



Moe (South Street) Primary School

'Be SAFE Be RESPECTFUL Be a LEARNER'



Welfare - Medical Policies

includes:

Headlice

First Aid

Diabetes and Diabetes Management

Medication

Anaphylaxis Management

Asthma

School Council Ratification

This policy was ratified by school council on 17/8/2021



Head Lice Policy

Rationale or Purpose

Head lice are tiny insects that live on the human scalp where they feed and breed. While they do not carry or transmit disease, they are the cause of head itch, scratching and frustration for students, parents, teachers and all members of the school community.

Aims

- To respond to and to manage reports of head lice quickly and effectively.
- To ensure effective processes for treating head lice are well known and consistently followed by the whole school community.
- To ensure that the whole school community is well informed about head lice and that compulsory treatment is followed.

3. Implementation

Responsibility of all members of the school community:

Whilst parents have the primary responsibility for the detection and treatment of head lice, our school community will work in a cooperative and collaborative manner to assist families to manage head lice effectively.

In order to work in a cooperative and collaborative manner all members of the school community will;

- Exercise tolerance and understanding to avoid stigmatising or blaming families who are experiencing difficulty with control measures;
- Behave in a responsible manner, maintaining respect for all parties when dealing with members of the school and broader community especially around issues of head lice; and
- Agree to follow this school's head lice procedure.

Responsibility of Parents and Carers:

- At home check the hair of students and children attending this school for head lice on a weekly basis, using the recommended conditioner/combing detection method;
- Ensure your child does not attend school with untreated head lice, in accordance with Health Infectious Diseases Regulations 2001;
- Notify the school if your child is found to have live lice and when the appropriate treatment has commenced (in accordance with Health Infectious Disease Regulations 2001);
- Check the hair of all household members at regular intervals and treat if necessary;
- Urge your children with long hair (defined as shoulder length or longer) to attend school with their hair tied back;

- Use only safe and recommended practices to treat head lice as detailed in fact sheet that will be supplied by the school nurse.
- Notify the parents or carers of your child's friends so they have an opportunity to detect head lice quickly and treat their children if necessary; and
- Agree to be bound by the "head lice" policy of this school as part of your child's enrolment.

Responsibility of Moe (South Street) Primary School

- Provide a school-based community run head lice program based on information sourced from parents and staff;
- Ensure that all families attending this school sign an 'agreement' accepting their requirement to be bound by the school's head lice policy;
- Obtain written consent from families to cover the duration of the student's enrolment for head lice inspections and treatments if required, and only inspect the heads of children whose parents or carers have given consent;
- Provide a letter to all children involved when class inspections are conducted to assist in maintaining the confidentiality of students and families;
- Ensure that any person engaged in the head lice program adhere to this policy and Department of Human Services information and Health (Infectious Diseases) Regulations 2001;
- This collaborative approach will provide additional assistance for families experiencing persistent head lice infestation;
- Distribute up to date and accurate information on the detection, treatment and control of head lice to parents and staff as it becomes available;
- Make information available about head lice management in orientation and transition programs for new families or staff attending the school;
- Educate children about head lice in order to prevent any stigma or 'bullying' associated with the issue;
- Ensure parents and carers understand that their child's participation in this project is entirely voluntary and that they can be withdrawn at any stage; also understand that a parent or care can withdraw their consent at any time for their child's participation;
- This consent will be for the duration of the child's schooling at Moe (South Street) Primary School, unless the school is otherwise notified in writing by the child's parent/ carer;
- The Moe (South Street) Primary School will conduct inspections, treatment and control of head lice which will support the broader school community to achieve a consistent and collaborative approach to head lice management;

IF NOT PARTICIPATING IN HEADLICE PROGRAM

- The school seeks the parent/carer's cooperation in checking their child's hair thoroughly and, if needed, commence treatment using an approved head lice treatment;
- The school accepts the notification from parents that appropriate treatment has commenced, if not participating in the head lice program;
- The school respects the wishes of parents or families who choose not to participate in the school head lice program whilst ensuring adequate controls remain in place;
- The school will only exclude children from school who have live insects;
- If a parent/carer would like to decline from the participating in this whole-school head louse detection and treatment activity they will need to notify the school of refusal in writing.

4. Further Information

This document draws on information obtained from the Information Pamphlet and Management Guidelines 'Scratching for Answers?'



