

Yarram Early Learning

Anaphylaxis Management Policy

Quality Area 2: Children's Health and Safety

The Yarram Early Learning Incorporated (YELI) Approved Provider is committed to providing a safe and inclusive learning and play environment for all children and their families wishing to access children's services at the YELI centre.

In relation to the serious issue of anaphylaxis the Yarram Early Learning will not ban foods from the Centre in accordance with ASCIA (Australian Society of Clinical Immunology and Allergy) Guidelines for the prevention of anaphylaxis in schools, pre-schools and childcare: 2015 Update

<http://www.allergy.org.au/health-professionals/papers/prevent-anaphylaxis-in-schools-childcare>

Instead a policy and set of procedural systems will be put into place. Procedures will raise awareness with all YELI staff and families about which foods can cause a child attending the Centre to go into anaphylactic shock.

PURPOSE

This policy outlines procedures to:

- To provide, as far as is practicable, a safe and supportive environment in which children at risk of anaphylaxis can participate equally in all aspects of the child's experience at YELI.
- To raise awareness about anaphylaxis and YELI's anaphylaxis management policy with YELI families.
- To engage the parents/guardians of children at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the child.
- To ensure that each staff member has adequate knowledge and training about allergies, anaphylaxis and YELI's policy and procedures in responding to an anaphylactic reaction.

POLICY STATEMENT VALUES

- Ensuring YEL staff will follow our Policy in their daily workplace and will be asked to be mindful of the food products they bring into the centre, and avoid where possible, bringing into the Centre known food allergens.
- Ensuring YEL staff will also follow our Policy informing and asking our families attending the centre to be mindful of bringing in known food allergens and, where possible, not to bring these foods into the YELI Centre.

SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Responsible Person, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of YELI.

BACKGROUND

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life-threatening. Deaths have occurred as a result of anaphylactic shock and anaphylaxis must therefore be regarded as a medical emergency that requires a rapid response.

Certain foods and insect stings are the most common cause of anaphylaxis.

The symptoms of a **mild to moderate allergic reaction** can include:

- Swelling of the lips, face and eyes
- Hives or welts
- Abdominal pain and/or vomiting

The symptoms of anaphylaxis (**a severe allergic reaction**) can include:

- Difficulty breathing or noisy breathing
- Swelling of the tongue
- Swelling/tightness in the throat
- Difficulty talking and/or a hoarse voice
- Wheezing or persistent coughing
- Loss of consciousness and/or collapse
- Young children may appear pale or floppy

Symptoms usually develop within 10 minutes to one hour of exposure to an allergen but can appear within a few minutes.

The key to prevention of anaphylaxis at YELI is knowledge of those children who have been diagnosed at risk, awareness of triggers (allergens) and prevention of exposure to these triggers. Staff members and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment at YELI and should not have a false sense of security that an allergen has been eliminated from the environment. Instead YELI recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the presence of the allergen at YELI.

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

LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Sections 167, 169
- *Education and Care Services National Regulations 2011*: Regulations 90–96, 102, 136, 137, 146, 147, 160–162, 168(2)(d), 173, 177, 181, 183, 184, 246
- *Health Records Act 2001* (Vic), as amended 2011
- *Information Privacy Act 2000* (Vic) as amended 2014
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
- Standard 2.1: Each child's health is promoted

- Element 2.1.1: Each child's health needs are supported
- Element 2.1.4: Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines
- Standard 2.3: Each child is protected
- Element 2.3.3: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
- *Occupational Health and Safety Act 2004 (Vic)*, as amended 2007
- *Privacy Act 1988 (Cth)*
- *Public Health and Wellbeing Act 2008 (Vic)*
- *Public Health and Wellbeing Regulations 2009 (Vic)*

DEFINITIONS

For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Allergen

A substance that can cause an allergic reaction.

Allergic reaction

A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around the mouth, abdominal pain, vomiting and/or diarrhoea, facial swelling, coughing or wheezing, difficulty swallowing or breathing, loss of consciousness or collapse (child pale or floppy), or cessation of breathing.

Allergy

An immune system response to an external stimulus that the body identifies as an allergen. People genetically programmed to experience an allergic reaction will make antibodies to particular allergens.

