

# ANAPHYLAXIS

## Guidelines and Protocols

A reference guide for  
emergency management of anaphylaxis







# ANAPHYLAXIS

<b>Introduction.....</b>	<b>3</b>	<b>Anaphylaxis – Medication and Autoinjector.....</b>	<b>18</b>
<b>Being Prepared – Planning .....</b>	<b>5</b>	Medication - Adrenaline .....	18
Anaphylaxis management plan .....	5	<b>Anaphylaxis – First Aid Overview .....</b>	<b>19</b>
<b>Anaphylaxis Management Plan .....</b>	<b>7</b>	<b>Response to Anaphylaxis Situations .....</b>	<b>19</b>
<b>Developing Plans.....</b>	<b>8</b>	<b>Response – First Actions .....</b>	<b>21</b>
<b>Putting plans and strategies into action .....</b>	<b>9</b>	Assess the emergency situation .....	21
Implement strategies .....	9	<b>Response – Second Actions.....</b>	<b>22</b>
Staff training .....	9	Respond to the emergency situation .....	22
<b>Putting plans and strategies into action .....</b>	<b>10</b>	<b>Response – Third Actions .....</b>	<b>23</b>
Undertake risk management .....	10	Assess the casualty .....	23
Identify all people diagnosed at risk .....	11	<b>Response – Fourth Actions .....</b>	<b>24</b>
Raise awareness.....	12	Respond to the casualty .....	24
<b>Is the plan effective?.....</b>	<b>13</b>	<b>Last actions – After the incident .....</b>	<b>25</b>
Review .....	13	Communication: .....	25
Changes .....	13	Evaluation: .....	25
<b>Allergic Reaction – Mild/Moderate.....</b>	<b>14</b>	Documentation: .....	26
<b>Anaphylaxis – Action Plans .....</b>	<b>15</b>	<b>Quiz - Anaphylaxis .....</b>	<b>27</b>
<b>Anaphylaxis Facts .....</b>	<b>17</b>	<b>Quiz – Anaphylaxis Answer Template.....</b>	<b>30</b>
What is anaphylaxis? .....	17		
Causes or common triggers.....	17		



# Introduction

There is a need for first aiders to treat casualties who have access to an adrenaline autoinjector as part of their individual Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan for Anaphylaxis, in the event of a casualty having a severe allergic reaction. ASCIA is the peak professional body of clinical immunology and allergy in Australia and New Zealand.

## **This resource provides the skills and knowledge to be able to:**

- Develop risk management and risk minimisation strategies for anaphylaxis. This includes:
  - Developing and implementing pre-emergency risk assessment/management plan
  - Identifying individuals at risk of mild to moderate allergic reactions and anaphylaxis
  - Developing individual anaphylaxis management plans to reduce the risk of severe reactions in individuals diagnosed at risk of anaphylaxis
- Assess an allergic situation taking into consideration the casualty, risks, physical hazards and appropriate response to take control of the situation
- Undertake a risk assessment for a particular environment
- Develop and implement strategies to reduce risk
- Use effective communication skills to communicate with the casualty, team members, bystanders and emergency services
- Identify the triggers, signs and symptoms of allergic reactions, including anaphylaxis
- Provide an emergency first aid response to an individual experiencing anaphylaxis, until the arrival of medical assistance. This includes standard first aid procedures and the specific skills and knowledge to administer adrenaline using adrenaline autoinjector devices available in Australia
- Communicate details of the incident including requesting emergency assistance, conveying details of the casualty to emergency services and producing appropriate documentation according to established procedures
- Evaluate first aid response to the anaphylactic reaction
- Communicate with key stakeholders to minimise the risk of exposure to known triggers/allergens

# Introduction

The information in this resource addresses the provision of care to adults and/or children in the workplace who are diagnosed as being at risk of anaphylaxis, or displaying signs/symptoms of anaphylaxis.

All tasks in training, and in the workplace, are to be carried out in accordance with relevant industry legislation and organisational policies.

As a minimum, workers with the responsibility to care for those at risk of anaphylaxis must have literacy and numeracy competencies to be able to read and comprehend:

- Relevant organisational policies and procedures
- Relevant legislative documents such as *Children's Services Regulations 2009* and *Education and Care Services National Regulations 2011*
- The ASCIA Action Plan for Anaphylaxis
- ASCIA guidelines for treatment of anaphylaxis and other ASCIA information, and
- Australian Resuscitation Council (ARC) Guidelines for provision of first aid

Also it is a requirement to be able to use **communication equipment** to request appropriate emergency assistance at the scene of the incident and complete workplace incident/injury reporting documentation.

Additionally, it is recommended to be **current in Cardio Pulmonary Resuscitation (CPR)** training.

# Being Prepared – Planning

## Anaphylaxis management plan

Groups such as workplaces, sporting clubs, schools, outside school hours care or childcare facilities should develop a plan for managing people with anaphylaxis.

ASCIA Action Plans for Anaphylaxis have been developed as a concise and easy to follow, single page document to assist in emergency treatment of anaphylaxis.

These plans should be used as part of a comprehensive anaphylaxis management plan that includes:

