

EDUCATION AND TRAINING REFORM ACT 2006

Ministerial Order No.706: Anaphylaxis Management in Victorian schools

The Minister for Education makes the following Order:

PART A: PRELIMINARY

1. Background

- 1.1. Division 1 of Part 4.3 of the *Education and Training Reform Act 2006* sets out the requirements for initial and ongoing registration of Government and non-Government schools in Victoria.
- 1.2. Section 4.3.1(6) of the Act and Schedule 2 of the *Education and Training Reform Regulations 2007* set out the prescribed minimum standards for registration of schools.
- 1.3. Sub clause (c) of section 4.3.1(6) of the Act states that if a school has enrolled a student in circumstances where the school knows, or ought reasonably to know that the student has been diagnosed as being at risk of anaphylaxis, then the school must have an anaphylaxis management policy containing matters required by Ministerial Order.
- 1.4. Sections 4.3.2 to 4.3.5 of the Act enable the Victorian Registration and Qualifications Authority to take steps to satisfy itself as to whether or not a school complies and continues to comply with the prescribed minimum standards for registration, including the formulation and implementation of an appropriate anaphylaxis management policy in accordance with the Act, any relevant Ministerial Order, and any other applicable law or instrument.

2. Purpose

- 2.1. The purpose of this Order is to specify the matters that:
 - 2.1.1. schools applying for registration; and
 - 2.1.2. registered schools;must contain in their anaphylaxis management policy for the purposes of section 4.3.1(6)(c) of the Act.

3. Commencement

- 3.1. This Order comes into operation on 22 April 2014.
- 3.2. Ministerial Order 90 is repealed with effect from the date that this Order comes into operation.

4. Authorising provisions

- 4.1. This Order is made under sections 4.3.1, 5.2.12, 5.10.4 and clause 11 of Schedule 6 of the Act.

5. Definitions

- 5.1. Unless the contrary intention appears, words and phrases used in this Order have the same meaning as in the Act.
- 5.2. "Act" means the *Education and Training Reform Act 2006*.

- 5.3. “adrenaline autoinjector” means an adrenaline autoinjector device, approved for use by the Commonwealth Government Therapeutic Goods Administration, which can be used to administer a single premeasured dose of adrenaline to those experiencing a severe allergic reaction or anaphylaxis.
- 5.4. “adrenaline autoinjector for general use” means a ‘back up’ or ‘unassigned’ adrenaline autoinjector.
- 5.5. “anaphylaxis management training course” means:
- 5.5.1. a course in anaphylaxis management training that is accredited as a VET accredited course in accordance with Part 3 of the *National Vocational Education and Training Regulator Act 2011* (Cth) that includes a competency check in the administration of an adrenaline autoinjector;
 - 5.5.2. a course in anaphylaxis management training accredited under Chapter 4 of the Act by the Victorian Registration and Qualifications Authority that includes a competency check in the administration of an adrenaline autoinjector;
 - 5.5.3. a course in anaphylaxis management endorsed and delivered by a tertiary level specialist allergy service within a tertiary level academic teaching hospital that includes a competency check in the administration of an adrenaline autoinjector; and
 - 5.5.4. any other course approved by the Secretary to the Department for the purpose of this Order as published by the Department.
- 5.6. “Department” means the Department of Education and Early Childhood Development.
- 5.7. “medical practitioner” means a registered medical practitioner within the meaning of the *Health Professions Registration Act 2005*, but excludes a person registered as a non-practicing health practitioner.
- 5.8. “parent” in relation to a child means any person who has parental responsibility for ‘major long term issues’ as defined in the *Family Law Act 1975* (Cth) or has been granted ‘guardianship’ for the child pursuant to the *Children, Youth and Families Act 2005* or other state welfare legislation.
- 5.9. “school staff” means any person employed or engaged at a school who:
- 5.9.1. is required to be registered under Part 2.6 of the Act to undertake duties as a teacher within the meaning of that Part;
 - 5.9.2. is in an educational support role, including a teacher’s aide, in respect of a student with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
 - 5.9.3. the principal determines should comply with the school’s anaphylaxis management policy.

PART B: SCHOOL ANAPHYLAXIS POLICY REQUIREMENTS

6. School Anaphylaxis Policy

- 6.1. A school’s anaphylaxis management policy must contain the following matters:
- 6.1.1. a statement that the school will comply with:

- (a) this Ministerial Order; and
 - (b) guidelines related to anaphylaxis management in schools as published and amended by the Department from time to time.
- 6.1.2. in accordance with Part C, information about the development, implementation, monitoring and regular review of Individual Anaphylaxis Management Plans, which include an individual ASCIA Action Plan for Anaphylaxis, in accordance with clause 7;
- 6.1.3. in accordance with Part D, information and guidance in relation to the school's management of anaphylaxis, including:
- (a) prevention strategies in accordance with clause 8;
 - (b) school management and emergency response procedures in accordance with clause 9;
 - (c) the purchase of adrenaline autoinjectors for general use in accordance with clause 10;
 - (d) a communication plan in accordance with clause 11;
 - (e) training of school staff in accordance with clause 12; and
 - (f) completion of a school anaphylaxis risk management checklist in accordance with clause 13.

