MEDICAL INFORMATION AND FIRST AID POLICY

Policy Statement
All students have the right to feel safe and well, and know that they will be attended to with due care when in need of medical attention at school, including first aid, medication administration or emergency care.

Teachers and schools are often asked by Parent/Guardians to administer medication to their children while at school. It is important that such requests are managed in a manner that is appropriate, ensures the safety of students, and fulfils the duty of care of staff.

While medication policies are an essential part of a school’s welfare procedures children who are unwell should not attend school.

Asthma and Anaphylaxis are two conditions which can affect children in the school setting. They are both life threatening and both rely on immediate management and/or medication administration.

Our College will:
- Empower students to participate equally in all aspects of their schooling by providing a safe and/or allergen aware environment to minimise injuries and allergic/asthmatic/anaphylactic reactions while a student is in the care of the College.
- Support open communication between staff, students, parents and carers to develop risk minimisation and management strategies, to ensure safety and wellbeing of children at risk of Asthma/Anaphylaxis.
- Ensure that each staff member has adequate knowledge about allergies, asthma and anaphylaxis and the schools’ policy and procedures in responding to a reaction.
- Ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering Epipen as required.
- Provide annual training for all staff in the causes and triggers of asthma, common signs and symptoms and first aid treatment of asthma.
- Maintain a sufficient number of staff members trained with an appropriate first aid certificate.
- Ensure that required medications are administered appropriately to students in our care.
- Administer first aid to students when in need in a competent and timely manner.
- Provide supplies, equipment and facilities to cater for the administering of first aid, including mobile kits.
- Ensure appropriate storage and recording of all medication kept or administered.
- Communicate students’ health incidents back to parents when considered necessary.

Implementation:
Introduction
- The school has procedures for supporting student health for students with identified health needs (see Care Arrangements for Ill Students Policy) and will provide a basic first aid response as set out in the procedure below to ill or injured students due to unforeseen circumstances.
Our school will have an administration of medication procedure which outlines the school’s processes and protocols regarding the management of prescribed and non-prescribed medication to students at this school. Circumstances and requiring emergency assistance.

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

For reference to staff trained in First Aid, Anaphylaxis and CPR, please see Staff Information Registers Policy

**First Aid**

- A sufficient number of staff to be trained with up to date first aid and CPR qualifications.
- A first aid room will be available for use at all times. A comprehensive supply of basic first aid materials will be stored in the first aid room.
- First aid kits will also be available appropriately around the school.
- Any student in the first aid room will be supervised as appropriate to their condition.
- An ambulance will be called when requested by attending staff member. The office staff will be informed as soon as practicable.
- An up-to-date log book located in the first aid room will be kept of all injuries or illnesses experienced by students who require first aid.
- A supply of protective disposable gloves will be available for use by staff.
- First aid treatment will be provided by staff members according to the DEECD reference guide.
- Any students with injuries involving blood must have the wound covered at all times.
- Any student who is collected from school by parents/guardians as a result of an injury or illness, or who is administered treatment by a doctor/hospital or ambulance officer as a result of an injury or illness, or has an injury to the head, face, neck or back, or where a teacher considers the injury or illness to be greater than “minor” will be reported on the DEECD Accident/Injury form, and entered onto CASES.
- Parents of ill/injured students will be contacted to take them home.
- Parents who collect students from school for any reason (other than emergency) must sign the child out of the school in a register maintained in the Campus office.
- All school camps and excursions will have an appropriately first aid trained staff member at all times.
- A first aid kit and a mobile phone will be carried on each excursion.
- All out of school activities will be arranged within the guidelines provided by the college in the excursion package.
- A member of staff is to be responsible for the purchase and maintenance of first aid supplies, first aid kits, ice packs and the general upkeep of the first aid room.
- At the commencement of each year, requests for updated first aid information will be sent home including requests for any asthma management plans, high priority medical forms, and reminders to parents of the policies and practices used by the school to manage first aid, illnesses and medications throughout the year.
- General organisational matters relating to first aid will be communicated to staff at the beginning of each year. Revisions of recommended procedures for administering asthma medication will also be given at that time.

