



# FIRST AID INFORMATION



## FIRST AID TREATMENT FOR ANAPHYLAXIS

Anaphylaxis is a severe allergic reaction and potentially life threatening. It should always be treated as a medical emergency, requiring immediate treatment. Most cases of anaphylaxis occur after a person with a severe allergy is exposed to the allergen they are allergic to (usually a food, insect or medication).

### STEP 1

**In some cases, anaphylaxis is preceded by signs of a mild to moderate allergic reaction:**

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

### ACTION

- For insect allergy, flick out the sting if it can be seen (but do not remove ticks)
- Stay with person and call for help
- Give medications if prescribed (whilst antihistamines may be used to treat mild to moderate allergic reactions, if these progress to anaphylaxis then adrenaline is the only suitable medication)
- Locate **adrenaline autoinjector** if available (instructions are included in the ASCIA Action Plan for Anaphylaxis which should be stored with the adrenaline autoinjector)
- Contact parent/guardian or other emergency contact.

### STEP 2

**Continue to watch for any one of the following signs of anaphylaxis (severe allergic reaction):**

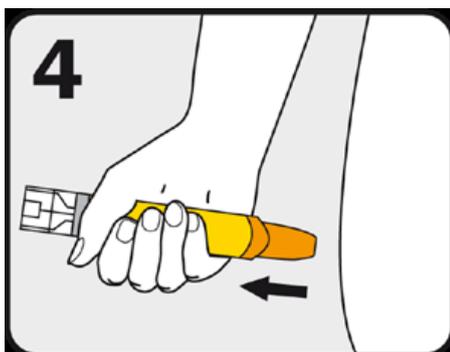
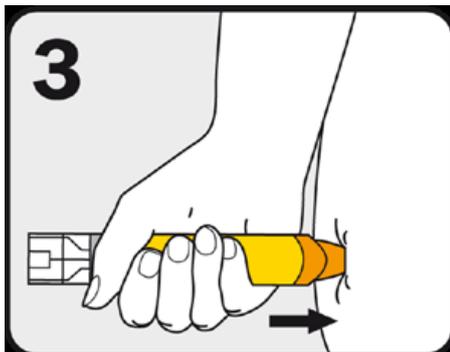
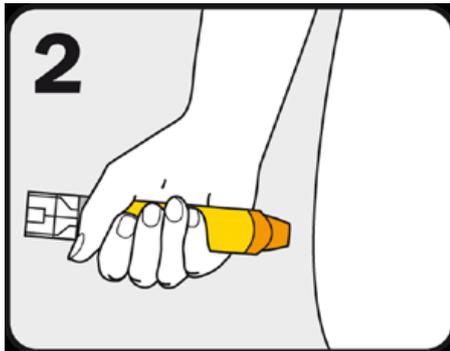
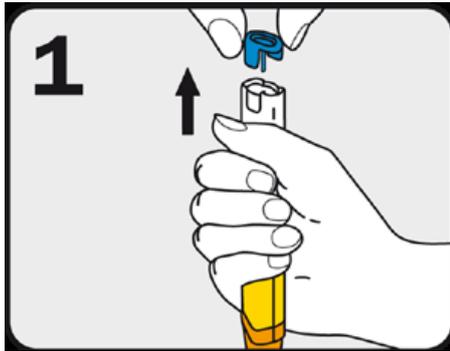
- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (in young children)

### ACTION

- **Lay person flat - if breathing is difficult, allow them to sit - do not allow them to stand or walk**
- **Give the adrenaline autoinjector** if available (instructions are included in the ASCIA Action Plan for Anaphylaxis, stored with the adrenaline autoinjector)
- **Call Ambulance** (Telephone 000 in Australia, 111 in New Zealand or 112 if using a mobile phone)
- Contact parent/guardian or other emergency contact
- Further adrenaline doses may be given (when an additional adrenaline autoinjector is available), if there is no response after 5 minutes.

### If in doubt, give the adrenaline autoinjector.

- **Adrenaline is life saving and must be used promptly. Withholding or delaying the giving of adrenaline can result in deterioration and death.** This is why giving the adrenaline autoinjector is the first instruction on the ASCIA Action Plan for Anaphylaxis. If cardiopulmonary resuscitation (CPR) is given before this step there is a risk that adrenaline is delayed or not given.
- **In the ambulance** oxygen will usually be administered to the patient by paramedics.
- **Medical observation** of the patient in hospital for at least 4 hours is recommended after anaphylaxis.
- **Adrenaline autoinjectors** available in Australia and New Zealand are EpiPen and Anapen. The green labelled versions of EpiPen and Anapen are generally prescribed for children aged 1 to 5 years.



## How to give EpiPen®

(with blue safety release and orange needle end)

1. Form fist around EpiPen® and pull off BLUE SAFETY RELEASE.

2. 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 10 seconds

4. REMOVE EpiPen®. Massage injection site for 10 seconds

Translations of “ASCIA First Aid for Anaphylaxis” and “How to give EpiPen” were supported by an educational grant from Alphapharm.

