

Anaphylaxis Policy



Help for non-English speakers

If you need help to understand the information in this policy, please contact seymour.co@education.vic.gov.au

PURPOSE

To explain to Seymour 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 Seymour 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

Seymour 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 Seymour 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 Seymour 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 Seymour 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 is 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

Depending on the age of the students at risk of anaphylaxis, the severity of their allergies and the content of their plan, some students may keep their adrenaline autoinjector on their person, rather than in a designated location.

Example for when students will not keep their adrenaline autoinjectors on their person:

- A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the Health Centre, together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.

Example for when students will keep their adrenaline autoinjectors on their person:

- A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the Health Centre. Students are encouraged to keep their adrenaline autoinjectors on their person. Adrenaline autoinjectors for general use are available around the school with first aid kits and the Health Centre and are labelled "general use".

Example for where some students keep their adrenaline autoinjectors on their person and others store them elsewhere:

- A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the Health Centre. Whilst some students keep their adrenaline autoinjector on their person, medication for those that do not will be stored and labelled with their name at the Health Centre, together with adrenaline autoinjectors for general use.

Risk Minimisation Strategies

This section details the risk minimisation strategies that Seymour College has put in place to reduce the possibility of a student suffering from an anaphylactic reaction at school. These include:

- during classroom activities (including class rotations, specialist and elective classes)
- between classes and other breaks
- in canteens
- during recess and lunchtimes
- before and after school
- camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions).

To reduce the risk of a student suffering from an anaphylactic reaction at Seymour College, we have put in place the following strategies:

- staff and students are regularly reminded to wash their hands after eating;
- students are discouraged from sharing food
- garbage bins at school are to remain covered with lids to reduce the risk of attracting insects
- gloves must be worn when picking up papers or rubbish in the playground;
- school canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination
- year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays
- a general use adrenaline autoinjector will be stored at the school canteen, office and in the yard duty bag for ease of access.
- Planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, appropriate number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending.

Adrenaline autoinjectors for general use

Seymour College will maintain a supply of adrenaline autoinjectors 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 Health Centre and labelled “general use”.

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

- the number of students enrolled at Seymour 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 the School Nurse and stored at the Health Centre. 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"> • Lay the person flat • Do not allow them to stand or walk • If breathing is difficult, allow them to sit • Be calm and reassuring • Do not leave them alone • 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 Health Centre • If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5
2.	<p>Administer an EpiPen or EpiPen Jr</p> <ul style="list-style-type: none"> • Remove from plastic container • Form a fist around the EpiPen and pull off the blue safety release (cap) • Place orange end against the student's 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 • Note the time the EpiPen is administered • Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration <p style="text-align: center;">OR</p> <p>Administer an Anapen[®] 500, Anapen[®] 300, or Anapen[®] Jr.</p> <ul style="list-style-type: none"> • Pull off the black needle shield • Pull off grey safety cap (from the red button) • Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing) • Press red button so it clicks and hold for 3 seconds • Remove Anapen[®] • Note the time the Anapen is administered • Retain the used Anapen to be handed to ambulance paramedics along with the time of administration
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.

If in doubt, it is better to use an adrenaline autoinjector than not use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful and potentially life threatening than over-treatment of a mild to moderate allergic reaction.

Communication Plan

This policy will be available on Seymour College's website so that parents and other members of the school community can easily access information about Seymour College's anaphylaxis management procedures. The parents and carers of students who are enrolled at Seymour 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 Seymour 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.

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.

Seymour College uses the following training course ASCIA eTraining course (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 our School Nurse. 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 Seymour 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 by the School Nurse and staff training through the school's online Emergency Management Plan.

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 www.seymourcollege.vic.edu.au

POLICY REVIEW AND APPROVAL

Policy last reviewed	23 August 2023
Approved by	Principal
Next scheduled review date	August 2024

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.

Child Safe Standards

"Victorian government schools are child safe environments. Seymour College actively promotes the safety and wellbeing of all students, and all school staff are committed to protecting students from abuse or harm in the school environment in accordance with their legal obligations including the Child Safe Standards. The College's Child Safety Code of Conduct is available on the school's website."

Seymour College

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seymour.co@edumail.vic.gov.au

www.seymourcollege.vic.edu.au



UPDATE OF MEDICAL INFORMATION

23rd August, 2023

Dear Parent / Guardian,

Our records indicate that your child has the following condition:

Anaphylaxis

To assist your child and to keep our records current, can you please fill out the information sheet in conjunction with your doctor, and return it to the school as soon as possible?

We look forward to the mutual management of your child's condition and appreciate your assistance in this matter.

Yours sincerely,

Brooke Wessels
School Nurse

ANAPHYLAXIS RISK MANAGEMENT CHECKLIST

Seymour College

Primary / Secondary (Please Circle)

Primary

Secondary

Special

Location / Address / Campus:

Date of Review: Time:

College Contact Person (name):

(Who provided information collected?)

