

MANAGING STUDENTS HEALTH SUPPORT NEEDS POLICY

GUIDING SCRIPTURE

³ Do nothing out of selfish ambition or vain conceit. Rather, in humility value others above yourselves, ⁴ not looking to your own interests but each of you to the interests of the others. (Philippians 2: 3-4)

PURPOSE

St John's Lutheran School has a non-delegable duty of care to students enrolled at and attending the school, which includes enabling students with health support needs to maintain their wellbeing and engage in learning safely. This policy outlines the measures that St John's Lutheran School must take to manage risks in the school environment and support students with health support needs at school, so that all students can safely participate in all aspects of school life. This requires collaboration between school staff, parents/guardians and health professionals to manage identified health risks.

To satisfy their legislative obligations under the *Medicines and Poisons (Medicines) Regulation 2021 (Qld)*, St John's Lutheran School will ensure a substance management plan is in place that shows how risks associated with buying, possessing, administering and disposing of medications held at the school are managed.

SCOPE

The scope of this policy applies to all students and staff of St John's Lutheran School.

DEFINITIONS

Allergy: An immune system response to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens.

Allergen: A substance that can cause an allergic reaction.

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Allergic reaction: A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around the mouth, abdominal pain, vomiting and/or diarrhoea, facial swelling, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse (child pale or floppy), or cessation of breathing.

Adrenaline Auto-injector: (Epipen or Anapen): A device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered.

Anaphylaxis: A severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly breathing or circulation.

Anaphylaxis action plan: (ASCIA Action Plan): A medical management plan prepared and signed by a Doctor providing the child's name and allergies, a photograph of the child and clear instructions on treating an anaphylactic episode.

Controlled drugs (Schedule 8 drugs): Are prescription medicines that have a recognised therapeutic need but also a higher potential for misuse, abuse and dependence. They include medication such as Ritalin and dexamphetamine. These are controlled substances and are to be located in a locked cabinet when not being administered.

Health plan: an overarching term describing documents completed by medical practitioners or health professionals that provide the school with directions or guidelines to manage student's health support needs

Health support needs: A student requires routine/ daily health procedures, infrequent emergency procedures or has a medical condition which may require an emergency response to a potentially life-threatening crisis. The health conditions associated with a health support need may include asthma, diabetes, anaphylaxis, epilepsy, cystic fibrosis, dysphagia (swallowing difficulties), incontinence (bladder or bowel), adrenal disorders, rare genetic disorders or other health needs requiring plans.

Health professional: a qualified health professional with the relevant skills and knowledge to assess, plan and evaluate care. This can be the student's treating team, registered nurse or allied health professional. Health professionals are registered with AHPRA or eligible for membership with the relevant national professional body.

Medical practitioner: a doctor registered with the Medical Board of Australis, through the Australia Health Practitioner Agency (AHPRA). In some cases, this could include a nurse practitioner endorsed and registered with AHPRA.

Risk minimisation plan: A plan specific to the service that specifies each child's allergies, the ways that each student at risk of anaphylaxis could be accidentally exposed to the allergen while in the care of the school, practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan should be developed by families of the students at risk of anaphylaxis and staff at the school and should be reviewed at least annually, but always upon the enrolment or diagnosis of each student who is at risk of anaphylaxis.

WHS Advisor: Workplace Health and Safety Advisor.

POLICY STATEMENT

St John's Lutheran School is committed to providing, as far as is practicable, a safe and supportive learning environment for all of our students and in particular to managing student's health support needs. The school is also committed to the provision of competent and prompt emergency care to ensure the health and optimum outcome of students who may experience a medical episode in relation to their health support need.

To uphold our duty of care and to support the safety and well-being of students who have health support needs, St John's Lutheran School is committed to:

- Providing, as far as practicable, a safe and supportive environment in which students with health support needs can participate equally in all aspects of the student's schooling;
- Raising awareness about allergies, anaphylaxis and other health support needs in the school community;
- Developing risk minimisation and management strategies for the student at risk;
- Actively involving the parents/ guardians of each student with health support needs in assessing risks, developing risk minimisation strategies and management strategies for their child;
- Ensuring that each staff member has adequate knowledge of any health support needs students may have and appropriate emergency procedures.

PROCEDURES

1. Students with Health Support Needs

1.1 Identify Students with Health Support Needs

Parents/guardians have a responsibility to provide information to the Principal about their child's health condition/s, including written information from health and medical professionals, upon enrolment, diagnosis and as the student's needs change. Processes are in place as part of enrolment procedures, as outlined in # 3.19 *Enrolment Policy*. Parents are to provide any medication, consumables and other equipment required for the school to administer health support procedures in a timely way and as agreed with the Principal.

The Principal or delegate is to ensure all relevant staff are aware of students' health conditions and protocols for sharing student personal information.

Parents/guardians and the student (where appropriate) will be advised that relevant information about the student's health condition will be shared with appropriate school staff and volunteers where necessary to minimise risk to the student's health. Refer to *Section 8 Confidentiality*.

1.2 Determine What Supports are Required for Individual Students

The Principal or delegate will ensure planning occurs to safely manage the student's health support needs at school, including updating information and reviewing plans. This will include consulting with the parent/guardian of the student, the student where appropriate, and a medical practitioner as required, to assess risk and determine the appropriate routine care and emergency first aid response.

A decision can then be made if the student will be authorised to self-manage their health condition and medication at school (refer to *Section 2.3 Self-Administration of Medication by Students*).

Consideration will be given to how to use and manage any technologies or smart devices that may be used to manage a student's health support needs.

The Principal and staff will consider students' health support needs when planning and managing school activities, excursions and camps, (refer to #1.18 *Excursions and Camps Policy*). Consideration is to be given to how students' health support needs can be safely managed during a lockdown or evacuation.

1.2.1 Medical Action Plan

An appropriate Medical Action Plan, developed by a General Practitioner, must be received from any student:

- Whose parents are requesting support outside the scope of first aid;
- Who is known to be at risk of a health emergency due to a diagnosed health condition;
- Who requires health support procedure/s during school or school-related activities.

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Refer to *Section 5 Anaphylaxis Management* and *Section 6 Asthma Management* for further procedures specific to these health conditions.

The Principal may determine cases other than this where a Medical Action Plan would assist the school to support the student.

Plans should be in place as soon as practicable after the student is enrolled or diagnosed. Plans must include clear instructions from a health professional to the school concerning health support procedures to take place during school hours or during school-related activities, including a response plan during an emergency.

Plans are to be stored and displayed in staff accessible locations to ensure that all staff are aware of students who require health support procedures, how best to support the students, and where they can access this information. Parents/guardians and the student involved will be advised of this. Health plans should not be stored and displayed in areas used by the general public.

A copy of the student's Medical Action Plan is to be stored with their emergency medication or equipment.

1.3 Staff Training and Support

The Principal or delegate is to ensure that staff who have contact or may have contact with a specific health condition will receive training relevant to students' health support needs. This will be updated annually or in line with best practice. This includes first aid training which is offered to all staff annually, as outlined in # 4.20 *Work Health and Safety Policy*.

All staff will be informed of the names of staff who are trained in specific first aid such as asthma and anaphylaxis. A register of staff who have completed training, with refresher dates, will be maintained.