Moe (South Street) Primary School

'Be SAFE Be RESPECTFUL Be a LEARNER'

P.O Box 612 Moe, 3825

Telephone (03) 51271512

Email: moe.ps.south@education.vic.gov.au



Dear Parent/ Carer,

Dear Parent,

Today your child was screened by a staff member of the Moe (South Street) Primary School Head Lice Program, and was found to have the following:

- Live lice
- Dead lice
- Louse eggs

Under the Health (Infectious Diseases) Regulations 2001, children found with live lice **cannot be readmitted** to school until appropriate treatment for lice has commenced.

Please treat your child appropriately by following the attached information sheet on "Management and Treatment of Head Lice".

** When your child returns to school after treatment, please have them bring the slip below to the front office. Your child must have their hair rechecked at the office the morning they return.*

If you have any questions or concerns, please do not hesitate to contact the school office. Thank you for partaking in this school community approach to head lice control.

Kind regards,
Jamie Tactor

NOTIFICATION OF TREATMENT SLIP

Child's Name: _____ Grade: _____

My child was screened on ___/___/202__ by the school-based community run head lice program and was found to have live lice and/or eggs.

I have treated my child with _____ and he/she will be returning to school on ___/___/202__.

_____/_____/202__
Parent/carer's Name (Please print) Parent/Carer's Signature Date



First Aid Policy

1. Rationale or Purpose

- All children have the right to feel safe and well and know that they will be attended with due care when in need of first aid.

Aims:

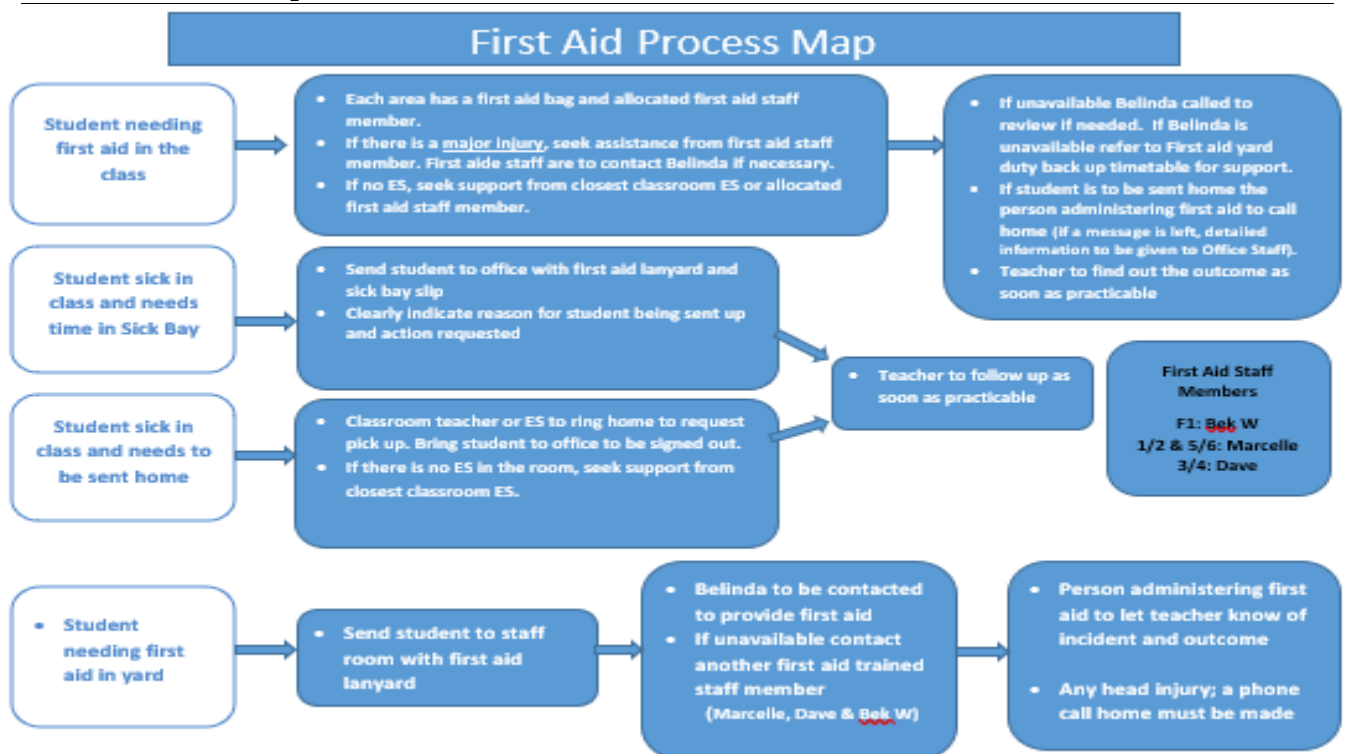
- To administer first aid to children when in need in a competent and timely manner.
- To communicate children's health problems to parents when considered necessary.
- To provide supplies and facilities to cater for the administering of first aid.
- To maintain a sufficient number of staff members trained with a Level 2 First Aid Certificate.

