FIRST AID HANDBOOK

Beveridge Primary School

2025/2026

Sickbay:

Students should not be sent to school when sick.

Our Sickbay facilities are to allow provision of basic first aid care as well as first aid treatment such as minor cuts, scratches, bruising and for bodily injury.

The sickbay is not for long term use and in most cases, parents are contacted to collect their children and take them home when their child is unwell.

Frequently asked Questions: Sickbay

My child has Asthma. What do I send to school?

Please have your doctor fill out an Asthma Management plan that will be valid for a whole school year.

Once filled in, return the plan to school as well as medication (e.g.: Zempreon and spacer) and see office staff or the First Aid team.

Your child will have access to their Ventolin and will self administer the medication under the supervision of staff as needed. Medication is kept in the sickbay. All medication MUST be signed into sickbay. Students cannot self administer medication from medication kept in their bags.

My child has an allergy. What do I send to school?

Please have your doctor fill out an Anaphylaxis or Allergy plan that will be valid for a whole school year.

Once filled in, return the plan to school as well as medication (e.g.: EPIPEN or Claratyne) and see office staff or the First Aid team. Please note: we use LATEX FREE Band-Aids.

Your child will have access to their medication in the sickbay and it will be administered by staff. All medication MUST be signed into sickbay. Students cannot self administer medication from medication kept in their bags.

My child needs ongoing medication (like Ritalin or other) What do I send to school?

Please fill out a medication authority form that will be valid for a whole school year.

Once filled in, return the form to school as well as medication in original packaging and see office staff or the First Aid team.

We require the parent /carer to pass medication to a staff member in the office or first aid room. No CONTROLLED drugs, like Ritalin, are to be handled by children. If you need to replenish stock at school you will be asked to bring the medication in, in person and sign it in to a staff member.

Your child will have their medication administered by staff (One staff member administers medication and one staff member observes) and details , like medication name and time administered will be recorded in Compass. All medication MUST be signed into sickbay. Students **cannot** self administer medication from medication kept in their bags.

What if my child has an accident at school?

If your child presents to sick bay their injury will be recorded on Compass.
Minor cuts and abrasions will be sorted at school and may not be recorded.

If you child has a head bump you will be notified by phone or SMS and your child treated at school.
If, after receiving first aid, the child has a headache or is feeling unwell, parents /carers will be phoned to pick up the child. Treatment will be discussed with the parent/carer.

In an emergency, where an ambulance is required, first aid will be administered until an ambulance attends. A member of staff will phone parents/carers and update them of the incident. Please be aware, if an ambulance is called parents will incur the cost of the ambulance. (if they have no ambulance cover) Private health insurance may cover the transport, however this varies with each health insurance fund. Families can take out ambulance cover through Ambulance Victoria.

My child needs to take medication at school (short term). What do I do?

While we encourage parents to give medication at home, sometimes we will need to administer medication at school. If this is the case, please bring medication , in original packaging, to the office and we will store it for you in our first aid room. You will be required to fill out the details of the medication on the medication authority form as well as the times it needs to be taken. Staff will administer the medication to your child. At the end of the day, you will be required to pick up the medication. Students can not be given medication to take home.

Continued

Last night my child was vomiting/has diarrhoea. (Gastroenteritis or gastro like symptoms.)
Can I send them to school?

Keep your child away from other children as much as possible until the vomiting or diarrhoea has stopped. Make sure they are consuming adequate fluids. Your child should be excluded from school until the vomiting or diarrhoea has stopped. (usually 48 hrs)

I think my child had lice/nits. What should I do?

There is no way to prevent head lice so it's important to check your child's hair regularly even when you don't think they have head lice. Beveridge Primary School has head lice inspection days throughout the year. If you see live lice on your child, please keep them home until you have treated them. If live lice are found on your child at school, you will be notified to pick them up.

My child may need medication on an excursion, camp or at the sleep over. What happens now?

If your child is going on an excursion, camp or attending a sleepover we will get you to fill out a medication form and staff will administer any medication as per the form. You will be required to hand medication (in original packaging) to staff and pick it up at the end of the excursion, camp or sleepover.

Where are the first aid kits in the school?

Kits for minor cuts and abrasions are located in each classroom. There is a larger kit that contains Asthma medication, located in the gallery at Arrowsmith and at Ambrosia, 2 kits, one each, located between the main classrooms. All other first aid items are in the first aid room located next to the office at each campus. When we have an emergency drill first aid kits are packed as a priority and a first aid officer is always present. Staff carry their own first aid bag when on duty.

