



Appendix D
**MEDICAL EMERGENCY RESPONSE
POLICY [CODE ORANGE]**
[inc. Anaphylaxis]



- A. An Emergency Response Drill [to an 'Orange Alert'] will be conducted at the start of each year and at least once more during the year – in a classroom AND playground scenario. This will be led by the First Aid Co-ordinator or the Assistant Principal.
- B. A list and photos of students at risk of anaphylaxis (noting the 'triggers') will be displayed in the Sick Bay, the staffroom, the Hall and the Canteen & OSHC area.
- C. A list and photos of students with asthma and other potentially serious medical alerts [eg epilepsy] will be displayed in the Sick Bay
- D. Folders listing all students with Medical Alerts will be stored in each classroom and Specialist Area

In the event of a Medical Emergency –

IN THE CLASSROOM:

1. Using the closest phone to the 'patient' (ie. class phone or personal mobile) call the school office and report a 'CODE ORANGE'.
2. Send class 'runner' to the office with CODE ORANGE alert card
3. The teacher will stay with the student and respond according to the emergency.
 - **Fainting / knock** - lay student flat and elevate legs. If breathing is difficult, allow child to sit but do not stand
 - **Wound** - apply pressure to the bleeding area
 - **Anaphylaxis** –
 - Follow student's ASCIA Action Plan, stored in the classroom DisPlan box (administer antihistamine or child's EpiPen®/Anapen)
 - Using the closest phone to the 'patient' (ie. class phone or personal mobile) call an ambulance and nominate the closest school entrance – ie. Birchwood or Cavendish for Sick Bay or classroom: Airds for oval)
 - 'General use' EpiPen® in Sick Bay – office/staff member to collect the school's First Aid Emergency Bag and deliver this to the classroom immediately, assisting teacher with student to administer the adrenaline. Further EpiPen® doses may be given if there is no response after 5 minutes (as per time elapsed OR on advice from emergency phone call to ambulance)
 - Note the time of administration to provide information for paramedics. Reassure the student and watch for signs of any repeat reaction.
 - **Asthma** -
 - Adult to stay with student. Have student sit down in comfortable upright position
 - Administer inhaler via spacer – 4 X 4 – ie. single dose with 4 breaths X 4
 - If an ambulance has been called, an adult is to wait at the nominated school gate (ie. Birchwood or Cavendish for Sick Bay or classroom; Airds for oval)

- usually Birchwood Ave) until the ambulance arrives and take the paramedics to the child.
- Other students, where possible, should be moved to another room and supervised
- Parents/ Guardians should be notified as soon as practicable.

IN THE YARD:

- Using the closest phone to the 'patient' (ie. class phone or personal mobile) call the school office and report a 'CODE ORANGE'.
- Send a 'runner' to the office with CODE ORANGE alert card
- The Yard Duty teacher will stay with the student and respond according to the emergency.
 - **Fainting / knock** - lay student flat and elevate legs. If breathing is difficult, allow child to sit but do not stand
 - **Wound** - apply pressure to the bleeding area
 - **Anaphylaxis** – In response to CODE ORANGE -
 - Staff member to go to the 'patient' with a school First Aid Emergency Bag (which includes 'general use' EpiPen®).
 - Staff member to take personal mobile or Sick Bay porta phone if needed to call an ambulance. Yard Duty teacher can use own personal mobile to make an earlier 000 call at their discretion
 - Staff member to assist the Yard Duty teacher to administer the EpiPen® to the student
 - Second staff member to retrieve student's EpiPen® from their classroom (on hook above the DisPlan box) and take it to the student in the yard.
 - Note the time of administration to provide information for paramedics. Reassure the student and watch for signs of any repeat reaction.
 - If applicable, another adult is to wait at the nominated school gate nominate the closest school entrance – ie. Birchwood or Cavendish for Sick Bay or classroom: Airds for oval) until the ambulance arrives and take the paramedics to the child.
 - **Asthma** -
 - Adult to stay with student. Have student sit down in comfortable upright position
 - Administer blue reliever inhaler via spacer
 - 4 separate puffs of medication – given one puff at a time - child takes 4 breaths from the spacer after each puff of medication
- Other students, where possible, should be moved to another area and supervised.
- Parents/ Guardians should be notified as soon as practicable.

EXCURSIONS AND CAMPS:

- An **Individual CAMP/EXCURSION Anaphylaxis Management Plan [Appendix C and/or Asthma Management Plan** will be prepared prior to excursion/camp.
- Staff attending a TVPS camp will practise with the adrenaline auto injector training devices (EpiPen/Anapen) prior to camp. Training DVD or PowerPoint Summary may be viewed.

3. Camp pro-forma with diet section – sent to camp for details re menu /ingredients
4. First Aid officer to have EpiPen/Anapen / Asthma med+spacer and phone in close proximity at meal times
5. An adult, trained in the recognition of anaphylaxis and administration of an EpiPen/Anapen / asthma management will be assigned to an 'at risk' student during Activity Groups. The adult will carry the child's EpiPen/Anapen / inhaler, a copy of the student's Action Plan and a mobile phone and will be in close proximity to the student at all times during the excursion/ camp.
6. All excursions/ camps must be in mobile range or in close proximity to a phone landline so that an ambulance may be called if needed.
7. Local emergency services and nearest hospital may be notified prior to Camp to advise of any student(s) in attendance with high risk of anaphylaxis / asthma
8. The teacher/adult will stay with the student and respond according to the emergency.
 - **Fainting / knock** - lay student flat and elevate legs. If breathing is difficult, allow child to sit but do not stand
 - **Wound** - apply pressure to the bleeding area
 - **Anaphylaxis –**
 - Adult to stay with the student. Lay student flat and elevate legs. If breathing is difficult, allow child to sit but do not stand.
 - Send a 'runner' to Camp base to alert CODE ORANGE
 - Adult to administer the EpiPen®/Anapen if necessary. Further EpiPen®/Anapen doses may be given if there is no response after 5 minutes and/or on advice from the emergency phone call.
 - Adult to immediately call **ambulance** service (000) and state that a student is having a 'life threatening allergic reaction'. Remain on the phone until the ambulance arrives.
 - Note the time of administration to provide information for paramedics.
 - Reassure the student and watch for signs of any repeat reaction.
 - **Asthma -**
 - Adult to stay with student. Have student sit down in comfortable upright position
 - Administer inhaler via spacer –
 - Administer blue reliever inhaler via spacer -
 - 4 separate puffs of medication – given one puff at a time - child takes 4 breaths from the spacer after each puff of medication
9. If an ambulance is called, an adult to wait at the entrance to the camp and take the paramedics to the child.
10. Other students, where possible, should be moved to another area and supervised.
11. Parent/ Guardians to be notified as soon as practicable.

OTHER:

In the situation where a child who has **not been diagnosed as allergic**, but who appears to be having an anaphylactic reaction or an **asthma attack-**

1. Call an ambulance immediately by dialling 000
2. Commence first aid measures – including the administration of the school EpiPen®/ asthma inhaler on the advice of ambulance officer/service
3. Contact the parent/ guardian as soon as practicable.

POST INCIDENT:

- As it can be traumatic experience for the students and staff witnessing an incident, post – incident counselling will be made available through DEECD SSSSO.
- School management processes and the student’s Anaphylaxis / Asthma Management Plan will be reviewed.
- Emergency Services Management (DEECD) to be contacted following an incident - **9589 6266**
- In the case of Anaphylaxis, the student’s EpiPen®/Anapen must be replaced before the student returns to school.

This policy was ratified by School Council in....

_____ **2014**