FIRST AID AND MEDICAL POLICY

Contents

Attachments

Mumbulla School has a duty of care to ensure the safety and well-being of all children in its care and is committed to a planned approach to the management of medical conditions.

1. General

1.1 Introduction

Mumbulla School is committed to ensuring that educators and staff are equipped with the knowledge and skills to manage situations to ensure all children receive the highest level of care and to ensure their needs are considered at all times. Working in partnership with families to manage medical conditions is a key priority.

Administering medication to a child is considered a high risk practice. This policy recognises the fact that educators are not qualified medical practitioners and will therefore not attempt to diagnose a child's illness or decide on the dose of medication to be given.

1.2 School Responsibilities

1.2.1 Mumbulla School is required to provide basic First Aid to children, staff and volunteers in case of need.

1.2.2 All paid staff associated with children are required to hold current First Aid certificates and may be called on to attend accidents and illnesses while at school.

1.2.3 A Staff Register will be held on the main computer outlining staff qualifications in First Aid. The Educational Administrator will notify staff 2 months beforehand when their First Aid training requires updating.

1.2.4 . Mumbulla School will meet the reasonable costs of First Aid training of staff.

1.2.5 Any form of medical diagnosis and medical treatment must not be provided by the school. Temporary procedures may be put in place until medical help or, in the case of a child, a parent arrives.

1.2.6. The school will contact parents or guardians if a child becomes ill or is injured at school. If neither parent/guardian or nominated emergency contact can be reached, staff may consult the child's doctor or the hospital.

1.3 Parent Responsibilities

1.3.1. All parents must sign an Emergency Medical Attention form authorizing the school to seek urgent medical attention for their child/ren if it is necessary.

1.3.2. Parents must notify the school ***immediately*** of any change to their home, work or emergency telephone numbers.

1.3.3. Homeopathic Rescue Remedy will be administered to children only if the parental consent form has been signed.

1.3.4. Parents are required to keep children at home if they are ill before school.

1.3.5. If a child is sent home unwell they should not return to the school until they have fully recovered.

2. Procedures

2.1. Accidents

2.1.1. In the event of an accident occurring on the school premises or on any playing area officially used by the school, or in the course of any visit in which instructions require that the pupils be under the supervision of a teacher, teachers and staff shall observe the following procedures:

2.1.2. If an accident occurs on the school grounds *common sense should prevail*. If the child needs immediate attention this should be given straight away by the nearest teacher or closest qualified adult staff member. If a person with greater first aid knowledge or experience is nearby, that person should be summoned. *The health and safety of the child must be the prime motivator at all times*.

2.1.3. The parents or guardian of the injured child should be notified by telephone, or other means as soon as possible. The communication should include the following:

- A description of the accident;
- The injuries sustained, so far as any medically unqualified person is able to ascertain;
- The action taken by the school, eg. first aid, the calling of a doctor or ambulance;
- a request for instructions (if any) from the parents or the guardian if any special action is required.

2.1.4. The injured child should be kept under regular observation. Occasionally minor accidents have serious results. In some cases it may be advisable to arrange for the pupil to be taken home.

2.1.5. In serious cases where medical attention is obviously necessary and parents or guardians are not available, the teacher or his/her delegate should send for a doctor and/or ambulance and inform the parent as soon as possible of the action taken. Where a parent or guardian is available the parent will be advised that a doctor and/or ambulance has been called. Where the parent is unavailable, an adult known to the child should accompany the child in the ambulance or to the hospital and remain there till a parent arrives.

2.1.6. A Hazard Incident report should be filled out by either teacher or administrative staff with one copy held on the WH&S Hazard Incidence clipboard and one copy in the child's student file.

The following information must be included in the report:

- Signed and dated statements of pupils who witnessed the accident or have any direct knowledge of it.
- Signed and dated statements of all teachers who witnessed the accident or have any direct knowledge of it.
- Signed and dated statement of the injured pupil (if practicable).
- A description of the immediate area which shows where the accident occurred.
- A copy of the oral/written instructions to pupils regarding the area/equipment/activity concerned with the accident.

3. Medical Conditions

3.1. Aims

To provide, as far as practicable, a safe and healthy environment for children who have a diagnosed medical condition so that they can participate equally in all aspects of our school program.

