



Asthma Management Policy

Reviewed: October 2020

Ratified: December 2020

Next Review: December 2022

Rationale

DOBCEL is committed to the safety and wellbeing of all staff and students in all aspects of school life. People who are at risk of asthma require a 'whole of community' response with each member committing to maintain their knowledge, skills and diligence towards planning.

It is the intention of every DOBCEL school to provide, as far as practicable, a safe and supportive environment in which students and staff at risk of asthma can participate equally.

DOBCEL acknowledges that the management of a student at risk of asthma is a partnership between the school, the staff, the students, the student's parents/carers and the treating medical practitioner.

Appropriate first aid facilities, training and resources must be in place in every DOBCEL school to meet the first aid needs of staff, students and others.

This policy sets out the expectations for schools when a student enrolled is diagnosed with asthma and how schools will work with students and families to effectively manage episodes of asthma.

This policy is to be read in conjunction with the DOBCEL Asthma Management Procedure.

Definitions

Act: The Education and Training Reform Act 2006 (Vic).

Asthma: a respiratory condition causing difficulty in breathing. It is usually connected to allergic reaction or other forms of hypersensitivity. Asthma is a disease of the airways, the small tubes which carry air in and out of the lungs. When you have asthma symptoms the muscles in the airways tighten and the lining of the airways swells and produces sticky mucus. These changes cause the airways to become narrow, so that there is less space for the air to flow into and out of your lungs" (National Asthma Council 2011).

ASCIA: Australasian Society of Clinical Immunology and Allergy, the peak professional body of clinical immunology and allergy in Australia and New Zealand.

Asthma Action Plan: This is a nationally recognised Action Plan for Asthma. This plan lists the student's prescribed medications and must be completed by the student's medical practitioner.

Communication Plan: A plan implemented by the school which provides information to all school staff, students and parents about asthma and the school's policy and procedures.

Asthma Emergency Response Plan: A plan for responding to an on-campus or off-campus asthma emergency. This plan includes the *First Aid for Asthma Action* plan for students displaying signs or symptoms for the first time or a student's *Asthma Action Plan* if they have been diagnosed as having Asthma.

Guidelines: *Asthma Management Guidelines – A resource for managing severe allergies in Victorian schools*, published by the Department of Education and Training from time to time.

Asthma Action Plan: This is a plan that is prepared by a medical practitioner for a student diagnosed with Asthma. This plan includes age-appropriate strategies to prevent or reduce the risk of an allergic reaction occurring at school.

Medical practitioner: This is a registered medical practitioner within the meaning of the *Health Professions Registration Act 2005*, but excludes a person registered as a non-practising health practitioner.

Principal: Defined in s 1.1.3 of the Education and Training Reform Act as meaning a person appointed to a designated position as principal of a registered school or a person in charge of a registered school.

School Staff: Any person employed or engaged at a DOBCEL school who:

- is required to be registered under Part 2.6 of the Act to undertake duties as a teacher within the meaning of that Part
- is in an educational support role and will be working with a student diagnosed with asthma
- the principal determines should comply with the school's asthma management policy
- is designated as a school volunteer and will be working with a student diagnosed with asthma

Policy Statement

All DOBCEL schools must:

- align their asthma management practices to the DOBCEL Asthma Management Policy and Procedure
- complete an Annual Asthma Risk Management Checklist for the school to document what arrangements are unique in relation to Asthma Management for each DOBCEL school
- ensure each student diagnosed as having asthma has an Asthma Action Plan
- wherever possible, minimise the risk of exposure to triggers and allergens that may induce an asthma attack
- develop and distribute a school Asthma Communication Plan to staff, parents/carers, and students to raise awareness about asthma and the schools risk mitigation strategies
- train staff on how to respond in an asthma emergency. This includes **First Aid for Asthma** as detailed in **Attachment 2** of the DOBCEL **Asthma Management Procedure**
- follow advice and warnings from the Department of Education, Emergency Management Division associated with a potential thunderstorm asthma event; and
- make reasonable adjustments to accommodate students with asthma and consult with a student's parents/carers on what reasonable adjustments may be required

DOBCEL schools are committed to providing a school environment free from discrimination. As Asthma falls within the definition of a disability, for the purposes of both the Equal Opportunity Act 2010 (Vic) and the Disability Discrimination Act 1992 (Cth).

DOBCEL schools will ensure they do not unlawfully discriminate, either directly or indirectly, against students with asthma. This means:

- students will not be treated unfavourably because of they have asthma. e.g. being excluded from school excursions and camps because they have asthma

- DOBCEL schools will not impose a requirement on all student's which disadvantages asthma students. For example, setting a policy which requires all students to participate in an activity with a trigger for specific student in the class, which will impact on that student's ability to participate in the class
- DOBCEL schools will make reasonable adjustments to accommodate students with disabilities. It is important to consult with a student's parent/carer on what reasonable adjustments are appropriate

Asthma Emergency Response Plan

- DOBCEL school staff will follow the generic *First Aid for Asthma* plan if a student is displaying signs and symptoms of asthma for the first time. If the student's symptoms do not improve they will call Emergency Services and request an ambulance
- DOBCEL school staff will follow a student's Asthma Action plan. If the student's symptoms do not improve then they will call Emergency Services and request an ambulance

Asthma Action Plan

- Every student with an asthma diagnosis must have a current Asthma Action Plan prepared by a medical practitioner as soon as practicable after enrolment or diagnosis
- The Asthma Action Plan will be:
 - kept on the student's file
 - easily accessible by the staff in an emergency
 - shared with all relevant staff so that they are able to properly support students diagnosed with asthma and respond appropriately
- All DOBCEL schools must complete an Annual review of the Asthma Action Plan for each student diagnosed with Asthma

Student Health Plan

- Every student with an asthma diagnosis will have a Student Health Plan prepared by the school in consultation with the parents/carers of the student at risk. This plan will detail the risk minimisation and prevention strategies to be implemented by the school in support of the Asthma Action plan
- A copy of the Student Health Form is included in the Asthma Management Procedure

Asthma Communication Plan

- The principal (or nominee) in consultation with the schools designated First Aid Officer(s) are responsible for ensuring that the DOBCEL Asthma Management policy and procedure along with risk minimisation and prevention strategies are shared with all school staff and the school community
- This policy will be made available on all DOBCEL school websites so that parents/carers and other members of the community can easily access information about our asthma management policy