2. Implementation

- All injuries to a student must be attended to, no matter how apparently minor
- A sufficient number of staff will be trained to a Level 2 First Aid Certificate, and with up-to-date 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 a locked cupboard in the first aid room.
- First aid kits will also be available in each wing of the school.
- Any children in the first aid room will be supervised by a staff member at all times.
- All injuries or illnesses that occur during class time will follow the process map. See *appendix*
- All injuries or illnesses that occur during recess or lunch breaks will be referred to the teacher on duty in the first aid room.
- A record on *Sentral* will be kept of all injuries or illnesses experienced by children that require first aid.
- All staff will be provided with infection control training, including the management of blood spills, and a supply of protective disposable gloves will be available for use by staff.
- Minor injuries only (such as scratches) will be treated by staff members on duty, while more serious injuries-including those requiring parents to be notified or suspected treatment by a doctor - require a Level 2 First Aid trained staff member to provide first aid.
- Any children with injuries involving blood or broken skin must have the wound covered at all times.
- No medication (including headache tablets) will be administered to children without the express written permission of parents or guardians using the appropriate Medications Administration form.
- For serious injuries/illnesses, the parents/guardians must be contacted by the staff so that professional treatment may be organised.
- Any injuries to a child's head, face, neck or back must be reported to First Aid trained staff.
- Children who suffer any type of blow to the head will have their parents notified immediately
- Any student who is collected from school by parents/guardians as a result of an injury, or who is administered treatment by a doctor/hospital or ambulance officer as a result of an injury, or has an injury to the head, face, neck or back, or where the treating first aid teacher considers the injury to be greater than "minor" will be reported on Department of Education Accident/Injury form LE375, and entered onto *CASES21*.
- Serious injuries, fatalities, or any incident that exposed a person to immediate risk to their health or safety must be reported to the Department of Education Emergency and Security Management Branch immediately on (03) 9589 6266 and WorkSafe on (13 23 60) and on *EduSafe* and reference should be made by staff to the school's Incident Management policy.
- Parents of ill children will be contacted to take the child home.

- Parents who collect children from school for any reason (other than emergency or the end of the school day) must sign the child out of the school in a register maintained in the school office.
- All teachers have the authority to call an ambulance immediately in an emergency. If the situation and time permits, a teacher should confer with others before deciding on an appropriate course of action.
- A comprehensive first aid kit will accompany all camps.
- All children attending camps or excursions will have provided a signed medical form providing medical details and granting teachers permission to contact a doctor or ambulance should instances arise where a child requires treatment. Copies of the signed medical forms are to be taken on camps and excursions, as well as kept at school.
- All children attending camps or excursions who require medication will have provided a signed Medications Administration form providing details of medications to be administered and granting teachers permission to administer the medications.
- All children with asthma or diabetes or anaphylaxis are required to present the school with a management plan prepared by their treating practitioners, and to provide the school with the asthma medications, *hypo kits* or *epipens* etc needed to implement their plan at school.
- 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 updated asthma, diabetes and anaphylaxis 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 organizational matters relating to first aid will be communicated to staff at the beginning of each year. First aid training and revisions of recommended procedures for responding to asthma, diabetes and anaphylaxis will also be undertaken.
- It is recommended that all students have personal accident insurance and ambulance cover.

First Aid Process Map



Evaluation:

- This policy will be reviewed as part of the school's three-year review cycle.



Diabetes and Diabetes Management Policy

1. Rationale or Purpose

To ensure that schools support students living with type 1 diabetes.

Prerequisite policy: See: [Health Care Needs](#)

Aims:

- To manage diabetes as effectively and efficiently as possible at school.
- To promote student engagement in learning and wellbeing.
- To provide equitable access to education and respond to diverse student needs, including health care.

To achieve these goals schools:

- provide:
 - short or long term first aid planning
 - supervision for safety
 - routine health and personal care support
 - occasional complex medical care support
- make local decisions
- create innovative solutions to meet all students' needs
- anticipate, plan and manage health support

2. Guidelines

Schools must implement strategies to assist students living with type 1 diabetes including ensuring they have a Student Health Support Plan.

All schools need to ensure that each student living 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 schools with all required information.

Key points for principals to support students living with type 1 diabetes are:

- Follow the school's procedures for medical emergencies for students with type 1 diabetes.
- Parents/carers should notify the school immediately with changes to the student's individual diabetes management plan.
- The student's Diabetes Medical Support Team may consist of an endocrinologist, diabetes nurse educator, allied health professionals or general practitioner.
- Contact Diabetes Australia–Victoria for further support or information.

