

# ANAPHYLAXIS POLICY



## Help for non-English speakers

If you need help to understand the information in this policy, please contact our General Office on 03 5036 4900 or email [swan.hill.c@education.vic.gov.au](mailto:swan.hill.c@education.vic.gov.au)

## PURPOSE

To explain to Swan Hill College parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that Swan Hill College is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

## SCOPE

This policy applies to:

- all staff, including casual relief staff and volunteers
- all students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction, and their parents and carers.

## POLICY

### School Statement

Swan Hill College will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

### Anaphylaxis

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school-aged children are nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

### Symptoms

Signs and symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- tingling in the mouth.

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

- difficult/noisy breathing
- swelling of tongue
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- student appears pale or floppy
- abdominal pain and/or vomiting.

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen but can appear within a few minutes.

### *Treatment*

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

### **Individual Anaphylaxis Management Plans**

All students at Swan Hill College who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the Principal of Swan Hill College is responsible for developing a plan in consultation with the student's parents/carers.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrolls at Swan Hill College and where possible, before the student's first day.

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- immediately inform the school in writing if there is a relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it's reviewed
- provide the school with a current adrenaline autoinjector for the student that has not expired;
- participate in annual reviews of the student's Plan.

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has
- information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
- the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the Plan
- information about where the student's medication will be stored
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

### *Review and updates to Individual Anaphylaxis Management Plans*

A student's Individual Anaphylaxis Management Plan will be reviewed and updated on an annual basis in consultation with the student's parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

- as soon as practicable after the student has an anaphylactic reaction at school

- if the student’s medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

Our school may also consider updating a student’s Individual Anaphylaxis Management Plan if there is an identified and significant increase in the student’s potential risk of exposure to allergens at school.

### Location of plans and adrenaline autoinjectors

If a student has been prescribed an autoinjector, it must be provided by the student’s parents/carers to the school. Whilst some students keep their adrenaline autoinjector on their person, medication for those that do not will be labelled with their name and stored with their ASCIA Action Plan for Anaphylaxis and Individual Anaphylaxis Management Plan at:

- Pye Street Campus: Wellbeing Office
- FLO campus: Main Reception

If a student has been prescribed an autoinjector and is keeping it on their person, they are responsible for taking it to class and carrying with them at all times during breaks.

General use autoinjectors are available as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first-time reaction at school. They are stored at:

- Pye Street campus: Wellbeing office, Junior Sub-School office and Senior sub-school office
- FLO campus: Main Reception

### Risk Minimisation Strategies

Swan Hill College will ensure that risk minimisation and prevention strategies are in place for all relevant in-school and out-of-school settings which include (but are not limited to) the following

- During classroom activities
- In the Canteen
- In school grounds
- Special events including incursions, sports, cultural days, class parties, excursions and camps and overseas travel.

<b>During Classroom Activities</b>	
1	The teacher has a copy of the student’s ASCIA Action Plan for Anaphylaxis.
2	Liaison with parents about food-related activities ahead of time.
3	Use non- food treats where possible, but if food treats are used it is recommended that the parents provide a treat box.
4	Never give food from outside sources to students who are at risk of anaphylaxis.
5	Treats from other students in class should not contain the substances to which the student is allergic.
6	Products labelled ‘may contain traces of nuts’ should not be served to students allergic to nuts. Products labelled ‘may contain milk or egg’ should not be served to students with milk or egg allergy.
7	Awareness of possible hidden allergens in food and other substances used in cooking, food technology, science, and art classes.

8	Ensure all cooking utensils, preparation dishes, plates and knives/forks etc. are washed and cleaned thoroughly after preparation of food and cooking.
9	Regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
10	Relief teachers, specialists, teachers, and volunteers are informed of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and ASCIA Action Plan for Anaphylaxis and autoinjector, the School's Anaphylaxis Policy and each person's responsibility in managing an incident.

#### **The Canteen**

1	The Canteen staff are to be trained in food allergen management and its implications on food handling practices.
2	Canteen staff are briefed about students at risk of anaphylaxis and required to have up to date training in an Anaphylaxis Management Training Course.
3	Action Plans displayed in the Canteen administration area as a reminder to staff.
4	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
5	The Canteen provides a range of healthy meals/products that excludes peanuts or other nut products in the ingredient list.
6	Tables and surfaces are wiped down regularly.
7	Awareness of contamination of other foods when preparing, handling or displaying food.

