Asthma Policy and Guidelines

Muhammadiyah Australia College



Endorsed:	19/09/2021
Endorsed by:	Board of Directors
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Policy

This policy informs staff at Muhammadiyah Australia College about their responsibilities for supporting students with asthma.

Summary

Muhammadiyah Australia College has responsibility to support students diagnosed with asthma by:

- having a local school level asthma policy
- having an Asthma Action Plan (Appendix 1) and Student Health Support Plan (Appendix 2) for each student diagnosed with asthma
- providing their staff with the appropriate level of training (see below for details)
 regarding asthma management
- providing and maintaining an asthma emergency kit with equipment to manage asthma emergencies.

Muhammadiyah Australia College should follow advice and warnings from the Department's Emergency Management Division associated with a potential thunderstorm asthma event.

Details

For each student diagnosed with asthma, Muhammadiyah Australia College must have a written:

- Asthma Action Plan provided by the student's parents or carers
- Student Health Support Plan.

If any student enrolled at the school has been diagnosed with asthma, Muhammadiyah Australia College is required to have a local asthma policy that addresses:

- staff asthma awareness training
- asthma emergency kit content and maintenance
- medication storage
- management of confidential medical information.



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Muhammadiyah Australia College should also undertake the following actions:

- ensure that staff are provided with training to assess and manage an asthma emergency. Refer to the 'Staff training' section below for further information
- ensure those staff with a direct student wellbeing responsibility such as nurses, physical education or sport teachers, first aid and school staff attending camp have completed an accredited Emergency Asthma Management (EAM) course at least every 3 years
- follow advice and warnings from the Department associated with a potential thunderstorm asthma event
- provide and maintain an asthma emergency kit with the equipment required for managing an asthma attack.

Asthma attack

Important — if a student is experiencing an asthma attack.

Immediately call 000 and ask for an ambulance and state a student is having an asthma attack if:

- the student is not breathing
- the student is having a severe or life threatening attack
- the student is having an asthma attack and a reliever is not available
- you are concerned
- at any time the student's condition suddenly worsens, or is not improving
- the student is known to have anaphylaxis follow their Anaphylaxis Action Plan, then give asthma first aid.

Where a student is diagnosed with asthma, the student is required to bring their own prescribed reliever medication to school. This should be stored in their asthma kit with a copy of their Asthma Action Plan and their spacer.



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Strategies

Communication

Muhammadiyah Australia College should provide information to all col staff, students and parents or carers about asthma and the College's Asthma Policy.

Asthma First Aid posters are displayed in the following places:

- staff room
- sick room
- areas where asthma attacks are likely to occur or be treated.

Regularly communicate with the student's parents or carers about the student's asthma or any changes in health. In particular, the frequency and severity of the student's asthma symptoms and use of medication at school.

Emergency response plan

The College develops an emergency response to a severe or life threatening asthma attack for all in-school and out-of-school activities.

Individual Asthma Action Plans (for each student diagnosed with asthma)

Parents or carers must provide the College with an Asthma Action Plan completed by the student's medical practitioner. The plan must outline the student's known triggers and the emergency procedures to be taken in the event of an asthma flare-up or attack.

Parents or carers and the student's general practitioner (GP) should annually complete or review each student's Asthma Action Plan. The Asthma Action Plan should contain:

- the prescribed medication taken and when it is to be administered (for example, on a regular basis, as premedication to exercise or it if the student is experiencing symptoms)
- emergency contact details
- contact details of the student's medical or health practitioner



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details about deteriorating asthma including signs to recognise worsening symptoms,
 what to do during an attack or medication to be used.

Note: visit Asthma Australia for the Asthma Action Plans for Victorian Schools.

Student Health Support Plan

An individual plan for each student diagnosed with asthma, developed in consultation with the student's parents or carers. These plans include the Individual Asthma Action Plan.

The Student Health Support Plan includes details on how the school will provide support, identify specific strategies and allocate staff to assist the student.

Epidemic thunderstorm asthma

Be prepared to follow advice from the Department, when the risk of epidemic thunderstorm asthma is forecast as high including:

- act on advice and warnings from the Department's Emergency Management Division associated with a potential thunderstorm asthma activity, and implement a communication strategy to inform the school community and parents or carers
- implement procedures to avoid exposure, such as staying indoors with windows and doors closed
- implement emergency response procedures and follow individual Asthma Action Plans as needed.

Annual asthma briefing for all staff

Muhammadiyah Australia College conducts an annual asthma briefing at the beginning of the school year on:

- the college's asthma management policy
- causes, symptoms and treatment of asthma
- the identities of students diagnosed with asthma and where their medication is located
- how to use a puffer and spacer



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- the college's general first aid and emergency response procedures
- the location of, and access to, reliever medication that has been provided by parents or carers or the asthma emergency kits.

Reducing asthma triggers

To reduce asthma triggers Muhammadiyah Australia College can:

- mow college grounds out of hours
- plant a low allergen garden
- limit dust, for example, having the carpets and curtains cleaned regularly and out of hours
- examine the cleaning products used in the school and their potential impact on students with asthma
- conduct maintenance that may require the use of chemicals, such as painting, during school holidays
- turn on fans, air conditioning and heaters out of hours when being used for the first time after a long period of non-use.

