

# WOODLEIGH SCHOOL

## ANAPHYLAXIS COMMUNICATION PLAN

*This Communication Plan should be read in conjunction with the Woodleigh School Anaphylaxis Management Policy and Procedures which is available on the school website. This Communication Plan is also available on the school website.*

### INTRODUCTION

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame and certain insect stings (particularly bee stings) and medications.

Adrenaline given through an adrenaline auto-injector (such as an EpiPen, EpiPen® Jr or Anapen) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

It is important to remember that minimising the risks of anaphylaxis is everyone's responsibility, including the Principal and all school staff, parents/carers, students and the broader school community.

### OUR APPROACH

Woodleigh School is committed to providing a safe learning environment for all our students and complying with the current Ministerial Order No.706 and the Department of Education and Training's Anaphylaxis Guidelines as amended by the Department from time to time (Guidelines).

The School recognises that it cannot achieve a completely allergen free environment. We aim to:

- Provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling;
- Ensure that the school has policies and procedures in place to identify and minimise the risks associated with severe allergies, so that all students can feel safe while at school.
- Raise awareness about allergies and anaphylaxis and the School's anaphylaxis management policy in the school community;
- Engage with parents/carers of each student at risk of anaphylaxis when assessing risks and developing risk minimisation and management strategies for the student; and
- Ensure that every staff member has knowledge about allergies, anaphylaxis and the School's policies and procedures in responding to an anaphylactic reaction.

It is the school's policy that the Principal or delegate is to ensure that while the student is under the care of the School, including on excursions, camps, special event days such as sports carnivals, there are sufficient staff present who have successfully completed an Anaphylaxis Management Training Course.

### INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS (IMP)

The Principal or delegate will be responsible for developing an Individual Anaphylaxis Management Plan (IMP) in consultation with the student's parents/ carers, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Management Plan should be in place as soon as practicable after the student is enrolled, and where possible before their first day at the school.

Individual Anaphylaxis Management Plans must include the following:

- Information on the type of allergy/allergies the student has, information about the medical condition and the potential for anaphylactic reaction and the signs or symptoms the student might exhibit in the event of an allergic reaction (based on the written diagnosis from a medical practitioner);
- Strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of the School for in-school and out-of-school settings;
- Name of the person responsible for implementing the plan;
- Where the student's medication will be stored;
- Emergency contact details of the student; and
- The ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner

The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents/carers:

- Annually, and as applicable;
- If the student's condition changes;
- As soon as practicable after the student has an anaphylactic reaction; and
- When the student is to participate in an off-site activity or a special event conducted by or attended by the school.

## ACCESSIBILITY

---

Personal Anaphylaxis Kits, Individual Anaphylaxis Management Plans and ASCIA Plans are kept at the First Aid Centre of each Campus.

A copy of the Individual Anaphylaxis Management Plan is kept at the following locations:

- Within Personal Anaphylaxis Kits in the First Aid Centre
- On TASS and SEQTA
- Hard copy in First Aid Centre

Hard copy details of those with a current diagnosis (including photographs) can be found in the following locations at each campus.

### SENIOR CAMPUS

- Each homestead staff office, kitchen, canteen, gym, Jago, staff room, library, sustainability centre, regenerative futures studio, science building and the yard duty bags.

### PENBANK CAMPUS

- Music room, gym, kitchens, office, ECC
- All classrooms

### MINIMBAH CAMPUS

- Canteen, Pathways, Music House, Art, Library, ECC
- Student specific classrooms – those with current diagnosis

## LOCATION OF ADRENALINE AUTO-INJECTORS

Woodleigh School maintains Adrenaline Autoinjectors in the following locations at each campus:

- First Aid Centre (All campuses)
- Gym (All campuses)
- Yard Duty Bags (All campuses)
- Sustainability Centre, Regenerative Futures Studio, Maintenance and Jago at the Senior Campus
- ECC and The Springs at Penbank Campus
- ECC at Minimbah Campus
- Plus; 15 Generic EpiPens for distribution for relevant camps and excursions at the Senior Campus
- Plus; 5 Generic EpiPens for distribution for relevant camps and excursions at Penbank Campus
- Plus; 3 Generic EpiPens for distribution for relevant camps and excursions at Minimbah Campus

Whenever Adrenaline Autoinjectors are taken and returned to/from their usual location, such as for camps and excursions, this must be clearly recorded.

## EMERGENCY RESPONSE TO AN ANAPHYLACTIC REACTION

In the event of an anaphylactic reaction, the School emergency response procedure must be followed, together with the School general first aid procedures and the student's ASCIA action plan and their IMP.

