

severe
allergic
reactions

ANAPHYLAXIS

Guidelines for schools

Second edition 2006

severe
allergic
reactions



Acknowledgments

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NSW Department of Health
NSW Department of Education and Training
Catholic Education Commission NSW
Association of Independent Schools of NSW
Royal Prince Alfred Hospital
The Sydney Children's Hospital Randwick
Children's Hospital at Westmead
Anaphylaxis Australia Inc
The Australasian Society of Clinical Immunology and Allergy Inc
NSW Department of Community Services
NSW Food Authority
WorkCover NSW
Royal North Shore Hospital
Community Child Care Co-operative

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Foreword

Anaphylaxis Guidelines for Schools (Second Edition 2006) has been developed to assist school staff to support students at risk of an anaphylactic reaction. The guidelines are designed for use in all government and non-government schools.

This document replaces the set of guidelines on anaphylaxis distributed to schools in 2003. The revision of the guidelines has been informed by the work of the Anaphylaxis Working Party.

The guidelines draw together from many areas expert advice on actions that schools can take to support the health of students at risk of severe and sudden allergic reactions, including reducing the risk of a student being exposed to substances likely to trigger a reaction.

The guidelines focus on an individual health care plan, developed jointly by the principal and the student's parent, which incorporates information and planned emergency treatment that are relevant to the particular student.

The NSW Department of Education and Training, Catholic Education Commission NSW, Association of Independent Schools NSW and the NSW Department of Health are working collaboratively to assist schools to understand more about the recognition, management and emergency treatment of anaphylaxis. The implementation of these guidelines builds on the excellent support for students at risk of severe allergic reactions currently provided by schools.



Dr Denise Robinson
Chief Health Officer
Deputy Director-General, Population Health
NSW Department of Health



Trevor Fletcher
Deputy Director-General (Schools)
NSW Department of Education and Training



Dr Brian Croke
Executive Director
Catholic Education Commission NSW



Dr Geoff Newcombe
Executive Director
Association of Independent Schools of NSW

Managing anaphylaxis (severe allergic reactions) at school

What is anaphylaxis?

Anaphylaxis is a severe and sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as a food or an insect sting). Reactions usually begin within minutes of exposure and can progress rapidly over a period of up to two hours or more. Anaphylaxis is potentially life threatening and always requires an emergency response.

Providing support to students at risk of anaphylaxis

It is the responsibility of the parent¹ to notify the school that their child is at risk of an anaphylactic reaction. This notification should occur either at the time of enrolment, or if the student is already enrolled, as soon after diagnosis as possible.

As with other serious health conditions, it is important that schools provide support to assist the parent in the management of their child's health. For this support to be effective it is important that:

- a partnership is established between the parent and the school to share information and clarify expectations
- every reasonable effort is made to minimise the exposure of students at risk of an allergic reaction to known allergens within the school environment (Appendices 8 and 9)
- an emergency response strategy is developed and implemented (Appendix 7).

If written information provided by the parent confirms that their child has been assessed as being at risk of anaphylaxis, an individual health care plan (Appendices 6, 7 and 8) must be formulated by the principal in consultation with the parent and staff. The individual health care plan must incorporate an emergency response plan (Appendix 7) and a plan for the avoidance of known allergens (Appendix 8), based on advice from the student's parent and medical practitioner.

Educating a student's peers about anaphylaxis is important to gain their support for preventing exposure to allergens and to ensure that the affected student is protected from any teasing or provocation that may result in risk taking associated with allergens, e.g. nuts.

Note: Severe allergic reactions or anaphylaxis can occur when there is no history of known allergies. This situation should be treated as any other emergency. An ambulance should be called and first aid provided until expert help arrives.

¹ In this document the term parent is used to refer to a parent, parents or carer.

Action steps for principals

The following steps describe how to manage a child at risk of anaphylaxis at school.