Anaphylaxis

A severe, rapid and potentially fatal allergic reaction that affects normal functioning of the major body systems, particularly the respiratory (breathing) and/or circulation systems.

Anaphylaxis action plan / ACSIA Action Plan

A medical management plan that is prepared and signed by a Registered Medical Practitioner providing the child's name and allergies, a photograph of the child and clear instructions on treating an anaphylactic episode. An example is the Australian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.

Anaphylaxis Risk Minimisation Plan

A plan specific to YELI that specifies each child's allergies, the ways that each child a risk of anaphylaxis could be accidentally exposed to the allergen while in the care of YELI, practical strategies to minimise those risks, and who is responsible for implementing the strategies.

The risk minimisation plan should be developed by families or carers of children at risk of anaphylaxis and staff members at the service, and should be reviewed at the beginning of each term and always upon enrolment or diagnosis of each child who is at risk of anaphylaxis.

Anaphylaxis management training

Accredited training that includes recognition of allergic reactions, strategies for risk minimisation and risk management, procedures for emergency treatment and facilitates practise in the administration of treatment using a adrenaline auto-injection device (refer to Definitions) trainer. Approved training is listed on the ACECQA website (refer to Sources).

Adrenaline auto-injection device

An intramuscular injection device containing a single dose of adrenaline designed to be administered by people who are not medically trained. This device is commonly called an EpiPen®.

Adrenaline auto-injection device training

Training in the use of the adrenaline auto-injection device that is provided by allergy nurse educators or other qualified professionals such as doctors or first aid trainers, through accredited training institutions or through the use of a self-paced training CD and auto-injection device trainer.

Communication plan

A plan that forms part of the policy outlining how YELI will communicate with parents/guardians and staff in relation to the policy. The communication plan also describes how parents/guardians and staff will be informed about risk minimisation plans and emergency procedures to be followed when a child diagnosed at risk of anaphylaxis is enrolled at YELI.

EpiPen®

A type of adrenaline auto-injection device (refer to Definitions) containing a single dose of adrenaline which is delivered via a spring-activated needle that is concealed until administration is required. Two strengths are available: an EpiPen® and an EpiPen Jr®, and each is prescribed according to a child's weight. The EpiPen Jr® is recommended for a child weighing 10–20kg. An EpiPen® is recommended for use when a child weighs more than 20kg. The child's anaphylaxis medical management action plan (refer to Definitions) must be specific for the brand they have been prescribed.

Adrenaline auto-injector kit

An insulated container with an unused, in-date adrenaline auto-injection device, a copy of the child's anaphylaxis medical management action plan, and telephone contact details for the child's parents/guardians, doctor/medical personnel and the person to be notified in the event of a reaction if the parents/guardians cannot be contacted. If prescribed, an antihistamine should also be included in the kit. Auto-injection devices must be stored away from direct heat.

Intolerance

Often confused with allergy, intolerance is a reproducible reaction to a substance that is not due to the immune system.

No food sharing

A practice in which a child at risk of anaphylaxis only eats food that is supplied/permitted by their parents/guardians and does not share food with, or accept food from, any other child or person.

Nominated staff member

A staff member nominated to be the liaison between parents/guardians of a child at risk of anaphylaxis and YELI. This person also checks regularly to ensure that the adrenaline auto-injector kit is complete and that the device itself is unused and in date, and leads practice sessions for staff who have undertaken anaphylaxis management training.

Risk minimisation

The implementation of a range of strategies to reduce the risk of an allergic reaction, including removing as far as is practicable, major allergen sources from YELI and educating parents/guardians and children about food allergies.

At-risk child

A child whose allergies have been medically diagnosed and who is at risk of anaphylaxis.

Approved anaphylaxis management training

Training that is approved by the National Authority in accordance with Regulation 137(e) of the Education and Care Services National Regulations 2011, and is listed on the ACECQA website (refer to Sources).

