

## Procedure



- This procedure can be undertaken as part of a general support activity provided the staff member has a current First Aid Certificate, including auto-adrenaline injector administration by an accredited trainer and has signed/acknowledged the Allergy Response Plan of the person we support
- All Disability Support Workers (DSWs) must complete First Aid training and maintain currency certification as a condition of employment.
- This procedure is a guide only and may not be suitable in all situations. Therefore, instructions from an Appropriately Qualified Health Professional (AQHP) must always be obtained and followed.
- This procedure should be read together with the [NDIS LWB 5501 Health and Wellbeing – Procedure](#), the [Medication Administration Procedures](#) and in consultation with the person or their care plan.

## Emergency Response

A severe allergic reaction can be life-threatening. It might make it hard for a person to breathe, lower their blood pressure suddenly or even cause their heart to stop.

Call an ambulance immediately if someone has a serious allergic reaction. You can dial 000 or 112. Even if they have already received medication like adrenaline, it's still necessary to seek medical attention.

Stay with the person until the medical help arrives.

Do not give another shot of adrenaline. Instead, provide first aid until medical assistance arrives.

Make sure to only use the Adrenaline autoinjector into the thigh. If you use it in any other part of your body by mistake, please tell the ambulance, doctor or nurse right away.

## Anaphylaxis Procedure

Anaphylaxis is a very serious type of allergy that can be very dangerous to a person's health. It is important to seek medical help immediately if a person experiences any symptoms of anaphylaxis, as it can be life-threatening.

When someone has a serious allergy, their body can react very quickly and this can be life-threatening. This usually happens between 20 minutes to 2 hours after they come into contact with something they're allergic to. Sometimes, it can happen even faster than that.

People known to have a severe allergic reaction to a specific trigger or triggers should have an Anaphylaxis action plan completed by their health professional. Health professionals should use up-to-date plan templates offered online by leading health organisations. For example, the [Australasian Society for Clinical Immunology and Allergy \(ascia\)](#). This plan will explain what can cause the person an allergic reaction, the signs of a severe reaction, and what to do in case of an emergency. It will also tell the staff how to support the person to manage their allergies.

Staff can give health professional a copy of the [NDIS LWB 5509 Health Plan Essentials - Checklist](#) to help them understand what needs to be included in the plan.

### **Anaphylaxis Triggers**

Common triggers for a serious allergic reaction include:

- Food (e.g. peanuts, eggs and cow's milk)
- Bites and stings from insects like bees, wasps, and ants that cause venom to enter the body.
- Medication, for example, penicillin or vaccinations.
- Giving someone extra blood or blood products.
- Being around rubber material such as gloves or mattress covers.

### **Anaphylaxis Signs**

Some symptoms of a serious allergic reaction (called anaphylaxis) may include:

- Hard and loud breathing.
- Tongue getting bigger.
- Feeling like something is stuck in the throat.
- Hard to speak or voice sounds strange.
- Whistling sound while breathing or coughing often.
- Fainting or falling down.
- Skin becomes pale and young children become weak.breathing.

### **Anaphylaxis Action Plan**

All people we support who are at risk of anaphylaxis (a serious allergic reaction) need to have an Anaphylaxis Action Plan. If LWB is responsible for the person's healthcare, the DSL must make sure that a plan is completed.

If LWB is not responsible for a person's healthcare, the person will need to give the DSL an Anaphylaxis Action Plan before they start supporting them or as soon as possible after they are diagnosed with anaphylaxis.

All staff supporting the person must understand and follow the Anaphylaxis Action Plan what to do in case of an allergic reaction. With consent from the person or person responsible/guardian, the Anaphylaxis Action Plan should be shared with other agencies and services, such as work and day programs.

- Risk Management strategies relating to anaphylaxis are documented within the person's [NDIS LWB 5001 Client Profile](#).
- The staff will fill out a form called '[NDIS LWB 5450 Support Plan - Staff Declaration](#)'. This form is used to confirm that they have received training on how to support the person according to their plan.

## Administering adrenaline via an adrenaline autoinjector

Only staff with a current First Aid Certificate, including auto-adrenaline injectors by an accredited trainer, can administer an adrenaline autoinjector.

Where staff have not received auto-adrenaline injectors training on Epi Pens, they must be trained to use the person's device by a Registered Nurse, Pharmacist or Doctor before attempting to administer the Epi Pen.

There must be a doctor's order detailing the instructions for adrenaline autoinjector administration within the PRN Protocol and also noted within the person's Medication Chart.

The Action Plan can also be displayed as a poster and used for staff briefings.

ASCIA has an accredited online training package available as a resource for staff.

It's uncommon to have side effects from Adrenaline autoinjectors, but it's important to pay attention to them. These include:

- Anxiety
- Tremor
- Dizziness
- Palpitations
- Sweating
- Headache
- Nausea and vomiting
- Respiratory distress

## Adrenaline autoinjector storage, disposal and expiry

Adrenaline autoinjectors (EpiPen® or Anapen®) should be stored in a cool dark place (such as an insulated wallet) at room temperature, between 15 and 25 degrees Celsius. They must not be refrigerated, as temperatures below 15 degrees Celsius may damage the autoinjector mechanism.

Adrenaline autoinjectors should be kept out of the reach of small children. However, they must be readily available when needed. For example, an Allergy Response Plan should always be stored with an adrenaline autoinjector.

The shelf life of adrenaline autoinjectors usually is around 1 to 2 years from the date of manufacture. The expiry date on the side of the device should be recorded on the Action Plan and should be marked on a calendar or in a diary. The device must be replaced before this date.

Expired adrenaline autoinjectors are not as effective when used for treating allergic reactions. However, a recently expired adrenaline autoinjector should be used in preference not to use one. In the EpiPen® there is a clear window near the tip where you can check the colour of the drug – if it is clear, it should be safe to use. Do not use the EpiPen® if it is brown, cloudy, or contains sediment.

Adrenaline autoinjectors cannot be reused even if some adrenaline remains inside the device. Used adrenaline autoinjectors should be placed in a rigid sharp's disposal unit or another rigid container if a sharps container is unavailable.

## Anaphylaxis Action Plan

Upload the Anaphylaxis Action Plan to CIRTS as follows:

Plans & Assessments > New Plan >– [select from drop down] Allergy Response Plan > relevant dates > Add New Attachment > SURNAME, First Name. YYYY.MM.DD

## Further advice

For further advice, please contact the AQHP who developed the person's support protocol