Position:

Review given to (name):

(If different from above)

Position:

Comments:

1. How many current students are diagnosed with anaphylaxis?.....
2. Have any students ever had an allergic reaction while at College?
YES NO
If Yes, how many times?
3. Have any students had an Anaphylactic Reaction at College?
YES NO
If Yes, how many times?
4. Has a staff member been required to administer an EpiPen® to a student?
YES NO
If yes, how many times?

ANAPHYLAXIS RISK MANAGEMENT CHECKLIST

Section 1 Anaphylaxis management Plans and ASCIA Action Plans

1. Does every student who has been diagnosed at risk of anaphylaxis have an individual Anaphylaxis Management Plan in place? (see Section 4.1 and Appendix 1, Anaphylaxis Guidelines)?
YES NO

2. Are all Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?
YES NO

3. Do they set out strategies to minimise the risk of exposure to allergens for in-school and out of class settings?
 - i. During classroom activities, including elective classes
YES NO
 - ii. In canteens or during lunch or snack times
YES NO
 - iii. Before and after school, in the school yard and during breaks
YES NO
 - iv. For special events, such as excursions, sport days, class parties and extra-curricular activities?
YES NO
 - v. For excursions and camps
YES NO
 - vi. Other

4. Do all students who suffer from anaphylaxis have a copy of their ASCIA Action Plan kept at school (provided by the parent)?
YES NO

5. Where are they kept?.....

6. Do the anaphylaxis action plans have a recent photo of the student with them? YES NO

Comments

Section 2 Storage and accessibility of the EpiPen

1. Where are the students EpiPen's® Stored?

2. How are the EpiPens® stored?

3. Is the storage safe (out of reach of students)?
YES NO

4. Is the storage unlocked and accessible to staff at all times?
YES NO

Comments

5. Is the EpiPen® easy to find?
YES NO

Comments

6. Is a copy of students' ASCIA Action Plans kept together with their EpiPen®?
YES NO

Comments

7. Are EpiPen's® and Action Plans clearly labelled with students' names?
YES NO

Comments

8. Has someone been designated to check the EpiPen's® expiry dates on regular basis?
YES NO
WHO?.....

Comments

9. Has the College signed up to EpiClub (a free reminder service)?
YES NO
10. Do all staff know where the EpiPens® and Action Plans are Stored?
YES NO

Comments

11. Is there a spare EpiPen®?
YES NO
12. If Yes, what Type?.....
13. Where is it stored?
14. Is it clearly labelled as the 'backup EpiPen®'?
YES NO

Section 3 Prevention Strategies

- 1. Have you done a risk assessment of the potential for accidental exposure to allergens for a student with anaphylaxis?
YES NO
- 2. Has the College implemented any of the prevention strategies (in Appendix 2 of the Guidelines)?
YES NO
- 3. Which ones?
- 4. Others:
- 5. Is there always a trained staff member on yard duty?
YES NO
- 6. How many staff have completed training?.....

Section 4 Training and Emergency Response

- 1. Have all staff responsible for the care of students with anaphylaxis been trained?
YES NO
- 2. When does their training need to be renewed?.....
- 3. Do all staff have an understanding of the causes, signs and symptoms of anaphylaxis and of their role in the College's first aid and emergency response procedures?
YES NO
- 4. Have you planned how the alarm will be raised if an allergic reaction occurs?
In the class room? YES NO
How?
In the College yard? YES NO
How?
At College camps and excursions? YES NO
How?
On special event days, such as sports days? YES NO
How?
- 5. Does your plan include who will call the Ambulance?
YES NO
How?
- 6. In an emergency is there a plan for who will be sent to collect the EpiPen® and Action Plan?
YES NO
- 7. Who will this be when in the class room?.....
- 8. Who will this be when in the College yard?.....
- 9. Who will this be at sporting activities?.....

10. Have you checked how long will it take to get to the EpiPen® and Action Plan to a student from various areas of the College?
 YES NO
 How long?.....
 When in the class room? YES NO
 How long?.....
 When in the College yard? YES NO
 How long?.....
 When at sports fields? YES NO
 How long?.....
11. On excursions or other out of College event is there a plan for who will look after the EpiPen® and Action Plan?
 YES NO
12. Who will do this on excursions?.....
13. Who will do this on camps?.....
14. Who will do this on sporting activities?.....
15. Is there a process for post incident support in place?
 YES NO
16. Have all staff been briefed on:-
 the College's Anaphylaxis Management Policy? YES NO
 the causes, symptoms and treatments of anaphylaxis? YES NO
 the identities of students diagnosed at risk of anaphylaxis and where their medication is located?
 YES NO
 how to use an adrenaline auto-injecting device, including hands on practice with a trainer adrenaline auto-injecting device YES NO
 the Colleges first aid and emergency response procedures YES NO

