



POLICY – May 2020

ANAPHYLAXIS MANAGEMENT

Review Annually

Child Safe Standards

Victorian government schools are child safe environments. Lilydale Heights College actively promote the safety and wellbeing of all students, and all school staff are committed to protecting students from abuse or harm in the school environment, in accordance with their legal obligations including child safe standards. All schools have a Child Safety Code of Conduct consistent with the Department's exemplar available at <http://www.education.vic.gov.au/about/programs/health/protect/Pages/childsafestandards.aspx>

Rationale:

Lilydale Heights College has a duty of care towards students, which includes protecting an anaphylactic student from risks that the college should reasonably have foreseen. The College will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time. This policy will be revised annually and as necessary with any changes to Policy or local circumstance

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medications.

Aims:

To facilitate the safety of students suffering from anaphylaxis, the College will follow DET Anaphylaxis guidelines for students who are recognised as at risk.

Implementation:

The Principal will ensure 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 being at risk of anaphylaxis. The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrolls, and before their first day of school.

The Individual Anaphylaxis Management Plan will set out the following:

- information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a written diagnosis from a Medical Practitioner);
- 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;
- the name of the person(s) responsible for implementing the strategies;
- information on where the student's medication will be stored;
- the student's emergency contact details; and
- An ASCIA Action Plan.

The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's Parents in all of the following circumstances:

- annually;
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
- as soon as practicable after the student has an anaphylactic reaction at School; and
- When the 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 (eg. class parties, elective subjects, cultural days, fetes, incursions).

It is the responsibility of the Parents with a student identified as at risk of Anaphylaxis to:

- provide the ASCIA Action Plan;
- 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;
- 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
- Provide the School with an Adrenaline Autoinjector that is current and not expired for their child.

Prevention Strategies

This section should detail the Risk Minimisation and Prevention Strategies that your School will put in place for all relevant in-school and out-of-school settings which include (but are not limited to) the following:

Classrooms

1. A copy of the student's Individual Anaphylaxis Management Plan will be on display in the Year Level staff office, staffroom, the First Aid Room and with the Adrenaline Autoinjector-.
2. Use non-food treats where possible, but if food treats are used in class it is recommended that Parents of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
3. Never give food from outside sources to a student who is at risk of anaphylaxis.
4. Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.
5. Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
6. Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
7. Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking. Foods department will ensure a designated area is provided for students at risk of Anaphylaxis for food preparation.
8. Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
9. A designated staff member should inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Autoinjector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. ie seeking a trained staff member.

Canteens

1. Canteen staff (whether internal or external) should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
2. Canteen staff, including volunteers, should be briefed about students at risk of anaphylaxis and, where the Principal determines in accordance with clause 12.1.2 of the Order, have up to date training in an Anaphylaxis Management Training Course as soon as practical after a student enrolls.
3. Display the student's name and photo in the staffroom as a reminder to School Staff.
4. Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
5. Canteens should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.
6. Make sure that tables and surfaces are wiped down with warm soapy water regularly.
7. Food banning is not generally recommended. Instead, a 'no-sharing' with the students with food allergy approach is recommended for food, utensils and food containers. However, school communities can agree to not stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds, etc.), including chocolate/hazelnut spreads.
8. Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.

Yard Duty

1. If a School has a student who is at risk of anaphylaxis, sufficient School Staff on yard duty must be trained in the administration of the Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if needed.
2. The Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location All staff will be issued with an emergency card for emergency response. All staff on yard duty must be aware of the School's Emergency Response Procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.
3. Students at risk will have their photo on display in the staffroom for all Yard duty staff to be able to identify, by face, those students at risk of anaphylaxis.
4. Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. School Staff should liaise with Parents to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
5. Keep lawns and clover mowed and outdoor bins covered.
6. Students should keep drinks and food covered while outdoors.

Special events (incursions, class parties, etc.)

1. If a School has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.
2. School Staff should avoid using food in activities or games, including as rewards.

3. For special occasions, School Staff should consult Parents in advance to either develop an alternative food menu or request the Parents to send a meal for the student.
4. Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at School or at a special School event.
5. Party balloons should not be used if any student is allergic to latex.

Travel to and from School by bus

1. School Staff should consult with Parents of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur on the way to and from School on the bus. This includes the availability and administration of an Adrenaline Autoinjector. The Adrenaline Autoinjector and ASCIA Action Plan for Anaphylaxis must be with the student even if this child is deemed too young to carry an Adrenaline Autoinjector on their person at School.

