

# HEALTH CARE NEEDS POLICY



## Help for non-English speakers

If you need help to understand the information in this policy, please contact the school office.

Phone: [\(03\) 9398 2806](tel:(03)93982806)

Email: [seaholme.ps@education.vic.gov.au](mailto:seaholme.ps@education.vic.gov.au)

## PURPOSE

To ensure that Seaholme Primary School provides appropriate support to students with health care needs.

## OBJECTIVE

To explain to Seaholme Primary School parents, carers, staff and students the processes and procedures in place to support students with health care needs at school.

## SCOPE

This policy applies to:

- all staff, including casual relief staff and volunteers
- all students who have been diagnosed with a health care need that may require support, monitoring or medication at school.

## POLICY

This policy should be read with Seaholme Primary School's *First Aid, Administration of Medication, Anaphylaxis* and *Asthma* policies

### Student health support planning

In order to provide appropriate support to students at Seaholme Primary School who may need medical care or assistance, a Student Health Support Plan will be prepared by the Assistant Principal in consultation with the student, their parents, carers and treating medical practitioners.

Student Health Support plans help our school to assist students with:

- routine health care support needs, such as supervision or provision of medication
- personal care support needs, such as assistance with personal hygiene, continence care, eating and drinking, transfers and positioning, and use of health-related equipment
- emergency care needs, such as predictable emergency first aid associated with asthma, seizure or diabetes management.

Note: Template health planning forms are available here: [health-care-needs/resources](#)

Students with complex medical care needs, for example, tracheostomy care, seizure management or tube feeding, must have a Student Health Support Plan which provides for appropriate staff to undertake specific training to meet the student's particular needs.

At enrolment or when a health care need is identified, parents/carers should provide accurate information about the student's condition or health care needs, ideally documented by the student's treating medical/health care practitioner on a Medical Advice Form (or relevant equivalent) Note: Template health planning forms are available here: [health-care-needs/resources](#)

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Seaholme Primary School may invite parents and carers to attend a Student Support Group meeting to discuss the contents of a student's Health Support Plan and assistance that the student may need at school or during school activities.

Where necessary, Seaholme Primary School may also request consent from parents and carers to consult with a student's medical practitioners, to assist in preparing the plan and ensure that appropriate staff understand the student's needs. Consultation with the student's medical practitioner will not occur without parent/carer consent unless required or authorised by law.

Student Health Support Plans will be reviewed:

- when updated information is received from the student's medical practitioner
- when the school, student or parents and carers have concerns with the support being provided to the student
- if there are changes to the support being provided to the student, or
- on an annual basis.

## Management of confidential medical information

Confidential medical information provided to Seaholme Primary School to support a student will be:

- recorded on the student's file
- shared with all relevant staff so that they are able to properly support students diagnosed with medical conditions and respond appropriately if necessary.

## COMMUNICATION

This policy will be communicated to our school community in the following ways:

- Available publicly on our school's website communications platform (COMPASS)
- Included in staff induction processes and staff training
- Included in staff handbook/manual
- Discussed at staff briefings/meetings as required
- Included in transition and enrolment packs
- Discussed at parent information sessions
- Reminders in our school newsletter
- Hard copy available from school administration upon request

## FURTHER INFORMATION AND RESOURCES

### Related School Policies

- Administration of Medication Policy
- Anaphylaxis Management Policy
- Asthma Management Policy
- Camps and Excursions Policy
- Duty of Care Policy
- First Aid Policy
- Yard Duty and Supervision Policy

the Department's Policy and Advisory Library (PAL):

- [Health Care Needs](#)
- [Health Support Planning Forms](#)
- [Complex Medical Care Supports](#)
- [Child and Family Violence Information Sharing Schemes](#)
- [Privacy and Information Sharing](#)

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## POLICY REVIEW AND APPROVAL

|                             |                                      |
|-----------------------------|--------------------------------------|
| Policy last reviewed        | October 2025                         |
| Approved by                 | Principal                            |
| Consultation (Not required) | Noted at School Council October 2025 |
| Next scheduled review date  | October 2028                         |

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## Appendix B: Roles and Responsibilities