#### **Special Events**

1	Sufficient staff who have been trained in the administration of an Epi-Pen are supervising students.
2	Avoid using food in activities or games.
3	Consult parents in advance for special events to either develop an alternative food menu or request the parent to send a meal for the student at risk.
4	Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk and request that they avoid providing students with treats whilst they are at a special school event.
5	Party balloons are not to be used if a student is allergic to latex.

#### **Camps & Excursions - General**

1	Risk Assessment must be completed by teacher in charge prior to sending out parent consent forms.
2	Review of Individual Anaphylaxis Management Plans in view of conducting Risk Assessment.
3	Teacher in charge should consult parents of anaphylactic students in advance to discuss issues that might arise, to develop an alternative food menu or request the parent provide a meal (if required).
4	Staff trained in administering an autoinjector are to attend.
5	Communication methods considered as part of Risk Assessment.

6	Risk Assessment includes identifying the location of the autoinjector i.e. Who will carry it, how will it be delivered to the student?
7	Individual Anaphylaxis Management Plans and autoinjectors are to be easily accessible and staff must be aware of their location.
8	Teacher in charge ensures they have a hard copy of student's Action Plans prior to departure to ensure it is up to date and accessible during the camp or excursion.

#### **Camps and Excursions – Additional Controls for Camps and Remote Settings**

1	Swan Hill College attempts to only use providers/operator services who can provide food that is safe for anaphylactic students.
2	Swan Hill College will consider alternative means of providing food for at risk students if there are concerns about whether food provided on camp will be safe for students at risk of anaphylaxis.
3	The use of substances containing allergens should be avoided where possible.
4	The student must have at least 1 autoinjector and their Action Plan on camp. Autoinjectors should remain close to the students and staff must be aware of its location at all times.
5	Students with anaphylactic responses to insects should wear closed shoes and long-sleeve garments when outdoors and are encouraged to stay away from water and flowering plants.
6	General use autoinjectors are included in camp first aid kits as a backup to the autoinjectors provided by students
7	Consider exposure to allergens when consuming food during travel on bus/plane/etc. and whilst in cabins/tents/dormitories/etc.
8	Cooking and art and craft games should not involve the use of known allergens.

#### **Overseas Travel**

1	Strategies used are similar to those for camps and remote settings.
2	<p>Risk assessment considers potential risks at all stages of the overseas travel including but not limited to:</p> <ul style="list-style-type: none"> <li>• Travel to/from airport/port</li> <li>• Travel to/from Australia</li> <li>• Various accommodation venues</li> <li>• All towns and venues visited</li> <li>• Sourcing safe food</li> <li>• Risk of cross contamination</li> <li>• Exposure to food of other students</li> <li>• Hidden allergens</li> <li>• Whether the table and surfaces are cleaned to prevent reaction</li> <li>• Whether the other students wash their hands when handling food.</li> </ul>

3	<p>Assess where each of these risks can be managed using minimisation strategies such as the following:</p> <ul style="list-style-type: none"> <li>• Translation of student’s Individual Anaphylaxis Management Plan and ASCIA Action Plan for Anaphylaxis</li> <li>• Sourcing safe food</li> <li>• Obtaining names, address, and contact details of the nearest hospital and medical practitioners at each location that may be visited</li> <li>• Obtaining emergency contact details</li> <li>• Sourcing the ability to purchase additional autoinjectors.</li> </ul>
4	<p>Record details of travel insurance, including contact details for the insurer. Determine how any costs associated with medication, treatment and/or alteration to the travel plans as a result of an anaphylactic reaction can be paid.</p>
5	<p>Plan for appropriate supervision of students at risk of anaphylaxis at all times including:</p> <ul style="list-style-type: none"> <li>• Sufficient staff who have been trained in Anaphylaxis Management</li> <li>• Supervision of at-risk students during mealtimes and when taking medication</li> <li>• Adequate supervision of any affected student(s) requiring medical treatment and other students</li> <li>• Staff/students ratios are maintained, including in the event of an emergency where students may need to be supervised.</li> </ul>
6	<p>Adapt the School’s Emergency Response if required given local circumstances and include in Risk Assessment.</p>
7	<p>Keep records of relevant information:</p> <ul style="list-style-type: none"> <li>• Dates of travel</li> <li>• Name of airline and contact details</li> <li>• Itinerary detailing proposed destinations, flight information and duration of stay</li> <li>• Hotel addresses and telephone numbers</li> <li>• Proposed means of travel within the overseas country</li> <li>• List of students and each of their medical conditions, medication and other treatment(s) if required</li> <li>• Emergency contact details of hospitals, ambulances, and medical practitioners</li> <li>• Travel insurance details</li> <li>• Plans to respond to any foreseeable emergency including who will be responsible for the implementation of each part of the plan</li> <li>• Mobile phone numbers or other communication devices that will enable staff to contact emergency services.</li> </ul>