**First Aid Room 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 – examples include:
  - First aid: Responding to Emergencies, Australian Red Cross
wound cleaning equipment
- gauze swabs: 100 of 7.5 cm x 7.5 cm divided into small individual packets of five
- sterile saline ampoules: 12 x 15 ml and 12 x 30 ml
- disposable towels for cleaning dirt from skin surrounding a wound

wound dressing equipment
- sterile, non-adhesive dressings, individually packed: eight 5 cm x 5 cm, four 7.5 m x 7.5 m, four 10 cm x 10 cm for larger wounds
- combine pads: twelve 10 cm x 10 cm for bleeding wounds
- non-allergenic plain adhesive strips, without antiseptic on the dressing, for smaller cuts and grazes
- steri-strips for holding deep cuts together in preparation for stitching
- non-allergenic paper type tape, width 2.5 cm–5 cm, for attaching dressings
- conforming bandages for attaching dressings in the absence of tape or in the case of extremely sensitive skin
- six sterile eye pads, individually packed

bandages
- four triangular bandages, for slings, pads for bleeding or attaching dressings, splints, etc
- conforming bandages: two of 2.5 cm, two of 5 cm, six of 7.5 cm and two of 10 cm – these may be used to hold dressings in place or for support in the case of soft tissue injuries

lotions and ointments
- cuts and abrasions should be cleaned initially under running water followed by deeper and more serious wounds being cleaned with sterile saline prior to dressing. Antiseptics are not recommended
- any sun screen, with a sun protection factor of approximately 15+
- single use sterile saline ampoules for the irrigation of eyes
- creams and lotions, other than those in aqueous or gel form, are not recommended in the first aid treatment of wounds or burns
- asthma equipment (which should be in all major portable kits, camping kits, sports kits, etc)
- blue reliever puffer (e.g. Ventolin) that is in date
- spacer device
- alcohol wipes

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
- blood spill kits
- vomit spill kits
- one medicine measure for use with prescribed medications
- disposable cups
- one pair of scissors (medium size)
- disposable splinter probes and a sharps container for waste
- disposable tweezers
- one teaspoon
- disposable hand towels
- pen-like torch, to measure eye-pupil reaction
two 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
- additional 7.5 m conforming bandages and safety pins to attach splints
- blanket and sheet, including a thermal accident blanket for portable kits
- germicidal soap and nail brush for hand-cleaning only
- one box of paper tissues
- paper towel for wiping up blood spills in conjunction with blood spill kit
- single use plastic rubbish bags that can be sealed, for used swabs and a separate waste disposal bin suitable for taking biohazard waste (note: Biohazard waste should be burnt and there are several companies that will handle bulk biohazard waste)
- ice cream containers or emesis bags for vomit.

Medication Administration
- It is recommended that every student who has a medical condition or ongoing illness will have an individual management plan that is attached to the student’s records. Desirably, each management plan should be provided by the student’s doctor and should include a photo of the student and details of:
  - the usual medical treatment needed by the student at school or on school activities
  - the medical treatment and action needed if the student’s condition deteriorates
  - the name, address and telephone numbers for an emergency contact and the student’s doctor
- Non-prescribed oral medications (e.g. headache tablets) must be provided by the student’s Parent/Guardians and will not be administered by College staff without Parent/Guardian permission.
- All Parent/Guardian requests for staff to administer prescribed medications to their child must be in writing. Requests must be supported by specific written directions from the medical practitioner or pharmacist and include the name of the student, dosage, and time to be administered. This must be reviewed with any new prescriptions.
- All medications must be stored in either a locked unit or refrigerator – whichever is required.
- Classroom teachers will be informed by the Principal or Student Welfare Co-ordinator of prescribed medications for students in their charge and classroom teachers will release students at appropriate times, so that they may visit the General Office and receive their medications.
- All completed medication and details will be kept and recorded in a confidential medication register by the administering staff member, located in the General Office.
- If students require injections, Parent/Guardians are to meet with the Principal to discuss the matter and determine a suitable procedure.
- A student should only bring sufficient medication for one week at a time, and this must be in a clearly labelled dosette box.

Medication on Schools Camps and Excursions
- Medication must be handed to the office prior to departure for processing (e.g. to check whether there are too many or too few).
- Medication must be sufficient for the duration of the camp or excursion and no greater.
- Medication must have current prescription details and packaging.
- All medications must be kept in the school’s lockable container taking strict note that medications must be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which it is dispensed. Some
families provide thermal carry packs to maintain safe temperature storage and for ease of transport on excursions.

- One teacher should be designated to administer medication. Prescribed medications will be discreetly administered to students involved in college camps or excursions by the ‘teacher in charge’ in a manner consistent with this policy, with all details recorded and to be returned to college files.

- Three simple guidelines should accompany camp permission forms:
  1. Any medication sent with your child should be the amount required and no more.
  2. Medication must be in the original packaging with current pharmacist’s dosage instructions.
  3. Medications, (where practical depending on storage requirements e.g. must be kept in fridge) must be left at the office at least 24 hours prior to the camp or excursion.

- The principal or administering staff member needs to ensure that:
  - The right child
  - Has the right medication
  - And the right dose
  - By the right route (for example, oral or inhaled)
  - At the right time
  - Write down what they observed

**Student Administered Medication**

- Schools in consultation with parents/carers or adult/independent students and the student’s medical/health practitioner should consider the age and circumstances by which the student could be permitted to self-administer their medication.

