

CARE ARRANGEMENTS FOR ILL STUDENTS POLICY

All children have the right to feel safe and well, and know that they will be attended to with due care when in need of first aid. The Care Arrangements are to be read in conjunction with the college Student Health (First Aid) Policy which outlines the college's responsibility and procedures in respect of our "responsibility to provide equitable access to education and respond to diverse student needs, including health care needs".

Beaumaris Secondary College will:

- support students with a range of medical conditions
- provide support for student pregnancy and parenting
- manage medical incidents including response to and treatment of:
 - anaphylaxis
 - asthma.
 - Epilepsy
 - Cystic fibrosis
 - Diabetes
 - Haemophilia

Implementation:

Schools can assist students with:

- health care for:
 - complex care needs
 - continence
 - personal care needs
 - transferring and positioning
- support:
 - in eating and drinking
 - with their personal hygiene
 - taking medication
 - to ensure curriculum continuity.

Curriculum Continuity

For students with health support needs, schools must:

- ensure continuity and relevance of the education program
- design curriculum that allows delivery and assessment for students who need to:
 - transition between hospital, home and school
 - attend school part-time or episodically
- support the student's connection to school, including developing and maintaining social networks.

Communication

create an effective and sensitive information exchange system approved by the student and parents/guardians, that:

- allows all relevant staff to understand and make allowances for the student
- prevents the student from repeatedly explaining their circumstances

Curriculum

- provide students with course overviews
- negotiate key assignments and timelines
- liaise with therapists to ensure opportunities are used within required curriculum
- support therapy outcomes.

Support

- hold a student support group, develop an individual learning plan
- and set realistic educational goals
- First Aid passes

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.

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.

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 and classrooms):

Step 1

Sit the student down in as quiet an atmosphere as possible. Breathing is easier sitting, in an upright position. 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.

Assessment and First Aid Treatment of Anaphylaxis (see Anaphylaxis Policy)

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 Plans

Every student who has been diagnosed as at risk of anaphylaxis will have an individual Anaphylaxis Management Plan. **(see Care Arrangements for Ill Students Policy).**

The student's Anaphylaxis Management Plan will clearly set out:

- the type of allergy or allergies.
- the student's emergency contact details.
- practical strategies to minimise the risk of exposure to allergens for in-school and out of class settings, including:
 - » during classroom activities
 - » in canteens or during lunch or snack times
 - » before and after school, in the yard and during breaks
 - » for special events such as incursions, sport days or class parties
 - » for excursions and camps.
- the name of the person/s responsible for implementing the strategies.
- information on where the EpiPen® will be stored.

The Anaphylaxis Management Plan will also include an individual ASCIA Action Plan, which sets 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 High 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, our High School will ensure that the student's Anaphylaxis Management Plan and 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 Appendix D: Anaphylaxis Management Plan Cover Sheet

The attached Example proformas (Diabetes / Epilepsy) are also to be read in conjunction with the college Student Health (First Aid) Policy. Confidential records of all students with specific health needs are maintained securely in the general office for reference as required. A First Aid Register is also maintained noting ailments and treatment for all presenting students.

Condition Specific Medical Advice Form

for a student with Diabetes

This form is to be completed by the student's medical/health practitioner providing a description of the health condition and first aid requirements for a student with a health condition. This form will assist the school in developing a Student Health Support Plan which outlines how the school will support the student's health care needs.