Duty of care

A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

SOURCES AND RELEVANT POLICIES

SOURCES

- ASCIA (Australian Society of Clinical Immunology and Allergy) Guidelines for the prevention of anaphylaxis in schools, pre-schools and childcare: 2015 Update <http://www.allergy.org.au/health-professionals/papers/prevent-anaphylaxis-in-schools-childcare>
- Australian Children's Education and Care Quality Authority (ACECQA): www.acecqa.gov.au
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011, ACECQA

RELEVANT POLICIES

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Asthma Policy*
- *Dealing with Medical Conditions Policy*
- *Diabetes Policy*
- *Enrolment and Orientation Policy*
- *Excursions and Incursion Policy*
- *Food Safety Policy*
- *Hygiene Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Inclusion and Equity Policy*
- *Nutrition and Active Play Policy*
- *Privacy and Confidentiality Policy*
- *Supervision of Children Policy*

RESPONSIBILITIES OF DIFFERENT STAKEHOLDERS

The Approved Provider is responsible for:

- The Chairperson will provide all members of the YELI Committee of Management with a copy of the Anaphylaxis Management Policy at the commencement of their term on the YELI Committee of Management. This is listed in the Induction and Orientation Checklist for Committee members.
- Ensuring that an anaphylaxis policy, which meets legislative requirements and includes a sample individual risk minimisation plan (refer to Dealing with Medical Conditions Policy attachments) and a sample individual communication plan (refer to Dealing with Medical Conditions Policy attachments), are developed and displayed at the service, and reviewed regularly
- Ensuring the Nominated Supervisor, educators, staff members, students and volunteers at the service are provided with a copy of the *Anaphylaxis Policy* and the *Dealing with Medical Conditions Policy*
- Ensuring an annual auditing process is undertaken at least annually to ensure the Policy and Procedures are being correctly followed by all YELI staff.
- As a part of the auditing process feedback from families attending the YELI centre regarding the Anaphylaxis Management Policy and Procedures will be sought.
- Implementing a procedure for first aid treatment for anaphylaxis consistent with current national recommendations and ensuring all staff are aware of the procedure
- Ensuring that children with anaphylaxis are not discriminated against in any way
- Ensuring that children with anaphylaxis can participate in all activities safely and to their full potential
- Responding to complaints and notifying DEECD, 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

The Nominated Supervisor and Responsible Person is responsible for:

- Ensuring parents/guardians and others at the service are provided with a copy of the *Anaphylaxis Policy* and the *Dealing with Medical Conditions Policy* (Regulation 91)
- Ensuring that parents/guardians 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 (Regulation 161), and that this authorisation is kept in the enrolment record for each child and recorded on the child's individual *Anaphylaxis Risk Minimisation Plan*.
- Ensuring an *Individual Anaphylaxis Risk Minimisation Plan* is developed for each child at the service who has been diagnosed as at risk of anaphylaxis, in consultation with that child's parents/guardians and staff at the centre. This includes documenting practical strategies for in and out of the YELI centre setting to minimise the risk of exposure to allergens.

- Ensuring the *Medical Conditions Enrolment checklist* (refer to Dealing with Medical Conditions Policy attachments) is completed prior to a child living with anaphylaxis commences at the centre.
- Ensuring the *Anaphylaxis Communication Plan checklist* is reviewed every term for each child with an ACSIA Anaphylaxis Action Plan.
- Request the parents/guardians provide an ASCIA (Australasian Society of Clinical Immunology and Allergy) Action Plan that has been signed by the child's medical practitioner and has an up to date photograph of the child.
- Ensuring that parents/guardians provide the child's EpiPen® and that it is not out of date.
- Displaying a notice prominently at the service stating that a child diagnosed as at risk of anaphylaxis is being cared for and/or educated by the service (Regulation 173(2)(f)).
- Ensuring that all children diagnosed as at risk of anaphylaxis have details of their allergy, their ACSIA Action Plan, their *Individual Anaphylaxis Risk Minimisation Plan* and the completed *Anaphylaxis Management Checklist* filed with their enrolment record (Regulation 162).
- Ensuring that there is at least one staff member on duty at all times who has current approved anaphylaxis management training in accordance with the *Education and Care Services National Regulations 2011* (Regulation 136(1)(b)).
- Ensuring educators at Yarram Early Learning all have current approved anaphylaxis management training (refer to *Definitions*).
- *How to Call Card*: A card that the service has completed containing all the information that Ambulance Victoria will request when phoned on 000. This card will be kept within easy access of all service telephone/s.
- Ensuring a medication record (refer to Dealing with Medical Conditions Policy attachments) is kept for each child to whom medication is to be administered by the service (Regulation 92)
- Ensuring the YELI Anaphylaxis Management Policy is reviewed six monthly in consultation with YELI staff and parents/guardians in the first twelve months of operation.
- Actively seek information to identify children with severe life threatening allergies at enrolment.
- Ensuring that YELI staff members obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®.
- Ensuring the Anaphylaxis Communication Plan is implemented to raise children, staff and parent/guardian awareness about severe allergies and YELI policies.
- Providing information to all YELI staff members (including specialist staff, new staff, casual staff, office staff and YELI Committee of Management) so they are aware of children who are at risk of anaphylaxis, the child's allergies, YELI's management strategies and first aid procedures. This is included in the staff / volunteer induction checklist.
- Ensuring there are procedures in place for informing casual relief staff of children at risk of anaphylaxis and the steps required for prevention and emergency response. This is included in the staff / volunteer induction checklist.
- Allocating time, such as during staff meetings, to discuss, practice and review YELI management strategies for children at risk of anaphylaxis, including