Staff Training

- Staff can be divided into two different groups for asthma management training purposes. They are '**Specific**' staff and '**General**' staff
- **Specific** staff (working with students that have a history of severe asthma) are advised to complete an accredited, face-to-face course in the management of asthma. Staff advised to undertake accredited asthma management training include:
 - staff with direct student wellbeing responsibility including designated nurses or first aid officers
 - Physical education staff
 - Food technology staff
 - Staff attending school camps and leading offsite activities
- The two accredited courses recognised in Victoria for Specific staff are:
 - [Management of asthma risks and emergencies in workplace](#) (22556VIC)
 - [Course in Asthma Awareness](#) (10760NAT)
- **General** Staff (those that do not work with students that have severe asthma or do not have any of the responsibilities mentioned above) are advised to complete the online, **non-accredited** [Asthma First Aid for Schools](#) through Asthma Australia. A certificate of completion is issued and it remain valid for 3 years
- All staff are advised to participate in an asthma briefing twice per year to be facilitated by the school. The first briefing to occur in Term 1 and the second in Term 3. The briefings will:
 - update all nominated staff on students at risk
 - educate on the correct use of asthma medication including puffer/inhaler and spacer
 - the location of Asthma Emergency First Aid Kits
 - provide relevant information on how to respond to an asthma reaction occurring during sanctioned school activities
- In circumstances where training or briefing does not occur as per the schedule mentioned above, the principal will develop an interim Student Health Plan in consultation with the parents/carers of any affected student with a medical condition that relates to asthma

Training - Casual staff and Volunteers

- All volunteers and Casual Relief Teachers (CRTs) responsible for supervising students with asthma are required to provide a copy of their asthma management training qualifications and must be briefed on any students at risk prior to supervising students

Role and Responsibilities

Parents/Carers

Parents/Carers are responsible for:

- informing the school in writing when a student has been diagnosed with asthma
- providing to the school an Asthma Action Plan signed by a medical practitioner and details their condition, the required interventions
- providing current emergency contact details for students
- informing the school in writing of any changes to the student's medical condition and provide an updated Asthma Action Plan as required
- meeting with the school to discuss the Asthma Action Plan
- providing the school with appropriate medication that is current and not expired
- assisting school staff with planning and meeting all reasonable medical needs prior to camps, incursions, excursions or special events
- participating in reviewing the student's Asthma Action Plan:
 - annually; or
 - when there is a change to the student's condition; or
 - as soon as practicable after the student has an asthma attack at school

Principal

Is responsible for:

- raising awareness about the DOBCEL Asthma Management policy and procedure;
- engaging with parents/carers, staff and students in assessing Asthma risks and developing risk mitigation strategies
- completing the Annual Asthma Risk Management Checklist in consultation with relevant staff
- ensuring school staff receive an annual briefings on:
 - their responsibilities as per the Asthma Management policy and procedure
 - the identities of students diagnosed at risk of asthma and the location of their medication
 - the school's Asthma Emergency Response Procedures; and
 - the location of asthma medication for General Use that have been purchased by the school
- ensuring each student with an asthma diagnosis has a current Asthma Action Plan prepared by a medical practitioner and a current Student Health Support Plan prepared by the school. These plans will include relevant asthma medications, prevention and minimisation strategies and emergency contact details.
- ensuring an Asthma Communication Plan is provided to all school staff, students and parents/carers about asthma management at the school

- ensuring there are procedures in place for inducting volunteers and casual relief teachers of students with asthma and their role in responding to an asthma attack
- ensuring that an appropriate number of school staff have successfully completed a current asthma management training course and that records of the same are maintained
- ensuring that each student's Asthma Action Plan is reviewed by a medical practitioner annually, or following an asthma attack
- ensuring that each Student Health Support Plan is reviewed annually or following an asthma attack at school, in consultation with the student and the parents/carers;
- ensuring an appropriate amount of asthma medication for General Use is available

First Aid Officer

First Aid Officers are responsible for:

- working with the school principal (or nominee) to implement the school's Asthma Management Policy and Procedures
- maintaining asthma management qualifications to respond to asthma emergencies
- arranging face-to-face accredited asthma management training for school staff that supervise students with severe asthma
- Providing support to 'General' school staff undertaking the non-accredited online asthma management training
- maintaining a current register of students diagnosed with asthma and ensuring that each has an up to date Asthma Action Plan
- collaborating with school leadership to ensure that asthma communication plans and risk minimisation/prevention strategies are appropriate and raising awareness across the school

School staff

School staff are responsible for:

- understanding the DOBCEL Asthma Management Policy and Procedure
- completing all required Asthma Management training when/if required
- Attending the asthma management briefings twice a year on the student's at risk. This includes a refresher on the triggers and how to recognise and respond to the symptoms
- knowing the students at risk under their supervision
- knowing how to access any student's Asthma Action Plan and Student Health Support Plan
- knowing the location of student asthma medication(s) and the schools asthma medication(s) for General Use
- adequately planning and preparing for asthma management outside of the school environment (e.g. excursions, incursions, sport days, camp, fetes and parties); and
- raising awareness about asthma management in the school and the importance of fostering a supportive and inclusive school environment for students with asthma

Principles

Common Good

People are fundamentally social beings. Social, political and economic organisation has, therefore, implications for the entire community. Each social group, therefore, must take account of the rights and aspirations of other groups, and of the well-being of the whole human family. The common good is reached when all work together to improve the wellbeing of society and the wider world. The rights of the individual to personal possessions and community resources must be balanced with the needs of the disadvantaged and dispossessed.

Human Dignity

Our common humanity requires respect for and support of the sanctity and worth of every human life. All other rights and responsibilities flow from the concept of human dignity. This principle is deemed as the central aspect of the Church's social teaching. The belief that each life has value is shared with International Human Rights which are universal, inviolable and inalienable.

Transparency and Accountability

Transparency demands timely and accurate disclosure/reporting concerning the performance, decision making and financial health of DOBCEL to all stakeholders.

Accountability refers to the obligation of DOBCEL to accept responsibility for its activities and to disclose the results. It also includes responsibility for money or other entrusted property.