Student asthma kit

Where an enrolled student is diagnosed with asthma, the child is required to bring their own prescribed reliever medication. This should be stored in their asthma kit with a copy of their Asthma Action Plan and their spacer.

The student's personal spacer should be washed monthly or cleaned as required:

- wash the spacer in warm soapy water
- do not rinse the spacer
- leave it to air dry
- wipe the mouthpiece before use.

The student's spacer should be replaced if contaminated with blood or vomit.

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Encourage participation in camps and special events

Muhammadiyah Australia College will ensure:

- parents or carers provide enough medication (including preventer medication) for the student if they are going away overnight
- enough asthma emergency kits are available for the camp or excursion needs
- that parents or carers complete the Asthma Australia's School Camp and Excursion Medical Update Form (Appendix 3) and the Confidential Medical Form for Excursions (Appendix 4)

Managing Exercise Induced Bronchoconstriction

If a student has Exercise Induced Bronchoconstriction (EIB), Muhammadiyah Australia College should ensure that they allow adequate time for the following procedures before, during and after exercise.

Before:

- blue or blue-grey reliever medication to be taken by student 15 minutes before exercise or activity (if indicated on the students' Asthma Action Plan)
- student to undertake adequate warm up activity

During:

- if symptoms occur, student to stop activity, take blue or blue-grey reliever medication, only return to activity if symptom free
- If symptoms reoccur, student to take blue or blue-grey reliever medication and cease activity for the rest of the day. This is known as 'two strikes and out'

After:

- ensure cool down activity is undertaken
- be alert for symptoms

If a student has an asthma attack during, or after exercise or activity, follow their Asthma Action Plan if easily accessible, or commence asthma first aid. Always notify parents or carers of any incidents or medication usage.



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Staff training

General school staff training

All school staff should undertake non-accredited training in asthma first aid management for education staff through Asthma Australia. Staff should complete the free 1 hour asthma education session at least every 3 years — this can be through a school visit or online through the Asthma Community and Health Professional e-Learning Hub.

The training should be conducted every 3 years. The following training is available to all staff for access:

- Supporting People Live Well with Asthma a one hour face-to-face training session for school staff, paid by Muhammadiyah Australia College
- Asthma First Aid for Schools a one hour online training module for individual school staff, at no cost.

Targeted school staff training

The following college staff should undertake accredited training in asthma management by a Registered Training Organisation:

- staff working with high-risk children with a history of severe asthma
- staff with a direct student wellbeing responsibility such as nurses, first aid and camp organisers
- staff in high-risk teaching areas, such as physical education or sports teachers, home economics or cooking teachers.

Those staff are encouraged to undertake the following accredited asthma management courses which are recognised for Victorian schools:

- 10760NAT Course in Asthma Awareness
- 22556VIC Course in the Management of Asthma Risks and Emergencies in the Workplace.

Training is face-to-face and accredited for 3 years, paid by Muhammadiyah Australia College.





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If a staff member has not yet completed training, the principal is responsible for developing an interim Student Health Support Plan that includes the student's Asthma Action Plan in consultation with the student's parents or carers. Training should take place as soon as practicable after the student diagnosed with asthma enrols, preferably before the student's first day at school.

Asthma emergency kits

Muhammadiyah Australia College must provide and maintain at least 2 asthma emergency kits:

- one to keep at the school
- one to take as a mobile kit for activities such as excursions and camps.

It is recommended that large schools have an additional kit for every 300 students, see the Locations section below for further advice regarding placement of asthma emergency kits.

Contents

Asthma emergency kits must contain:

- at least one blue or blue-grey reliever medication such as Airomir, Asmol, or Ventolin
- at least 2 spacer devices (for single person use only) to assist students to inhale the blue or blue-grey reliever medication (ensure spacers are available as replacements)
- clear written instructions on asthma first aid, including how to use the medication and spacer devices, and steps to be taken in treating an asthma attack (see the Guidance tab for further information)
- a record sheet or log for recording the details of a first aid incident, such as the number of puffs administered. Record sheets can be downloaded from the Asthma Australia website.

Note: Muhammadiyah Australia College is using the Lite-Aire Disposable Cardboard spacer in their asthma emergency kits, the College is aware that the imagery is printed in refined soy ink. Although the risk of developing an allergic reaction to refined soy ink is low, there is still





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a risk and the risk should be taken into account when developing Individual Anaphylaxis Management Plans for students diagnosed with soy allergy and asthma.

Muhammadiyah Australia College is not required to provide a nebuliser for students. If a student is prescribed a nebuliser, they should bring their own to school. Parents or carers can obtain information on the use of nebulisers from the manufacturer (all nebulisers are labelled with the manufacturer's name)

Complete asthma emergency kits can be purchased from Asthma Australia or the components through retail pharmacies.

