

Action steps for principals

Principals are responsible for overseeing the planning and implementation of procedures and support to protect the health and safety of students at risk of anaphylaxis when they are at school or involved in school activities. Principals need to develop and document local procedures, which may include utilising the leadership of the deputy principal, other delegated executive staff and/or learning and support teams, to put processes in place to support students. This will include the development of an individual health care plan that takes account of the student's full range of learning and support needs.

Schools must seek information from parents about allergies and other health conditions that may affect their child at school, at enrolment and on an ongoing basis, for example, as part of regular health updates.

It is important that principals have a system in place in the school to check enrolment forms and follow up where this or any other information indicates a student has an allergy or medical condition.

A system needs to be in place in all schools, whether or not any student is known to be at risk of anaphylaxis.

Providing the learning support team or delegated executive staff with a list of students who indicate they have allergies or other health conditions on their enrolment form would assist in this process.

Where allergies are identified the following steps apply:

- 1) **Provide parent with a copy of the form 'Students with allergies'** (Appendix 1) and ask them to complete it, where the information from the parent indicates that their child has allergies, either from enrolment forms or where a parent notifies the school with an existing enrolment. Consideration should be given to any necessary adjustments for the parent's access to this information (see step 4).
- 2) **Determine whether the information provided by the parent on the form (Appendix 1) indicates the need for further action, including discussion with the parent**
Further action or discussion is required if:
 - the form indicates the student has an allergy/s or the student has either been hospitalised or prescribed an adrenaline autoinjector
 - the form is left blank, is incomplete or not returned
 - the information provided is inconsistent with any information provided by a former school.

If no further action or discussion is required, add the form to the student's records and, as necessary, manage in accordance with the school's procedures for assisting students with health conditions at school. Ask the parent to notify the principal or delegated executive staff immediately if there is a change in the student's condition, including if their child is:

- subsequently hospitalised as a consequence of a severe allergic reaction
 - prescribed an adrenaline autoinjector.
- 3) **Access a copy of the student's individual health care plan and/or any other relevant health and learning and support information held by the previous school**

in relation to the student's anaphylaxis³

Health and other relevant learning and support records from the student's previous school can inform and assist health care planning in the new school. It is important that the new individual health care plan account for the new school environment and that the most recent ASCIA Action Plan for Anaphylaxis is current. Where the doctor prescribes a new adrenaline autoinjector they will issue an updated ASCIA Action Plan for Anaphylaxis. It is important for the individual health care plan to include the current ASCIA Action Plan for Anaphylaxis signed and dated by the child's prescribing doctor.

- 4) Consider any barriers to communication with the parent** (for example language or disability) and implement strategies to respond to those barriers. This may include providing adjustments such as having a translator and/or support person available for meetings or considering how to best explain management of health care at school and potential strategies to the parent who could have a cognitive disability.
- 5) Arrange a meeting with parent/s whose form (Appendix 1) indicated further discussion is required** (see step 2)

Before the meeting, provide the parent with:

- a) 'Information for Parents and Carers of students at risk of anaphylaxis' (Appendix 2).
- b) 'Authorisation to contact doctor' (Appendix 3). The parent should be asked to complete this form and bring it with them to the meeting.
- c) 'Severe Allergies – 'Information from the doctor' (Appendix 4). The parent may be able to have the doctor complete this information and provide an ASCIA Action Plan for Anaphylaxis (Appendix 7) prior to the meeting. If not these requirements should be discussed at the meeting.

The NSW government school and preschool application to enrol requests permission for the the named doctor to provide the school with information about how to manage the student's allergy or medical condition at school. The use of the Appendices in these procedures is still recommended for students diagnosed at risk of anaphylaxis as it gives the parent the opportunity to provide permission and contact details relevant to their child's allergy specialist and provides additional detail.

Appendix 1, 2 and 3 are available in a range of community languages. For more information go to http://www.schools.nsw.edu.au/languagesupport/documents/index_a.php.