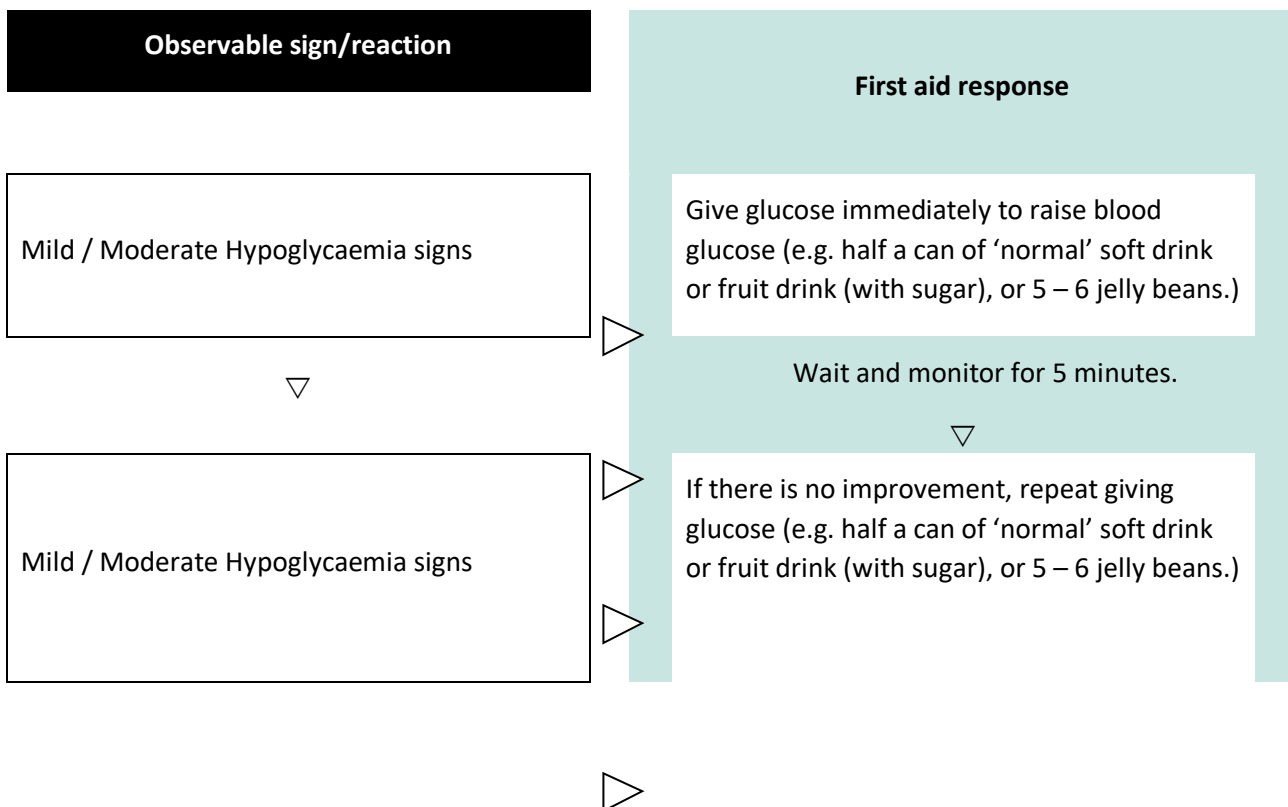
Name of School: _____

Student's Name: _____ Date of Birth: _____

MedicAlert Number(if relevant): _____ Review date for this form: _____

Description of the condition	Recommended support
<p>Diabetes Management</p>	
<p>Please provide relevant details in relation to the student's Diabetes management</p>	<p>Please describe recommended care</p> <p>If additional advice is required, please attach it to this medical advice form</p>
<p>Student self management</p> <p>Is this student usually able to self manage their own diabetes care?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If no, please provide details in relation to how the school should support the student developing self-management.</p>	
<p>Relevant issues</p>	
<p>Please outline any relevant issues in relation to attendance at school and learning well as support required at school.</p>	

Description of the condition	Recommended support
<p>First Aid – Signs of Hypoglycaemia (low blood glucose)</p> <p>Below is a list of observable signs that school staff will look for in relation to a hypoglycaemia. Please provide comment, if required.</p> <p>Mild signs: sweating, paleness, trembling, hunger, weakness, changes in mood and behaviour (e.g. crying, argumentative outbursts, aggressiveness), inability to think clearly, lack of coordination</p> <p>Moderate signs: inability to help oneself, glazed expression, being disorientated, unsteady or seemingly intoxicated, inability to drink and swallow without much encouragement, headache, abdominal pain or nausea.</p> <p>Severe signs: inability to stand, inability to respond to instructions, extreme disorientation, inability to drink and swallow (leading to danger of inhaling food into lungs), unconsciousness or seizures (jerking or twitching of face, body or limbs)</p>	<p>Please describe recommended care</p> <p>If additional advice is required, please attach it to this medical advice form</p>





Severe Hypoglycaemia signs

Observable sign/reaction

Severe Hypoglycaemia signs



If the student's condition improves, follow up with a snack of one piece of fruit, a slice of bread or dried biscuits only when recovered.



If there is still no improvement to the student's condition, call an ambulance. State clearly that the person has diabetes, and whether he or she is conscious. Inform emergency contacts.

First aid response

and circulation while waiting for the ambulance.