- It is up to the Principal’s discretion to agree for the student to carry and manage his/her own medication. This would be advisable only where:
  - The medication did not have special storage requirements such as refrigeration.
  - The practice did not create a situation where there was potential for unsafe access to the medication by other students.

**Asthma**

- Students with asthma should be educated to always carry their appropriate medication with them at all times.
- Asthma First Aid posters detailing the treatment of asthma are to be in all classrooms, first aid offices and staffrooms.
- Encourage and educate parents to ensure that their children have an adequate supply of appropriate medication at school.
- Each student with asthma should have a written asthma management plan completed by his or her family doctor or paediatrician, in consultation with the student’s parent/carer. This must be attached to the student’s record and a copy located in the first aid room.
- Regardless of whether an attack of asthma has been assessed as mild, moderate or severe, treatment must commence immediately and where the student is located. The student should not be asked to walk to any location for treatment. The danger in any acute asthma situation is delay. Delay may increase the severity of the attack and ultimately risk the student’s life.
- All students having an attack require emergency assistance. Call an ambulance if necessary and carry out the Asthma First Aid Treatment Plan (see official plan/posters) while waiting for the ambulance to arrive.
- All treatment administered by staff must be recorded in the First Aid Record Book.
- Even if the student has a complete recovery from the asthma attack, their parents/carers should be notified of the incident.
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- Parents/carers should be advised as soon as practicable in the event of an emergency.
- The first aid equipment must include:
  - A bronchodilator metered-dose inhaler (Ventolin).
  - A large volume spacer device to assist with effective inhalation of the bronchodilator, for example a Volumatic for Ventolin.
  - Clear written instruction on how to use these medications and devices, plus a copy of the Asthma First Aid Procedure Plan for the treatment of an asthma attack.
  - Written instructions on cleaning procedure for spacer and metered dose inhaler.
- The campus First Aider will be delegated the responsibility of regularly checking the expiry date on the bronchodilator metered-dose inhaler and ensuring there are a number of spare puffers.
- Each campus will maintain their “Asthma friendly School” accreditation.

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.

*The 4 Step Asthma First Aid Plan (displayed in Sick Bay and classrooms):*

**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 (*Aironir, Asmol, Epasq 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.

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. This includes documenting practical strategies for in-school and out-of-school settings to minimise the risk of exposure to allergens, and nominating staff who are responsible for their implementation.
- 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 obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®.
Develop 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 external canteen provider can demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling practices.

Allocate time, such as during staff meetings, 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.
- 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 Plan:

**College Responsibilities.**
The Principal / Team Leader shall ensure that:

- An individual management plan is developed and documented, in consultation with the students’ parents/carers, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis prior to their first day of school.
- The individual anaphylaxis management plans are reviewed with the parent/carer as per ‘ASCIA Action plan’ on an annual basis or sooner if the students condition changes or directly after an anaphylactic reaction (Australian Society of Clinical Immunology and Allergy Inc).
- Ensure that a ‘Communication plan’ is developed to provide information to all staff, students and parents about anaphylaxis. It will indicate the steps to be taken in response to an anaphylactic reaction in various settings, including a classroom, school yard, school excursions, school camps and special event days. It will also identify where the medication is stored.
- Volunteers and casual relief staff of students at risk of anaphylaxis will be informed by the campus daily organiser of their role in responding to an anaphylactic reaction by a student in their care.
- At all times while the student is under care of supervision of the school, including excursions, yard duty, camps and special event days, the principal / teacher in charge will ensure that there is a sufficient number of staff present who have up to date training in an anaphylaxis management training course.
- Teachers and other school staff who conduct classes or give instructions to students at risk of Anaphylaxis will have up to date training in an anaphylaxis management training course. Training will be provided to staff as per DEECD guidelines (currently Under Ministerial Order 90, all schools with a child or young person at risk of an anaphylactic reaction are required to undertake twice yearly briefings). Each year, the Principal/Team Leader will encourage all staff to view the ‘Anaphylaxis’ DVD supplied by the Epipen Club. A qualified training and/or school nurse will run training sessions as required.
- The schools’ first aid procedures and student’s Anaphylactic Plan (ASCUA- Action Plan) will be followed in response to an anaphylactic reaction.
- Emergency responses and procedures will be documented as per all first aid incidents.

**Parent / Guardian Responsibilities.**
The parent/guardian will:

- Fully complete their Child’s individual action plan (ASCIA Action Plan) and return it to the school before their child’s first day.
- Inform the school of any changes in the child’s medical condition which may affect their wellbeing whilst in the care of College staff.
- Provide the school with a complete in-date Epipen kit for their child which is clearly labelled/named. It is recommended that all effect student also register with the Epipen Club.
- Support their child with education about risk minimising behaviours for maintaining optimal health within the school community.
Diabetes

The College will assist with implementation of strategies to assist students with type 1 diabetes. Each student with type 1 diabetes has a current individual diabetes management plan prepared by that student’s medical specialist. The student’s diabetes management plan provides college with all required information.