These two principles converge in the social responsibility to care for persons, resources and our planet as precious and vital to life. Responsible stewardship is integral to the mission of the Church and is a fundamental tenet of the Church's spirituality. It entails a responsibility for service that aims to nurture a gift from another. Frequently understood in relation to care.

References

- Schedule 4, Clause 12 Education and Training Reform Regulations 2017
- Minimum Standards for school registration (and school reviews) July 2020
- Education and Care Services National Law Act 2010 (CTH)
- Victorian Registration and Qualification Authority (VRQA)
- Equal Opportunity Act 2010 (VIC)

Related Policies and Procedures

- Asthma Management Procedure
- First Aid and Infection Control Policy
- First Aid and Infection Control Procedure



Asthma Management Procedure

Reviewed: October 2020

Next Review: October 2022

Procedures

- This procedure provides guidance and direction in the management of a student at risk of asthma. This procedure should be read in conjunction with the DOBCEL Asthma Management Policy
- The components of this procedure include:
 - Duty of Care
 - Asthma Information, Symptoms and Triggers
 - Annual Asthma Risk Management Checklist
 - Asthma Emergency Response Plan
 - Asthma Action Plan
 - Student Health Support Plan
 - Accessing and Managing Student Asthma Action Plans
 - First Aid for Asthma Procedure
 - Asthma First Aid Kits
 - Recording Asthma First Aid Treatments
 - Managing Asthma and School Based Activities
 - Exercise Induced Asthma
 - Managing Colour Fun Run Asthma
 - Managing Epidemic Thunderstorm Asthma
 - Asthma Communication Plan
 - Management of Confidential Medical Information

Duty of Care

- All school staff have a duty of care to take reasonable steps to protect students in their supervision from risks that are reasonably foreseeable including the provision of a first aid facility, knowing which students at the school have been diagnosed with asthma and how to provide asthma emergency first aid

Asthma Information, Symptoms and Triggers

- Asthma is a long-term lung condition. People with asthma have sensitive airways in their lungs which react to triggers, causing a 'flare-up'
- In a flare-up, the muscles around the airway squeeze tight, the airways swell and become narrow and there is more mucus making 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

- These 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; and/or
 - persistent cough
- If a student develops signs of what appears to be an asthma attack, appropriate care must be given immediately using the information in the student's Asthma Action Plan
- A trigger is something that induces 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 • smoke (cigarette smoke, wood smoke from open fires, burn-offs or bushfires) • house dust mites • pollens • chemicals such as household cleaning products • food chemicals/additives • laughter or emotions, such as stress	• colds/flu • weather changes such as thunderstorms and cold, dry air • moulds • animals such as cats and dogs • deodorants (including perfumes, after-shaves, hair spray and aerosol deodorant sprays) • certain medications (including aspirin and anti-inflammatories)
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- School can reduce asthma triggers by:
 - mowing school grounds out of hours
 - planting 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; and
 - turn on fans, air conditioning and heaters out of hours when being used for the first time after a long period of non-use
- Completing the Annual Asthma Risk Management checklist is one way to prevent asthma. Eliminating or reducing exposure to triggers is the best strategy to minimise the likelihood and severity of asthma incidents in schools

Annual Asthma Risk Management Checklist

- All DOBCEL schools must complete an **Annual Asthma Risk Management Checklist (Attachment 1)** to identify hazards and reasonably mitigate the risks of triggering an asthma attack occurring at school. DOBCEL schools must consider:
 - the likelihood of asthma attack
 - the accessibility and location of medication
 - the availability of suitability trained staff to administer medication in accordance with an asthma management plan; and
 - availability and accessibility to emergency services should they be required
- The Annual Asthma Risk Management Checklist must be completed in Term 1 each year and the actions managed by the school

Asthma Emergency Response Plan

- DOBCEL school staff will follow the generic ***First Aid for Asthma*** plan in **Attachment 2** if a student is displaying signs and symptoms of asthma for the first time. If the student's symptoms do not improve, they will call Emergency Services and request an ambulance
- DOBCEL school staff will follow a student's *Asthma Action Plan*. If the student's symptoms do not improve then they will call Emergency Services and request an ambulance

Asthma Action Plan

- Please refer to the links in **Attachment 3** for examples of **Asthma Action Plans**
- Once a student is diagnosed with Asthma at a DOBCEL school, the parents/carers must:
 - provide the school with an Asthma Action Plan which has been completed by the student's medical practitioner. The plan must include:
 - the prescribed medication (labelled with the student's name) and when it is to be administered, for example as a pre-medication to exercise or on a regular basis
 - their own spacer, if required
 - emergency contact details
 - the contact details of the student's medical practitioner
 - the student's known triggers; and
 - the emergency procedures to be taken in the event of an asthma flare-up or attack
 - advise the school of any change in the student's medical condition, including any changes in the diagnosis and treatment of medical conditions
 - must provide a photo of the student to be included as part of the student's Asthma Action Plan

Student Health Support Plan

- Once a student is diagnosed with Asthma and has provided the school with an Asthma Action Plan, the principal (or nominee) will meet with the parents/carers to discuss and complete a **Student Health Support Plan** (see **Attachment 5**) detailing the asthma risk minimisation and prevention strategies in relation to on-site and off-site activities, including camps, excursions and sports.

Accessing and Managing Student Asthma Action Plans

- Asthma Action Plans must be kept/displayed in the classroom (for primary school students), in the staffroom, and first aid facilities
- If a student diagnosed with asthma is going to attend a school camp or excursion, the parents/carers must provide a **School Camp and Excursion Asthma Update Form** as detailed in **Attachment 4**)
- If a student's asthma condition or treatment requirements change, parent/carers must notify the school and provide an updated Asthma Action Plan
- DOBCEL school principals must appoint a person to be responsible for ensuring that:
 - student's emergency contact details are up-to-date
 - ensure that the student's Asthma Action Plan matches the student's supplied medication
 - regularly check that the student's medication is not out-of-date
 - inform parents if medication is approaching expiration
 - ensure that the student's medication is stored correctly and in an unlocked, easily accessible place; and
 - ensure that a copy of the Asthma Action Plan is stored with the student's medication
- The Asthma Action Plan must be reviewed in consultation with the student's parents/carers:
 - annually
 - if the student's medical condition changes; and
 - as soon as is practicable after the student has an asthmatic reaction at school

First Aid for Asthma Procedure

If a student is having an asthma attack for the first time, and/or difficulty breathing, school staff are advised to follow the **First Aid for Asthma** procedure detailed in **Attachment 2**.

