

Procedure	Anaphylaxis Management Procedure
Person Responsible	Principal
Staff Involved	All staff
Frequency of Performance	As required
Related Documents	Anaphylaxis Management Procedure First Aid and Medical Conditions Policy Duty of Care Policy Individual Anaphylaxis Management Plan Template Annual Risk Management Checklist

1. Introduction

In the event of an anaphylactic reaction, the emergency response procedures in this procedure must be followed, together with the First Aid and Medical Conditions Policy and Procedure and the Student's Individual Anaphylaxis Management Plan.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the Principal and stored with their ASCIA Action Plan for Anaphylaxis on the Student's file, on Compass and included in the teacher folder for the relevant level.

For excursions, special events and off-site activities, the supervising teacher will be responsible for maintaining the student list together with the Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

2. Definitions

ASCIA	Australasian Society of Clinical Immunology and Allergy Limited
School environment	Means any physical or virtual place made available or authorised by the school governing authority for use by a child during or outside school hours, including: <ul style="list-style-type: none"> • a campus of the school; • online school environments (including email and intranet systems); and • other locations provided by the school for a child's use (including, without limitation, locations used for school camps, sporting events, excursions, competitions, and other events).
Staff	Refers to all employed staff, contractors and volunteers of the College
Student	The Student named in the Enrolment Application Form
First Aid	Simple medical treatment given as soon as possible to a person who is injured or suddenly becomes ill.

3. Emergency response

3.1 Mild to moderate allergic reaction

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis (severe allergic reaction).

Signs of mild to moderate allergic reaction	<ul style="list-style-type: none"> • Swelling of lips, face, eyes • Hives or welts • Tingling mouth • Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)
Action for mild to moderate allergic reaction	<ul style="list-style-type: none"> • For insect allergy - flick out sting if visible • For tick allergy - seek medical help or freeze tick and let it drop off • Stay with person and call for help • Locate adrenaline (epinephrine) autoinjector and the Student’s Individual Anaphylaxis Management Plan • Phone family/emergency contact
Watch for any one of the following signs of anaphylaxis	<ul style="list-style-type: none"> • 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 (young children)

3.2 Severe allergic reaction (anaphylaxis)

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must follow these steps:

Step 1	<ul style="list-style-type: none"> • Lay the person flat – DO NOT allow them to stand or walk <ul style="list-style-type: none"> - If breathing is difficult, allow them to sit - If unconscious, place in recovery position • Be calm and reassuring • Do not leave them alone • Seek assistance from another staff member or reliable student to locate the Student’s adrenaline autoinjector or the school’s general use autoinjector, and the
---------------	--

	<p>Student’s Individual Anaphylaxis Management Plan, located in the Attendance roster.</p> <ul style="list-style-type: none"> • If the Student’s plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5
Step 2	<p>Administer an adrenaline autoinjector</p> <ul style="list-style-type: none"> • Remove from plastic container • Form a fist around the autoinjector and pull off the blue safety release (cap) • Place orange end against the Student’s outer mid-thigh (with or without clothing) • Push down hard until a click is heard or felt and hold in place for 3 seconds <p>Remove autoinjector</p> <p>Note the time the autoinjector is administered</p> <p>Retain the used autoinjector to be handed to ambulance paramedics along with the time of administration</p>
Step 3	Call an ambulance (000)
Step 4	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis attached to the Student’s Individual Anaphylaxis Management Plan), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.
Step 5	Contact the student’s emergency contacts.

Notes:

If a student appears to be having a severe allergic reaction but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 – 5 as above.

Commence CPR at any time if person is unresponsive and not breathing normally.

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

4. Issuance and approval

Document No:	065	Version no:	1.2	Classification:	Welfare
Document owner:	Compliance	Authorised by:			Principal
Issue date:	16 June 2023	Review date:			16 June 2024