Impact at school
Most students with type 1 diabetes can enjoy and participate in school life and curriculum to the full. Some students could require additional support from school staff to manage their diabetes and while attendance at school should not be an issue they may require some time away from school to attend medical appointments.

Strategies at school
The College will ensure that medical advice is received from the student’s health practitioner ideally by completing the Diabetes Management Plan (see Appendix E).

Strategy Description

Monitoring blood glucose (BG) levels
Checking blood glucose levels requires a blood glucose monitor and finger pricking device. The student’s diabetes management plan should state the times and the method of relaying information about any changes in blood glucose levels. Depending on the student’s age, a communication book can be used to provide information about the student’s change in BG levels between parents/guardians and the school.
Checking of BG occurs at least four times a day to evaluate the insulin dose. Some of these checks may need to be done at school.

Administering insulin
Administration of insulin during school hours may or may not be required in the student’s diabetes management plan.
As a guide insulin is commonly administered twice a day, before breakfast and dinner, or by a small insulin pump worn by the student that provides continuous insulin delivery, or four times a day with pen insulin.
Should a student whose health condition(s) requires additional care and attention during school hours, consultation is required with the parents/guardians and health professionals to ensure that teachers are undertaking tasks within their scope of practice and training. Teachers are under no obligation to administer insulin or glucagon.
Students may need assistance from parents/guardians or a designated school staff member to administer pen insulin.

Activities including excursions and camps
With good planning students should be encouraged to participate in all school sanctioned activities including excursion and camps.
The student’s management plan should be reviewed prior to a student attending a school camp.
Consideration should be given to the student’s ability to self-manage their diabetes i.e. BG tests, insulin etc. If needed a parent/career or designated school staff will need to attend the camp to assist the student.

The school should receive any extra medical information by the parents completing the Department’s Confidential Medical Information for School Council Approved School Excursions form.
Infection control
Infection control procedures must be followed. These include having instruction about ways to prevent infection and cross infection when checking blood glucose levels and administering insulin, hand washing, one student/child one device, disposable lancets and syringes and the safe disposal of all medical waste.

Timing meals
Most meal requirements will fit into regular school routines. Young students may require extra supervision at meal and snack times. It needs to be recognised that if an activity is running overtime, students with diabetes cannot delay meal times.

Physical activity
Exercise should be preceded by a serve of carbohydrates.
Exercise is not recommended for students whose BG levels are high as it may cause them to become even more elevated.
Warning: Water sports need careful planning and supervision as a ‘hypo’ increases the risk of drowning.

Special event participation
Special event participation including class parties can include students with type 1 diabetes in consultation with their parents/guardians.
Schools need to provide alternatives when catering for special events, such as offering low sugar or sugar-free drinks and/or sweets at class parties.

Exam support
For exam and assessment tasks, schools are required to make reasonable allowances for students with type 1 diabetes.
These could include:
additional times for rest and to check their blood glucose levels before, during and after an exam,
and take any medication consuming food and water to prevent and/or treat a hypoglycaemic episode easy access to toilets as high BG levels causes a need to urinate more frequently permission to leave the room under supervision.
Exam support for students with type 1 diabetes includes schools ensuring that they consider the Special Entry Access Scheme in consultation with the student. For Year 11 and 12 students this should be done at the beginning of the VCE year. For more information, see: VCAA’s VCE and VCAL Administrative Handbook 2012 or call (03)9651 4402 or 1800 635 045.

Communicating with parents
Schools should communicate directly with the parents/guardians to ensure the student’s individual diabetes management plan is current. This should also include a separate school camp and/or excursion plan if required. Depending on the age of the student, establish a home-to-school means of communication to relay health information and any health changes or concerns. Setting up a communication book is recommended and where appropriate also make use of e-mails and/or text messaging.
Sun Protection

- Consideration to be given to supplying SPF 30+ sunscreen and broad brimmed hats for staff use during all outdoor activities.
- Students are strongly encouraged to wear approved broad-brimmed hats whenever they are outside but particularly for all organized outdoor activities, and that they be included on the booklist as an option.
- Sun protection and skin cancer awareness programs are to be incorporated into the appropriate KLA’s.
- The College works towards increasing and/or maintaining the provision of shade areas in the school grounds.
- Sun Protection Policy be visibly included and promoted in documentation to new students, parents and staff.
- Sun protection will be promoted throughout the year via school newsletters, assemblies, daily messages and whole school activities.
- SPF 30+ sunscreen to be available at all outdoor College events and included on the student booklist as an option.
- The use of close fitting, wrap-around style sunglasses, with a marked eye protection factor (EPF) 10, to stop UV radiation getting in around the sides and tops of the lenses is also encouraged.