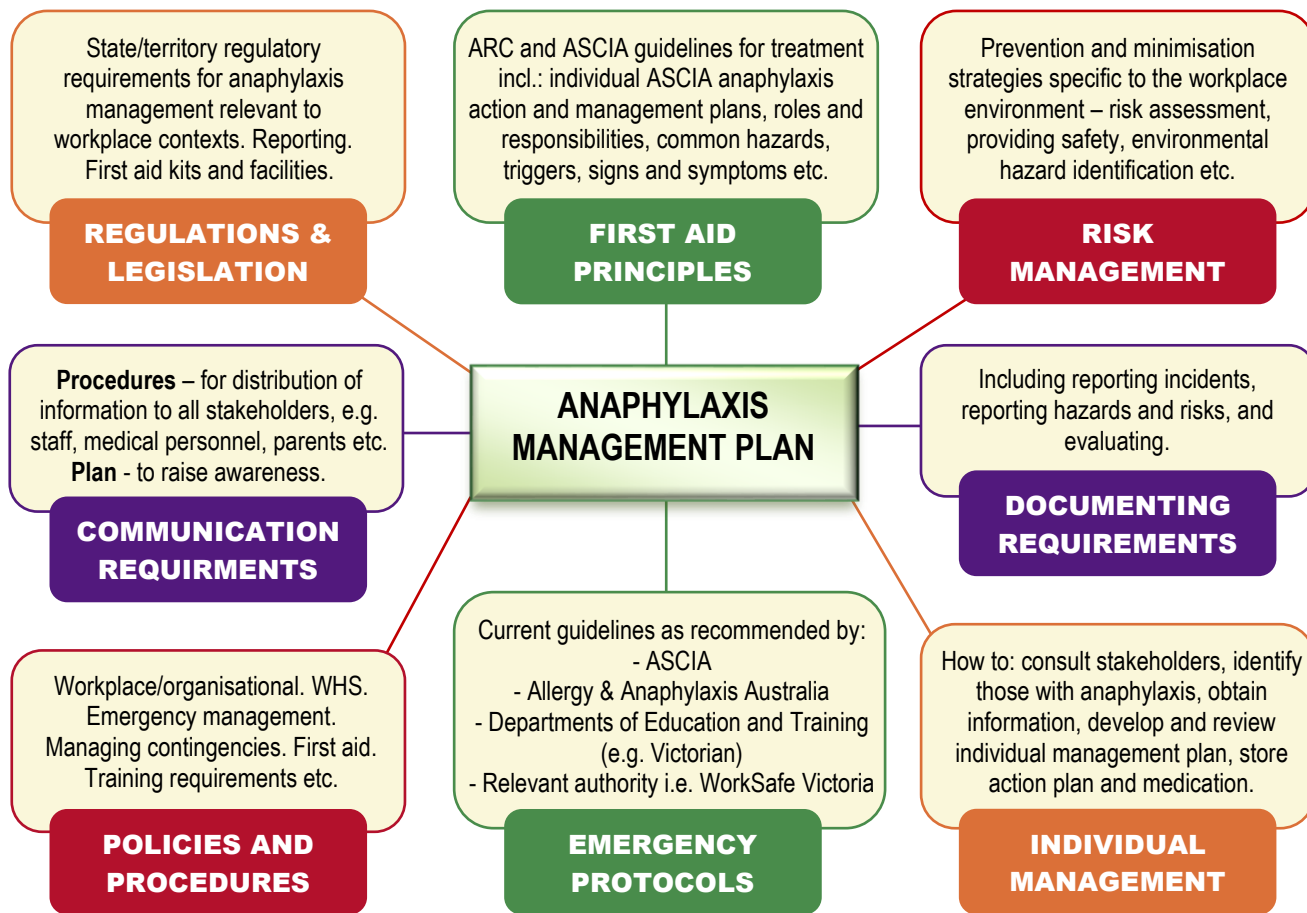
- Age appropriate education of allergic individuals and their peers or colleagues (patient support organisations have a range of resources to help educate children)
- Training in the recognition and management of allergic reactions
- Development of strategies to reduce the risk of accidental exposure (refer to ASCIA Guidelines for Anaphylaxis Prevention and patient support organisations)
- An emergency response plan for when exposure does occur (**ASCIA Action Plans for Anaphylaxis should be used for this purpose**).
- Guidelines for recognising mild to moderate allergic reactions and anaphylaxis and understanding the potential consequences of the conditions
- Outlining prevention strategies and risk identification and minimisation for people at risk e.g. eating areas, playgrounds and classrooms should restrict common triggers and foods identified in action plans.

**It is essential to understand the composition and essential components of an anaphylaxis management plan.**

**These are described in the graphic on the next page. All elements in the graphic must be included/covered in the plan.**



## Being Prepared – Planning



# Anaphylaxis Management Plan

Schools and child care centres should adopt anaphylaxis management plans. Below is an example of a school management plan.

INDIVIDUAL EMERGENCY MANAGEMENT PLAN – PART 1	
School: <i>Greenwood</i>	Phone: (03) 4444 5555
Student's name: <i>Tommy Jones</i>	Date of birth: <i>30 - 1 - 2008</i>
HEALTH CONDITION: <i>Severely allergic to bee stings</i> DIAGNOSIS: <i>Anaphylaxis</i>	
SIGNS AND SYMPTOMS to look for:	PREVENTION STRATEGIES:
<ul style="list-style-type: none"> <li>Swelling of face, lips, eyes, and/or tongue</li> <li>Wheeze or persistent cough</li> <li>Hives or welts on the skin</li> <li>Persistent dizziness</li> <li>Collapse</li> <li>Loss of consciousness</li> <li>Noisy breathing /</li> <li>Tingling mouth</li> <li>Tightness in throat</li> <li>Body redness</li> <li>Abdominal pain and vomiting</li> <li>Difficulty talking</li> <li>Difficulty breathing</li> </ul>	<ul style="list-style-type: none"> <li>Gardener/maintenance personnel to replace plants identified with those that do not attract bees and do not produce pollen</li> <li>Constant monitoring of the child</li> <li>Place the medication in the classroom of the child, out of reach of children yet easily and quickly reachable</li> <li>Have action plans and emergency contact numbers ready for an emergency</li> <li>Ensure communications methods are in place and working</li> <li>Ensure staff are trained in FA and with administration of adrenaline autoinjector</li> <li>Regular checks of kits and medications, replacing as required</li> <li>Regularly review plans</li> <li>Provide information and updates on procedures</li> </ul>
MEDICATION: <i>Adrenaline via autoinjector</i>	EMERGENCY CARE TO BE PROVIDED: <i>Autoinjector to be administered as soon as possible after onset of any of the signs and symptoms.</i>
<b>AUTOINJECTOR LOCATION &amp; STORAGE REQUIREMENTS:</b> <i>The school has a general use autoinjector in each first aid kit. These are located in the front office, the sick bay and staff rooms in each of the buildings. Students who have their own autoinjector devices have these stored next to the first aid kit in the sick bay/first aid room or in a secure area in their classroom. Out of reach of children, yet easily accessed. Action plans are stored with the autoinjector.</i>	