Section 5: Communicating with staff, students and parents / carers

1. Is there a communication plan in place to provide information about anaphylaxis and the College's policies to staff, students and parents/ carers?
 YES NO
2. Are there procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response?
 YES NO

Comments

3. Do all staff know which students suffer from anaphylaxis?
 YES NO

Comments

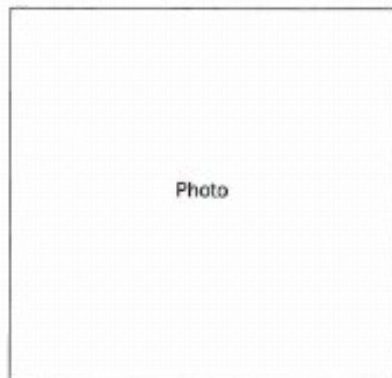
4. How is this information kept up to date?

5. Are there strategies in place to increase awareness about severe allergies among students?
YES NO

Comments

Name: _____
 Date of birth: _____

For use with EpiPen® adrenaline autoinjectors



Photo

Confirmed allergens: _____

Family/emergency contact name(s): _____

Work Ph: _____
 Home Ph: _____
 Mobile Ph: _____

Plan prepared by: _____
 Dr: _____

I hereby authorise medications specified on this plan to be administered according to the plan.

Signed: _____

Date: _____
 Date of next review: _____

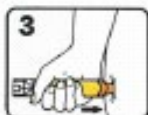
How to give EpiPen®



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



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 10 seconds.

REMOVE EpiPen®. Massage injection site for 10 seconds.

Instructions are also on the device label and at: www.allergy.org.au/anaphylaxis

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. Do not remove ticks.
- Stay with person and call for help.
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector.
- Give other medications (if prescribed).....
- Phone family/emergency contact.

Mild to moderate allergic reactions may not always occur before anaphylaxis

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

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION FOR ANAPHYLAXIS

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.
- 2 Give EpiPen® or EpiPen® Jr 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, if another adrenaline autoinjector is available.

If in doubt, give adrenaline autoinjector

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

EpiPen® is generally prescribed for adults and children over 5 years.

EpiPen® Jr is generally prescribed for children aged 1-5 years.

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Asthma: Y N Medication: _____

Name: _____

Date of birth: _____

Photo

Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by:

Dr: _____

I hereby authorise medications specified on this plan to be administered according to the plan.

Signed:

Date: _____

Date of next review: _____

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

For people with severe allergies (and at risk of anaphylaxis) there are ASCIA Action Plans for Anaphylaxis, which include adrenaline autoinjector instructions.

Instructions are also on the device label and at:
www.allergy.org.au/anaphylaxis

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. Do not remove ticks.
- Stay with person and call for help.
- Give other medications (if prescribed).....
- Phone family/emergency contact.

Mild to moderate allergic reactions may not always occur before anaphylaxis

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

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.**
- 2 Give adrenaline autoinjector if available.**
- 3 Phone ambulance*: 000 (AU) or 111 (NZ).**
- 4 Phone family/emergency contact.**

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

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

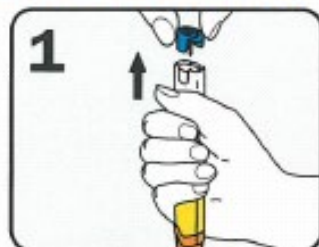
IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

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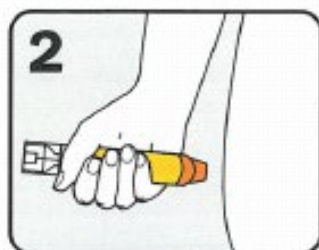
Asthma: Y N Medication: _____

For use with EpiPen® adrenaline autoinjectors

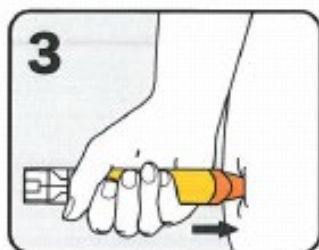
How to give EpiPen®



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



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 10 seconds.

Remove EpiPen®. Massage injection site for 10 seconds.

Instructions are also on the device label and at: www.allergy.org.au/anaphylaxis

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. Do not remove ticks.
- Stay with person and call for help.
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector.
- Phone family/emergency contact.

Mild to moderate allergic reactions may not always occur before anaphylaxis

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

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ACTION FOR ANAPHYLAXIS

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- 2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector.**
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- 4 Phone family/emergency contact.**
- 5 Further adrenaline doses may be given if no response after 5 minutes, if another adrenaline autoinjector is available.**

If in doubt, give adrenaline autoinjector

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

EpiPen® is generally prescribed for adults and children over 5 years.

EpiPen® Jr is generally prescribed for children aged 1-5 years.

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.