Never put food/drink in mouth of person who



vein (given by doctor/paramedic) or an injection of Glucagon.



Description of the condition

Recommended support

Please describe recommended care

If additional advice is required, please attach it to this medical advice form

Description of the condition	Recommended support
<p>Below is a list of observable signs that school staff will look for in relation to Hyperglycaemia. Please provide comment, if required.</p> <p>Sings for this condition will emerge over two or three days and can include:</p> <ul style="list-style-type: none"> • frequent urination • excessive thirst • weight loss • lethargy • change in behavior 	<p>Please describe recommended care</p> <p>If additional advice is required, please attach it to this medical advice form</p>
<p>First Aid Response– Hyperglycaemia (High blood glucose)</p> <p>The school will provide a standard first aid response and will call an ambulance if any of the following is observed or reported:</p> <ul style="list-style-type: none"> • Rapid, laboured breathing • Flushed cheeks • Abdominal pains • Sweet acetone smell to the breath • Vomiting • Severe dehydration. <p>Please provide comment, if required.</p>	

Privacy Statement

The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on 96372670.

Authorisation:

Name of Medical/health practitioner:

Professional Role:

Signature:

Date:
Contact details:

Name of Parent/Carer or adult/independent student**:
Signature:
Date:

If additional advice is required, please attach it to this form **Please note: Adult student is a student who is eighteen years of age and older. Independent student is a student under the age of eighteen years and living separately and independently from parents/guardians (See Victorian Government Schools Reference Guide 4.6.14.5).

Condition Specific Medical Advice Form

for a student with Epilepsy and seizures

This form is to be completed by the student's medical/health practitioner providing a description of the health condition and first aid requirements for a student with a health condition. This form will assist the school in developing a Student Health Support Plan which outlines how the school will support the student's health care needs.

Name of School: _____

Student's Name: _____ Date of Birth: _____

MedicAlert Number(if relevant): _____ Review date for this form: _____

Description of the condition	Recommended support Please describe recommended care If additional advice is required, please attach it to this medical advice form
Warning Signs Can you please outline the warning signs (e.g. sensations)	

Description of the condition	Recommended support
Triggers	
Can you please outline the known triggers (eg illness, elevated temperature, flashing lights)	
Seizure Types	
<p>Please highlight which seizure types apply:</p> <p><input type="checkbox"/> <u>Partial (focal) seizures</u> Which side of the brain is affected? _____</p> <p><input type="checkbox"/> <u>Simple partial</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> <u>Staring, may blink rapidly</u> <input type="checkbox"/> <u>Only part of the brain is involved (partial)</u> <input type="checkbox"/> <u>Person remains conscious (simple), able to hear, may or may not be able to speak</u> <input type="checkbox"/> <u>Jerking of parts of the body may occur</u> <input type="checkbox"/> <u>Rapid recovery</u> <input type="checkbox"/> <u>Person may have a headache or experience sensations that aren't real, such as sounds, flashing light, strange taste or smell, 'funny tummy' These are sometimes called an aura and may lead to other types of seizures.</u> <p><input type="checkbox"/> <u>Complex partial</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> <u>Only part of the brain is involved (partial)</u> <input type="checkbox"/> <u>Person staring and unaware. Eyes may jerk but may talk, remain sitting or walk around</u> <input type="checkbox"/> <u>Toward the end of the seizure, person may perform unusual activities, eg chewing movement, fiddling with clothes (these are called automatisms)</u> <input type="checkbox"/> <u>Confused and drowsy after seizure settles, may sleep.</u> <p><input type="checkbox"/> <u>Generalised seizures</u></p>	<p>Please indicate typical seizure frequency and length, and any management that is a variation from standard seizure management.</p>