quarterly practice using a trainer EpiPen®. A record of this training is included in the YELI staff training record.

- Encouraging ongoing communication between parents/guardians and staff members about the current status of the child's allergies, YELI policies and their implementation.
- Ensuring that written notice is given to a parent/guardian as soon as is practicable if medication is administered to a child in the case of an emergency.
- Ensuring that educators/staff who accompany children at risk of anaphylaxis outside the service carry a fully equipped adrenaline auto-injector kit (refer to *Definitions*) and a copy of the anaphylaxis medical management action plan for each child diagnosed as at risk of anaphylaxis.
- Ensuring that medication is not administered to a child at the service unless it has been authorised and administered in accordance with Regulations 95 and 96 (refer to *Administration of Medication Policy and Dealing with Medical Conditions Policy*)
- Review the child's *Individual Anaphylaxis Risk Minimisation Plan* in consultation with parents/guardian as soon as is practicable after a child has had an anaphylactic reaction at the YELI centre.
- Responsible for ensuring that a sharps disposal unit is available at the service for the safe disposal of used adrenaline auto-injection devices.
- Notify parents/guardians, as soon as is practicable, if medication has been administered to their child in an anaphylaxis emergency without authorisation from a parent/guardian or authorised nominee (Regulation 94). This communication to parents/guardians will be documented in the child's file.
- **The Supervisors and relevant Room Leader are responsible for ensuring volunteers and students are following this policy and the outlines procedures.**

Other educators are responsible for:

All staff members who are responsible for the care of children at risk of anaphylaxis at YELI have a duty to take steps to protect children from risks of injury that are reasonably foreseeable. This may include office staff, casual relief staff and volunteers. Staff members should:

- Know YELI's anaphylaxis, dealing with medical conditions and first aid procedures and what their role is in relation to responding to an anaphylactic reaction
- Know the identity of the child or children who are a risk of anaphylaxis. Understand the causes, symptoms and treatment of anaphylaxis.
- Obtain and maintain training on how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®.
- Keep a copy of the child's ACSIA Action Plan in the central kitchen area and follow it in the event of an anaphylactic reaction.
- Know where the child's EpiPen® is kept. Remember that the EpiPen® is designed so that anyone can administer it in an emergency.
- Know and follow the prevention strategies in the child's individual Anaphylaxis Risk Minimisation Plan.
- Plan ahead for special group activities or special occasions such as excursions and incursions. Work with parents/guardians to provide appropriate food for the child.

- Avoid the use of food treats in class or as rewards, as these may contain hidden allergens. Work with parents/guardians to provide appropriate treats for the student.
- Be aware of the possibility of hidden allergens in food and traces of allergens when using items such as egg or milk cartons in art or cooking classes.
- Be careful of the risk of cross-contamination when preparing, handling and displaying food.
- Raise children's awareness about severe allergies and the importance of their role in fostering an environment at the YELI centre that is safe and supportive of peers.
- Ensuring that children diagnosed as at risk of anaphylaxis are not discriminated against in any way and are able to participate fully in all activities.
- Review the child's individual Anaphylaxis Risk Minimisation Plan at the beginning of each term or if the child's circumstances change, in consultation with parents/guardians.
- Ensuring that educators/staff who accompany children at risk of anaphylaxis outside the service carry a fully equipped adrenaline auto-injector kit (refer to *Definitions*) and a copy of the anaphylaxis medical management action plan for each child diagnosed as at risk of anaphylaxis.
- First Aid / Anaphylaxis Trained staff to ensure the expiry date of the general adrenaline auto-injection device is checked quarterly and replaced when required. This will be recorded on an auto-injection device expiry card located with the device.
- All YELI staff will ensure risk minimisation strategies are employed rigorously to prevent cross-contamination of any food given to children diagnosed as at risk of anaphylaxis. The risk minimisations strategies followed will be those listed in each child's *Individual Anaphylaxis Risk Minimisation Plan*.
- YELI First Aid/Anaphylaxis trained staff will ensure, for each child at risk of anaphylaxis, their *ACSA Anaphylaxis Action Plan* and medication will be taken on excursions or to other offsite Incursion and activities.

