



Blakes Crossing
CHRISTIAN COLLEGE

Educating for Eternity

Health Handbook

Coronavirus (COVID-19)

COVID-19 is a new strain of Coronavirus that has not been previously identified in humans. It was first identified in Wuhan, Hubei Province, China, where it has caused a large and ongoing outbreak. It has since been declared a global pandemic. There is much more to learn about how COVID-19 is spread, its severity, and other features associated with the virus; epidemiological and clinical investigations are ongoing.

How the COVID-19 virus spreads

The virus can spread from person to person through:

- ◇ Close contact with an infectious person (including in the 48 hours before they had symptoms).
- ◇ Contact with droplets from an infected person's cough or sneeze.
- ◇ Touching objects or surfaces that have droplets from an infected person, and then touching your mouth or face.

COVID-19 is a new disease, so there is no existing immunity in our community. This means that COVID-19 could spread widely and quickly. Most COVID-19 cases appear to be spread from people who have symptoms. A small number of people may have been infectious before their symptoms developed.

Signs and Symptoms

- ◇ Fever (37.5 °c or higher)
- ◇ Cough
- ◇ Sore throat
- ◇ Shortness of breath (difficulty breathing)
- ◇ Runny nose
- ◇ Loss of taste
- ◇ Loss of smell

Other reported symptoms of COVID-19 include fatigue, muscle pain, joint pain, headache, diarrhoea, nausea/vomiting and loss of appetite. Unexplained chest pain and conjunctivitis have also been reported as symptoms of COVID-19. In more severe cases, infection can cause pneumonia with severe acute respiratory distress.



Incubation Period

The time between when a person is exposed to the virus and when symptoms first appear is typically 5 to 6 days, although may range from 2 to 14 days. For this reason, people who might have been in contact with a confirmed case are being asked to self-isolate for 14 days.

Infectious Period

The infection period for the virus will vary from person to person. Mild symptoms in an otherwise healthy individual may resolve over just a few days. For people who are likely to be at higher risk of serious illness if they are infected with the virus, recovery may take weeks and in severe cases could be potentially fatal.

Diagnosis

Infection with COVID-19 is diagnosed by finding evidence of the virus in respiratory samples such as swabs from the back of the nose and throat or fluid from the lungs. Samples for testing can be taken directly by GPs, some private pathology collection centres, at your local COVID-19 testing or drive through clinic, or at public hospitals across SA.

Treatment

There are no specific vaccines or medicines for COVID-19. Treatments are under investigation, and will be tested through clinical trials. If you feel sick you should rest, drink plenty of fluid, and eat nutritious food. Stay in a separate room from other family members, and use a dedicated bathroom if possible. Clean and disinfect frequently touched surfaces.



Viral Gastroenteritis



This is a type of Gastroenteritis (also known as 'gastro') caused by a virus. Many different viruses can cause viral gastroenteritis.

How Viral Gastroenteritis Is Spread

Viral gastroenteritis is spread through contamination of hands, objects or food with infected faeces or vomit. The virus is then taken in by the mouth. Viral gastroenteritis may also be spread through coughing and sneezing.

Signs And Symptoms

Symptoms usually last 1 or 2 days and include:

- ◇ Mild fever
- ◇ Nausea and vomiting
- ◇ Stomach cramps
- ◇ Diarrhoea

Diagnosis

Diagnosis is based on the clinical presentation. A faecal examination can sometimes identify the virus and should be performed to also rule out bacterial infection.

Incubation Period

(time between becoming infected and developing symptoms)

24 to 72 hours.

Infectious Period

(time during which an infected person can infect others)

During illness and for at least 24 hours after symptoms have disappeared.

Treatment

No specific antiviral drugs are useful for treating Viral Gastroenteritis. It is a common illness which may be particularly serious in young children. The following are general recommendations for the treatment of Gastroenteritis: Give plenty of fluids. Oral rehydration solution is highly recommended for children with mild to moderate dehydration. It is available at pharmacies and should be administered following the instructions on the packaging, mildly unwell children should be given their usual fluids more often. Carbonated (fizzy) drinks or undiluted juice should be avoided, medicines to prevent vomiting or diarrhoea should not be given (especially in children), except where specifically advised by a doctor, breastfed babies should continue to be breastfed throughout their illness, children on formula or solid diets should restart their normal diet (including full strength lactose containing milk) following rehydration with oral rehydration solution. Children who are hungry or ask for food should be given small portions of their usual foods, but avoid foods high in sugar or fat.

