma management training are current, approved and meet the requirements of legislation.
- Where a child diagnosed as at risk of anaphylaxis is enrolled, display a notice prominently at the service stating that a child diagnosed as at risk of anaphylaxis is attending the service.
- Display the Australasian Society of Clinical Immunology and Allergy (ASCIA – refer to *Attachment 23.1d*) generic poster *First Aid Treatment for Anaphylaxis* in key locations at the service.
- Ensure educators and staff are aware of, and when required follow, the procedures for first aid treatment for anaphylaxis (refer to *Attachment 23.1c*).
- Ensure that medication is not administered to a child at the service unless it has been authorised and administered in accordance with legislation (refer to *Administration of Medication Policy and Dealing with Medical Conditions Policy*).
- Ensure the adrenaline autoinjector kit is stored in a location known to all staff, including casual and relief staff, is easily accessible to adults both indoors and outdoors (not locked away) but inaccessible to children, and away from direct sources of heat and cold.
- Ensure parents of children at risk of anaphylaxis provide an unused, in-date adrenaline autoinjector at all times their child is attending the service. Where this is not provided, children are unable to attend the service.
- Ensure an ASCIA action plan for anaphylaxis (refer to *Attachment 23.1d*) is provided by the parents of each child diagnosed as being at risk of anaphylaxis and a risk minimisation plan (refer to *Form 23.1.2*) developed by the service in consultation with the child's parents.
- Ensure the service's *Enrolment checklist for children diagnosed as at risk of anaphylaxis* (refer to *Form 23.1.1*) is completed.
- Immediately communicate any concerns with parents regarding the management of children diagnosed as at risk of anaphylaxis attending the service.
- Ensure parents of a child and emergency services are notified as soon as is practicable if medication has been administered to that child in an anaphylaxis emergency without authorisation from a parent or authorised nominee.
- Ensure written notice is given to a parent as soon as is practicable if medication is administered to a child in the case of an emergency.
- Follow appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma.
- Implement actions to identify and minimise allergens at the service, where possible.
- Ensure that the child's ASCIA action plan for anaphylaxis is specific to the brand of adrenaline autoinjector prescribed by the child's medical practitioner.
- Ensure that educators/staff who accompany children at risk of anaphylaxis outside the service, including on excursions, carry a fully equipped adrenaline autoinjector kit (refer to *Glossary*) and a copy of the ASCIA action plan for anaphylaxis for each child diagnosed as at risk of anaphylaxis.
- Ensure measures are in place, and are followed, to prevent cross-contamination of any food given to children diagnosed as at risk of anaphylaxis.
- Ensure staff dispose of used adrenaline autoinjectors appropriately in the sharps disposal unit provided at the service by the Approved Provider.

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- Ensure that children at risk of anaphylaxis are not discriminated against in any way and that children at risk of anaphylaxis can participate in all activities safely and to their full potential.
- Organise anaphylaxis management information sessions for parents of children enrolled at the service, where appropriate.
- Provide information to the service community about resources and support for managing allergies and anaphylaxis.

Educator

- Read and comply with the *Anaphylaxis Policy* and the *Dealing with Medical Conditions Policy*.
- Follow appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma.
- Implement actions to identify and minimise allergens at the service, where possible.
- Comply with the risk minimisation procedures outlined in *Attachment 23.1b*.
- Ensure measures are in place, and are followed, to prevent cross-contamination of any food given to children diagnosed as at risk of anaphylaxis.
- Ensure that children at risk of anaphylaxis are not discriminated against in any way and that children at risk of anaphylaxis can participate in all activities safely and to their full potential.
- Follow the child's ASCIA action plan for anaphylaxis in the event of an allergic reaction, which may progress to an anaphylactic episode.
- Practice the administration of an adrenaline autoinjector using an autoinjector trainer and 'anaphylaxis scenarios' on a regular basis, at least annually and preferably quarterly.
- Ensure programmed activities and experiences take into consideration the individual needs of all children, including children diagnosed as at risk of anaphylaxis.
- Maintain current approved anaphylaxis management qualifications.
- Know which children are diagnosed as at risk of anaphylaxis, their allergies and symptoms, and the location of their adrenaline autoinjector kits and ASCIA action plans for anaphylaxis.
- Assist with the development of a risk minimisation plan (*refer to Form 23.1.*) for children diagnosed as at risk of anaphylaxis at the service.
- When accompanying children at risk of anaphylaxis outside the service, including on excursions, carry a fully equipped adrenaline autoinjector and a copy of the ASCIA action plan for anaphylaxis for each child diagnosed as at risk of anaphylaxis.
- Discuss with parents the requirements for completing the enrolment form and medication record for their child.
- Consult with parents of children diagnosed as at risk of anaphylaxis in relation to the health and safety of their child, and communicate any concerns
- Contact parents immediately if an unused, in-date adrenaline autoinjector has not been provided to the service for a child diagnosed as at risk of anaphylaxis. Where this is not provided, children cannot attend the service.
- Inform the Responsible person, the Approved Provider and the child's parents following an anaphylactic episode.
- Provide information to the service community about resources and support for managing allergies and anaphylaxis.

