




Broadford Secondary College

ANAPHYLAXIS

Policy and Procedure

Broadford Secondary College actively promotes the safety and wellbeing of all students. All staff are committed to protecting students from abuse or harm in the school environment in accordance with their legal obligations including Child Safe Standards.

Date Implemented	November 2020
Author	Jacqui Daw
Approved By	Tania Pearson
Approval Authority (signature & date)	 18/03/2026
Date Reviewed	February 2026
Responsible for Review	School Nurse
Review Date	February 2027
References	DEECD



Help for non-English speakers

If you need help to understand the information in this policy please contact the general office on 57841200

PURPOSE

To explain to Broadford Secondary 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 Broadford Secondary 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

Broadford Secondary 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 Broadford Secondary 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 (includes an individual ASCIA Action Plan for Anaphylaxis [Red Plan]). When notified of an anaphylaxis diagnosis, the Principal of Broadford Secondary College is responsible for developing the plan in consultation with the student's parents/carers.

The Individual Anaphylaxis Management Plan aligns with the student's ASCIA Action Plan for Anaphylaxis and is designed to support the implementation of the medical advice provided in the ASCIA Action Plan. The revised Individual Anaphylaxis Management Plan template simplifies documentation and removes duplication with the ASCIA Action Plan.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrolls at Broadford Secondary College and, where possible, before the student's first day. Schools may gradually incorporate the updated template during 2026.

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:

- **If a student 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 General Office, sickbay, staffrooms and with the school nurse together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name and are kept in the General Office.*
- **If a student keeps 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 General Office, sickbay, staffrooms and with the school nurse first. 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 General Office, together with adrenaline autoinjectors for general use.*

Risk Minimisation Strategies

Our school will manage anaphylaxis by:

- Providing training each year for all staff on anaphylaxis management, and briefings twice yearly on anaphylaxis including the administering of an adrenaline auto-injector such as an EpiPen. The Principal is responsible for ensuring such training occurs.
- Identifying susceptible students and knowing their allergens through information provided by parents. Upon receiving an enrolment form, Office Staff recording enrolment will advise the school nurse of students with an Anaphylaxis/ Allergy alert.

- School canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination

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

Classrooms	
1.	Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.
2.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
3.	Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
4.	Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
5.	Children with food allergy need special care when doing food technology. An appointment should be organised with the student's parents prior to the student undertaking this subject. Helpful information is available at: www.allergyfacts.org.au/images/pdf/foodtech.pdf
6.	A designated staff member should inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and adrenaline autoinjector, the school's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. ie seeking a trained staff member.

Yard	
1.	If a school has a student who is at risk of anaphylaxis, sufficient school staff on yard duty must be trained in the administration of the adrenaline autoinjector (i.e. EpiPen) and be able to respond quickly to an allergic reaction if needed.
2.	Keep lawns and clover mowed and outdoor bins covered.
3.	Students should keep drinks and food covered while outdoors.

Special events (e.g. sporting events, incursions, class parties, etc.)	
1.	If a school has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an adrenaline autoinjector to be able to respond quickly to an anaphylactic reaction if required.
2.	School staff should avoid using food in activities or games, including as rewards.
3.	For special events involving food, school staff should consult parents/students in advance to develop an alternative food menu.

Field trips/excursions/sporting events

1.	If a school has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an adrenaline autoinjector and be able to respond quickly to an anaphylactic reaction if required.
2.	A school staff member or team of school staff trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions.
3.	School staff should avoid using food in activities or games, including as rewards.
4.	The adrenaline autoinjector and a copy of the individual ASCIA Action Plan for Anaphylaxis for each student at risk of anaphylaxis should be easily accessible and school staff must be aware of their exact location.
5.	<p>For each field trip, excursion etc, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.</p> <p>All school staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.</p>

Camps and remote settings

1.	Prior to engaging a camp owner/operator's services the school should make enquiries as to whether the operator can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation in writing to the school, then the school should strongly consider using an alternative service provider. This is a reasonable step for a school to take in discharging its duty of care to students at risk of anaphylaxis.
2.	The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
3.	Schools must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
4.	Schools should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis while they are on camp. This should be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp's commencement.
5.	School staff should consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate procedures are in place to manage an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken in order for the school to adequately discharge its non-delegable duty of care.
6.	Use of substances containing known allergens should be avoided altogether where possible.

7.	<p>Camps should be strongly discouraged from stocking peanut or tree nut products, including nut spreads. Products that ‘may contain’ traces of nuts may be served, but not to students who are known to be allergic to nuts.</p> <p>If eggs are to be used there must be suitable alternatives provided for any student known to be allergic to eggs.</p>
8.	<p>The student's adrenaline autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.</p> <p>All staff attending camp should familiarise themselves with the students’ Individual Anaphylaxis Management Plans AND plan emergency response procedures for anaphylaxis prior to camp and be clear about their roles and responsibilities in the event of an anaphylactic reaction.</p>
9	<p>It is strongly recommended that schools take an adrenaline autoinjector for general use on a school camp (even if there is no student who is identified as being at risk of anaphylaxis) as a back-up device in the event of an emergency.</p>
10.	<p>Schools should consider purchasing an adrenaline autoinjector for general use to be kept in the first aid kit and include this as part of the emergency response procedures.</p>
11.	<p>The adrenaline autoinjector should be carried in the school first aid kit;. Remember that all school staff members still have a duty of care towards the student even if they do carry their own adrenaline autoinjector.</p>
12.	<p>Cooking and art and craft games should not involve the use of known allergens.</p>
13.	<p>Consider the potential exposure to allergens when consuming food on buses and in cabins.</p>