Field trips/excursions/sporting events

1. If a School has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector and be able to respond quickly to an anaphylactic reaction if required.
2. A School Staff member or team of School Staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions.
3. School Staff should avoid using food in activities or games, including as rewards.
4. The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis should be easily accessible and School Staff must be aware of their exact location.
5. For each field trip, excursion etc., a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.
6. All School Staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
7. The School should consult Parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the Parents provide a meal (if required).
8. Prior to the excursion taking place School Staff should consult with the student's Parents and Medical Practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.

Camps and remote settings

1. Prior to engaging a camp owner/operator's services the School should make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the School, then the School should consider using an alternative service provider.
2. The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
3. Schools must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
4. Schools should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with Parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
5. School Staff should consult with Parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.
6. If the School has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should also consider alternative means for providing food for those students.
7. Use of substances containing allergens should be avoided where possible.
8. The student's Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.
9. Prior to the camp taking place School Staff should consult with the student's Parents to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
10. School Staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place.

Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all School Staff participating in the camp are clear about their roles and responsibilities.

11. Contact local emergency services and hospitals well prior to the camp. Advise full medical conditions of students at risk, location of camp and location of any off camp activities. Ensure contact details of emergency services are distributed to all School Staff as part of the emergency response procedures developed for the camp.
12. Schools should consider taking an Adrenaline Autoinjector for General Use on a school camp, even if there is no student at risk of anaphylaxis, as a backup device in the event of an emergency.
13. Schools should consider purchasing an Adrenaline Autoinjector for General Use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.
14. The Adrenaline Autoinjector should remain close to the student and School Staff must be aware of its location at all times.
15. The Adrenaline Autoinjector should be carried in the school first aid kit; however, Schools can consider allowing students, particularly adolescents, to carry their Adrenaline Autoinjector on camp. Remember that all School Staff members still have a duty of care towards the student even if they do carry their own Adrenaline Autoinjector.
16. Cooking and art and craft games should not involve the use of known allergens.
17. Consider the potential exposure to allergens when consuming food on buses and in cabins.

Overseas travel

1. Review and consider the strategies listed under “Field Trips/Excursions/Sporting Events” and “Camps and Remote Settings”. Where an excursion or camp is occurring overseas, Schools should involve Parents in discussions regarding risk management well in advance.
2. Investigate the potential risks at all stages of the overseas travel such as:
 - travel to and from Australia (via aeroplane, ship etc);
 - various accommodation venues;
 - all towns and other locations to be visited;
 - sourcing safe foods at all of these locations; and
 - risks of cross contamination, including
 - exposure to the foods of the other students;
 - hidden allergens in foods;
 - whether the table and surfaces that the student may use will be adequate cleaned to prevent a reaction; and
 - Whether the other students will wash their hands when handling food.
3. Assess where each of these risks can be managed using minimisation strategies such as the following:
 - translation of the student’s Individual Anaphylaxis Management Plan and ASCIA Action Plan;
 - sourcing of safe foods at all stages;
 - obtaining the names, address and contact details of the nearest hospital and Medical Practitioners at each location that may be visited;
 - obtaining emergency contact details; and
 - Sourcing the ability to purchase additional Autoinjector.
4. Record details of travel insurance, including contact details for the insurer. Determine how any costs associated with medication, treatment and/or alteration to the travel plans as a result of an anaphylactic reaction can be paid.
5. Plan for appropriate supervision of students at risk of anaphylaxis at all times.
 - Event of an emergency where the students may need to be separated.
6. The School should re-assess its Emergency Response Procedures, and if necessary adapt it to the particular circumstances of the overseas trip. Keep a record of relevant information such as the following:
 - dates of travel;
 - name of airline, and relevant contact details;
 - itinerary detailing the proposed destinations, flight information and the duration of the stay in each location;
 - hotel addresses and telephone numbers;
 - proposed means of travel within the overseas country;
 - list of students and each of their medical conditions, medication and other treatment (if any);
 - emergency contact details of hospitals, ambulances, and Medical Practitioners in each location;
 - details of travel insurance
 - Plans to respond to any foreseeable emergency including who will be responsible for the implementation of each part of the plans; possession of a mobile phone or other communication device that would enable the School Staff to contact emergency services in the overseas country if assistance is required.

Work experience

1. Schools should involve Parents, the student and the employer in discussions regarding risk management prior to a student at risk of anaphylaxis attending work experience. Staff must be shown the ASCIA Action Plan for Anaphylaxis and how to use the Adrenaline Autoinjector in case the work experience student shows signs of an allergic reaction whilst at work experience.

