

Student Health (First Aid)

POLICY STATEMENT

At any one time, a student can have a health condition or care need that could impact on their attendance and participation within school. This can require short or long-term first aid planning, supervision for safety, routine health and personal care support and occasionally complex medical care needs.

This policy has been developed to assist supporting student health within a school environment in a pro-active manner.

1. GUIDELINES

1.1 Lysterfield Primary School requires students attending to have relatively stable health and clear care plans. For example, teachers can generally safely supervise a child with a chronic health condition such as asthma or diabetes where the individual's health is relatively stable and predictable and care recommendations have been documented and agreed to by the school. Generally, Lysterfield Primary School is unable to provide for ill and recuperating students.

If a student has recently contracted an illness, is infectious and/or needs rest and recuperation, his or her care generally should be the responsibility of the family.

1.2 The school principal will ensure that families understand and follow the school's health support procedures.

1.3 At the time of enrolment (completion of enrolment form), families indicate whether a student has any individual emergency or routine health and personal care support needs, for example, anaphylaxis (severe, life threatening allergy), seizure management or diabetes routine supervision for health care safety, such as supervision of medication personal care, including assistance with personal hygiene, continence care, eating and drinking transfers and positioning, and use of health related equipment.

1.4 Parents/carers are primarily responsible for the health and wellbeing of their children.

1.5 The school principal will ensure that allocation of staff duties anticipates predictable short and long-term health support needs of children and students in their care.

1.6 First Aid support in the school will be provided in response to unpredictable illness or injury.

2. PROGRAM

2.1 Our school has procedures for supporting student health for students with identified health needs (**see Appendix A**) and will provide a basic first aid response to ill or injured students due to unforeseen circumstances (**see Appendix B**) and requiring emergency assistance.

2.2 First-aid trained staff will seek emergency assistance in situations where his or her training is not sufficient to keep the student safe. First aid trained staff should not have to wait for parent or guardian approval to take this emergency action. Delays could compromise safety. The first-aid trained staff should, however, notify the child's or student's emergency contact person as a matter of priority to inform him or her of the action taken. School procedures should ensure parents/carers are aware of, and accept, this policy with its associated obligation for payment by families for ambulance and other emergency services.

2.3 It is the Principal's responsibility to:

- alert families to the need for health care plans if students need individual support
- develop, monitor and review the school's health support procedures
- manage health support planning
- involve relevant teachers in health support planning
- manage confidentiality
- ensure staff training requirements are fulfilled
- ensure delegated staff responsibilities reflect duty statements
- ensure facility standards are met
- be aware of health care services which visit the school
- manage archives of documented information

(See Appendix A: Management of Students with Health Care Needs)

2.4 If there is an indication that individual health care may be needed by a student, the parent/carer should be asked to provide a health care plan, written by a relevant health professional. The care plan should document recommended emergency and routine health and personal care support for the child or student. Information about medical conditions (such as asthma, epilepsy and incontinence) must be provided by a doctor or, in some cases, a clinical nurse consultant working under the direction of a doctor. A therapist (for example, a physiotherapist or a speech pathologist) will usually document information about therapeutic such as transfers and positioning, and mealtime assistance.

2.5 Some students will have a health care need identified after enrolment. The same steps should be followed. An interim health support plan might be needed.

2.6 It is the responsibility of parents/carers to:

- provide relevant health care information to the school
- liaise with health professionals to provide care plans which create minimum disruption to learning programs
- assist children/students for whom they are responsible to self-manage, as much as is safe and practical, their health and personal care needs

(See Appendix A: Management of Students with Health Care Needs)

2.7 It is the responsibility of parents/carers to:

- administer first aid for unpredictable illness or injury
- coordinate provision of first aid, including monitoring of equipment and facilities
- administer additional individual first aid support as negotiated (for example, administration of adrenalin via Epi-Pen for anaphylaxis)

Note: Invasive emergency care (such as administration of rectal diazepam for seizure management) is not a standard first aid procedure and so requires the involvement of a registered nurse.