Regular checks

A nominated staff member should be responsible for maintaining the asthma emergency kits, including:

- ensuring all contents are maintained and replaced when necessary
- regularly checking the expiry date on the canister of the blue or blue-grey reliever puffer and replacing it if expired or low on doses
- replacing spacers in the asthma emergency kit after each use (spacers are single person use only). Once used, the spacer can be given to that student or thrown away
- previously used spacers should be disposed of.

Cleaning requirements

Asthma spacers are single person use only. To avoid infection transmission via mucus, spacers and masks must only be used by the 1 student. They should be stored in a dust proof container.

Blue or blue-grey reliever medication 'puffers' in the asthma emergency kit may be used by more than 1 student, as long as they are used with a spacer. If the medication delivery device (for example, puffer) comes into contact with someone's mouth it cannot be reused by anyone else and must be replaced.



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Locations

Asthma emergency kits will be located strategically around the school and readily available in an asthma emergency. Mobile asthma emergency kits are also required for:

- Admin Office
- yard duty
- excursions or sports days
- camps.

Definitions

Asthma: Asthma is a long-term lung condition.

Asthma Action Plan: A plan completed by a student's medical practitioner which outlines the student's known triggers and the emergency procedures to be taken in the event of an asthma flare-up or attack.

Blue-grey reliever medication: This is usually Airomir, Asmol, or Ventolin.

Nebuliser: A machine that converts liquid medicine into a fine mist that can then be inhaled.

Puffer: A pressurised metered dose inhaler (pMDI). The medicine contained in the inhaler is in a fine mist. When you press the canister, this mist is released, and you breathe in to deliver the medicine to your airways.

Spacer: A holding chamber device that makes it easier to take asthma medication from the type of puffer. A spacer can also make it easier to coordinate breathing in and pressing your puffer.

Related policies

- Student Policy
- Excursions Policy and Guidelines
- Anaphylaxis Policy

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Guidance

Treating an asthma attack

This procedure describes how to treat a student having:

- an asthma attack
- difficulty breathing for an unknown cause, even if they are not known to have asthma.

Note: For a student who is not a known to have asthma, this treatment:

- could be lifesaving, if the asthma has not previously been recognised
- would not be harmful, if the cause of breathlessness was not asthma.

Warning: Immediately call 000 and ask for an ambulance and state a student is having an asthma attack if:

- the student is not breathing
- the student is having a severe or life threatening attack
- the student is having an asthma attack and a reliever is not available
- you are concerned
- at any time the student's condition suddenly worsens, or is not improving
- the student is known to have anaphylaxis follow their Anaphylaxis Action Plan, then give asthma first aid.

Delay in treatment may increase the severity of the attack and ultimately risk the student's life.

First time asthma attack

If a student appears to be having difficulty breathing but has not been diagnosed with asthma, the school staff should follow the school's first aid procedures. This should include immediately:

locating and administering the reliever medication from the asthma emergency kit



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- after the first 4 doses of reliever medication call 000 for an ambulance
- continue giving 4 doses of reliever medication every 4 minutes whilst waiting for the ambulance to arrive.

Step 1 — Sit the person upright

- 1. Be calm and reassuring.
- 2. Do not leave them alone.
- 3. Seek assistance from another teacher (or reliable student) to locate the student's Asthma Action Plan and an asthma emergency kit if required. If the student's Asthma Action Plan is not immediately available, use asthma first aid as described below.

Step 2 — Give 4 separate puffs of blue or blue-grey reliever puffer

- 1. Shake the blue or blue-grey reliever puffer.
- 2. Use a spacer if you have one.
- 3. Put one puff into the spacer.
- 4. Student draws in medication from the spacer.

Step 3 — Wait 4 minutes

If there is no improvement, give 4 more separate puffs of blue or blue-grey reliever as per step 2 and wait 4 minutes (or give 1 more dose of Bricanyl or Symbicort inhaler).

Step 4 — If there is still no improvement call 000 and ask for an ambulance

- 1. Tell the operator the student is having an asthma attack.
- 2. Keep giving 4 separate puffs, every 4 minutes until emergency assistance arrives (or 1 dose of Bricanyl or Symbicort every 4 minutes up to 3 more doses of Symbicort).

Step 5 — If asthma is relieved after administering asthma first aid stop the treatment and observe the student

Notify the student's emergency contact person and record the incident.

Puffer cleaning guide — after every use

- 1. Remove the metal canister from the puffer. Do not wash the canister.
- 2. Wash the plastic casing.



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- 3. Rinse the mouthpiece through the top and bottom under running water for at least 30 seconds. Wash mouthpiece cover.
- 4. Air dry then reassemble.
- 5. Test the puffer to make sure no water remains in it, then return to the asthma emergency kit.

Asthma – key information

People with asthma have sensitive airways which react to triggers, causing a 'flare-up'. In a flare-up, the muscles around the airway squeeze tight, the airway swells, becomes narrow and there is more mucus. This makes it harder to breathe. An asthma flare-up can come on slowly (over hours, days or even weeks) or very quickly (over minutes). A sudden or severe asthma flare-up is sometimes called an asthma attack.

