



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 School or outside School on 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 will advise the school without delay when a student is diagnosed by a medical practitioner as being at risk of anaphylaxis.

Catholic College Sale's Anaphylaxis Policy and Communication Plan will be published on the School's website and intranet site. 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 enrolls 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 Photo's

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 Office (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 Office and also in the First Aid Kits.

Responding to an Incident Emergency Response Procedure

1. Lay 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
4. Phone family/emergency contact
5. Further adrenaline dose may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

Administration of an EpiPen®:

- Lay person flat, do not stand or walk. If breathing is difficult allow to sit.
- Give EpiPen® (or EpiPen® Jnr if under 20kgs). (If student is carrying their EpiPen)
- If student is not carrying EpiPen send nearest person to Student Office.
- Staff member with student to phone ambulance (call 000).
- Relevant delegate to contact family or emergency contact.
- A further adrenalin dose may be given if there is no response after 5 minutes (use a non-prescription adrenalin auto injector if required).
- Note the time of administration and advise paramedics when they arrive. Hand the paramedics the used adrenalin 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 Student 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 Student Learning and Wellbeing or their delegate is to discuss (later) with the parents or carer the incident and to review the Individual Management Plan and ASCIA Action Plan.
- Deputy Principal Student 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.

Policy ratified: June 2022
Next review date: June 2024

Yard Duty

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

Relief Staff and Volunteers

Relief staff will be briefed, if they have at risk students in their care. Relief teacher induction folders contain at risk students' photo and plans for their campus. Relief staff are to familiarise themselves with this information. Volunteers are under the supervision of the class teacher and are to follow any instructions provided by the teacher or other member of staff.

Sporting Events

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. 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 Student Learning and Wellbeing immediately.

Camps, Excursions and Overseas Travel

All students must submit completed medical forms prior to 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.

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.

It is the parent's 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.

School		Phone	
Student			
DOB		Year level	
Severely allergic to:			
Other health conditions:			
Medication at school			
EMERGENCY CONTACT DETAILS (PARENT)			
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	Name		
	Phone		

Policy ratified: June 2022
 Next review date: June 2024

Emergency care to be provided at school	
Storage location for adrenaline autoinjector (device specific) (EpiPen®)	

ENVIRONMENT

To be completed by principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

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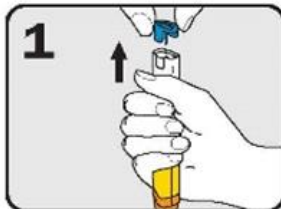
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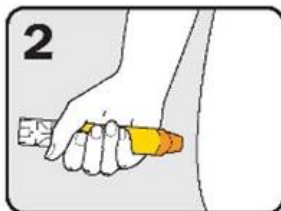
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For EpiPen® adrenaline (epinephrine) autoinjectors

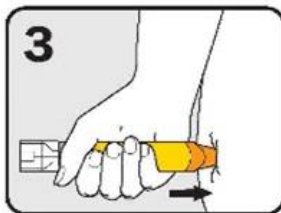
How to give EpiPen®



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®

All EpiPen®s should be held in place for 3 seconds regardless of instructions on device label

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SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- 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

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- Phone family/emergency contact

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

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- 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)

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline doses 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 autoinjector

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

EpiPen® is prescribed for children over 20kg and adults. EpiPen® Jr is prescribed for children 10-20kg

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

This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):

- annually
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- as soon as practicable after the student has an anaphylactic reaction at school
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects, cultural days, fetes, incursions).

I have been consulted in the development of this Individual Anaphylaxis Management Plan.

I consent to the risk minimisation strategies proposed.

Risk minimisation strategies are available at Chapter 8 – Risk Minimisation Strategies of the Anaphylaxis Guidelines

Signature of parent:	
Date:	
I have consulted the parents of the students and the relevant school staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.	
Signature of principal (or nominee):	
Date:	