1. Seek information from the parent about allergies that affect their child as part of health information at enrolment or as part of regular health updates.
2. Where the information from the parent indicates that their child has allergies, provide a copy of the form at Appendix 1 to the parent for completion in consultation with their child's medical practitioner.
3. Determine whether the information provided by the parent on the form (Appendix 1) indicates the need for further discussion with the parent. If the form indicates the student has an allergy/s or has either been hospitalised or prescribed an EpiPen², a meeting should be organised with the parent. If not, add the form to the student's records.
4. Meet with the parent and:
 - a. provide the parent with the sheet 'Information for Parents and Carers' (Appendix 2) and 'Emergency Response Plan' (Appendix 7)
 - b. seek written permission to contact the medical practitioner and to share information about the student's condition with staff (Appendix 3)
 - c. request that the parent arrange for the completion and return of the 'Dear doctor' letter (Appendix 4).
5. Distribute written information to all staff (Appendix 5).
 - Provide staff with information about the individual student's severe allergy as agreed with the parent.
6. Develop an interim plan (which in rare cases where a student is seeking enrolment, may include delaying the student's enrolment until consultations have occurred with staff and satisfactory arrangements have been made).
7. Conduct an assessment of potential exposure to allergens in the student's routine and of issues to be addressed in implementing an emergency response plan. Consider:
 - routine classroom activities, including lessons in other locations around the school
 - non-routine classroom activities
 - non-routine school activities
 - before school, recess, lunchtime, other break or play times
 - sport or other programmed out of school activities
 - excursions, including overnight excursions and school camps.

² EpiPen refers to EpiPen[®] or EpiPen[®]Jr

8. Develop an individual health care plan in consultation with relevant staff, the parent and student (Appendices 6 and 7) to incorporate:
 - strategies for avoiding the student's exposure to allergens (Appendix 8)
 - medical information provided by the child's medical practitioner
 - emergency contacts.
9. Develop an implementation strategy that addresses the training needs of staff, including casual teachers and school canteen managers, and communication strategies for relevant aspects of the individual health care plan, including with other parents and students.
10. Implement the strategy.
11. Review the individual health care plan annually at a specified time (e.g. beginning of the school year) and at any other time where there are changes in:
 - the student's health needs
 - staff, particularly class teacher, year coordinator or adviser or any staff member who has a specific role in the plan
 - other factors that affect the plan, for example, when an allergic reaction or anaphylactic event occurs.
12. In the event that the student enrolls in another school, provide the parent with a copy of the current individual health care plan and encourage them to provide a copy to the new principal. This will assist the process of health care planning in that school.

Understanding the role of the parent

It is the role of the parent to:

- inform the principal of the school of the health needs of the child upon enrolment and when the health needs of the child change
- when requested by the principal, negotiate an individual health care plan for school support of the student's health with the principal and staff
- provide the 'Dear doctor' letter (Appendix 4) to their child's medical practitioner and return it to the school when the form is completed
- provide written requests for the school to administer prescribed medications
- provide the equipment and consumables for carrying out health care support procedures as specified in the student's individual health care plan, including where relevant, the appropriate EpiPen (Appendix 11)
- replace the EpiPen when it expires or after it has been used.

Information for parents and carers

You have identified your child of being at risk of a severe allergic reaction. Thank you for providing this information. While the main role of the school is to provide education, we want your child to be relaxed and happy at school and for you to feel confident that your child is being well looked after. The school principal will work with you to prepare an individual health care plan for your child. In some circumstances the principal may need additional support from relevant school authorities to determine the best way for your child's needs to be met. If you are seeking enrolment for your child or if your child is already enrolled there may be a slight delay while arrangements are worked out.

In order to meet your child's needs the school will take the following steps.

STEP 1: Preparation of an individual health care plan

This plan will include:

- details of your child's severe allergy/allergies*
- a photograph of your child
- actions the school will take to minimise the risk of contact with known allergens
- arrangements for school staff to support your child, e.g. training in the management of severe allergic reactions
- an emergency response plan
- your contact details in case of an emergency and those of another person in the event you are unavailable
- an arrangement for a photograph and information about your child's need to be placed in agreed positions around the school
- your signature together with that of the principal, to indicate details have been read and that you and your child have been consulted in the development of the plan.

** Your medical practitioner will need to provide information about the nature of the allergy and appropriate emergency treatment.*

STEP 2: Documentation and supply of prescribed treatment

Any treatment required by your child will require a written request to the principal including instructions for administration. You will need to provide the appropriately labelled medication(s) to the school (e.g. EpiPen, antihistamine). Advise the school also if your child wears a medical alert bracelet or necklace.

STEP 3: Communication with your medical practitioner

The school would like your permission to contact your medical practitioner if necessary.