Symptoms of asthma can vary over time and often vary from person to person. The most common asthma symptoms are:

- breathlessness
- wheezing (a whistling noise from the chest)
- tight feeling in the chest
- a persistent cough

Symptoms often occur at night, early in the morning or during/just after physical activity. If asthma is well controlled, a person should only have occasional asthma symptoms.

A trigger is something that sets off or starts asthma symptoms. Everyone with asthma has different triggers. For most people with asthma, triggers are only a problem when asthma is not well controlled with medication. Common asthma triggers include:

- exercise
- colds/flu
- smoke including cigarette smoke and wood smoke from:
 - open fires
 - o burn-offs, or
 - bushfires
- weather changes such as thunderstorms and cold, dry air
- house dust mites
- moulds

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- pollens
- animals such as cats and dogs
- chemicals such as household cleaning products
- deodorants including:
 - perfumes
 - o after-shaves
 - o hair spray, and
 - aerosol deodorant sprays
- food chemicals/additives
- certain medications (including aspirin and anti-inflammatories)
- emotions such as stress and laughter

Epidemic Thunderstorm Asthma

Every year during grass pollen season there is an increase in asthma and hay fever symptoms. During this season there is also the chance of an epidemic thunderstorm asthma event. Epidemic thunderstorm asthma events are thought to be triggered by an uncommon combination of high grass pollen levels and a certain type of thunderstorm, resulting in large numbers of people developing asthma symptoms over a short period of time.

Those at increased risk of epidemic thunderstorm asthma include people with asthma, people with a past history of asthma, those with undiagnosed asthma (i.e. people who have asthma symptoms but have not yet been diagnosed with asthma) and also includes people with hay fever who may or may not have asthma. Having both asthma and hay fever, as well as poor control and self-management of asthma increases the risk further.

For more information, refer to the Better Health Channel.

Medication

Most students can control their asthma by taking medication. Asthma medication is normally:

- taken via a metered-dose inhaler (puffer) preferably in conjunction with a spacer device or via a breath-activated dry powder inhaler
- provided by the parents/carers or the student, and may be self-administered



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self-managed by the student at secondary level

Below is a description of the common forms of asthma medication.

Reliever

- provides relief from symptoms within minutes
- used in an asthma emergency
- should be easily accessible to students at all times
- is preferably carried by the student
- is normally blue or grey in colour
- includes common brands such as Ventolin, Bricanyl, Airomir and Asmol.

Note: Most relievers can be purchased from a pharmacy without a prescription - Muhammadiyah Australia College must have a letter of authorisation from the principal to purchase reliever medication for the school's Asthma Emergency Kits.

Preventer

- used on a regular basis to prevent asthma symptoms and reduce the frequency and severity of asthma attacks
- usually autumn or desert colours (brown, orange, rust or yellow)
- prescribed by a doctor

Combination preventer

- combines a preventer with a long acting reliever in the same device
- there are two common types of combination medications, Seretide and Symbicort
- for students aged 12 or over, Symbicort may be used in an asthma emergency if documented on the student's Asthma Action Plan
- usually white/red or purple in colour
- prescribed by a doctor

Important: Teachers should refer to the student's Asthma Action Plan to determine how to use medication in an asthma emergency.

Preventers and Combination Preventers should not be taken to school unless:



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- the combination medication is Symbicort and has been prescribed as a reliever medication
- the student is attending a school camp or overnight excursion, and will be required to take the medication as prescribed, whilst in the care of the school

Types of asthma attacks

Below is a description of the symptoms of different types of asthma attacks. Symptoms will vary from student to student.

Mild/moderate attack

- may have a cough
- may have a wheeze
- minor difficulty in breathing
- able to talk in full sentences
- alert, able to walk/move around
- have normal skin colour

Severe attack

- cannot speak a full sentence in one breath
- obvious difficulty in breathing
- sitting hunched forward
- tugging in of skin over the chest and throat
- lethargic (children)
- sore tummy (young children)
- reliever medication is not lasting as long as usual

Life-threatening

- unable to speak, or 1-2 words per breath
- drowsy/confused
- collapsed, exhausted, unconscious
- wheeze and cough may be absent
- gasping for breath
- discolouration (turning blue)
- not responding to reliever medication



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Useful websites for further information

- Asthma Australia see Asthma Australia resources for Victorian schools, including a log sheet template for recording the details of a first aid incident.
- Asthma, Chronic Illness Alliance
- Asthma Australia
- Better Health Channel Thunderstorm Asthma



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Appendix 1: STUDENT HEALTH SUPPORT PLAN

STUDENT HEALTH SUPPORT PLAN

This plan outlines how the school will support the student's health care needs, based on health advice received from the student's medical/health practitioner. This form must be completed for each student with an identified health care need (not including those with Anaphylaxis as this is done via an Individual Anaphylaxis Management Plan – see

www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx

This Plan is to be completed by the principal or nominee in collaboration with the parent/carer and student.

