



# Emergency response to Anaphylactic reaction

St Mary's College



A poster for First Aid Plan for Anaphylaxis is available on the [ASCIA website](#) and will be posted at every First aid site within the College

## In all situations

### First Aid steps to be followed for an Anaphylactic event

- **Lay the person flat.** Do not allow them to stand or walk.
- If breathing is difficult, allow to sit with legs outstretched.
- The person must not be moved unless they are in danger.
- If unconscious or pregnant, place in the recovery position on their left side.
- A member of staff **should remain with the Person** displaying signs of an anaphylaxis reaction.
- Be calm & reassuring.
- Do not leave them alone.
- Seek assistance from another staff member or reliable student to locate the autoinjector or a **general use autoinjector**, and the **Individual's Anaphylaxis Management Plan & Action Plan**
- If the person has **not** been previously diagnosed with an allergy or at risk of anaphylaxis but appears to be having a severe allergic reaction, follow these steps
- Delegate to another staff member or call the **Emergency mobile 0474 859 219** to alert College Nurse/Administration.
- College Nurse/Administration will bring a **second & third adrenaline autoinjector** to the person.
- Administration staff will alert the person's parents/carers/emergency contact.
- **Administer adrenaline autoinjector** – [Note the time given and retain used Autoinjector to give ambulance/paramedics.](#)

If the person's adrenaline autoinjector is with the person, follow instructions on the ASCIA Action Plan and **Administer** the adrenaline autoinjector.  
If the person's adrenaline autoinjector is not available, **Administer** the General use adrenaline autoinjector.

- Delegate to another staff member or **call Emergency services: Ambulance on triple zero “000” or 112** on mobile if out of service/range.

Students should be transported by stretcher to the ambulance in all circumstances even if symptoms appear to have improved or resolved.

If there is no improvement or if severe symptoms progress, **further adrenaline doses may be given every five minutes** (if another autoinjector is available).

**If in doubt, it is better to use an adrenaline injector than not use it.**

Under-treatment of anaphylaxis is more harmful (and potentially life threatening) than over-treatment of a mild or moderate allergic reaction.

**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.

#### **Review of Emergency Response Procedures for Anaphylaxis:**

- The adrenaline autoinjector/s must be replaced as soon as possible.
- The Individual’s Anaphylaxis Management Plan should be reviewed in consultation with the family & college staff.
- The Anaphylaxis Policy should be reviewed to ascertain if any issues require clarification or modification.
- Debrief with relevant staff, students & College community with the College Nurses/Counsellor/Wellbeing team.

Approval authority	Director, Education Excellence
Approval date	April 2025
Review by	April 2029