Staff responsible for supervising students with health support needs, including relief and specialist staff, must be advised of, and review, any Medical Action Plans before supervising the student. This medical information is available for staff in their class register under the 'Medical Alerts' tab.

1.3.1 Anaphylaxis Training

At all times while a student at risk of anaphylaxis is under the care or supervision of St John's Lutheran School, including excursions, playground duty, camps/special event days, the school must ensure that there is a sufficient number of staff present who have up to date training and know how to recognise, prevent and treat anaphylaxis.

Such training will include the school's anaphylaxis management strategy; the causes, symptoms and treatments of anaphylaxis; the identities of students diagnosed at risk of anaphylaxis and where their medication is located; how to use an adrenaline auto-injecting device and the school's first aid and emergency response procedures. This training will be coordinated by the WHS Advisor.

1.3.2 Asthma Training

Under the *Medicines and Poisons (Medicines) Regulation 2021, Schedule 13, Division 2*, ***school staff who have not completed an Asthma First Aid training course approved by the Department of Health covering the specific topics are unable to administer the school's blue/grey reliever medication in the event of an asthma emergency.*** In this instance, asthma training means training in the following matters:

- recognition of the symptoms and signs of asthma;
- knowledge of the appropriate use of asthma reliever medication, including competency in using a spacer device;
- implementing an asthma first aid plan.

Refer to [Training for Schools - Asthma Australia](#)

1.4 Responsibilities in Managing Students with Health Support Needs

1.4.1 Administration Assistant

The Administration Officer is responsible for the following tasks, and reports to the WHS Advisor:

- Maintain an up to date register of students/staff with health support needs (*Medical Summary Alert Book*) and emergency contact details. This is based on the provision that parents/guardians provide the school with up to date information;
- Maintain first aid and emergency equipment, including:
 - Check that each adrenaline auto-injector is correctly stored, not cloudy or out of date at the beginning of each term. An adrenaline auto-injector register will be kept and displayed in the school's lunchroom. The parent/guardian will be informed a month prior, in writing, if the adrenaline auto-injector needs to be replaced;
 - Check expiry dates of all school-supplied emergency equipment on a regular basis;
- Ensure appropriate staff receive training on anaphylaxis and asthma management or other high risk medical conditions;
- Inform staff of first aid emergency equipment location and use;
- Work with staff to develop strategies to raise school staff, student and community awareness about severe allergies and prevention strategies.

1.4.2 All Staff

- Commit to recognising the possible symptoms of specific health conditions including asthma and anaphylaxis (*Appendix 1 and Appendix 3* of this Policy);
- Know the school's procedures for dealing with health emergencies such as asthma/anaphylaxis;
- Become familiar with the emergency treatment for an anaphylaxis reaction, including administering an adrenaline auto-injector;
- Know where the adrenaline auto-injectors and the students Anaphylaxis action plans are located:
 - First Aid stations- personal adrenaline auto-injectors;
 - Location of adrenaline auto-injectors register – school staff lunchroom;
- Become familiar with the emergency treatment for an asthma attack, including who is trained to administer the blue/grey reliever medication;
- Be aware of students at the school who have a risk of an anaphylaxis reaction or an asthma attack or other health condition;
- Take reasonable measures to reduce the risk of students being exposed to their triggers and known allergens, which should reasonably be foreseen.

2. Equipment, Medication and Consumables

The Principal or their delegate/s will:

- Ensure that equipment, medication and consumables used to manage students' health conditions during school and school-related activities are:
 - Labelled clearly with the student's name, and, for medication, a pharmacy label;
 - Stored in accordance with the manufacturer's recommendations;
 - Readily accessible at all times (do not store emergency medication in a locked space); and
 - Available for use by relevant student/s for school activities held out-of-school hours e.g., camps, dances;
- Regularly monitor and maintain equipment, medication and consumables and check expiry dates;

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- Inform the parent/guardian when the student's equipment, medication or consumables require servicing, resupply or are close to the expiry date;
- Replace school purchased equipment, emergency medication and consumables promptly as they are used;
- Ensure that the school maintains a Substance Management Plan that shows how risks associated with buying, possessing, administering and disposing of medications held at the school are managed.

2.1 School Emergency Equipment

St John's Lutheran School provides basic first aid equipment at the school appropriate for administering first aid, as outlined in the *#4.20 Work Health and Safety Policy*.

As part of our risk management strategy, St John's Lutheran School maintains:

- Adrenaline auto-injectors (anaphylaxis);
- Blue/grey reliever medications, and spacers (asthma);

These are located in classrooms relevant to the students identified as may require them; spare kept in administration office and a spare taken on camps and excursions.

- Defibrillator, which is located in the school hall.

The number of these may vary dependent on:

- The number of students enrolled who have been diagnosed as being at risk of anaphylaxis;
- The location of the first aid kit and the proximity to each student's classroom, playground area, sports field and other learning environments;
- The accessibility of adrenaline auto-injectors during school excursions and camps;
- The level of risk in the environment (e.g. increased exposure to potential triggers, allergens and distance from emergency services).

This is to ensure the availability and timely accessibility of a sufficient supply of school purchased emergency equipment in specified locations at the school, including in the school grounds, and at excursions, camps and special events conducted, organised or attended by the school.

The school's adrenaline auto-injector should be stored with a copy of a general (orange) Anaphylaxis action plan, which provides standard emergency procedures for anaphylaxis (*Appendix 2*).

The school's blue/grey reliever medication should be stored with a copy of the Asthma First Aid procedure (*Appendix 4*).

3. Administration and Management of Medication

3.1 Student-Specific Emergency Medications

Some students with specialised health needs may require the administration of emergency medications that require specialist training beyond that provided in first aid training, e.g., Midazolam for the emergency treatment of a seizure. The administration of these emergency medications varies in complexity and may or may not be within the capacity of school staff to administer.

The Principal will determine if administering the emergency medication (apart from first aid emergency medications) would provide a level of care that could be reasonably be expected of a school, taking into account the health needs of the individual student requiring support, the skills and knowledge of the school's staff, and the resources available from within the school and the local community. The Principal may seek advice from a medical practitioner and will consult with the parent/guardian. All decisions taken by the Principal will be in the best interests of the student.

3.2 Authorisation and Supply of Medication

3.2.1 Authorisation

The administration of medications to students by school staff is only considered when a prescribing medical practitioner has determined that it is necessary or when there is no other alternative in relation to the treatment of a specific health need.

Should medication prescribed by the student's medical practitioner be required to be administered while the student is at school or involved in school approved activities, a parent/guardian must, in the first instance, make a written or verbal request to the school Administration. The parent/guardian is required to fill in a *Medical Authority Form* available from the school office or email an Authority.

Parents/guardians must notify the school in writing

- Of any guidelines provided by the students' prescribing medical practitioner or pharmacist concerning medication administration;
- When medication is no longer required to be administered at school or if changes occur in the dosage requirements.

3.2.2 Supply of Medication

Parents/carers should be encouraged to provide and collect students' medication in person. Where this is not possible, the school will discuss with the parent/carer other safe methods of transporting the medication e.g. if the student is transporting their own medication, they must deliver it to the office on arrival at school.

When medication is received, the administration staff are to ensure that the *Medical Authority Form* has been completed and signed. Review the medication and dosage information on the form and check that it matches the pharmacy label (**NOTE:** often the pharmacy label is not able to be seen on insulin, so check the prescribing health practitioner's letter authorising the insulin carefully). Any medication orders, written instructions or actions relevant to the medication are to be attached together.