(See Appendix B: First Aid Care Procedures)

2.8 All Lysterfield Primary School teachers and educational support staff are trained in first aid and able to treat unpredictable illness or injury.

Two members of staff are delegated the task of coordinating first aid procedures, supervising the first aid facility and maintaining and securing the contents of the school's first aid kit. A relief staff member will be nominated in the event of the absence of the first aid coordinator. Other staff with first aid qualifications will be identified and available to assist.

(See Appendix B: First Aid Care Procedures)

3. Infection Prevention and Control

3.1 Infection Prevention and Control Procedures set out by Department of Education (DET) are adhered to at Lysterfield Primary School. [Click here](#) to read the procedures.

3.3 When a child contracts an infectious disease, parents/guardians are expected to adhere to the exclusion periods specified by the Department of Health. Please see the exclusion table from [Department of Health's website Infectious Diseases Epidemiology & Surveillance \(IDEAS\)](#)

3.4 As per the DET Personal Hygiene Policy, soap is provided in student bathrooms as well as in classrooms, to assist with the prevention and control of infection. [Click here](#) to read the DET Personal Hygiene policy.

4. LINKS AND APPENDICES (including processes related to this policy)

Links which are connected with this policy from DET School Policy & Advisory Guide are:

- Anaphylaxis
<http://www.education.vic.gov.au/school/principals/spag/health/pages/anaphylaxis.aspx>
- Care Support
<http://www.education.vic.gov.au/school/principals/spag/health/Pages/caresupport.aspx>
- DET First Aid and Infection Prevention and Control Procedure
<http://www.education.vic.gov.au/Documents/school/principals/management/firstaidinfectctrl.docx>
- DET Personal Hygiene Policy
<http://www.education.vic.gov.au/school/principals/spag/health/Pages/personalhygiene.aspx>
- Department of Health Exclusion Requirements for diseases in schools
<http://ideas.health.vic.gov.au/guidelines/school-exclusion-table.asp>
- First Aid <http://www.education.vic.gov.au/school/principals/spag/health/pages/firstaid.aspx>
- Health Care Needs of Student
<http://www.education.vic.gov.au/school/principals/spag/health/pages/healthcareneeds.aspx>

- Infectious Diseases
<http://www.education.vic.gov.au/school/principals/spag/health/Pages/infectiousdiseases.aspx>
- Medical Emergencies
<http://www.education.vic.gov.au/school/principals/spag/management/pages/medical.aspx>
- Medication
<http://www.education.vic.gov.au/school/principals/spag/health/pages/medication.aspx>
- Student Health
<http://www.education.vic.gov.au/school/principals/spag/health/Pages/studenthealth.aspx>

Appendices which are connected with this policy are:

- Appendix A: Managing Students with Special Health Needs
- Appendix B: First Aid Care Procedures

5. EVALUATION

This policy will be reviewed annually or more often if necessary due to changes in regulations or circumstances.

Appendix A

Managing Students with Special Health Needs

Any information provided to the school on the enrolment form or separately, will be taken into account when planning the care of a student. Where students have a health care need identified after enrolment, the same steps will be followed.

1. When a need is identified

Parents/carers are required to provide accurate information about a student's routine health and personal care support needs, and emergency care needs, for example:

- predictable emergency first aid associated with an allergic reaction, seizure management, anaphylaxis, or diabetes
- routine supervision for health care safety, such as supervision of medication
- personal care, including assistance with personal hygiene, continence care, eating and drinking, transfers and positioning, and use of health-related equipment

Parents/carers and students will be informed when their information is being collected, about how their personal information will be used, and to whom it might be disclosed. For example, to first aid staff, who will require access to relevant student information in order to provide appropriate services.