Asthma First Aid Kits

- Every DOBCEL school with a student diagnosed with Asthma, should have at least one (1) Asthma Emergency Kit which contains the following items:
 - at least 1 blue or blue/grey reliever medication such as Airomir, Admol or Ventolin
 - at least 2 spacer devices (for single person use only) to assist with effective inhalation of the blue or blue/grey reliever medication
 - clear written instructions on **Asthma First Aid (Appendix 2)**, including:
 - how to use the medication and spacer devices; and
 - steps to be taken in treating an asthma attack

- The principal or nominated first aid staff will monitor and maintain the Asthma Emergency Kits. They will:
 - ensure all contents are maintained and replaced where necessary
 - regularly check the expiry date on the canisters of the blue or blue/grey reliever puffers and replace them if they have expired or are low on doses
 - replace spacers in the kits after each use (spacers are single-person use only); and
 - dispose of any previously used spacers
- The blue or blue/grey reliever medication in the Asthma Emergency Kits may be used by more than one student as long as they are used with a spacer. If the devices come into contact with someone's mouth, they will not be used again and will be replaced
- After each use of a blue or blue/grey reliever (with a spacer):
 - remove the metal canister from the puffer (do not wash the canister)
 - wash the plastic casing
 - rinse the mouthpiece through the top and bottom under running water for at least 30 seconds
 - wash the mouthpiece cover
 - air dry then reassemble; and
 - test the puffer to make sure no water remains in it, then return to the Asthma Emergency Kit

Recording of Asthma First Aid Treatments

- A record sheet/log for recording the details of an asthma first aid incident, such as the number of puffs administered

Exercise Induced Asthma

- Exercise induced asthma can be managed by the following steps:
 - encourage the student to take blue/grey reliever medication 15 minutes before exercise begins
 - ensure that the student participates in the warm-up activity
 - stop the student from participating, if symptoms occur, take reliever and follow their Asthma Action Plan; and
 - only recommence activity if symptom free. Cease activity for the day if symptoms reoccur

Managing Colour Fun Run Induced Asthma

- The inhalation of small particles could affect people with asthma. The colours used in the Colour Run are in powder form (corn starch), which could irritate the airways of someone with asthma and result in an asthma flare-up, particularly if they have a sensitivity to corn
- Parents/carers of students with asthma should be made aware of the potential risk and should be encouraged to consult their GP to ensure participation is safe prior to participating
- If students with asthma are participating in the event they must have their medication with them and if required, wear a facemask
- The Asthma Foundation of Victoria advises the organizers of the event to not throw the powder in the faces of participants

Managing Epidemic Thunderstorm Asthma

- Every year during grass pollen season there is also the chance of an epidemic thunderstorm asthma event. Epidemic thunderstorm asthma is 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.
- People at risk during an Epidemic Thunderstorm Asthma event include:
 - people with asthma
 - people with a past history of asthma
 - people with undiagnosed asthma; and
 - people with hay fever
- Having both asthma and hay fever, as well as poor control and self-management of asthma increases the risk further
- The school will follow all advice from the Department of Education and Training (DET) and ensure the following strategies are in place:
 - implement a communication plan to inform the school community and parents, if the risk of thunderstorm asthma is forecast as high
 - implement procedures to minimise exposure such as postponing outdoor activities and directing staff and students to stay indoors, with windows and doors closed; and
 - following Asthma Action Plans for students diagnosed with Asthma or follow the First Aid for Asthma procedure if it is the first time a student is displaying signs or symptoms of asthma

Asthma Communication Plan

- The school Asthma Communication Plan is to be documented in the Asthma Risk Management Checklist (see Attachment 1) and made available on the school website.
- Newsletters will also be sent periodically to all schools to remind parents/carers to update student health plans and asthma action plans

Management of Confidential Medical Information

- Confidential medical information provided to the school or office location will be securely managed. Student and staff information will be shared with all relevant staff so that they are able to support and respond appropriately, to student or staff member diagnosed with asthma

Reference Documents

- Education and Training Reform Regulations 2017
- Education and Care Services National Law Act 2010 (CTH)
- Education and Care Services National Regulations 2011 (CTH)
- Disability Discrimination Act 1992 (CTH)
- Disability Standards for Education 2005 (CTH)
- Victorian Registration and Qualification Authority (VRQA)
- Equal Opportunity Act 2010 (VIC)

Supporting Documents

- DOBCEL Asthma Management Policy
- DOBCEL First Aid and Infection Control Policy
- DOBCEL First Aid and Infection Control Procedure

Appendices

- Attachment 1 - Annual Asthma Risk Management Checklist
- Attachment 2 - First Aid for Asthma
- Attachment 3 - Asthma Action Plan
- Attachment 4 – School Camp and Excursion Asthma Update Form
- Attachment 5 – Student Health Support Plan

Attachment 1 – Annual Asthma Risk Management Checklist

Annual Asthma Risk Management Checklist

School name:		
Date of review:		
Who completed this checklist?	Name:	
	Position:	
Review given to:	Name:	
	Position:	
Comments:		
General information		
1. How many current students have been diagnosed with asthma, and have been prescribed a reliever medication?		
2. How many of these students carry their reliever medication on their person?		
3. Have any students ever had a mild asthma flare-up requiring first aid intervention at school?	☐ Yes ☐ No	
a. If Yes, how many times?		
4. Have any students ever had a severe asthma attack requiring medical intervention at school?	☐ Yes ☐ No	
a. If Yes, how many students?		

b. If Yes, how many times	
5. Has a staff member been required to administer reliever medication to a student?	☐ Yes ☐ No
a. If Yes, how many times?	
6. Are incidents involving students or staff that have suffered a severe asthma attack reported on the school medical database and reviewed by the principal (or nominee)?	☐ Yes ☐ No
SECTION 1: Training	
7. Have all staff with a duty of care for students undertaken an asthma education session, either: • Asthma first aid management for education staff (face to face) within the last 3 years, or • Asthma first aid management for education staff (online) within the last 3 years?	☐ Yes ☐ No
8. Staff with a direct student wellbeing responsibility such as nurses, first aid and camp organisers, or staff working with high-risk children with a history of severe asthma at school and high risk teaching areas, such as PE/Sports teachers, Home Economics/cooking teachers completed asthma management training; either: • <i>22282VIC Course in Management of Asthma Risks and Emergencies in the Workplace (in the last 3 years), or</i> • <i>10392NAT Course in Emergency Asthma Management (in the last 3 years)</i>	☐ Yes ☐ No

