



## **ANAPHYLAXIS COMMUNICATION PLAN**

Anaphylaxis is a potentially life threatening, severe allergic reaction and should always be treated as a medical emergency. Anaphylaxis occurs after exposure to an allergen (usually to foods, insects or medicines), to which a person is allergic. Not all people with allergies are at risk of anaphylaxis.

This plan is to be read in conjunction with the

- Anaphylaxis Management Policy
- Student Medical Care Policy
- First Aid Policy
- First Aid Kit & Auto Injectors.

These documents are available on the school website.

Symptoms of anaphylaxis are potentially life threatening and include any one of the following:

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness and/or collapse
- Pale and floppy (in young children)
- Vomiting & diarrhoea (after insect bite)

The Principal is responsible for ensuring that a communication plan is developed to provide information to all school staff, students and parents about anaphylaxis and the school's anaphylaxis management policy.

The Principal is responsible for ensuring that all school staff are appropriately trained to manage anaphylaxis should the need arise (for details of required training, refer to item 6 in Anaphylaxis Management Policy *Staff Training*) and that all school staff and volunteers are briefed at least twice a year in how to manage an emergency situation involving an anaphylactic reaction.

The Principal is responsible for ensuring that an Individual Management Plan is developed for any student diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction. Each Individual Management Plan will be created



in consultation and collaboration with the parents of students who have a medical condition relating to allergy and at risk of anaphylaxis; this plan will be reviewed by the Principal or School Anaphylaxis Supervisor in consultation with parents annually and/or if a child experiences an anaphylactic reaction either at or outside of school.

The Principal is nominated as the person responsible for

- Prevention Strategies
- Responding to an Anaphylactic Reaction
- Anaphylaxis Emergency Response
- Communication Plan
- The purchase and maintenance of general use autoinjectors

The Principal is responsible for ensuring that the Head of Campus provides information to all school staff (including casual staff), students and parents/carers about anaphylaxis and the school's anaphylaxis management policy.

These strategies include the development and review of an Anaphylaxis Communication Plan annually.

1.1.3 (MIN ORDER 706) procedures to inform volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction of a student in their care;

The following strategies will be used to inform school staff, including casual relief teachers and volunteers about how to respond to an anaphylactic reaction:

#### Staff Training

- All staff at FCS are required to complete a face to face training course in the three years prior or the ASCIA e-training in the two years prior and to demonstrate their competency administering autoinjector devices (both Anapen & EpiPen) during a verification process with one of the school's Anaphylaxis Supervisors within 30 days of completing their ASCIA online training.
- All staff are required to read the Anaphylaxis Guidelines: A resource for managing severe allergies in Victorian schools. A copy of this will be kept at both campuses.
- Two staff members will be the nominated School Anaphylaxis Supervisors, having completed accredited training in Verifying the Correct Use of Adrenaline Auto Injector devices (22579VIC).



- The school Anaphylaxis Supervisors will complete the Anaphylaxis Management School Training Checklist to ensure that the school is meeting its obligations to all students at risk of anaphylaxis. The Principal will hold the overall responsibility for undertaking the Annual Risk Management Checklist prior to the commencement of each new school year
- Completion and review dates of staff training will be kept with the school's staff training register and the school administrator will send email reminders when staff's certifications are due for renewal.
- All staff will be regularly briefed (a minimum of twice a year) regarding the anaphylaxis policy and procedures with any changes in circumstances being communicated to them as soon as possible. Briefings will include:
  - the School's Anaphylaxis Management Plan
  - causes, symptoms and treatment of anaphylaxis
    - what to do if a student (whether known to the school as having a pre-existing medical condition relating to allergy or not) demonstrates signs and symptoms of anaphylaxis;
    - the identities of all students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, the specific triggers of severe allergic reaction for each student with anaphylaxis, where their medication is located and where spare adrenaline autoinjectors are located;
    - how to use an Adrenaline Auto injector, including hands on practice with trainer Adrenaline Auto injector devices (both Anapen & EpiPen);
    - the School's general first aid and emergency response procedures;
    - the location of, and access to, Adrenaline Auto injectors that have been provided by Parents or purchased by the School for general use.
- Twice a year, at the briefings, all staff will practise using the trainer autoinjector devices (Anapen & EpiPen) and undertake drills to test the procedures.
- ASCIA Action Plans for Anaphylaxis (for each student who has such a plan) will be prominently displayed in public spaces within the school environment such as on the kitchen cupboards so that all parents and staff are aware of which students have ASCIA Anaphylaxis Action Plans and the details of those plans.

