

Catholic College Sale ANAPHYLAXIS COMMUNICATION PLAN

Rationale

This plan should be read in conjunction with the College's *Anaphylaxis Policy*. It relates to the prevention and management of anaphylactic events at the College or outside school, when attending school-related activities.

At the time of enrolment or (if later) diagnosis, the Principal and the Student Services Officers will familiarise themselves with the medical needs of a student with anaphylaxis. It is expected that parents, guardians or carers will notify the school promptly when a medical practitioner diagnoses a student as being at risk of anaphylaxis.

The College's *Anaphylaxis Policy* and *Anaphylaxis Communication Plan* will be published on the College's website and intranet. Hard copies will also be placed in First Aid locations and staffrooms.

Individual Anaphylaxis Management Plans

The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrols and, where possible, before their first day of school. This should include:

- Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner).
- Strategies to minimise the risk of exposure to allergens while the student is under the care
 or supervision of school staff, for in-school and out-of-school settings, including camps
 and excursions.
- The name of the person/s responsible for implementing the strategies.
- The student's emergency contact details.
- Information on where the student's medication will be stored.

ASCIA Action Plan for Anaphylaxis and Student Photos

A copy of each student's Action Plan will be displayed in the Staffroom. Action plans should be reviewed annually or after an incident. Photos on the Action Plans must be updated annually.

LOCATION OF EPIPENS®

Most student EpiPens® are located in the cupboard in the Student Services (AL102), (all keys will unlock the office if it is unattended). Their ASCIA Action Plans are also located with their EpiPen®.

Some students prefer to carry their EpiPen® with them at all times.

A spare EpiPen® is also located in the Student Services, Food Technology, Staff Room, and in the First Aid Kits.

Responding to an Incident Emergency Response Procedure

- Lay the person flat. Do not allow them to stand or walk. If breathing is difficult, allow them
 to sit.
- 2. Retrieve and administer EpiPen®.
- 3. Staff member to phone the ambulance 000.
- Phone family/emergency contact.

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5. Further adrenaline dose may be given if no response after 5 minutes (if another adrenaline autoinjector is available).

Administration of an Epipen®:

- Lie person flat, do not stand or walk. If breathing is difficult, allow the person to sit.
- Give Epipen® (or Epipen® Jnr if under 20kgs). (If the student is carrying their EpiPen)
- If the student is not carrying an EpiPen, send the nearest person to Student Services.
- Staff member with student to phone ambulance (call 000).
- Relevant delegate to contact family or emergency contact.
- A further adrenaline dose may be given if there is no response after 5 minutes (use a nonprescription adrenaline auto injector if required).
- Note the time of administration and advise paramedics when they arrive. Hand the paramedics the used adrenaline auto-injector (s).

Post-incident, following responding to an anaphylactic reaction, staff are expected to engage in the following:

- Communicate immediately with the Deputy Principal Learning and Wellbeing, who will notify the parents or carers.
- Complete a Student Accident Report Form.
- Debrief with students and staff involved.
- Collect the student's belongings if transported by ambulance.
- Deputy Principal Learning and Wellbeing or their delegate is to discuss (later) with the parents, guardians or carers the incident and to review the Individual Management Plan and ASCIA Action Plan.
- Deputy Principal Learning and Wellbeing to implement risk prevention strategies where appropriate.
- Offer post-incident counselling to those involved in the incident.
- Review the adequacy of the response of the school and consider additional training and other corrective actions.

Classrooms

A member of staff should remain with the student displaying symptoms whilst another staff member or student locates the EpiPen® and the student's ASCIA Action Plan.

All subject teachers and staff having contact with a student with Anaphylaxis will have completed an approved anaphylaxis management training course every two years and subsequent refresher training as required by Ministerial Order 706.

Yard Duty

Teachers should not leave a student who is experiencing an anaphylactic reaction unattended. The teacher must direct another staff member or a reliable student, or radio to Student Services to bring the EpiPen® from Student Services.

Casual Relief Teachers

Casual Relief Teachers (CRT) are required to access the Learning Management System (SIMON) and mark the role at the beginning of each period. Students who have an Anaphylaxis medical condition are highlighted in SIMON.

All Casual Relief Teachers and staff having contact with a student with Anaphylaxis will have completed an approved anaphylaxis management training course every two years and subsequent refresher training as required by Ministerial Order 706.