INDIVIDUAL EMERGENCY MANAGEMENT PLAN – PART 2	
PARENT/CARER INFORMATION (1)	PARENT/CARER INFORMATION (2)
Name: <i>PETER SMITH</i>	Name: <i>MARY SMITH</i>
Home phone: (03) 4444 5555	Home phone: (03) 4444 5555
Mobile: 0419 115 666	Mobile: 0408 626 444
Relationship: <i>FATHER</i>	Relationship: <i>MOTHER</i>
Work phone: (03) 4444 6666	Work phone: (03) 4444 7777
Address: <i>368 BROWNS ROAD MEADOWPARK VIC 3333</i>	Address: <i>368 BROWNS ROAD MEADOWPARK VIC 3333</i>
OTHER EMERGENCY CONTACT: <i>Mildred Lockett (GRANDMOTHER) (03) 4444 5555</i>	MEDICAL PRACTITIONER CONTACT: <i>DR George Wong, MEADOWPARK MEDICAL CENTRE, (03) 4444 3333</i>
CONSULTATION PROCESS:	COMMUNICATION METHODS:
<ul style="list-style-type: none"> <li>Children;</li> <li>Parents;</li> <li>Carers;</li> <li>Doctors;</li> <li>All staff at caring facility</li> </ul>	<ul style="list-style-type: none"> <li>Face to face meetings and phone calls</li> <li>Information in induction pack for new parents</li> <li>Training sessions for staff</li> <li>Regular updates for staff</li> <li>Signs up in the entrance to centre</li> <li>Newsletters</li> </ul> <p><i>Communicate any changes to organisation's anaphylaxis management plan to all relevant parties using:</i></p> <ul style="list-style-type: none"> <li>Newsletters</li> <li>Notes home to parents</li> <li>Staff meetings</li> </ul>
<b>WORKPLACE COMMUNICATION STRATEGY FOR INDIVIDUAL ACTION PLAN FOR ANAPHYLAXIS:</b> Strategies for communicating this Action Plan and general information on anaphylaxis include: <ul style="list-style-type: none"> <li>All staff broadcast</li> <li>Annual staff training days</li> <li>Administration</li> <li>Weekly staff meetings - First aid briefing</li> <li>Faculty/School administration meetings</li> <li>Faculty/School briefings - teachers</li> <li>First aid and WHS meetings</li> </ul>	
<i>It is imperative that any changes to a child's Individual Anaphylaxis Management Plan is communicated immediately through these channels</i>	
<b>REVIEW DATE:</b> <i>1 / 1 / 2016</i>	
Signature of parent: <i>Peter Smith</i>	Date: <i>1/1/2015</i>
Signature of principal (or nominee): <i>Judith Roberts</i>	Date: <i>1/1/2015</i>

# Developing Plans

## Anaphylaxis management plan

The *anaphylaxis management plan* for the organisation must be developed, understood, readily accessed and available to all staff.

Information must include:

- Identities of people (particularly children and including teenagers) diagnosed at risk of anaphylaxis
- Prevention strategies, risk identification and minimisation for individuals at risk
- Triggers of allergic reactions including anaphylaxis
- Signs/symptoms of allergic reactions, including anaphylaxis
- Roles and responsibilities of individuals in responding to severe allergic reactions
- First aid and emergency response procedures for various scenarios
- Location and correct storage of adrenaline autoinjector devices (including autoinjectors for general use, if applicable)
- Use of adrenaline autoinjector devices
- Policies and procedures of the organisation
- How to raise awareness i.e. a communication plan

## Individual anaphylaxis management plan

An *individual anaphylaxis management plan* is to be prepared in consultation with the individual/parent/carer, and distributed to all staff responsible for the individual at risk. Individual Anaphylaxis Management Plan must include:

- Individual personal details
- Parent/carer details (depending on age of individual)
- Emergency contact
- Medical information (as above)
- ASCIA Action Plan for Anaphylaxis
- Strategies to avoid allergens/triggers
- Location of the adrenaline autoinjector

### IMPORTANT NOTE:

An individual anaphylaxis management plan must be **reviewed** at the *start of each school year* for school-aged children and otherwise *annually*, in accordance with organisational procedures and the ASCIA guidelines.

The individual's ASCIA Action Plan for Anaphylaxis must be reviewed by a medical practitioner when the adrenaline autoinjector is replaced.

# Putting plans and strategies into action

## Implement strategies

Due to changing factors, all strategies must be continually monitored and reviewed regularly. Strategies to prevent allergic reactions, including anaphylaxis to be implemented include:

- Organisational policies
- Staff training
- Identifying the triggers/allergens to avoid for mild to moderate reactions and anaphylaxis in individuals
- Management of food related risks
- Management of potential exposure to insect stings/tick bites
- Emergency response procedures for all scenarios
- ASCIA Action Plan for Anaphylaxis
- Sourcing current evidence-based information and guidelines from relevant peak and government bodies (e.g. ASCIA, Allergy & Anaphylaxis Australia, Victorian Department of Education and Training, WorkSafe Victoria etc.)
- The identities of the people/children at risk

## Staff training

Consult your state/territory regulations, first aid codes of practice and workplace requirements for refresher training to maintain currency of competence. This includes the:

- Identification of staff competencies and training requirements
- Requirements in some workplaces for Police Checks and/or Working with Children Checks

# Putting plans and strategies into action

## Undertake risk management

Workplace and individual risk assessments must be undertaken for **proposed activities** in different environments to reduce the risk of an individual's exposure to known triggers/allergens. This includes working cooperatively with others to conduct a **risk assessment** and rating the potential risks.

### Risk assessment involves:

- The identification of potential sources of trigger and allergens
- The rating of risks and the effect of environments on level of risk e.g. a planned excursion such as remote camp location exponentially increases the risk
- Evaluating staff skills in the risk management of anaphylaxis

### Proposed activities may include:

- A range of workplace activities
- Immunisation sessions
- In-school/children's services environments and out-of-school children's services environments, including:
  - Art, craft
  - Cooking
  - Science
  - Incursions
  - Canteens
  - Parties/Special event days
  - Excursions
  - Camps etc.

### IMPORTANT NOTE:

The effectiveness of risk minimisation strategies are to be *reviewed annually and after incidents occur.*

Feedback of the review is to be provided to relevant staff.

Risk management must include regular checks being conducted on the adrenaline autoinjector stock to ensure they are not out-of-date or discoloured.

