



Management of Anaphylaxis, Asthma, Allergies and Medical Alert Information Procedures

1. Aim

Support students who are anaphylactic and/or have asthma, allergies or specific medical needs, whilst aligning with the CEWA Student Safety and Wellbeing Policy.

Sources of Authority	
CECWA Policy	3.0 Community Policy
Executive Directive	Student Safety and Wellbeing

2. Scope

This procedure applies to students, teachers, caregivers and wider community members.

3. Definition

Student Safety and Wellbeing guides the creation of cultures of safety and wellbeing where students feel safe and can flourish in their learning and development. The executive directive ensures all CEWA employees have the knowledge and skills to promote student wellbeing, and respond and intervene in matters where the behaviour, safety or mental health of students is concerned.

4. Procedure

4.1 ANAPHYLAXIS

4.1.1 Duty of Care - Anaphylaxis

Anaphylaxis is potentially life threatening and requires an emergency response. St Peter's Primary School takes a proactive approach when dealing with students who are anaphylactic and, in order to do this, it is essential that we have knowledge of any student who is at risk, together with the health care procedures in place to deal with an attack. Although St Peter's Primary School is an Allergy Aware school, we are unable to totally eliminate certain risks and guarantee a totally allergen free environment.

The standard of care owed to individual students varies and, when considering this standard of care, schools and teachers take into consideration the needs of all students. As part of our duty of care, our school and teachers are obliged to comply with reasonable requests for assistance in the administration of medication, for example, health care assistance with the administration of EpiPens and other medications during an acute anaphylactic attack.

It is essential that to fulfil this duty of care in complying with reasonable requests, all staff are regularly educated in the administration of EpiPens for use in an anaphylaxis situation.

4.1.2 School's Responsibility – Anaphylaxis

- Current EpiPen available in the Front Office.
- Ensure updated medical information is provided by parents/carers on all students in the school to ensure the school is aware of all students with anaphylaxis.
- Keep a record of students with anaphylaxis.
- Keep a copy of Student Anaphylaxis Records in the school office, plus discretely display in staff room, canteen, sick room and in playground duty bags.
- Ensure Student Anaphylaxis Records are easily accessible to the teachers responsible for each student with anaphylaxis.
- Provide staff, and canteen, with a list of students in their care who have anaphylaxis.
- Provide the student with “red crosses” to attach to the hat and collars of all school wear.
- Educate all staff in the administration of anaphylactic medication (EpiPen/Anapen) and how to aid to a student in an emergency situation.
- Although confidentiality is vital, it is equally important that all staff are aware of those students in their care who have anaphylaxis. Teachers need to have easy access to relevant medical records if a student requires emergency care (for example, a severe anaphylactic attack).
- Promote education of possible allergic reactions of children with allergies, educate children in possible triggers and put in place strategies to reduce the chance of reactions (eg, encourage children to wash hands).
- Promote community awareness of being an Allergy Aware school that encourages consideration of foods being consumed on school grounds.
- Request parents to provide an annual review of student action plans.

4.1.3 Parents' Responsibility - Anaphylaxis

- Parents are responsible for advising the school of their child/ren's medical conditions, and work with the school to ensure that the school meets their child/ren's health care needs.
- School Education Act 1999 s16(c)(i)(ii) requires that the parent or person responsible for the student provides information to the school for 'the long-term and day-to-day care, welfare and development of the child'.
- At the beginning of each school year, parents/carergivers will be required to provide the school with an updated Action Plan for Anaphylaxis (Appendix 1) for their child/ren. Although the School will contact parents/carers regarding updating a student's Action Plan at the beginning of each school year, it is also the responsibility of parents/carers to notify the school, in writing, if there are any changes to these plans.
- Parents must immediately advise the school of any change in emergency contact details.
- Parents must ensure their child/ren has/have a valid EpiPen at school.
- Parents need to assist in the education of their child/ren in developing an awareness of peers and possible triggers in their environment and take precautionary measures to prevent exposure to reactions.
- Parent/carer should educate their child/ren to manage his/her allergy and teach them to self-administer their Epipen. This is age appropriate.
- Parents need to ensure that the “red crosses” provided by the school are attached to the student hat and collar of all school wear.