School Principal

Phone number

Date

Authorisation to contact medical practitioner

This form is to be completed by the parent.

My child (student's name) _____

is currently enrolled or applying for enrolment at _____ school.

I understand that the school may need to discuss the implications of my child's medical condition so that the school can support my child during school hours and during activities conducted under the auspices of the school.

I hereby give my permission for the school to contact my child's medical practitioner to obtain necessary information.

Medical practitioner information:

Name: _____

Address: _____

Phone: _____

Mobile (if known): _____

Email (if known): _____

Fax (if known): _____

I understand the information so disclosed may be discussed by the principal of the school with other members of the school staff, as is necessary, enabling staff to care for my child.

Signed: _____ Date: _____

(Parent)

Letter and form for the parent(s) to take to the medical practitioner

Dear doctor,

The parent bearing this letter has advised the school that your patient _____
_____ is at risk of anaphylaxis (severe allergic reaction) when
exposed to certain allergens.

To assist the school in providing a safe environment for the student I have asked this
parent to seek information from you about:

- known allergens
- medication prescribed
- when and how medication should be administered
- any other details you believe are important.

This information should be provided to the parent so that it can be conveyed to the
school. Please provide this information on the attached form or in your own format. This
information will be critical in managing this student should an anaphylactic reaction occur.

Please telephone the school on _____ if you require further
information.

Thank you for your attention to this matter.

Yours sincerely

Principal: _____

School: _____

I _____ consent to this information being provided
(parent)

for the school's use.

Parent signature: Date

Information for the school from the medical practitioner

Information to be completed on the basis of information from the patient's medical practitioner.

Name of patient: _____

Class or Year: _____

This patient has allergies to: 1. _____
2. _____
3. _____

This patient has:

mild asthma

moderate asthma

severe asthma

no history of asthma

Prescribed medication: _____

Other information: _____

Medical practitioner: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Date: _____

Information for school staff on anaphylaxis

What is anaphylaxis?

Anaphylaxis is a severe and sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as a food or insect sting). Although death is rare, an anaphylactic reaction always requires an emergency response. Prompt treatment with injected adrenaline is required to halt progression and can be life saving. Fortunately anaphylactic reactions are usually preventable by implementing strategies for avoiding allergens.

Common allergens that can trigger anaphylaxis are:

- foods (e.g. peanuts and other nuts, shellfish and fish; and in pre-school age children, milk and egg)
- insect stings (e.g. bee, wasp, jack jumper ants)
- medications (e.g. antibiotics, aspirin)
- latex (e.g. rubber gloves, balloons, swimming caps).

The severity of an anaphylactic reaction can be influenced by a number of factors including exercise, hot weather and in the case of food allergens, the amount eaten. In the case of severe food allergies, an anaphylactic reaction is usually triggered by ingestion of the food.

The school can help by assisting the student in the avoidance of allergens and ensuring that an emergency response plan is in place for all activities. The early recognition of the signs and symptoms of anaphylaxis may save lives by allowing the earlier administration of first aid and contact of the appropriate emergency medical services.

Who is at risk of anaphylaxis?

Children who are highly allergic to any of the above allergens are at risk of anaphylaxis if exposed. Those who have had a previous anaphylactic reaction are at increased risk.

How can you recognise an anaphylactic reaction?

Reactions usually begin within minutes of exposure and can progress rapidly at any time over a period of two hours. A student at risk of anaphylaxis will often recognise the early symptoms of an allergic reaction before any other signs are observable. Common symptoms are:

- flushing and/or swelling of the face
- itching and/or swelling of the lips, tongue or mouth
- itching and/or a sense of tightness in the throat, hoarseness, difficulty breathing and/or swallowing
- hives, itchy rash and/or swelling about the face, body or extremities
- nausea, abdominal cramps, vomiting
- shortness of breath, repetitive coughing and/or wheezing
- faint, rapid pulse, low blood pressure
- light headedness, feeling faint, collapse
- distress, anxiety and a sense of dread.

Staff responsibility in an emergency

In an emergency, all staff have a duty of care. Staff are to use common sense which dictates that, while they should not act beyond their capabilities, they are expected to do as much as they can to take appropriate action.

What should I do?