Overseas travel

1.	<p>Review and consider the strategies listed under “Field Trips/Excursions/Sporting Events” and “Camps and Remote Settings”. Where an excursion or camp is occurring overseas, schools should involve parents in discussions regarding risk management well in advance.</p>
2.	<p>Investigate the potential risks at all stages of the overseas travel such as:</p> <ul style="list-style-type: none"> • travel to and from the airport/port • travel to and from Australia (via aeroplane, ship etc) • accommodation venues • all towns and other locations to be visited • sourcing safe foods at all of these locations • risks of cross contamination, including: <ul style="list-style-type: none"> ◦ exposure to the foods of the other students ◦ hidden allergens in foods ◦ whether the table and surfaces that the student may use will be adequately cleaned to prevent a reaction ◦ whether the other students will be able to wash their hands when handling food.

3.	<p>Assess where each of these risks can be managed using minimisation strategies such as the following:</p> <ul style="list-style-type: none"> • translation of the student’s Individual Anaphylaxis Management Plan and ASCIA Action Plan for Anaphylaxis into the local language • sourcing of safe foods at all stages • obtaining the names, address and contact details of the nearest hospital and medical practitioners at each location that may be visited • obtaining emergency contact details • determine the ability to purchase additional autoinjectors.
4.	<p>Record details of student travel insurance, including contact details for the insurer. Determine how any costs associated with medication, treatment and/or alteration to the travel plans as a result of an anaphylactic reaction will be paid.</p>
5.	<p>Plan for the appropriate supervision of students at risk of anaphylaxis at all times, including that:</p> <ul style="list-style-type: none"> • there are sufficient school staff attending the excursion who have been trained in accordance with section 12 of the Ministerial Order • there is an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are taking medication, eating food or being otherwise exposed to potential allergens • there will be capacity for adequate supervision of any affected student(s) requiring medical treatment, and that adequate supervision of the other students will be available • staff/student ratios should be maintained during the trip, including in the event of an emergency where the students may need to be separated.
6.	<p>The school should re-assess its emergency response procedures, and if necessary adapt them to the particular circumstances of the overseas trip. Keep a record of relevant information such as the following:</p> <ul style="list-style-type: none"> • dates of travel • name of airline, and relevant contact details • itinerary detailing the proposed destinations, flight information and the duration of the stay in each location • hotel addresses and telephone numbers • proposed means of travel within the overseas country • list of students and each of their medical conditions, medication and other treatment (if any) • emergency contact details of hospitals, ambulances, and medical practitioners in each location • details of travel insurance • plans to respond to any foreseeable emergency including who will be responsible for the implementation of each part of the plans • possession of a mobile phone or other communication device that would enable the school staff to contact emergency services in the overseas country if assistance is required.

Work experience

1. Schools should involve parents, the student and the work experience employer in discussions regarding risk management **prior** to a student at risk of anaphylaxis attending work experience. The employer and relevant staff must be shown the ASCIA Action Plan for Anaphylaxis and how to use the adrenaline autoinjector in case the work experience student shows signs of an allergic reaction whilst at work experience. It may be helpful for the teacher and the student to do a site visit before the student begins placement.

Adrenaline autoinjectors for general use

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

Adrenaline autoinjectors for general use will be stored at the General Office and labelled “general use” and are contained in orange containers.

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

- the number of students enrolled at Broadford Secondary 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 our school nurse Jacqui Daw, and stored at the General Office, Sickbay and staffrooms. 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 General Office

	<ul style="list-style-type: none"> • 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 (if the student is under 20kg)</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>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 10 seconds • Remove Anapen® • Note the time the Anapen is administered <p>Retain the used Anapen to be handed to ambulance paramedics along with the time of administration.</p>
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.

[Note: 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 Broadford Secondary College’s website so that parents and other members of the school community can easily access information about Broadford Secondary College’s anaphylaxis management procedures. The parents and carers of students who are enrolled at Broadford Secondary 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 Broadford Secondary 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:

- All School staff will undertake the ASCIA Anaphylaxis e-training for Victorian Schools followed by a competency check by the School Anaphylaxis supervisor. Repeated every two years.
- Our school nurse and first aiders will be trained in Course in Verifying the Correct use of Adrenaline Autoinjector devices 22303VIC

Broadford Secondary College uses the following training course ASCIA Anaphylaxis e-training for Victorian Schools followed by a competency check by the School Anaphylaxis Supervisor (with 22578VIC). as well as Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC.

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 First Aid Officers - School Anaphylaxis Supervisor. Each briefing will address:

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

When a new student enrolls at Broadford Secondary 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 using both paper and electronic methods.

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

- School Policy and Advisory Guide:

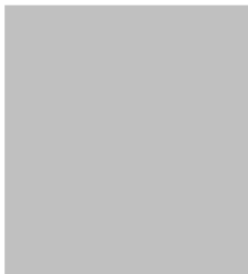
- [Anaphylaxis](#)
- [Anaphylaxis management in schools](#)
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)
- Health Care Needs Policy
- Administration of Medication policy
- First Aid Policy

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.

Name: _____

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

Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np):

The treating doctor or np 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: _____

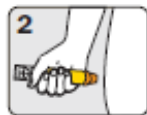
Signed: _____

Date: _____

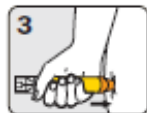
How to give EpiPen® adrenaline (epinephrine) autoinjectors



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

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

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

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- 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
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give adrenaline autoinjector

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline doses may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

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

ALWAYS give adrenaline autoinjector FIRST, 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.