The Principal or delegate will determine and communicate where the medication will be stored (e.g., in locked first aid cupboard or in classroom first aid cupboard etc.) and who will be responsible for administering the medication and if any relevant training is required.

3.3 Administering Medication

3.3.1 Administration of Medication Protocols

A teacher or other adult person on the school staff authorised by the Principal to administer medication to a student, may accept responsibility to administer medication to a student while at school or while involved in a school-approved activity, following an authorised request from a parent/guardian. All staff must sign an *Authorisation to Administer Medication Form* prior to being authorised to administer medication to a student.

Where a teacher or other adult on the school staff authorised by the Principal to administer medication to a student is to administer medication:

- The instructions provided **must** be written on the **original** medication container by the pharmacist at the medical practitioner's direction. **Medication not in its original packaging/container must not be administered.** The only time that medication may not be supplied to the school in its original container is when a pharmacist has used a dose administration aid (e.g. blister pack - tablets packaged by the pharmacist into individual, tamper proof cavities). While this is not the medication's original container, it has been packed by the pharmacist and will be a tamper-evident, well-sealed device that has dose instructions;

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- The instructions on the medication container need to indicate specific times at which medication is to be administered;
- If the medication is more complex with specific administration requirements, then a letter from the medical practitioner should be provided;
- Instructions solely from a parent/guardian will **not** be accepted;
- The only exception to this is for school supplies of analgesics such as paracetamol (e.g. Panadol) or ibuprofen (e.g. Nurofen) which is administered as per the package directions, only after written permission is received from a parent/guardian;
- At no time should any medication provided for one student be administered to another student;
- The first dose of any new medication **must not** be administered at school in case of any adverse side effects;
- To reduce the risks associated with administering multiple tablets to a student, parents will be encouraged to provide multiple medications in blister packs;
- Staff administering medication should wear disposable gloves and wash their hands thoroughly for 20 seconds before and after administering medication.

The Principal is to ensure that staff authorised to administer medication are aware of medication related first aid procedures.

Staff administering medication can refer to *Appendix 6: Safe Administration of Medication to Students*.

For a student having an asthma flare up or anaphylaxis, staff are to follow the student's Action Plan and administer emergency first aid.

3.3.2 Oral Medication

A teacher or other adult on the school staff authorised by the Principal to administer medication to a student may administer **oral medication** provided it is given strictly in accordance with protocols outlined in *Section 3.3.1 Administration of Medication Protocols*.

Non-prescribed oral medications (such as analgesics [paracetamol or ibuprofen] and over-the-counter medications) are **only** to be administered by school staff when they have appropriate labelling from a pharmacist or medical practitioner. In the case of camps and excursions, administration of medication is only to be made with written authority of the parent/guardian and as per the package directions.

3.3.3 Injections

A teacher or other adult on the school staff authorised by the Principal to administer medication to a student **may not** administer injections to a student unless they have received specific training.

3.4 Self-Administration of Medication by Students

The Principal has responsibility to approve students to be responsible for self-administration of medication and self-management of health conditions after consultation with the parent/guardian and student, and treating medical practitioner, if appropriate. The Principal will assess any associated risks at the school level in making this determination. A record of any discussions is to be made.

The parent/guardian is required to provide the school with written advice supporting self-administration as provided by the prescribing health practitioner. Arrangements are to be made between the student, parent/guardian and relevant school staff as to where medication is stored and where it is administered.

Students who require Ritalin or Dexamphetamine (or other controlled drugs) will not be approved to keep their medications on their person in order to self-medicate as these medications must **only** be stored securely in a locked cabinet in the administration office when not being administered to ensure the safety and wellbeing of the whole school community.

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Relevant staff are to be notified if students are self-administering medication. Staff who may supervise students who self-administer by injection or injecting pump are to be provided training by a qualified health practitioner. No student is to be fully responsible for self-administration of their emergency medication if they require it, as their symptoms may compromise their ability to do so.

As asthma is a common childhood health condition requiring basic oral medication, many students are capable of self-administering their own medication without adult support or supervision. Refer to *Section 6 Asthma Management*.

3.5 Stolen or Misused Medication

In the case of stolen or misused medication, including controlled drugs, or medication diverted from the person to whom it was originally prescribed:

- Notify the Principal immediately;
- The Principal or delegate will notify parents/guardians to arrange a replacement dosage of their medication;
- Follow established procedures for missing property on school grounds;
- Contact police if required (this is mandatory for loss of S8 drugs).

3.6 Storage of Medications

Medication is to be stored in the original containers according to the manufacturer's instructions and special instructions from the pharmacist or prescribing health practitioner.

At all times, medication must be kept in a secure place. The nominated secure place is the first aid cabinet located in the classroom or the medication cupboard located in the administration first aid room. These cabinets/cupboards must be kept locked. Medication that requires refrigeration is to be securely stored in the specific fridge located in the administration sick bay.

Emergency medications for some specialised health needs is to be stored in a safe, unlocked location where it is always easily accessible to the authorised student and staff in the event of an emergency.

In some cases (e.g., inhaler for asthma), the student may be responsible for the inhaler on permission from a parent/guardian (refer to *Section 3.4 Self-Administration of Medication by Students*).

If the parent/guardian advises that the medication is no longer required, it is to be returned personally to the parent/guardian of the student. All medication is to be returned in its original container. If there is a failure to collect, then the parent/guardian will be notified of planned disposal arrangements (as outlined in *Section 3.8 Disposal of Medication*).

3.7 Record Keeping

- An official *Register of Administration of Medication* must be maintained and must contain a record of all occasions when medication is administered to a student;
- A Register will be held in each classroom. At the end of each school year information from the register will be filed by Administration staff with student records;
- Each entry in the Register is to be completed by the authorised person administering the medication, immediately after the medication is administered. Where the person authorised by the Principal to administer medication is away and relief staff are in attendance, medications are to be administered by another authorised person;
- Each entry in the Register must contain the following:
 - (i) the date the medication was administered;
 - (ii) the time the medication was administered;
 - (iii) the name of the student receiving medication;

- (iv) the name of the medication administered;
 - (v) the exact dosage of medication administered;
 - (vi) the method of administering the medication;
 - (vii) the name of the person on the school staff authorised by the principal to give medication to the student to which the register refers;
 - (viii) the initial of the person administering the medication.
- The written request from the parent/legal guardian who requested the administration of medication must be held and kept with the Register;
 - In effect, the written request documentation referred to above represents an agreement among the parties as to the arrangements made in respect of the administration of medication;
 - A list of all medical alerts/action plan summaries are provided in classroom registers. Staff are to be familiar with medical requirements of all students within the school.

Records must be stored securely in each classroom as information is confidential and private. They must not be accessible to students or members of the public and are to be kept out of sight. Personal information must be securely stored as outlined in the *Protection of Personal Information Policy, Section 7.2 Security of Personal Information*.

3.8 Disposal of Medication

Medication must be disposed of carefully and responsibly. It **must not** be disposed of down a sink or into the rubbish.

When medication is initially brought to the school, advise the parent/carer that they will need to collect any unused medication when it is no longer required to be administered at school. When the period of administration is finished, remind the parent/carer to collect any remaining medication.