The following strategies will be used to inform school volunteers and casual relief teachers about how to respond to an anaphylactic reaction whether during normal school activities or during off-site or out of school activities:



- All volunteers will be briefed on their anaphylaxis responsibilities, made aware of students who have ASCIA Anaphylaxis Action Plans, issued with an Action Plan for Anaphylaxis and be told where the adrenaline autoinjectors for individual students and spare devices for general use are kept. This briefing will form part of all volunteer induction processes.
- ASCIA Action Plans for Anaphylaxis (for each student who has such a plan) will be prominently displayed in public spaces within the school environment such as on the kitchen cupboards so that all students, parents, volunteers and staff are aware of which students have ASCIA Anaphylaxis Action Plans and the details of those plans.

The following strategies will be used to inform school parents/carers about how to respond to an anaphylactic reaction whether during normal school activities or during off-site or out of school activities:

#### Parents/Carers

- All parents/carers will be provided the following:
  - First Aid for Anaphylaxis Sheet.
  - An Action Plan for Anaphylaxis
  - Information on the ASCIA anaphylaxis e-training for first aid (community) which has been designed to be undertaken by the broader community such as parents, friends, carers. The course is available free of charge at <https://anaphylaxis.ascia.org.au>
  - The Anaphylaxis Policy will be available from the school office and on the school website
- All parents/carers will be sent email reminders at the start of every term to
  - ensure that their child's medical details are up to date
  - notify the school of any suggested changes to Individual Management Plans or ASCIA Anaphylaxis Action Plans
  - any additional anaphylaxis information that the school has received
- ASCIA Action Plans for Anaphylaxis (for each student who has such a plan) will be prominently displayed in public spaces within the school environment such as on the kitchen cupboards so that all students, parents, volunteers and staff are aware of which students have ASCIA Anaphylaxis Action Plans and the details of those plans.



The following strategies will be used to inform school students about how to respond to an anaphylactic reaction whether during normal school activities or during off-site or out of school activities:

### Students

ASCIA Action Plans for Anaphylaxis (for each student who has such a plan) will be prominently displayed in public spaces within the school environment such as on the kitchen cupboards so that all students, parents, volunteers and staff are aware of which students have ASCIA Anaphylaxis Action Plans and the details of those plans. Students will be made aware of the abovementioned Action Plans on display in the kitchen.

Students will be provided with education relevant to their age group in how to respond in an emergency. All students have been made aware of which students have anaphylaxis or the potential for an allergic reaction and what the causes are e.g. fish

Peer support is an important element of support for students at risk of anaphylaxis. School staff will raise awareness and teachers discuss the topic with students in class, with a few simple key messages such as the following:

- Always take food allergies seriously – severe allergies are no joke.
- Don't share your food with friends who have food allergies.
- Wash your hands after eating.
- Know what your friends are allergic to.
- If a school friend becomes sick, get help immediately even if the friend does not want you to.
- Be respectful of a school friend's adrenaline autoinjector.
- Don't pressure your friends to eat food that they are allergic to.

It is important to be aware that a student at risk of anaphylaxis may not want to be singled out or be seen to be treated differently.

### Emergency Response

Where possible, only School Staff with training in the administration of the Adrenaline Autoinjector will administer the student's Adrenaline Autoinjector. However, as it is imperative that an Adrenaline Autoinjector is administered as soon as possible after an anaphylactic reaction, the Adrenaline Autoinjector may be administered by any person following the instructions in the student's ASCIA Action Plan. It is important that in responding to an incident, the student is positioned correctly, lying down, does not stand and is not moved unless in further danger (e.g. the anaphylactic reaction was caused by a bee sting and the bee hive is close by)



A School Staff member will remain with the student experiencing an anaphylactic response, at all times. The Adrenaline Autoinjector should be administered following the instructions in the student's ASCIA Action Plan. If an auto-injector is expired and there is no immediate availability of another, the expired one should be used rather than using nothing.

If a student has a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, the School Staff should follow the school's first aid procedures, which will include immediately contacting an ambulance using 000, locating and administering an Adrenaline Autoinjector for General Use, and documenting the incident in the Student Management System.

#### Off-site and out of school activities

The staff member appointed to lead an off-site or out of school activity will be responsible for ensuring that appropriate First Aid measures are taken, with the inclusion of the adrenaline autoinjectors and Emergency Response procedures guide within the First Aid Kit. (ASCIA Action Plan). Parents and students will be notified of the Emergency Response procedures. (ASCIA Action Plan)

#### Plan Endorsement

This Policy has been endorsed by the FCS Governing Body.

Date: September 2023

Review Date: September 2024

Review Cycle: Annually. Exceptions: This Policy may be reviewed earlier than the date stated subject to circumstances