



A main focus at this school is to keep your children safe. In order to achieve this, all medical plans e.g. Anaphylaxis, Asthma, Diabetes, Epilepsy... are required to be updated annually by your child's medical officer, even if the management is unchanged.

Important news for parents about the Asthma & Anaphylaxis Schools Program

Students with asthma – no matter how mild

If your child has asthma – even if it is quite mild – please let us know if you haven't already.

We require an up to date written Asthma Action Plan completed by your child's Doctor.

Training by the Asthma Foundation of Tasmania highlighted how there is no way of predicting if a child with asthma may suddenly have a major flare up, even if it has not happened before.

So please bring all relevant documentation to the school's office so we can fulfil our duty of care and keep your child safe.

Students with anaphylaxis

Please make sure that we have your child's most recent Anaphylaxis Action Plan.

The plan that we are referring to is the one that has the patient's photo attached and signed off by a doctor.

According to ASCIA, Australia's authority on anaphylaxis, the plans should be renewed by your doctor at least once a year.

For further information on asthma or anaphylaxis please visit - <https://asthma.org.au/>

Your school nurse,
Andrea Pereira



ascia ACTION PLAN FOR **Anaphylaxis**
www.ascia.org.au

For Epipen® adrenaline (epinephrine) autoinjectors

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Swelling of neck, back, legs
- Itching, redness
- Additional signs, **WARNING** (these are signs of anaphylaxis for instant allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For instant allergy: Flick and drop if loose
- For loose allergy: Flick, dry skin and allow to drop off
- Stay with person and call for help
- Locate Epipen® or Epipen® Jr adrenaline autoinjector
- Give clear instructions of epinephrine
- Phone family/emergency contact

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficulty breathing
- Swelling of tongue
- Swelling of lips/throat
- Wheezing or persistent cough
- Confused, fainting or/or
- Hoarse voice
- Pinkish (cyanosis) or pallid
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

- 1 Lay person out. Do NOT allow them to stand or walk**
 - If unconscious, place in recovery position
 - If breathing is absent, allow them to sit
- 2 Give Epipen® or Epipen® Jr adrenaline autoinjector**
- 3 Phone ambulance/ 000 (000) or 001 (001)**
- 4 Phone family/emergency contact**
- 5 Further observation must not be given if no response after 5 minutes**
- 6 Transport person to hospital for at least 4 hours of observation**
 - If in doubt give adrenaline autoinjector
 - Observe O2 sat at all times if person is responsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever/puffer if someone with known asthma and always to look, breathe or medication has **KNOWN** asthma/asthma severity/condition which, possible cough or loose stools/constipation if there are no able symptoms. Administer rescue medication immediately.

Asthma care plan for education and care services

CONFIDENTIAL: This care plan is for the use of the school only. It is not to be shared with anyone else. It is to be kept in a secure place and not to be used for any other purpose.

PLEASE PRINT CLEARLY

Child's name: _____ **Date of birth:** _____

Managing an asthma attack:
List any names in letters (in all lower case). Please write down anything different this child might need if they have an asthma attack.

Using asthma medication:
List the child's usual asthma drugs.
 Inhaler Nebuliser Other (please specify): _____
 Spacers Frequency and severity: _____
 Other (please specify): _____
 Other (please specify): _____

When this child needs asthma medication, please detail below and make sure the medication and equipment are supplied to staff:

Name of medication and/or equipment	Concentration of drug	Quantity available

Emergency contact information:
Name: _____ Phone: _____
Address: _____
Occupation: _____
Date: _____
Signature: _____

Asthma Australia asthmaaustralia.org.au | 1800 ASTHMA (1800 078 000) |

Asthma First Aid

- 1 Sit the person upright**
 - Do calm and reassure
 - Do not leave them alone
- 2 Give 4 separate puffs of blue/grey reliever puffer**
 - shake puffer
 - Puff 1 puff into spacer
 - Take 4 breaths from spacer
 - Repeat until 4 puffs have been taken
 - Remember: **SHAKE, 1 puff, 4 breaths**
 - (Or Use 2 separate doses of a brown inhaler (up to 6 puff) or a cyanide inhaler (up to 10))
- 3 Wait 4 minutes**
 - If there is no improvement, give 4 more separate puffs of blue/grey reliever as above (Or use 2 more doses of a brown inhaler or 6 puff)
- 4 If there is still no improvement call emergency assistance (DIAL 000)**
 - Say "ambulance and that someone is having an asthma attack"
 - Know giving 4 separate puffs every 4 minutes until emergency assistance arrives
 - (Or 2 more doses of a brown inhaler or 6 puff) or 2 more doses of cyanide)

Call emergency assistance immediately (DIAL 000)

- If the person is not breathing
- If the person's asthma suddenly becomes worse, or is not improving
- If the person is having an asthma attack and a reliever is not available
- If you are not sure if it's asthma
- If 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.

Asthma Australia
Contact your local Asthma Foundation
1800 ASTHMA 1800 078 000 asthmaaustralia.org.au
Asthma Australia is supported by the Australian Government



Risdon Vale Primary School is a proud Sun Smart accredited school.

All students are required to wear school accredited hats at play times and during outdoor activities such as PE. We also encourage our students to wear their school accredited hats when walking to and from school.

Overexposure to UV during childhood is a major risk factor for future skin cancer risk.

You can't see or feel the sun's UV rays so don't be fooled! Whatever the weather, if the UV levels are 3 or more, it's important to *Slip, Slop, Slap, Seek and Slide!*

1. **Slip on a shirt**—for free dress days, ensure your child wears clothing that covers as much skin as possible e.g. elbow length tops with a higher neckline or collar and a longer style pair of shorts or skirts.
2. **Slop**—on SPF 30 or higher **broad spectrum**, water resistant sunscreen—apply a generous amount of sunscreen at the start of the day and make sure children have sunscreen in their bag ready to be reapplied throughout the day. Sunscreen should be reapplied every **two** hours.
3. **Slap on a hat** - one that protects the face, neck and ears such as a broad brimmed, legionnaire or bucket hat style. Peak caps do not offer enough protection and are not recommended by sun smart.
4. **Seek shade**—choose shady spots for play whenever possible.
5. **Slide on some sunglasses**—if practical and approved by the school. Make sure they are labelled AS 1067 and cover as much of the eye area as possible.

Sun protection times

Don't just wait for hot and sunny days to use sun protection. Check the sun protection times each day so your family can be protected when they need to be.

Daily local sun protection times and weather details are available in the weather section of the newspaper, on the sun smart website www.sunsmart.com.au or as a free sun smart app for your smart device. Sun protection times can also be found on the bureau of meteorology website. <http://www.bom.gov.au/>