9. Does your school conduct in-house asthma briefings annually? If no, why not?	☐ Yes ☐ No
10. Do all school staff participate in the annual briefing? If no, why not?	☐ Yes ☐ No
SECTION 2: Student Health Support Plans	
11. Does every student who has been diagnosed with asthma and prescribed reliever medication have a Student Health Support Plan and/or a Asthma Action Plan completed and signed by a prescribed medical practitioner?	☐ Yes ☐ No
12. Are all Plans reviewed regularly (at least annually)?	☐ Yes ☐ No
13. Do the Student Health Support Plans set out strategies to minimise the risk of exposure to triggers for the following in-school and out of class settings?	
a. During classroom activities, including elective classes	☐ Yes ☐ No
b. In canteens or during lunch or snack times	☐ Yes ☐ No
c. Before and after school, in the school yard and during breaks	☐ Yes ☐ No
d. For special events, such as sports days, class parties and extra-curricular activities	☐ Yes ☐ No
e. For excursions and camps	☐ Yes ☐ No
f. Other	☐ Yes ☐ No
14. Do all students who carry reliever medication on their person have a copy of their Asthma Action Plan kept at the school (provided by the parents/caregivers)?	☐ Yes ☐ No
a. Where are the Asthma Action Plans kept?	
15. Does the Asthma Action Plan include a recent photo of the student?	☐ Yes ☐ No
16. Have the Student Health Support Plans been reviewed prior to any off site activities (such as sport, camps or special events), and where appropriate reviewed in consultation with the student's parents/caregivers?	☐ Yes ☐ No

SECTION 3: Storage and accessibility of reliever medication

17. Where are the student(s) reliever medication stored?	
18. Do all school staff know where the school's Asthma Emergency Kits for general use are stored?	☐ Yes ☐ No
19. Is the storage safe?	☐ Yes ☐ No
20. Is the storage unlocked and accessible to school staff at all times? Comments:	☐ Yes ☐ No
21. Are the Asthma Emergency Kits easy to find? Comments:	☐ Yes ☐ No
22. Is a copy of student's Asthma Action Plan kept together with the student's reliever medication?	☐ Yes ☐ No
23. Is the student's reliever medication and the Asthma Action Plans clearly labelled with the student's names?	☐ Yes ☐ No
24. Has someone been designated to check the reliever medication expiry dates on a regular basis? Who?	☐ Yes ☐ No
25. Is there reliever medication which is currently in the possession of the school which has expired?	☐ Yes ☐ No
26. Is the school registered as an Asthma Friendly school?	☐ Yes ☐ No
27. Do all school staff know where the reliever medication, the Asthma Action Plans and the School Asthma Management Plans are stored?	☐ Yes ☐ No
28. Has the school purchased Asthma Emergency Kits for general use?	☐ Yes ☐ No
29. Where are these kits located? Do staff know where they are located?	☐ Yes ☐ No
30. Is the Asthma Emergency Kit clearly labelled as such?	☐ Yes ☐ No
31. Is there a register for signing reliever medication in and out when taken for excursions, camps etc?	☐ Yes ☐ No

SECTION 4: Prevention strategies

32. Have you done a risk assessment to identify potential accidental exposure to triggers for all students who have been diagnosed with asthma?	☐ Yes ☐ No
33. Have you implemented any of the prevention strategies in the Asthma Guidelines? If not record why not?	☐ Yes ☐ No
34. Are there always sufficient school staff members on yard duty who have current Asthma Training?	☐ Yes ☐ No

SECTION 5: School management and emergency response

35. Does the school have procedures for emergency responses to asthma attacks? Are they clearly documented and communicated to all staff?	☐ Yes ☐ No
36. Do school staff know when their training needs to be renewed?	☐ Yes ☐ No
37. Have you developed Emergency Response Plan for when a severe asthma attack occurs?	☐ Yes ☐ No
a. In the classroom?	☐ Yes ☐ No
b. In the school yard?	☐ Yes ☐ No
c. In all school buildings and sites, including gymnasiums and halls?	☐ Yes ☐ No
d. At school camps and excursions?	☐ Yes ☐ No
e. On special event days (such as sports days) conducted, organised or attended by the school?	☐ Yes ☐ No
38. Does your plan include who will call the ambulance?	☐ Yes ☐ No
39. Is there a designated person who will be sent to collect the student's reliever medication and Asthma Action Plan?	☐ Yes ☐ No
40. Have you checked how long it will take to get to the reliever medication and the Asthma Action Plan to a student from various areas of the school including?	☐ Yes ☐ No
a. The class room?	☐ Yes ☐ No
b. The school yard?	☐ Yes ☐ No
c. The sports field?	☐ Yes ☐ No
41. On excursions or other out of school events is there a plan for who is responsible for ensuring the reliever medication(s) and Asthma Action Plans and the Asthma Emergency Kits use are correctly stored and available for use?	☐ Yes ☐ No
42. Who will make these arrangements during excursions?	

43. Who will make these arrangements during camps?	
44. Who will make these arrangements during sporting activities?	
45. Is there a process for post incident support in place?	☐ Yes ☐ No
46. Have all school staff who conduct classes that students with asthma attend, and any other staff identified by the principal, been briefed on:	
a. The school's Asthma Management Policy?	☐ Yes ☐ No
b. The causes, symptoms and treatment of asthma?	☐ Yes ☐ No
c. The identities of students at risk, including where their medication is located?	☐ Yes ☐ No
d. How to use a puffer and spacer?	☐ Yes ☐ No
e. The school's general first aid and emergency response procedures for all on campus and off campus environments?	☐ Yes ☐ No
f. Where the Asthma Emergency Kits for general use are kept?	☐ Yes ☐ No
g. Where the reliever medication for individual students are located including if they carry it on their person?	☐ Yes ☐ No
SECTION 6: Communication Plan	
47. Is there a Communication Plan in place to provide information about asthma and the school's Policy	
a. To school staff?	☐ Yes ☐ No
b. To students?	☐ Yes ☐ No
c. To parents?	☐ Yes ☐ No
d. To volunteers?	☐ Yes ☐ No
e. To casual relief staff?	☐ Yes ☐ No
48. Is there a process for distributing this information to the relevant staff?	☐ Yes ☐ No
a. What is it?	
49. How is this information kept up to date?	
50. Are there strategies in place to increase awareness about asthma among students for all on Campus and off Campus environments?	☐ Yes ☐ No