Contents

Introduction	2	Conjunctivitis	11
Too Sick For School	3	Flu (Seasonal)	12
Medication Policy	4	Hand, Foot and Mouth Disease	13
The Way Infections Are Spread	5	Measles	14
Asthma And Anaphylaxis Policy	6	School Sores	15
Chickenpox	8	Viral Gastroenteritis	16
Cold Sores	9	Coronavirus (COVID-19)	17
Common Cold	10		



Introduction

Welcome to Blakes Crossing Christian College.

This Health Handbook has been developed to help you recognise and make you aware of the common viruses and infections that your child/ren could come in contact with during their schooling years. Our aim is to help you, the Parent/Carer, decide the best course of action in this situation.

You will find information on how to recognise, treat, and prevent these common illnesses. Also included is information about how we receive, administer and store all medication here at the College.

Keeping students safe and cared for at Blakes Crossing Christian College is one of our highest priorities and working alongside you as the Parent/Carer helps us to do this efficiently. Also outlined within this booklet is information on some of the Colleges policies and procedures that surround First Aid and how we go about providing the best quality of care should these situations arise.

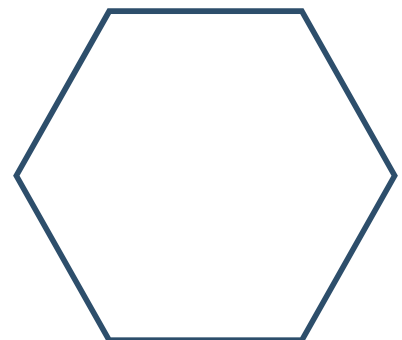
Included are samples of the medical forms that are required if your child/ren have a medical condition and require medical intervention during College hours.

Please keep this Health Handbook at home as a guide for when you have related health concerns while your child/ren attend Blakes Crossing Christian College.

Thank you for your support, we look forward to caring, educating and guiding your child/ren.

Yours sincerely

First Aid Officer



School sores (Impetigo) are a superficial skin infection caused by *Staphylococcus* or *Streptococcus* bacteria, or sometimes both. They are most common in children.

How school sores are spread

The bacteria can easily spread to other parts of the infected person's body or to other people directly by contact with sores or indirectly by contact with contaminated clothes.

Signs and symptoms

School sores appear as a flat, yellow, crusty or moist patches on the skin, usually on exposed parts of the body such as the face and legs. The sores are often greater than 1cm in diameter.

Diagnosis

Diagnosis is based on examination of the sores. Dry, cracked skin serves as an area for growth of the *Streptococcus* and *Staphylococcus* bacteria.

Incubation period

(time between becoming infected and developing symptoms)
4 to 10 days.



Infectious period

(time during which an infected person can infect to others)

As long as there is discharge from the sores. School sores are extremely infectious.

Treatment

Your doctor may recommend antibiotic cream for mild and localised school sores. Antibiotics by mouth may be needed for multiple school sores and recurrent school sores. Any sores on exposed surfaces should be covered with a watertight dressing.





Measles

How Measles are Spread

Until the late 1960s almost everyone caught measles during childhood in Australia. As a result, almost all people born in Australia before 1966 are immune to measles. The gradual introduction of measles vaccine since then has resulted in the average age of cases in Australia increasing. Most cases now occur in people aged older than 20 years. Outbreaks in recent years have followed the introduction of the virus from outside Australia.

Measles is spread when an infected person talks, breathes, coughs or sneezes tiny particles containing infectious agents into the air. Measles is also spread by contact with hands, tissues and other articles soiled by nose and throat discharges. The virus is very infectious and droplets in the air may infect people entering a room up to 30 minutes after an infected person has left it.