Medical advice is required from the student's medical/health practitioner if there is an indication that a student has a health care need. The medical advice received must provide relevant information about the student's medical condition and document recommended emergency and routine health and personal care support for the student. Ideally medical advice should be sought via the completion of a relevant Medical Advice Form.

For any student requiring medication while at school, the school must receive written directions ideally from the student's medical/health practitioner. This can be done via the completion of a Medication Authority Form or ASCIA Action Plan for anaphylaxis or allergy or School Asthma Action Plan for asthma.

The development of a Student Health Support Plan (or in the case of Anaphylaxis an Anaphylaxis Management Plan) will occur after the school has received the appropriate medical advice from the student's medical/health practitioner. If there is a time delay between receiving this advice and in the development of a Student Health Support Plan, the school may decide to put in place an interim support plan outlining an agreed interim strategy, e.g. call an ambulance immediately.

Plans should be developed when a student is to attend school excursions and camps. The parent/carer should complete a Confidential Medical Information for School Council Approved School Excursion.

2. The planning process

The principal (or nominee) will organise a meeting to negotiate the development of a Student Health Support (or in the case of Anaphylaxis an Anaphylaxis Management Plan with the student, student's parents/carers and other relevant school staff). This Support Plan should be guided by the medical advice received by the student's medical/health practitioner.

A range of questions may be asked in planning support. For example:

- *Is it necessary to provide the support during the school day?*
- *How can the recommended support be provided in the simplest manner, with minimal interruption to the education and care program?*
- *Who should provide the support?*
- *Is this support complex and/or invasive?*
- *Is there staff training required?*
- *Are there any facilities issues that need to be addressed?*
- *How can the support be provided in a way that respects dignity, privacy, comfort and safety and enhances learning?*
- *Are there any care and learning plans that should be completed for students with personal care support?*

3. Monitoring and review

A date for when medical advice received by the student's medical/health practitioner is to be reviewed (generally within twelve months) will be set.

Student Health Support Plans and Anaphylaxis an Anaphylaxis Management Plans will be reviewed annually in light of the updated information received by the student's medical/health practitioner. Student Health Support Plans will be reviewed earlier if the school or the student's parents/carers have concerns or if there is any change in the support.

It may be agreed that an annual review of the Student Health Support Plan may not require updated medical advice. It is at the principal's discretion that updated medical advice for a student is requested.

Appendix B

First Aid Care Procedures

1. Introduction

The school has procedures for supporting student health for students with identified health needs (**see Appendix A**) and will provide a basic first aid response as set out in the procedure below to ill or injured students due to **unforeseen circumstances** and requiring **emergency** assistance.

These procedures have been communicated to all staff and are available for reference from the school office.

2. First Aid Officers

Lysterfield Primary School has allocated two staff members as First Aid Officers with remaining staff all holding CPR Level 2 First Aid Training which is renewed every two years as required.

2.1 First Aid Officer Duties

The First Aid Officers are required to undertake a coordinating role maintaining standard medical service provision, student medical records and parent notifications.

Their specific duties include:

- Participating in the risk management process within the school as part of the school's OHS team. This may include contributing to risk management solutions and providing feedback on injury reports and first aid register data to identify persistent or serious hazards.
- Coordinating first aid duty rosters and maintaining first aid room and first aid kits
- Providing first aid services commensurate with competency and training. This may include all or some of emergency life support including response to life threatening conditions which may occur in the school (e.g. cardiac arrest or respiratory difficulties associated with asthma), management of severe bleeding, basic wound care, fractures, soft tissue injury.
- Recording all first aid treatment. A copy of treatment provided shall be forwarded with the patient where further assistance is sought. The first aider should respect the confidential nature of any information given.
- Providing input on first aid requirements for excursions and camps.

The First Aid Officer/s will be available at the school during normal working hours and at other times when authorised Department programs are being conducted.