# Putting plans and strategies into action

## Identify all people diagnosed at risk

There should be a clearly documented process (organisational procedure) to clearly identify individuals at risk of mild to moderate allergic reactions and anaphylaxis, who are being enrolled into any facility, during the enrolment process. For example, if a child with mild to moderate allergic reactions and/or anaphylaxis is starting at a care facility, parents/caregivers should identify their child has been diagnosed with mild to moderate allergic reactions and/or anaphylaxis.

To assist with the management of anaphylaxis at the facility, those parents should then be encouraged to supply:

- Medical information:
  - The Australasian Society of Clinical Immunology and Allergy (ASCI) Action Plan for Anaphylaxis, which has been completed and signed by the individual's medical practitioner
  - Photo identification
  - Allergic triggers/allergens
  - First aid response, including prescribed medication
  - Other medical conditions
- Their medication and devices (i.e. Adrenaline via an autoinjector such as an EpiPen®)

Any person that has indicated they have been diagnosed with mild to moderate allergic reactions and/or anaphylaxis must be identified to staff and a copy of his/her action plans must be kept in either or all (depending on the situation) of the following:

- With the anaphylaxis first aid kit
- In the office, and/or first aid room
- In the classroom

# Putting plans and strategies into action

## Raise awareness

Any worker that is involved with people at risk of mild to moderate allergic reactions and/or anaphylaxis must be familiar with the anaphylaxis management plan so they know what to do in the event where a person is presenting with allergic symptoms. This will mean implementing a **communication plan** to raise awareness of mild to moderate allergic reactions and anaphylaxis and its first aid management.

The communication plan is to be prepared in consultation with all relevant stakeholders, and in accordance with the organisation's procedures. This will require staff members to have the ability to communicate effectively with a range of stakeholders such as:

- Carers/parents
- Workplace first aiders
- Management
- Students
- Teachers
- Nurses
- Casual staff
- Specialist staff
- Early childhood staff
- Employers/Employees
- Food industry staff such as carers, canteen staff
- School camp providers
- Volunteers
- Broader community

The information communication plan must include:

- Current medical management and risk minimisation plans for individual people
- How relevant staff members and volunteers are informed about the organisations policies, procedures and emergency treatment plans
- How a parent/caregiver of the child can communicate any changes to the medical management plan and risk minimisation plan for their child
- State/territory regulatory requirements
- Workplace anaphylaxis emergency policy
- Other relevant workplace policies/procedures

**The communication plan is to be reviewed *annually* to maintain its effectiveness.**

# Is the plan effective?

## Review

The effectiveness of the workplace's *anaphylaxis management plan* must be reviewed regularly to ensure that it remain adequate and effective. Reviewing the plan might involve:

### CURRENCY

Regular checking of legislation and protocols to keep current.  
Refresher training.

### MEETINGS

Going over the plan in group and meetings to discuss the content.

### ACTUAL EVENTS

Reflecting on how the strategies and plans worked in an actual event.

### IDENTIFY, RECOMMEND AND IMPLEMENT CHANGES

## Changes

Recommendations for changes to the *anaphylaxis management plan* and *risk management strategies* may be required after review.

### COMMUNICATE THE CHANGES

Any changes must be clarified and communicated to all relevant parties.

Staff meetings.  
Newsletters and information packs to parents etc.  
Induction training.  
Refresher training.  
Display on the staff bulletin board.

### RELEVANT PARTIES

First aiders/First aid officer/Safety officer.  
Managers/Supervisors  
Teachers/Child care workers/Coaches.  
Parents/Carers.  
Doctors/Nurses.

### MONITOR, REVIEW AND EVALUATE CHANGES



# Allergic Reaction – Mild/Moderate

## One or more of the following:

- Mild swelling of face, eyes and lips
- Hives or welts on the skin
- Tingling mouth
- Signs of envenomation
- Stomach pain and vomiting (if this occurs after an insect bite, consider as a sign of anaphylaxis)

ASCIA provides an action plan for allergic reaction



Swelling eyes may be a sign of anaphylaxis

If possible, stay with them, ask others to get medications, action plans and an adrenaline autoinjector in case they develop anaphylaxis.

Flick out stings if visible, or remove ticks. Move from the allergen source.

The casualty may self-administer his/her own antihistamines for relief.

Contact parent/guardian or other emergency contact.

Watch for signs of anaphylaxis.

## HAZARD = ALLERGEN SOURCE

Certain foods. Bites and stings. Medications. Latex etc.

## RISK = ANAPHYLAXIS DEVELOPING

Life threatening if anaphylaxis occurs.

**REMOVE HAZARDS**

**MEDICATION / RELIEF**

**MONITOR**

If symptoms progress to anaphylaxis, adrenaline via an autoinjector is required.




Itchy rash, welts

# Anaphylaxis – Action Plans

Allergic reaction (personal) use when no adrenaline autoinjector has been prescribed

General use action plan for using an EpiPen®



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www.allergy.org.au

## ACTION PLAN FOR Allergic Reactions

Name: \_\_\_\_\_

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

### SIGNS OF MILD TO MODERATE ALLERGIC REACTION

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

### ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to 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
- 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 (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

Note: This 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 (epinephrine) autoinjector instructions

Instructions are also on the device label

Note: All EpiPen® should be held in place for 3 seconds regardless of instructions on device label



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## ACTION PLAN FOR Anaphylaxis

For EpiPen® adrenaline (epinephrine) autoinjectors

### 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 - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- 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 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
- 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

EpiPen® is prescribed for children over 20kg and adults. EpiPen® Jr is prescribed for children 10-20kg

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

All EpiPen® should be held in place for 3 seconds regardless of instructions on device label

### How to give EpiPen®

- 1 Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE
- 2 Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)
- 3 PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

To view in full, go to: <http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>

# Anaphylaxis – Action Plans

Personal/individual use action plan for using an EpiPen®

ASCIA Action Plans for Anaphylaxis include instructions on how to use an adrenaline autoinjector and should therefore always be stored with the autoinjector.


An adrenaline autoinjector for general use can be used on a casualty displaying signs and symptoms of anaphylaxis regardless of whether they have been diagnosed as being at risk of anaphylaxis.