Description of the condition	Recommended support
<p><input type="checkbox"/> Tonic clonic</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not responsive <input type="checkbox"/> Might fall down/cry out <input type="checkbox"/> Body becomes stiff (tonic) <input type="checkbox"/> Jerking of arms and legs occurs (clonic) <input type="checkbox"/> Excessive saliva <input type="checkbox"/> May be red or blue in the face <input type="checkbox"/> May lose control of bladder and/or bowel <input type="checkbox"/> Tongue may be bitten <input type="checkbox"/> Lasts 1-3 minutes, stops suddenly or gradually <input type="checkbox"/> Confusion and deep sleep (maybe hours) when in recovery phase. May have a headache. <p><input type="checkbox"/> Absence</p> <ul style="list-style-type: none"> <input type="checkbox"/> Vacant stare or eyes may blink/roll up <input type="checkbox"/> Lasts 5-10 seconds <input type="checkbox"/> Impaired awareness (may be seated) <input type="checkbox"/> Instant recovery, no memory of the event. <p><input type="checkbox"/> Myoclonic</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sudden simple jerk <input type="checkbox"/> May recur many times. 	<p>Please describe recommended care</p> <p>If additional advice is required, please attach it to this medical advice form</p>
<p>Duration</p> <p>How long does recovery take if the seizure isn't long enough to require Midazolam?</p>	
<p>Person's reaction during and after a seizure</p> <p>Please comment</p>	
<p>Any other recommendations to support the person during and after a seizure</p>	

Description of the condition	Recommended support Please describe recommended care If additional advice is required, please attach it to this medical advice form
Signs that the seizure is starting to settle	

	"Major Seizures"	"Minor Seizures"
	Convulsive seizures with major movement manifestations eg: tonic-clonic, tonic, myoclonic, atonic, and partial motor seizure	Seizures with staring, impaired consciousness or unusual behaviour e.g. complex partial seizures and absence seizures
1	Stay calm	Stay calm
2	Check for medical identification	Check for medical identification
3	Protect the person from injury by removing harmful objects close to them. Loosen any tight clothing or restraints. Place something soft under their head.	Protect the person from injury by removing harmful objects close to them
4	Stay with the person and reassure them. Do not put anything in their mouth and do not restrain them.	Stay with the person and reassure them
5	Time the seizure	Time the seizure
6	When the seizure is over, roll the person onto their side to keep their airway clear	If a tonic-clonic seizure develops, follow major seizure management
7	Treat any injuries	Stay with the person and reassure them, they may be sleepy, confused or combative after the seizure
8	Consider if an ambulance needs to be called. An ambulance should be called when: <ul style="list-style-type: none"> • The seizure lasts longer than 5 -10 minutes. • Another seizure quickly follows • The person remains unconscious after the seizures ceases • The person has been injured • You are about to administer diazepam or midazolam • You are unsure • The seizure happens in water • The person is pregnant or a diabetic • The person is not known to have epilepsy. 	

First Aid - Management of Seizures

9 Stay with the person and reassure them, they may be sleepy, confused or combative after the seizure

The following is the **first aid** response that School staff will follow:

First Aid - Management of Seizures

If you anticipate the student will require anything other the first aid response noted above, please provide

Observable sign/reaction







First aid response







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Authorisation:

Name of Medical/health practitioner:

Professional Role:

Signature:

Date:

Contact details:

Name of Parent/Carer or adult/independent student**:

Signature:

Date:

If additional advice is required, please attach it to this form

ADMINISTRATION OF MEDICATION

POLICY STATEMENT

Many students attending school need medication to control a health condition. It is necessary that teachers (as part of their duty of care) assist students, where appropriate to take their medication. The school will ensure the students privacy and confidentiality and will exercise sensitivity towards this issue to avoid any stigmatisation.

2. GUIDELINES

2.1 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.

2.2 The student's parent/carer may wish to supply medication to be administered at the school. To minimise the quantity of medication held at the school, it should be considered if the medication can be taken outside of the school day, for example medication required three times a day may be able to be taken before and after school, and before bed.

2.3 Students will generally need supervision of their medication and other aspects of health care management. The school in consultation with parents/carers and the student's medical/health practitioner may consider the age and circumstances by which the student could be permitted to self-administer their medication, however this may only occur in very rare circumstances.

3. PROGRAM

3.1.1 All medications, including prescription as well as non-prescription medication, including analgesics, such as paracetamol and aspirin and other medications which can be purchased over the counter without a prescription, are to be administered by school personnel following the processes and protocols set out in the Medication Management Procedures (**see Appendix A**) of the school. In order to ensure that the interests of staff, students and parents/guardians/approved persons are not compromised, medication will only be administered with explicit written permission from parent/guardian/approved person, or in the case of an emergency, with permission of a medical practitioner.

3.2.1 When administering prescription medication on behalf of parent/carers, the written advice received must be supported by specific written instructions on the original medication bottle or container, such as that on the pharmacist's label noting the name of the student, dosage and time to be administered. Analgesics can mask signs and symptoms of serious illness or injury and will not, therefore, be administered by the school, as a standard first aid strategy. Therefore analgesics such as aspirin and paracetamol will not be stored in the school's first aid kit.