51. What are they?	
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Attachment 2 – Asthma First Aid

- This poster is to be prominently displayed in staff and first aid areas.
- A downloadable poster is available from: <https://www.nationalasthma.org.au/living-with-asthma/resources/patients-carers/charts/first-aid-for-asthma-chart>

First Aid for Asthma

1	Sit the person comfortably upright. Be calm and reassuring. Don't leave the person alone.	
2	Give 4 puffs of a blue/grey reliever (e.g. Ventolin, Asmol or Airomir) Use a spacer, if available. Give 1 puff at a time with 4 breaths after each puff Use the person's own inhaler if possible. If not, use first aid kit inhaler or borrow one.	OR
	Give 2 separate doses of a Bricanyl or Symbicort inhaler If a puffer is not available, you can use Symbicort (people over 12) or Bricanyl, even if the person does not normally use these.	
3	Wait 4 minutes. If the person still cannot breathe normally, give 4 more puffs.	
4	If the person still cannot breathe normally, CALL AN AMBULANCE IMMEDIATELY (DIAL 000) Say that someone is having an asthma attack. Keep giving reliever. Give 4 puffs every 4 minutes until the ambulance arrives. Children: 4 puffs each time is a safe dose. Adults: For a severe attack you can give up to 6-8 puffs every 4 minutes	
HOW TO USE INHALER	WITH SPACER  • Assemble spacer • Remove puffer cap and shake well • Insert puffer upright into spacer • Place mouthpiece between teeth and seal lips around it • Press once firmly on puffer to fire one puff into spacer • Take 4 breaths in and out of spacer • Slip spacer out of mouth • Repeat 1 puff at a time until 4 puffs taken – remember to shake the puffer before each puff • Replace cap	WITHOUT SPACER  • Remove cap and shake well • Breathe out away from puffer • Place mouthpiece between teeth and seal lips around it • Press once firmly on puffer while breathing in slowly and deeply • Slip puffer out of mouth • Hold breath for 4 seconds or as long as comfortable • Breathe out slowly away from puffer • Repeat 1 puff at a time until 4 puffs taken – remember to shake the puffer before each puff • Replace cap
	BRICANYL OR SYMBICORT  • Unscrew cover and remove • Hold inhaler upright and twist grip around and then back • Breathe out away from inhaler • Place mouthpiece between teeth and seal lips around it • Breathe in forcefully and deeply • Slip inhaler out of mouth • Breathe out slowly away from inhaler • Repeat to take a second dose – remember to twist the grip both ways to reload before each dose • Replace cover	

Not Sure if it's Asthma?

CALL AMBULANCE IMMEDIATELY (DIAL 000)

If a person stays conscious and their main problem seems to be breathing, follow the asthma first aid steps. Asthma reliever medicine is unlikely to harm them even if they do not have asthma.

For more information on asthma visit:

Asthma Foundations – www.asthmaaustralia.org.au

National Asthma Council Australia – www.nationalasthma.org.au

Severe Allergic Reactions

CALL AMBULANCE IMMEDIATELY (DIAL 000)

Follow the person's Action Plan for Anaphylaxis if available. If the person has known severe allergies and seems to be having a severe allergic reaction, use their adrenaline autoinjector (e.g. EpiPen, Anapen) before giving asthma reliever medicine.



Although all care has been taken, this chart is a general guide only which is not intended to be a substitute for individual medical advice/treatment. The National Asthma Council Australia expressly disclaims all responsibility (including for negligence) for any loss, damage or personal injury resulting from reliance on the information contained. © National Asthma Council Australia 2011.

Attachment 3 – Asthma Action Plans

– One of the following *Asthma Action Plans* is to be completed by a student's medical practitioner and provided to the school by the parents/carer at the beginning of each school year.

1. Action Plan: [Bricanyl Turbuhaler](#) – right click the link to a downloadable PDF version
2. Action Plan: [Puffer and Spacer](#) – right click the link to a downloadable PDF version
3. Action Plan: [Puffer Alone](#) - right click the link to a downloadable PDF version

FOR USE WITH A PUFFER
ASTHMA ACTION PLAN

VICTORIAN SCHOOLS
Student's name: _____
DOB: _____
Confirmed triggers: _____

PHOTO ☐ Child can self-administer if well enough
☐ Child needs to pre-medicate prior to exercise

ALWAYS give adrenaline autoinjector **FIRST**, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.
Adrenaline autoinjector prescribed: ☐ Y ☐ N Type of adrenaline autoinjector: _____

ASTHMA FIRST AID
For Severe or Life-Threatening signs and symptoms, call for emergency assistance immediately on Triple Zero "000"
Mild to moderate symptoms do not always present before severe or life-threatening symptoms

1. Sit the person upright
Stay with the person and be calm and reassuring
2. Give _____ separate puffs of Albuterol, Asmol or Ventolin
Shake the puffer before each puff
Get the person to hold their breath for about 5 seconds or as long as comfortably possible
3. Wait 4 minutes
If there is no improvement, repeat step 2
4. If there is still no improvement call emergency assistance
Dial Triple Zero "000"
Say "ambulance" and that someone is having an asthma attack
Keep giving _____ puffs every 4 minutes until emergency assistance arrives
Commence CPR at any time if person is unresponsive and not breathing normally.

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

SIGNS AND SYMPTOMS

MILD TO MODERATE	SEVERE	LIFE-THREATENING
- Minor difficulty breathing - May have a cough - Other signs to look for:	- Cannot speak a full sentence - Sitting hunched forward - Tugging in of skin over chest/throat - May have a cough or wheeze - Other signs to look for:	- Unable to speak or 1-2 words - Collapsed/retruded - Groaning for breath - May no longer have a cough or wheeze - Clonched/difficult breathing - Letargic - Sore tummy (young children) - Skin discoloration (blue lips)

Emergency contact name: _____ Plan prepared by Dr or Nurse Practitioner: _____
Work ph: _____ Signed: _____
Home ph: _____ Date prepared: _____
Mobile ph: _____ Date of next review: _____

 Place mouthpiece, between the teeth, and create a seal with lips.
Press once firmly on puffer while breathing in slowly and deeply.
Slip puffer out of mouth.
Hold breath for 5 seconds or as long as comfortable.
Remove cap from puffer and shake well.
Tilt the chin upward to open the airways, breathe out away from puffer.