Signs And Symptoms

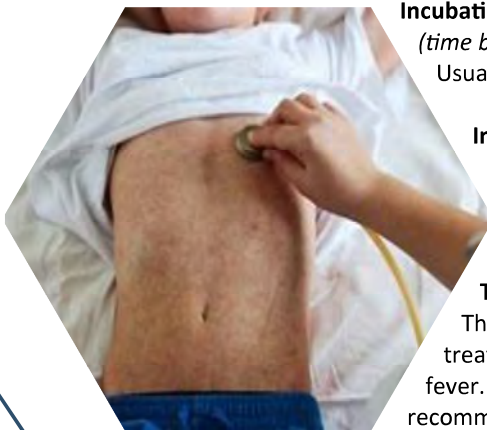
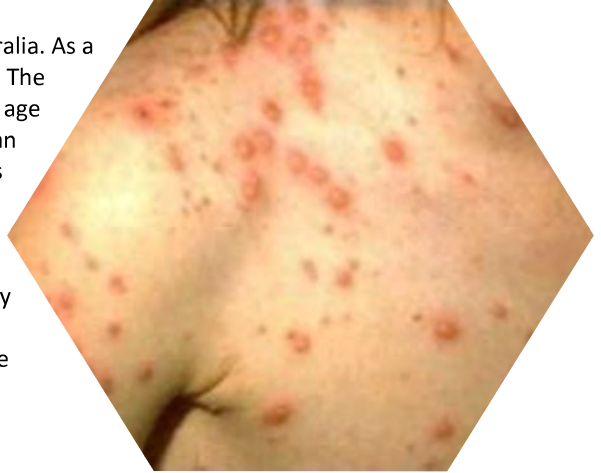
Early in the infection, symptoms may include:

- ◇ Fever
- ◇ Tiredness
- ◇ Cough
- ◇ Sore throat
- ◇ Runny nose
- ◇ Sore eyes
- ◇ Photophobia (discomfort when looking at light)

These symptoms usually worsen over 3 to 5 days, then a blotchy rash (see image) begins on the head and over the next day or two spreads down the entire body. The rash lasts 4 to 7 days. Measles illness usually lasts about 10 days. The cough may be the last symptom to disappear. Measles is often a severe disease, frequently followed by middle ear infection (7% of cases) or bacterial pneumonia (lung infection or inflammation) in 6% of cases.

Diagnosis

The diagnosis is suspected from the clinical presentation and can be confirmed by a blood test, or detection of the virus in urine, throat or eye specimens.



Incubation Period

(time between becoming infected and developing symptoms)

Usually 10 days to onset of fever (range 7 to 18 days) and about 14 days to onset of rash.

Infectious Period

(time during which an infected person can infect others)

From 24 hours before the onset of symptoms to four days after the appearance of the rash.

Treatment

There is no specific antiviral treatment for measles. Complications may require antibiotic treatment. Treatment for the symptoms includes plenty of fluids and paracetamol for the fever. Aspirin should not be given to children under 12 years of age unless specifically recommended by a doctor.

Too Sick For School



How can you tell if your child is really TOO sick to go to school?



1. TEMPERATURE

A fever is a temperature of 38°C or more in a school-aged child. A child with a high temperature should stay home until the temperature returns to normal. If your child has a temperature in the evening, keep them at home the next day even if they seem well. A fever often settles in the morning and spikes in the afternoon.

2. ENERGY

A sick child does not bounce around the home getting into mischief. Even if there is not a temperature, a child who seems tired, listless and off their food should stay at home.

3. DIARRHOEA AND VOMITING

Diarrhoea is two or more consecutive bowel motions that are looser and more frequent than normal with possible cramps. Keep the child home from school until diarrhoea stops. Wait 48 hours from the last loose bowel movement before you send them back to school to prevent infecting other children.

4. COUGH

If a cough is due to a cold and the child has normal energy, no temperature and is sleeping well, there is no need to keep them home. Such coughs usually settle in 10-14 days. Do not forget to get them to cover their mouth with the inside of the elbow when they cough. However, a cough that hangs around for weeks and keeps them awake at night could be asthma or bronchitis and should be checked by your doctor.

5. MY TUMMY HURTS

An aching tummy is often due to mild constipation causing wind. Some children are just too busy to empty their bowels properly. Encourage time on the toilet, give plenty of fluids and some fibre and the pain often disappears.

6. OTHERS

All children complain of vague aches and pains from time to time. These rarely warrant time off unless they are constant and accompanied by other symptoms. However, they can get headaches and stomach aches from stress or anxiety. If such complaints are common or they seem to be avoiding school, there could be a deeper cause. Talk to them about it and visit their teacher or Chaplains if necessary.