Parents/guardians are responsible for:

Parents and guardians of a child who is at risk of anaphylaxis may experience high levels of anxiety about sending their child to the YELI centre. It is important to encourage an open and co-operative relationship with parents/guardians so that they can feel confident that appropriate management strategies are in place.

Parents/guardians should:

- Inform the YELI Nominated Supervisor, either at enrolment or diagnosis, of the child's allergies, and whether the child has been diagnosed as being at risk of anaphylaxis.
- Obtain information from the child's medical practitioner about their condition and any medications to be administered. Inform YELI staff of all relevant information and concerns relating to the health of the student.
- Meet with Room Leader or 2IC in room to develop the child's individual Anaphylaxis Risk Minimisation Plan.
- Provide an ACSIA Anaphylaxis Action Plan, or copies of the plan to YELI that are signed by the child's medical practitioner and have an up to date photograph.
- Parents/guardians of all children with anaphylaxis will provide an unused, in-date adrenaline auto-injection device at all times their child is attending the

YELI centre. Where this is not provided, children will be unable to attend the YELI centre.

- Replace the general adrenaline auto injection device before it expires.
- Completing 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.
- Assist YELI staff in planning and preparation for the child prior to incursions and excursions or special events such as class parties.
- Supply alternate food options for the child / student when needed.
- Inform staff members of any changes to the child's emergency contact details.
- Participate in reviews of the child's individual Anaphylaxis Risk Minimisation Plan, e.g. when there is a change to the child's condition or at quarterly review.
- To ensure the child's anaphylaxis *ACSIA Action Plan* is specific to the brand of adrenaline auto-injection device prescribed by the child's medical practitioner.

Some parents/guardians may not wish the identity of the child to be disclosed to the wider YELI community. This should be discussed with the child's parents/guardians and written consent obtained to display the child's name, photograph and relevant details in the shared kitchen area, or other common spaces.

PROCEDURE

As part of the duty of care owed to children attending the YELI centre, staff are required to administer first aid when necessary and within the limits of their skill, expertise and training. In the case of anaphylaxis, this includes following a student's *ASCIA Action Plan* and administering an *EpiPen®* if necessary.

Staff Training

- YELI Approved Provider and the Nominated Supervisor will ensure that all educators' approved first aid qualifications, anaphylaxis management training and emergency asthma management training are current, meet the requirements of the National Act (Section 169(4)) and National Regulations (Regulation 137), and are approved by ACECQA (refer to *Sources*).
- In 2015 Anaphylaxis training generally is valid for 3 years.
- The YELI Nominated Supervisor will identify staff to be trained in a recognised anaphylaxis management course.
- Training will be provided to the identified staff member as soon as is practicable.
- Wherever possible, training will take place before the staff member begins work at YELI, where this is not possible, an interim plan will be developed in consultation with the parents/guardians.
- The child's *ACSIA Anaphylaxis Action Plan* will be followed in responding to an anaphylactic reaction.
- All YELI staff will practice administration of treatment for anaphylaxis using an adrenaline auto-injection device trainer quarterly. This participation will be documented on the *YELI Staff Training Record* (refer to *Dealing with Medical Conditions Policy* attachments) and signed off by the YELI Nominated Supervisor.