When medication has passed its expiry date and cannot be administered – ask the parent/carer to collect it for disposal.

Any unused medication that has not been collected by the parent/carer must be taken to a pharmacy for disposal. The pharmacy will ensure that all medication (including controlled drugs) is disposed of correctly and in accordance with the law.

Sharps must be disposed of in a sharps disposal kit.

School-purchased medications that are passed their used-by dates or require disposal due to other reasons will be taken to a pharmacy for safe disposal. Records will be maintained to record the return/disposed medication with 2 staff signing to show a 'zero balance'.

4. Reducing Risks for Asthma and Anaphylaxis

The key to prevention of asthma and anaphylaxis in the school is knowledge of the student who has been diagnosed with or at risk, awareness of allergens and prevention or minimising exposures to triggers or allergens in the school environment.

The Principal or delegate will identify and assess the potential risks in the student's school routine and environment and potential exposure to allergens or triggers while students at risk of anaphylaxis or asthma are in the care of the school and develop risk minimisation strategies for the school in consultation with the student's family and supervising teachers as relevant.

The following strategies will be implemented to help protect students at risk:

- Recognise areas of potential risk to a student with food allergies:
 - **Sharing of food:** sharing of food between students is not allowed;
 - **Tuckshop:** not selling products that contain identified allergens from the tuckshop;

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- **Supervising meals/snacks**, particularly for younger students;
- Communicate with and encourage parents and staff to support the school's efforts to reduce identified allergens by asking parents not to send certain products to school in lunch boxes, or talk to their child about not sharing their food;
- Ensuring students, staff and visitors are encouraged to wash their hands properly with soap and water after eating;
- Modify the individual students' activities while participating in regular classes, ensuring that these students are given every opportunity to participate as fully as possible;
- Modify the class activities to accommodate the individual student. (e.g., removing or replacing certain substances from recipes etc to accommodate identified hazards for the individuals);
- Establishing a specific and unique set of cooking equipment/crockery/cutlery to be used exclusively by students at anaphylactic risk. This equipment must be washed separately and stored in the cupboard in an airtight container when not in use;
- Food preparation personnel (staff and volunteers) should be instructed about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food – such as careful cleaning of food preparation areas and utensils;
- Ensure students are aware of how to alert staff if they are experiencing symptoms.

5. Anaphylaxis Management

5.1 Anaphylaxis Plan

Each student who is at risk of anaphylaxis is to have an Anaphylaxis Plan. This plan should include:

- The name of the person/s responsible for implementing the plan;
- All known allergens
- Potential sources of exposure to each known allergen;
- Information on where the student's medication will be stored;
- The student's emergency contact details;
- An emergency procedures plan (Anaphylaxis action plan) provided by the parent, that:
 1. Sets out the emergency procedures to be taken in the event of an allergic reaction;
 2. Is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan; and
 3. Includes an up to date photograph of the student.

The Anaphylaxis Plan should be reviewed:

- In consultation with the student's parent/guardian;
- Annually, and as applicable;
- If the student's condition changes; or
- Immediately after a student has an anaphylactic reaction.

It is the responsibility of the parent/guardian to:

- Provide the emergency procedures plan (Anaphylaxis action plan);
- Inform the school if their child's medical condition changes, and if relevant, provide an updated emergency procedures plan (Anaphylaxis action plan).

5.2 Medication Storage and Location

All adrenaline auto-injectors (i.e., EpiPen) and medication must be stored according to a student's Anaphylaxis action plan and checked regularly to ensure that it has not expired, become discoloured or sediment is visible. Adrenaline auto-injectors and other medication must be stored in various locations which are known to staff (including relief staff), easily accessible to adults (not locked away), not accessible to students and away from direct sources of heat. A copy of the student's Anaphylaxis action plan must also be stored with their medical kit.

The school maintains adrenaline auto-injectors and other relevant medication in classrooms relevant to the students identified as may require them; a spare kept in the administration office and a spare taken on camps and excursions.

Whenever a student at risk of anaphylaxis participates in outside school activities such as excursions and camps, Individual Anaphylaxis Plans, Anaphylaxis action plans and adrenaline auto-injectors must be taken.

5.3 Internal Communication

The Principal is responsible for providing information to all staff, students and parent/guardians about anaphylaxis and the development of the school's anaphylaxis management strategies.

All students requiring adrenaline auto-injectors and Anaphylaxis action plans will be clearly displayed in the school staff room. A recent photo of all students who have adrenaline auto-injectors will be displayed in all class registers, safety spot registers and the office. Each student's allergen will also be identified.

Any changes to information about a student's health will be communicated to staff as soon as is practicable.

Volunteers and casual relief staff will be informed on arrival at the school if they are caring for a student at risk of anaphylaxis and their role in responding to an anaphylactic reaction.

5.4 Responsibilities

5.4.1 Parent/Guardian of a Child at Risk

The parent/guardian of an at risk student is to provide the school with:

- Information, either on enrolment or on diagnosis, of their student's allergies;
- An up to date Anaphylaxis action plan that has been signed by the student's medical practitioner and has an up to date photograph of the student;
- Written consent to use the adrenaline auto-injector in line with the Anaphylaxis action plan;
- A suitable number of adrenaline auto-injectors, any other medication mentioned in the action plan and ensure that they are all clearly labelled with the student's name, within their use-by date;
- Any additional information or guidance, as necessary, when special events such as camps or excursions are being planned;
- Information, in writing, about any changes to the student's allergy status and provide a new Anaphylaxis action plan in accordance with these changes;
- Comply with the school's policy that no child who has been prescribed an adrenaline auto-injector is permitted to attend the school without that device.

5.4.2 Staff Responsible for the Student at Risk of Anaphylaxis

- Ensure a copy of the student's Anaphylaxis action plan is visible to all staff by storing a copy in the class roll book;

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- Follow the student's Anaphylaxis action plan in the event of an allergic reaction, which may progress to anaphylaxis;
- In the situation where a student who has not been diagnosed as allergic, but who appears to have an anaphylactic reaction:
 1. Call an ambulance immediately by dialling 000;
 2. Commence first aid measures;
 3. Contact the parent/ guardian;
- Practise adrenaline auto-injector administration procedures using an EpiPen trainer regularly;
- Ensure that parents/guardians provide an Anaphylaxis action plan signed by the student's medical practitioner and a complete adrenaline auto-injector kit;
- Ensure that a trained adult on excursions that this student attends carries the adrenaline auto-injector for each student at risk of anaphylaxis and the Anaphylaxis action plan;
- Liaise with parents/guardians about food-related activities ahead of time;
- Use non-food treats where possible. If food treats are used in class, it is recommended that parents/guardians provide safe treats for the student at risk of anaphylaxis. These should be clearly labelled for the student;
- Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food;
- Never give food from outside sources to a student who is at risk of anaphylaxis.

6. Asthma Management

6.1 Asthma Plan

As outlined in *Section 1.2.1 Health Plan*, each student diagnosed with asthma should have an Asthma Plan which includes a written set of individualised instructions completed, signed and dated by a medical practitioner that outlines the management of a student's asthma when well controlled and during a flare-up.

This plan should be reviewed at least annually and at any other time where there are changes in a student's asthma medication or asthma control.

