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 appropriate in all circumstances. Therefore, instructions from an Appropriately Qualified Health Professional (AQHP) must always be obtained and followed.
- This procedure should be read in conjunction with the NDIS LWB 5501 Health and Wellbeing – Procedure, LWB National Medication Procedure and in consultation with the person or their care plan.

Emergency Response

An ambulance (000 or 112) should always be called when a person is having or is thought to be having an anaphylactic reaction, even if adrenaline has been given.

Remain with the person until medical assistance arrives.

Do not administer a second injection. If necessary, perform first aid until medical assistance arrives.

The Adrenaline autoinjector should only be administered into the thigh. If inadvertently used elsewhere in the body, advise the health professional immediately.

Anaphylaxis Procedure

Anaphylaxis is the most severe form of allergic reaction and is potentially life-threatening. It must be treated as a medical emergency, requiring immediate treatment and urgent medical attention.

A severe allergic reaction or anaphylaxis usually occurs within 20 minutes to 2 hours of exposure to the trigger and can rapidly become life-threatening. In some instances, the reaction can occur within seconds of exposure.

People known to have a severe allergic reaction to a specific trigger or triggers should have an NDIS LWB 5582 Allergy – Response Plan completed. This plan will include highlighting diagnosis, confirming allergens, triggers, danger signs of anaphylaxis, management and emergency response.

Anaphylaxis Triggers

Common triggers for anaphylaxis include:

- Food (e.g. peanuts, eggs and cow's milk)
- Insect venom (e.g. bee and wasp stings, ant bites)
- Medication, including vaccinations (e.g. penicillin)
- Infusion of blood or blood products
- Exposure to latex (e.g. latex gloves worn by a doctor).

A severe allergic reaction can cause a life-threatening condition, which can include a sudden drop in blood pressure, difficulty in breathing and cardiac arrest.

Anaphylaxis Signs

Signs of anaphylaxis can include:

- Difficult, noisy breathing
- Swelling of the tongue
- Swelling/tightness in the throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Loss of consciousness and/or collapse
- Pale skin appearance and limp body behaviour (young children).

Allergy Response Plan

All people receiving a service from Life Without Barriers (LWB) who are at risk of anaphylaxis must have an Allergy Response Plan or similar. Where LWB has responsibility for the person's health care, the DSW (or equivalent position) must ensure that an Action Plan is completed. Where LWB is not responsible for a person's health care, an Allergy Response Plan must be provided to LWB before the commencement of service or as soon as possible following a new diagnosis of anaphylaxis.

All staff supporting the person must be aware of the Allergy Response Plan and Action Plan and how to respond. In addition, with permission from the person responsible/guardian, the Allergy Response Plan and the Action Plan should be shared with other agencies and services, such as school and community access programs.

Treatment of anaphylaxis

The administration of adrenaline via an adrenaline autoinjector (such as EpiPen®) is the most common first aid response to anaphylaxis, as adrenaline is the natural antidote to anaphylaxis.

The adrenaline autoinjector is designed to give a single dose of adrenaline to reverse the symptoms of anaphylaxis. The adrenaline causes the heart to beat faster and stronger, constricts the blood vessels to raise the blood pressure and opens the airways in the lungs to make breathing easier.

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.

There are two different brands of adrenaline autoinjectors Epipen® and Anapen® used in Australia and New Zealand. The Australasian Society of Clinical Immunology and Allergy (ASCIA) has developed Anaphylaxis Action Plans specific to different adrenaline autoinjectors, and can be found on the ASCIA Webpage.

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.

Side effects related to Adrenaline autoinjectors are rare but should not be overlooked. 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.

Allergy Response Plan

Upload the Allergy Response 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