What if my child has a toileting accident at school?

If your child is prone to wetting/soiling their pants, please let your class teacher know and also send a clean set of clothing (inc underwear and socks) in your child's bag. Please mark all items of clothing as well. We carry *limited* 'spare' clothing, that, if used, will need to be washed and returned within the week.

Covid-19

New research is happening all the time so we can understand more about it, including the long-term effects. The symptoms to watch out for are:
loss or change in sense of smell or taste
fever (temperature)
chills or sweats
cough
sore throat
shortness of breath
runny nose

Please do not send your child to school if they are experiencing any of these symptoms.

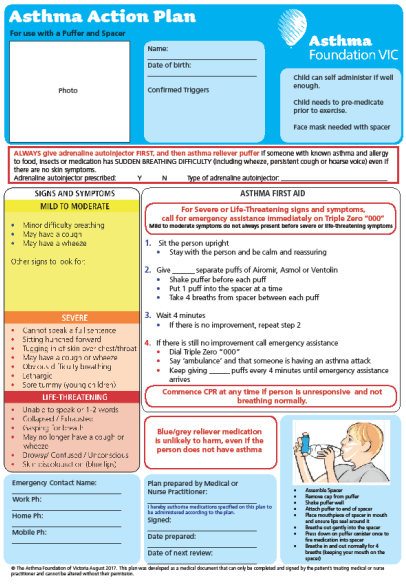
Please do not send your child to school if they have a fever or high temperature.
We will call for you to pick them up.

Areas in the Sickbay will be cleaned and wiped over after each patient and hand sanitiser will be available for use.

For more information please check out the Department of Education web page:

http://www.education.vic.gov.au/school/parents/health/Pages/medicalconditions.aspx

Below is an example of the Asthma, Allergy & Anaphylaxis Action plan.
They are available from your Healthcare professional.



Asthma Action Plan

For use with a Puffer and Spacer

Asthma Foundation VIC

Photo

Name:

Date of birth:

Confirmed Triggers

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: _____

SIGNS AND SYMPTOMS

MILD TO MODERATE

- Minor difficulty breathing
- May have a cough
- May have a wheeze

Other signs to look for:

SEVERE

- Cannot speak or talk in sentence
- Sitting hunched forward
- Tugging in of skin over chest/throat
- May have a cough or wheeze
- Obviously Tiring breathing
- Lethargic
- Sore tummy (young children)

LIFE-THREATENING

- Unable to speak or 1-2 words
- Collapsed / Fainting
- Gasping for breath
- May no longer have a cough or wheeze
- Drowsy/ Confused/ Unconscious
- Skin discoloured or blue lips

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 Airomir, Asmol or Ventolin
   - Shake puffer before each puff
   - Put 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

- Assemble Spacer
- Remove cap from puffer
- Shake puffer well
- Attach puffer to end of spacer
- Place mouthpiece of spacer in mouth and ensure lips seal around it
- Breathe out gently into the spacer
- Take 1 puff of reliever medication once to five medication into spacer
- Breathe in and out normally for 4 breaths (keeping your mouth on the spacer)

Emergency Contact Name:

Work Ph:

Home Ph:

Mobile Ph:

Plan prepared by Medical or Nurse Practitioner:

I hereby authorise medications specified on this plan to be administered according to the plan.

Signed:

Date prepared:

Date of next review:

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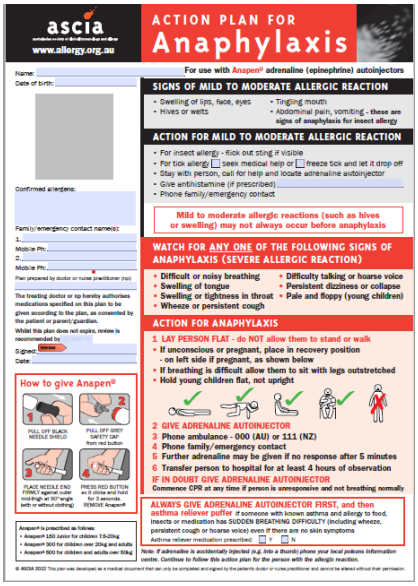

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ACTION PLAN FOR Anaphylaxis

For use with Anapen® adrenaline (epinephrine) autoinjectors

Name:

Date of birth:

Photo

Confirmed allergens:

Family/emergency contact name(s):

1.