School:		Phone:	•
Student's name:		Date of birth:	
Year level:		Proposed date fo	or review of this plan:
Parent/carer contact information (1)	Parent/carer contact information (2)		Other emergency contacts (if parent/carer not available)
Name:	Name:		Name:
Relationship:	Relationship:		Relationship:
Home phone:	Home phone:		Home phone:
Work phone:	Work phone:		Work phone:



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Mobile:	Mobile:		Mobile:
Address:	Address:		Address:
Medical /Health practitioner co	ntact:		
General Medical Advice Fo student with a health cor		Condition S Epilepsy	pecific Medical Advice Form –
School Asthma Action Plan	ı	Personal Ca	re Medical Advice Form - for a
Condition Specific Medical Advice Form – Cystic Fibrosis		student who requires support for transfers and positioning	
Condition Specific Medical Advice Form – Acquired Brain Injury		student w	re Medical Advice Form - for a who requires support for oral d drinking
Condition Specific Medical Cancer	Advice Form –		re Medical Advice Form - for a who requires support for
Condition Specific Medical Diabetes	Advice Form –	toileting, managem	hygiene and menstrual health ent
List who will receive copies of th	nis Student Health Suppo	ort Plan:	
Student's Family Other:	2. Other:		3.



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The following Student Health Support Plan has be	·	, , ,			
Name of parent/carer or adult/mature minor** Date:	student:	Signature:			
**Please note: Mature minor is a student who is of issues, before they reach eighteen years of ago - School Policy and Advisory Guide					
Name of principal (or nominee): Date:		Signature:			
Privacy Statement					
The school collects personal information so as the needs of the student. Without the provision of the provided may be affected. The information may appropriate medical personnel, including those emergency personnel, where appropriate, or where able to request access to the personal information request that it be corrected. Please contact the secondary of the personal information and the secondary of the seconda	his information the object of the disclosed to relevengaged in providing the authorised or remarkion that we hold to	quality of the health support vant school staff and g health support as well as equired by another law. You about you/your child and to			
HOW THE SCHOOL WILL SUPPORT THE STUDENT	i'S HEALTH CARE NE	EDS			
Student's name:					
Date of birth: Year level:					
What is the health care need identified by the st	udent's medical/hea	alth practitioner?			
Other known health conditions:					
When will the student commence attending scho	ool?				



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Detail any actions and timelines to enable attendance and any interim provisions:

Below are some questions that may need to be considered when detailing the support that will be provided for the student's health care needs. These questions should be used as a guide only.

Support	What needs to be considered ?	Strategy – how will the school support the student's health care needs?	Person Responsi ble for ensuring the support
Overall Support	Is it necessar y to provide the support during the school day?	For example, some medication can be taken at home and does not need to be brought to the school.	
	How can the recomme nded support be provided in the simplest manner, with minimal interrupti on to the	For example, students using nebulisers can often learn to use puffers and spacers at school.	



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educatio n and care program ?		
Who should provide the support?	For example, the principal should conduct a risk assessment for staff and ask: Does the support fit with assigned staff duties, the scope of their position, and basic first aid training (see the Department's First Aid Policy www.education.vic.gov.au/hrweb/ohs/health/firstaid.ht m Are additional or different staffing or training arrangements required?	
How can the support be provided in a way that respects dignity, privacy, comfort and safety and enhances learning?	For example, detail the steps taken to ensure that the support provided respects the student's dignity, privacy, comfort and safety and enhances learning.	



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	Docs the	Discuss and garge on the individual first aid also with the	
First Aid	Does the	Discuss and agree on the individual first aid plan with the	
	medical/ health	parent/carer.	
	informati	Ensure that there are sufficient staff trained in basic first	
	on	aid (see the Department's First Aid Policy	
	highlight	www.education.vic.gov.au/hrweb/ohs/health/firstaid.ht	
	any	<u>m</u>	
	individua		
	I first aid	Ensure that all relevant school staff are informed	
	requirem	about the first aid response for the student.	
	ents for		
	the		
	student,		
	other		
	than		
	basic first		
	aid?		
		Ensure that relevant staff undertake the agreed	
	Are there	additional training	
	additional		
	training	Ensure that there are contingency provisions in place	
	modules	(whilst awaiting the staff member to receive training), to	
	that staff	facilitate the student's attendance at school.	
	could		
	undertake		
	to further		
	support		
	the		
	student,		
	such as		
	staff		
	involved		
	with		
	excursions		
	and		
	specific educationa		
	l programs		



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	or activities?		
Complex medical needs	Does the student have a complex medical care need?	Is specific training required by relevant school staff to meet the student's complex medical care need? The Schoolcare Program enables students with ongoing complex medical needs to have their health care requirements met safely at school. This program is available to students who would be unable to attend school without the procedure being performed by appropriately trained staff. Following the referral process, RCH nurses will attend your school and provide specialist training to nominated school staff. Further information about the Schoolcare Program may be found in the Schoolcare Program Guidelines and Referral form at: www.education.vic.gov.au/school/teachers/learningneed s/Pages/programsupp.aspx	
Personal Care	Does the medical/he alth informatio n highlight a predictable need for additional support with daily living tasks?	Detail how the school will support the student's personal care needs, for example in relation to nose blowing, washing hands, toileting care (including menstrual health management and other aspects of personal hygiene) Would the use of a care and learning plan for toileting or hygiene be appropriate?	



