



ANAPHYLAXIS MANAGEMENT POLICY

RATIONALE

All schools in Victoria are required by Ministerial Order 706 to have an Anaphylaxis Management Policy if it has a child enrolled who has been diagnosed at risk of anaphylaxis and to comply with the ministerial order guidelines.

PHILOSOPHY

Wild Cherry School and Kindergarten (hereafter collectively referred to as the 'School') will ensure the safety of the children in their care who are at risk of anaphylaxis.

IMPLEMENTATION GUIDELINES - INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

1. The Child Safe Officer is responsible for ensuring that an individual anaphylaxis management plan is developed, in consultation with the child's parents, for any child who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.
2. The individual anaphylaxis management plan must be in place after the child enrolls, and as soon as practicable after the child's first day at that school, with an interim plan to be developed until an individual plan is in place.
3. The individual anaphylaxis management plan must set out the following:
 4. Information about the diagnosis, including the type of allergy or allergies the child has (based on a diagnosis from a medical practitioner).
 5. Strategies to minimise the risk of exposure to allergens while the child is under the care or supervision of school staff, for both on-site and off-site activities.
 6. The name of the person/s responsible for implementing the strategies.
 7. Information on where the child's medication will be stored
 8. The child's emergency contact details
 9. The child's ASCIA anaphylaxis management plan, provided by the parent, that:
 10. sets out the emergency procedures to be taken in the event of an allergic reaction;
 11. is signed by a medical practitioner who was treating the child on the date the practitioner signs the Anaphylaxis Management Plan; and includes an up to date photograph of the child.
 12. The School must review the child's individual Anaphylaxis Management Plan in consultation with the child's parents/carers:
 - a. annually
 - b. if the child's medical condition changes
 - c. as soon as possible after a child has an anaphylactic reaction at school

13. It is the responsibility of the parent to:
- a. provide an ASCIA action plan
 - b. inform the school if their child's medical condition changes and if relevant provide an updated ASCIA action plan
 - c. provide an up to date photo for the ASCIA action plan when that plan is provided to the school and when it is reviewed
 - d. provide the school with an adrenaline auto-injector that is current and not expired

SCHOOL MANAGEMENT AND EMERGENCY RESPONSES

This policy integrates with the school's First Aid Policy and should be read in consultation with this policy.

COMMUNICATION PLAN

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

1. The communication plan must include information about what steps will be taken to respond to an anaphylactic reaction by a child:
 - a. in a classroom;
 - b. in the school yard;
 - c. on off-site activities, such as excursions or camps; and
 - d. special event days conducted or organised by the school.
2. The communication plan must include procedures to inform volunteers and casual relief staff of children at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a child in their care.
3. The Child Safe Officer is responsible for ensuring that all school staff are briefed at least twice a year (the first one to be held at the beginning of the school year) by a staff member who has been trained in accordance with Ministerial Order 706 and provided with information on:
 - a. the school's anaphylaxis management policy;
 - b. the causes, symptoms and treatment of anaphylaxis;
 - c. the identities of children diagnosed at risk of anaphylaxis and where their medication is located;
 - d. how to use an adrenaline auto-injecting device, including hands on practice with a trainer adrenaline auto-injecting device; and
 - e. the school's first aid and emergency response procedures.
 - f. the location of, and access to, adrenaline auto-injectors that have been provided by parents or purchased by the school for general use
4. All staff must complete an anaphylaxis management training course every two years.

STAFF TRAINING AND EMERGENCY RESPONSE

1. Teachers and other school staff who conduct classes which children at risk of anaphylaxis attend or give instruction to children at risk of anaphylaxis must have up to date training in an anaphylaxis management training course.

2. While the child is under the care or supervision of the school, including off-site activities, and special event days, the Child Safe Officer must ensure that there is a sufficient number of staff present who have up to date training in an anaphylaxis management training course.
3. The Child Safe Officer is responsible for identifying the school staff that are to be trained based on an assessment of the risk of an anaphylactic reaction occurring while the child is under the care or supervision of the school.
4. The Child Safe Officer must ensure that training is provided to school staff referred to above as soon as practicable after the child enrolls.
5. Wherever possible training must take place before the child's first day at the school. Where this is not possible, an interim plan must be developed in consultation with the parents and training and a brief to occur as soon as possible after an interim plan is developed.
6. The school's first aid procedures and the child's ASCIA action plan must be followed in responding to an anaphylactic reaction.

ANNUAL RISK MANAGEMENT CHECKLIST

- The Child Safe Officer is required to complete an annual Risk Management Checklist to ensure that all Ministerial Order 706 requirements are met.

AUTHORISATION

Signature Board Secretary
East Gippsland Steiner Education Group Inc.
Date authorised: 27 November 2018