Appendices:
- Appendix A: Anaphylaxis Risk Management Checklist
- Appendix B: Anaphylaxis Management Plan Cover Sheet
- Appendix C: Education Management Procedures
- Appendix D: Student Medical Form
- Appendix E: Diabetes Management Plan

Evaluation
This policy will be reviewed as part of the College’s four year review cycle.

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<tr>
<th>Date Implemented</th>
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<td>Date Reviewed</td>
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<td>College Principal</td>
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APPENDIX A: ANAPHYLAXIS RISK MANAGEMENT CHECKLIST

School Name
Address:

Date of Review: Time:

School Contact Person: Name:
(Who provided information collected)

Position:

Review given to: Name:
(if different from above)

Position:

Comments:

1. How many current students are diagnosed with anaphylaxis?..............................

2. Have any students ever had an allergic reaction while at school? YES
   ○ NO ○
   If Yes, how many times?

3. Have any students had an Anaphylactic Reaction at school? YES ○ NO
   ○
   If Yes, how many times?

4. Has a staff member been required to administer an EpiPen® to a student? YES
   ○ NO ○
   If yes, how many times?

Section 1 Anaphylaxis management Plans and ASCIA Action Plans

1. Does every student who has been diagnosed at risk of anaphylaxis have an individual Anaphylaxis Management Plan in place? (see Section 4.1 and Appendix 1, Anaphylaxis Guidelines)?
   YES ○ NO ○

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2. Are all Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?  YES  
  ○ NO  ○

2. Do they set out strategies to minimise the risk of exposure to allergens for in-school and out of class settings?
   During classroom activities, including elective classes  YES  ○ NO  ○
   In canteens or during lunch or snack times  YES  ○ NO  ○
   Before and after school, in the school yard and during breaks  YES  ○ NO  ○
   For special events, such as excursions, sport days, class parties and extra curricular activities?  YES  ○ NO  ○

   For excursions and camps  YES  ○ NO  ○

   Other

4. Do all students who suffer from anaphylaxis have a copy of their ASCIA Action Plan kept at school (provided by the parent)?  YES  ○ NO  ○

5. Where are they kept? .................................................................

6. Do the anaphylaxis action plans have a recent photo of the student with them?  YES  ○ NO  ○

   ○

Comments

**Section 2 Storage and accessibility of the EpiPen**

1. Where are the students EpiPen’s® Stored?

2. How are the EpiPens® stored?

3. Is the storage safe (out of reach of students)?  YES  ○ NO  ○
   Is the storage unlocked and accessible to staff at all times?  YES  ○ NO  ○

   Comments

   Is the EpiPen® easy to find?  YES  ○ NO  ○

   Comments

4. Is a copy of students’ ASCIA Action Plans kept together with their EpiPen®?  YES  ○ NO  ○

   Comments

5. Are EpiPen’s® and Action Plans clearly labelled with students’ names?  YES  ○ NO  ○

   Comments

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6. Has someone been designated to check the EpiPen’s® expiry dates on regular basis? YES ☐ NO ☐

Who? ...........................................................................................................................................

Comments
7. Has the College signed up to EpiClub (a free reminder service)? YES ☐ NO ☐
8. Do all staff know where the EpiPens® and Action Plans are Stored? YES ☐ NO ☐

Comments
9. Is there a spare EpiPen®? YES ☐ NO ☐
If Yes, what Type? ............................................................................................................................

10. Where is it stored?
11. Is it clearly labelled as the ‘backup EpiPen®’? YES ☐ NO ☐

Section 3 Prevention Strategies

1. Have you done a risk assessment of the potential for accidental exposure to allergens for a student with anaphylaxis? YES ☐ NO ☐
2. Has the school implemented any of the prevention strategies (in Appendix 2 of the Guidelines)? YES ☐ NO ☐

3. Which ones?

4. Others:
5. Is there always a trained staff member on yard duty? YES ☐ NO ☐

6. How many staff have completed training? ...............................................................................

Section 4 Training and Emergency Response

1. Have all staff responsible for the care of students with anaphylaxis been trained? YES ☐ NO ☐

1. When does their training need to be renewed? ............................................................................

3. Do all staff have an understanding of the causes, signs and symptoms of anaphylaxis and of their role in the school’s first aid and emergency response procedures? YES ☐ NO ☐
4. Have you planned how the alarm will be raised if an allergic reaction occurs?
   In the class room? YES ☐ NO ☐
   How?
   In the school yard? YES ☐ NO ☐
   How?
   At school camps and excursions? YES ☐ NO ☐
   How?
   On special event days, such as sports days? YES ☐ NO ☐
   How?