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Routine Supervisio n for health-rela ted safety	Does the student require medication to be administer ed and/or stored at the School?	Ensure that the parent/carer is aware of the school's policy on medication management. Ensure that written advice is received, ideally from the student's medical/health practitioner for appropriate storage and administration of the medication – via the Department's Medication Authority Form. Ensure that a medication log or equivalent official medications register is completed by the person administering the taking of the medication.	
	Are there any facilities issues that need to be addressed?	Ensure the school's first aid room/sick bay and its contents provide the minimum requirements and discuss whether other requirements can be facilitated in this room to meet the student's health care needs. Ensure the school provides necessary reasonable adjustments to assist a student who requires a wheelchair or other technical support. Discuss requirements and possible modifications with the parent/carer/student.	
	Does the student require assistance by a visiting nurse, physiother apist, or other health worker?	Detail who the worker is, the contact staff member and how, when and where they will provide support. Ensure that the school provides a facility which enables the provision of the health service.	



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	Who is responsible for manageme nt of health records at the school?	Ensure that information privacy principles are applied when collecting, using, retaining or disposing of personal or health information.	
	Where relevant, what steps have been put in place to support continuity and relevance of curriculum for the student?	For example, accommodation in curriculum design and delivery and in assessment for a student in transition between home, hospital and school; for a student's attendance (full-time, part-time or episodically).	
Other considerati ons	Are there other considerati ons relevant for this health support plan?	For example, in relation to behaviour, such as special permission to leave group activities as needed; planned, supportive peer environment. For example, in relation to the environment, such as minimising risks such as allergens or other risk factors. For example, in relation to communication, is there a need to formally outline the communication channels between the school, family and health/medical practitioner? For example, is there a need for planned support for siblings/peers?	



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Appendix 2: Asthma Action Plan

PLAN DATE	REVIEW DATE	EMERGENCY CONTACT
DOCTOR DETAILS		NAME PHONE
		RELATIONSHIP
✓ needing more the ✓ no asthe ✓ no asthe ✓ can do	CONTROLLED is all of these g reliever medication no an 2 days/week ma at night ma when I wake up all my activities ding (if used) above	TAKE preventer day night name
needing than us woke u had ast can't do	g reliever medication more ual OR days/week o overnight with asthma hma when I woke up o all my activities ding (if used) between and and symptoms	TAKE preventer day night name puffs/ puffs/ inhalations inhalations for days then back to Well Controlled dose TAKE reliever name puffs/inhalations as needed START other medication name dose for days MAKE an appointment to see my doctor this week
reliever woke u had ast difficul	is any of these medication not lasting 3 hours of frequently overnight with asthma hma when I woke up by breathing ding (if used) between and and and and and and and and ars and symptoms	TAKE preventer day night name puffs/ inhalations puffs/ inhalations for days then back to Well Controlled dose TAKE reliever name puffs/inhalations as needed START other medication Take an appointment to see my doctor TODAY If unable to see my doctor, visit a hospital If unable to see my doctor/hospital: START other medication name dose for days
reliever can't sp extrem	medication not working beak a full sentence be difficulty breathing hma is out of control blue ding (if used) below	CALL AMBULANCE NOW Dial Triple Zero (000) START ASTHMA FIRST AID



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ASTHMA FIRST AID





SIT THE PERSON **UPRIGHT**

- Be calm and reassuring
- Do not leave them alone



GIVE 4 SEPARATE PUFFS OF BLUE/ GREY RELIEVER PUFFER

- Shake puffer
- Put 1 puff into spacer
- Take 4 breaths from spacer
 - Repeat until 4 puffs have been taken
- OR give 2 separate inhalations of Bricanyl (6 years or older)
- OR give 1 inhalation of Symbicort Turbuhaler (12 years or older) OR give 2 puffs of Symbicort Rapihaler through a spacer (12 years or older)

If no spacer available: Take 1 puff as you take 1 slow, deep breath and hold breath for as long as comfortable. Repeat until all puffs are given



WAIT 4 MINUTES

■ If there is no improvement, give 4 more separate puffs of blue/grey reliever as above

OR give 1 more inhalation of Bricanyl

OR give 1 more inhalation of Symbicort Turbuhaler

OR give 2 puffs of Symbicort Rapihaler through a spacer

IF THERE IS STILL NO IMPROVEMENT



DIAL TRIPLE ZERO (000)

- Say 'ambulance' and that someone is having an asthma attack
- Keep giving 4 separate puffs every 4 minutes until emergency assistance arrives

OR give 1 inhalation of a Bricanyl or Symbicort Turbuhaler every 4 minutes — up to a max of 4 more inhalations of Symbicort Turbuhaler

OR give 2 puffs of Symbicort Rapihaler through a spacer every 4
minutes — up to a max of 8 more puffs of Symbicort Rapihaler

CALL EMERGENCY ASSISTANCE IMMEDIATELY AND DIAL TRIPLE ZERO (000) IF:

- · the person is not breathing
- the person's asthma suddenly becomes worse or is not improving
- the person is having an asthma attack and a reliever is not available
- you are not sure if it is asthma
- the person is known to have anaphylaxis follow their Anaphylaxis Action Plan, then give Asthma First Aid

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma.