Follow the ASCIA Adrenaline Autoinjectors for General Use - Information for Patients, Consumers and Carers Factsheet.

It is important to note that these are all medical documents and therefore must be completed and signed by the treating doctor (e.g. Immunology/Allergy Specialist, Paediatrician or General Practitioner).

ASCIA Action Plans should be reviewed when patients are reassessed by their doctor, and each time they obtain a new adrenaline autoinjector prescription, which is approximately every 12 to 18 months.

If there are no changes in diagnosis or management the medical information on the ASCIA Action Plan may not need to be updated. However, if the patient is a child, the photo should be updated each time, so they can be easily identified.




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## ACTION PLAN FOR Anaphylaxis

For EpiPen® adrenaline (epinephrine) autoinjectors

Name: \_\_\_\_\_

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



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

Family/emergency contact name(s): \_\_\_\_\_

Work Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

Plan prepared by medical or nurse practitioner: \_\_\_\_\_

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

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Action Plan due for review: \_\_\_\_\_

### SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tinging 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 - freeze dry tick and allow to drop off
- 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 (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
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- 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 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
- 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®

- 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®

All EpiPens® should be held in place for 3 seconds regardless of instructions on device label

# Anaphylaxis Facts

In Australia, there is an increasing number of children and adults being diagnosed with life threatening allergies. In children, food allergy is the most common cause of anaphylaxis triggering over 80% of paediatric anaphylaxis presentations. For older adults, medications are the most common cause, contributing to 57% per cent of all deaths due to anaphylaxis.

## What is anaphylaxis?

**Anaphylaxis is a severe allergic reaction that can develop rapidly and is potentially life threatening.**

*It is a medical emergency requiring immediate treatment. More than one body system may be involved, however the most dangerous allergic reactions involve the respiratory system and/or cardiovascular system.*

*Mild or moderate symptoms may take hours to develop, however, rapid onset of potentially life threatening symptoms are more likely. A severe allergic reaction usually occurs within 20 minutes of exposure to the trigger. Anaphylactic reactions are distinguished from mild to moderate allergic reactions, as stipulated on the ASCIA Action Plan for Anaphylaxis.*

*Individuals diagnosed with anaphylaxis by a doctor will more than likely have an individual ASCIA Action Plan for Anaphylaxis to follow in case anaphylaxis occurs. The action plan should be easy to access and obtain in an emergency. Personal triggers of allergic reactions, including anaphylaxis, are stipulated on the action plan.*

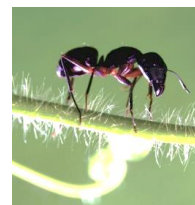
## Causes or common triggers

**Food** – Most commonly: peanuts, tree nuts (e.g. hazelnuts, cashews, almonds), eggs, cow's milk, wheat, soybean, fish, shellfish etc. but any food may be a trigger/allergen. Even trace amounts can cause anaphylaxis. Extremely sensitive individuals may even react to a food smell.

**Insect bites and stings** - most commonly bee, wasp and jack jumper ant stings. Sometimes, ticks, green ants and fire ants.

**Medication & drugs** - over-the-counter and prescribed, most commonly antibiotics and anaesthetic agents.

**Other triggers** - less common - such as latex or exercise.



# Anaphylaxis – Medication and Autoinjector

## Medication - Adrenaline

Adrenaline is administered via an autoinjector and works rapidly to reverse the signs and symptoms. In most cases effects will be felt within seconds. The heart speeds up and a feeling of anxiousness or nervousness may be felt. These are the normal effects of adrenaline, which is a stress hormone produced naturally in the body by the adrenal glands. Adrenaline autoinjectors contain a single, fixed dose of adrenaline and are designed to be used by anyone (medical training is not required), including friends, teacher, childcare worker, parents or patients (if they are not too unwell or too young).

It is generally recommended that individuals who carry an adrenaline autoinjector should also wear a medical identification emblem such as a MedicAlert emblem [www.medicalert.org.au](http://www.medicalert.org.au) or [www.medicalert.co.nz](http://www.medicalert.co.nz)



Injectable adrenaline dosage -  
Less than 5 years old - 0.15 mg  
More than 5 years old - 0.3mg

This 3 step info graphic provides information on how to use an **EpiPen® autoinjector** (available in adult and junior sizes).

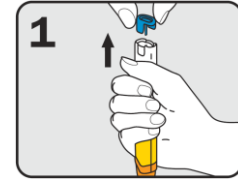
There are other brands available, please make sure to follow the instructions for the autoinjector you are using.

[www.allergyfacts.org.au](http://www.allergyfacts.org.au)

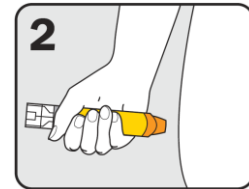
[www.allergy.org.au](http://www.allergy.org.au)

[www.resus.org.au/guidelines/](http://www.resus.org.au/guidelines/)

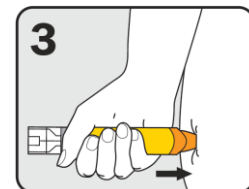
**ASTHMA OR ANAPHYLAXIS?** If unsure if the casualty is suffering an asthma attack or having a severe allergic reaction, treat for anaphylaxis as well as asthma.



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



Hold leg still and **PLACE THE ORANGE END** against the 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 the EpiPen®.

# Anaphylaxis – First Aid Overview

**Symptoms are highly variable.**  
**Maybe one or more of the following:**

- Difficulty/noisy breathing
- Swelling of face and tongue
- Swelling/tightness in throat
- Difficulty talking/hoarse voice
- Wheeze or persistent cough
- Persistent dizziness
- Collapse
- Loss of consciousness
- Pale and floppy (in young children)
- Abdominal pain and vomiting
- Hives, welts and body redness
- Signs of envenomation

## HAZARD = TRIGGERS

Certain foods. Insect venom. Certain medications. Latex. Exercise etc.

## RISK = LIFE THREATENING

Airway, breathing and circulatory problems.

Can develop rapidly.

Get someone to call 000, obtain action plan and autoinjectors.

Don't allow to stand or walk. If unconscious or vomiting, place them in the recovery position.

Flick out stings, remove food items, move etc.

**Confirm anaphylaxis due to signs and symptoms.**

Check and use the autoinjector as per instructions.

