

Anaphylaxis Communication Plan – Grammar School

1. Relationship with other policies

This Plan is to be read in conjunction with the Holmes Grammar School Anaphylaxis Management Policy.

2. Purpose

The Anaphylaxis Communication Plan will ensure all members of the community are aware of the procedures for the prevention and management of anaphylaxis at the school, or outside the school on school-related activities.

3. Implementation

3.1 Expectations of enrolling parents

At the time of enrolment or (if a later) diagnosis, all staff members 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. An Australian Society of Clinical Immunology and Allergy (ASCIA) anaphylaxis Action Plan will be developed, for each student affected, by their medical practitioner and placed in the Principal's office for access.

3.2 Publication

This Anaphylaxis Communication Plan will be published on the School's website and on the staff intranet.

3.3 Communication to all staff

All staff will be briefed regularly, as scheduled at the commencement of the school year. At this time, instructions for action will be detailed. Relevant staff must be briefed twice per calendar year and tested every two years, by the Head of School - Anaphylaxis Supervisor, who have completed training in Anaphylaxis Management.

3.4 Raising Student Awareness

Classroom education from Student Development Leaders and year level staff during the year will reinforce the importance of:

- a. Hand washing;
- b. Not sharing food and discouraging peanut and tree nut products in all forms being brought into the School;
- c. Raising peer awareness of serious allergic reactions; and
- d. Ensuring trip and excursion groups, sporting teams and crews are aware of peer needs in relation to people with severe medical alerts and those at risk of anaphylaxis.

3.5 Individual Anaphylaxis Action Plans (ASCIA)

The individual Anaphylaxis Action Plan will be in place as soon as practicable after the student enrolls and, where possible, before their first day at the School. This should include:

- a. Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner).
- b. 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.
- c. The name of the person/s responsible for implementing the strategies.
- d. The student's emergency contact details.
- e. Information on where the student's medication will be stored.

EpiPen	ASCIA Action Plan Location
<ul style="list-style-type: none"> • Principal's Office • High School Staffroom 	<ul style="list-style-type: none"> • Principal's Office

3.6 Volunteers and Casual Relief Staff

Anaphylaxis information will be provided by this Communication Plan as well as an up to date list of students currently identified as anaphylactic. Students will also be flagged on the attendance rolls.

3.7 Emergencies

In the event of an emergency in relation to an anaphylactic reaction the School will have available:

- a. A complete and up to date list of students at risk of anaphylaxis as provided by either the Principal or Head of School;
- b. Details of individual anaphylaxis management plans and ASCIA plans located with the Principal's Office during on-site activities as well as Off-Site Activities by the coordinating teacher;
- c. Adrenaline Auto-Injectors stored on site in Principal Office's and High School Staffroom. For off-site activities the coordinating teacher to take responsibility of care and storage as documented and prepared through the Risk Management Plan; and
- d. Sufficiently trained staff is available to supervise students who are identified as at risk for off-site activities.

3.8 Emergency procedures

In the event of a student experiencing an anaphylactic reaction,

- a. Where possible they are to be moved to the sick bay where they can be treated appropriately;
- b. Instruct the nearest person to locate the Principal, Head of School or First Aid Officer;
- c. If a student has already been identified as anaphylactic then the student's ASCIA Action Plan should be implemented, and where possible staff with training in the administration of the EpiPen, should administer the EpiPen;

- d. If a student has had a severe allergic reaction but has not yet been previously diagnosed with the allergy or as being at risk of anaphylaxis, 000 should be called immediately;
- e. Principal, Head of School & First Aid Officer designated to collect student's adrenaline auto-injector and individual ASCIA Action Plan for Anaphylaxis;
- f. Ambulance should be called immediately by either the Principal, Head of School or First Aid Officer;
- g. Contact made with student's emergency contacts;
- h. Student should be reassured and comforted through the process of administering the EpiPen and its after effects;
- i. Where there is no marked improvement and severe symptoms are present, a second injection may be administered after 5-10 mins if available;
- j. During off-site activities, the same procedures to be followed as supported by Risk Assessment procedures and arrangements for the possibility of an anaphylactic response.

3.9 Special Event Days, Excursions and Camps

- a. Prior to leaving the School on an excursion (including camp), the teacher in charge will ensure that the student with anaphylaxis has an up-to-date ASCIA Action Plan and a current EpiPen. The student's EpiPen, ACSIA Action Plan and a spare EpiPen (supplied by parents) will be taken to the off-site event.
- b. In the event of an anaphylactic reaction away from the School, the teacher is to immediately implement the student's emergency ASCIA Action Plan, call an ambulance, and then notify the School. The Principal and Head of School should be notified without delay. They will arrange for parents or guardians to be notified and for appropriate reports to be made.

3.10 Administration of an EpiPen

- a. Lay the person flat, do not stand or walk. If breathing is difficult allow them to sit.
- b. Check and administer EpiPen as per training.
- c. Phone ambulance (call 000).
- d. Contact family or emergency contact.
- e. A further adrenalin dose may be given if there is no response after 5 minutes (use a non-prescription adrenalin auto injector if required).
- f. Note the time of administration and advise paramedics when they arrive. Hand the paramedics the used EpiPen/s.

3.11 Post-Incident Support

Beyond any event as described above, the School will directly monitor the student in their recovery of such an allergic reaction:

- a. The student's ASCIA Action Plan should be reviewed in assessing whether any aspect of this plan should be amended. This may require consultation

- with both medical practitioner and family.
- b. A debriefing of the specific staff involved, particularly the staff member at the scene of the event.
 - c. A critical incident report to be completed the staff member directly involved as soon as possible following the event. The report then needs to be received directly by the Principal.
 - d. The School's policy to be reviewed evaluating the response procedure executed to determine its effectiveness.

Version Control and Accountable Officers

It is the joint responsibility of the Implementation Officer and Responsible Officer to ensure compliance with this plan.

Responsible Officer	School Principal		
Implementation Officers	All school staff/non-teaching staff		
Review Date	April 2028		
Approved by			
School Council			
Associated Documents			
Emergency Management Plan HGS Workplace Health and Safety Strategy Key Documents Development and Review Policy and Procedure Safe Environment Policy and Procedure - Grammar School Anaphylaxis Management Policy and Procedure Holmes Grammar School Staff Manual Student Study Planner			
Version	Brief Description of the Changes	Date Approved	Effective Date
1	New plan	12/08/2021	12/08/2021
2	Policy Review – No changes	15/04/2025	15/04/2025