Anaphylaxis is a severe allergic reaction and potentially life threatening. It should always be treated as a medical emergency, requiring immediate treatment. The following are general actions to apply in response to an emergency situation along with specific actions

### General Actions in Response to Anaphylaxis Emergency

- A member of the school staff should remain with the student who is displaying symptoms of anaphylaxis at all times.
- As per instructions on the ASCIA Action Plan for Anaphylaxis:  
**'Lay the person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.'**
- Another member of the school staff should immediately locate the student's adrenaline autoinjector and the student's ASCIA Action Plan for Anaphylaxis.
- The adrenaline autoinjector should then be administered following the instructions in the student's ASCIA Action Plan for Anaphylaxis.
- It is important that in responding to an incident, the student does not stand and is not moved unless in further danger (for example, the anaphylactic reaction was caused by a bee sting and the bee hive is close by).
- After administration of an EpiPen or Anapen a staff member will immediately call 000 for an ambulance.
- Send for the Anaphylaxis Supervisor/First Aid staff to assist with response. Alert Senior staff.
- Contact student's parents or emergency contacts
- If a student has been prescribed an anapen and one is not available in an emergency, a school generic epipen will be used to meet the medical needs of the student.

### Response to mild to moderate allergic reaction

In some cases, anaphylaxis is preceded by signs of a mild to moderate allergic reaction:

- Swelling of face, lips and eyes
- Hives or welts on the skin
- Tingling mouth
- Stomach pain, vomiting (these are signs of a mild to moderate allergic reaction to most allergens, however, in insect allergy these are signs of anaphylaxis).

### Specific Action

1. For insect allergy, flick out the sting if it can be seen (but do not remove ticks)
2. Stay with person and call for help
3. Give medications if prescribed (whilst antihistamines may be used to treat mild to moderate allergic reactions, if these progress to anaphylaxis then adrenaline is the only suitable medication).
4. Locate adrenaline auto-injector if available (instructions are included in the ASCIA Plan for Anaphylaxis which should be stored with the adrenaline auto-injector)
5. Contact the parent/guardian or other emergency contact
6. Contact 000 should the reaction progress to an Anaphylactic or a severe allergic reaction, or if an auto-injector has been administered.

### Response to Anaphylaxis (Severe Allergic Reaction)

Continue to watch for any one of the following signs of anaphylaxis (severe allergic reaction):

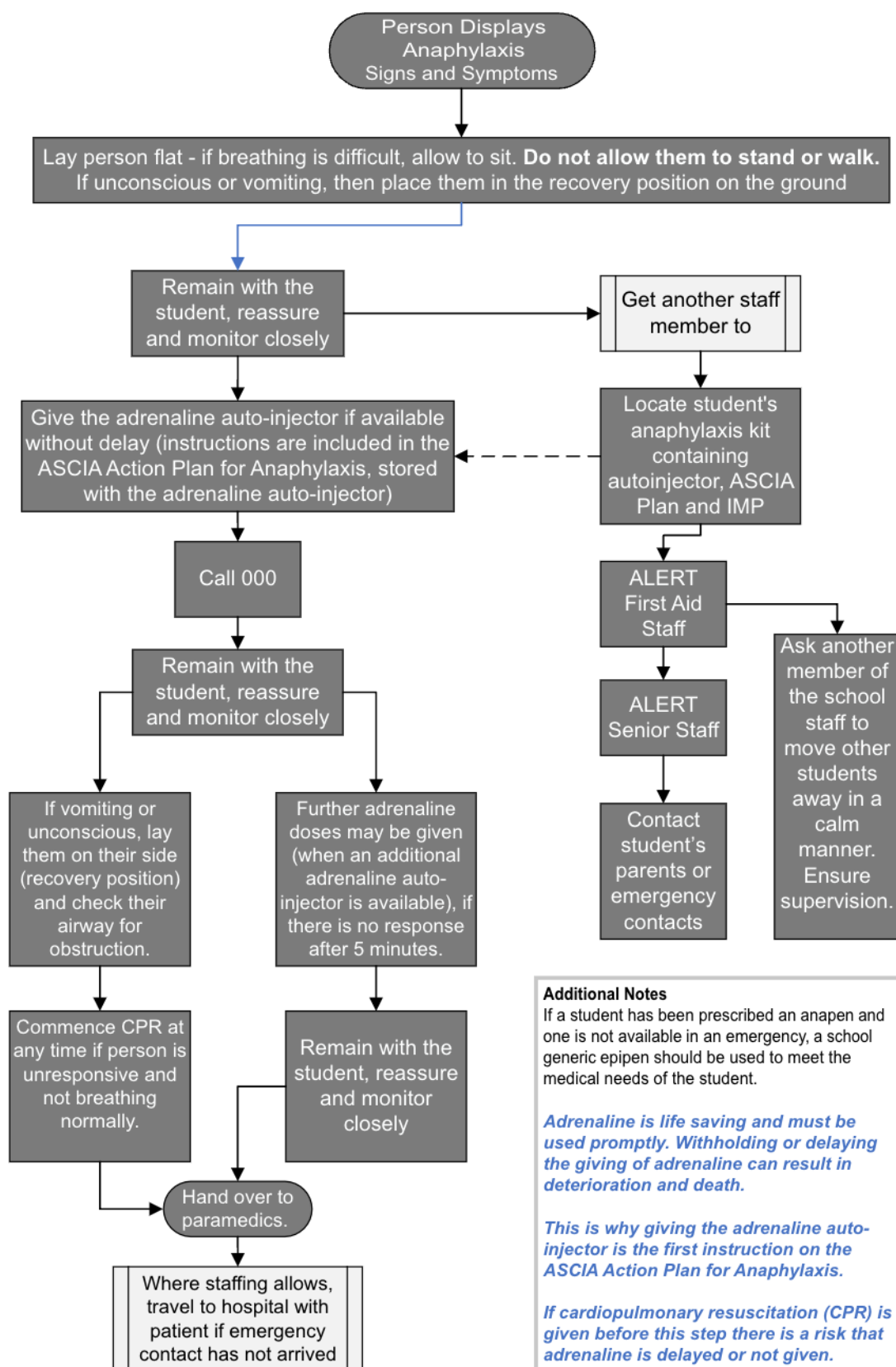
- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (in young children)