4.1.4 Student's Responsibility - Anaphylaxis

- Students in K to PP will have their EpiPens stored in a common area available to staff, in the Early Childhood area.
- Students in Years One to Six are responsible for carrying their EpiPen at all times whilst on school grounds/during school activities. This includes classrooms, specialist classrooms, playgrounds, church, excursions etc.
- Students with allergies need to develop an awareness of peers and possible triggers in their environment and take precautionary measures to prevent exposure to reactions.

4.1.5 Recommended Storage of EpiPens - Anaphylaxis

Following consultation with Anaphylaxis Australia, it is recommended that parents supply their child/ren with a clearly labelled hands-free insulated bag in which the EpiPen can be encased. These are available through Anaphylaxis Australia at allergyfacts.org.au, follow the link to the Product Catalogue.

4.1.6 Student Anaphylaxis Record

As referred to earlier, all students with anaphylaxis should have a standard record completed by the student's doctor (Action Plan for Anaphylaxis - Appendix 1).

It is recommended that the following information be on record and that this information is updated at the beginning of each year:

- Usual medical treatment whilst at school (medication taken on a regular basis when the student is 'well' or as pre-medication prior to exercise).
- An anaphylactic first aid plan detailing medications to be used when anaphylactic symptoms develop at school. This should include how to recognise worsening symptoms and what to do during an acute attack.
- Written authority by parent/carer for school staff to administer the prescribed medication.
- A list of known or suspected triggers for anaphylaxis.
- Name, address and telephone number of an emergency contact, and the student's doctor.

4.1.7 Sports Days, Excursions and School Camp - Anaphylaxis

It is the responsibility of the parent to educate the child/ren of any individual allergies/needs, plus investigate possible triggers for their child/ren in alternative environments.

Parents are expected to educate and remind their child/ren of possible dangers while on excursions, camps and sports days. Parents should ensure that their child/ren has/have his/her EpiPen accessible and packed for these events. A reminder by the parents to the classroom teacher is also recommended. A list of current emergency contact numbers of parents is essential.

4.1.8 Anaphylaxis Education of Staff

All staff employed at St Peter's Primary School will be educated in anaphylaxis symptoms, together with the steps involved in administering an EpiPen. This training occurs at the St Peter's Induction Day and at regular training sessions.

4.2 ASTHMA

4.2.1 Duty of Care - Asthma

The school takes a proactive approach to dealing with students who are asthmatic. In order to do this, it is essential that we have knowledge of all children in the school who are asthmatic, together with the health care procedures in place to deal with an asthma attack.

The standard of care owed to individual students varies and, when considering this standard of care, schools and teachers take into consideration the needs of all students. As part of our duty of care, our school and teachers are obliged to comply with reasonable requests for assistance in the administration of medication, for example, health care assistance with the administration of Ventolin and other medications during an asthma attack.

It is essential that to fulfil this duty of care in complying with reasonable requests, all staff are regularly educated in the administration of Ventolin for use in an asthmatic situation.

4.2.2 School's Responsibility

- Ventolin and puffers are available in the Front Office.
- Ensure updated medical information is provided by parents/carers on all students in the school to ensure the school is aware of all students with asthma (Appendix 2 and 3).
- Keep a copy of Student Asthma Records in the school office.
- Ensure Student Asthma Records are easily accessible to the teachers responsible for each student with asthma.
- Provide staff with a list of students in their care who have asthma.
- Educate all staff in the administration of asthma medication (Ventolin) and how to provide aid to a student in an emergency situation.
- Although confidentiality is vital, it is equally important that all staff are aware of those students in their care who have asthma. Staff need to have easy access to relevant medical records if a student requires care.
- Request parents provide an annual review of student action plans.
- Advise parent/caregiver when asthma medication is administered to student.