- The Nominated Supervisor will ensure details of approved anaphylaxis management training (refer to Anaphylaxis Management Policy *Definitions*) are recorded on the *YELI Staff Training Record* (refer to Dealing with Medical Conditions Policy attachments) (Regulations 146, 147). The Training Record is located in a folder next to the staff files in the locked filing cabinet

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:

- Selectively audit Anaphylaxis Management Checklist, the Anaphylaxis Risk Minimisation Plan and the Anaphylaxis Communication Plan and Procedure, on a six monthly basis to ensure that documentation is current and complete
- Regularly seek feedback from everyone affected by the policy regarding its effectiveness
- Monitor the implementation, compliance, complaints and incidents in relation to this policy
- Keep the policy up to date with current legislation, research, policy and best practice
- Revise the policy and procedures as part of the service's policy review cycle or following an anaphylactic episode at the service, or as otherwise required
- Notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

ATTACHMENTS

Attachment 1: ASCIA Action Plan Anaphylaxis EpiPen Red 2020

Attachment 2: ASCIA Action Plan Anaphylaxis Generic Red 2020

Attachment 3: ASCIA PCC Anaphylaxis 2019


Attachment 4: ASCIA Action Plan Allergic Reactions Green 2020

- Attached to the Dealing with Medical Conditions Policy is attached forms for
 - Individual risk minimisation plan
 - Enrolment checklist for a child with a medical condition and or special needs
 - Communication plan for a child with a medical condition and or special needs

REVIEWED BY MANAGENENT - July 2023

TO BE REVIEWED - 2024

ATTACHMENT ONE



www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

For use with **EpiPen®** adrenaline (epinephrine) autoinjectors

Name: _____

Date of birth: _____

Confirmed allergen(s): _____

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (not): _____

The treating doctor or nurse practitioner authorises:

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

Date: _____

Signed: _____

Date: _____

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

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

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

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




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

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

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

ACTION FOR ANAPHYLAXIS

- 1 Lay person flat - do NOT allow them to stand or walk**
 - If unconscious, place in recovery position
 - If breathing is difficult allow them to sit

- 2 Give adrenaline autoinjector**
- 3 Phone ambulance - 000 (AU) or 111 (NZ)**
- 4 Phone family/emergency contact**
- 5 Further adrenaline doses may be given if no response after 5 minutes**
- 6 Transfer person to hospital for at least 4 hours of observation**

If in doubt give adrenaline autoinjector

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

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

Asthma reliever medication prescribed: Y N

How to give EpiPen® adrenaline (epinephrine) autoinjectors



1

Form flat 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 2 seconds **REMOVE EpiPen®**

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

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

ATTACHMENT TWO



www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

For use with adrenaline (epinephrine) autoinjectors

Name: _____

Date of birth: _____

Confirmed allergens: _____

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

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

The treating doctor or npi hereby authorises:
 - Medications specified on this plan to be administered according to the plan.
 - Prescription of 2 adrenaline autoinjectors.
 - Review of this plan is due by the date below.
 Date: _____

Signed: _____

Date: _____

Refer to the device label for instructions on how to give an adrenaline (epinephrine) autoinjector.

Instructions are also on the ASCIA website
www.allergy.org.au/anaphylaxis

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

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

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

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

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




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

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

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

ACTION FOR ANAPHYLAXIS

- 1 Lay person flat - do NOT allow them to stand or walk**
 - If unconscious, place in recovery position
 - If breathing is difficult allow them to sit




- 2 Give adrenaline autoinjector**
- 3 Phone ambulance - 000 (AU) or 111 (NZ)**
- 4 Phone family/emergency contact**
- 5 Further adrenaline doses may be given if no response after 5 minutes**
- 6 Transfer person to hospital for at least 4 hours of observation**

If in doubt give adrenaline autoinjector

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

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

Asthma reliever medication prescribed: Y N

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

ascia
www.allergy.org.au

Information
FOR PATIENTS, CONSUMERS AND CARERS

Anaphylaxis

Anaphylaxis is a potentially life threatening, severe allergic reaction and should always be treated as a medical emergency. Anaphylaxis occurs after exposure to an allergen (usually to foods, insects or medicines), to which a person is allergic. Not all people with allergies are at risk of anaphylaxis.

It is important to know the signs and symptoms of anaphylaxis

Symptoms of anaphylaxis are potentially life threatening and include any one of the following:

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

In some cases, anaphylaxis is preceded by less dangerous allergic symptoms such as:

- Swelling of face, lips and/or eyes.
- Hives or welts.
- Abdominal pain and vomiting (these are signs of anaphylaxis for insect allergy).