It is important to note that it is not recommended that banning of food or other products is used as a risk minimisation and prevention strategy.

School Management and Emergency Response

The School's Anaphylaxis Management Policy must include procedures for emergency response to anaphylactic reactions. The procedures should include the following:

- 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;
- Details of Individual Anaphylaxis Management Plans and ASCIA Action Plans and where these can be located.

If a student has been prescribed an Adrenaline Autoinjector, the Adrenaline Autoinjector must be provided by the student's parent/carers to the school.

- Adrenaline Autoinjector will be located in the General Office and when deemed appropriate by parents and the college, another Adrenaline Autoinjector may be carried by an anaphylactic student.
- Adrenaline Autoinjector should be clearly labelled with the student's name.
- A copy of the student's ASCIA Action Plan should be kept with the Adrenaline Autoinjector.
- Each student's Adrenaline Autoinjector should be distinguishable from other students' Adrenaline Autoinjector and medications.
- • All staff should know where the Adrenaline Autoinjector is located.
- Adrenaline Autoinjector should be signed in and out when taken from the usual place, for example for camps or excursions.
- The College will purchase a backup Adrenaline Autoinjector for emergency use. This will be stored in the General Office.

This backup Adrenaline Autoinjector will be sent with the individual students Adrenaline Autoinjector in emergency situations and will only be used at the direction of medical personnel.

Responsibilities:

➤ **College.** Responsible for:

- Actively seeking information to identify students with severe life threatening allergies at enrolment.
- Meeting with parents/carers to obtain information about student's allergies and prevention strategies if a student has been diagnosed as being at risk of anaphylaxis, with Year Level Leader and First aid Co-ordinator prior to commencing.
- Conducting a risk assessment to allergens while the student is in the care of the school.
- Ensuring that parents provide an ASCIA Action Plan that has been signed by the student's medical practitioner and has an up to date photograph of the student.
- Ensuring that parents provide the student's Adrenaline Autoinjector and that it is not out of date.
- Ensuring that relevant staff obtain training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector.
- Developing a communication plan to raise student, staff and parent awareness about severe allergies and the school's policies through newsletters, posters, meetings and training.
- Schools should use the presentation to deliver the briefing
- Briefing presenters should use the speaking notes and facilitation guide for the briefing presentation.
- Staff must practice with the replica adrenaline auto injectors
- Providing information to all staff (including teaching and non-teaching, CRT staff, new staff, canteen staff and volunteers) so that they are aware of students who are at risk of anaphylaxis, the student's allergies, the school's management strategies and first aid procedures.
- Ensuring that the canteen and other program providers can demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling practices.
- Developing and reviewing the student's Anaphylaxis Management Plan annually including an annual risk assessment, in consultation with parents.

➤ **Relevant staff.** Responsible for:

- Knowing the identity of students who are at risk of anaphylaxis.
- Understanding the causes, symptoms, and treatment of anaphylaxis.
- Obtaining training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector.
- Knowing the school's first aid emergency procedures and what their role is in relation to responding to an anaphylactic reaction.
- Knowing where the student's Adrenaline Autoinjector is kept. Remember that the Adrenaline Autoinjector is designed so that anyone can administer it in an emergency.

- Knowing and following the prevention strategies in the student's Anaphylaxis Management Plan.
- Planning ahead for special class activities or special occasions such as excursions, incursions, sport days, camps and parties. Working with parents/carers to provide appropriate food for the student.
- Avoiding the use of food treats in class or as rewards, as these may contain hidden allergens.
- Being careful of the risk of cross-contamination when preparing, handling and displaying food.
- In food technology, making sure that tables and surfaces are wiped down regularly and that students at risk are given an allocated workspace.
- Raising 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 coordinators.**

- Responsible for supporting principals and teachers to implement prevention and management strategies for the school that include:
 - Maintaining an up to date register of students at risk of anaphylaxis.
 - Expecting that students' emergency contact details are up to date.
 - Obtaining training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector.
 - Checking that the Adrenaline Autoinjector is not cloudy or out of date regularly, e.g. at the beginning or end of each term.
 - Informing parents/carers a month prior if the Adrenaline Autoinjector needs to be replaced.
 - Ensuring that the Adrenaline Autoinjector is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place, and that it is appropriately labelled.
 - Supporting staff in conducting regular reviews of prevention and management strategies and individual student management plans.
 - Supporting staff in developing strategies to raise school staff, student and community awareness about severe allergies.