4.2.3 Parents' Responsibility

- Parents are responsible for advising the school of the student's medical condition and for working with the school to ensure the school meets the student's health care needs.
- School Education Act 1999 s16(c)(i)(ii) requires that the parent or person responsible for the student provides information to the school for 'the long-term and day-to-day care, welfare and development of the child'.
- At the beginning of each school year, parents/caregivers will be required to provide the school with an updated Asthma Action Plan (Appendices 2 and 3) for their child/ren, completed by their doctor. Although the School will contact parents/carers regarding updating a student's Asthma Action Plan at the beginning of each school year, it is also the responsibility of parents/caregivers to notify the school, in writing, if there are any changes to these plans.
- Parents must immediately advise the school of any change in emergency contact details.
- Parents must ensure their child has medication (eg, Ventolin) at school to take to sport classes, etc.

- Parent/carer should educate their child to manage his/her asthma and teach them to self-administer their medication. This is age appropriate.

4.2.4 Students' Responsibility

- Students in K to PP will have their Asthma medication stored in a common area available to staff, in the Early Childhood area.
- Students in Years One to Six are responsible for carrying their asthma medication when required (ie, sport, music, art). This includes classrooms, specialist classrooms, playgrounds, church, excursions etc.

4.2.5 Student Asthma Records

As referred to earlier, all students with asthma should have a standard record completed by the student's doctor (Appendix 2 and 3).

It is recommended that the following information be on record and that this information is updated at the beginning of each year:

- Usual medical treatment whilst at school (medication taken on a regular basis when the student is 'well' or as pre-medication prior to exercise).
- A Standard Asthma First Aid Plan or My Child's Asthma Action Plan detailing medications to be used when asthmatic symptoms develop at school. This should include how to recognise worsening symptoms and what to do during an acute attack.
- Written authority by parent/caregiver for school staff to administer the prescribed medication.
- A list of known or suspected triggers for asthma.
- Name, address and telephone number of an emergency contact, and the student's doctor.

4.2.6 Sports Days, Excursions and School Camp

It is the responsibility of the parent to educate their child/ren of their asthma, plus investigate possible triggers for their child/ren in alternative environments.

4.2.7 Asthma Education of Staff

All staff employed at St Peter's Primary School will be educated in asthma symptoms, together with the steps involved in administering medication. This occurs at the St Peter's Induction Day and at regular training sessions.

4.3 ALLERGIES

4.3.1 Duty of Care

The standard of care owed to individual students varies and, when considering this standard of care, schools and teachers take into consideration the needs of all students. As part of our duty of care, our school and teachers are obliged to comply with reasonable requests for assistance in the administration of medication.

4.3.2 School's Responsibility

- The School will have a current EpiPen and antihistamine medication in the Front Office.
- Ensure updated medical information is provided by parents/carers on all students in the school to ensure the school is aware of all students with allergies.
- Keep a record of students with allergies.

- Keep a copy of Student Allergy Records in the school office, plus discretely display in staff room, canteen, sick room and in playground duty bags.
- Ensure Student Allergy Records are easily accessible to the teachers responsible for each student with allergies.
- Provide teachers and canteen with a list of students in their care who have allergies.
- Educate staff in the administration of medication and how to provide aid to a student in the event of an emergency situation and ensure that a staff member who has undergone education is present at school sports days, excursions and camps.
- Educate all staff in the administration of allergy medication and how to aid to a student in an emergency situation.
- Although confidentiality is vital, it is equally important that all staff are aware of those students in their care who have allergies.
- Promote education of possible allergic reactions of children with allergies, educate children in possible triggers and put in place strategies to reduce the chance of reactions, eg encourage children to wash hands.
- Promote community awareness of being an Allergy Aware school that encourages consideration of foods being consumed on school grounds.
- Request parents provide an annual review of student action plans.

4.3.3 Parents' Responsibility

- Parents are responsible for advising the school of the student's allergies and for working with the school to ensure the school meets the student's health care needs.
- School Education Act 1999 s16(c)(i)(ii) requires that the parent or person responsible for the student provides information to the school for 'the long-term and day-to-day care, welfare and development of the child'.
- At the beginning of each school year, parents/carers will be required to provide the School with an updated Action Plan for their child completed by their doctor (Allergic Reactions - Appendix 3). Although the School will contact the Parent at the beginning of each year regarding updating a student's Action Plan, it is the responsibility of parents/carers to notify the school, in writing, if there are any changes to these plans.
- Parents must advise the school of any change in emergency contact details immediately.
- Parents need to assist in the education of their child in developing an awareness of peers and possible triggers in their environment and take precautionary measures to prevent exposure to reactions.
- Parent/carer should educate their child to manage his or her allergy. This is age appropriate.

