Early Learning

Anaphylaxis Policy

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, good communication and 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 and communication 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 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 and Outside School Hours Care 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 1: Anaphylaxis risk minimisation strategies: https://allergyaware.org.au/childrens-education-and-care/anaphylaxis-risk-minimisation-strategies
- Attachment 2: Enrolment checklist for children diagnosed as at risk of anaphylaxis: https://allergyaware.org.au/childrens-education-and-care/anaphylaxis-management-checklist
- Attachment 3: Anaphylaxis risk minimisation plan template: https://allergyaware.org.au/childrens-education-and-care/anaphylaxis-risk-management-plan-template
- Attachment 5: Individualised anaphylaxis care plan template: https://allergyaware.org.au/childrens-education-and-care/individualised-anaphylaxis-care-plan-template
- Attachment 4: First Aid Treatment for Anaphylaxis – download from the Australasian Society of Clinical Immunology and Allergy: https://www.allergy.org.au/hp/ascia-plans-action-and-treatment

Attachment 23.1b:- Risk minimisation procedures

Forms available on the Intranet

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.acecqa.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.
- All about Allergens for Children's education and care (CEC) training: https://foodallergytraining.org.au/course/index.php?categoryid=5
  The Allergy Aware website is a resource hub that includes a Best Practice Guidelines for anaphylaxis prevention and management in children's education and care and links to useful resources for ECEC services to help prevent and manage anaphylaxis. The website also contains links to state and territory specific information and resources: https://www.allergyaware.org.au/
- The Australasian Society of Clinical Immunology and Allergy (ASCIA) e-training for CEC: https://etraining.allergy.org.au/

Authorisation

This policy was adopted by Uniting Early Learning on: 5th December 2022

Review

This policy is to be reviewed by: 5th December 2023

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
- ensuring that every reasonable precaution is taken to protect children harm and from any hazard likely to cause injury
- Providing a safe and healthy environment in which children at risk of anaphylaxis can participate fully in all aspects of the program
- Raising awareness amongst families, staff, children and others attending the service about allergies and anaphylaxis
- Actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, and in developing appropriate risk minimisation and risk management strategies for their child
- Develop an anaphylaxis emergency response plan which follows the ASCIA Action Plan ***(refer to above 23.1a Attachment 4)*** and identifies staff roles and responsibilities in an anaphylaxis emergency. Emergency response plans should be practised at least once a year. Separate emergency response plans must be developed for any off-site activities
- 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.
- Providing opportunities for ECT/Educators to undertake food allergen management training
- 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 risk minimisation and communications plan in consultation with parents (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.

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 assisting in the program, including parents, volunteers and students on placement are aware of children diagnosed as at risk of anaphylaxis and know the location of their medication and care plans
- 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 above *23.1 Attachment 4*)** 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 above 23.1 *Attachment 3*)**
- 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 labeled with the name of the child, 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 above *23.1 Attachment 4*)** 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 sharp's disposal unit provided at the service by the Approved Provider
- 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
- Develop an anaphylaxis emergency response plan which follows the ASCIA Action Plan **(refer to above 23.1a Attachment 4)** and identifies staff roles and responsibilities in an anaphylaxis emergency
- Emergency response plans should be practised at least once a year. Separate emergency response plans must be developed for any off-site activities
- Providing a safe and healthy environment in which children at risk of anaphylaxis can participate fully in all aspects of the program
- Raising awareness amongst families, staff, children and others attending the service about allergies and anaphylaxis
- Actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, and in developing appropriate risk minimisation and risk management strategies for their child
- In the case of a child having their first anaphylaxis whilst at the service, the general use adrenaline injector should be given to the child immediately, and an ambulance called. If the general use adrenaline injector is not available, staff will follow the ASCIA First Aid Plan **(refer to above 23.1a Attachment 4)** including calling an ambulance

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 when administering medication, you are respecting the child's rights to privacy and dignity.
- 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 with parents (*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.
- provide a safe and healthy environment in which children at risk of anaphylaxis can participate fully in all aspects of the program.
- raise awareness amongst families, staff, children and others attending the service about allergies and anaphylaxis.
- actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, and in developing appropriate risk minimisation and risk management strategies for their child.
- In the case of a child having their first anaphylaxis whilst at the service, the general use adrenaline injector should be given to the child immediately, and an ambulance called. If the general use adrenaline injector is not available, staff will follow the ASCIA First Aid Plan **(refer to above 23.1a Attachment 4)** including calling an ambulance.
- Understand and follow the anaphylaxis emergency response plan which follows the ASCIA Action Plan **(refer to above 23.1a Attachment 4)** and identifies staff roles and responsibilities in an anaphylaxis emergency. Emergency response plans should be practised at least once a year. Separate emergency response plans must be developed for any off-site activities
- Ensure a process is in place to regularly check (quarterly) the expiry date of all adrenaline injectors (general use and prescribed) in the service.
- Adrenaline injectors should also be checked for discolouration and sediment.
- Implement age-appropriate peer education programs. Australian evidence-based, best-practice resources should be used. Peer education about the seriousness of food allergies may help to educate children and prevent food allergy specific bullying. A key component of peer education includes children not sharing food and eating utensils, including food prepared in cooking lessons.