Where possible, only staff with first aid qualifications will provide first aid. However, in an emergency other **staff may be required to help within their level of competency.**

3. Procedures for Medical Treatment

In the event of a student requiring medical attention, an attempt will be made to contact the parents/guardians before calling for medical attention except in an extreme emergency.

In serious cases, parents/guardians will always be informed as quickly as possible of their child's condition and of the actions taken by the school.

All accidents and injuries will be recorded on the Department's injury management system on CASES21 (refer to Lysterfield Primary School Accident and Incident Notification Policy).

A Record of First Aid Treatment will be kept in the Sick Bay and information recorded for all students treated in the Sick Bay. A yellow slip will be filled in and sent home with the student indicating date and time of attendance in the Sick Bay, the treatment given and the person administering the first aid.

It is the policy of the school that all injuries to the head are reported to Principal Team Member in charge of First Aid and that parents/emergency contacts are contacted regarding the injury.

First aid kits are available for all groups that leave the school on excursions. The content of these kits will be dependent on the nature of the activities, the number of students and staff, and the location of the excursion.

Portable first aid kits are carried by staff on yard duty. These kits contain:

- a pair of single use plastic gloves
- gauze and band-aids
- Asthma reliever medication (*Airomir, Asmol, Epaq or Ventolin*) with disposable spacer.
- Hand Sanitiser
- First Aid passes

4. Assessment and First Aid Treatment of an Asthma attack

If a student develops signs of what appears to be an asthma attack, appropriate care must be given immediately.

4.1 Assessing the severity of an asthma attack

Asthma attacks can be:

- **Mild** - this may involve coughing, a soft wheeze, minor difficulty in breathing and no difficulty speaking in sentences
- **Moderate** - this may involve a persistent cough, loud wheeze, obvious difficulty in breathing and ability to speak only in short sentences
- **Severe** - the student is often very distressed and anxious, gasping for breath, unable to speak more than a few words, pale and sweaty and may have blue lips.

All students judged to be having a severe asthma attack require emergency medical assistance.

Call an ambulance (dial 000), notify the student's emergency contact and follow the '4 Step Asthma First Aid Plan' while waiting for the ambulance to arrive. When calling the ambulance

state clearly that a student is having 'breathing difficulties.' The ambulance service will give priority to a person suffering extreme shortness of breath. Regardless of whether an attack of asthma has been assessed as mild, moderate or severe, Asthma First Aid (as detailed below) must commence immediately. The danger in any asthma situation is delay. Delay may increase the severity of the attack and ultimately risk the student's life.

4.2 Asthma First Aid

If the student has an Asthma Action Plan, follow the first aid procedure immediately. If no, Asthma Action Plan is available in the steps outlined below should be taken immediately.

The 4 Step Asthma First Aid Plan (displayed in Sick Bay)

Step 1

Sit the student down in as quiet an atmosphere as possible. Breathing is easier sitting rather than lying down. Be calm and reassuring. Do not leave the student alone.

Step 2

Without delay give 4 separate puffs of a blue reliever medication (*Airomir, Asmol, Epaq or Ventolin*). The medication is best given one puff at a time via a spacer device. If a spacer device is not available, simply use the puffer on its own. Ask the person to take 4 breaths from the spacer after each puff of medication.

Step 3

Wait 4 minutes. If there is little or no improvement repeat steps 2 and 3.

Step 4

If there is still little or no improvement; call an ambulance immediately (dial 000). State clearly that a student is having 'breathing difficulties.'

Continuously repeat steps 2 and 3 while waiting for the ambulance.

5. Assessment and First Aid Treatment of Anaphylaxis

What is anaphylaxis?

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. Although allergic reactions are common in children, severe life threatening allergic reactions are uncommon and deaths are rare. However, deaths have occurred and anaphylaxis is therefore regarded as a medical emergency that requires a rapid response.

Signs and symptoms

The symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- abdominal pain and/or vomiting.