4.3.4 Students' Responsibility

Students with allergies need to develop an awareness of peers and possible triggers in their environment and take precautionary measures to prevent exposure to reactions.

4.3.5 Student Allergy Records

As referred to earlier, all students with allergies should have a standard record completed by the student's doctor (Appendix 4).

It is recommended that the following information be on record and that this information is updated at the beginning of each year:

- Usual medical treatment whilst at school (medication taken on a regular basis when the student is 'well' or as pre-medication prior to exercise).
- Written authority by parent/carer for school staff to administer the prescribed medication.
- A list of known or suspected triggers for allergies.
- Name, address and telephone number of an emergency contact, and the student's doctor.

4.3.6 Sports Days, Excursions and School Camp

It is the responsibility of the parent to educate their child/ren of their individual allergies/needs, plus investigate possible triggers for their child in alternative environments.

Parents are expected to educate and remind their children of possible dangers while on sports days, excursions and school camp. A reminder to the classroom teacher is also recommended. A list of current emergency contact numbers of parents is essential.

4.4 MEDICAL ALERT INFORMATION

4.4.1 Duty of Care

The standard of care owed to individual students varies and, when considering this standard of care, schools and teachers take into consideration the needs of all students. As part of our duty of care, our school and teachers are obliged to comply with reasonable requests for assistance in the administration of medication, for example, diabetes.

4.4.2 School's Responsibility

- Ensure updated medical information is provided by parents/carers on all students in the school to ensure the school is aware of all students with specific medical needs.
- Keep a record of students with specific medical needs.
- Keep a copy of Medical Alert Information records in the school office, plus displays in central locations to include student classroom, staff room, sick room and playground duty folders.
- Ensure records are easily accessible to the teachers responsible for each student.
- Provide teachers with a list of students in their care who have specific medical needs.
- Provide the student with "red crosses" to attach to the hat and collars of all school wear.
- Ensure all staff are aware of students with specific medical alerts and trained in required procedures and administration of medication, if necessary.
- Although confidentiality is vital, it is equally important that all teachers are aware of those students in their care who have specific medical needs. Teachers need to have easy access to relevant medical records if a student requires emergency care.
- Promote education of possible reactions of children with specific medical needs.
- Request parents provide an annual review of student action plans.

4.4.3 Parents' Responsibility

- Parents are responsible for advising the school of the student's medical condition and for working with the school to ensure the school meets the student's health care needs.
- School Education Act 1999 s16(c)(i)(ii) requires that the parent or person responsible for the student provides information to the school for 'the long-term and day-to-day care, welfare and development of the child'.

- At the beginning of each school year, parents/carers will be required to provide the School with an updated Medical Alert Information for their child (Medical Alert Information – Appendix 4). Although the School will contact the Parent at the beginning of each year regarding updating a student’s Medical Alert Information, it is the responsibility of parents/carers to notify the school, in writing, if there are any changes to these plans.
- Parents must advise the school of any change in emergency contact details immediately.
- Parents must ensure their child has required medication at school.
- Parents need to ensure that the “red crosses” are attached to the student’s hat and collars of all school wear.

4.4.4 Student Specific Medical Needs Records

As referred to earlier, all students with specific medical conditions (ie, diabetes, seizures) should have a standard record provided to the school by the parent.

It is recommended that the following information be on record and that this information is updated at the beginning of each year:

- Usual medical treatment whilst at school (medication taken on a regular basis when the student is ‘well’ or as pre-medication prior to exercise).
- Written authority by parent/carer for school staff to administer the prescribed medication.
- Name, address and telephone number of an emergency contact, and the student’s doctor.

4.4.5 Sports Days, Excursions and School Camp

It is the responsibility of the parent to educate the children of their individual medical requirements.