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 and communication 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 services 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.

Attachment 23.1c - Planned emergency procedures

- Signs and symptoms of an allergic reaction to food usually occur within 20 minutes and up to two hours after eating the food allergen. Severe allergic reactions/anaphylaxis to insects usually happen within minutes of the insect sting or bite.
- Where it is known that a child has been exposed to whatever they are allergic to, but has not developed symptoms, the child's parents/guardians will be contacted and asked to come and collect their child.
- Staff will carefully monitor the child following instructions on the ASCIA Action Plan until the parents/guardians arrive.
- Staff should be prepared to take immediate action following instructions on the ASCIA Action Plan should the child begin to develop allergic symptoms.
- Adrenaline is the first line treatment for anaphylaxis. If in doubt about whether a child is experiencing anaphylaxis or not, staff should immediately administer the child's adrenaline injector if they have one. Staff must be prepared to respond appropriately to an anaphylaxis emergency, even for children not previously identified as being at risk. Staff should immediately administer the service's general use adrenaline injector and follow the ASCIA First Aid Plan for Anaphylaxis (orange).
- After an adrenaline injector has been administered, the child should stay in position as per the ASCIA Action Plan and an ambulance must be called to transport the child to hospital for medical monitoring.
- Until the ambulance arrives the child must not be allowed to stand or walk (even if they appear well) and should lay flat or sit with legs outstretched (e.g. on the floor or on a bed) if breathing is difficult.
- Where an ambulance is not available, staff should follow the directions of the ambulance service. If the child needs to be transported to a health care service, staff should stretcher the child to a vehicle. They must not be allowed to stand or walk, even if they appear to be well.
- The services emergency response plan should include a strategy as to how to manage situations where an ambulance is not available.
- Anaphylaxis emergency response should always include transport by ambulance for medical monitoring, as the child needs medical care and observation for at least four hours after being given the adrenaline injector.
- Anaphylaxis emergency response drills (like a fire drill) will be practised and assessed twice a year to make sure staff understand the anaphylaxis emergency procedure and know what to do.

- After an allergic reaction/anaphylaxis, the individualised anaphylaxis care plan will be reviewed to determine if the CEC service's risk minimisation strategies and emergency response procedures need to be changed/improved.

Attachment 23.1d - Post incident reporting

The following data should be collected for all allergic reactions (where there is a risk of anaphylaxis):

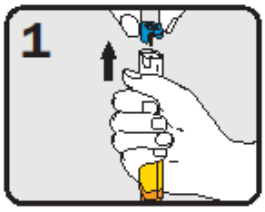
- Child's name and date of birth.
- Date and time of the allergic reaction.
- Does the child have an ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions?
- What caused the allergic reaction? Was the child exposed to a known allergen and how did the exposure occur?
- If no known allergies, what was the suspected cause of the allergic reaction?
- Name and position (e.g. educator, supervisor, administrator) of the staff member who provided first aid.
- Signs and symptoms observed.
- Was the child's ASCIA Action Plan followed?
- Location of the child when the allergic reaction occurred?
- Where was the child treated?
- Was the child positioned appropriately during the anaphylaxis (sitting with legs outstretched or lying down)?
- Was a prescribed adrenaline injector device used? If not, why (e.g. expired, misfired, not as close to hand as a general use device)?
- Was a general use adrenaline injector device used? If so, why (e.g. first anaphylaxis, second dose)?
- How long after observing anaphylaxis symptoms was the adrenaline injector administered?
- What medications were given, including additional doses of adrenaline?
- Was an ambulance called?
- Was the child stretchered to the ambulance?
- Was the child transported to hospital?
- Was the parent/emergency contact called?
- Any additional information that may be relevant to the incident.
- Allergic reactions to packaged foods or food provided by a food service provider after the allergy has been declared, should be reported to the Health Department in that jurisdiction that the CEC service operates.
- When an incident occurs in an CEC service, a debriefing meeting should be held:
- to discuss the incident for emotional processing.
- to discuss any areas of improvements or learnings (e.g. whether there needs to be any changes to the risk management strategies in place).
- the child's individualised anaphylaxis care plan should be reviewed and updated if required.

ascia
www.allergy.org.au

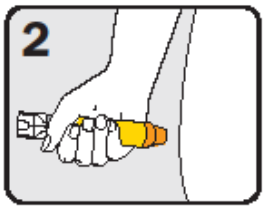
FIRST AID PLAN FOR Anaphylaxis

For use with EpiPen® adrenaline (epinephrine) autoinjectors

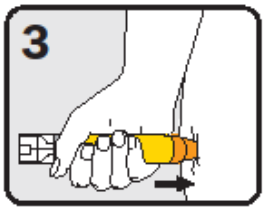
How to give EpiPen® adrenaline (epinephrine) autoinjectors



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



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
- 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.*