The student's individual health care plan will spell out what needs to be done. It includes an emergency response plan (Appendix 7) detailing how to deal with a reaction should it occur. Appendix 11 details how to use an EpiPen in an emergency. If your school has a student at risk of anaphylaxis the emergency response plan should be posted in suitable locations for easy reference as agreed by the parent and where appropriate, the student.

Early recognition of symptoms and immediate treatment could save a child's life.

Training in the management of anaphylaxis

The principal will inform staff about anaphylaxis using Appendix 5 and advise them of relevant details of the individual student's severe allergy. Training will need to be arranged for staff, including the use of an EpiPen.

Legal liability of staff administering medication

School education authorities have a duty of care to take reasonable steps to keep students safe while they attend school. They meet their duty of care obligations through the actions of their staff. This includes the administration of an EpiPen and/or any other emergency care provided when a student has an anaphylactic reaction at school or during school activities.

Staff acting in the course of their employment enjoy full legal protection in relation to any personal liability claims. The education authorities are liable for their employees regarding claims for compensation that may be made in the unlikely event of a student suffering injury as a result of an employee's actions in dealing with anaphylaxis. The legal principle involved is called vicarious liability. Essentially this means employers are responsible for what employees do as part of their work.

The only exception will be where the actions of the employee amount to serious and wilful misconduct. Carelessness, inadvertence or a simple mistake does not amount to serious and wilful misconduct.

Further information on anaphylaxis can be obtained from:

NSW Department of Health

www.health.nsw.gov.au

The Australasian Society of Clinical Immunology and Allergy Inc (ASCIA)

www.allergy.org.au/pospapers/anaphylaxis.htm

Anaphylaxis Australia Inc

A support group for families of children who are at risk of anaphylactic reactions

www.allergyfacts.org.au Phone: 1300 728 000.

NSW Department of Education and Training

The resource *Physical as Anything (Second Edition 2002)* provides information on a range of medical conditions including anaphylaxis.

Further advice or assistance can be obtained from the student welfare consultant.

Advice on a wide range of issues relating to student health in public schools can be found at website www.schools.nsw.edu.au/studentsupport/studenthealth

Catholic Education Commission NSW

The resource *Student Safety in Schools – Policy Guidelines (CEC 2006)* provides information to assist schools to manage a selection of student safety issues, including serious health issues, medication and excursions. It can be found at website www.cccnsw.catholic.edu.au in the Publications section.

Further advice and support can be obtained by contacting the Diocesan office or Catholic Education Commission NSW.

Association of Independent Schools NSW

Information regarding anaphylaxis and other health issues can be found at website www.aisnsw.edu.au/pd in the Resources section.

Further advice and support can be obtained by contacting the Association of Independent Schools NSW on telephone 9299 2845.

Cover sheet

The plan is to be completed by the principal on the basis of information from the student's medical practitioner provided by the parent.

School: Phone:

Student's name:		
DOB:		
Severely allergic to:		
Health conditions:		
Medication at school:		
Parent contact:	Parent information (1) Name(s): Relationship to child: Address: Home phone: Work phone: Mobile phone:	Parent information (2) Name(s): Relationship to child: Address: Home phone: Work phone: Mobile phone:
Other emergency contacts (if parent unavailable)	Name(s): Relationship to child: Address: Home phone: Work phone: Mobile phone:	
Medical practitioner contact:	Name: Address: Phone: Mobile (if known): Email (if known): Fax (if known):	
Emergency care provided at school:		
EpiPen storage:		

The following individual health care plan has been developed with my knowledge and input and will be reviewed on (insert date of proposed review)

Signature of parent: Date

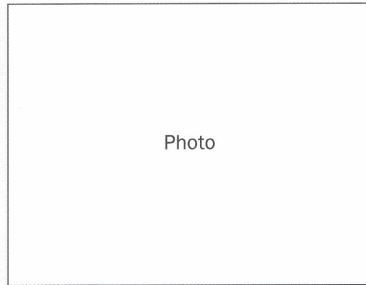
Signature of principal: Date

Emergency response plan

Action plan for Anaphylaxis

Name: _____

Date of birth: _____



Known severe allergies: _____

Parent/carer name(s) _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

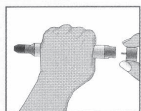
Plan prepared by: _____

Dr. _____

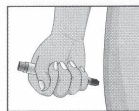
Signed _____

Date _____

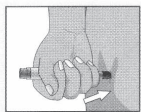
How to give EpiPen® or EpiPen® Jr



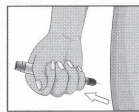
1. Form fist around EpiPen® and pull off grey cap.



