



Student Duty of Care

Emergency Response Procedures – Anaphylaxis

Plan Contents

Generally, the school promotes allergy awareness. Refer to our [Allergies and Anaphylaxis Policy and Procedures](#). When responding to an anaphylactic reaction, we will follow the school's emergency response procedures, together with the school's general first aid procedures and the children and young person's ASCIA Action Plan for Anaphylaxis.

Key Definitions

Refer to the [Allergies and Anaphylaxis Policy and Procedures](#).

List of Children and Young Persons with Allergy-Related Conditions

St Mary's School, Echuca maintains a complete and up to date list of children and young persons identifying as having a medical condition that relates to allergy and the potential for anaphylactic reaction. It is the responsibility of

Enrolment Administration Officer

Classroom Teacher's

Registered School Nurse

to keep this list up to date. The list is kept at Anaphylactic Student List Storage Location.

Location of Individual Anaphylaxis Plans and Individual ASCIA Action Plans

Individual Anaphylaxis Management Plans are kept at Insert Storage Location of Individual Anaphylaxis Management Plans.

Copies of the Anaphylaxis Management Plans are also kept at the following locations:

Insert Storage Location of Individual Anaphylaxis Management Plans Copies

Individual ASCIA Action Plans for Anaphylaxis are kept at Insert Storage Location of Individual ASCIA Action Plans.

Copies of the ASCIA Action Plans for Anaphylaxis are also kept at the following locations:

Insert Storage Location of Individual ASCIA Action Plans Copies

Storage and Location of Adrenaline Auto-injectors

Refer to [Adrenaline Autoinjectors – Purchase, Storage and Use](#) for storage and location details of adrenaline autoinjectors at the school.

Communication Plan

Refer to the [Communication Plan](#) for information on how to communicate an emergency to the school community.

Planning for an Emergency

The school regularly undertakes drills to test the effectiveness of our emergency response procedures, including in responding to an anaphylactic incident.

Staff should refer to the Anaphylaxis Guidelines to plan for an anaphylactic reaction, including information on:

- self-administration of an adrenaline autoinjector
- responding to an incident

- procedures to follow in the school and out of school environments
- how to administer an adrenaline autoinjector
- steps to follow if an adrenaline autoinjector is administered
- first-time reactions
- post-incident support.

Common Allergens for which Children and Young Persons May be at Risk of Allergy or Anaphylaxis

Common food allergies include those caused by:

- egg
- milk
- peanuts
- tree nuts
- fish
- shellfish
- soy
- sesame
- wheat
- lupin
- mammalian meat (caused by tick bite exposure).

Other common allergies can be caused by:

- bites and stings
- latex
- certain medications.

Signs and Symptoms of a Mild to Moderate Allergic Reaction

Signs and symptoms of a mild to moderate allergic reaction may include:

- swelling of lips, face or eyes
- hives or welts
- tingling mouth
- abdominal pain and vomiting (these are signs of anaphylaxis for insect allergy).

Signs and Symptoms for Anaphylaxis

Signs and symptoms for anaphylaxis may include:

- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- wheeze or persistent cough
- difficulty talking and/or hoarse voice
- persistent dizziness or collapse
- pale and floppy (usually in younger children).

Emergency Response Procedures for Children and Young Persons at Risk of Anaphylaxis

A member of staff should remain with the children and young person displaying signs of an anaphylaxis reaction at all times. Another member of school staff should immediately locate the children and young person's adrenaline autoinjector and the children and young person's ASCIA Action Plan for Anaphylaxis. Where possible, only school staff with training in the administration of an adrenaline autoinjector should administer the children and young person's adrenaline autoinjector. However, it is imperative that an adrenaline autoinjector is administered as soon as signs of anaphylaxis are recognised by any staff member available if trained school staff are unavailable.

For children and young persons having anaphylaxis, the following first aid steps should be followed:

1. Lay the children and young person flat and do not allow them to stand or walk. If breathing is difficult, allow the children and young person to sit. The children and young person must not stand or be moved unless they are in danger (for example from bees in a nearby hive).
2. If the children and young person is carrying their adrenaline autoinjector, follow instructions on the ASCIA Action Plan and give the adrenaline autoinjector accordingly.
3. If the children and young person is not carrying their adrenaline autoinjector, but has one in the office or their classroom, there must be a system in place to get the adrenaline autoinjector to the children and young person quickly. An adrenaline autoinjector for general use from one of the school's communal medication locations using the general ASCIA Action Plan for instructions can also be administered.
4. Call an ambulance on triple zero "000". Children and Young Persons should be transported by stretcher to the ambulance in all circumstances even if symptoms appear to have improved or

resolved.

