



INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

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ALLERGIC REACTION AND ANAPHYLAXIS (Authorized Public Safety Personnel)

I. FIELD ASSESSMENT/TREATMENT INDICATORS

- Non-anaphylactic allergic reaction:
 - Involving only one organ system (localized angioedema that does not compromise the airway or not associated with vomiting).
- Anaphylaxis characterized by acute onset involving:
 - Skin or mucosa with either respiratory compromise or decreased BP or signs of end-organ dysfunction, or
 - Two (2) or more of the following occurring rapidly after exposure to a likely allergen:
 - Skin and/or mucosal involvement (urticarial, itchy, swollen tongue/lips)
 - Respiratory compromise (dyspnea, wheeze, stridor, hypoxemia)
 - Persistent gastrointestinal symptoms (vomiting, abdominal pain)
 - Hypotension or associated symptoms (syncope, hypotonia, incontinence)

II. PUBLIC SAFETY INTERVENTION

Non-Anaphylactic Allergic Reaction

- Ensure EMS has been activated using the 9-1-1 system.
- Maintain standard blood and body fluid precautions. Use appropriate personal protective equipment (gloves, face shield).
- Provide supplemental oxygen, if authorized, per ICEMA Reference #15040 - Respiratory Distress (Authorized Public Safety Personnel).
- Monitor for worsening signs and symptoms, and possible progression to anaphylaxis.

Anaphylaxis

- Ensure EMS has been activated using the 9-1-1 system.
- Maintain standard blood and body fluid precautions. Use appropriate personal protective equipment (gloves, face shield).
- Open the airway using Basic Life Support techniques.
- Perform rescue breathing, if indicated, using a protective mouth shield.
- Provide supplemental oxygen, if authorized, per ICEMA Reference #15040 - Respiratory Distress (Authorized Public Safety Personnel).
- Administer Epinephrine via auto-injector or EpiPen IM into outer thigh (may be administered through clothing).

- After Epinephrine administration, observe for improved breathing and consciousness. If breathing or consciousness do not improve, assist breathing with bag-valve-mask if available, and authorized.
- Begin CPR if no pulse and breathing detected.
- If symptoms persist after 15 minutes, repeat Epinephrine via auto-injector or EpiPen IM into opposite outer thigh.
- Report administration of Epinephrine via auto-injector to EMS field personnel for documentation on the electronic patient care report (ePCR).
- Public safety personnel shall complete report per the public safety agency's policy.

III. REFERENCE

<u>Number</u>	<u>Name</u>
15040	Respiratory Distress (Authorized Public Safety Personnel)