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FOR USE WITH PUFFER AND SPACER
ASTHMA ACTION PLAN

VICTORIAN SCHOOLS
Student's name: _____
DOB: _____
Confirmed triggers: _____

PHOTO ☐ Child can self-administer if well enough
☐ Child needs to pre-medicate prior to exercise
☐ Face mask needed with spacer

ALWAYS give adrenaline autoinjector **FIRST**, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.
Adrenaline autoinjector prescribed: ☐ Y ☐ N Type of adrenaline autoinjector: _____

ASTHMA FIRST AID
For Severe or Life-Threatening signs and symptoms, call for emergency assistance immediately on Triple Zero "000"
Mild to moderate symptoms do not always present before severe or life-threatening symptoms

1. Sit the person upright
Stay with the person and be calm and reassuring
2. Give _____ separate puffs of Albuterol, Asmol or Ventolin
Shake the puffer before each puff
Puff 1 puff into the spacer at a time
Take 4 breaths from spacer between each puff
3. Wait 4 minutes
If there is no improvement, repeat step 2
4. If there is still no improvement call emergency assistance
Dial Triple Zero "000"
Say "ambulance" and that someone is having an asthma attack
Keep giving _____ puffs every 4 minutes until emergency assistance arrives
Commence CPR at any time if person is unresponsive and not breathing normally.

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

SIGNS AND SYMPTOMS

MILD TO MODERATE	SEVERE	LIFE-THREATENING
- Minor difficulty breathing - May have a cough - May have a wheeze - Other signs to look for:	- Cannot speak a full sentence - Sitting hunched forward - Tugging in of skin over chest/throat - May have a cough or wheeze - Other signs to look for:	- Unable to speak or 1-2 words - Collapsed/retruded - Groaning for breath - May no longer have a cough or wheeze - Clonched/difficult breathing - Letargic - Sore tummy (young children) - Skin discoloration (blue lips)

Emergency contact name: _____ Plan prepared by Dr or Nurse Practitioner: _____
Work ph: _____ Signed: _____
Home ph: _____ Date prepared: _____
Mobile ph: _____ Date of next review: _____

 Place mouthpiece of spacer in mouth and ensure lips seal around it.
Breathe out gently into the spacer.
Press down on puffer canister once to fire medication into spacer.
Breathe in and out normally for 4 breaths (keeping your mouth on the spacer).
Assemble spacer.
Remove cap from puffer.
Shake puffer well.
Attach puffer to end of spacer.

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FOR USE WITH A BRICANYL TURBUHALER
ASTHMA ACTION PLAN

VICTORIAN SCHOOLS
Student's name: _____
DOB: _____
Confirmed triggers: _____

PHOTO ☐ Child can self-administer if well enough
☐ Child needs to pre-medicate prior to exercise

ALWAYS give adrenaline autoinjector **FIRST**, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.
Adrenaline autoinjector prescribed: ☐ Y ☐ N Type of adrenaline autoinjector: _____

ASTHMA FIRST AID
For Severe or Life-Threatening signs and symptoms, call for emergency assistance immediately on Triple Zero "000"
Mild to moderate symptoms do not always present before severe or life-threatening symptoms

1. Sit the person upright
Stay with the person and be calm and reassuring
2. Give _____ separate doses of Bricanyl
Breathe in through mouth strongly and deeply
Remove Turbuhaler from mouth before breathing gently away from the mouthpiece
3. Wait 4 minutes
If there is no improvement, give _____ dose of Bricanyl
4. If there is still no improvement call emergency assistance
Dial Triple Zero "000"
Say "ambulance" and that someone is having an asthma attack
Keep giving _____ dose(s) of Bricanyl every 4 minutes until emergency assistance arrives
Commence CPR at any time if person is unresponsive and not breathing normally.

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

SIGNS AND SYMPTOMS

MILD TO MODERATE	SEVERE	LIFE-THREATENING
- Minor difficulty breathing - May have a cough - May have a wheeze - Other signs to look for:	- Cannot speak a full sentence - Sitting hunched forward - Tugging in of skin over chest/throat - May have a cough or wheeze - Other signs to look for:	- Unable to speak or 1-2 words - Collapsed/retruded - Groaning for breath - May no longer have a cough or wheeze - Clonched/difficult breathing - Letargic - Sore tummy (young children) - Skin discoloration (blue lips)

Emergency contact name: _____ Plan prepared by Dr or Nurse Practitioner: _____
Work ph: _____ Signed: _____
Home ph: _____ Date prepared: _____
Mobile ph: _____ Date of next review: _____

 Breathe out gently away from Turbuhaler.
Do not breathe in to it.
Put Turbuhaler in mouth ensuring a good seal is formed with lips.
Breathe in through mouth strongly and deeply, remove Turbuhaler from mouth.
Twist blue base around all the way, and then back all the way.

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Attachment 4 – School Camp and Excursion Asthma Update Form

- The [School Camp and Excursion Asthma Update Form](#) must be completed prior to any school camp or excursion by the parents/carers for students with an asthma diagnosis. Right click on the form title above to download a PDF version

SCHOOL CAMP AND EXCURSION

VICTORIAN SCHOOLS

ASTHMA UPDATE FORM

Student's name: _____

DOB: _____

Confirmed triggers: _____

Has the student been hospitalised due to asthma, had an acute asthma attack or worsening asthma in the last two weeks? ☐ Y ☐ N

Has the student's asthma medications changed in the last two weeks? ☐ Y ☐ N

Is the student well enough to attend camp/excursion? ☐ Y ☐ N

This form is to be completed by parents/carers of students with asthma prior to an excursion or camp. The form is to be attached to a copy of the student's Asthma Action Plan and brought with students to the camp or excursion. Please provide as much detail as possible.