Give more adrenaline if no response after 5 minutes.

If breathing stops, CPR.

Request emergency assistance (ambulance, first aid team etc.) using relevant communication media.

Give oxygen or asthma medication if required.

## CONSULT ACTION PLAN

If none, follow these steps.

## LAY THE CASUALTY FLAT

If breathing is difficult, allow to sit, but keep still.

## PREVENT FURTHER EXPOSURE

Remove allergen.

## GIVE ADRENALINE

Using an adrenaline autoinjector.

## CALL 000

If not already done. Monitor closely.



# Response to Anaphylaxis Situations

The required response is determined in accordance with the ASCIA Action Plan for Anaphylaxis, the anaphylaxis emergency response procedures for the workplace, or the ARC Basic Life Support Flowchart.

## Skills required for response to anaphylactic reaction:

The response required for a person presenting with allergic symptoms will include:

1. Assessing the situation taking into consideration the casualty, and appropriate response to control the situation;
2. Communicating effectively with the casualty to reassure and advise them;
3. Gathering the essential resources and equipment to provide effective first aid to the casualty;
4. Conducting the necessary checks on the resources:
  - Drug - It is Adrenaline
  - Date - It is not past the use-by date (use if there is no other alternative)
  - Appearance of the adrenaline - Use clear rather than discoloured/cloudy (unless there is no other alternative)
  - Dose – EpiPen Junior® (150µg) or EpiPen® (300µg), as per the ASCIA Action Plan for Anaphylaxis
5. Demonstrating effective first aid management of an allergic reaction and potential anaphylaxis situation;
6. Communicating and documenting the essential details of the incident and the casualty's condition;
7. Following workplace debriefing policies/procedures; and
8. Evaluating the effectiveness of the responses to the emergency incident and identify possible improvements.

### ASSESS THE SCENE

Look for dangers.



### MAKE IT SAFE

Remove/minimise hazards and risks.



### ASSESS THE CASUALTY

Response and symptoms.



### SEND FOR RESOURCES

Action plan, autoinjector, assistance.



### RESPOND TO SYMPTOMS

First aid – mild, moderate, severe.



**Convey event details, document, debrief and evaluate.**

# Response – First Actions

## Assess the emergency situation

Check the site for dangers (physical hazards and risks) i.e. anything that might cause harm to self, casualty and others.

## ASSESS THE SCENE

Look for dangers to self, casualty and bystanders.

## Follow the established first aid principles and procedures to:

1. Identify the physical hazards and risks to self and others, which may include:
  - Workplace hazards - equipment, machinery and substances
  - Environmental hazards and risks, including those known to trigger the allergic reaction (e.g. food, bees, ants, medication, latex)
  - Proximity of other people
2. Identify the individual at risk to check, and where required, maintain, the casualty's airway, breathing and circulation
3. Identify the hazards and risks associated with casualty management:
  - State of emotion of the casualty (panic, erratic behaviour, upset, aggressive etc.)
  - Contamination by bodily fluids
  - Risk of further injury to the casualty
4. Determine the casualty's medical history

## IDENTIFY SCENE HAZARDS

Items at the scene that could cause harm

## IDENTIFY THE CASUALTY

Identify hazards associated with the casualty.

## IDENTIFY MEDICAL HISTORY

Have they had anaphylaxis before?  
Do they have an action plan?



# Response – Second Actions

## Respond to the emergency situation

Use effective communication skills in dealing with the casualty and sources of emergency assistance. Contact the parents as soon as possible.

### Danger:

- Control the *situation*, prior to first aid management
- Determine the appropriate response to make safer
- Remove the hazards and risks to minimise the danger
- Ensure bystander safety – ask others in the area to move back and stay away

### Response:

- Ensure the casualty is still responsive and breathing – if not apply CPR.

### Send:

Identify which resources are required. Where possible send someone else to get the equipment and call emergency services, so you can stay with the casualty, otherwise access them yourself:

- Obtain his/her individual action plan, OR follow the general use ASCIA plan
- Obtain the casualty's autoinjector, OR if unavailable, use a general use adrenaline autoinjector, if available
- If neither the casualty's adrenaline autoinjector, nor a general use adrenaline autoinjector is available, then someone else's adrenaline autoinjector may be used but it *must be replaced immediately*
- Obtain the appropriate emergency assistance in accordance with the situation and casualty condition

## CONTROL THE DANGER

Remove the trigger or source.  
Move to a safer area.

## CHECK RESPONSE

Is the casualty breathing?  
Is he/she responsive?

## SEND FOR HELP AND RESOURCES

Even if unsure if it is anaphylaxis.

## CALL 000

If the casualty is unresponsive, or requires CPR, or his/her condition is severe.

## Response – Third Actions

### Assess the casualty

#### Mild to moderate:

- Swelling of face, lips and eyes
- Hives or welts on the skin
- Tingling mouth
- Abdominal pain and vomiting (Which are signs of a mild to moderate allergic reaction to most allergens, however, in insect allergy these are signs of anaphylaxis)

#### Severe - Anaphylaxis:

- 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)

- Reassure the casualty in a caring and calm manner
- Stay calm yourself
- Obtain consent from the casualty and conduct an assessment of his/her physical condition
- Recognise the signs and symptoms associated with both mild to moderate allergic reactions and severe allergic reactions (anaphylaxis) and distinguish between them
- Evaluate the casualty's physical condition – Are the signs and symptoms mild/moderate, or severe and life threatening?

### REASSURE

Tell them they will be alright and to relax and stay calm.

### OBTAIN CONSENT

Ask if it is OK to look them over and provide treatment.

### IDENTIFY THE SIGNS AND SYMPTOMS OF ANAPHYLAXIS

### EVALUATE THE SIGNS AND SYMPTOMS

Mild/moderate? or  
Severe and life threatening?

# Response – Fourth Actions

## Respond to the casualty

Ensure prompt control of the situation. Determine the appropriate response in accordance to the severity of the casualty's symptoms.