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Appendix 3: Confidential Medical Information Form for Excursions

Confidential Medical Information Form for Excursions

The school will use this information if your child is involved in a medical emergency. All information is held in confidence. The medical information on this form must be current when the excursion/program is run.

Parents are responsible for all medical costs if a student is injured on a school approved excursion unless the Department of Education and Training is found liable (liability is not automatic). Parents can purchase student accident insurance cover from a commercial insurer if they wish to.

	Excursion/program name: Teacher to fill this in		
I	Date(s): Teacher to fill this in		_
1			-
	Student's full name:		
i			-
	Student's address:		
		Destando	
l		Postcode:	-
I	Date of birth:	Year level:	-
l	Date of biltin.	Teal level.	_
I	Parent/guardian's full name:		
	raicht, guardian 3 fuil haine.		
	Emergency telephone numbers: After hours	Business hours	
	Name of person to contact in an emergency (if differen	nt from the parent/guardian):	
	-		
			
	Emergency telephone numbers: After hours	Business hours	
			-
١			
	Name of family doctor:		
	Address of family doctor:		
	Phone number:		
ı	Thore nambers		-
	Medicare number:		-
ı			-
I	Medical/hospital insurance fund:	Member number:	-
			-
	Ambulance subscriber? Yes No If yes, ambulance	ce number:	•

Is this the first time your child has been away from home? □ Yes □ No



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Please tick if your child is living with any of the following health conditions:

□ Asthma (if ticked co	omplete Asthma Mana	gement Plan)		
□ Anaphylaxis (if tickeexcursion)	ed review and update	the Individual Managemo	ent Plan for the camp o	r
Bed wettingMigraine	□ Blackouts	□ Diabetes	□ Dizzy spells	
□ Heart condition	□ Sleepwalking	□ Travel sickness	□ Seizure of any typ	е
□ Other:				
	ce your child can swim mer – little or no expe	n comfortably. Prience including in shallo	ow water.	
□ Intermediate s	wimmer – basic skills,	, able to swim 25 metres	with a recognisable str	oke.
	ner – able to swim 5 vival stroke in deep wa	0 to 100 metres using t iter.	wo recognisable strokes	and to
Allergies <i>Please tick if your chi</i>	ld is allergic to any of	the following:		
□ Penicillin	□ Other Dru	ıgs:		
□ Foods:				
□ Other allergies:				
What special care is r	ecommended for these	e allergies?		
Year of last tetanus in	nmunisation:			
(Tetanus immunisation is ADT))	normally given at five year	rs of age (as Triple Antigen or	CDT) and at fifteen years of	fage (as
	ny medicine(s)? □ Yes me of medication, dos	□ No se and describe when and	d how it is to be taken.	



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All medication must be given to the teacher-in-charge. All containers must be labelled with your child's name, the dose to be taken as well as when and how it should be taken. The medications will be kept by the staff and distributed as required. Inform the teacher-in-charge if it is necessary or appropriate for your child to carry their medication (for example, asthma puffers or insulin for diabetes). A child can only carry medication with the knowledge and approval of both the teacher-in-charge and yourself.

Medical consent

Where the teacher-in-charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to:

- Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner.
- Administer such first-aid as the teacher-in-charge judges to be reasonably necessary.

Signature of parent/guardian (named above)	
Date:	

The Department of Education and Training requires this consent to be signed for all students who attend government school non-local excursions.

Note: You should receive detailed information about the excursion/program prior to your child's participation and a Parent Consent form. If you have further questions, contact the school before the program starts.



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Appendix 4: Asthma Update Form For Excursions

Student's name: DOB: Confirmed triggers:		7	/		
			Has the student be asthma, had an ac		Y N
Confirmed triggers:			worsening asthma	in the last two weeks?	
			Has the student's a changed in the last	sthma medications two weeks?	YN
			Is the student well camp/excursion?	enough to attend	Y
attached to a copy o as much detail as po	of the student's Asth ossible.		s with asthma prior to I brought with students		
THER MEDICAL Has the student had If YES, please provid	any other illness in t	he last two weeks?			YN
Nature of illness?	manufa NASANSANSAN		When?		
Severity?			Has this	affected their asthma?	YN
LLERGIC RHINIT	IS (HAY FEVER)				
Does the student ha		N Does	the student have an act	ion plan for hay fever?	
Confirmed Triggers f		Medication	Device	Dose	When
		Treatment			
ADDITIONAL AST	HMA MEDICATIO	N REQUIREME	NTS		
1. Medication	Device	Dose	When		
	se				
Instructions for u		Dose	When		
Instructions for u	Device				
2. Medication Instructions for u		Emergency Conta	ct:	Additional informatio	n
2. Medication Instructions for u		Emergency Conta	ct:	Additional informatio	n
2. Medication		Phone:	ct: on this plan is true and correct.	Additional informatio	n