Mumbulla School will minimise the risks around medical conditions for children by:

- Collaborating with families of children with diagnosed medical conditions to develop a ***risk minimisation plan*** for their child;
- Informing all staff and volunteers of children diagnosed with a medical condition and the ***risk minimisation procedures*** for these;
- If deemed appropriate by College, providing all families with current information about identified medical conditions of children enrolled in our school including strategies to support the implementation of *the* ***risk minimisation plan***;
- Ensuring all children with diagnosed medical conditions have a current ***risk minimisation plan*** that is accessible to all staff;
- Ensuring all staff are adequately trained in the administration of emergency medication

3.2. Strategies

3.2.1. Enrolment of children into the school

The staff will:

- Ensure that any parent with a child enrolled at the school who has a diagnosed medical condition or health care need is provided with a copy of this ***Medical Conditions policy;***
- Inform parents of the requirement to provide the school with a ***medical management/action plan*** of their child's condition;
- Collaborate with families of children with a diagnosed medical condition to develop a risk minimisation plan to ensure the child's safety and wellbeing, including ensuring the following:
  - that the risks relating to the child's diagnosed medical condition or specific health care need are assessed and minimised;

- o that practices and procedures in relation to the safe handling, preparation, and consumption of food at school are developed and implemented;
- o practices and procedures are in place to ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented;
- o practices and procedures in place to ensure that all staff members and volunteers can identify the child, the child's ***medical management action plan*** and the location of the child's medication;
- o that the child does not attend the school without their prescribed medication;
- o that all staff and educators are aware of the ***medical management action plan*** and ***risk minimisation plans;***
- o that staff are adequately trained in procedures contained in the ***medical management action plan***; and
- o other enrolled families are informed of the need to prohibit any items which may present a hazard to children with diagnosed medical conditions.

3.2.2. Communication and display of medical information

The staff will:

- Ensure ***medical management action plan*** and ***risk minimisation plans*** are accessible to all staff;
- Ensure that plans are current and kept up to date;
- Maintain effective communication to ensure that relevant staff members and volunteers are informed of this policy, ***the medical management action plan*** and ***risk minimisation plan*** for the child;
- Maintain effective communication to ensure that parents can communicate any changes to the ***medical management action plan*** and ***risk minimisation plan***; and
- Update the communication plan as needed;
- Ensure they are aware of enrolled children with diagnosed medical conditions and be familiar with the ***medical management action plan*** and ***risk minimisation plans*** of each child diagnosed with a medical condition; and
- Consult the communication plan to ensure they are aware of their communication responsibilities.

3.2.3. Management of medical conditions and emergencies

The College of Teachers will:

- Ensure all staff and volunteers who work 1:1 with identified children are adequately trained in the management of known medical conditions and that training includes identifying medical emergencies;
- Ensure that all staff and volunteers who work 1:1 with identified children are trained in the administration of emergency medication such as the Epi-Pen or asthma medication;
- Be alert to the immediate needs of children who present with symptoms of anaphylaxis and asthma;
- Administer emergency medication in accordance with their training, as required.

For medical emergencies staff/educators will follow the child's Medical Management Action Plan

3.2.4. Documentation and record keeping

The staff will:

- Provide a copy of the Medication Record to medical staff in the event that further medical intervention is required;
- Complete a Medication Record when a child receives emergency medication;
- Will provide parents with a copy of the Medication Record.

3.2.5. Policy Availability

The *First Aid and Medical Conditions* Policy will be readily accessible to all educators, staff, volunteers, families and visitors. Ongoing feedback on this policy will be invited.

3.2.6. Evaluation

- Educators respond in an effective manner to any medical conditions incident, and documentation is completed, shared, and stored as appropriate;
- Plans to effectively manage medical conditions are developed in consultation with families, and implemented; and
- Biennial reviews of procedures and policy are implemented

3.3. Asthma Management Procedure

Adapted with permission from Asthma Foundation of Victoria, Asthma and the Child in Care Model Policy, Version 6.2, January 2011 and NQF in a Box, 2012

3.3.1. Introduction

It is generally accepted that children under the age of six do not have the skills and ability to recognise and manage their own asthma effectively. With this in mind, our school recognises the need to educate its staff and families about asthma and to promote responsible asthma management strategies.

A philosophy of harm minimisation which takes into account children's safety and well-being provides the framework to minimise the risks around medical conditions and specifically asthma within our school

3.3.2. Aims

- Raise awareness of asthma within the school community;
- Implement strategies to support the health and safety of children enrolled with asthma ;
- Provide an environment in which children with asthma can participate in all activities to the full extent of their capabilities; and
- Provide a clear set of guidelines and expectations to be followed with regard to the management of asthma.