Several factors can influence the severity of an allergic reaction. These include exercise, heat, alcohol, and in food allergic people, the amount of food eaten and how it is prepared.

Identifying the cause of anaphylaxis is important

Your doctor will normally ask a series of questions that may help to narrow down the list of likely causes such as foods or medicines consumed that day, or exposure to insects. This approach will also help to exclude conditions that can sometimes be confused with anaphylaxis, such as fainting or an epileptic seizure. If allergy is suspected, this may be followed by allergy tests, usually a blood test for allergen specific IgE (formerly known as RAST tests) or skin prick testing, to help confirm or exclude potential triggers.

Information on allergy testing is available on the ASCIA website.

It is important to note that some methods which claim to test for allergies (including ototoxic food testing, Vega testing, kinesiology, allergy elimination techniques, iridology, pulse testing, Alcat testing, Rinkel's intradermal testing, reflexology, hair analysis and IgG food allergy testing) are not medically or scientifically proven methods to confirm allergy. Information about these tests is available on the ASCIA website.

Effective management of anaphylaxis saves lives

If you are at risk of anaphylaxis, you will require ongoing management by your doctor. This should include:

- Referral to a clinical immunology/allergy specialist**
- Identification of the trigger/s of anaphylaxis will include a comprehensive medical history and clinical examination followed by interpretation of allergy test results.

ASCIA INFORMATION FOR PATIENTS, CONSUMERS AND CARERS

- Education on avoidance of triggers is particularly important with severe food allergy, as avoidance of the food is the only way to avoid an allergic reaction. Advice from an experienced allergy dietitian may also be required.
- Provision of an ASCIA Action Plan for Anaphylaxis** to provide guidance on when and how to use an adrenaline (epinephrine) autoinjector.
- Regular follow up visits to a clinical immunology/allergy specialist.
- Medical specialists providing clinical immunology and allergy services are listed on the ASCIA website.

** ASCIA Action plans must be completed by a doctor and kept with the adrenaline autoinjector. ASCIA Action Plans for Anaphylaxis are available from the ASCIA website.

Adrenaline is the first line treatment for anaphylaxis

Adrenaline works rapidly to reverse the effects of anaphylaxis and is the first line treatment for anaphylaxis. Adrenaline autoinjectors contain a single, fixed dose of adrenaline, and have been designed to be given by non-medical people, such as a friend, teacher, childcare worker, parent, passer-by or by the patient themselves (if they are not too unwell to do this).

An adrenaline autoinjector should only be prescribed as part of a comprehensive anaphylaxis management plan, which includes an ASCIA Action Plan for Anaphylaxis, and education on how to reduce the risk of allergic reactions. If you or your child has been prescribed an adrenaline autoinjector, it is important that you learn and practice how to use it, by using a trainer device every three to four months.

Further information

The following patient organisations provide useful and supportive information:


- Allergy & Anaphylaxis Australia www.allergyfacts.org.au
- Allergy New Zealand www.allergy.org.nz

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ASCIA is the peak professional body of clinical immunology/allergy specialists in Australia and New Zealand. ASCIA resources are based on published literature and expert review, however, they are not intended to replace medical advice. The content of ASCIA resources is not influenced by any commercial organisations. For more information go to www.allergy.org.au

To donate to allergy and immunology research go to www.allergyimmunology.org.au/donate

ATTACHMENT FOUR



www.allergy.org.au

ACTION PLAN FOR Allergic Reactions

Name: _____

Date of birth: _____

Confirmed allergens: _____

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

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

The treating doctor or nurse practitioner authorises:

- Medications specified on this plan to be administered according to the plan.
- Use of adrenaline autoinjector if available.
- Review of this plan is due by the date below.

Date: _____

Signed: _____

Date: _____

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

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

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

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




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

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

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

ACTION FOR ANAPHYLAXIS

1. Lay person flat - do NOT allow them to stand or walk
 - If unconscious, place in recovery position
 - If breathing is difficult allow them to sit

- 2 Give adrenaline (epinephrine) autoinjector if available
- 3 Phone ambulance - 000 (AU) or 111 (NZ)
- 4 Phone family/emergency contact
- 5 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

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

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

Asthma reliever medication prescribed. Y N

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

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