Parents are expected to educate and remind their children of possible situations while on excursions, camps and sports days. A reminder to the classroom teacher is also recommended. A list of current emergency contact numbers of parents is essential.

Authorised by	Mrs Courtney Caputi Principal	Signature:	
		Date:	
Effective Date:	February 2024	Next Review:	

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

ACTION PLAN FOR
Anaphylaxis



Name: _____ Date of birth: DD / MM / YYYY
 Confirmed allergen(s): _____
 Family/emergency contact(s):
 1. _____ Mobile: _____
 2. _____ Mobile: _____
 Plan prepared by: _____ (doctor or nurse practitioner) who
 authorises medications to be given, as consented by the parent/guardian, according to this plan.
 Signed: _____ Date: DD / MM / YYYY
 Antihistamine: _____ Dose: _____
 This plan does not expire but review is recommended by: DD / MM / YYYY

How to give adrenaline (epinephrine) injectors

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®

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

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 3 seconds. REMOVE Anapen®

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

If adrenaline is accidentally injected, phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

MILD TO MODERATE ALLERGIC REACTIONS

- | | |
|---|--|
| <p>SIGNS:</p> <ul style="list-style-type: none"> • Swelling of lips, face, eyes • Hives or welts • Tingling mouth • Abdominal pain, vomiting - these are signs of anaphylaxis for insect allergy | <p>ACTIONS:</p> <ul style="list-style-type: none"> • Stay with person, call for help • Locate adrenaline injector • Give antihistamine - see above • Phone family/emergency contact • Insect allergy - flick out sting if visible • Tick allergy - seek medical help or freeze tick and let it drop off |
|---|--|

Mild to moderate allergic reactions may not always occur before anaphylaxis

SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

- Watch for ANY ONE of the following signs:
- 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)

ACTIONS FOR ANAPHYLAXIS

- 1 LAY PERSON FLAT - do NOT allow them to stand or walk
 - If unconscious or pregnant, place in recovery position - on left side if pregnant
 - If breathing is difficult allow them to sit with legs outstretched
 - Hold young children flat, not upright
 - 2 GIVE ADRENALINE INJECTOR
 - 3 Phone ambulance - 000 (AU) or 111 (NZ)
 - 4 Phone family/emergency contact
 - 5 Further adrenaline 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 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 (who may have been exposed to the allergen) has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

Photo (optional)

ASTHMA ACTION PLAN

Take me when you visit your doctor

Name:

Plan date: **Review date:**

Doctor details:

EMERGENCY CONTACT

Name:

Phone:

Relationship:

😊

WELL CONTROLLED is all of these...

- needing reliever medicine no more than 2 days/week
- no asthma at night
- no asthma when I wake up
- can do all my activities

Peak flow reading (if used) above

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TAKE preventer

Name

morning night puffs/inhalations

• Use my preventer, even when well controlled • Use my spacer with my puffer

TAKE reliever

Name

puffs/inhalations as needed puffs/inhalations 15 minutes before exercise

• Always carry my reliever medicine

😞

FLARE-UP Asthma symptoms getting worse such as **any** of these...

- needing reliever medicine more than usual OR more than 2 days/week
- woke up overnight with asthma
- had asthma when I woke up
- can't do all my activities

Peak flow reading (if used) between and

My triggers and symptoms

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→

TAKE preventer

Name

morning night puffs/inhalations for days then back to well controlled dose

TAKE reliever

Name puffs/inhalations as needed

START other medicine

Name/dose/days/other treatments

MAKE appointment to see my doctor same day or as soon as possible

😡

SEVERE Asthma symptoms getting worse such as **any** of these...

- reliever medicine not lasting 3 hours
- woke up frequently overnight with asthma
- had asthma when I woke up
- difficulty breathing

Peak flow reading (if used) between and

My triggers and symptoms

→

→

→

→

TAKE preventer

Name

morning night puffs/inhalations for days then back to well controlled dose

TAKE reliever

Name puffs/inhalations as needed

START other medicine

Name/dose/days/other treatments

MAKE appointment to see my doctor TODAY

• If unable to see my doctor, visit a hospital

OTHER INSTRUCTIONS

Other medicines, treatments, dose, duration, etc

😱

EMERGENCY is any of these...