5. Does your plan include who will call the Ambulance? YES ☐ NO ☐
   How?
6. In an emergency is there a plan for who will be sent to collect the EpiPen® and Action Plan?

Who will this be when in the class room? .................................................................

Who will this be when in the school yard? ............................................................

Who will this be at sporting activities? .................................................................

7. Have you checked how long will it take to get to the EpiPen® and Action Plan to a student from various areas of the school?

How long? ........................................................................................................

When in the class room? ....................................................................................

How long? ........................................................................................................

When in the school yard? ...................................................................................

How long? ........................................................................................................

When at sports fields? .......................................................................................

How long? ........................................................................................................

8. On excursions or other out of school event is there a plan for who will look after the EpiPen® and Action Plan?

Who will do this on excursions? ......................................................................

Who will do this on sporting activities? ...........................................................

9. Is there a process for post incident support in place?

10. Have all staff been briefed on:-

   the school’s Anaphylaxis Management Policy? ...........................................

   the causes, symptoms and treatments of anaphylaxis? .............................

   the identities of students diagnosed at risk of anaphylaxis and where their medication is located? ..............................................................

   how to use an adrenaline auto-injecting device, including hands on practice with a trainer adrenaline auto-injecting device ..........

   the school’s first aid and emergency response procedures ........................

   Section 5: Communicating with staff, students and parents / carers

   1. Is there a communication plan in place to provide information about anaphylaxis and the school’s policies to staff, students and parents/ carers? .................................................................

   2. Are there procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response?

   Comments

   2. Do all staff know which students suffer from anaphylaxis?

   Comments

   How is this information kept up to date?
KURNAI COLLEGE No. 8716
Campus: Precinct, Churchill, Morwell, Latrobe Valley Flexible Learning Option

3. Are there strategies in place to increase awareness about severe allergies among students?  
   YES ☐ NO ☐

Comments
APPENDIX B: Anaphylaxis Management Plan Cover Sheet

This Plan is to be completed by the principal or nominee on the basis of information from the student’s medical practitioner provided by the parent/carer

<table>
<thead>
<tr>
<th>SCHOOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Number</td>
</tr>
<tr>
<td>Student’s name:</td>
</tr>
<tr>
<td>Date of birth:</td>
</tr>
<tr>
<td>Severely allergic to:</td>
</tr>
<tr>
<td>Other health conditions:</td>
</tr>
<tr>
<td>Medication at school:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/carer contact:</th>
<th>Parent/carer information (1)</th>
<th>Parent/carer information (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Relationship:</td>
<td>Relationship:</td>
<td></td>
</tr>
<tr>
<td>Home phone:</td>
<td>Home phone:</td>
<td></td>
</tr>
<tr>
<td>Work phone:</td>
<td>Work phone:</td>
<td></td>
</tr>
<tr>
<td>Mobile:</td>
<td>Mobile:</td>
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</tr>
<tr>
<td>Address:</td>
<td>Address:</td>
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</tbody>
</table>

Other emergency contacts (if parent/carer not available):

Medical practitioner contact:

Emergency care to be provided at school:

EpiPen® storage:

The following Anaphylaxis Management Plan has been developed with my knowledge and input and will be reviewed on

-----------------------------------------------
Signature of parent:  Date:

Signature of principal (or nominee):  Date:
Strategies To Avoid Allergens

<table>
<thead>
<tr>
<th>Student's name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth:</td>
</tr>
<tr>
<td>Year level:</td>
</tr>
<tr>
<td>Severe allergies:</td>
</tr>
<tr>
<td>Other known allergies:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk</th>
<th>Strategy</th>
<th>Who?</th>
</tr>
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<tbody>
<tr>
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This policy was last ratified by School Council in May 2014  Ver. 1
Appendix C: Medication Management Procedures

The school has developed procedures for the appropriate storage and administration of prescribed and non-prescribed medicines to students by school staff with reference to individual student medical information.

1. Student Information

Parents and/or guardians are required to keep the school informed of current medical contact details concerning students and any current medical conditions and appropriate medical history.

Every student who has a medical condition or illness has an individual management plan that is attached to the student’s records. This management plan is provided by the student’s parents/guardians and contains details of:

- the usual medical treatment needed by the student at school or on school activities
- the medical treatment and action needed if the student’s condition deteriorates
- the name, address and telephone numbers for an emergency contact and the student’s doctor

2. Administration of prescribed Oral Medication

Parents/guardians are required to inform the principal in writing of any prescribed medication that students need to take in school hours. Where medication is required in spontaneous situations, detailed administration instructions should be provided, for example in the case of asthma attacks. Medication Administration Permission Forms are available from the Administration Office and should be completed and signed by the parent/guardian.