- Apply the appropriate first aid procedures for mild to moderate allergic reactions and anaphylaxis:
  - If there is uncertainty, administer adrenaline as a priority before any other medications (e.g. asthma reliever medication), as per ASCIA Action Plan.
  - Follow his/her individual Anaphylaxis Action Plan and/or the workplace's Emergency Management Plan
  - Assess the resources to ensure they are the right ones and are appropriate to use (not out of date etc.)
  - Apply first aid skills in accordance with emergency response procedures
  - Administer the autoinjector
- Follow emergency action procedures for severe or life threatening anaphylaxis:
  - Enlist bystander assistance
  - Urgently request emergency assistance
  - Following the Emergency First Aid protocols as recommended
- Make the casualty comfortable using available resources
- Monitor the casualty's condition even if they seem to have recovered. Stay with them until further assistance arrives. Be prepared to respond to changes
- If available, further doses of adrenaline may be given every 5 minutes until arrival of the ambulance if there is no improvement in the casualty's condition

### CONTROL THE SITUATION

Confirm the autoinjector, action plan are correct and valid.

### APPLY FIRST AID

Follow the action plan.  
Administer medication.

### CALL 000

For anaphylaxis.  
Phone family/emergency contact.

### COMFORT AND MONITOR

Be prepared for CPR.  
Give further doses if required.

# Last actions – After the incident

## Communication:

- Communicate details of the emergency incident
- Convey casualty's details to emergency services accurately
- Details of casualty's condition and first aid management activities are accurately conveyed to emergency services/relieving personnel, in a manner that recognises that it is time critical
- Emergency services/relieving personnel includes:
  - Doctor
  - Nurse
  - Paramedic
  - Ambulance
  - First aider
- Provide the incident details to the parent/carers

## Evaluation:

Evaluate the response to the anaphylaxis incident in accordance with workplace policies and procedures:

- Assess the first aid treatment provided in accordance with the organisational emergency response procedures and the casualty's ASCIA Action Plan for Anaphylaxis
- Assess the first aider's and workplace's response to the emergency incident
- Identify any possible changes or improvements to the response
- Evaluate any debriefing processes
- Recognise the need for refresher training
- Fulfil the requirements for replacement of the adrenaline autoinjector

# Last actions – After the incident

## Documentation:

- Complete workplace documents in a timely manner, presenting all relevant facts according to established workplace procedures:
  - Complete incident/injury report forms
  - Follow statutory requirements
  - Comply with the workplace's incident recording requirements
  - Maintain accurate records
- Complete any required regulatory documentation (WorkSafe etc.)
- Completed reports should be submitted for consideration of any improvements.

INCIDENT REPORT FORM									
LOCATION: <i>Greenwood</i>		ROOM / GROUP: <i>POSSUM ROOM</i>							
CASUALTY NAME: <i>Jane Smith</i>		DATE OF BIRTH: <i>5/2/2008</i>							
ADDRESS: <i>167 GREEN PARADE STINGVALE VICTORIA 3333</i>									
DATE OF INCIDENT: <i>11 June 2016</i>		TIME OF INCIDENT: <i>11 : 09 am</i>							
<b>Brief description of what happened:</b> <i>Jane was recognised as having allergic reaction symptoms whilst playing outside near the classroom. She was taken inside away from the area of the incident for assessment and treatment. She has been previously diagnosed with allergies and is extremely allergic to bee stings. Her Action Plan and EpiPen were sourced and brought to her.</i> <i>She was assessed with the signs and symptoms of anaphylaxis, suspected bee sting. Treatment was provided immediately.</i>									
GENERAL OBSERVATIONS		REFERRAL AND NOTIFICATIONS							
<b>Signs &amp; symptoms (tick as relevant):</b> <input type="checkbox"/> Mild cough <input type="checkbox"/> Persistent cough <input type="checkbox"/> Wheeze <input checked="" type="checkbox"/> Breathing difficulty <input type="checkbox"/> Chest tightness <input checked="" type="checkbox"/> Throat tightness <input type="checkbox"/> Blue lips <input checked="" type="checkbox"/> Swelling of eyes <input checked="" type="checkbox"/> Swelling of face <input checked="" type="checkbox"/> Swelling of tongue <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Vomiting <input type="checkbox"/> Hives/welts <input type="checkbox"/> Rash and/or redness <input type="checkbox"/> Other (please detail):		<b>Actions taken (tick as relevant)</b> <input checked="" type="checkbox"/> Action plan was obtained and followed <input checked="" type="checkbox"/> Called ambulance on triple zero (000) <input checked="" type="checkbox"/> Reported incident to supervisor <input checked="" type="checkbox"/> Reported incident to parents/carers <input type="checkbox"/> Reported incident to doctor <input checked="" type="checkbox"/> Reported incident to emergency service personnel  <table border="1"> <thead> <tr> <th>FIRST AID TREATMENT GIVEN</th> </tr> </thead> <tbody> <tr> <td>(tick as relevant)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Adrenaline via auto injector <u>2</u> times</td> </tr> <tr> <td><input type="checkbox"/> Reliever medication administered (blue grey puffer)</td> </tr> <tr> <td><input type="checkbox"/> A spacer was used</td> </tr> <tr> <td><input type="checkbox"/> Other (please detail):</td> </tr> </tbody> </table>		FIRST AID TREATMENT GIVEN	(tick as relevant)	<input checked="" type="checkbox"/> Adrenaline via auto injector <u>2</u> times	<input type="checkbox"/> Reliever medication administered (blue grey puffer)	<input type="checkbox"/> A spacer was used	<input type="checkbox"/> Other (please detail):
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<input type="checkbox"/> Other (please detail):									
<input type="checkbox"/> Difficulty talking <input type="checkbox"/> Can talk in short sentences between breaths <input type="checkbox"/> Can only speak a couple of words between breaths <input type="checkbox"/> Cannot talk at all <input checked="" type="checkbox"/> Hoarse voice <input type="checkbox"/> Tired/lethargic <input type="checkbox"/> Anxious/distressed <input type="checkbox"/> Pale and sweaty <input type="checkbox"/> Floppy <input type="checkbox"/> Collapse <input type="checkbox"/> Unconscious <input checked="" type="checkbox"/> Signs or envenomation or sting									
REPORT COMPLETED BY: <i>James Allen</i>									
SIGNATURE: <i>James Allen</i>		DATE: <i>11 June 16</i>							
PARENT/CARER SIGNATURE: <i>Lara Smith</i>		DATE: <i>11 June 16</i>							

## Quiz - Anaphylaxis

Before you begin, please remove the answer template at the end.