See:

- Health Support Planning Forms in [Related Policies](#)
- Examples of Diabetes Management Plans in [Other Resources](#)

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.

3. Implementation

- A **First Aid Officer** will be appointed for the School. The First Aid Officer will have a current Level 2 First Aid certificate and attend regular professional development regarding the treatment and management of diabetes.
- The School Nurse will assist the First Aid Officer in the management of the student's diabetes plan and provide education to appropriate staff.
- The First Aid Officer and School Nurse will oversee all health care plans/diabetes management plans for all students in the school.
- The First Aid Officer and School Nurse will provide all staff with up-to-date/relevant information about treatment and management plans for students with diabetes.
- The First Aid Officer and School Nurse will communicate with parents of students with diabetes to ensure that their child's health care plan is in place and the treatment/management of diabetes is accurate.
- The First Aid Officer or School Nurse will inform and discuss the health care plan with the classroom teacher. The First Aid Officer and School Nurse will ensure that any CRT who is working in a classroom with a student who has diabetes is informed of their health care plan and the management of their diabetes.
- All students with diabetes must have an **up to date (annual) written diabetes management plan and photograph** consistent with Diabetes Victoria's requirements completed by their doctor or paediatrician. Information and proformas can be located at: http://rch..org.au/diabetesmanual/appendix.cfm?doc_id=2981
- The diabetes management plan and photograph will be displayed in the First Aid office and Staff room.
- Students with diabetes will have access to a **current Level 2 First Aid trained staff member** or their parents during camps and excursions.
- The First Aid Officer and School Nurse will liaise with teachers in charge of excursions and camps to ensure that students with diabetes are provided for.
- **Diabetes Plans** will be attached to the student's records for reference.
- **Parents/Carers are responsible for ensuring their children have an adequate supply** of appropriate diabetes medication with them at school at all times.
- Care must be provided immediately for any student who develops signs of **low or high blood sugar levels**.
- Children living with diabetes should be treated in accordance with their **Diabetes Plan**.
- **Contact must always be made with parents/carers** when children experience a hypo or hyper attack.
- **Diabetic children need to be given special consideration in the following areas:** Extra supervision; additional toilet privileges; being able to eat at supplementary times – especially before and during sport; special attention when unwell; special provisions for privacy if testing blood glucose and injecting insulin at school or using an insulin pump.
- **Most children with diabetes are treated daily with 2 to 4 injections of insulin** and a regular pattern of snacks and meals.
- **Diabetes can also be managed via an insulin pump.** Students/support person should check connections at regular intervals during the day - during bolus doses, after physical activities. Parent / emergency contact should be made as soon as possible if the infusion set becomes dislodged at any time during the day. Staff should refer to the school's medical emergency policy for further directions.
- **Blood glucose levels below 4mmol/L are regarded as low.** Treatment is needed promptly to raise blood glucose levels to prevent a mild hypo from progressing to a severe hypo attack.
- **Jelly beans** will be kept in the student's classroom, staff room and teachers on duty (bum bags) to treat mild hypo attacks.
- Classroom teachers need to ensure that children with diabetes are reminded accordingly about their **testing regime** and see that this is executed as per the **diabetes management plan**.
- **In cases of a mild or moderate hypo attack: Never leave the child alone; Act swiftly – If in doubt – TREAT;** Give an easily absorbed carbohydrate food (fruit juice; sugar-containing soft drink; glucose tablets equivalent to 10-15 grams (2-3 of these); sugar, honey, sweetened condensed milk or jam (2-3 teaspoons); jelly beans (4 large or 7 small). **Repeat this process if there has not been a positive response within 10 to 15 minutes.**

- Follow up by giving children an additional carbohydrate food. Adult supervision is essential until the student has fully recovered.
- In cases of severe hypo attacks, remember: Never put food or drink in the person's mouth if they are unconscious, convulsing or unable to swallow; apply First Aid principles (lie the student on one side; check airways; call an ambulance and inform the operator that it is a **diabetes emergency**).
- In cases of **physical activities at school**, remember to: Give extra carbohydrates before sport; give extra food for each hour of physical activity; give extra food after sport; more supervision is needed during physical activity; food and drinks are needed for the treatment of a possible hypo attack; water sports need to be carefully planned, as a hypo attack increases the risks of drowning.
- **Students with diabetes should never be sent to sick bay alone or left alone when feeling unwell. Vomiting is a danger sign.** Students who are vomiting should see a doctor as soon as possible. Parents need to be called immediately if a diabetic child is vomiting. If they are not contactable, transport the child to hospital by ambulance.
- Students with diabetes may need food during examination periods, in case of hypo attacks.
- Diabetic children also need **easy access to toilets**.
- **When camps are scheduled**, parents/carers need to meet with the organisers prior to the camp and provide: a written list of special needs; adequate supplies for treatment and testing; details of insulin dosage; extra food and snacks when necessary; emergency contact details.