### Principal

| Principal |   |
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| 1.        | Ensure that the school develops, implements and reviews its School Anaphylaxis Management Policy in accordance with the Order 706 and the current Anaphylaxis Guidelines: A resource for managing severe allergies in Victorian Schools, Feb 2014.  |
| 2.        | Actively seek information to identify students with severe life-threatening allergies or those who have been diagnosed as being at risk of anaphylaxis, either at enrolment or at the time of diagnosis (whichever is earlier).   |
| 3.        | Ensure that Parents provide an ASCIA Action Plan which has been signed by the student's Medical Practitioner and that contains an up-to-date photograph of the student.   |
| 4.        | <p>Ensure that an Individual Anaphylaxis Management Plan is developed in consultation with the student's Parents for any student that has been diagnosed by a Medical Practitioner with a medical condition relating to allergy and the potential for anaphylactic reaction, where the School has been notified of that diagnosis.</p> <p>This includes ensuring the documentation of practical strategies for activities in both in-school and out-of-school settings to minimise the risk of exposure to allergens, and nomination of staff who are responsible for implementation of those strategies. The risk minimisation plan should be customised to the particular student for participation in normal school activities (e.g. during cooking and art classes) and at external events (e.g. swimming sports, camps, excursions and interstate/overseas trips). Ensure students' Individual Anaphylaxis Management Plans are communicated to staff.</p> |
| 5.        | If using an external canteen provider, be satisfied that that the provider can demonstrate satisfactory training in the area of anaphylaxis and its implications for food-handling practices. This includes careful label reading, and an understanding of the major food allergens that trigger anaphylaxis and cross-contamination issues specific to food allergies.   |
| 6.        | Ensure that parents provide the school with an Adrenaline Autoinjector for their child that is not out-of-date and a replacement Adrenaline Autoinjector when requested to do so.   |
| 7.        | Ensure 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.  |
| 8.        | Ensure there are procedures in place for providing 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 by a student in their care.   |
| 9.        | Ensure that relevant school staff have successfully completed an anaphylaxis management training course in the three years prior.   |

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| 10. | Ensure that relevant school staff are briefed at least twice a year by a staff member who has completed current anaphylaxis management training on: <ol style="list-style-type: none"> <li>the School's Anaphylaxis Management Policy</li> <li>the causes, symptoms and treatment of anaphylaxis</li> <li>the identities of students diagnosed at risk of anaphylaxis and the location of their medication</li> <li>how to use an Adrenaline Autoinjector, including hands-on practise with a trainer Adrenaline Autoinjector (which does not contain adrenaline)</li> <li>the school's general first aid and emergency procedures; and</li> <li>the location of Adrenaline Auto injecting devices that have been purchased by the School for General Use.</li> </ol> |
| 11. | Allocate time, such as during staff meetings, to discuss, practise and review the School's Anaphylaxis Management Policy. Practise using the trainer Adrenaline Autoinjectors as a group and undertake drills to test effectiveness of the School's general first aid procedures.   |
| 12. | Encourage ongoing communication between Parents and School Staff about the current status of the student's allergies, the school's policies and their implementation.   |
| 13. | Ensure that the student's Individual Anaphylaxis Management Plan is reviewed in consultation with Parents annually, when the student's medical condition changes, as soon as practicably after a student has an anaphylactic reaction at School, and whenever a student is to participate in an off-site activity such as camps or excursions or at special events conducted, organised or attended by the school.  |
| 14. | Ensure the Risk Management Checklist for anaphylaxis is completed annually.   |
| 15. | Arrange to purchase and maintain an appropriate number of Adrenaline Autoinjectors for General Use to be part of the school's first aid kit.  |

## School Staff

All school staff at Seaholme primary School have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. This includes administrators, canteen staff, casual relief staff, specialist staff, sessional teachers and volunteers.

To assist school staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction attend, and others school staff where relevant, a summary of some of the key obligations under the Order, and suggested prevention strategies, is set out below.

| School Staff |  |
|--------------|--|
| 1.           | Know and understand the School Anaphylaxis Management Policy.  |
| 2.           | Know the identity of students who are at risk of anaphylaxis. Know the students by face.   |
| 3.           | Understand the causes, symptoms, and treatment of anaphylaxis.   |
| 4.           | Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector. Refer to Chapter 12 for more details. |
| 5.           | Know where to find a copy of each student's Individual Anaphylaxis Management Plan quickly, and follow it in the event of an allergic reaction.                                |

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| 6.  | Know the school's general first aid and emergency response procedures and understand their role in relation to responding to an anaphylactic reaction.   |
| 7.  | Know where students' Adrenaline Autoinjectors and the Adrenaline Autoinjectors for General Use are kept. (Remember that the Adrenaline Autoinjector is designed so that anyone can administer it in an emergency).   |
| 8.  | Know and follow the prevention and risk minimisation strategies in the student's Individual Anaphylaxis Management Plan.   |
| 9.  | Plan ahead for special class activities (e.g. cooking, art and science classes), or special occasions (e.g. excursions, incursions, sport days, camp, cultural days, fetes and parties), either at School, or away from School. Work with parents to provide appropriate food for their child if the food the School/class is providing may present a risk for him or her. |
| 10. | Avoid the use of food treats in class or as rewards, as these may contain hidden allergens. Consider the alternative strategies provided in this document (see Chapter 8). Work with parents to provide appropriate treats for students at risk of anaphylaxis.  |
| 11. | Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.  |
| 12. | Be aware of the risk of cross-contamination when preparing, handling and displaying food.  |
| 13. | Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food.  |
| 14. | Raise student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.   |

