



# Anaphylaxis Emergency Response Plan

## Purpose

This plan outlines the roles, responsibilities, and actions required by staff in the event of an anaphylaxis emergency to ensure a rapid, coordinated, and effective response.

### 1. Individual at Risk

- Name:
- Date of Birth:
- Known Allergens:
- Emergency Contact:
- Allergy Action Plan Attached:  Yes  No
- Location of EpiPen/Auto-injector:

### 2. Recognising Anaphylaxis

Common MILD symptoms may include:	Common SEVERE symptoms may include:	
Swelling of lips, face, eyes	Difficult or noisy breathing	Difficulty talking or hoarse voice
Hives or welts	Swelling of tongue	Persistent dizziness or collapse
Tingling mouth	Swelling or tightness in throat	Pale and floppy (young children)
Abdominal pain, vomiting	Wheeze or persistent cough	

### 3. Emergency Response Steps

#### 1. LAY PERSON FLAT - do NOT allow them to stand or walk

- If unconscious or pregnant, place in recovery position - on left side if pregnant
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright

## 2. GIVE ADRENALINE INJECTOR

3. Phone ambulance **000**
4. Phone family/emergency contact
5. Further adrenalines may be given if no response after 5 minutes
6. Transfer person to hospital for at least 4 hours of observation

### **IF IN DOUBT GIVE ADRENALINE DEVICE**

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

## 4. Staff Roles and Responsibilities

<b>Role</b>	<b>Responsibility</b>	<b>Assigned Staff Member</b>	<b>Backup Staff Member</b>
First Responder	Identify signs of anaphylaxis and administer adrenaline		
Emergency Caller	Call 000 and follow operator instructions		
Crowd/Student Control (if school setting)	Keep other individuals away and ensure area remains clear and calm		
Meet Ambulance	Direct paramedics to the scene quickly		
Administrator/Manager	Notify emergency contacts, record incident details, and complete incident report.		

## 5. Post-Incident Actions

After the incident:

- De-brief staff, if applicable
- Replace used auto-injectors promptly
- Review this response plan and update if necessary
- Document incident details and outcomes
- NOTIFY DE, Approved provider & Nominated Supervisor

## 6. Review and Sign-Off

Name	Position	Signature	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Last Reviewed: \_\_\_\_\_

Next Review Due: \_\_\_\_\_