Mobile Ph:

2.

Mobile Ph:

Plan prepared by doctor or nurse practitioner (np)

The treating doctor or np hereby authorises medications specified on this plan to be given according to the plan, as consented by the patient or parent/guardian.

Whilst this plan does not expire, review is recommended by:

Signed:

Date:

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, call for help and locate adrenaline autoinjector
- Give antihistamine (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 or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- Difficulty talking 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 or pregnant, place in recovery position
  - on left side if pregnant, as shown below
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright

2 GIVE ADRENALINE AUTOINJECTOR
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 AUTOINJECTOR
Commence CPR at any time if person is unresponsive and not breathing normally

How to give Anapen®

PULL OFF BLACK NEEDLE SHIELD

PULL OFF GREY SAFETY CAP from red button

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

PRESS RED BUTTON as it clicks and hold for 3 seconds. REMOVE Anapen®

Anapen® is prescribed as follows:
- Anapen® 150 Junior for children 7.5-20kg
- Anapen® 300 for children over 20kg and adults
- Anapen® 500 for children and adults over 50kg

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

Note: 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.

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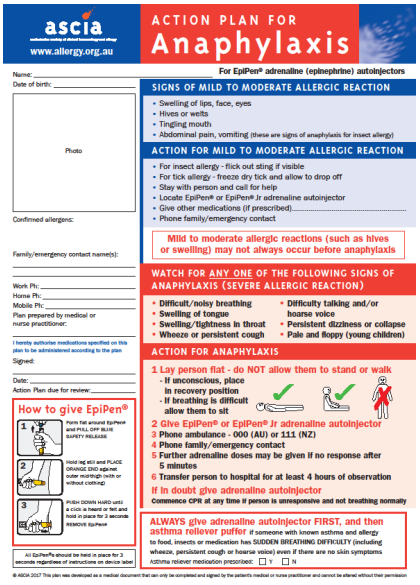

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ACTION PLAN FOR Anaphylaxis

For EpiPen® adrenaline (epinephrine) autoinjectors

Name:

Date of birth:

Photo

Confirmed allergens:

Family/emergency contact name(s):

Work Ph:

Home Ph:

Mobile Ph:

Plan prepared by medical or nurse practitioner:

I hereby authorise medications specified on this plan to be administered according to the plan.

Signed:

Date:

Action Plan due for review:

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 - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr 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 EpiPen® or EpiPen® Jr 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

How to give 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®

All EpiPen®s should be held in place for 3 seconds regardless of instructions on device label

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

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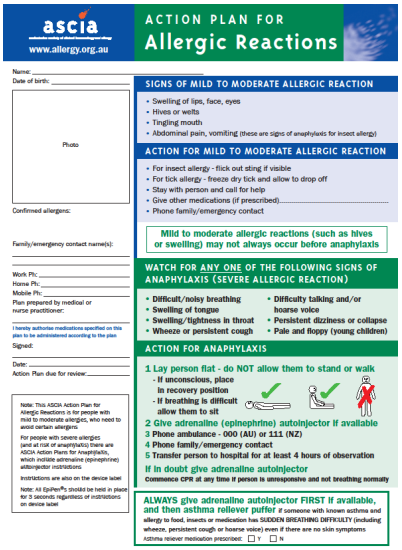

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ACTION PLAN FOR Allergic Reactions

Name:

Date of birth:

Photo

Confirmed allergens:

Family/emergency contact name(s):

Work Ph:

Home Ph:

Mobile Ph:

Plan prepared by medical or nurse practitioner:

I hereby authorise medications specified on this plan to be administered according to the plan

Signed:

Date:

Action Plan due for review:

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 ASCIA Action Plans for Anaphylaxis, which outlines adrenaline (epinephrine) autoinjector instructions

Instructions are also on the device label

Note: All EpiPen®s should be held in place for 5 seconds regardless of instructions on device label

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 - freeze dry tick and allow to drop off
- Stay with person and call for help
- 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 (epinephrine) autoinjector if available
3 Phone ambulance - 000 (AU) or 111 (NZ)
4 Phone family/emergency contact
5 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 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

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STUDENT HEALTH SUPPORT PLAN - Cover Sheet

This plan outlines how the school will support the student's health care needs, based on health advice received from the student's medical/health practitioner. This form must be completed for each student with an identified health care need (not including those with Anaphylaxis as this is done via an Individual Anaphylaxis Management Plan – see www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx

This Plan is to be completed by the principal or nominee in collaboration with the parent/carer and 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 adult/mature minor** student: _____ Signature: _____ Date: _____

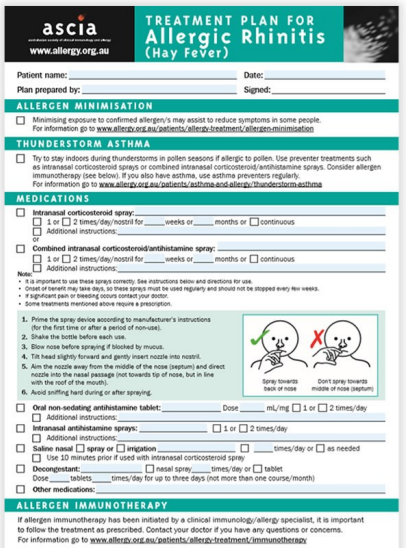
***Please note: Mature minor is a student who is capable of making their own decisions on a range of issues, before they reach eighteen years of age. See: Decision Making Responsibility for Students - School Policy and Advisory Guide*

Name of principal (or nominee): _____ Signature: _____ Date: _____

Privacy Statement

The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. 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. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on 96372670.

For School Use only



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TREATMENT PLAN FOR Allergic Rhinitis (Hay Fever)

Patient name: _____ Date: _____

Plan prepared by: _____ Signed: _____

ALLERGEN MINIMISATION

☐ Minimising exposure to confirmed allergen/s may assist to reduce symptoms in some people. For information go to www.allergy.org.au/patients/allergy-treatment/allergen-minimisation

THUNDERSTORM ASTHMA

☐ Try to stay indoors during thunderstorms in pollen seasons if allergic to pollen. Use preventer treatments such as intranasal corticosteroid sprays or combined intranasal corticosteroid/antihistamine sprays. Consider allergen immunotherapy (see below). If you also have asthma, use asthma preventers regularly. For information go to www.allergy.org.au/patients/asthma-and-allergy/thunderstorm-asthma

MEDICATIONS

☐ Intranasal corticosteroid spray: _____
☐ 1 or ☐ 2 times/day/nostril for _____ weeks or _____ months or ☐ continuous
☐ Additional instructions: _____
or
☐ Combined intranasal corticosteroid/antihistamine spray: _____
☐ 1 or ☐ 2 times/day/nostril for _____ weeks or _____ months or ☐ continuous
☐ Additional instructions: _____

Note:
- It is important to use these sprays correctly. See instructions below and directions for use.
- Onset of benefit may take days, so these sprays must be used regularly and should not be stopped every few weeks.
- If significant pain or bleeding occurs contact your doctor.
- Some treatments mentioned above require a prescription.

1. Prime the spray device according to manufacturer's instructions (for the first time or after a period of non-use).
2. Shake the bottle before each use.
3. Blow nose before spraying if blocked by mucus.
4. Tilt head slightly forward and gently insert nozzle into nostril.
5. Aim the nozzle away from the middle of the nose (septum) and direct nozzle into the nasal passage (not towards tip of nose, but in line with the roof of the mouth).
6. Avoid sniffing hard during or after spraying.

Spray towards back of nose — Don't spray towards middle of nose (septum)

☐ Oral non-sedating antihistamine tablet: _____ Dose _____ mL/mg ☐ 1 or ☐ 2 times/day
☐ Additional instructions: _____
☐ Intranasal antihistamine sprays: _____ ☐ 1 or ☐ 2 times/day
☐ Additional instructions: _____
☐ Saline nasal ☐ spray or ☐ irrigation _____ ☐ _____ times/day or ☐ as needed
☐ Use 10 minutes prior if used with intranasal corticosteroid spray
☐ Decongestant: _____ ☐ nasal spray _____ times/day or ☐ tablet
Dose: _____ tablets _____ times/day for up to three days (not more than one course/month)
☐ Other medications: _____

ALLERGEN IMMUNOTHERAPY

If allergen immunotherapy has been initiated by a clinical immunology/allergy specialist, it is important to follow the treatment as prescribed. Contact your doctor if you have any questions or concerns. For information go to www.allergy.org.au/patients/allergy-treatment/immunotherapy

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BEVERIDGE PRIMARY SCHOOL

MEDICATION AUTHORITY FORM

For students requiring medication to be administered at school

This form should, ideally, be signed by the student's medical/health practitioner for all medication to be administered at school but schools may proceed on the signed authority of parents in the absence of a signature from a medical practitioner.