PART C: MANAGEMENT OF STUDENTS DIAGNOSED AS AT RISK OF ANAPHYLAXIS

7. Individual Management Plans

- 7.1. A school's anaphylaxis management policy must state the following in relation to Individual Anaphylaxis Management Plans for each student diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction:
- 7.1.1. that the principal of the school is responsible for ensuring that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction, where the school has been notified of that diagnosis;
 - 7.1.2. that the Individual Anaphylaxis Management Plan must be in place as soon as practicable after the student enrolls, and where possible before the student's first day of attendance at that school;
 - 7.1.3. that the Individual Anaphylaxis Management Plan must include the following:
 - (a) information about the medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy or allergies the student has (based on a written diagnosis from a medical practitioner);
 - (b) strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school;

- (c) the name of the person/s responsible for implementing the strategies;
 - (d) information on where the student's medication will be stored;
 - (e) the student's emergency contact details; and
 - (f) an action plan in a format approved by the Australasian Society of Clinical Immunology and Allergy (hereafter referred to as an ASCIA Action Plan), provided by the parent.
- 7.2. A school's anaphylaxis management policy must require the school to review the student's Individual Anaphylaxis Management Plan in consultation with the student's parents in all of the following circumstances:
- 7.2.1. annually;
 - 7.2.2. if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
 - 7.2.3. as soon as is practicable after a student has an anaphylactic reaction at school; and
 - 7.2.4. when a student is to participate in an off-site activity such as camps and excursions, or at special events conducted, organised or attended by the school.
- 7.3. A school's anaphylaxis management policy must state that it is the responsibility of the parent to:
- 7.3.1. provide the ASCIA Action Plan referred to in clause 7.1.3(f);
 - 7.3.2. inform the school in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant provide an updated ASCIA Action Plan;
 - 7.3.3. provide an up to date photo for the ASCIA Action Plan when that plan is provided to the school and when it is reviewed; and
 - 7.3.4. provide the school with an adrenaline autoinjector that is current and not expired for their child.

PART D: SCHOOL MANAGEMENT OF ANAPHYLAXIS

8. Prevention Strategies

- 8.1. A school's anaphylaxis management policy must include prevention strategies used by the school to minimise the risk of an anaphylactic reaction.

9. School management and emergency response

- 9.1. A school's anaphylaxis management policy must include details of how the policy integrates with the school's general first aid and emergency response procedures.
- 9.2. The school's anaphylaxis management policy must include procedures for emergency response to anaphylactic reactions including:
 - 9.2.1. a complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction;

- 9.2.2. details of Individual Anaphylaxis Management Plans and ACSIA Action Plans and where these can be located:
 - (a) during normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls; and
 - (b) during off-site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the school;
- 9.2.3. information about storage and accessibility of adrenaline autoinjectors including those for general use; and
- 9.2.4. how communication with school staff, students and parents is to occur in accordance with a communications plan that complies with clause 11.
- 9.3. The school's anaphylaxis management policy must state that when a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school, the principal must ensure that there is a sufficient number of school staff present who have been trained in accordance with clause 12.
- 9.4. The school's anaphylaxis management policy must state that in the event of an anaphylactic reaction, the emergency response procedures in its policy must be followed, together with the school's general first aid and emergency response procedures and the student's ASCIA Action Plan.

10. Adrenaline Autoinjectors for General Use

- 10.1. A school's anaphylaxis management policy must prescribe the purchase of adrenaline autoinjectors for general use as follows:
 - 10.1.1. the principal is responsible for arranging for the purchase of additional adrenaline autoinjector(s) for general use and as a back up to those supplied by parents;
 - 10.1.2. the principal will determine the number and type of adrenaline autoinjector(s) for general use to purchase and in doing so consider all of the following:
 - (a) the number of students enrolled at the school that have been diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction;
 - (b) the accessibility of adrenaline autoinjectors that have been provided by parents;
 - (c) the availability of a sufficient supply of adrenaline autoinjectors for general use in specified locations at the school, including in the school yard, and at excursions, camps and special events conducted, organised or attended by the school; and
 - (d) that adrenaline autoinjectors have a limited life, usually expire within 12-18 months, and will need to be replaced at the school's expense, either at the time of use or expiry, whichever is first.

11. Communication Plan

- 11.1. A school's anaphylaxis management policy must contain a communication plan that includes the following information:

- 11.1.1. that the principal of a school 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;
- 11.1.2. strategies for advising school staff, students and parents about how to respond to an anaphylactic reaction:
 - (a) during normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls; and
 - (b) during off-site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the school;
- 11.1.3. 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; and
- 11.1.4. that the principal of a school is responsible for ensuring that the school staff identified in clause 12.1 are:
 - (a) trained; and
 - (b) briefed at least twice per calendar yearin accordance with clause 12.

12. Staff Training

- 12.1. A school's anaphylaxis management policy must state that the following school staff must be trained in accordance with this clause:
 - 12.1.1. school staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction attend; and
 - 12.1.2. any further school staff that the principal identifies, based on an assessment of the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the school.
- 12.2. A school's anaphylaxis management policy must state that school staff who are subject to training requirements in accordance with clause 12.1 must:
 - 12.2.1. have successfully completed an anaphylaxis management training course in the three years prior; and
 - 12.2.2. participate in a briefing, to occur twice per calendar year with the first one to be held at the beginning of the school year, by a member of school staff who has successfully completed an anaphylaxis management training course in the 12 months prior, on:
 - (a) the school's anaphylaxis management policy;
 - (b) the causes, symptoms and treatment of anaphylaxis;
 - (c) the identities of students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located;

- (d) how to use an adrenaline autoinjector, including hands on practise with a trainer adrenaline autoinjector;
- (e) the school's general first aid and emergency response procedures; and
- (f) the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

12.3. If for any reason training and briefing has not yet occurred in accordance with clauses 12.2.1 and 12.2.2, the principal must develop an interim plan in consultation with the parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction, and training must occur as soon as possible thereafter.

13. Annual Risk Management Checklist

13.1. A school's anaphylaxis management policy must include a requirement that the principal complete an annual Risk Management Checklist to monitor their obligations, as published and amended by the Department from time to time.

Dated this 27th day of February 2014.



The Hon. Martin Dixon MP

MINISTER FOR EDUCATION