6.2 Asthma First Aid

All asthma attacks are serious and require swift, appropriate action by school staff. Asthma attacks can vary in severity from mild/moderate symptoms which can be managed by commencing Asthma First Aid to severe or life-threatening symptoms which require emergency service support.

Students experiencing asthma symptoms should not be left alone, even in the sickbay, as mild/moderate symptoms can quickly deteriorate into a life-threatening attack.

With all asthma attacks, time is critical. School staff should not hesitate to commence Asthma First Aid immediately (**Appendix 4 of this Policy**).

6.2.1 Considerations During an Asthma Emergency

- The student demonstrating signs of asthma is to be always under the supervision of an adult and not moved;
- If emergency services are needed to be called during an asthma emergency, they ideally should be called by an adult nearest to the student rather than from the school office. That way they can relay exactly what is happening to the student;
- If readily accessible, use the student's own blue/grey reliever medication and spacer, otherwise use the school blue/grey reliever medication and spacer from the nearest first aid kit;

6.3 Student Equipment

Each student diagnosed with asthma should have their own medication and equipment at school. This includes:

- A blue/grey reliever medication - with prescription label including the student's name and dosage information;
- A spacer - clearly labelled with the student's name (if using aerosol reliever medication);
- An Asthma Plan - completed and signed by the student's doctor (the school will require a copy of the Asthma Plan if the student requires assistance to administer their medication).

6.4 Responsibilities

6.4.1 Responsibilities of Teachers with a Student at Risk of Asthma

- Become familiar with the students' Asthma Plan
- Ensure they know the location of students' blue/grey reliever medication and spacer and the school's asthma medication;
- Know who is trained to administer the school blue/grey medication and spacers;
- Ensure the student's blue/grey reliever medication is readily accessible at all times (e.g. NOT locked in a cupboard). All supervisory and relief staff must know this location. This medication is to be taken with the students to all locations including specialist classes, extracurricular activities, off campus events and activities;
- Consider situations where students may be exposed to an asthma trigger which may cause their asthma to flare up.

6.4.2 Roles and Responsibilities of the Parent with a Student at Risk of Asthma

- Educate their child about their asthma (e.g., how to recognise symptoms, how to use their blue/grey reliever medication with spacer correctly, words to describe their asthma symptoms);
- Notify the school of the students' asthma diagnosis and provide appropriate medical information;
- Provide a copy of the student's Asthma Plan, completed and signed by the student's doctor, to the school;
- Provide an updated copy of the student's Asthma Plan, completed and signed by the student's doctor, to the school if there is a change in the student's medications or management;
- Notify the school of any changes to the student's asthma management (e.g. flare-up after cold);
- Consider providing permission for the school to share the student's medical information with relevant staff and volunteers, so that necessary risk management processes can be followed;
- Provide a blue/grey reliever medication with original prescription label including the student's name and dosage information to the school;
- Provide a spacer, and mask if required, clearly labelled with the student's name to the school;
- Monitor the expiry date of the student's blue/grey reliever medication and replace before it reaches its expiry date;
- Collect student's unused blue/grey medication from school when it is no longer required.

7. Exclusion Periods for Contagious Conditions

7.1 Contagious Conditions

Contagious conditions are infectious diseases that can be spread from person to person through:

- The air by breathing in infectious droplets;
- Contact with germs from faeces passed via the hand to the mouth;
- Germs on hands transferred to broken skin, eyes, nose or mouth;
- Contact with germs in blood or other body secretions (such as urine, saliva, nasal secretions) onto broken skin, eyes, nose or mouth.

St John's Lutheran School can limit the spread of contagious conditions by:

- Excluding unwell children from school while they are infectious;
- Upholding hygiene standards;
- Implementing other infection control measures as appropriate (i.e. PPE, cough etiquette);
- Educating parents, students and staff;
- Obtaining medical advice on issues relating to the possible risk of infection.

7.2 Exclusion Periods

St John's Lutheran School must meet the requirements of the [Public Health Act 2005 \(Qld\)](#) in managing contagious conditions.

The Principal can require a parent or carer to keep a child away from school if the child has or may have a contagious condition. The Principal must consult with a medical practitioner before taking this action.

Children who are infected with a contagious condition can infect other children, therefore:

- Children who have any of the contagious conditions as listed in the *Public Health Act 2005* must stay away from school until they are well and not infectious, as per the Qld Health exclusion periods;
- Depending on the disease, certain requirements may need to be met before a child can return to school. For details on these requirements refer to Queensland Health: [Time Out poster - keeping your child and other kids healthy](#).

Recommended exclusion periods and requirements are found in *Appendix 5* of this Policy.

If any infectious disease is suspected or confirmed at St John's Lutheran School, the [Public Health Unit](#) will be contacted for advice.

The Principal may refer to the [Information for Schools and Education and Care Services, Contagious Conditions – Public Health Act Chapter 5 Part 2](#) for information and advice in administering this Policy.

7.3 Responsibilities of the School

To safeguard the health and safety of students and staff, the school will:

- Ensure that staff are adequately informed about contagious conditions and the measures required to prevent their spread;
- Issue guidelines and procedures to be followed by staff and students in order to minimise risks associated with infectious conditions as per the Queensland Health schedule;
- Ensure that staff and students adhere strictly to these guidelines and procedures;

ST JOHN'S LUTHERAN SCHOOL, KINGAROOY

- Depending on the nature of the contagious condition, the school may provide appropriate educational programs which aim to ensure that students are adequately informed about the nature of the condition, how they are transmitted and measures to be taken to prevent their spread;
- In accord with its Christian commitment, the school will urge staff and students to show compassion and kindness to those experiencing a contagious condition.

7.4 Responsibilities of Parents

- Because of the need to protect the health and wellbeing of staff and students, parents seeking to enrol a student at the school are required to inform the Principal, in confidence, of any medical condition (which would include a serious infectious disease) which the student carries or has suffered and to provide information about any medically required treatments and measures to prevent the transmission of the disease. Provision for this duty of disclosure is made in the *Enrolment Policy*;
- In any case where an existing student of the school contracts a serious infectious disease, parents are required to inform the Principal, in confidence, without delay and to provide information about any medically required treatments and measures to prevent the spread of the infection;
- The parents of a student suffering from a serious infectious disease will be expected to co-operate with the school in planning and providing suitable support for the student. They will also be expected to assume the primary responsibility for teaching and requiring their child to behave and respond in the school context in such a way as to prevent the risk of infecting others.

8. Confidentiality

When disclosing information about a student's health support needs including an infectious disease, parents may request the Principal to keep this information confidential or that it be restricted to specified members of staff. On receiving this request, the Principal will discuss the matter with the parents and endeavour to reach a mutually acceptable decision. This decision will, in part, be based on a risk assessment approach.

In all cases, the final responsibility for determining the level of confidentiality to be observed will rest with the Principal. A record is to be made of any discussions with parents/guardians about how the school will treat information about a student's health support needs which defines how and for what purposes the information will be used by the school.

At no time will the identity of a student experiencing a life-threatening and/or infectious disease be intentionally disclosed to other students, except after negotiation and agreement with parents.

Any staff member who receives confidential information about a student who has health support needs will be required to maintain strict confidentiality.