OTHER MEDICAL CONDITIONS

Has the student had any other illness in the last two weeks? ☐ Y ☐ N

If YES, please provide details:

Nature of illness? _____ When? _____

Severity? _____ Has this affected their asthma? ☐ Y ☐ N

ALLERGIC RHINITIS (HAY FEVER)

Does the student hay fever? ☐ Y ☐ N Does the student have an action plan for hay fever? ☐ Y ☐ N

Confirmed Triggers for hay fever	Medication	Device	Dose	When
_____	_____	_____	_____	_____
_____	Treatment	_____	_____	_____

ADDITIONAL ASTHMA MEDICATION REQUIREMENTS

1. Medication	Device	Dose	When
_____	_____	_____	_____
Instructions for use			
_____	_____	_____	_____
Instructions for use			

Doctor's Name: _____

Phone: _____

Address: _____

Emergency Contact: _____

Phone: _____

The information provided on this plan is true and correct.
Signed: _____

Date: _____

Additional information

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 AUSTRALIA

Attachment 5 – 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 practitioner. This form must be completed for each student with an identified health care need (excluding Anaphylaxis as this information is captured via an Individual Anaphylaxis Management Plan).

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

School:		Phone:	
Student's name:		Date of birth:	
Year level:		Proposed date for 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:	
Mobile:	Mobile:	Mobile:	
Address:	Address:	Address:	
Medical /Health practitioner contact:			
☐ General Medical Advice Form - for a student with a health condition ☐ School Asthma Action Plan ☐ Condition Specific Medical Advice Form – Cystic Fibrosis ☐ Condition Specific Medical Advice Form – Acquired Brain Injury ☐ Condition Specific Medical Advice Form – Cancer ☐ Condition Specific Medical Advice Form – Diabetes ☐ Condition Specific Medical Advice Form – Epilepsy ☐ Personal Care Medical Advice Form - for a student who requires support for transfers and positioning ☐ Personal Care Medical Advice Form - for a student who requires support for oral eating and drinking ☐ Personal Care Medical Advice Form - for a student who requires support for toileting, hygiene and menstrual health management			
List who will receive copies of this Student Health Support Plan :			
1. Student's Family 2. Other: _____ 3. _____ Other: _____			

The following **Student Health Support Plan** has been developed with my knowledge and input

Name of parent/carer or mature minor** student: _____ Signature: _____ Date: _____

****Please note:** Mature minor is a student who is capable of making their own decisions on a range of issues, before they reach eighteen years of age.

Principal (or nominee) name: _____ Signature: _____ Date: _____

Privacy Statement - The school collects personal information so as the school can plan and support the health care needs of the student. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. Access to the personal information the school holds about you/your child can be requested.

How the school will support the student's health care needs

What is the health care need identified by the student's medical/health practitioner?
Other known health conditions:
When will the student commence attending school?
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 Responsible for ensuring the support
Overall Support	Is it necessary to provide the support during the school day?	<i>For example, some medication can be taken at home and does not need to be brought to the school.</i>	
	How can the recommended support be provided in the simplest manner, with minimal interruption to the education and care program?	<i>For example, students using nebulisers can often learn to use puffers and spacers at school.</i>	
	Who should provide the support?	<i>For example, the Principal should conduct a risk assessment for staff and ask:</i> <i>Does the support fit with assigned staff duties, the scope of their position, and basic first aid training (see DOBCEL's First Aid and Infection Control Policy)</i> <i>Are additional or different staffing or training arrangements required?</i>	
	How can the support be provided in a way that respects dignity, privacy, comfort and safety and enhances learning?	<i>For example, detail the steps taken to ensure that the support provided respects the student's dignity, privacy, comfort and safety and enhances learning.</i>	

Support	What needs to be considered?	Strategy – how will the school support the student’s health care needs?	Person Responsible for ensuring the support
First Aid	Does the medical/health information highlight any individual first aid requirements for the student, other than basic first aid?	<i>Discuss and agree on the individual first aid plan with the parent/carer.</i> <i>Ensure that there are sufficient staff trained in basic first aid (see DOBCEL’s First Aid and Infection Control Policy)</i> <i>Ensure that all relevant school staff are informed about the first aid response for the student.</i>	
	Are there additional training modules that staff could undertake to further support the student, such as staff involved with excursions and specific educational programs or activities?	<i>Ensure that relevant staff undertake the agreed additional training</i> <i>Ensure that there are contingency provisions in place (whilst awaiting the staff member to receive training), to facilitate the student’s attendance at school.</i>	
Complex medical needs	Does the student have a complex medical care need?	<i>Is specific training required by relevant school staff to meet the student’s complex medical care need?</i>	
Personal Care	Does the medical/health information highlight a predictable need for additional support with daily living tasks?	<i>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)</i> <i>Would the use of a care and learning plan for toileting or hygiene be appropriate?</i>	
Routine Supervision for health-related safety	Does the student require medication to be administered and/or stored at the School?	<i>Ensure that the parent/carer is aware of DOBCEL’s First Aid and Infection Control policy on medication management.</i> <i>Ensure that written advice is received, ideally from the student’s medical/health practitioner for appropriate storage and administration of the medication.</i> <i>Ensure that a Medication Administration log - See Attachment 3 in the First Aid and Infection Control Procedure is completed.</i>	

Support	What needs to be considered?	Strategy – how will the school support the student's health care needs?	Person Responsible for ensuring the support
	Are there any facilities issues that need to be addressed?	<i>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.</i> <i>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.</i>	
	Does the student require assistance by a visiting nurse, physiotherapist, or other health worker?	<i>Detail who the worker is, the contact staff member and how, when and where they will provide support.</i> <i>Ensure that the school provides a facility which enables the provision of the health service.</i>	
	Who is responsible for management of health records at the school?	<i>Ensure that information privacy principles are applied when collecting, using, retaining or disposing of personal or health information.</i>	
	Where relevant, what steps have been put in place to support continuity and relevance of curriculum for the student?	<i>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).</i>	
Other considerations	Are there other considerations relevant for this health support plan?	<i>For example, in relation to behaviour, such as special permission to leave group activities as needed; planned, supportive peer environment.</i> <i>For example, in relation to the environment, such as minimising risks such as allergens or other risk factors.</i> <i>For example, in relation to communication, is there a need to formally outline the communication channels between the school, family and health/medical practitioner?</i> <i>For example, is there a need for planned support for siblings/peers?</i>	