For asthma information and support or to speak with an Asthma Educator call 1800 ASTHMA (1800 278 462) or visit asthma.org.au

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Appendix 5: Care Plan for School

STHMA CARE PLAN FOR EDUCATION ND CARE SERVICES NFIDENTIAL: Staff are trained in asthma first aid (see overleaf) and can provide routine					
CONFIDENTIAL: Staff are trained in asthr asthma medication as authorised in this in writing of any changes to this plan.	ff	PHOTO OF STUDENT (OPTIONAL)			
To be completed by the treating doctor emergency medical personnel.					
PLEASE PRINT CLEARLY		Plan date			
Student's name:	DOB:		-	Review date	
MANAGING AN ASTHMA ATTACK			Ĺ	//20	
Staff are trained in asthma first aid (see asthma attack:	overleaf). Please write do	own anything different this	s student might n	eed if they have an	
DAILY ASTHMA MANAGEMENT					
This student's usual asthma signs:		Frequency and severity:		for this student's asthma colds/flu, smoke) —	
Cough	Daily/most d		please detail:		
Wheeze		more than 5 x per year)			
Difficulty breathing		(less than 5 x per year)			
Other (please describe):	Other (please	e describe)			
Does this student usually tell an adult if	s/he is having trouble br	eathing? Yes	No.		
Does this student need help to take asth	ıma medication?	Yes	No.		
Does this student use a mask with a spa		Yes	No		
5 W		f ' o	()		
18.7 18	ever puffer medication be	efore exercise? Yes	No		
Does this student need a blue/grey relie MEDICATION PLAN f this student needs asthma medication	6 .	1000 / A		k are supplied to staff.	
MEDICATION PLAN f this student needs asthma medication	ı, please detail below and	1000 / A		k are supplied to staff.	
MEDICATION PLAN	, please detail below and	make sure the medication			
MEDICATION PLAN f this student needs asthma medication NAME OF MEDICATION AND COLOUR	please detail below and	make sure the medication	n and spacer/mas	TIME REQUIRED	
MEDICATION PLAN f this student needs asthma medication NAME OF MEDICATION AND COLOUR DOCTOR	PARENT/GUARDIA I have read, understood and	make sure the medication IBER OF PUFFS N I agreed with this care plan and any to the telease of this information to a personnel. I will notify the staff in	n and spacer/mas		
MEDICATION PLAN f this student needs asthma medication NAME OF MEDICATION AND COLOUR DOCTOR Name of doctor	PARENT/GUARDIA I have read, understood and	make sure the medication	and spacer/mas	TIME REQUIRED	
MEDICATION PLAN f this student needs asthma medication	PARENT/GUARDIA I have read, understood and	make sure the medication IBER OF PUFFS N I agreed with this care plan and any to the telease of this information to a personnel. I will notify the staff in	emergency Co	TIME REQUIRED	

For asthma information and support or to speak with an Asthma Educator call 1800 ASTHMA (1800 278 462) or visit asthma.org.au





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ASTHMA FIRST AID





SIT THE PERSON
UPRIGHT

- Be calm and reassuring
- . Do not leave them alone

2



GIVE 4 SEPARATE PUFFS OF BLUE/ GREY RELIEVER PUFFER

- Shake puffer
- Put 1 puff into spacer
- Take 4 breaths from spacer
 - Repeat until 4 puffs have been taken

OR give 2 separate inhalations of Bricanyl (6 years or older)
OR give 1 inhalation of Symbicort Turbuhaler (12 years or older)
OR give 2 puffs of Symbicort Rapihaler through a spacer (12 years or older)

If no spacer available: Take 1 puff as you take 1 slow, deep breath and hold breath for as long as comfortable. Repeat until all puffs are given

3



WAIT 4 MINUTES

 If there is no improvement, give 4 more separate puffs of blue/grey reliever as above

OR give 1 more inhalation of Bricanyl

OR give 1 more inhalation of Symbicort Turbuhaler
OR give 2 puffs of Symbicort Rapihaler through a spacer

IF THERE IS STILL NO IMPROVEMENT

4



DIAL TRIPLE ZERO (000)

- Say <u>'ambulance'</u> and that someone is having an asthma attack
- Keep giving 4 separate puffs every 4 minutes until emergency assistance arrives

OR give 1 inhalation of a Bricanyl or Symbicort Turbuhaler every 4 minutes – up to a max of 4 more inhalations of Symbicort Turbuhaler OR give 2 puffs of Symbicort Rapihaler through a spacer every 4 minutes – up to a max of 8 more puffs of Symbicort Rapihaler

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- the person is not breathing
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- you are not sure if it is asthma
- the person is known to have anaphylaxis follow their Anaphylaxis Action Plan, then give Asthma First Aid

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