## Adrenaline autoinjectors for general use

Swan Hill College will maintain a supply of adrenaline autoinjector(s) for general use, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first-time reaction at school.

Adrenaline autoinjectors for general use will be stored at the following locations and labelled “general use”:

- Wellbeing Office x4 (which are also included in designated portable First Aid kits)
- Junior Sub x1
- Senior Sub x1

The Principal is responsible for arranging the purchase of adrenaline autoinjectors for general use, and will consider:

- the number of students enrolled at Swan Hill College at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors supplied by parents
- the availability of a sufficient supply of autoinjectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors to be replaced when used or prior to expiry
- the weight of the students at risk of anaphylaxis to determine the correct dosage of adrenaline autoinjector/s to purchase.

## Emergency Response



In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school’s general first aid procedures, emergency response procedures and the student’s Individual Anaphylaxis Management Plan.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by designated First Aid Officer and/or School Nurse and stored as a hard copy in the Wellbeing office with autoinjectors. Copies of the Action Plans are also uploaded to Daymap and Operoo.

For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

Step	Action
1.	<ul style="list-style-type: none"><li>• Lay the person flat</li><li>• Do not allow them to stand or walk</li><li>• If breathing is difficult, allow them to sit</li><li>• Be calm and reassuring</li><li>• Do not leave them alone</li><li>• Seek assistance from another staff member or reliable student to locate the student’s adrenaline autoinjector or the school’s general use autoinjector, and the student’s Individual Anaphylaxis Management Plan, stored at the Wellbeing Office</li><li>• If the student’s plan is not immediately available, or they appear to be experiencing a first-time reaction, follow steps 2 to 5</li></ul>

2.	<p><b>Administer an EpiPen or EpiPen Jr</b></p> <ul style="list-style-type: none"> <li>Remove from plastic container</li> <li>Form a fist around the EpiPen and pull off the blue safety release (cap)</li> <li>Place orange end against the student's outer mid-thigh (with or without clothing)</li> <li>Push down hard until a click is either heard or felt and hold in place for 3 seconds</li> <li>Remove EpiPen</li> <li>Note the time the EpiPen is administered</li> <li>Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration</li> </ul>	
	<p><b>OR</b></p> <p><b>Administer an Anapen® 500, Anapen® 300, or Anapen® Jr.</b></p> <ul style="list-style-type: none"> <li>Pull off the black needle shield</li> <li>Pull off grey safety cap (from the red button)</li> <li>Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing)</li> <li>Press red button so it clicks and hold for 3 seconds</li> <li>Remove Anapen®</li> <li>Note the time the Anapen is administered</li> <li>Retain the used Anapen to be handed to ambulance paramedics along with the time of administration</li> </ul>	
3.	Call an ambulance (000)	
4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.	
5.	Contact the student's emergency contacts.	

If a student appears to be having a severe allergic reaction but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 – 5 as above.

Schools can use either the EpiPen® and Anapen® on any student suspected to be experiencing an anaphylactic reaction, regardless of the device prescribed in their ASCIA Action Plan.

Where possible, schools should consider using the correct dose of adrenaline autoinjector depending on the weight of the student. However, in an emergency if there is no other option available, any device should be administered to the student.