3.3.3. Strategies

Asthma Emergencies

In the case of an asthma emergency, medication may be administered to a child without written parent/guardian authorisation. If medication is administered the parent/guardian of the child or the child's registered medical practitioner will be contacted as soon as possible.

For asthma emergencies staff/educators will follow the child's Medical Management Action Plan

If a child not known to have asthma appears to be in severe respiratory distress the Asthma First Aid Plan (National Asthma Council) will be followed:

- If someone collapses and appears to have difficulty breathing, an ambulance will be called immediately, whether or not the person is known to have asthma;
- 4 puffs of a reliever medication will be given and a and repeat dose will be given if no improvement;
- 4 puffs every 4 minutes will be given until the ambulance arrives;
- No harm is likely to result from giving reliever medication to someone who does not have asthma;

In all emergency situations the parent/guardian will always be contacted at the earliest opportunity.

The School will:

- Provide Biennial ***Emergency Asthma Management Training*** to all staff including relief staff, child carers and volunteers who work 1:1 with identified children;

- Request for staff to be up to date with training to be written on Employee Information Sheet;
- Training attendance to be included in staff's file;
- Front Office administrative staff to ask nominated child carers for proof of their current Asthma training
- Provide staff, child carers and volunteers who work 1:1 with identified children with a copy of this policy and brief them on asthma procedures upon their appointment;
- Ensure at least one staff member (including child care workers) who has completed accredited asthma training is on duty whenever children are present at the school;
- Ensure the enrolment form dealing with medical conditions contains the question: "Has your child ever had asthma?"
- Identify children with asthma during the enrolment process and inform staff;
- Provide identified families with a copy of this policy and Asthma Action Plan upon enrolment or diagnosis; (*Asthma Action Plan* template can be downloaded from www.asthma.org.au)
- Ensure parents/carers have returned an Asthma Action Plan before enrolment begins and that this document has been signed by a Health Care Practitioner;
- Store ***Asthma Action Plans*** in the child's enrolment record;
- Formalise and document the internal procedures for emergency ***Asthma First Aid*;**
- Ensure that an emergency ***Asthma First Aid poster*** (available from www.asthma.org.au is displayed in key locations;
- Ensure that the *First Aid Kit* contains a blue reliever medication (e.g. Airomir, Asmol, or Ventolin), a spacer device, face mask, concise written instructions on *Asthma First Aid* procedures;
- Ensure that a staff member correctly maintains the asthma component of the *First Aid Kit* (eg. regular checks of expiry dates on medication);
- Provide a mobile *Asthma First Aid Kit* for use on excursions;
- Encourage open communication between families and staff regarding the status and impact of a child's asthma; and
- Promptly communicate any concerns to families should it be considered that a child's asthma is limiting his/her ability to participate fully in all activities.

Staff will:

- Ensure that they maintain current accreditation in *Emergency Asthma Management* (valid for three years);
- Ensure that they are aware of the children in their care with asthma;
- Ensure, in consultation with the family, the health and safety of each child through supervised management of the child's asthma;
- Identify and, where practical, minimise asthma triggers;
- Where necessary, modify activities in accordance with a child's needs and abilities;
- Administer emergency asthma medication if required according to the child's written *Asthma Action Plan*. If no written *Asthma Action Plan* is available the *Asthma First Aid Plan* outlined in this document should be followed immediately;
- Promptly communicate, to management or parents/guardians, any concerns should it be considered that a child's asthma is limiting his/her ability to participate fully in all activities; and

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Families will:

- Inform staff, either upon enrolment or on initial diagnosis, that their child has a history of asthma;
- Provide all relevant information regarding their child's asthma via the written *Asthma Action Plan*, which should be provided to the centre within seven (7) days of enrolment;
- Notify the Educators and staff, in writing, of any changes to the *Asthma Action Plan* during the year;
- Ensure that their child has an adequate supply of appropriate asthma medication (including reliever) at all times, along with a spacer and face mask;

- Ensure that they comply with all requirements and procedures in relation to the Medications Record;
- Communicate all relevant information and concerns to educators as the need arises (e.g. if asthma symptoms were present the previous evening); and
- Ensure, in consultation with the staff, the health and safety of their child through supervised management of the child's asthma.

Children will:

- Wherever practical, be encouraged to seek their reliever medication as soon as their symptoms develop.