When College staff receive your child/ren’s medication, the following steps will be taken to keep the medication safe and stored correctly here at the College:

- ◇ All medication must be in its original box and have a pharmacy label attached, complete with student’s full name, name and strength of medication, dosage to be administered and frequency of medication.
- ◇ Parent to complete ‘Request to Administer Medication’ form.
- ◇ Staff to check use by date on all medication being received.
- ◇ All Schedule 8 Medication (Dexamphetamine, Ritalin) will be ‘counted in’ by two staff members.
- ◇ All Schedule 8 Medication is recorded on the College’s database (Edumate) into the students file.
- ◇ Weekly stocktake on all Schedule 8 medication will be completed and recorded.
- ◇ All medication will be stored in a locked cupboard.

When your child/ren need to be administered their medication the procedure undertaken by staff will be:

- ◇ Confirm student’s name and reason for needing medication.
- ◇ Look up student on College database and check medications are available to administer.
- ◇ Confirm students name, medication and dosage against completed medication request form to ensure it matches the pharmacy label on the medication pack.
- ◇ Record the medication administered, dose and the reason in the College’s database.
- ◇ Parents/carers will receive an automated email at the end of the day if their child has received any non scheduled medication and why it was administered.

If your child/ren need daily or regular medication administered, this will be recorded as a regular medication in the College’s database which will produce a daily report for the staff to administer this medication. Staff will record the time and sign after they have administered this medication. This is then recorded into the College database in the students file.

Figure 1: Sample Medication Authority from the GP.

Figure 2: Sample Administer Medication Request Form from the College.

Hand, Foot and Mouth Disease

Hand, Foot and Mouth disease is a viral infection usually caused by the Coxsackie virus group A. However, sometimes it is caused by other viruses such as an echovirus or an enterovirus. Enterovirus 71 (EV71) can cause Hand, Foot and Mouth disease as well as more serious illness, particularly in children.



How Hand, Foot & Mouth Disease Is Spread

The virus can spread from an infected person by: close contact with the fluid in the blisters, coughing and sneezing, contact with faeces, contact with contaminated objects or surfaces.

Signs and Symptoms

- ◇ Fever
- ◇ Tiredness
- ◇ Loss of appetite
- ◇ Blisters in the mouth
- ◇ Blisters on hands and feet
- ◇ Sore mouth a few days before ulcers or blisters appear
- ◇ Young children may refuse to eat or drink

Diagnosis

Diagnosis is usually made by a doctor. Laboratory tests are not usually required.

Incubation Period

(time between becoming infected and developing symptoms)
3 to 5 days.

Infectious Period

(time during which an infected person can infect others)
The blisters are infectious as long as they contain fluid.
The faeces can remain infectious for several weeks.

Treatment

Usually no specific treatment is required.
Use of paracetamol for the fever and any discomfort may be suggested. Aspirin should not be given to children under 12 years of age unless specifically recommended by a doctor.





Influenza, commonly known as the flu, is a highly infectious viral illness caused by influenza A or B viruses. It affects the nose and throat and may also affect the lungs. In Australia, seasonal flu of varying severity occurs every year, usually between May and September. The flu virus is spread when an infected person talks, coughs or sneezes small droplets that contain the virus into the air where they may be breathed in by people nearby. Infection may also be spread by contact with hands, tissues and other infected articles.

Signs and symptoms

- ◇ Rapid onset of fever
- ◇ Headache
- ◇ Muscle aches
- ◇ Fatigue
- ◇ Sneezing
- ◇ Runny nose
- ◇ Sore throat
- ◇ Cough
- ◇ Nausea
- ◇ Vomiting
- ◇ Diarrhoea in children

Most people recover within a week, although the cough and fatigue may last longer. Flu is much more serious than the common cold. It can lead to pneumonia (lung infection or inflammation) and other complications, and even death, particularly in people aged 65 years and over, pregnant women, young children, people with chronic conditions like heart disease, diabetes and lung disease.

Diagnosis

Not all people with symptoms need to be tested for flu. The diagnosis may be suspected on clinical symptoms and examination (especially during the flu season) and may be confirmed by laboratory testing of mucus from the back of the nose or throat.

Incubation period

(time between becoming infected and developing symptoms)

Incubation is 1 - 4 days (average of 2 days).