Strategies

Schools should ensure that medical advice is received from the student's health practitioner ideally by completing the Department's *General Medical Advice Form – Diabetes*.

This table describes the different ways schools can support students in managing diabetes.

Strategy	Description
Monitoring blood glucose (BG) levels	<ul style="list-style-type: none"> • 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/carers 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. • Some younger students may need supervision when performing BG checks. • 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: <ul style="list-style-type: none"> ○ 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.
Administering insulin	<ul style="list-style-type: none"> • Should a student whose health condition(s) require additional care and attention during school hours, consultation is required with the parents/carers 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/carers or a designated school staff member to administer pen insulin.
Activities including excursions and camps	<ul style="list-style-type: none"> • With good planning students should be encouraged to participate in all school sanctioned activities including excursion and camps. • The student's health support plan should be reviewed prior to a student attending a school camp with specific advice prepared by the Diabetes Medical Support Team for the camp.

Strategy	Description
Infection control	<ul style="list-style-type: none"> • 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 medial information by the parents completing the Department’s Confidential Medical Information for School Council Approved School Excursions form. • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.
Special event participation	<p>Warning: Water sports need careful planning and supervision as a ‘hypo’ increases the risk of drowning, see: Swimming Supervision and Water Safety in Related policies</p> <ul style="list-style-type: none"> • Special event participation including class parties can include students with type 1 diabetes in consultation with their parents/carers. • 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. • For exam and assessment tasks, schools are required to make reasonable allowances for students with type 1 diabetes. These could include: <ul style="list-style-type: none"> ○ 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	<p>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.</p>
Communicating with parents	<p>Schools should communicate directly with the parents/carers 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.</p>

With these precautions, all students with diabetes should be encouraged to take full part in all swimming-based activities. The Royal Children's Hospital Diabetic Clinic is able to provide additional information or advice to the school, if required.

4. Evaluation and review

This policy will be reviewed according to the School Council Calendar Policy Review

5. Definitions

This table describes types of diabetes.

Condition Description

Type 1 diabetes	<ul style="list-style-type: none">is an auto immune condition which occurs when the immune system damages the insulin producing cells in the pancreas. This condition is treated with insulin replacement via multiple injections or a continuous infusion via a pump. Without insulin treatment type 1 diabetes is potentially life threatening.
Type 2 diabetes	<ul style="list-style-type: none">occurs when either insulin is not working effectively (insulin resistance) or the pancreas does not produce sufficient insulin (or a combination of both). Type 2 diabetes affects between 85 and 90 per cent of all cases of diabetes and usually develops in adults over the age of 45 years, but it is increasingly occurring at a younger age. Type 2 diabetes is initially managed with a healthy diet and life style and/or medication that could include tablets and/or insulin.

For an explanation of the medical terms, conditions and health practitioners associated with type 1 diabetes, see: [Diabetes Australia–Victoria, Information for Schools](#)

6. References

1. DEECD website: <http://www.education.vic.gov.au/school/principals/spag/health/Pages/diabetes.aspx>

2. Policies and related Resources can be accessed within the DEECD website:

Related policies

- [Health Care Needs](#)
- [Health Support Planning Forms](#)
- [Swimming Supervision and Water Safety](#)

Other resources

For more information for schools and online resources see:

- [Caring for Diabetes in Children & Adolescents, Royal Children's Hospital](#)
- Diabetes Australia-Victoria for:
 - information about teacher professional learning i.e. *Diabetes in Schools* one day seminars for teachers and early childhood setting staff, sample management plans and online resources, see: [Information for Schools](#)
 - *Diabetes Basics for Teachers* (a DVD which provides real life stories from students and teachers at primary and secondary schools. It includes a CD-ROM with downloadable sample school diabetes management and camp plans), see: [Online Publication Orders](#)
 - *Diabetes Management Plan* samples for students with/without insulin pumps in primary and secondary schools (including The Royal Children's Hospital diabetes management plan sample and Monash Children's Southern Health diabetes management plan sample), see; [Information for Schools](#)

[Diabetes planning and support guide for education and childcare services, Department of Education and Children's Services, South Australia](#)



Moe (South Street) Primary School

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Medication Policy

1. Rationale or Purpose

- Teachers and schools are often asked by parents/carers to administer medication for 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.