3.4. Anaphylaxis Management Procedure

3.4.1. Introduction

- Anaphylaxis is a severe, life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent (0-5years) of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, sesame, bee or other insect stings and some medications. This policy has been developed with the understanding that young children may not be able to express the symptoms of anaphylaxis;

- A philosophy of harm minimisation which takes into account children's safety and well-being provides the framework to minimise the risks around medical conditions and specifically anaphylaxis in our school.

3.4.2. Aims

- To minimise the risk of an anaphylactic reaction occurring while children are in the care of Mumbulla School;
- Ensure that educators respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto-injection (Epi-pen) device.
- Manage a reaction which can develop within minutes of exposure to the allergen. With planning and training, such a reaction can be treated effectively by using an adrenaline auto-injection device;
- To provide biennial training for staff, child care workers and volunteers who work 1:1 with identified children, that includes:
  - Preventative measures to minimise the risk of an anaphylactic reaction;
  - Recognition of the signs and symptoms of anaphylaxis;
  - Emergency treatment which includes administration of an adrenaline auto-injection device;
- Adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the presence of the allergen in the school;
- Ensure staff/educators and parents/guardians are aware that it is not possible to achieve a completely allergen-free environment in any school that is open to the general community;
- Raise the school community's awareness of anaphylaxis and its management through education and policy implementation;

3.4.3. Strategies

Anaphylaxis Emergencies

In the case of an anaphylaxis emergency medication may be administered to a child without written parent/guardian authorisation. If medication is administered the parent/guardian of the child or the child's registered medical practitioner will be contacted as soon as possible.

For anaphylaxis emergencies staff/educators will follow the child's Medical Medication Action Plan.

If the child's auto-injector is damaged, inoperable or for some reason not on the premises and the child appears to be having a reaction, the staff member will administer adrenaline using the school's Anaphylaxis Emergency kit.

If a child does not have an adrenaline auto-injector and appears to be having a reaction,

- A nominated educator/staff member will call an ambulance
- Under the guidance of the ambulance emergency service an educator/staff member with anaphylaxis training may administer an Epi-pen from the school's Anaphylaxis Emergency kit;

Staff administering the adrenaline will follow the instructions on the General ASIA Action Plan (orange) stored with the device. An ambulance will always be called.

The used auto-injector will be given to ambulance officers on their arrival. Another child's adrenaline auto-injector will NOT be used.

An Anaphylaxis Emergency Kit will also be available on excursions and class activities off site, for classes with identified children and carried by the teacher in charge.

In all emergency situations the parent/guardian will always be contacted at the earliest opportunity.

Mumbulla School will:

- Ensure that all educators working with children, including child carers and volunteers working 1:1 with identified children have completed first aid and anaphylaxis management training that has been approved by ACECQA at least every 2 years;
- Ensure staff members on playground duty (including child carers and volunteers working 1:1 with identified children) have completed emergency anaphylaxis management training;
- Ensure that all relief staff members in the school have completed current approved anaphylaxis management training including the administration of an adrenaline auto-injection device and awareness of the symptoms of an anaphylactic reaction;
- Request for staff to be up to date with training to be written on Employee Information Sheet.
- Training attendance to be included in staff member's files.
- Front Office administrative staff to ask nominated child carers for proof of their current Anaphylaxis training

- Ensure that practice of the adrenaline auto-injection device is undertaken on a regular basis;
- Ensure that staff practise the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and "anaphylaxis scenarios" on a quarterly basis;
- Ensure that all staff in a school know the location of the anaphylaxis medical management plan and that a copy is kept with the auto-injection device kit; and
- Ensure that the staff member accompanying children outside the school carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan with the auto-injection device kit.
- Ensure that the auto-injection device kit is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat;
- Ensure that the auto-injection device kit containing a copy of the anaphylaxis medical management action plan for each child at risk of anaphylaxis is carried by a staff member on all excursions;
- Ensure that staff regularly check the adrenaline auto-injection device expiry date.

- Ensure that this policy is provided to a parent or carer of each child diagnosed at risk of anaphylaxis at the school;
- Ensure that a notice is displayed prominently stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the school;

- Display an Australasian Society of Clinical Immunology and Allergy inc (ASCIA) generic poster called *Action Plan for Anaphylaxis* in a key location at the school, for example, in the children's room, the staff room or near the medication cabinet;
- Ensure all staff know the child/children at risk of anaphylaxis, their allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device kit;
- Ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the school without the device;
- Encourage ongoing communication between parents/carers and staff regarding the current status of the child's allergies, this policy and its implementation;
- Follow the child's anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to anaphylaxis;

- Ask all parents/ carers as part of the enrolment procedure, prior to their child's attendance at the school, whether the child has allergies and document this information on the child's enrolment record. If the child has severe allergies, ask the parents/guardians to provide a medical management action plan.