### Communication Plan

This policy will be available on Swan Hill College's website so that parents and other members of the school community can easily access information about Swan Hill College's anaphylaxis management procedures. The parents and carers of students who are enrolled at Swan Hill College and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

The Principal is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and Swan Hill College's procedures for anaphylaxis



management. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this policy, their role in responding to an anaphylactic reaction and where required, the identity of students at risk.

Students at risk of anaphylaxis will be identified on Daymap and Operoo.

The Principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's [Anaphylaxis Guidelines](#).

### **Staff training**

The Principal will ensure that the following school staff are appropriately trained in anaphylaxis management:

- School staff who conduct classes attended by students who are at risk of anaphylaxis
- School staff who conduct specialist classes, all canteen staff, admin staff, first aiders and any other member of school staff as required by the Principal based on a risk assessment.

Staff who are required to undertake training must have completed:

- an approved face-to-face anaphylaxis management training course in the last three years, or
- an approved online anaphylaxis management training course in the last two years.

Swan Hill College uses the following training course ASCIA e-training course: ASCIA Anaphylaxis e-training for Victorian Schools (with 22579VIC, or 22578VIC or 10710 NAT].

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year (with the first briefing to be held at the beginning of the school year), facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years including School Nurse or School Anaphylaxis Supervisor. Each briefing will address:

- this policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located
- how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

When a new student enrolls at Swan Hill College who is at risk of anaphylaxis, the Principal will develop an interim plan in consultation with the student's parents and ensure that appropriate staff are trained and briefed as soon as possible.

A record of staff training courses and briefings will be maintained through the school's OHS training planner.

The Principal will ensure that while students at risk of anaphylaxis are under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special event days, there is a sufficient number of school staff present who have been trained in anaphylaxis management

## FURTHER INFORMATION AND RESOURCES

- The Department’s Policy and Advisory Library (PAL):
  - [Anaphylaxis](#)
- [Allergy & Anaphylaxis Australia](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children’s Hospital: [Allergy and immunology](#)
- [Health Care Needs](#)

## POLICY REVIEW AND APPROVAL

Policy last reviewed	December 2023
Approved by	Principal
Next scheduled review date	2024 (1 year)

The Principal will complete the Department’s Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.

# APPENDIX A: ASCIA ACTION PLAN FOR ANAPHYLAXIS (PERSONAL) FOR USE WITH EPIPEN® & ANAPEN® AND QR CODE

**ascia**  
www.allergy.org.au

**ACTION PLAN FOR Anaphylaxis**

For use with EpiPen® adrenaline (epinephrine) autoinjectors

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

**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, call for help and locate adrenaline autoinjector
- Give antihistamine (if prescribed)
- Phone family/emergency contact

Confirmed allergens: \_\_\_\_\_

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 or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

**ACTION FOR ANAPHYLAXIS**

- LAY PERSON FLAT - do NOT allow them to stand or walk
  - If unconscious or pregnant, place in recovery position
  - on left side if pregnant, as shown below
  - If breathing is difficult allow them to sit with legs outstretched
  - Hold young children flat, not upright

**How to give EpiPen®**

- Form fat 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 as follows:  
 • EpiPen® Jr (150 mcg) for children 7.5-20kg  
 • EpiPen® (300 mcg) for children over 20kg and adults

ASCA 2023. 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.

**ascia**  
www.allergy.org.au

**ACTION PLAN FOR Anaphylaxis**

For use with Anapen® adrenaline (epinephrine) autoinjectors

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

**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, call for help and locate adrenaline autoinjector
- Give antihistamine (if prescribed)
- Phone family/emergency contact

Confirmed allergens: \_\_\_\_\_

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 or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

**ACTION FOR ANAPHYLAXIS**

- LAY PERSON FLAT - do NOT allow them to stand or walk
  - If unconscious or pregnant, place in recovery position
  - on left side if pregnant, as shown below
  - If breathing is difficult allow them to sit with legs outstretched
  - Hold young children flat, not upright

**How to give Anapen®**

- PULL OFF BLACK NEEDLE SHEILD
- PULL OFF GREY SAFETY CAP from red button
- PLACE NEEDLE END FIRMLY against outer mid thigh at 90° angle (with or without clothing)
- PRESS RED BUTTON until a click is heard and hold for 30 seconds REMOVE Anapen®

Anapen® is prescribed as follows:  
 • Anapen® 150 (mcg) for children 7.5-20kg  
 • Anapen® 300 for children over 20kg and adults  
 • Anapen® 500 for children and adults over 50kg

Note: 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.