Aims:

- To ensure the medications are administered appropriately to students in our care.

2. Implementation

- Children who are unwell should not attend school.
- The First Aid Officer has agreed to be the staff member responsible for administering prescribed medications to children.
- Non-prescribed oral medications (e.g.: head-ache tablets) will not be administered by school staff unless the parent/carer has written a letter of request.
- All parent/carer requests for the First Aid Officer to administer prescribed medications to their child must be in writing on the form provided and must be supported by specific written instruction from the medical practitioner or pharmacist including the name of the student, dosage and time to be administered (original medications bottle or container should provide this information).
- All verbal requests for children to be administered prescribed medications whilst at school must be directed to the Principal or the Assistant Principal who, in turn, will seek a meeting or discussion with parents/carer to confirm details of the request and to outline school staff responsibilities.
- Requests for prescribed medications to be administered by the school 'as needed'; a medical request form must be completed before medication will be administered. The First Aid Officer will seek further verbal clarifications from parents/carer if required.
- All student medications must be labelled, must have the quantity of tablets confirmed and documented, and must be stored in either the locked office first aid cabinet or office refrigerator, whichever is most appropriate.
- Consistent with our Asthma policy students may carry an asthma inhaler with them.
- Classroom teachers will be informed by the First Aid Officer of prescribed medications for students in their charge, and classroom teachers will release students at prescribed times so that they may visit the school office and receive their medications from the First Aid Officer.
- All completed Medication Request Forms and details relating to students, their prescribed medication, dosage quantities and times of administering will be kept and recorded in a confidential official loose-leaf medications register located in the school First Aid Office.
- Students involved in school camps or excursions will be discreetly administered prescribed medications by the 'Teacher in Charge' in a manner consistent with the above procedures, with all details recorded on loose-leaf pages from the official medications register. Completed pages will be returned to the official medications register on return of the excursion to school.
- Parents/carers of students that may require injections are required to meet with the Principal to discuss the matter.

4. Evaluation and review

This policy will be reviewed according to the School Council Calendar Policy Review



Moe (South Street) Primary School

'Be SAFE Be RESPECTFUL Be a LEARNER'



Medication Request Form

DATE:

PARENT/CARER's NAME:

ADDRESS:

TELEPHONE:
(Business Hours)

Dear Principal,

I request that my child _____ be administered the following medication whilst at school, as prescribed by the child's medical practitioner.

NAME of MEDICATION:

DOSAGE (AMOUNT):

TIME/S of MEDICATION:

I have sent the medication in the original container displaying the instructions provided by the pharmacist.

Yours sincerely

(Parent/Carer Signature)



Anaphylaxis Management Policy

1. Rationale or Purpose

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

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to those triggers. Partnership between school and parents/carers is important in ensuring that certain foods or items are kept away from the student while at school.

This policy is to ensure schools manage students at risk of anaphylaxis and meet legislative requirements. Guidelines have been developed to assist all Staff at South Street Primary School to meet their duty of care to students at risk of anaphylaxis and to support those students.

PURPOSE

- To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of schooling
- To raise awareness about anaphylaxis and the school's anaphylaxis management plan in the school community
- To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and the management strategies for the student
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

2. Policy Statement

This Policy fully complies with:

- Ministerial Order 706
- Anaphylaxis Guidelines for Victorian Schools published and amended by the Department.

3. Implementation

Individual Anaphylaxis Management Plans

The Principal will ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents/carer, for any student who has been diagnosed by a Medical Practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrolls and where possible before their first day of school.

The Individual Anaphylaxis Management plan will set out the following:

- Information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the allergy/allergies the student has (based on a written diagnosis from a medical practitioner);
- Strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of school Staff, for in-school and out-of-school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school;
- The name of the person(s) responsible for implementing the strategies;
- Information on where the student's medication will be stored;
- The student's emergency contact details; and
- An *ASCIA Action Plan*.

School Staff will then implement and monitor the student's Individual Anaphylaxis Management Plan.

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

- Annually;
- If the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
- As soon as practicable after the student has an anaphylactic reaction at school; and
- When the student is to participate in an off-site activity, such as camps and excursions
- Class celebrations/parties and cooking

It is the responsibility of the Parents/carer to:

- Provide the school with an *ASCIA Action Plan*;
- Inform the school in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated *ASCIA Action Plan*;
- Provide an up-to-date photo for the *ASCIA Action Plan* when that Plan is provided to the school and when it is reviewed; and
- Provide the school with an adrenaline auto-injector (also known as an *EpiPen*) that is current and not expired for their child.