2. Place black 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® and be careful not to touch the needle. Massage the injection site for 10 seconds.

MILD TO MODERATE ALLERGIC REACTION

- swelling of lips, face, eyes
- hives or welts
- abdominal pain, vomiting

ACTION

- stay with child and call for help
- give medications (if prescribed)
- locate EpiPen® or EpiPen® Jr
- contact parent/carer



watch for signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- difficulty/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- loss of consciousness and/or collapse
- pale and floppy (young children)

ACTION

- 1 Give EpiPen® or EpiPen® Jr
 - 2 Call ambulance. Telephone 000
 - 3 Contact parent/carer
- If in doubt, give EpiPen® or EpiPen® Jr**

Additional Instructions _____

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Strategies to avoid allergens

Student's name:

DOB:

SEVERE ALLERGIES:

.....

Asthmatic? Yes* No *High risk for severe reaction

Other known allergies:

-
-
-

Risk	Strategy	Who?
	<ul style="list-style-type: none"> • • • 	<ul style="list-style-type: none"> •
	<ul style="list-style-type: none"> • • • 	<ul style="list-style-type: none"> •
	<ul style="list-style-type: none"> • • • 	<ul style="list-style-type: none"> •
	<ul style="list-style-type: none"> • • • 	<ul style="list-style-type: none"> •

Examples of strategies to avoid allergens

Known allergens:

- food, e.g. peanut
- insect, e.g. bee sting
- medications, e.g. antibiotics.

Risk	Strategy	Who?
<p>Minimising risk – food allergies:</p> <p>Sharing lunches</p>	<ul style="list-style-type: none"> • regular discussions with relevant classes about the importance of eating your own food and not sharing • class has lunch in specified area which is a focus of supervision • encourage parent of child to be involved on special days that involve food 	<p>Class teacher</p> <p>Class teacher</p> <p>Principal or nominated teacher</p>
<p>Trigger food in the canteen (e.g. peanut butter)</p>	<ul style="list-style-type: none"> • inform canteen staff of student with allergy and foods to which they are allergic • place a copy of the emergency response plan on the wall of the canteen • identify foods that contain or are likely to contain trigger substances and replace with other suitable foods 	<p>Canteen manager</p> <p>Principal</p>
<p>Class parties</p>	<ul style="list-style-type: none"> • advise parent of the student at risk of food allergies ahead of time so that they can provide suitable food • food for allergic student should only be approved and provided by the student's parent • inform other class members' parents of trigger substances and request that these foods are avoided • consider non-food rewards • cupcakes, as replacement for a piece of birthday cake, can be stored in identifiable container (labelled with child's details) in a freezer 	<p>Class teacher</p> <p>Class teacher</p> <p>Class teacher</p> <p>Class teacher</p>

continued...

Risk	Strategy	Who?
	<ul style="list-style-type: none"> be aware that craft items can be risk items e.g. milk containers, peanut butter jars 	Class teacher
<p>Insect sting allergies</p> <p>Grassed and garden areas</p>	<ul style="list-style-type: none"> specify play areas that are lowest risk to the student and encourage the student and his or her peers to play in this area decrease number of plants in school grounds that attract bees ensure allergic students wear shoes at all times when using isolation as part of discipline ensure not to stand student next to flowering plants 	Principal
<p>Medication allergies</p> <p>Students taking other students' medication brought from home without staff knowledge</p>	<ul style="list-style-type: none"> inform school community of policy about administration of medications monitor implementation of policy to minimise students bringing unauthorised medications educate student and peers about medication allergies and the importance of taking medication prescribed only for them encourage affected students to wear medic alert bracelets or necklace implement effective procedures for administering prescribed medications at school 	Principal Principal Class teacher Class teacher Staff member responsible for administering prescribed medication
<p>Latex allergies</p>	<ul style="list-style-type: none"> avoid use of party balloons avoid contact with swimming caps and latex gloves 	Class teacher Sport teacher

Information on the EpiPen

What is an EpiPen?