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Sporting Events

Parents, Guardians or Carers of students attending off-site sporting events are required to complete a permission form requiring updated medical details prior to departure. Student EpiPen® and Action Plans must be collected by the organising staff member and taken to all sporting events. A general use autoinjector will be included in the First Aid Kit whenever a student at risk of anaphylaxis is representing Catholic College Sale, and students are encouraged to bring their own. In the event of an anaphylactic reaction away from school, the supervising teacher or coach is to immediately implement the ASCIA Action Plan, call an ambulance, and notify the Deputy Principal Learning and Wellbeing immediately.

Camps, Excursions, and Overseas Travel

All parents, guardians or carers of students must submit completed medical forms before the camp, excursion, or overseas travel. The student's autoinjector, ASCIA Action Plan, and a mobile phone must be taken on all camps, excursions, and overseas travel. The teacher in charge of the camp, excursion, or overseas travel is responsible for assigning a designated staff member who will ensure the student's autoinjector, action plan, and general use autoinjector are correctly stored and available. Remote settings should also be assessed in terms of access to medical facilities, local emergency services, and mobile phone coverage. A satellite phone will be made available if required. Relevant third parties will be advised of any student at risk of anaphylaxis.

For domestic or overseas travel, an ASCIA Travel Plan for People at Risk of Anaphylaxis must be completed by a registered medical practitioner.

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Individual Anaphylaxis Management Plan

This plan is to be completed by the principal or nominee on the basis of information from the student's medical practitioner (ASCIA Action Plan for Anaphylaxis) provided by the parent, guardian or carer. It is the parents, guardians or carers' responsibility to provide the school with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's medical practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes. Phone School Student DOB Year level Severely allergic to: Other health conditions: Medication at school **EMERGENCY CONTACT DETAILS (PARENT, GUARDIAN OR CARER)** Name Name Relationship Relationship Home phone Home phone Work phone Work phone Mobile Mobile Address Address **EMERGENCY CONTACT DETAILS (ALTERNATE)** Name Name Relationship Relationship Home phone Home phone Work phone Work phone Mobile Mobile Address **Address** Medical practitioner contact Phone Emergency care to be provided at school

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Storage location for adrenaline autoinjector (device specific) (EpiPen®)			
	ENVIRONME	NT	
	al or nominee. Please consider each environment, ech room, sports oval, excursions, and camps, etc		student will be in for the year,
Name of environment/area	:		
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Name of environment/area	:		
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FIRST AID PLAN FOR **Anaphylaxis**



Anaphylaxis is the most severe type of allergic reaction and should always be treated as a medical emergency. Anaphylaxis requires immediate treatment with adrenaline (epinephrine). If treatment with adrenaline is delayed, this can result in fatal anaphylaxis.

How to give EpiPen® adrenaline (epinephrine) device



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds. REMOVE EpiPen®

Instructions are also on device labels. For video instructions scan this QR code.



EpiPen® Jr (150 mcg) is for children 7.5-20kg

EpiPen® (300 mcg) is for children over 20kg and adults

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS

- · Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- · Abdominal pain, vomiting these are signs of anaphylaxis for insect allergy

Mild to moderate allergic reactions may not always occur before anaphylaxis

- · Stay with person, call for help
- · Locate adrenaline device
- · Phone family/emergency contact
- · Insect allergy flick out sting if visible
- · Tick allergy seek medical help or freeze tick and let it drop off

SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

Watch for ANY ONE of the following signs:

- Difficult or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- · Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTIONS FOR ANAPHYLAXIS

- 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 DEVICE

- 3 Phone ambulance 000 (AU) or 111 (NZ)
- 4 Phone family/emergency contact
- 5 Further adrenaline 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 and not breathing normally

ALWAYS give adrenaline device FIRST if someone has SEVERE AND SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms. THEN SEEK MEDICAL HELP.

If adrenaline is accidentally injected, phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

ASCIA 2025 This document has been developed for use as a poster, or to be stored with general use adrenaline devices.

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Plan will be reviewed on any of the following occurrences
ar as it relates to allergy and the potential for anaphylactic
t has an anaphylactic reaction at school
off-site activity, such as camps and excursions, or at special ed by the school (e.g., class parties, elective subjects, cultural
t of this Individual Anaphylaxis Management Plan.
es proposed.
e at Chapter 8 – Risk Minimisation Strategies of the Anaphylaxis
or carers of the students and the relevant school staff who will s Individual Anaphylaxis Management Plan.

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