Certain students are capable of taking their own medication (usually tablets) while other students will need assistance from teachers. This information will be recorded on the individual student’s management plan.

All medication sent to school is to be administered by school staff and, parents/guardians are required to supply medication in a container that gives the name of the medication, name of the student, the dose, and the time it is to be given.

Where medication for more than one day is supplied, it is to be locked in the storage cupboard in the school administration office.

3. Administration of Analgesics

Analgesics are only to be given following permission of parents/guardians and are to be issued by a First Aid Officer who maintains a record to monitor student intake. Analgesics are to be supplied by the parents.

4. Asthma
Asthma is an extremely common condition for Australian students. Students with asthma have sensitive airways in their lungs. When exposed to certain triggers their airways narrow, making it hard for them to breathe.

Symptoms of asthma commonly include:

- cough
- tightness in the chest
- shortness of breath/rapid breathing
- wheeze (a whistling noise from the chest)

Many children have mild asthma with very minor problems and rarely need medication. However, some students will need medication on a daily basis and frequently require additional medication at school (particularly before or after vigorous exercise). Most students with asthma can control their asthma by taking regular medication.

4.1 Student Asthma Information

Every student with asthma attending the school has a written Asthma Action Plan, ideally completed by their treating doctor or pediatrician, in consultation with the student’s parent/carer.

This plan is attached to the student’s records and updated annually or more frequently if the student’s asthma changes significantly. The Asthma Action Plan should be provided by the student’s doctor and is accessible to all staff. It contains information including:

- usual medical treatment (medication taken on a regular basis when the student is ‘well’ or as pre-medication prior to exercise)
- details on what to do and details of medications to be used in cases of deteriorating asthma – this includes how to recognise worsening symptoms and what to do during an acute asthma attack
- name, address and telephone number of an emergency contact
- name, address and telephone number (including an after-hours number) of the student’s doctor

If a student is obviously and repeatedly experiencing asthma symptoms and/or using an excessive amount of reliever medication, the parents/carers will be notified so that appropriate medical consultation can be arranged. Students needing asthma medication during school attendance must have their medication use; date, time and amount of dose recorded in the First Aid Treatment Book in the sick bay each time for monitoring of their condition.

4.2 Asthma Medication

There are three main groups of asthma medications: relievers, preventers and symptom controllers. There are also combination medications containing preventer and symptom controller medication in the same delivery device.

Reliever medication provides relief from asthma symptoms within minutes. It relaxes the muscles around the airways for up to four hours, allowing air to move more easily through the airways. Reliever medications are usually blue in colour and common brand names include Airomir, Asmol, Bricanyl, Epaq and Ventolin. These medications will be easily accessible to students at all times, preferably carried by the student with asthma. All students with asthma are encouraged to
recognise their own asthma symptoms and take their blue reliever medication as soon as they develop symptoms at school.

Preventer medications come in autumn colours (for example brown, orange, and yellow) and are used on a regular basis to prevent asthma symptoms. They are mostly taken twice a day at home and will generally not be seen in the school environment.

Symptom controllers are green in colour and are often referred to as long acting relievers. Symptom controllers are used in conjunction with preventer medication and are taken at home once or twice a day.

Symptom controllers and preventer medications are often combined in one device. These are referred to as combination medications and will generally not be seen at school.
APPENDIX D: STUDENT MEDICAL FORM – Asthma

This form must be completed if your child suffers from asthma

The information collected on this form will be provided to all staff who care for your child. It will be used to assist them to provide safe asthma management for your child at school or while participating in a school activity. The school will only disclose this information to others with your consent if it is to be used elsewhere. Please contact the school at any time if you need to update this Plan or if you have any questions about the management of asthma at school. If no Asthma Action Plan is provided by the parent/carer, the staff will treat asthma symptoms as outlined in the Victorian Schools Asthma Policy.

<table>
<thead>
<tr>
<th>STUDENT NAME:</th>
<th>Level of Asthma suffered by child:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mild □ Moderate □ Severe □</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Usual signs of child’s asthma:</th>
<th>Worsening signs of child’s asthma:</th>
<th>What triggers the child’s asthma?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wheezing □</td>
<td>Increased signs of –</td>
<td>Exercise □</td>
</tr>
<tr>
<td>Tightness in chest □</td>
<td>Wheezing □</td>
<td>Colds/Viruses □</td>
</tr>
<tr>
<td>Coughing □</td>
<td>Tightness in chest □</td>
<td>Poisons □</td>
</tr>
<tr>
<td>Difficulty in breathing □</td>
<td>Coughing □</td>
<td>Dust □</td>
</tr>
<tr>
<td>Difficulty speaking □</td>
<td>Difficulty in breathing □</td>
<td>Other Triggers (please describe)</td>
</tr>
<tr>
<td>Other (please describe)</td>
<td>Difficulty speaking □</td>
<td></td>
</tr>
<tr>
<td>Other (please describe)</td>
<td>Other (please describe)</td>
<td></td>
</tr>
</tbody>
</table>