- 6) Develop an interim individual health care plan** in consultation with the student, where practicable, parents and staff. Consideration should be given to whether reasonable adjustments need to be made for the student at this time.

Note: It is important to put measures in place to address student health care needs in time for a student's commencement at school. Sometimes it may not be possible to implement necessary health care support arrangements in time. If commencement in

³ This information can be directly requested from schools/preschools within the same system (e.g. two government schools). If the school/preschool is from a different system the information can be exchanged under Chapter 16A of the Children and Young Persons (Care and Protection) Act. Note: government primary schools are required to send the student record to the government high school.

these circumstances would put the student's safety at risk, it should be deferred, but only for the minimum time needed to introduce the necessary arrangements.

Consideration may also need to be given to alternate education programs in the interim period. On rare occasions an enrolment or continued attendance at a school may give rise to genuine safety issues that cannot be resolved or that impose an unjustifiable hardship on the school.

Refusing enrolment or continued access to education in circumstances other than where there are irresolvable safety issues or an unjustifiable hardship arises may amount to unlawful discrimination. It is recommended that legal advice is sought before any such decision is made.

- 7) Assess the risk of an individual student's potential exposure to known allergens** in the school setting and the issues to be addressed in implementing the student's ASCIA Action Plan for Anaphylaxis. Information to assist schools in developing strategies can be found in Appendix 8 and 9. This information will also form the basis of the student's individual health care plan and should consider:
- the physical school environment
 - the social/cultural environment
 - any individual characteristics of the student including the full range of their learning and support needs that may impede implementation of the plan and therefore need to be explicitly addressed in the plan
 - how to inform the student and other students about anaphylaxis using curriculum and other measures, for example, an address by the principal or delegated executive staff in the school assembly
 - routine classroom activities, including lessons in other locations around the school
 - non-routine classroom activities
 - non-routine school activities
 - before school, recess, lunchtime, other break or play times
 - sport or other programmed out of school activities, work placement, work experience, TVET
 - excursions, including overnight excursions and school camps.
- 8) Develop and document an individual health care plan** (including Appendix 6, 7,8 and 9) that takes account of the student's full range of learning and support needs in consultation with relevant staff, the parent and student, where practicable, to incorporate:
- an ASCIA Action Plan for Anaphylaxis for the student completed and signed by the doctor (Appendix 7). **This document is not to be prepared by the school but is provided by the doctor.**
 - strategies for minimising the student's exposure to known allergens (Appendix 8 and 9)
 - medical information provided by the student's doctor, including information about other known health conditions and/or disabilities that may impact on overall management of the student's health condition at school (Appendix 6). For example, the potential impact on a cognitive condition on a student's ability to understand and manage aspects of their own health.
 - information about the student from his or her previous school (where applicable) including previous known examples of risk taking behaviour by the student and any learning difficulties.
 - arrangements for the supply, storage and replacement of medication, including the adrenaline autoinjector.
 - emergency contacts.

Where practicable in view of the student's age, maturity and abilities, discussion with the student about his or her anaphylaxis and the individual health care plan that has been

developed for him/ her should take place. It is important to check the level of the student's understanding of his or her condition, and the strategies that are in place to minimise risk of exposure to a known allergen/s during this discussion.

9) Develop and implement a communication strategy

The strategy should cover:

- communication of relevant aspects of the individual health care plan, including with other parents and staff
- ongoing communication within the school community to provide information about severe allergies and the school's procedures to staff, students and parents. This should include awareness of how to respond in the event of a student suffering an anaphylactic reaction
- advising staff that they will not be legally liable for administering an auto-injector to a student who is having an anaphylactic reaction
- reminding parents on a regular basis of the need to advise the principal or their delegated executive staff if there has been a change in their child's health condition. This can be done through parent's association meetings, newsletters, school website, blogs, etc.