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Parent

- Read and complying with this policy and all relevant procedures.
- Complete all details on the child's enrolment form, including medical information and written authorisations for medical treatment, ambulance transportation and excursions outside the service premises.
- Comply with the risk minimisation procedures outlined in *Attachment 23.1b*.
- Inform staff, either on enrolment or on initial diagnosis, of their child's allergies.
- Assist the Responsible person and staff to develop an anaphylaxis risk minimisation plan (refer to *Attachment 23.1b*).
- Provide staff with an ASCIA action plan (refer to *Attachment 23.1d*) for anaphylaxis, signed by a registered medical practitioner, and with written consent to use medication prescribed in line with this action plan.
- Provide staff with an unused, in-date and complete adrenaline autoinjector kit.
- Ensure the child's ASCIA action plan for anaphylaxis is specific to the brand of adrenaline autoinjector prescribed by the child's medical practitioner and regularly check the autoinjector's expiry date.
- Assist staff by providing information and answering questions regarding their child's allergies.
- Notify staff of any changes to their child's allergy status and providing a new ASCIA action plan for anaphylaxis in accordance with these changes.
- Communicate all relevant information and concerns to staff, particularly in relation to the health of their child.
- Comply with the service's policy where a child who has been prescribed an adrenaline autoinjector is not permitted to attend the service or its programs without that device and the ASCIA Action Plan for Anaphylaxis.
- Be aware of the procedures for first aid treatment for anaphylaxis (refer to *Attachment 23.1c*). Follow the ASCIA Action Plan for Anaphylaxis.
- Bring relevant issues and concerns to the attention of both staff and the Approved Provider.

Note: Volunteers and students, while at the service, are responsible for following this policy and its procedures.

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Attachment 23.1b - Risk minimisation procedures

The following procedures should be developed in consultation with the parents of children in the service who have been diagnosed as at risk of anaphylaxis and implemented to protect those children from accidental exposure to allergens. These procedures should be regularly reviewed to identify any new potential for accidental exposure to allergens.

In relation to the child diagnosed as at risk:


- the child should only eat food that has been specifically prepared for him/her. Some parents may choose to provide all food for their child.
- ensure there is no food sharing (refer to *Glossary*) or sharing of food utensils or containers at the service.
- where the service is preparing food for the child:
 - ensure that it has been prepared according to the instructions of parents.
 - parents are to check and approve the instructions in accordance with the risk minimisation plan.
- bottles, other drinks, lunch boxes and all food provided by parents should be clearly labelled with the child's name.
- consider placing a child at risk of anaphylaxis away from a table with food allergens. However, be mindful that children with allergies should not be discriminated against in any way and should be included in all activities.
- provide an individual highchair for very young children to minimise the risk of cross-contamination of food.
- where a child diagnosed as at risk of anaphylaxis is allergic to milk, ensure that non-allergic children are closely supervised when drinking milk/formula from bottles/cups and that these bottles/cups are not left within reach of children.
- ensure appropriate supervision of the child diagnosed as at risk of anaphylaxis on special occasions such as excursions, celebrations and other service events.
- children diagnosed as at risk of anaphylaxis who are allergic to insect/sting bites should wear shoes and long-sleeved, light-coloured clothing while at the service.