Does your child need assistance taking his/her medication? □

Asthma medication requirements usually taken at school: (including preventers, symptom controllers, combination medication, medication before exercise)
### Name of Medication

<table>
<thead>
<tr>
<th>Method</th>
<th>When and How Much?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(eg. puffer &amp; spacer, turbuhaler)</td>
<td></td>
</tr>
</tbody>
</table>

**Is your child on regular preventer medication taken at home?**

- Yes □
- No □

If yes, please specify the name of the medication:

---

**PLEASE TICK PREFERRED FIRST AID PLAN**

- □ Victorian Schools Asthma Policy for Asthma First Aid  
  (Section 4.5.7.8 of Dept. of Education & Training’s Victorian Government Schools’ Reference Guide)

1. Sit the student down and remain calm to reassure the student. Do not leave the student alone.
2. Without delay shake a blue reliever puffer (names include Ventolin, Airomir, Asmol or Epaq) and give 4 separate puffs, through a spacer (spacer technique – 1 puff/take 4 breaths from spacer, repeat until 4 puffs have been given).
3. Wait 4 minutes. If there is no improvement, give another 4 separate puffs, as per step 2.
4. Wait 4 minutes. If there is no improvement, call an ambulance (dial 000) immediately and state that “a student is having an asthma attack”.
5. Continuously repeat steps 2 & 3 whilst waiting for the ambulance to arrive.

[If at any time the student’s condition worsens, call an ambulance immediately.]

---

- □ Student’s Asthma First Aid Plan  
  If different from the Victorian Schools Asthma Policy above, please attach a personal asthma management plan, designed in consultation with the child’s doctor. This is a compulsory inclusion if the child is a moderate or severe asthma sufferer.

- □ 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 at school, I agree to my child receiving the treatment described above.
- □ I authorise school staff to assist my child with taking asthma medication should he/she require help.
☐ I will notify you in writing if there are any changes to these
   instructions.
☐ I also agree to pay all expenses incurred for any medical treatment deemed necessary.

Parent/Guardian Signature

Date
# Diabetes Management Plan for Student Student

## Mild

<table>
<thead>
<tr>
<th>Possible Symptoms</th>
<th>Serve amount – Sugar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pale</td>
<td>5 Jelly Beans</td>
</tr>
<tr>
<td>Hungry</td>
<td>Or 125ml Lemonade</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Possible Symptoms</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unable to stand</td>
<td>If able to swallow student can sip on lemonade</td>
</tr>
<tr>
<td>Disorientated</td>
<td>If Unconscious use recovery position</td>
</tr>
<tr>
<td>Confused</td>
<td>Call ambulance 000 call emergency (at GEP) 333 then call parents – do not leave student unattended</td>
</tr>
<tr>
<td>Unable to swallow</td>
<td></td>
</tr>
<tr>
<td>Unconsciousness</td>
<td></td>
</tr>
<tr>
<td>Seizure</td>
<td></td>
</tr>
</tbody>
</table>

### Action
1. Sugar serve – check blood glucose level
2. If symptoms persist repeat sugar serve
3. Carbohydrate serve

---

## Severe

<table>
<thead>
<tr>
<th>Possible Symptoms</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequent urination</td>
<td>Do not withhold normal meal or snack – Check blood glucose level</td>
</tr>
<tr>
<td>Thirst</td>
<td>Encourage student to drink water</td>
</tr>
<tr>
<td>Lethargy</td>
<td></td>
</tr>
<tr>
<td>Nausea</td>
<td></td>
</tr>
<tr>
<td>Irritability</td>
<td></td>
</tr>
<tr>
<td>Vomiting</td>
<td></td>
</tr>
</tbody>
</table>

### Contact
- Name/s: Mrs Mother Student
- Home: 5132 0000
- Mobile: 040000000000000
- Work: 5132 0000

Signed: [Signature]

---

Other relevant information including storage of Hypo Box / Spare Syringes / Pump etc.

- Student carries spare syringes – extra supplies are kept in the First Aid room highlighted with student’s name
- Box is kept in the First Aid room – spare jelly beans and/or lemonade with my student’s name on them
- Student wears an insulin pump - there are spare ports, antiseptic wipes etc in the first aid room highlighted with student’s name
- Note: It is the parent’s responsibility to ensure that the correct supplies are available for the student’s use

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Appendix E

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