### Specific Action

1. Lay person flat - if breathing is difficult, allow to sit - do not allow them to stand or walk. If person unconscious or vomiting, then place them in the recovery position on the ground.
2. Give the adrenaline auto-injector if available without delay (instructions are included in the ASCIA Action Plan for Anaphylaxis, stored with the adrenaline auto-injector)
3. Call Ambulance 000
4. Contact parent/guardian or other emergency contact
5. Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a worsening condition.
6. Ask another member of the school staff to move other students away in a calm manner and reassure them. These students should be adequately supervised during this period.
7. Further adrenaline doses may be given (when an additional adrenaline auto-injector is available), if there is no response after 5 minutes.
8. If in doubt, give the adrenaline auto-injector.
9. If vomiting or unconscious, lay them on their side (recovery position) and check their airway for obstruction.
10. Commence CPR at any time if person is unresponsive and not breathing normally.
11. If uncertain whether it is asthma or anaphylaxis, give adrenaline auto-injector FIRST, then asthma reliever medication.

**Adrenaline is life saving and must be used promptly. Withholding or delaying the giving of adrenaline can result in deterioration and death. This is why giving the adrenaline auto-injector is the first instruction on the ASCIA Action Plan for Anaphylaxis. If cardiopulmonary resuscitation (CPR) is given before this step there is a risk that adrenaline is delayed or not given.**

## Responding to Anaphylaxis Incident



### How to administer an EpiPen

1. Remove from plastic container.
2. Form a fist around EpiPen and pull off the blue safety release (cap).
3. Place orange end against the student's outer mid-thigh (with or without clothing).
4. Push down hard until a click is heard or felt and hold in place for 3 seconds.
5. Remove EpiPen.
6. Note the time you administered the EpiPen.
7. The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

### How to administer an Anapen

1. Pull off the black needle shield.
2. Pull off grey safety cap (from the red button).
3. Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing).
4. Press red button so it clicks and hold for 10 seconds.
5. Remove Anapen.

### Review

After an anaphylactic reaction has taken place that has involved a student in the School's care and supervision, the School's critical incident review will also include the following procedures:

- the Adrenaline Autoinjector must be replaced as soon as possible, by either the parent/carer or the School if the Adrenaline Autoinjector for general use has been used;
- the Principal or delegate should ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector being provided;
- the student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's parent/carer; and
- this policy should be reviewed to ascertain whether there are any issues which require clarification or modification.

### Responding in Various Environments.

#### **During normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls.**

- Follow the general and specific actions outlined above.
- In all situations, call for help as soon as practicable.
- Stay with the student at all times.
- On yard duty use the preprogrammed phone to call for assistance

*Reminder: Students' personal anaphylaxis kits containing their EpiPen/ Anapen and ASCIA Plan, along with their Individual Anaphylaxis Management Plans are located in the First Aid room in clearly labelled bags.*

#### **During off-site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the school.**

- Follow the general and specific actions outlined above.
- In all situations, call for help as soon as practicable.
- Follow the students Individual Anaphylaxis Management Plan and ASCIA Action Plan
- Stay with the student at all times.
- Notify the Head of Campus as soon as practicable.