3.2.2 The principal (or nominee) administering medication 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; and
- that they write down what they have observed
- permission to administer medication has been received from the child's parents/guardians/approved persons or a medical practitioner.

3.2.3 The principal or their nominee will inform teachers of those students in their charge who require medication to be administered at the school. The teachers may be required to release students at prescribed times so they may receive their medications from the principal or nominee.

3.2.4 The School register will be completed by the person administering the taking of medication.

3.3 The school in consultation with parents/carers and the student's medical/health practitioner will consider the age and circumstances by which the student could be permitted to self-administer their medication. Ideally, medication to be self-administered by the student should be stored by the school. However, where immediate access is required by the student, such as in the case of asthma, anaphylaxis, or diabetes, medication must be stored in an easily accessible location.

Note: It is at the principal's discretion to agree for the student to carry and manage his/her own medication.

LINKS AND APPENDICES (INCLUDING PROCESSES RELATED TO THIS POLICY)

Links which are connected with this policy are:

- Anaphalaxis: <http://www.education.vic.gov.au/school/parents/health/Pages/anaphylaxis.aspx>
- Medical <http://www.education.vic.gov.au/school/parents/health/Pages/medicalconditions.aspx>
- [Asthma Society Webpage](#)
- <http://www.rch.org.au/kidsinfo/>

Appendices which are connected with this policy are:

- Appendix A: Medication Management Procedures
- Appendix B: Medication Authority Form

EVALUATION

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

Appendix A

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

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.

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.

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.

1 Student Asthma Information

Every student with asthma attending the school has a written Asthma Action Plan, ideally completed by their treating doctor or paediatrician, 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 B

SCHOOL - MEDICATION AUTHORITY FORM

Medication Authority Form

For a student who requires medication whilst at school

- This form should be completed ideally by the student's medical/health practitioner, for all medication to be administered at school. For those students with asthma, an Asthma Foundation's *School Asthma Action Plan* should be completed instead. For those students with anaphylaxis, an ASCIA *Action Plan for Anaphylaxis* should be completed instead. These forms are available from : [DEECD Health Support Planning Policy](#)

Please only complete those sections in this form which are relevant to the student's health support needs.

Name of School:

Student's Name:

Date of Birth:

Medic-Alert Number (if relevant):

Review date for this form:

Please Note: wherever possible, medication should be scheduled outside the school hours, e.g. medication required three times a day is generally not required during a school day: it can be taken before and after school and before bed.

MEDICATION REQUIRED

Name of Medication/s	Dosage (amount)	Time/s to be taken	How is it to be taken? (e.g. orally/topical/injection)	Dates
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				Start Date:
				End Date:
				Ongoing: <input type="checkbox"/>
				Start Date:
				End Date:
				Ongoing: <input type="checkbox"/>
				Start Date:
				End Date:
				Ongoing: <input type="checkbox"/>

MEDICATION STORAGE

Please indicate if there are specific storage instructions for the medication:

MEDICATION DELIVERED TO THE SCHOOL

Please ensure that medication delivered to the school:

- Is in its original package
- The pharmacy label matches the information included in this form

SELF-MANAGEMENT OF MEDICATION

Students in the early years will generally need supervision of their medication and other aspects of health care management. In line with their age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management should follow agreement by the student and his or her parents/carers, the school and the student's medical/health practitioner.

Please advise if this person's condition creates any difficulties with self-management, for example, difficulty remembering to take medication at a specified time or difficulties coordinating equipment:

MONITORING EFFECTS OF MEDICATION

Please note: School staff *do not* monitor the effects of medication and will seek emergency medical assistance if concerned about a student's behaviour following medication.

Privacy Statement

The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on (03) 9637 2670.

AUTHORISATION	
Name of Medical/Health Practitioner:	
Professional Role:	
Signature:	
Date:	
Contact Details:	

PARENT/CARER OR ADULT/INDEPENDENT STUDENT** AUTHORISATION	
Name of Parent/Carer or adult/independent student**:	
Signature:	
Date:	

If additional advice is required, please attach it to this form

****Please note:** Adult student is a student who is eighteen years of age and older. Independent student is a student under the age of eighteen years and living separately and independently from parents/guardians (see Victorian Government Schools Reference Guide 4.6.14.5).