Prevention Strategies

The school has put in place a number of prevention strategies to minimise the risk of an anaphylactic reaction. Appendix 1 outlines some of these.

School Management and Emergency Response

The strategies the school uses to manage students with an allergy and the potential for an anaphylactic reaction, and the emergency responses used in the event of an anaphylactic reaction form an integral part of the school's general first aid and emergency response procedures.

No student who has been prescribed an adrenaline auto-injector is permitted to attend the school or school-related activities without providing an auto-injector and doctor-authorised *ASCIA Action Plan for Anaphylaxis*.

Parents/carer of students who are at risk of anaphylaxis must provide an adrenaline auto-injector and *ASCIA Action Plan* to the school office. They will be carried by students as deemed necessary by the staff supervising the students.

Booklets containing the names, photographs and details of the allergy of all students who have a medical condition that relates to allergy and the potential for anaphylactic reaction will be distributed to all staff at the beginning of the school year; these booklets will be updated (if necessary) and re-distributed to staff.

Student's ASCIA Action Plans, and copies of their Individual Anaphylaxis Management Plans, must be accessible to all staff on the *Student Information System*, and further:

- Must be accessible to all staff generating trips, camps and excursions; and,
- Must be accessible for all activities where students are under the care and supervision of South Street Primary School staff.

Student's adrenaline auto-injectors will be supplied by the parents/carer and stored in accordance with their plan.

Where a student is attending activities off site, the teacher organising the activity will communicate with the school First Aid Officer prior to leaving the school to ensure that the *ASCIA Action Plan* is understood and can be followed.

Adrenaline Auto-Injectors for General Use

The Principal will purchase *Adrenaline auto-injectors for General Use* (purchased by the school) and as a back-up to those supplied by Parents.

South Street Primary School has two (2) Adrenaline auto-injectors for General Use. These are located at the front office.

The general use adrenaline auto-injectors are *EpiPens*. **The Adrenaline Auto-injectors for General Use have a limited life, usually expiring within 12-18 months**, and will be replaced at the school's expense, either at the time of use or expiry, whichever is first.

Communication Plan

The Principal is responsible for ensuring that a communication plan is developed to provide information to all school staff, students, and parents about anaphylaxis and the school's *Anaphylaxis Management Policy*.

This communication plan has been developed by the Principal to:

- Provide information to all school staff, parents and students about anaphylaxis and the school's anaphylaxis management policy;
- Outline strategies for advising school staff, parents and students about how to respond to an anaphylactic reaction occurring during normal school activities, including in the classroom, in the schoolyard, and in all school buildings and sites including gymnasiums and halls; and during off-site activities;
- Outline procedures to inform volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and their role in responding to an anaphylactic reaction of a student in their care.

Raising Student Awareness

Classroom teachers will:

- Reinforce the importance of hand washing before and after eating;
- Reinforce the importance of not sharing food;
- Discourage students from bringing peanut, sesame and tree nut products in all forms in the school;
- Ensure students are aware of the seriousness of allergic reactions and what they are to do if they encounter a peer experiencing an allergic reaction.

Raising Staff Awareness

In addition to all staff undergoing training as specified below, the following are available to assist staff in identifying those students who have an allergy and the potential for anaphylactic reaction:

- Information sheet, photograph and details of the allergies of all students who have a medical condition that relates to allergy and the potential for anaphylactic reaction.
- A photo list is available from Reception, First Aid Room, and in the Staff room.

The Principal will ensure that casual relief teachers (CRTs) and relevant school volunteers are provided with a photo identifying students in their care who have been diagnosed at risk of anaphylaxis, serious medical issues and the school's emergency response procedures.

Raising School Community Awareness

To raise awareness about anaphylaxis in the school community so that there is an increased understanding of the condition, the school will:

- Provide a copy of the *Anaphylaxis Policy* to all new staff;
- Provide new parents/carers with a copy of the school's Anaphylaxis Policy on enrolment;
- Place information about anaphylaxis in school newsletters; and,
- Disseminate information about anaphylaxis at information evenings, as appropriate.

Staff Training

The following school staff must be trained in accordance with the school's training requirements:

- School staff
- Any further staff that the Principal identifies, based on an assessment of the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the school.