Infectious period

(time during which an infected person can infect others)

Usually from 1 day before onset of symptoms until 7 days after the onset of symptoms. After 5 days the level of infectiousness is probably very low, however some people, especially children and people with weakened immune systems, might be able to infect others for a longer time.

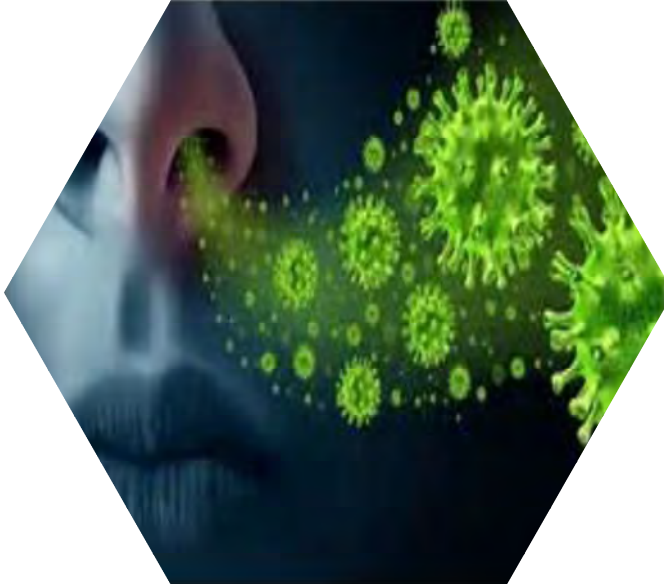
Treatment

Most people recover with rest, drinking plenty of fluids and use of paracetamol for the relief of pain and fever. Aspirin should not be given to children under 12 years of age unless specifically recommended by a doctor. People with moderate or severe illness, pregnant women, Aboriginal and Torres Strait Islander people and those with chronic medical conditions may benefit from specific antiviral medication. This can reduce duration of symptoms by about 1 day and prevent some of the more serious complications of flu but is only effective if commenced within 48 hours of illness onset. Antiviral therapy may sometimes be used to prevent infection in close contacts of people with flu, such as vulnerable household contacts. A contact is any person who has been close enough to an infected person to be at risk of infection themselves.





The Way Infections Are Spread



Spread Through The Air By Droplets

Some infections are spread when an infected person talks, coughs or sneezes small droplets containing infectious agents into the air. Due to their size, these droplets in the air travel only a short distance (around a metre) from the infected person before falling. The droplets in the air may be breathed in by those nearby. Spread can also occur by touching the nose or mouth with droplet contaminated hands. Examples of droplet spread diseases: Common cold, Flu, Meningococcal disease, Rubella and COVID-19.

Spread Through The Air By Aerosol

Some infections are spread when an infected person talks, breathes, coughs or sneezes tiny particles containing infectious agents into the air. These are called small particle aerosols. Due to their tiny size, small particle aerosols can travel long distances on air currents and remain suspended in the air for minutes to hours. These small particle aerosols may be breathed in by another person. Examples of airborne spread diseases: Chickenpox and Measles.

Spread Through Faeces And Then The Mouth (Faecal-Oral Spread)

Some infections are spread when microscopic amounts of faeces (poo) from an infected person with symptoms or an infected person without symptoms (a carrier) are taken in by another person by mouth. The faeces may be passed: directly from soiled hands to the mouth, indirectly by way of objects, surfaces, food or water soiled with faeces. Examples of diseases spread from faeces: Campylobacter infection, Cryptosporidium infection, Giardia infection, Hand, foot and mouth disease, Hepatitis A, Meningitis (viral), Rotavirus infection, Salmonella infection, Shigella infection, Thrush, Viral Gastroenteritis, Worms, Yersinia infection.

Spread By Skin Or Mucous Membrane Contact

Some infections are spread **directly** when skin or mucous membrane (the thin moist lining of many parts of the body such as the nose, mouth, throat and genitals) comes into contact with the skin or mucous membrane of another person. Infections are spread **indirectly** when skin or mucous membrane comes in contact with contaminated objects or surfaces.

Examples of diseases spread by skin or mucous membrane contact: Chickenpox, Cold Sores (Herpes Simplex Infection), Conjunctivitis, Hand, foot and mouth disease, Headlice, Molluscum Contagiosum, Ringworm, Scabies, School Sores (impetigo), Staphylococcus Aureus infection and Warts.