10) Implement a strategy that addresses the training needs of staff for relevant aspects of the student's individual health care plan

It is a mandatory requirement for all permanent, temporary and casual school based employees to complete the Department's [Anaphylaxis e-learning](#) (intranet) module. This e-learning module has been developed to provide all staff working in NSW government schools with essential information about recognising and providing an emergency response to anaphylaxis together with information about key department policies and procedures to manage and support students diagnosed as being at risk of anaphylaxis. This training is required to be completed every two years.

All NSW government schools are required to arrange for face to face [Recognition and Management of Anaphylaxis training](#) (intranet) to be delivered annually. This training has been designed to complement the mandatory online training. It focuses on responding to anaphylaxis, including responding to the signs and symptoms, the administration of an adrenaline autoinjector and incorporates scenarios for staff to participate in.

Each school is required to ensure that a significant proportion of staff attend the training, subject to essential student supervision arrangements. This should include school administrative staff and casual staff who are working in the school on that day. Schools should consider extending an invitation to their scheduled training session to other school community members as appropriate. This can include casual staff who are not already working on that day, the school canteen manager, staff from the Out of School Hours Centre associated with the school.

Delivery of the Recognition and Management of Anaphylaxis training must be arranged through the Department's panel of approved registered training organisations. For details on how to book this training, see the [Face to Face CPR and Anaphylaxis training](#) intranet page.

Training records for the online and face to face anaphylaxis training are maintained in the Department's e-Safety system. Principals are responsible for ensuring they monitor their staff training records within the e-Safety system to ensure they are up to date with mandatory training requirements.

Additionally principals should be aware of other mandatory staff training requirements such as e-Emergency care to be completed by all school-based permanent, temporary and casual employees every three years and arrange for the delivery of face to face CPR training annually through the Department's panel of registered training organisations.

11) Review the individual health care plan at least annually and at a specified time, for example at the beginning of the school year, and at any other time where there are changes in:

- the student's health needs, for example, if the student has had a severe allergic reaction
- other learning and support needs of the student, for example, other health related conditions, learning or behaviour difficulties
- staff, particularly class teachers, year coordinator or adviser or any staff member who has a specific role in the plan
- activities e.g. TVET, work experience and work placement
- curriculum, for example, the student wishes to study Food Technology or there are changes to subjects conducted outdoors such as PDHPE
- medication or medical conditions, or if a new adrenaline autoinjector and/or new ASCIA Action Plan for Anaphylaxis is provided by the parent.

Each time the doctor prescribes a new adrenaline autoinjector they will issue an updated ASCIA Action Plan for Anaphylaxis. It is important for the individual health care plan to include the current ASCIA Action Plan for Anaphylaxis signed and dated by the student's prescribing doctor.

Note: It is important that review dates for individual health care plans are identified through a number of reliable systems at your school, for example, standard agenda items at the beginning of the year for learning and support teams, include annually on the school calendar and incorporated into the school plan.

12) Forward a copy of the current individual health care plan to the principal of a new school⁴, in the event that the student enrolls/transfers to another school, or where a student attends two schools, for example, a shared enrolment.

13) Keep records

Anaphylaxis is a life threatening condition and it may be necessary to provide records in the event of an anaphylaxis related event. Systems need to be in place for keeping records of such things as:

- training registers. Records for the completion of the anaphylaxis e-learning module and Recognition and Management of Anaphylaxis Training (face to face) are stored in the Department's [e-Safety system](#) (intranet). Principals monitor their staff training records within the e-Safety system to ensure they are up to date with mandatory training requirements
- risk management plans
- meetings about development of the individual health care plan and emergency response
- meetings of learning and support teams that assist in health care planning for the student
- conversations and communications with parents
- medical advice sought and provided.

14) Complete the checklist (Appendix 13).

⁴This information can be directly requested from schools/preschools within the same system (e.g. two government schools). If the school/preschool is from a different system the information can be exchanged under Chapter 16A of the Children and Young Persons (Care and Protection) Act. Note: government primary schools are required to send the student record to the government high school.