Information about a worker at the school who is experiencing an infectious disease will be kept confidential by the Principal; however, if in the view of the Principal, the health and safety of other members of the school community is being endangered, the Principal may inform those who are potentially at risk. This will only occur after consultation with the worker.

9. Responding to Medication Side Effects, Errors or Incidents

If side effects, errors or an incident occurs as a result of administering medication, an immediate response is required from staff to ensure the health and safety of the student. This may include contacting 000 or the Poisons helpline (13 11 26). In all cases, the Principal must be notified of any non-compliance with procedures or side effects, errors or incidents.

Refer to *Appendix 7* for processes to follow, depending on the incident.

ST JOHN'S LUTHERAN SCHOOL, KINGAROOY

Any incident involving a student in relation to their health support needs is to be reported and documented in line with the school's incident reporting procedure, found in the *Work Health and Safety Policy*.

Legislation / References:	<ul style="list-style-type: none"> • Anti-Discrimination Act 1991 (Qld) Chapter 2, Part 4, Division 3 • Disability Discrimination Act 1992 (Cwth) Part 1; Part 2, Division 2, s.22 • Disability Standards for Education 2005 (Cwth) Part 3, s.3.3 • Education (General Provisions) Act 2006 (Qld) Chapter 1, Parts 3 and 4; and Chapter 19, Part 3, s.426 • Medicines and Poisons (Medicines) Regulation 2021 (Qld) • Privacy Act 1988 (Cth) • Work Health and Safety Act 2011 (Qld) Part 2, Divisions 1, 2 and 4
Changes to this Policy since Version 1.0:	<ul style="list-style-type: none"> • Section 1.3.2 Asthma Training: under the Medicines and Poisons (Medicines) Regulation 2021, added asthma training required to be completed before administering asthma first aid. • Appendix 2: updated first aid plan for anaphylaxis to 2023 version • Appendix 5: updated exclusion periods to November 2022 version

APPENDIX 1: ANAPHYLAXIS BACKGROUND INFORMATION

Allergens and Triggers

<p>Common allergens that may cause anaphylaxis include:</p> <ul style="list-style-type: none"> • cow's milk • egg • peanut and tree nuts • fish and shellfish. 	<p>Other potential allergens include:</p> <ul style="list-style-type: none"> • soy • sesame • wheat • seeds • lupin • latex.
--	--

Signs and Symptoms

The signs and symptoms of anaphylaxis usually occur within 20 minutes of exposure to an allergen, but in some cases these can take up to two hours. Rapid onset and the development of potentially life-threatening symptoms are characteristic of anaphylaxis. The student's action plan will provide information specific to recognising and treating their allergic reaction.

Mild to moderate allergic reaction

Signs and symptoms of a mild to moderate allergic reaction may include one or more of the following:

- tingling mouth
- hives or welts (raised, red, itchy patches of skin)
- swelling of the face, lips, eyes
- vomiting, abdominal pain (these are signs of anaphylaxis for insect allergy).


Anaphylaxis (severe allergic reaction)

Signs and symptoms of anaphylaxis may include one or more of the following:

- difficulty talking and/or hoarse voice
- difficult/noisy breathing
- swelling of the tongue
- swelling or tightness in the throat
- wheeze or persistent cough
- persistent dizziness or collapse
- vomiting, abdominal pain (for insect allergy)
- pale and floppy (young children).

Mild to moderate allergic reactions (e.g. hives, swelling) may not always occur before anaphylaxis.

APPENDIX 2: ANAPHYLAXIS ACTION PLAN FOR ANAPHYLAXIS



ascia
australian society of clinical immunology and allergy
www.allergy.org.au


FIRST AID PLAN FOR

Anaphylaxis


Anaphylaxis is the most severe type of allergic reaction and should always be treated as a medical emergency. Anaphylaxis requires immediate treatment with adrenaline (epinephrine), which is injected into the outer mid-thigh muscle. If treatment with adrenaline is delayed, this can result in fatal anaphylaxis.

How to give adrenaline (epinephrine) injectors

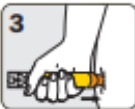
EpiPen®



1 Form fist around EpiPen® and PULL OFF **BLUE** SAFETY RELEASE



2 Hold leg still and PLACE **ORANGE** END against outer mid-thigh (with or without clothing)



3 PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

EpiPen® doses are:
EpiPen® Jr (150 mcg) for children 7.5-20kg
EpiPen® (300 mcg) for children over 20kg and adults

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS


- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - **these are signs of anaphylaxis for insect allergy**

ACTIONS


- Stay with person, call for help
- Locate adrenaline injector
- Phone family/emergency contact
- Insect allergy - flick out sting if visible
- Tick allergy - seek medical help or freeze tick and let it drop off

Mild to moderate allergic reactions may not always occur before anaphylaxis


Anapen®




1 PULL OFF **BLACK** NEEDLE SHIELD



2 PULL OFF **GREY** SAFETY CAP from red button



3 PLACE NEEDLE END FIRMLY against outer mid-thigh at 90° angle (with or without clothing)








4 PRESS **RED** BUTTON so it clicks and hold for 3 seconds. REMOVE Anapen®

Anapen® doses are:
Anapen® 150 Junior for children 7.5-20kg
Anapen® 300 for children over 20kg and adults
Anapen® 500 for children and adults over 50kg

ACTIONS FOR ANAPHYLAXIS

1 LAY PERSON FLAT - do NOT allow them to stand or walk

- If unconscious or pregnant, place in recovery position - on left side if pregnant
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright

2 GIVE ADRENALINE INJECTOR

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

IF IN DOUBT GIVE ADRENALINE INJECTOR

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline injector FIRST if someone has SEVERE AND SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms. **THEN SEEK MEDICAL HELP.**

If adrenaline is accidentally injected, phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

© ASCIA 2023 This document has been developed for use as a poster, or to be stored with general use adrenaline injectors.

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APPENDIX 3: ASTHMA BACKGROUND INFORMATION

What is Asthma?

People with asthma have sensitive airways in the lungs that narrow in response to a trigger. This can happen at anytime. When a person with asthma is having an asthma flare-up, the muscles around the airways squeeze tight, the airways swell and more mucus is produced. This makes it hard to breathe. A sudden or severe asthma flare-up is often called an asthma attack.

Signs and Symptoms of Asthma

Common signs and symptoms of asthma include:

- shortness of breath
- wheeze
- chest tightness
- cough

Signs and symptoms vary between each student with asthma and over time. Symptoms will often occur at night, early in the morning or during/after physical activity.

Triggers

Trigger is the word used to describe something that may cause an asthma flareup or make existing asthma symptoms worse. There are a number of triggers for asthma, and these can vary and change for each student with asthma. Asthma symptoms may develop from exposure to one trigger or from a number of triggers simultaneously.

The most common triggers for asthma in schools are:

- exercise
- colds/flu.