- Ensure that a child's individual anaphylaxis medical management action plan is included in the enrolment record for each child. This will outline the allergies and describe the prescribed medication for that child and the circumstances in which the medication should be used;

- Ensure that a complete auto-injection device kit (which must contain a copy the child's anaphylaxis medical management action plan) is provided by the parent/carer for the child while at the school;

- Conduct an assessment of the potential for accidental exposure to allergens while child/ren at risk of anaphylaxis are in the care of the school;

- Develop a risk minimisation plan for the school in consultation with staff and the families of the child/ren;

- In the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
  - Call an ambulance immediately by **dialling 000**
  - Commence **first aid** measures
  - Under the guidance of the ambulance emergency service an educator/ staff member with anaphylaxis training may administer an Epipen from the school's Anaphylaxis Emergency kit
  - Contact the parent/carer
  - Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted

Parents/carers of children shall:

- Inform staff at the children's school, either on enrolment or on diagnosis, of their child's allergies;
- Develop an anaphylaxis risk minimisation plan with school staff;
- Provide staff with an Anaphylaxis Medical Management Action plan signed by a Health Care Practitioner
- Provide staff with a complete auto-injection device kit;
- Regularly check the adrenaline auto-injection device expiry date;
- Assist staff by offering information and answering any questions regarding their child's allergies;
- Notify the staff of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes;

- Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child; and
- Comply with the school's policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the school or its programs without that device.

4. Administration Of Prescribed & Other Medicines

4.1. Non-Oral Medication

- When medication is to be administered other than orally (eg. needles), the class teacher must be notified and an appointment made with the class teacher to discuss the special requirements of the procedure;
- The teacher will discuss the situation with staff to see if anyone is qualified and prepared to be involved in the procedure.

4.2. Oral Medication

The following procedures apply for both regular and intermittent medication:

- If a child has to take any form of medication the teacher must be informed in writing by the parent. The teacher must check and sign all notes. Children must not take any form of medication at school without a written note from a parent, or without adult supervision (excepting asthma medication);
- All medication brought to school must be clearly labelled by the parent with the child's name and dosage. Tablets and medication must be clearly identified by label and kept in the fridge if necessary.
- All medication must be given to the Front office upon the child's arrival at school unless otherwise arranged with class teacher;
- Administration of oral medication is the responsibility of the Front Office unless otherwise arranged with the class teacher;
- All medication must be kept securely until its administration;
- Children administering their own medication at school must be supervised by an adult;
- Staff have a right to indicate that they are not willing to be involved in the administration of medication. Alternative arrangements must be made with the parents in the case of the absence of persons willing to administer medication;
- Arrangements must be made so that medication for students on regular medication is available at excursions, sports and other venues away from the school;
- Where medication is no longer required or a surplus has built up, parents will be requested to collect it from school;
- It is the responsibility of the parent/carer to ensure that all medication to be held and administered at school by staff does not exceed expiry date, as no out of date medication will be administered;

5. Communicable Diseases

Parents are requested to notify the school immediately if their child has any communicable diseases.

The School will notify parents of any known cases of communicable diseases within the school via the weekly bulletin, including information on exclusion times. Parents will be notified when there is a current outbreak of an infectious disease. If the child is not immunized against the illness, parents will be strongly encouraged to keep their child at home for:

- the protection of other children at school, or
- his/her own protection

Children with the following illnesses must be kept at home until they are no longer contagious:

Acute Conjunctivitis:	Until all discharge from eyes has ceased.
Gastroenteritis: symptoms (Diarrhoea)	Clear fluids should be introduced from first symptoms for 24 hours. If persist the child should be isolated and checked by a GP.
Febrile Convulsions:	Any child febrile (with a temperature above 37.5) consistently for two days should be checked by a GP or other health professional.
Chicken Pox:	For at least 7 days after first spots appear.
Measles:	At least 5 days from appearance of rash.
Rubella:	At least 5 days after appearance of rash.
Mumps:	At least 10 days after the swelling appears.
Diphtheria:	Until a doctor gives a certificate.
Whooping Cough:	For at least 3
Glandular Fever:	Until recovered and medical certificate produced.
Infectious Hepatitis:	Until medical certificate produced.
I**mpetigo**: – (scabby sores)	No exclusion if sores are being treated and properly covered. If not covered exclusion until sores are healed.
Giardia:	Giardia is a parasite in the bowel. Giardia is very contagious. The symptoms are severe stomach cramps and in some cases severe vomiting. Stool consistency is changeable in colour and texture. Stools may be very loose but not always. If your child has these symptoms a stool specimen should be tested. Giardia is not always present in every part of the stool, so more than one specimen may need to be tested. If your child has a positive stool, a course of antibiotics should be given and your child should be kept at home until a negative specimen is found. Giardia does re-occur.
Pediculosis (Head lice)**:**	Until treated effectively.
Ringworm:	Until treatment has begun and medical certificate produced indicating so.
Scabies:	Same as Ringworm.