- **For students with asthma**, Asthma Australia's *School Asthma Care Plan*
- **For students with anaphylaxis**, an ASCIA Action Plan for Anaphylaxis

Please only complete the sections below that are relevant to the student's health support needs. If additional advice is required, please attach it to this form.

Please note: wherever possible, medication should be scheduled outside school hours, eg medication required three times daily is generally not required during a school day – it can be taken before and after school and before bed.

Student Details

Name of school: _____

Name of student: _____ Date of Birth: _____

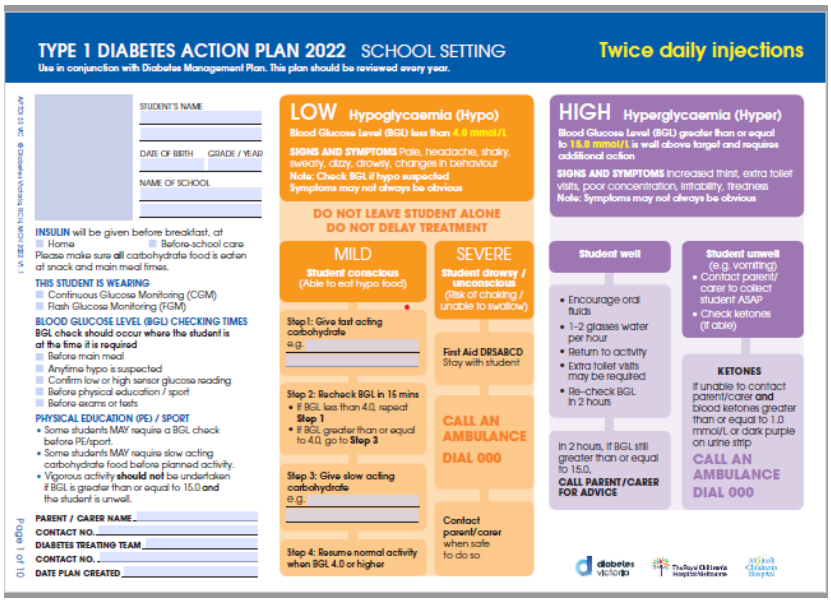
MedicAlert Number (if relevant): _____

Review date for this form: _____

Medication to be administered at school:

Name of Medication	Dosage (amount)	Time/s to be taken	How is it to be taken? (eg oral/topical /injection)	Dates to be administered	Supervision required
				Start: / / End: / / OR ☐Ongoing medication	☐ No – student self- managing ☐ Yes ☐ remind ☐ observe ☐ assist ☐ administer
				Start: / / End: / / OR ☐Ongoing medication	☐ No – student self- managing ☐ Yes ☐ remind ☐ observe ☐ assist ☐ administer

Medication delivered to the school



TYPE 1 DIABETES ACTION PLAN 2022 SCHOOL SETTING

Twice daily injections

Use in conjunction with Diabetes Management Plan. This plan should be reviewed every year.

STUDENT'S NAME

DATE OF BIRTH GRADE / YEAR

NAME OF SCHOOL

INSULIN will be given before breakfast, at ☐ Home ☐ Before-school care

Please make sure all carbohydrate food is eaten at snack and main meal times.

THIS STUDENT IS WEARING
☐ Continuous Glucose Monitoring (CGM)
☐ Flash Glucose Monitoring (FGM)

BLOOD GLUCOSE LEVEL (BGL) CHECKING TIMES
BGL check should occur where the student is at the time it is required
☐ Before main meal
☐ Anytime hypo is suspected
☐ Confirm low or high sensor glucose reading
☐ Before physical education / sport
☐ Before exams or tests

PHYSICAL EDUCATION (PE) / SPORT
- Some students MAY require a BGL check before PE/sport.
- Some students MAY require slow acting carbohydrate food before planned activity.
- Vigorous activity **should not** be undertaken if BGL is greater than or equal to 15.0 **and** the student is unwell.