## First Aid Coordinator

The First Aid Coordinator (or nominee) at Seaholme primary School works with the Principal to ensure that the Anaphylaxis Policy is implemented, reviewed, monitored and improved on an annual basis

| First Aid Coordinator |  |
|-----------------------|--|
| 1.                    | Work with Principal to develop, implement and review the school's Anaphylaxis Management Policy.   |
| 2.                    | Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector (i.e. EpiPen®/Anapen®).          |
| 3.                    | Provide or arrange regular training to other school staff to recognise and respond to anaphylactic reaction, including administration of an Adrenaline Autoinjector.     |
| 4.                    | Keep an up-to-date register of students at risk of anaphylaxis.  |
| 5.                    | Keep a register of Adrenaline Autoinjectors as they are 'in' and 'out' from the central storage point. For instance, when they have been taken on excursions, camps etc. |

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| 6. | <p>Work with principal, parents and students to develop, implement and review each Individual Anaphylaxis Management Plan to:</p> <ol style="list-style-type: none"> <li>ensure that the student's emergency contact details are up-to-date</li> <li>ensure that the student's ASCIA Action Plan matches the student's supplied Adrenaline Autoinjector</li> <li>regularly check that the student's Adrenaline Autoinjector is not out-of-date, such as at the beginning or end of each term</li> <li>inform parents in writing that the Adrenaline Autoinjector needs to be replaced a month prior to the expiry date</li> <li>ensure that the student's Adrenaline Autoinjector is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place; and</li> <li>ensure that a copy of the Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) is stored with the student's Adrenaline Autoinjector.</li> </ol> |
| 7. | Work with school staff to conduct regular risk prevention, minimisation, assessment and management strategies.  |
| 8. | Work with school staff to develop strategies to raise their own, students and school community awareness about severe allergies.  |
| 9. | Provide or arrange post-incident support (e.g. counselling) to students and school staff, if appropriate.   |

## Parents of a student at risk of anaphylaxis

Parents have an important role in working with the Seaholme Primary School to minimise the risk of anaphylaxis. Set out below is a summary of some of the key obligations for parents under the Order, and some suggested areas where they may actively assist the school. This is a guide only and is not intended to contain an exhaustive list to be relied upon by parents.

| Parents |  |
|---------|--|
| 1.      | Inform the school in writing, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed at the time as being at risk of anaphylaxis.                      |
| 2.      | Obtain an ASCIA Action Plan from the student's Medical Practitioner that details their condition, and any medications to be administered, and other emergency procedures and provide this to the school. |
| 3.      | Inform school staff in writing of any changes to the student's medical condition and if necessary, provide an updated ASCIA Action Plan.   |
| 4.      | Provide the school with an up-to-date photo for the student's ASCIA Action Plan and when the plan is reviewed.   |
| 5.      | Meet with and assist the school to develop the student's Individual Anaphylaxis Management Plan, including risk management strategies.   |
| 6.      | Provide the school with an Adrenaline Autoinjector and any other medications that are current and not expired.   |
| 7.      | Replace the student's Adrenaline Autoinjector and any other medication as needed, before their expiry date or when used.   |
| 8.      | Assist school staff in planning and preparation for the student prior to camps, field trips, incursions, excursions or special events (e.g. class parties, cultural days, fetes or sport days).          |
| 9.      | If requested by school staff, assist in identifying and/or providing alternative food options for the student when needed.   |
| 10.     | Inform school staff in writing of any changes to the student's emergency contact details.  |

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| 11. | <p>Participate in reviews of the student's Individual Anaphylaxis Management Plan:</p> <ol style="list-style-type: none"> <li>a. when there is a change to the student's condition</li> <li>b. as soon as practicable after the student has an anaphylactic reaction at school</li> <li>c. at its annual review; and</li> <li>d. prior to the student participating in an off-site activity such as camps and excursions, or at special events conducted, organised or attended by the school.</li> </ol> |
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## Appendix C: How to administer an EpiPen

| How to administer an EpiPen or EpiPen Jnr® |   |
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| 1  | Remove from plastic container.  |
| 2  | Form a fist around EpiPen® and pull off the blue safety 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 10 seconds.                         |
| 5  | Remove EpiPen®.   |
| 6  | Massage injection site for 10 seconds.  |
| 7  | Note the time you administered the EpiPen®.   |
| 8  | The used autoinjector must be handed to the ambulance paramedics along with the time of administration. |

| How to administer an Anapen® 500, Anapen® 300, or Anapen® Jr. |   |
|---|---|
| 1   | Remove from box container and check the expiry date.  |
| 2   | Remove black needle shield.   |
| 3   | Form a fist around Anapen® and remember to have your thumb in reach of the red button, then remove grey safety cap. |
| 4   | Place needle end against the student's outer mid-thigh.   |
| 5   | Press the red button with your thumb so it clicks and hold it for 3 seconds.  |
| 6   | Replace needle shield and note the time you administered the Anapen®.   |
| 7   | The used autoinjector must be handed to the ambulance paramedics along with the time of administration.             |