➤ **Parents/carers** of a student at risk of anaphylaxis. Responsible for:

- Informing the school, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed as being at risk of anaphylaxis.
- Obtaining information from the student's medical practitioner about their condition and any medications to be administered. Inform school staff of all relevant information and concerns relating to the health of the student.
- Meeting with the school to develop the student's Anaphylaxis Management Plan.
- Providing an ASCIA Action Plan, or copies of the plan to the school that is signed by the student's medical practitioner and has an up to date photograph.
- Providing the Adrenaline Autoinjector and any other medications to the school.
- Replacing the Adrenaline Autoinjector and/or medications before it expires.
- Assisting school staff in planning and preparation for the student prior to school camps, field trips, incursions, excursions or special events such as class parties or sport days.
- Supplying alternative food options for the student when needed.
- Informing staff of any changes to the student's emergency contact details.
- Participating in reviews of the student's Anaphylaxis Management Plan, e.g. when there is a change to the student's condition or at an annual review.

Action Plan for Reaction

- Staff member is to stay with the student. Do NOT leave the student unattended.
- Urgently send another staff member or student to the General Office to collect the Adrenaline Autoinjector, use mobile or a student runner, using the green anaphylaxis emergency alert card, requesting URGENTLY that the correct Adrenaline Autoinjector is sent to the location.
- General Office staff to ensure correct Adrenaline Autoinjector is sent with a staff member to the location and First Aid Co-ordinator or other First Aider is directed urgently to location.
- Follow the individual students Action Plan (ASCIA) – stored with the Adrenaline Autoinjector.
- In mild/moderate reactions - give medications if prescribed and directed in plan.
- For Severe reactions – give Adrenaline Autoinjector – note time administered.
- Attending Staff member to ensure an ambulance is called.
- Contact the parents/carers.
- Administer first aid as required.

Adrenaline Autoinjectors for General Use

The Principal will purchase Adrenaline Autoinjector(s) for General Use (purchased by the School) and as a back up to those supplied by Parents.

The Principal will determine the number of additional Adrenaline Autoinjector(s) required. In doing so, the Principal will take into account the following relevant considerations:

- the number of students enrolled at the School who have been diagnosed as being at risk of anaphylaxis;
- the accessibility of Adrenaline Autoinjector that have been provided by Parents of students who have been diagnosed as being at risk of anaphylaxis;

- the availability and sufficient supply of Adrenaline Autoinjector for General Use in specified locations at the School, including
- in the school yard, and at excursions, camps and special events conducted or organised by the School; and
- the Adrenaline Autoinjector for General Use have a limited life, usually expiring 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.

Communication Plan

A plan has been developed by the school which provides information to all school staff, students and parents about anaphylaxis and the School's Anaphylaxis Management Policy.

This section sets out a Communication Plan to provide information to all School Staff, students and Parents about anaphylaxis and the School's Anaphylaxis Management Policy.

The Communication Plan includes strategies for advising School Staff, students and Parents about how to respond to an anaphylactic reaction by a student in various environments including:

- during normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls; and
- During off-site or out of school activities, including on excursions, school camps and at special events conducted or organised by the School.

The Communication Plan includes 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 by a student in their care. (Please read as an appendix)

It is the responsibility of the Principal of the School to ensure that relevant School Staff are:

- trained; and
- Briefed at least twice per calendar year.

Staff Training

it is recommended that **all Victorian school staff** undertake the new Australasian Society of Clinical Immunology and Allergy (ASCI) e-training course and have their competency in using an autoinjector tested in person within 30 days of completing the course.

- All staff will complete the online e-training and be verified by school Anaphylaxis verifier
- participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year) on:
 - o the School's Anaphylaxis Management Policy;
 - o the causes, symptoms and treatment of anaphylaxis;
 - o the identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located;
 - o how to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector device;
 - o the School's general first aid and emergency response procedures; and
 - o The location of, and access to, Adrenaline Autoinjector that have been provided by Parents or purchased by the School for general use.

The briefing must be conducted by a member of School Staff who has successfully completed an Anaphylaxis Management Training Course in the last 12 months.

Annual Risk Management Checklist

The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations.

Evaluation:

This policy will be reviewed annually or before as appropriate.

Evaluation:

- This policy will be reviewed annually.

This policy was last ratified by Policy & Planning in....	May 2020
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