PARENT / CARER NAME _____
CONTACT NO. _____
DIABETES TREATING TEAM _____
CONTACT NO. _____
DATE PLAN CREATED _____

LOW Hypoglycaemia (Hypo)
Blood Glucose Level (BGL) less than 4.0 mmol/L
SIGNS AND SYMPTOMS Pale, headache, shaky, sweaty, dizzy, drowsy, changes in behaviour
Note: Check BGL if hypo suspected
Symptoms may not always be obvious

DO NOT LEAVE STUDENT ALONE
DO NOT DELAY TREATMENT

MILD
Student conscious (Able to eat hypo food)

Step 1: Give fast acting carbohydrate e.g. _____

Step 2: Recheck BGL in 15 mins
- If BGL less than 4.0, repeat Step 1
- If BGL greater than or equal to 4.0, go to Step 2

Step 3: Give slow acting carbohydrate e.g. _____

Step 4: Resume normal activity when BGL 4.0 or higher

SEVERE
Student drowsy / unconscious (risk of choking / unable to swallow)

First Aid DRSABCD
Stay with student

CALL AN AMBULANCE
DIAL 000

Contact parent/carer when safe to do so

HIGH Hyperglycaemia (Hyper)
Blood Glucose Level (BGL) greater than or equal to 15.0 mmol/L is well above target and requires additional action
SIGNS AND SYMPTOMS Increased thirst, extra toilet visits, poor concentration, irritability, tiredness
Note: Symptoms may not always be obvious

Student well
- Encourage oral fluids
- 1-2 glasses water per hour
- Return to activity
- Extra toilet visits may be required
- Re-check BGL in 2 hours

In 2 hours, if BGL still greater than or equal to 15.0, CALL PARENT/CARER FOR ADVICE

Student unwell (e.g. vomiting)
- Contact parent/carer to collect student ASAP
- Check ketones (if able)

KETONES
If unable to contact patient/carer and blood ketones greater than or equal to 1.0 mmol/L or dark purple on urine strip
CALL AN AMBULANCE
DIAL 000

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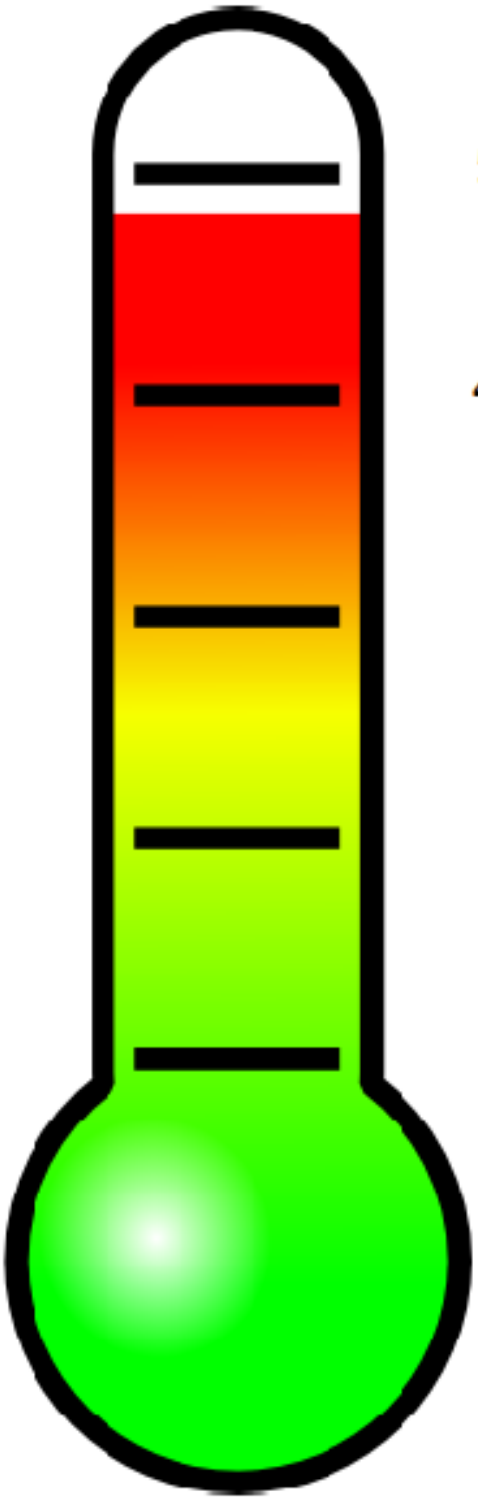
Do you feel unwell?

Try these steps!



5. Still unwell? See your teacher for a sickbay pass

4. Quietly rest in a comfy corner of your classroom

3. Oxygen. Take 10 deep breaths

2. Water. Stay hydrated!

1. Try going to the bathroom