All staff subject to the school's training requirements must:

- Have successfully completed an anaphylaxis management training course in the two years prior; and
- Participate in a briefing, to occur twice per calendar year, with the first one to be held at the beginning of the school year, by the School Anaphylaxis Supervisor on:
 - the school's Anaphylaxis Management Policy;
 - the causes, symptoms and treatment of anaphylaxis;
 - the identities of students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located;
 - how to use an adrenaline auto-injector, including hands on practice with a trainer adrenaline auto-injector;
 - the school's general first aid and emergency response procedures, including location of emergency phones; and,
 - the location of, and access to, adrenaline auto-injectors that have been provided by parents or purchased by the school for general use.
- The school First Aid Officer will undertake accredited anaphylaxis management training at the expense of the school.

Annual Risk Management Checklist

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

4. Evaluation and review

This policy will be reviewed annually, at the beginning of each school year.

5. Definitions

Anaphylaxis is a severe and sudden allergic reaction when a person is exposed to an allergen. Common allergens include:

- eggs
- peanuts

- tree nuts such as cashews
- cow's milk
- fish and shellfish
- wheat
- soy
- sesame
- insect stings and bites
- medications.

Signs of mild to moderate allergic reaction include:

- swelling of the lips, face and eyes
- hives or welts
- tingly mouth
- abdominal pain and / or vomiting (signs of a severe allergic reaction to insects).

Signs of anaphylaxis (severe allergic reaction) include any one of the following:

- difficult / noisy breathing
- swelling of tongue
- swelling / tightness in throat
- difficulty talking and / or a hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- pale and floppy (young children)
- abdominal pain and / or vomiting (signs of a severe allergic reaction to insects).

6. References

Further information can be obtained on the following website:

<http://www.education.vic.gov.au/school/principals/spag/health/Pages/anaphylaxis.aspx>

www.allergyfacts.org.au



Moe (South Street) Primary School

'Be SAFE Be RESPECTFUL Be a LEARNER'



Asthma Policy

1. Rationale or Purpose

- Asthma affects up to one in four primary-aged children, one in seven teenagers and one in ten adults. It is important therefore for all staff members to be aware of asthma, its symptoms and triggers, and the management of asthma in a school environment.

Aims:

- To manage asthma and asthma sufferers as effectively and efficiently as possible at school.

2. Implementation

- Asthma attacks involve the narrowing of airways making it difficult to breathe. Symptoms commonly include difficulty breathing, wheezing, dry and irritating cough, tightness in the chest and difficulty speaking. Triggers include exercise, colds, smoke, pollens, cold air, deodorants, dusts etc.
- Children and adults with asthma may require daily or additional medication (particularly after exercise).
- Professional development will be provided for all staff at least every 3 years on the nature, prevention and treatment of asthma attacks. Such information will also be displayed appropriately around the school.
- All students with asthma must provide to the school a fully completed up-to date (annual) *Asthma Action Plan* developed by their treating practitioner and parents/carer.
- Asthma plans will be provided to classroom teachers and stored in the first aid room for reference.
- Parents/carer are responsible for ensuring their children have an adequate supply of appropriate asthma medication (including a spacer if required) with them at school at all times.
- The school will provide, and have staff trained at least every 3 years in the effective management of asthma including the administering of reliever puffers (blue canister) such as *Ventolin*, *Airomir*, *Asmol* or *Bricanyl* and spacer devices. At least two (2) *Asthma First Aid Kits* will be located around the school and an additional Kit will be taken on excursions and camps. Clear written instructions on how to use these medications and devices will be included in each first aid kit, along with steps to be taken to treat severe asthma attacks. Asthma first aid posters will be displayed appropriately around the school.
- The delegated first aid staff member will be responsible for checking reliever puffer expiry dates and the date of Action Plans.
- All devices used for the delivery of asthma medication will be cleaned appropriately after each use.
- Care must be provided immediately for any student who develops signs of an asthma attack.
- Children suffering asthma attacks should be treated in accordance with their asthma plan.
- If no plan is available children are to be sat down, reassured, administered four (4) puffs of a shaken reliever puffer (blue canister) delivered via a spacer – inhaling four (4) deep breaths, wait four (4) minutes, if necessary administer four (4) more puffs and repeat the cycle. An ambulance must be called if there is no improvement after the second four (4)-minute wait period, or if it is the child's first known attack. Parents/carer must be contacted whenever their child suffers an asthma attack.
- In time, our school will register as an "asthma friendly school" – www.asthmafriendlyschools.org.au
- The school will reduce asthma triggers by mowing grass, limiting dust and high-allergen plants, maintaining air conditioners etc, ensuring students with **exercise induced asthma** have a chance to warm up and cool down, to take a reliever medication before exercise, and to stop activity and take reliever medication if symptoms occur.

Evaluation:

- This policy will be reviewed as part of the school's three-year review cycle.