Symptoms of anaphylaxis (a severe allergic reaction) can include:

- difficulty breathing or noisy breathing
- swelling of the tongue
- swelling/tightness in the throat
- difficulty talking and/or a hoarse voice
- wheezing or persistent coughing
- loss of consciousness and/or collapse
- young children may appear pale and floppy.

Symptoms usually develop within 10 minutes to one hour of exposure to an allergen but can appear within a few minutes.

The Role and Responsibilities of the Principal

This principal or nominee has overall responsibility for implementing strategies and processes for ensuring a safe and supporting environment for students at risk of anaphylaxis. The principal will:

- Actively seek information to identify students with severe life threatening allergies at enrolment.
- Conduct a risk assessment of the potential for accidental exposure to allergens while the student is in the care of the school.
- Meet with parents/carers to develop an Anaphylaxis Management Plan for the student.
- Request that parents provide an ASCIA (Australasian Society of Clinical Immunology and Allergy) Action Plan that has been signed by the student's medical practitioner and has an up to date photograph of the student
- Ensure that parents provide the student's EpiPen® and that it is not out of date.
- Ensure that staff obtains training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®.
- Implement a communication plan to raise student, staff and parent awareness about severe allergies and the school's policies.
- Provide information to all staff 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. This can include providing copies or displaying the student's ASCIA Action Plan in canteens, classrooms and staff rooms, noting privacy considerations.
- Ensure that there are procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response.
- Ensure that any canteen staff have satisfactory training in the area of anaphylaxis and its implications on food handling practices and have list and photograph of students with epipens.
- Allocate time annually, to discuss, practise and review the school's management strategies for students at risk of anaphylaxis. Practise using the trainer EpiPen® regularly.
- Encourage ongoing communication between parents/carers and staff about the current status of the student's allergies, the school's policies and their implementation.
- Review the student's Anaphylaxis Management Plan annually or if the student's circumstances change, in consultation with parents.

The role and responsibilities of all school staff who are responsible for the care of students at risk of anaphylaxis

School staff who are responsible for the care of students at risk of anaphylaxis have a duty to take steps to protect students from risks of injury that are reasonably foreseeable. This may include administrators, canteen staff, casual relief staff, and volunteers. Members of staff are expected to:

- Know the identity of students who are at risk of anaphylaxis.

- Understand the causes, symptoms, and treatment of anaphylaxis.
- Obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®.
- Know the school's first aid emergency procedures and what your role is in relation to responding to an anaphylactic reaction.
- Keep a copy of the student's ASCIA Action Plan (or know where to find one quickly) and follow it in the event of an allergic reaction.
- Know where the student's EpiPen® is kept. Remember that the EpiPen® is designed so that anyone can administer it in an emergency.
- Know and follow the prevention strategies in the student's Anaphylaxis Management Plan.
- Plan ahead for special class activities or special occasions such as excursions, incursions, sport days, camps and parties. Work with parents/carers to provide appropriate food for the student if necessary.
- 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.
- Be careful of the risk of cross-contamination when preparing, handling and displaying food.
- Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food.
- 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.

Individual Anaphylaxis Management Plans

Every student who has been diagnosed as at risk of anaphylaxis at Lysterfield Primary school has an ASCIA Action Plan for Anaphylaxis and/or ASCIA Action Plan for Allergic Reaction.

These action Action Plans set out the emergency procedures to be taken in the event of an allergic reaction. (ASCIA, the Australasian Society of Clinical Immunology and Allergy, is the peak body of immunologists and allergists in Australia).

It is the responsibility of parents/carers to complete an ASCIA Action Plan, in consultation with their child's medical practitioner, and provide a copy to the school. The ASCIA Action Plan must be signed by the student's medical practitioner, and have an up to date photograph of the student.

As a student's allergies may change with time, Lysterfield Primary School will ensure that the student's ASCIA Action Plan are kept current and reviewed annually with the student's parents/carers. When reviewed, parents will be expected to provide an updated photo of the child for the ASCIA Action Plan.