- reliever medicine not working at all
- can't speak a full sentence
- extreme difficulty breathing
- feel asthma is out of control
- lips turning blue

Peak flow reading (if used) below

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1

000

CALL AMBULANCE NOW

Dial Triple Zero (000)

2

🚑

START ASTHMA FIRST AID

Turn page for Asthma First Aid

If you are using a dual purpose reliever, your doctor will discuss the correct plan for you.
v19 Updated 13 October 2023

ASTHMA FIRST AID

Blue/Grey Reliever

Airomir, Asmol, Ventolin or Zempreon and Bricanyl

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma



DIAL TRIPLE ZERO (000) FOR AN AMBULANCE IMMEDIATELY IF THE PERSON:

- is not breathing
- suddenly becomes worse or is not improving
- is having an asthma attack and a reliever is not available
- is unsure if it is asthma
- **has a known allergy to food, insects or medication and has SUDDEN BREATHING DIFFICULTY, GIVE ADRENALINE AUTOINJECTOR FIRST (if available)**

1



SIT THE PERSON UPRIGHT

- Be **calm** and reassuring
- **Do not leave** them alone

2



GIVE 4 SEPARATE PUFFS OF RELIEVER PUFFER

- **Shake** puffer
- Put **1 puff** into spacer
- Take **4 breaths** from spacer
 - Repeat until **4 separate puffs** have been taken



If using **Bricanyl** (5 years or older)

- **Do not shake.** Open, twist around and back, and take a deep breath in
- Repeat until **2 separate inhalations** have been taken

If you don't have a spacer handy in an emergency, take **1 puff** as you take **1 slow, deep breath** and hold breath for as long as comfortable. **Repeat** until all puffs are given

3



WAIT 4 MINUTES

- If breathing does not return to normal, give **4 more separate puffs** of reliever as above



Bricanyl: Give 1 more inhalation

IF BREATHING DOES NOT RETURN TO NORMAL

4



DIAL TRIPLE ZERO (000)

- Say **'ambulance'** and that someone is having an asthma attack
- Keep giving **4 separate puffs every 4 minutes** until emergency assistance arrives



Bricanyl: Give 1 more inhalation **every 4 minutes** until emergency assistance arrives



ASTHMA AUSTRALIA


1800 ASTHMA
(1800 278 462)
asthma.org.au

Supported by:




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

ACTION PLAN FOR Allergic Reactions



Name: _____ Date of birth: DD / MM / YYYY

Confirmed allergen(s): _____

Family/emergency contact(s):

1. _____ Mobile: _____

2. _____ Mobile: _____

Plan prepared by: _____ (doctor or nurse practitioner)
who authorises medications to be given, as consented by the patient or parent/guardian,
according to this plan.

Signed: _____ Date: DD / MM / YYYY

Antihistamine: _____ Dose: _____

This plan does not expire but review is recommended by: DD / MM / YYYY

This ASCIA Action Plan for Allergic Reactions is for people who have allergies but do not have a prescribed adrenaline (epinephrine) injector.

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS:

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting -
these are signs of anaphylaxis for insect allergy

Mild to moderate allergic reactions may not always occur before anaphylaxis

ACTIONS:

- Stay with person, call for help
- Give antihistamine - see above**
- Phone family/emergency contact
- Insect allergy - flick out sting if visible
- Tick allergy - seek medical help or freeze tick and let it drop off

SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)






Watch for **ANY ONE** of the following signs:

- 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)

ACTIONS FOR ANAPHYLAXIS

- 1 LAY PERSON FLAT - do NOT allow them to stand or walk**
 - If unconscious or pregnant, place in recovery position - on left side if pregnant
 - 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

Adrenaline injector doses are:

- 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

Instructions are on device labels.

ALWAYS GIVE ADRENALINE INJECTOR FIRST and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication (who may have been exposed to the allergen) has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

© ASCIA 2023 This plan is 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.