5. Alert the children and young person's parents/guardians.
6. Further adrenaline autoinjector doses may be given if no response after five minutes.
7. The children and young person must remain in hospital for at least four hours of observation.

Always give the adrenaline autoinjector first, and then the asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has sudden severe breathing difficulty (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

Emergency Response in the Classroom

The school has developed the following emergency response in the classroom:

1. The classroom teacher must ring the school office and request the general adrenaline autoinjector. If no classroom phone or mobile phone is available, the teacher may send two responsible children and young persons from the class with a red card which enables the children and young persons to immediately interrupt the adults and bring back the medical kit containing the general adrenaline autoinjector and ASCIA Action Plan and a trained staff member (who should run to the scene immediately).
2. If the children and young person has their own adrenaline autoinjector, a trained staff member should immediately administer the adrenaline autoinjector. Otherwise, a trained staff member should administer the general adrenaline autoinjector.
3. The school office will contact the children and young person's parent/carer and the ambulance on 000, stating that an adrenaline autoinjector was given and naming the road closest to the school entrance. The children and young person should be kept lying down. If breathing is difficult, allow the children and young person to sit. The children and young person must not stand or be moved unless they are in danger.
4. A trained staff member from the school office should also bring the children and young person's spare adrenaline autoinjector to the classroom if needed.
5. A staff member from the school office will direct the ambulance to the appropriate classroom on arrival. The school does emergency drill training in the classroom each Term.

Emergency Response in the Playground

The school has developed the following emergency response in the Playground:

1. Staff on duty must remain with the student suffering anaphylaxis at all times.
2. A staff member on duty to send two responsible students to the school office with a red card which enables the students to immediately interrupt the adults and bring back the medical kit containing the general adrenaline autoinjector and ASCIA Action Plan and a trained staff member (who should run to the scene immediately).
3. If the student has their own adrenaline autoinjector, the trained staff member should immediately administer the adrenaline autoinjector. Otherwise the trained staff member should administer the general adrenaline autoinjector.
4. The school office will contact the student's parent/carer and the ambulance on 000, stating that an adrenaline autoinjector was given and naming the road closest to the school entrance. The student should be kept lying down. If breathing is difficult, allow the student to sit. The student must not stand or be moved unless they are in danger.
5. All other staff members are to clear the playground to ensure easy access for the ambulance to the student with anaphylaxis.
6. A staff member from the school office will also bring student's spare adrenaline autoinjector to the classroom if needed.
7. A staff member from the school office will direct the ambulance to the appropriate place in the playground on arrival.

The School does emergency drill training in the playground each Term.

Emergency Response During Excursions and Offsite Activities

Each individual excursion and offsite activity (including school camps and special events such as sports carnivals) require an individual risk management analysis.

The school has developed the following emergency response during excursions and offsite activities:

1. If anaphylaxis occurs, a trained staff member should immediately administer the adrenaline autoinjector.
2. The lead teacher on the excursion, or the student's supervising staff member at an offsite activity (including camps, for example) should contact the ambulance on 000, stating that an adrenaline

autoinjector was given and naming the road closest to the location.

3. The supervising staff member should also contact the student's parent/carer (if not already on the excursion/offsite activity) and other staff members and volunteers should manage other students, ensuring that they are kept at a safe distance and remain calm.

4. Another staff member should wait for the ambulance to direct paramedics to the student when they arrive on the scene.

5. A supervising staff member or another trained staff member should travel with the student to the hospital if the student's parents/carers are unavailable.

Review Procedures

After an anaphylactic reaction has taken place that has involved a children and young person in the school's care and supervision, the school's critical incident review will also include the following procedures:

- the adrenaline autoinjector must be replaced as soon as possible, by either the parent/carer or the school if the adrenaline autoinjector for general use has been used
- the Principal/Responsible person should ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement adrenaline autoinjector being provided
- the children and young person's Individual Anaphylaxis Management Plan should be reviewed in consultation with the children and young person's parent/carer
- the Policy should be reviewed to ascertain whether there are any issues which require clarification or modification.