See Attachment C - ASCIA Action Plans for Anaphylaxis
Attachment B - ASCIA Action Plan for Allergic Reactions

6. First Aid Kit Contents

Consistent with the Department's First Aid Policy and Procedures the school will maintain a First Aid Kit that includes the following items:

- an up-to-date first aid book
- wound cleaning equipment
 - gauze swabs
 - disposable towels for cleaning dirt from skin surrounding a wound
- wound dressing equipment
 - non-allergenic plain adhesive strips, without antiseptic on the dressing, for smaller cuts and grazes
 - non-allergenic paper type tape for attaching dressings
 - conforming bandages for attaching dressings in the absence of tape or in the case of extremely sensitive skin
- bandages
 - triangular bandage, for slings, pads for bleeding/attaching dressings, splints, etc
 - conforming bandages: these may be used to hold dressings in place or for support in the case of soft tissue injuries
- lotions and ointments
 - any sun screen, with a sun protection factor of approximately 15+
 - single use sterile saline ampoules for the irrigation of eyes
- asthma equipment (which is in all major portable kits ie. camp, sports and excursions)
 - blue reliever puffer (*Airomir, Asmol, Epaq or Ventolin*) that is in date
 - spacer device (disposable)

Other equipment includes:

- single use gloves – these are essential for all kits and should be available for teachers to carry with them, particularly while on yard duty
- vomit spill kits
- medicine measure for use with prescribed medications
- disposable cups
- pair of scissors (medium size)
- disposable splinter probes and a sharps container for waste
- disposable tweezers
- disposable hand towels
- pen-like torch, to measure eye-pupil reaction
- gel packs, kept in the refrigerator, for sprains, strains and bruises or disposable ice packs for portable kits
- adhesive sanitary pads, as a backup for personal supplies
- flexible 'sam' splints for fractured limbs (in case of ambulance delay)
- additional 7.5 m conforming bandages and safety pins to attach splints
- blanket and sheet, including a thermal accident blanket for portable kits
- soap and nail brush for hand-cleaning only
- one box of paper tissues
- paper towels for wiping spills
- single use plastic rubbish bags that can be sealed, for used swabs etc.
- emesis bags for vomit

7. Emergency Telephone Numbers

| | |
|-----------------------------|----------------|
| Poisons Information Service | 13 11 26 |
| Ambulance | 000 |
| Angliss Hospital | (03) 9764 6499 |

8. Related Documentation

- Lysterfield Primary School Student Asthma Action Plan (Attachment A)
- ASCIA Action Plan for Allergic Reactions (Attachment B)
- ASCIA Action Plans for Anaphylaxis (Attachment C)
- Medication Authority Form for a student who requires medication while at school (Attachment D)

Attachment A



LYSTERFIELD PRIMARY SCHOOL ASTHMA ACTION PLAN 2015

PHOTO
(optional)

Student's Name _____
 Gender M / F Age _____ Date of birth ____/____/____ Class _____
 Emergency Contact (e.g. Parent/Carer) _____ Relationship _____
 Phone: (H) _____ (W) _____ (M) _____
 Doctor's Name _____ Phone _____
 Ambulance Subscriber Yes / No Subscriber number _____
 Does this student have other health plans? Yes / No Details _____

USUAL ASTHMA ACTION PLAN

| Usual signs of student's asthma | Worsening signs of student's asthma | What triggers the student's asthma? |
|--|---|---|
| Wheeze _____ Tightness in chest _____ Coughing _____ Difficulty breathing _____ Difficulty speaking _____ Other (please describe) _____ | Increased signs of: Wheeze _____ Tightness in chest _____ Coughing _____ Difficulty breathing _____ Difficulty speaking _____ Other (please describe) _____ | Exercise _____ (refer to managing EIA) Colds/Viruses _____ Pollens _____ Dust _____ Other Triggers (please describe) _____ |