Date of review	Reviewed by:	Actions taken	Next review date
August/September 2013	College Exec Business Manager Front Office	All sections updated. Asthma & Anaphylaxis sections enlarged	
5th September 2013	Board	Ratified	5/9/2015

ATTACHMENT A
ASTHMA INFORMATION – SPECIFIC TO SCHOOL

1. Office Medical List:

- This is a list with photos, located in the Staff Kitchen, that details all children that have a high risk medical conditions:
    - The RED list is of children who have an allergic reaction that requires medication, including anaphylactic children who require an Epipen.
    - The GREEN list is of children who have a medical condition that can make them quite unwell but who do not require medication just monitoring.
    - The BLUE list is of children who have Asthma.

2. Asthma Plans:

These are kept in a display folder labelled 'Children's Medical Details' in the front office. If a child's asthma plan differs from the 'standard first aid plan' it will be noted on the Office Medical list.

3. Location of *Ventolin* Puffers and Spacers in the school:

- **Class First Aid backpacks**, located in each classroom have a *Ventolin* puffer and a mini spacer. These backpacks should always be taken along when the class goes off site on an excursion, to the pool, and to the oval for sport.
- **Kinder First Aid cabinet** has a *Ventolin* puffer and a large spacer.
- **Staff kitchen First Aid cabinet** has a *Ventolin* puffer and a large spacer that sit on top of the cabinet.
- **Craft First Aid box** has a *Ventolin* puffer and a mini spacer
- **New Kitchen First Aid box** has a *Ventolin* puffer and a mini spacer

These puffers and spacers should always be returned after use, it is vital that they are where they should be in an emergency.

5. Standard First Aid Plan:

- **Step 1** Sit the student upright, remain calm and provide reassurance. Do not leave student alone.
- **Step 2** Give 4 puffs of a blue reliever puffer *(Ventolin)*, one puff at a time, preferably through a spacer device*. Ask the student to take 4 breaths from the spacer after each puff.
- **Step 3** Wait 4 minutes.
- **Step 4** If there is little or no improvement, repeat steps 2 and 3.
  If there is still little or no improvement, call an ambulance immediately (Dial 000).
  Continue to repeat steps 2 and 3 while waiting for the ambulance.

Use a blue reliever puffer (Airomir, Asmol, Epaq or *Ventolin*) on its own if no spacer is available.

ATTACHMENT B
Anaphylaxis Risk Minimisation Plan

The following procedures will be developed in consultation with the parent or carer and implemented to help protect the child diagnosed at risk of anaphylaxis from accidental exposure to food allergens:

In relation to the child at risk:

- the child should only eat food that has been specifically prepared for him/her
    - Generally families provide for their child
    - In any situation in which food may be provided to the child, the school will ensure that it has been prepared according to the child's care plan and the parent /carer instructions.

- All food for this child should be checked and approved by the child's parent/carer and be in accordance with the risk minimisation plan;

- Bottles, other drinks and lunch boxes, including any treats, provided by the parents/carers for this child should be clearly labelled with the child's name;

- There should be no trading or sharing of food, food utensils and containers with this child;

- Supervision of this child should be increased on special occasions such as excursions, incursions or family days.

In relation to other practices at Mumbulla School:

- Restricted use of food and food containers, boxes and packaging in Craft, cooking and science experiments, depending on the allergies of particular children;

- Staff/educators should discuss the use of foods in activities with the parent/ carer of a child at risk of anaphylaxis and these foods should be consistent with the risk minimisation plan;

- Children will be closely supervised at meal and snack times and consume food in specified areas.

- To minimise risk, children will not 'wander around' the school with food;

- The risk minimisation plan will inform any food purchases and menu planning;

- Where food is brought from home to the school, all parents/guardians will be asked not to send food containing specified allergens or ingredients as determined in the risk minimisation plan.