Other triggers can include:

- weather changes
- chemicals
- moulds and pollens
- dust and dust mites
- deodorants and perfumes
- animals
- smoke
- foods and additives
- emotions
- certain medications

Signs and Symptoms of an Asthma Attack

MILD/MODERATE	SEVERE	LIFE-THREATENING
<p>Able to talk in full sentences</p> <p>Minor difficulty breathing</p> <p>May have a cough or wheeze</p> <p>Reliever not needed or symptoms settle after usual dose</p> <p>Able to walk/move around</p>	<p>Cannot speak a full sentence in one breathy</p> <p>Obvious difficulty breathing</p> <p>May have a cough or wheeze</p> <p>Reliever medication not working as well or lasting as long</p> <p>Tugging in of the skin between ribs or at base of neck</p>	<p>Unable to speak 1-2 words per breath</p> <p>Gasping for breath</p> <p>May no longer have wheeze or cough</p> <p>Not responding to reliever medication</p> <p>Confused or exhausted</p> <p>Turning blue</p> <p>Collapsing</p>
ACTION	ACTION	ACTION
<p>1. Follow instructions on student's Asthma Plan</p> <p>2. Commence Asthma First Aid</p>	<p>1. Call 000</p> <p>2. Commence Asthma First Aid</p>	<p>1. Call 000</p> <p>2. Commence Asthma First Aid</p>

APPENDIX 4: ASTHMA FIRST AID


1



SIT THE PERSON UPRIGHT

- Be calm and reassuring
- Do not leave them alone

2



GIVE 4 SEPARATE PUFFS OF BLUE/ GREY RELIEVER PUFFER

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

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

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

3




WAIT 4 MINUTES

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

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

IF THERE IS STILL NO IMPROVEMENT

4



DIAL TRIPLE ZERO (000)

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

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

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

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

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

APPENDIX 5: EXCLUSION PERIODS FOR CONTAGIOUS CONDITIONS

Queensland Health

Time Out

Keeping your child and other kids healthy!

- Information for a number of infectious conditions that may require exclusion of children from school, education and care services.
- Additional public health recommendations that apply to children and adults.
- To assist medical practitioners, schools, preschools and childcare facilities to meet the public health requirements¹ and recommendations.

*Refers to contagious conditions as per the Public Health Regulation 2018.
¹ Observing the exclusion period meets the intent of the Public Health Act 2005 for a person to be non-infectious. See schedule 4 of the Public Health Regulation 2018 for a complete list of contagious conditions and their exclusion criteria.
² Doctors should notify the local Public Health Unit as soon as possible if children or staff are diagnosed with these conditions. Refer to page 2 for Public Health Unit contact details.

Condition	Person with the infection	Those in contact with the infected person (The definition of 'contact' will vary between diseases)
*Chickenpox (varicella)	EXCLUDE until all blisters have dried, and at least 5 days after the onset of symptoms. ¹	EXCLUSION MAY APPLY EXCLUDE non-immune pregnant women and any child with immune deficiency or receiving chemotherapy. Advise to seek urgent medical assessment. Contact your Public Health Unit for specialist advice. Also see Shingles information below.
Cold sores (herpes simplex)	NOT EXCLUDED If the person can maintain hygiene practices to minimise the risk of transmission. Young children unable to comply with good hygiene practices should be excluded while sores are weeping. Sores should be covered with a dressing where possible.	NOT EXCLUDED
Conjunctivitis	EXCLUDE until discharge from eyes has ceased unless a doctor has diagnosed non-infectious conjunctivitis.	NOT EXCLUDED
*COVID-19	EXCLUDE until symptoms have resolved, normally 5-7 days.	NOT EXCLUDED
Cytomegalovirus (CMV)	NOT EXCLUDED pregnant women should consult with their doctor.	NOT EXCLUDED pregnant women should consult with their doctor.
Diarrhoea and/or Vomiting <i>Including:</i> <ul style="list-style-type: none"> • amoebiasis • campylobacter • cryptosporidium • giardia • rotavirus • salmonella • gastroenteritis <i>but excluding:</i> <ul style="list-style-type: none"> • norovirus • shigellosis • toxin-producing forms of E.coli (STEC) 	Exclusion periods may vary depending on the cause. EXCLUDE a single case until the person, has no symptoms ¹ (includes vomiting if applicable), is feeling well and they have not had any loose bowel motions for at least 24 hours or if the person has confirmed norovirus exclude for at least 48 hours. EXCLUDE all persons who prepare or serve food until they have not had any diarrhoea or vomiting for 48 hours. NOTE: If there are 2 or more cases with diarrhoea and/or vomiting in the same location, which may indicate a potential outbreak OR a single case in a food handler, notify your Public Health Unit. Diarrhoea: 3 or more loose stools or bowel movements in a 24 hour period that are different from normal and/or escapes a child's nappy. See information below if norovirus is confirmed or considered likely as the cause of diarrhoea and vomiting.	NOT EXCLUDED
<i>See advice for these specific conditions below</i>		
*Enterovirus 71 (EV71 neurological disease)	EXCLUDE until written medical clearance is received confirming the virus is no longer present in the person's bowel motions. ¹	NOT EXCLUDED
Fungal infections of the skin and nails (ringworm/tinea)	EXCLUDE until the day after antifungal treatment has commenced. (No exclusion for thrush).	NOT EXCLUDED
Glandular fever (mononucleosis, Epstein-Barr virus)	NOT EXCLUDED	NOT EXCLUDED
*German measles (rubella)²	EXCLUDE for 4 days after the onset of rash ² or until fully recovered, whichever is longer. Pregnant women should consult with their doctor.	NOT EXCLUDED pregnant women should consult with their doctor.
*Haemophilus influenzae type b (Hib)	EXCLUDE until the doctor confirms the person is not infectious and has completed 4 days of appropriate antibiotic treatment. ¹ Contact your Public Health Unit for specialist advice.	EXCLUSION MAY APPLY Contact your Public Health Unit for specialist advice.
Hand, foot and mouth disease	EXCLUDE until all blisters have dried.	NOT EXCLUDED
Head lice	Exclusion is not necessary if effective treatment is commenced before next attendance day (i.e. the child does not need to be sent home immediately if head lice are detected).	NOT EXCLUDED
*Hepatitis A²	EXCLUDE until at least 7 days after the onset of jaundice; ² OR for 2 weeks after onset of first symptoms, including dark urine if there is no jaundice. If a person is asymptomatic contact your Public Health Unit for Specialist advice.	NOT EXCLUDED Contact your Public Health Unit for specialist advice about vaccination or treatment for children and staff in the same room or group, children transferring to another centre and new enrolments.

