

AL HIKMA COLLEGE



FIRST AID & ASTHMA POLICY

Revised and updated July 2025

School has policies and procedures to ensure that it meets its legislative obligations in relation to student welfare – Safe and Supportive Environments B8

Rationale

All children have the right to feel safe and well and know that they will be attended to with due care when in need of first aid.

Aims

- To administer first aid to children when in need in a competent and timely manner
- To communicate children's health problems to parents when considered necessary
- To provide supplies and facilities to cater for the administering of first aid
- To maintain a sufficient number of staff members trained with a first aid certificate

Implementation

- A sufficient number of staff (including administration staff members) are to be trained with a first aid certificate and with an up-to-date CPR qualification and engaged in an annual asthma and Anaphylaxis refresher
- Medical information, if applicable, is sought from parents for their child's medical condition, including ADD, ADHD, Asthma, Anaphylaxis, etc. That information is disseminated to staff and placed on the student's file.
- A first aid room will be always available for use. A comprehensive supply of basic first aid materials, including EpiPens, will be stored in a cupboard in the first aid room.
- Action plans for Anaphylaxis and Allergic Reactions are implemented, briefed to staff, a copy filed away in the child's file and positioned in the sick bay areas and staffroom.
- Supervision of the first aid room rests with the Office Administrative staff, all qualified first aiders. All injuries or illnesses that occur will be referred to the Office Administrative staff who will manage the incident.
- First aid will form part of the duties of the front office.
- When medication is administered, at the consent of the parents, the medication, dosage time of administration, method of administration and any side effects (if applicable) are recorded in the medical record spreadsheet/Sentral system in the sick bay and kept in the student file.

- If a serious injury occurs in the playground, the teacher is discouraged from leaving his/her duty, unless an absolute emergency. The office staff must be contacted immediately.
- If an accident occurs while the class is on an excursion of such a nature that it would require medical or hospital attention, the member of staff should contact an ambulance in the first instance followed by the Principal or Office Administrative Staff.
- A confidential up-to-date register located in the first aid room will be kept of all injuries or illnesses experienced by children that require first aid.
- If a student's illness or injury requires further medical assistance or warrants early dismissal from the college, the Office Administrative staff will notify the parents. ***Only the Principal and/or Office Administrative staff can contact the parents.***
- Any children with injuries involving blood must have the wound covered at all times
- No medication including headache tablets will be administered to children without the express written permission of parents or guardians
- Parents of all children who receive first aid will receive a completed form indicating the nature of the injury, any treatment given, and the name of the staff member providing the first aid. For more serious injuries/illnesses, the parents/guardians must be contacted by the administration staff so that professional treatment may be organized. Any injuries to a child's head, face, neck or back must be reported to parents/guardians immediately.
- Any student who is collected from school by parents/guardians as a result of an injury, or who is administered treatment by a doctor/hospital or ambulance officer as a result of an injury, or has an injury to the head, face, neck or back, or where a teacher considers the injury to be greater than "minor" will be reported via email to the College Principal
- Parents of ill children will be contacted to take the children home
- Parents who collect children from school for any reason (other than emergency) must sign the child out of the school in a register maintained in the school office
- The Principal, Coordinator and Office Administrative Staff have the authority to call an ambulance immediately in an emergency
- A comprehensive first aid kit, including EpiPens and Ventolin inhalers, will accompany all camps, excursions, carnivals etc. (any activity off site)
- All school camps will have first aid trained staff members at all times
- All children attending camps will have provided a signed medical form providing medical detail and giving teachers permission to contact a doctor or ambulance should instances arise where

their child requires treatment. Copies of the signed medical forms are to be taken on camps, and then returned to be kept at school

- All children, especially those with a documented asthma management plan, will have access to Ventolin and a spacer
- The Office Administrative Staff are responsible for the purchase and maintenance of first aid supplies, first aid kits, ice packs and the general upkeep of the first aid area
- At the commencement of each year, requests for updated first aid information will be sent home including requests for any asthma management plans and high priority medical forms, to be used by the school to manage first aid, illnesses and medications throughout the year
- Records must be safely stored
- All accidents should be reported to the Principal and a representative of the school's Work Health & Safety Committee
- General organisational matters relating to first aid will be communicated to staff at the beginning of each year. Revisions of recommended procedures for administering asthma medication and EpiPens will also be given at that time.



AL HIKMA COLLEGE INJURY REPORT FORM

Date: ____/____/____ Time: ____ AM / PM

Student's Name: _____

Age: _____ DOB: _____

Sex: male / female

Grade: K 1 2 3 4 5 6

Injury Details Time Reported: ____ AM/PM

Activity: _____

Location: _____

Teacher in Attendance: _____

Body part injured: _____ L Centre R

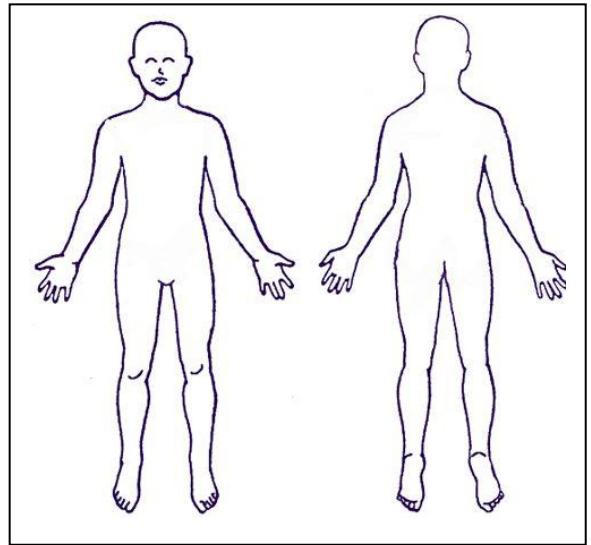
How did the injury occur: _____

What did the student say / do / feel: _____

What did you observe: _____

How did you treat the injury: (circle) stops all activity / rest / ice / compress / elevate / reassure / bandage / sling or