Read each question carefully and mark your selected answer on the template.

- 1. Risk assessments looking for new individuals at risk of allergic reactions and anaphylaxis and assessing those already identified, should be conducted and updated regularly by:**
  - (A) Visiting websites for this information
  - (B) Leaving it to others, it is not your job to identify who is at risk
  - (C) Asking people to sign a risk register every Wednesday
  - (D) Having a good flow of information and communication with people who are high risk. Listing possible triggers. Assessing all newcomers. Creating awareness people can become allergic at any time
- 2. What should an incident/first aid report should include?**
  - (A) The casualty's name, problems they had, treatment given
  - (B) Only the casualty's injury or illness
  - (C) Only details of any first aid treatment given
  - (D) None of these
- 3. If a child is known to be at risk of anaphylaxis and you are unsure whether the child is experiencing anaphylaxis or suffering from severe asthma, you would:**
  - (A) Give the adrenaline autoinjector first, then asthma reliever medication
  - (B) Give asthma reliever medication, then the adrenaline autoinjector
- 4. James is a little itchy after eating peanuts. He is starting to break out in hives fairly quickly. You feel it could possibly be Anaphylaxis due to rapid deterioration soon after the exposure. Would this be a true or false assumption to make?**
  - (A) True
  - (B) False
- 5. A child with an allergy to peanuts has been stung by a bee. She is only complaining about the pain at the site of the sting. Another person states that you should administer an adrenaline autoinjector. Is this statement true or false?**
  - (A) True
  - (B) False

## Quiz - Anaphylaxis

**6. Before you administer an autoinjector adrenaline device such as the EpiPen® you should:**

- (A) Ask the casualty if they have medical insurance
- (B) Call a doctor and ask if you should inject the device
- (C) Check for a pulse
- (D) Confirm the casualty has definite signs and symptoms of a severe allergic reaction (anaphylaxis)

**7. After treating a fellow worker at a day care centre for anaphylaxis, she was taken to hospital. You are making a report of the incident. You must:**

- (A) Maintain complete confidentiality
- (B) Tell everyone in the workplace the details, as they will want to know
- (C) Place the incident report on the notice board
- (D) Tell only her friends about the incident

**8. As soon as possible after an anaphylaxis incident, it is important to:**

- (A) Block the event out of your mind
- (B) Complete a report detailing what happened, what you did and any other information available to you
- (C) Go on a long coffee break
- (D) Lock the incident in your mind to recall it later if required

**9. A child is suffering an allergic reaction whilst playing in the playground. As per DRSABCD, you prevent further exposure by moving them from the area, and when all is safe you then:**

- (A) Assess the casualty's symptoms as mild, moderate or severe and respond accordingly
- (B) Call WorkCover before commencing anything further
- (C) Cover the casualty with blankets and keep them warm
- (D) Count the number of witnesses for the incident report

**10. Which workplace documents are to be completed after an anaphylactic emergency?**

- (A) None, records are not required in the workplace
- (B) Incident reports and other documents as per statutory requirements
- (C) A time sheet for the day of the incident
- (D) None of these are correct

**11. During an anaphylactic incident for a person known to be at risk, it is important that you follow the casualty's action plan in the emergency.**

- (A) True
- (B) False

## Quiz - Anaphylaxis

**12. A workmate has suffered a severe allergic reaction. You provide treatment. When the ambulance arrives you would:**

- (A) Do nothing – the ambo's know what they are doing
- (B) Provide a brief accurate verbal report of what happened and what you have done
- (C) Give the casualty a paper bag to breathe into whilst you chat with paramedics
- (D) Race off in case you have done something wrong

**13. An autoinjector is used to inject adrenaline into the body of a person having an anaphylactic reaction. Which of these statements are NOT true about adrenaline and an autoinjector?**

- (A) Adrenaline is the first line emergency treatment for anaphylaxis and must be used promptly
- (B) When injected, adrenaline works rapidly (within minutes) to reduce throat swelling, open up airways and maintain blood pressure
- (C) Withholding or delaying adrenaline may result in deterioration and can contribute to the death of an individual experiencing anaphylaxis
- (D) If signs of anaphylaxis develop, adrenaline should be held off as long as possible and antihistamines should be used

**14. It is a good idea for a workplace, especially those dealing with children, to:**

- (A) Employ a doctor to administer the EpiPen® in an emergency
- (B) Purchase a 'training' EpiPen® and have regular training sessions to remind everyone how to use it
- (C) Refuse to participate in continual training, once is enough for anyone
- (D) Remember that an injection of adrenaline won't make any difference to the welfare of a child

**15. Refrigerating an EpiPen® may damage the autoinjector mechanism. They should be stored in a cool dark place (such as an insulated wallet) at room temperature, between 15 and 25 degrees Celsius, and:**

- (A) Kept out of reach of small children, yet readily available when needed and not in a locked cupboard
- (B) Stored with an ASCIA Action Plan for Anaphylaxis
- (C) The expiry date on the side of the device needs to be marked on a calendar and the device must be replaced prior to this date
- (D) All of these are correct



# Quiz – Anaphylaxis Answer Template

Please remove this page and mark your answers to the quiz by colouring in your selected answer.

If you make a mistake, draw a line through the incorrect answer, then colour in your choice for the correct answer.

MULTIPLE CHOICE ANSWERS - Colour/fill in your selection														
1	(a)	(b)	(c)	(d)	6	(a)	(b)	(c)	(d)	11	(a)	(b)	(c)	(d)
2	(a)	(b)	(c)	(d)	7	(a)	(b)	(c)	(d)	12	(a)	(b)	(c)	(d)
3	(a)	(b)	(c)	(d)	8	(a)	(b)	(c)	(d)	13	(a)	(b)	(c)	(d)
4	(a)	(b)	(c)	(d)	9	(a)	(b)	(c)	(d)	14	(a)	(b)	(c)	(d)
5	(a)	(b)	(c)	(d)	10	(a)	(b)	(c)	(d)	15	(a)	(b)	(c)	(d)
Please check your answers and then hand in to your trainer when complete														

Name: \_\_\_\_\_

Date:     /     /





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