*Reminder: Students' personal anaphylaxis kits containing their EpiPen/ Anapen and ASCIA Plan, along with their Individual Anaphylaxis Management Plans will be carried by a designated staff member on all off-site activities. A second generic epipen will also be carried on all off-site activities.*

### **Casual Relief Staff**

Casual relief staff will be briefed by the Head of Campus or their delegate, if they have at risk students in their care.

- Follow the general and specific actions outlined above.
- In all situations, call for help as soon as practicable.
- Stay with the student at all times.

### **Volunteers**

Volunteers are under the supervision of the class teacher and are to follow any instructions provided by the teacher or other member of staff.

*Reminder: Students' personal anaphylaxis kits containing their EpiPen/ Anapen and ASCIA Plan, along with their Individual Anaphylaxis Management Plans are located in the First Aid room in clearly labelled bags.*

## **STAFF TRAINING**

---

All teaching and student support staff, and any other person that the Principal or delegate determines, based on a risk assessment of an anaphylactic reaction occurring while a student is under the care or supervision of the School, will:

- be appropriately trained in accordance with Ministerial Order No. 706 and undertake either a face-to-face anaphylaxis management training course at least once 3 years (for face-to-face training in 22300VIC or 10313NAT), or an online training course at least once every 2 years (for the ASCIA e-training);
- participate in anaphylaxis briefings. Briefings must occur twice per year, with the first to be held at the beginning of the school year. Anaphylaxis briefings will be conducted by the Anaphylaxis Supervisor or an external Anaphylaxis Management Training provider.

The briefing will include details of;

- The School's Anaphylaxis Management Policy
- The causes, signs and symptoms and treatment of anaphylaxis
- The identities of students diagnosed at risk of anaphylaxis and their Management Plan
- How to use an Adrenaline Auto-injector
- The School's First Aid and emergency response procedures.

New staff will be briefed as part of the induction process.

An interim plan must be developed with parents of any affected student with an allergy at risk of an anaphylactic reaction, if training and briefing is yet to occur. Training must occur as soon as possible after the student is enrolled at the school, and preferably before the student's first day at the school.

## **VOLUNTEERS, EXTERNAL SPORT COACHES AND CASUAL RELIEF STAFF**

---

Volunteers, external sport coaches and casual relief staff who may be responsible for the supervision of students at risk of anaphylaxis will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction. They will be advised of the school's general first aid and emergency response procedures and the student's ASCIA Action Plan and IMP that will be followed in responding to an anaphylactic reaction.

## RAISING AWARENESS WITH STUDENTS

---

Staff are encouraged to discuss and raise student awareness about allergies and anaphylaxis, and the importance of each student's role in fostering a school environment that is safe and supportive for their peers.

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. Also, be aware that bullying of students at risk of anaphylaxis can occur in the form of teasing, tricking a student into eating a particular food or threatening a student with the substance that they are allergic to, such as peanuts. Talk to the students involved so they are aware of the seriousness of an anaphylactic reaction.

Any attempt to harm a student diagnosed at risk of anaphylaxis is to be treated as a serious and dangerous incident and treated accordingly.

### *Student messages about anaphylaxis*

---

- 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.

## PARENTS / CARERS

---

It is an expectation that parents will advise the School at the time of enrolment 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. When the School receives the ASCIA Action Plan for Anaphylaxis, an Individual Anaphylaxis Management Plan will be developed and provided to the parent for their input.

All Individual Anaphylaxis Management Plans must be updated annually and submitted to the school a minimum of 3 business days before the return of school. The Anaphylaxis Supervisor will contact the parents/carers of each child with known anaphylaxis annually, to initiate the process of updating the student's Individual Anaphylaxis Management Plan.

Parents / guardians are required to:

- Communicate their child's allergies and risk of anaphylaxis or any changes to these to the school at the earliest opportunity, via Consent2Go or in writing;
- Continue to communicate with school staff and provide up to date information about their child's medical condition and risk factors;
- Provide the school with an ASCIA Action Plan for Anaphylaxis completed and signed by a medical practitioner which includes a current photo of their child and a review date;
- Supply the school with their child's adrenaline autoinjector and ensure it has not expired.
- Complete an updated Individual Anaphylaxis Management Plans annually.

On Camp, we request that parents/students avoid bringing food products that contain nuts of any kind in order to minimise the risk to our students with severe allergies. The school cannot guarantee that the camp environment will be 100% allergen free, hence students with allergies need to remain vigilant in their decisions around any food that they ingest.

## SCHOOL COMMUNITY

---

The school community is kept informed via the School App, Consent2Go, Messenger, or through the School's website of information regarding anaphylaxis matters.