

Standard Operating Procedure

Emergency Response Protocol for Allergic Reactions

This SOP details the **emergency response protocol for allergic reactions**, covering immediate recognition of allergic symptoms, proper administration of epinephrine auto-injectors, steps for contacting emergency medical services promptly, and post-incident monitoring and documentation. The objective is to ensure swift and effective action to minimize health risks and improve outcomes for individuals experiencing severe allergic reactions.

1. Purpose

To provide clear, step-by-step guidance for responding to individuals experiencing severe allergic reactions (anaphylaxis), including the administration of epinephrine, contacting emergency services, and follow-up procedures.

2. Scope

This protocol applies to all personnel responsible for the well-being of individuals in the facility (e.g., staff, teachers, caregivers, healthcare providers).

3. Definitions

Term	Definition
Anaphylaxis	A severe, life-threatening allergic reaction that requires immediate medical intervention.
Epinephrine Auto-Injector	A device designed to deliver a single dose of epinephrine quickly in emergency situations.

4. Responsibilities

- All personnel must be familiar with the symptoms of anaphylaxis and trained in emergency response procedures.
- Designated emergency responders are responsible for administering epinephrine if required and contacting emergency services.

5. Procedure

- 1. Recognize Signs of Allergic Reaction:**
 - Skin: Hives, redness, itching, or swelling
 - Respiratory: Shortness of breath, wheezing, tightness of throat, difficulty breathing/talking
 - Circulatory: Rapid/weak pulse, dizziness, fainting
 - Other: Nausea, vomiting, abdominal pain, feeling of "impending doom"
- 2. Immediate Response:**
 - If anaphylaxis is suspected, do not wait for all symptoms to appear.
 - Call out for assistance and retrieve the individual's epinephrine auto-injector.
- 3. Administer Epinephrine:**
 - a. Remove safety cap from the auto-injector.
 - b. Firmly press the injector against the outer thigh (can inject through clothing).
 - c. Hold in place for the recommended time (typically 3 seconds).
 - d. Remove injector and massage area for 10 seconds.
- 4. Contact Emergency Services:**
 - Immediately call **911** or local emergency number; state it is a suspected anaphylaxis reaction and epinephrine has been administered.
 - Provide location details and stay on the line for further instructions.
- 5. Position and Monitor the Individual:**
 - Lay the person flat with legs elevated unless breathing difficulties require sitting up.
 - Monitor airway, breathing, and circulation.
 - If symptoms persist or return and EMS has not arrived, administer a second dose of epinephrine after 5-15

minutes (if available and trained to do so).

6. Post-Incident:

- Do not leave the individual alone at any time.
- Hand over emergency information and used injector to EMS upon arrival.
- Document the incident (see documentation section).
- Restock emergency supplies as needed.

6. Documentation

- Date and time of incident
- Name of individual affected
- Description of allergic reaction (symptoms observed)
- Time and dosage of epinephrine administration
- Time emergency services were contacted and arrived
- Any additional actions taken
- Personnel involved in response

All documentation should be submitted to the appropriate supervisor or administrator as soon as possible following the incident.

7. Training

- Annual training in allergy response and epinephrine administration is required for all relevant personnel.
- Refresher training after any incident or policy update.

8. Review and Revision

- This SOP shall be reviewed annually or following an incident, and updated as required to incorporate lessons learned and best practices.

9. References

- Local Public Health Guidelines on Anaphylaxis
- Manufacturer Instructions for Epinephrine Auto-Injectors
- CDC: Recognition and Management of Anaphylaxis