Managing Exercise Induced Asthma (EIA)

Students with asthma are encouraged to take part in school based exercise and physical activity to contribute to their cardiovascular fitness and general wellbeing. Most individuals with EIA can exercise to their full potential if the following steps are taken:

1. Students should take their blue reliever medication 5-10 minutes before warm up, then warm up appropriately.
2. If the student presents with asthma during the activity the student should stop the activity, take their blue reliever medication and wait 4 minutes. If the symptoms improve, they may resume activity. If their symptoms reoccur, recommence treatment. **THE STUDENT SHOULD NOT RETURN TO THE ACTIVITY UNDER ANY CIRCUMSTANCES** and the parent/carer should be informed of any incident.
3. Cool down at the end of activity and be alert for asthma symptoms after exercise.

Does the student need assistance taking their medication? Yes / No

Details _____

Asthma medication requirements usually taken: (Including relievers, preventers, symptom controllers, combination)

| Name of Medication (e.g. Flixotide, Ventolin) | Method (e.g. puffer & spacer, dry powder inhaler) | When and how much? (e.g. at home, 1 puff in morning and 1 at night, before exercise) |
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Please tick preferred Asthma First Aid Plan

Victorian Schools Asthma Policy for Asthma First Aid

(Section 4.5.7.8 of the Department of Education and Early Childhood Development Victorian Government Schools' Reference Guide)

1. Sit the student down and remain calm to reassure them. Do not leave the student alone.
2. Without delay shake a blue reliever puffer (*Airomir, Asmol, Epaq or Ventolin*)* and give 4 separate puffs through a spacer (use the puffer alone if a spacer is not available). Use one puff at a time and ask the student to take 4 breaths from the spacer after each puff.
3. Wait 4 minutes. If there is no improvement, repeat steps 2 and 3.
4. If there is still no improvement after a further 4 minutes – call an ambulance immediately (dial 000) and state that the student is having breathing difficulties. Continuously repeat steps 2 and 3 while waiting for the ambulance.

* A *Bricanyl* Turbuhaler may be used in First Aid treatment if a puffer and spacer is unavailable
If at any time the student's condition suddenly worsens, or you are concerned, call an ambulance immediately.

OR

Student's Asthma First Aid Plan (if different from above)

- Please notify me if my child regularly has asthma symptoms at school.
- Please notify me if my child has received Asthma First Aid.
- In the event of an asthma attack, I agree to my son/daughter receiving the treatment described above.
- I authorise school staff to assist my child with taking asthma medication should they require help.
- I will notify you in writing if there are any changes to these instructions.
- I agree to pay all expenses incurred for any medical treatment deemed necessary.

Parent's/Guardian's Signature: _____

Date ___/___/___

Doctor's Signature: _____

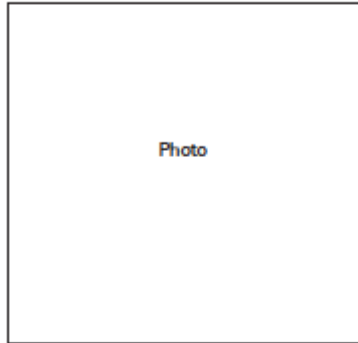
Date ___/___/___

For further information about the Victorian Schools Asthma Policy, the Asthma Friendly® Schools Program or asthma management please contact The Asthma Foundation of Victoria on (03) 9326 7088, toll free 1800 645 130, or www.asthma.org.au or www.asthmafriendlyschools.org.au.

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Name: _____
 Date of birth: _____



Confirmed allergens: _____

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by: _____

Dr. _____

I hereby authorise medications specified on this plan to be administered according to the plan.

Signed: _____

Date: _____

Date of next review: _____

Note: The ASCIA Action Plan for Allergic Reactions is for people with mild to moderate allergies, who need to avoid certain allergens.
 For people with severe allergies (and at risk of anaphylaxis) there are ASCIA Action Plans for Anaphylaxis, which include adrenaline autoinjector instructions.
 Instructions are also on the device label and at: www.allergy.org.au/anaphylaxis

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help.
- Give other medications (if prescribed).....
- Phone family/emergency contact.

