

## **ANAPHYLAXIS COMMUNICATION PLAN**

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Version 1.0  
Last amendment: August  
2019  
Portfolio: Leadership

Approved by:  
Leadership  
Next Review: 2020

This plan should be read in conjunction with Catholic College Wodonga Anaphylactic Shock Management Policy which is available on Complispace, the College Website and SIMON.

It is an expectation that parents will advise the School at the time of enrolment (or later) when a student is diagnosed by a medical practitioner as being at risk of anaphylaxis and provide the School with an ASCIA Action Plan for Anaphylaxis as soon as possible after diagnosis or on an annual basis.

### **Individual Anaphylaxis Management Plans**

When the School is provided with a student's ASCIA Action Plan for Anaphylaxis, the Deputy Principal or delegate will complete the Individual Anaphylaxis Management Plan based on the information provided in the ASCIA Action Plan for Anaphylaxis. The student's individual management plan will be reviewed in consultation with the student's parents/carers annually and as applicable if the student's condition changes and immediately after a student has had an anaphylactic reaction at School. Management plans will include:

- information about the diagnosis including they type of allergy or allergies the student has (based on medical practitioner diagnosis)
- Strategies for minimization of exposure to risk while the student is under the care or supervision of school staff in school settings and out of school settings
- The name of emergency contacts
- Information on where student's medication is stored

### **ASCIA Action Plan for Anaphylaxis**

A copy of each student's Action Plan and Management Plans will be available in the following areas:

- Sick Bay in Front Office
- Canteen
- Nganala Reception area
- Hospitality
- Learning Community Leader's Office
- Food Technology
- Mercy Centre Administration
- O'Hagan Centre

Photos of students are also located in these areas as well as in main staff room area. Copies of Action and Individual Management Plans are available on SIMON and in the Medical Information Folder in Front Office reception. Action plans should be reviewed annually or after an incident.

### **Location of Autoinjectors**

If a student has been prescribed an autoinjector it is to be carried and stored by the Student at all times. General purpose autoinjectors are also kept in the following areas

- Sick Bay in Front Office
- Learning Community Leader's Office
- Canteen
- Nganala Reception area
- Hospitality
- Food Technology
- Mercy Centre Administration
- O'Hagan Centre

## Staff Training

All staff will be briefed once a semester by a staff member who has up to date anaphylaxis management training. The briefing will include information regarding the School's policy, will identify those students diagnosed with a medical condition that is related to allergy and potential anaphylactic reaction, where their medication is located, how to use an autoinjector and the School's first aid and emergency response procedure.

Teachers and other School staff who conduct classes which students at risk of anaphylaxis attend, or give instruction to students at risk of anaphylaxis, must have up to date training by completing Australasian Society of Clinical Immunology and Allergy (ASCI) e-training for Victorian schools once every 2 years. In order to meet legislative requirements staff will also need to have their competency in using an autoinjector (e.g. EpiPen®) tested in person within 30 days of completing the course. The College has appointed two School Anaphylaxis Supervisors who are the contacts for anaphylaxis management requirements in the school, including leading the twice-yearly school briefings.

## 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. Give 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)

## Classrooms

Where possible only School staff with training in the administration of an autoinjector should administer the student's EpiPen®, however, it is imperative that an autoinjector is administered as soon as possible after an anaphylactic reaction. Therefore, if necessary, the autoinjector can be administered by anyone using the ASCIA Action Plan. 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, and alerts the Front Office/Reception who will call 000 and parents/guardians.

## Yard Duty

Yard duty folders are carried by all staff with photos and details for those students at risk of anaphylaxis and the location of General Purpose autoinjectors. Staff should not leave a student who is experiencing an anaphylactic reaction. A student or another staff member are to be sent to retrieve a general purpose autoinjector if required, and then to alert Front Office/Reception who will call 000 and parents/guardians.

## Relief Staff

Anaphylaxis information will be provided in the induction manual for Casual Relief staff regarding students and this will be provided by the Daily Organiser. This will include student's photos, name and allergy (as per Yard Duty Boards). Copies of this information will also be provided to relief staff with the College iPads.

## **Canteen**

Anaphylaxis information including copies of individual action and management plans will be available to the Canteen. General purpose autoinjectors are kept in the Canteen in an accessible location and staff are to follow the emergency first aid response procedures as listed above in the event of an anaphylactic reaction.

## **Camps, Excursions and Sporting Events**

All families must submit completed medical information annually or as medical conditions change. The student's autoinjector, ASICA Action Plan and a mobile phone must be taken on all camps, excursions and overseas travel. General use autoinjectors will also be assigned to each camp and excursion. Remote settings should be assessed in terms of access to medical facilities, local emergency services and mobile phone coverage. Staff supervising excursions to collect updated medical information for each student prior to the excursion.

## **Post Incident**

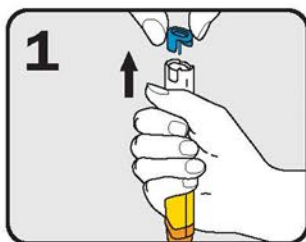
Following responding to an anaphylactic reaction, staff are expected to:

- Communicate with Deputy Principal - Staff who will notify parents or carers
- Complete a Catholic College Accident/Incident Form
- Debrief students and staff involved
- Organise for student's belongings to be collected if appropriate
- Deputy Principal or delegate to follow up discussions with parent/carers and review Individual Anaphylaxis Management Plan and ASCIA Action plan
- Deputy Principal Staff to implement risk prevention strategies where appropriate and review the adequacy of the College's response, including additional staff training and other corrective actions as necessary.

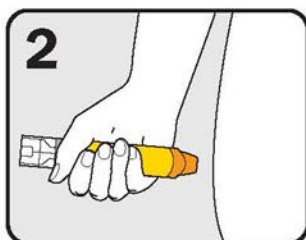
# ACTION PLAN FOR Anaphylaxis

For use with adrenaline (epinephrine) autoinjectors

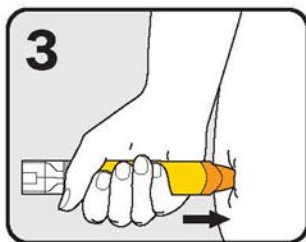
## How to give EpiPen® adrenaline (epinephrine) autoinjectors



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®

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

### 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 seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Locate 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 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

**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

- If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this action plan for the person with the allergic reaction.