ASCA 2023. 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.

# APPENDIX B: ASCIA ACTION PLAN FOR ALLERGIC REACTIONS (PERSONAL) FOR MEDICATIONS AND OTHER ALLERGIES WHEN NO ADRENALINE AUTOINJECTOR HAS BEEN PRESCRIBED

**ascia**  
www.allergy.org.au

**ACTION PLAN FOR Allergic Reactions**

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

**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 antihistamine (if prescribed)
- Phone family/emergency contact

Confirmed allergens: \_\_\_\_\_

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 or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

**ACTION FOR ANAPHYLAXIS**

- LAY PERSON FLAT - do NOT allow them to stand or walk
  - If unconscious or pregnant, place in recovery position
  - on left side if pregnant, as shown below
  - If breathing is difficult allow them to sit with legs outstretched
  - Hold young children flat, not upright

**2 GIVE ADRENALINE INJECTOR 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 INJECTOR

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

**ALWAYS GIVE ADRENALINE INJECTOR 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

Note: 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.

Note: This ASCIA Action Plan for Allergic Reactions is for people who have allergies but do not have a prescribed adrenaline (epinephrine) injector. For instructions refer to the device label or the ASCIA website www.allergy.org.au/anaphylaxis

Adrenaline injectors are given as follows:  
 • 150 mcg for children 7.5-20kg  
 • 300 mcg for children over 20kg and adults  
 • 300 mcg or 500 mcg for children and adults over 50kg

ASCA 2023. 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.

**ascia**  
www.allergy.org.au

**ACTION PLAN FOR Drug (Medication) Allergy**

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

**SIGNS OF MILD TO MODERATE ALLERGIC REACTION**

- Swelling of lips, face, eyes
- Hives or welts
- Sudden onset sneezing, rhinitis
- Tingling mouth
- Abdominal pain, vomiting

**ACTION FOR MILD TO MODERATE ALLERGIC REACTION**

- Stay with person and call for help
- Locate adrenaline (epinephrine) injector (if available)
- Give antihistamine (if prescribed)
- Phone family/emergency contact

Confirmed allergens: \_\_\_\_\_

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 or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

**ACTION FOR ANAPHYLAXIS**

- LAY PERSON FLAT - do NOT allow them to stand or walk
  - If unconscious or pregnant, place in recovery position
  - on left side if pregnant, as shown below
  - If breathing is difficult allow them to sit with legs outstretched
  - Hold young children flat, not upright

**2 GIVE ADRENALINE INJECTOR 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 INJECTOR

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


**ALWAYS GIVE ADRENALINE INJECTOR 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

Note: 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.

ASCA 2023. This plan should be used in conjunction with the patient's ASCIA Record for Drug (Medication) Allergy. This is a medical document that can only be completed by the patient's doctor and cannot be altered without their permission.


## APPENDIX C: ACTION PLAN FOR ANAPHYLAXIS (GENERAL) FOR HOW TO USE AN EPIPEN® & AN ANAPEN®




ascia  
australian society of clinical immunology and allergy  
www.allergy.org.au

**How to give adrenaline  
(epinephrine) injectors**


### Anapen®




**1**  
PULL OFF BLACK NEEDLE SHIELD



**2**  
PULL OFF GREY SAFETY CAP from red button

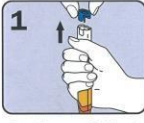


**3**  
PLACE NEEDLE END FIRMLY against outer mid-thigh at 90° angle (with or without clothing)

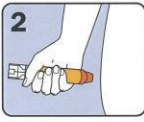


**4**  
PRESS RED BUTTON so it clicks and hold for 10 seconds.  
REMOVE Anapen®

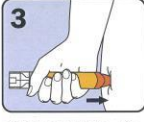
### EpiPen®



**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®

Follow the ASCIA Action Plan or First Aid Plan for Anaphylaxis.  
Provide ambulance with the used injector and the time it was given.

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