Mild to moderate allergic reactions may not always occur before anaphylaxis

Watch for ANY ONE of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.**
- 2 Give adrenaline autoinjector if available.**
- 3 Phone ambulance*: 000 (AU) or 111 (NZ).**
- 4 Phone family/emergency contact.**

Commence CPR at any time if person is unresponsive and not breathing normally.
 *Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Asthma: Y N Medication: _____

© ASCIA 2015. This plan was developed as a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.

Lysterfield Primary School **Medical Management Plan**

| | |
|---|---|
| <p><u>Child's Name</u></p> <p><u>D.O.B.</u></p> <p><u>Medical Condition</u></p> <p><u>Family/Emergency Contacts</u></p> <p><u>1.</u></p> <p><u>Ph:</u></p> <p><u>2.</u></p> <p><u>Ph:</u></p> <p><u>Plan prepared by:</u></p> <p><u>Dr:</u></p> <p><u>Phone Number:</u></p> <p><u>Signed:</u></p> <p><u>Medication to be given:</u></p> | <p><u>Description of Medical Condition</u></p> <p><u>Known Triggers</u></p> <p><u>Known Symptoms:</u></p> <p><u>First Aid Treatment Including Administering Medication</u></p> <p style="text-align: right;">Revised 2015</p> |
|---|---|



ascia
australian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

Name: _____
Date of birth: _____

For use with EpiPen® adrenaline autoinjectors



Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____
Home Ph: _____
Mobile Ph: _____

Plan prepared by:
Dr: _____

I hereby authorise medications specified on this plan to be administered according to the plan.

Signed: _____

Date: _____
Date of next review: _____

How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.



PLACE ORANGE END against outer mid-thigh (with or without clothing).



PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.

REMOVE EpiPen®. Massage injection site for 10 seconds.

Instructions are also on the device label and at: www.allergy.org.au/anaphylaxis

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help.
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector.
- Give other medications (if prescribed).....
- Phone family/emergency contact.

Mild to moderate allergic reactions may not always occur before anaphylaxis

Watch for ANY ONE of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.**
- 2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector.**
- 3 Phone ambulance*: 000 (AU) or 111 (NZ).**
- 4 Phone family/emergency contact.**
- 5 Further adrenaline doses may be given if no response after 5 minutes, if another adrenaline autoinjector is available.**

If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally.

EpiPen® is generally prescribed for adults and children over 5 years.

EpiPen® Jr is generally prescribed for children aged 1-5 years.

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Asthma: Y N Medication: _____

Attachment D



Lysterfield Primary School
Medication Authority Form
for a student who requires medication whilst at school

PARENT / GUARDIAN DETAILS

Parent/Guardian's name: _____

I hereby authorise the staff of Lysterfield Primary School to administer medication to my child as detailed below. I understand the Medication needs to be in it's original packaging and the Pharmacy label needs to match the information detailed below.

Contact number/s during school hours: _____

Signature: _____

Date: _____

CHILD'S DETAILS

Name: _____ Grade: _____

Name of Medication: _____

Reason for Medication: _____

Type of Medication: (please circle) : Tablet Capsule Elixir Spray
Drops Puffer Cream Other: _____

Dosage: Amount to be given: _____ Time last dose was given: _____

- Frequency:**
- At 12.00 noon
 - At 1.00pm (With Lunch)
 - Every ____ hours
 - Once a day at _____ (time)
 - Other _____

- Duration:**
- This medication is for today only (date: _____)
 - This medication is ongoing from _____ to _____

- Medication pickup:**
- I will pick this medication up from the office after school
 - Please send this medication home with my child after school

Storage: (Please indicate if there are specific storage instructions for this medication)