In relation to other practices at the service:

- ensure tables, highchairs and bench tops are thoroughly cleaned after every use.
- ensure that all children and adults wash hands upon arrival, and before and after eating.
- supervise all children at meal and snack times and ensure that food is consumed in specified areas. To minimise risk, children should not move around the service with food.
- do not use food of any kind as a reward at the service.
- ensure that children's risk minimisation plans inform the service's food purchases and menu planning.
- ensure that staff and volunteers who are involved in food preparation and service undertake measures to prevent cross-contamination of food during the storage, handling, preparation and serving of food, including careful cleaning of food preparation areas and utensils (refer to *Food Safety Policy*).
- request that all parents avoid bringing food to the service that contains specified allergens or ingredients as outlined in the risk minimisation plans of children diagnosed as at risk of anaphylaxis.
- restrict the use of food and food containers, boxes and packaging in crafts, cooking and science experiments, according to the allergies of children at the service.
- ensure staff discuss the use of foods in children's activities with parents of at-risk children. Any food used at the service should be consistent with the risk minimisation plans of children diagnosed as at risk of anaphylaxis.
- ensure that garden areas are kept free from stagnant water and plants that may attract biting insects.

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Attachment 23.1c - ASCIA Action Plans for Anaphylaxis – 2020 sample



www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

For use with EpiPen® adrenaline (epinephrine) autoinjectors

Name: _____
Date of birth: _____

Photo

Confirmed allergens: _____
Family/emergency contact name(s): _____
Work Ph: _____
Home Ph: _____
Mobile Ph: _____
Plan prepared by doctor or nurse practitioner (np): _____


The treating doctor or np hereby authorises:

- Medications specified on this plan to be administered according to the plan.
- Prescription of 2 adrenaline autoinjectors.
- Review of this plan is due by the date below.

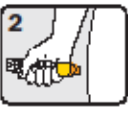
Date: _____

Signed: _____
Date: _____


How to give EpiPen® adrenaline (epinephrine) autoinjectors



1 Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



2 Hold leg still and 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 3 seconds REMOVE EpiPen®

EpiPen® is prescribed for children over 20kg and adults. EpiPen® Jr is prescribed for children 7.5-20kg.

SIGNS OF 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
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact




Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- 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 unconscious, place in recovery position
 - If breathing is difficult allow them to sit

- 2 Give 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**
- 6 Transfer person to hospital for at least 4 hours of observation**

If In doubt give adrenaline autoinjector
Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

• If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
 • Continue to follow this action plan for the person with the allergic reaction.

© ASCIA 2020 This plan was developed as a medical document that can only be completed and signed by the patient's doctor or nurse practitioner and cannot be altered without their permission.

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Attachment 23.1d - ASCIA Action Plans for Allergic Reactions -2020 Sample



Name: _____
Date of birth: _____



Confirmed allergens: _____

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np): _____

The treating doctor or np hereby authorises:

- Medications specified on this plan to be administered according to the plan.

- Use of adrenaline autoinjector if available.

- Review of this plan is due by the date below.

Date: _____

Signed: _____

Date: _____

Note: This ASCIA Action Plan for Allergic Reactions is for people with mild to moderate allergies, who need to avoid certain allergens.

For people with severe allergies (and at risk of anaphylaxis) there are red ASCIA Action Plans for Anaphylaxis (brand specific or generic versions) for use with adrenaline (epinephrine) autoinjectors. Instructions are on the device label.

Adrenaline autoinjectors (300 mcg) are prescribed for children over 20kg and adults. Adrenaline autoinjectors (150 mcg) are prescribed for children 7.5-20kg.

SIGNS OF 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
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Give other medications (if prescribed).....
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- 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 unconscious, place in recovery position

- If breathing is difficult allow them to sit



2 Give adrenaline (epinephrine) autoinjector if available

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

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

ALWAYS give adrenaline autoinjector FIRST if available, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

- If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this action plan for the person with the allergic reaction.

© ASCIA 2020 This plan was developed as a medical document that can only be completed and signed by the patient's doctor or nurse practitioner and cannot be altered without their permission.

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Attachment 23.1e - ASCIA First Aid Plans Anaphylaxis -2020 Sample



www.allergy.org.au

FIRST AID PLAN FOR

Anaphylaxis

For use with adrenaline (epinephrine) autoinjectors - refer to the device label for instructions

Translated versions of this document are on the ASCIA website www.allergy.org.au/anaphylaxis#ta5

SIGNS OF 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
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- 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 unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give 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

6 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

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

ALWAYS give adrenaline autoinjector FIRST, if someone has SEVERE AND SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms. THEN SEEK MEDICAL HELP.

- If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this plan for the person with the allergic reaction.

Adrenaline autoinjectors (300 mcg) are prescribed for children over 20kg and adults. Adrenaline autoinjectors (150 mcg) are prescribed for children 7.5-20kg.

© ASCIA 2020 This document has been developed for use as a poster, or to be stored with general use adrenaline autoinjectors.

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