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Condition	Person with the infection	Those in contact with the infected person*
Hepatitis B and C	NOT EXCLUDED cover open wounds with waterproof dressing.	NOT EXCLUDED
Hepatitis E	EXCLUDE until at least 2 weeks after the onset of jaundice.	NOT EXCLUDED
Human Immunodeficiency virus (HIV/AIDS)	NOT EXCLUDED cover open wounds with waterproof dressing.	NOT EXCLUDED
Influenza and influenza-like illness	EXCLUDE until symptoms have resolved, normally 5–7 days.	NOT EXCLUDED
*Measles ²	EXCLUDE until the doctor confirms the person is not infectious but not earlier than 4 days after the onset of the rash. ¹ <i>Contact your Public Health Unit for specialist advice.</i>	EXCLUSION MAY APPLY NOT EXCLUDED vaccinated or immune contacts. EXCLUDE immuno-compromised contacts (including those receiving chemotherapy) until 14 days after the appearance of the rash in the last case. EXCLUDE non-or incompletely vaccinated contacts, without evidence of immunity. <i>Contact your Public Health Unit for specialist advice.</i>
Meningitis (bacterial)	EXCLUDE until well and has received appropriate antibiotics.	NOT EXCLUDED
Meningitis (viral)	EXCLUDE until well.	NOT EXCLUDED
*Meningococcal infection ²	EXCLUDE until the treating doctor confirms the child is not infectious and at least 24 hours of appropriate antibiotics have been completed. ¹ <i>Contact your Public Health Unit for specialist advice.</i>	NOT EXCLUDED <i>Contact your Public Health Unit for specialist advice about antibiotics and/or vaccination for close contacts.</i>
Molluscum contagiosum	NOT EXCLUDED	NOT EXCLUDED
Mumps	EXCLUDE for 5 days after onset of swelling. Pregnant women should consult with their doctor.	NOT EXCLUDED pregnant women should consult with their doctor.
*Norovirus	EXCLUDE until no symptoms and no loose bowel motions for 48 hours. ¹	NOT EXCLUDED
Roseola, sixth disease	NOT EXCLUDED	NOT EXCLUDED
Scabies	EXCLUDE until the day after treatment has commenced.	NOT EXCLUDED
School sores (Impetigo)	EXCLUDE until 24 hours of appropriate antibiotics have been completed. Cover sores on exposed areas with a waterproof dressing until sores are dry, and encourage handwashing.	NOT EXCLUDED
Shiga toxin-producing E.coli (STEC)	EXCLUDE until diarrhoea has stopped and 2 samples have tested negative. <i>Contact your Public Health Unit for specialist advice.</i>	EXCLUSION MAY APPLY <i>Contact your Public Health Unit for specialist advice.</i>
Slapped cheek syndrome, fifth disease (parvovirus B19, erythema infectiosum)	NOT EXCLUDED pregnant women should consult with their doctor. Note: Children are contagious until 24 hours after the fever resolves. Rashes generally occur after the infectious period has passed.	NOT EXCLUDED pregnant women should consult with their doctor.
Shigellosis	EXCLUDE until there has been no diarrhoea or vomiting for 48 hours. <i>Contact your Public Health Unit for specialist advice.</i>	EXCLUSION MAY APPLY <i>Contact your Public Health Unit for specialist advice.</i>
Shingles (herpes zoster)	EXCLUDE all children until blisters have dried and crusted. EXCLUDE adults if blisters are unable to be covered. NOT EXCLUDED in adults if blisters can be covered with a waterproof dressing until they have dried.	EXCLUSION MAY APPLY <i>Contact your Public Health Unit for specialist advice, including advice for pregnant women and any person who is immuno-compromised (including receiving chemotherapy).</i>
Streptococcal sore throat (including scarlet fever)	EXCLUDE until 24 hours of appropriate antibiotics have been completed.	NOT EXCLUDED
*Tuberculosis (TB) ²	EXCLUDE until written medical clearance is received from the relevant Tuberculosis Control Unit.	NOT EXCLUDED
*Typhoid ² and paratyphoid fever ²	EXCLUDE until appropriate antibiotics have been completed. ¹ Stool sample clearance will be required, contact your Public Health Unit for specialist advice.	EXCLUSION MAY APPLY <i>Contact your Public Health Unit for specialist advice.</i>
*Whooping cough (pertussis) ²	EXCLUDE until 5 days after starting appropriate antibiotics or for 21 days from onset of cough AND confirmed that they are not infectious. ¹ <i>Contact your Public Health Unit for specialist advice.</i>	EXCLUSION MAY APPLY for contacts of an infected person. <i>Contact your Public Health Unit for specialist advice regarding exclusion of non-or incompletely vaccinated contacts.</i>
Worms	EXCLUDE until diarrhoea has stopped for 24 hours and treatment has occurred.	NOT EXCLUDED

This is an assistive tool, it is not intended to replace clinical assessment, management or judgment.

If you have any medical concerns, contact your healthcare provider or 13 HEALTH (13432584)

For further advice on the information within this poster, contact your nearest Public Health Unit via 13Health or at www.health.qld.gov.au/system-governance/contact-us/contact/public-health-units

Further information on recommendations:

- Communicable Diseases Network Australia (CDNA) guidelines <https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdnasongs.htm>
- National Health and Medical Research Council publication: infectious diseases in early childhood and education and care services, 5th edition www.nhmrc.gov.au/guidelines-publications/ch55
- Queensland Department of health Communicable Disease Control Guidance <http://disease-control.health.qld.gov.au>










Use this QR Code to access a digital copy of this poster or visit www.health.qld.gov.au/public-health/schools/prevention



APPENDIX 6: SAFE ADMINISTRATION OF MEDICATION TO STUDENTS

The following 7 steps for the safe administration of medication to students are based on best practice. Following these steps reduces the risk of errors occurring when administering medication to students.

If any of the following steps are unable to be met – DO NOT administer the medication and seek advice from the principal/delegate.

I		Infection control procedures...	to be followed. wash hands for 20 seconds, put on disposable use gloves.
N		Note the directions...	on the Medical Authority Form .
C		Check...	the student's identity.
L		Look at the pharmacy label...	for the student's name, the medication name, dose and route.
A		Administer...	the medication (again checking the dosage requirements and time required for administration listed on the pharmacy label and that the medication is for this student).
S		(Safe disposal where relevant) Sign...	of sharps or equipment used to administer medication to students with specialised health needs, as required. the Register of Administration of Medication to prove that the medication has been given.
S		Storage...	of the medication as required, in accordance with the manufacturer's instructions (e.g. return original container to the cupboard/fridge, store transported medication appropriately until it is to be administered).

APPENDIX 7: RESPONDING TO MEDICATION SIDE EFFECTS, ERRORS AND INCIDENTS

Follow the process below if:

- a medication error has occurred (e.g. the incorrect medication or dosage has been administered); or
- a student has consumed unauthorised medication (e.g. stolen or shared medication).

Incident	Phone	Response
Medication error with the student showing no observable adverse reaction	Poisons helpline 13 11 26	<ol style="list-style-type: none"> 1. Notify the principal/delegate* 2. Phone 13 11 26 (Poisons helpline) and follow their advice 3. Advise the parent/carer 4. Continue to monitor student if they remain on school site. <p>Note: If the student's condition deteriorates while on the phone to the Poisons helpline, they will transfer you to Emergency services.</p>
Medication error and/or side effects with the student showing a severe reaction such as any of the below: <ul style="list-style-type: none"> • collapsing • not breathing or difficulty breathing • severe nausea or vomiting • a face that turns pale • another severe reaction (e.g. hives, swollen lips, sweaty skin, chills) 	Emergency services 000	<ol style="list-style-type: none"> 1. Notify the principal/delegate * 2. Provide first aid 3. Phone 000 4. Request ambulance services and follow their advice 5. Have medication and student's health information details ready to provide to the ambulance services 6. Contact the parent/carer.
Student has consumed unauthorised medication with or without an observable reaction.	Emergency services 000	<ol style="list-style-type: none"> 1. Notify the principal/delegate * 2. Provide first aid (if needed) 3. Phone 000 4. Request ambulance services and follow their advice 5. Have medication and student's health information details ready to provide to the ambulance services 6. Contact the parent/carer.
<p>* NOTE: If you are unable to notify principal/delegate immediately, DO NOT DELAY in providing first aid or phoning health/emergency services.</p>		

Medication side effects, errors and incidents need to be recorded on an **Incident Report Form**, following incident reporting procedures.