# SAMPLE CHURCH ALLERGY AND ANAPHYLAXIS POLICY

## INTRODUCTION

?? Church is undergoing the process of minimising risks and developing an anaphylaxis management policy to ensure that all members of our church community are working together to provide a safe environment for all children and families and those affected by severe allergy. While we aim to reduce the risks associated with allergies it cannot be guaranteed that the Church is 'free' of any particular product or that risk is entirely eliminated.

## BACKGROUND INFORMATION

Anaphylaxis is a life-threatening allergic reaction. Up to five per cent of children are at risk. Young children may not be able to express the symptoms of anaphylaxis. Young children are also at risk because they may react to something that they have not previously been exposed to and therefore have no pre-existing diagnosis. A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injector called an EpiPen®.

## COMMON TRIGGERS

Milk, eggs, peanuts, tree nuts (hazelnuts, cashews, almonds), soybean, wheat, fish and shellfish are the most common food triggers which cause 90% of allergic reactions. However, any food can trigger anaphylaxis, as can bee or other insect stings and some medications. It is important to understand that even trace amounts of food can cause a life-threatening reaction. Some extremely sensitive individuals can react to even the smell of a food (e.g. fish)

## SIGNS AND SYMPTOMS

The signs and symptoms of anaphylaxis may occur almost immediately after exposure. Rapid onset and development of potentially life threatening symptoms are characteristic markers of anaphylaxis.

Allergic symptoms may initially appear mild or moderate but can progress rapidly. The most dangerous allergic reactions involve the respiratory system (breathing) and/or cardiovascular system (heart and blood pressure).

## COMMON SYMPTOMS

### Mild to moderate allergic reaction

- Tingling of the mouth
- Hives, welts or body redness
- Swelling of the face, lips, eyes
- Vomiting, abdominal pain

### Severe allergic reaction- ANAPHYLAXIS

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

## AIM OF POLICY

- Provide a safe environment for children, families and leaders
- Minimise the risk of an anaphylactic reaction occurring while the child is in the care of ?? Church
- Ensure that we respond appropriately to an anaphylactic reaction
- Partner with parents and facilitate communication to ensure the safety and wellbeing of all children at risk of anaphylaxis

## WHAT WE ARE WORKING TOWARDS:

- Developing an anaphylaxis management policy and communicate it church-wide
- Key leaders in children's ministry trained to administer an EpiPen®
- Identify children who have been diagnosed with anaphylaxis and develop an individual management plan in consultation with their parents
- Conducting an assessment of the potential for accidental exposure to allergens while children are in the care of ??? church

## INTERIM PROCEDURES

### Communication

- All rooms where children/youth hold activities are to have the following displayed:
  - The child's anaphylaxis action plan
  - How to administer the EpiPen® chart
  - Emergency Action Plan
  - Common Symptoms
- Leaders to be notified of children at risk within their care.
- Other parents within that group to be notified of the known allergens and asked to assist in minimising risk.
- Develop and communicate Risk Minimisation Plan to all leaders.

### Risk Minimisation (list as appropriate to your church environment)

- Ban on all food 'treats' within the ministry. All rewards to be non-edible.
- Strongly discourage children bringing food or lollies with them.
- No sharing food policy.
- No food served to children at all
- Only food served during occasions where the children are in the care of the parents – ie family events, church events.
- Where a child is identified as at risk, all craft material used for that group will be checked for any known allergens – ie egg cartons/yogurt containers.

**If you must provide food, do so only when absolutely needed – perhaps a preschool group in which case be sure to manage risks by developing a strict process such to be followed – such as:**

Only food packed by the parent will be given to the child.

- Parents are encouraged to pack fruit
- In the case of an at risk child being identified other parents in the group will be advised and asked not to send any foods containing the known allergens.
- All food to be clearly labelled with child's name

- Leaders to check each label ensuring that the right child receives their food – ‘if in doubt – check it out’ with the parents before giving food
- Hands to be washed (wet wipes) after eating to avoid cross contamination.
- Wipe down tables, bench tops and chairs after eating
- Children diagnosed with anaphylaxis to be supervised by leaders during snack time - ensure they are placed at a safe distance from risk and closely observed to ensure the child is not exposed to a known allergen and/or possible cross contamination.
- Absolutely no wondering with food or drink to be allowed.

## Emergency

In an emergency, all leaders of this church have a duty of care. Common sense dictates that in an emergency, whilst leaders should not act beyond their capabilities and qualifications, they are expected to do what they can to take appropriate action, including being aware of the action plans and emergency instructions and following them.

Where possible, only those trained in the administration of the EpiPen® should administer the EpiPen®. However, the EpiPen® is designed for general use and in the event of an emergency it may be administered by any person.

### ***Emergency Action Plan:***

***(Best policy indicates that there is one designated person on duty to deal with such emergencies to coordinate events and staff/leaders to act appropriately so that clear directions are given)***

One person must stay with the child at all times. Another to act in the following:

Urgently locate the person on duty to deal with such emergencies (???? Minister) or delegate of the situation, who will assess the child and if needed, direct others to locate EpiPen® and call an ambulance.

### ***General Emergency Process:***

- One leader to stay with child and another to call an ambulance by dialling 000 preferably using a landline
- Another leader to contact the parents/guardian
- Commence first aid measures
- Contact the person to be notified in the event of illness if parent/guardian cannot be contacted
- Complete an Incident Report Form once the emergency is over