The EpiPen is an auto-injector device containing a single dose of adrenaline in a spring-loaded syringe. A version containing half the standard dose of adrenaline (EpiPen Jr) is available for small children (under 20 Kg). The EpiPen has been designed as a first aid device for use by people without formal medical or nursing training.

When adrenaline is injected, it rapidly reverses the effects of a severe allergic reaction by reducing throat swelling, opening the airways, and maintaining blood pressure. Adrenaline (also called epinephrine) is a natural hormone released in response to stress. It is a natural “antidote” to the chemicals released during severe allergic reactions (anaphylaxis) to common allergens such as drugs, foods or insect stings. Adrenaline is destroyed by digestive enzymes in the stomach, and so it needs to be administered by injection.

What if the child is unable to administer his or her own injection?

At any age, a child or young person may be unable to administer their own medication, particularly if they become too distressed or incapacitated. Where that is the case, another person should administer the EpiPen immediately. Waiting for help to arrive may endanger the student’s life.

How quickly does an EpiPen work?

Signs of improvement should be seen rapidly, usually within a few minutes. If there is no improvement, or the symptoms are getting worse, then a second injection may be administered after 5 to 10 minutes.

Is giving an EpiPen safe?

Administration of the EpiPen is very safe. The needle is thin and short (14 mm) so damage to nerves and blood vessels is not a concern when it is administered in the outer mid-thigh according to standard instructions.

When it is suspected that a person is having an acute allergic reaction, not giving the EpiPen can be much more harmful than giving it when it may not have been necessary.

What would happen if the EpiPen is given and it was subsequently found to be unnecessary?

The speed and force of the heartbeat could increase and the child may have palpitations and feel shaky for a few minutes. This should wear off after 10 to 15 minutes.

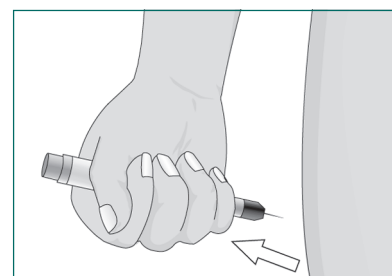
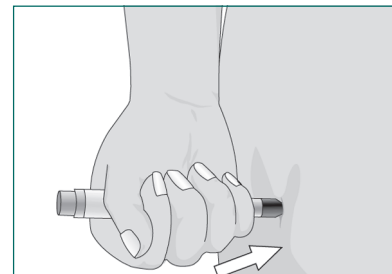
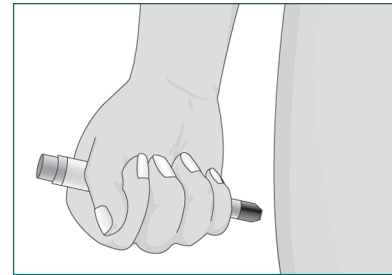
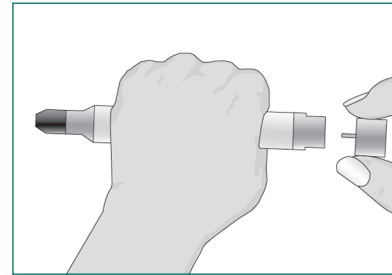
How should a used EpiPen be disposed of?

If the EpiPen has been given, then an ambulance should be called. The time of administration of the EpiPen should be noted. The used EpiPen should be placed into its screw-top container and given to the ambulance crew so they will know what medication the child has received.

Instructions on use of EpiPen

The EpiPen is an auto-injector device containing a single dose of adrenaline in a spring-loaded syringe. A version containing half the standard dose (EpiPen Jr) is available for small children (under 20 kg). It has been designed as a first aid device for use by people without formal medical or nursing training.

1. Remove from plastic container. Do not touch the black tip with fingers or thumb at any time when handling the EpiPen. This is where the needle comes out.
2. Form fist around EpiPen and pull off grey cap. Keep thumb and fingers away from the black tip.
3. Place black end against outer mid-thigh (with or without clothing).
4. Push down hard until a click is heard or felt and hold in place for 10 seconds.
5. Remove EpiPen and be careful not to touch the needle. Massage the injection site for 10 seconds.



Note: If the student becomes unconscious, stops breathing or there is no pulse apply immediate emergency care procedures (Airway, Breathing, Circulation).

Flow Chart: Managing anaphylaxis at school

Appendix 12