Other: _____



Referred to: Print name here

Sign name here

Staff Member: _____

Parent: _____

Doctor: _____

ACTION PLAN FOR Anaphylaxis

Name: _____

For use with adrenaline (epinephrine) autoinjectors

Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np):

The treating doctor or np hereby authorises:

- Medications specified on this plan to be administered according to the plan.
- Prescription of 2 adrenaline autoinjectors.
- Review of this plan is due by the date below.

Date: _____

Signed: _____

Date: _____

Refer to the device label for instructions on how to give an adrenaline (epinephrine) autoinjector.

Instructions are also on the ASCIA website
www.allergy.org.au/anaphylaxis

Adrenaline autoinjectors (300 mcg) are prescribed for children over 20kg and adults. Adrenaline autoinjectors (150 mcg) are prescribed for children 7.5-20kg.

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

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

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy ☐ seek medical help or ☐ freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- Give other medications (if prescribed) _____
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

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

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give adrenaline autoinjector

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

4 Phone family/emergency contact

5 Further adrenaline doses 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 autoinjector

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

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

Asthma reliever medication prescribed: ☐ Y ☐ N

- If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this action plan for the person with the allergic reaction.

For use with adrenaline (epinephrine) autoinjectors - refer to the device label for instructions

Translated versions of this document are on the ASCIA website www.allergy.org.au/anaphylaxis#ta5

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

If in doubt give adrenaline autoinjector

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

ALWAYS give adrenaline autoinjector **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 (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this plan for the person with the allergic reaction.

Adrenaline autoinjectors (300 mcg) are prescribed for children over 20kg and adults. Adrenaline autoinjectors (150 mcg) are prescribed for children 7.5-20kg.

Name: _____

Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np):

The treating doctor or np hereby authorises:

- Medications specified on this plan to be administered according to the plan.
- Use of adrenaline autoinjector if available.
- Review of this plan is due by the date below.

Date: _____

Signed: _____

Date: _____

Note: This ASCIA Action Plan for Allergic Reactions is for people with mild to moderate allergies, who need to avoid certain allergens.

For people with severe allergies (and at risk of anaphylaxis) there are red ASCIA Action Plans for Anaphylaxis (brand specific or generic versions) for use with adrenaline (epinephrine) autoinjectors.

Instructions are on the device label.

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- Difficulty talking and/or hoarse voice
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- Persistent dizziness or collapse
- Swelling/tightness in throat
- Pale and floppy (young children)
- Wheeze or persistent cough

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1 Lay person flat - do NOT allow them to stand or walk

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2 Give adrenaline (epinephrine) autoinjector if available

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

ALWAYS give adrenaline autoinjector FIRST if available, 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

Asthma reliever medication prescribed: ☐ Y ☐ N

- If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this action plan for the person with the allergic reaction.

MEDICATION REQUEST FORM

DATE:

PARENT'S NAME:

ADDRESS:

TELEPHONE:
(Business Hours)

Dear Principal,

I request that my child _____ be administered the following medication whilst at school, as prescribed by the child's medical practitioner.

NAME of MEDICATION:

DOSAGE (AMOUNT):

TIME(S):

POSSIBLE SIDE EFFECTS

I have sent the medication in the original container displaying the instructions provided by the pharmacist.

Yours Sincerely

(Parent Signature)

OFFICE USE ONLY
MEDICATION ADMINISTERED

DATE _____ TIME _____ DOSE _____

Rationale

Asthma affects up to one in four primary aged children, one in seven teenagers and one in ten adults. It is important therefore for all staff members to be aware of asthma, its symptoms and triggers and the management of asthma in a school environment.

Aims

To manage asthma and asthma sufferers as effectively and efficiently as possible at school

Implementation

- Asthma attacks involve the narrowing of airways making it difficult to breathe. Symptoms commonly include difficulty breathing, wheezy breathing, dry and irritating cough, tightness in the chest and difficulty speaking.
- Children and adults with mild asthma rarely require medication; however severe asthma sufferers may require daily or additional medication (particularly after exercise).
- Professional development will be provided for all staff on the nature, prevention and treatment of asthma attacks.
- All students with asthma must have a written asthma management plan completed by their doctor/pediatrician. Appropriate asthma plan proformas are available at www.asthma.org.au
- Asthma plans will be attached to the student's records for reference.
- Parents/guardians are responsible for ensuring their children have an adequate supply of appropriate asthma medication (including a spacer/ventilator) with them at school at all times.
- All devices used for delivery of asthma medication will be cleaned appropriately after each use.
- In terms of duty of care, Al Hikma College staff have a duty of care to treat every child who exhibits symptoms of asthma
- Care must be provided immediately for any student who develops signs of an asthma attack.
- Children suffering asthma attacks should be treated in accordance with their Asthma plan.
- If no plan is available, children are to be sat down, reassured, administered 4 puffs of a shaken reliever puffer (blue canister) delivered via a spacer – inhaling 4 deep breaths per puff, wait 4 minutes, if necessary administer 4 more puffs and repeat the cycle. An ambulance must be called if there is no immediate improvement, or if it is the child's first known attack. Parents must be contacted whenever their child suffers an asthma attack.