Spread Through Blood Or Other Body Fluids

Some infections are spread when blood or other body fluids (i.e., urine, saliva, breastmilk) from an infected person comes into contact with: the mucous membranes (the thin moist lining of many parts of the body such as the nose, mouth, throat and genitals), through kissing, breast-feeding or sexual contact or the bloodstream of an uninfected person, through a needle stick injury or a break in the skin.

Examples of diseases spread through blood or other body fluids: Hepatitis B, Hepatitis C, Human Immunodeficiency Virus (HIV) infection, Cytomegalovirus (CMV) infection, Glandular Fever.



Asthma and Anaphylaxis Policy



At the beginning of every school year, new **Asthma/Anaphylaxis Action Plans and Administer Medication Request Form** are required for every student that has Asthma or a medical condition that requires medication listed on their file. Both the forms and medications need to be received at the same time. Staff can not accept one without the other as no medications can be stored at the College without a current plan. All Medications need to be in date and no expired medications will be accepted.

- ◇ All students enrolled at BCCC that are at risk of asthma attacks must have an action plan provided by their doctor.
- ◇ At BCCC staff will provide care immediately for any student or staff member who develops signs of an asthma attack or anaphylaxis.
- ◇ All children suffering asthma attacks will be treated in accordance with their action plan. If no plan is available, the standard first aid procedure will be followed.
- ◇ Parents/Carers are responsible for ensuring their children always have an adequate supply of appropriate asthma medication/EpiPen with them at school.
- ◇ Parents/Carers are required to provide a written updated asthma/anaphylaxis action plan, completed by their doctor, for their child at the beginning of each year.
- ◇ An ambulance will be called for any case of anaphylaxis.
- ◇ An ambulance will be called for asthma attacks if the student or staff member does not improve after 5 minutes of treatment or if their action plan requires it.
- ◇ Parents/Carers will be contacted whenever their child suffers an asthma attack or anaphylaxis.
- ◇ Professional development will be provided for all staff on the nature, prevention and treatment of asthma attacks. Procedures are also be displayed in the first aid room and the staff room.
- ◇ The First Aid Officer is the designated staff member that will be responsible for checking asthma medication and EpiPen expiry dates.
- ◇ First Aid bags for excursions and camps will contain a Ventolin puffer and a disposable spacer in addition to any relevant individual action plans and medication for all students attending the excursion or camp.



Conjunctivitis, sometimes known as 'sticky eye', is an inflammation of the lining of the eye and eyelid caused by bacteria, viruses, chemicals or allergies.

How Conjunctivitis is spread

Viral and bacterial conjunctivitis can be spread by direct contact with eye secretions or indirectly by contact with towels, washcloths, handkerchiefs and other objects contaminated by contact with eye secretions. In some cases, it can be spread by insects such as flies. Conjunctivitis caused by chemicals or allergies is not infectious.

Signs And Symptoms

- ◇ Redness in the whites of the eyes
- ◇ Irritation in one or both eyes
- ◇ Discharge, causing the eyelids to stick together in the morning
- ◇ Swelling of the eyelids
- ◇ Sensitivity to light

Diagnosis

Diagnosis is usually made following examination of the eye by a doctor. Sometimes the doctor will take a swab from the infected eye to send to the laboratory as it is usually not possible to tell whether the conjunctivitis is caused by bacteria or viruses without laboratory tests.

Incubation Period

(time between becoming infected and developing symptoms)

Usually 24 to 72 hours.

Infectious Period

(time during which an infected person can infect others)

While the eye discharge is present.

Treatment

Antibiotic eye drops or ointment may be prescribed by a doctor.

Since bacterial and viral infections look the same, a person with symptoms of conjunctivitis should always be seen by a doctor for examination, diagnosis and treatment.





Common Cold

The common cold may be caused by any one of over 100 known cold viruses. Getting a cold has nothing to do with being cold or chilled and there is no scientific evidence that 'feeding a cold' (or 'starving a fever') makes any difference to how long it lasts.

How the Common Cold is spread

The common cold is spread when an infected person talks, coughs or sneezes small droplets containing infectious agents into the air. The droplets in the air may be breathed in by those nearby. The common cold is also spread by indirect contact with hands, tissues or other articles soiled by nose and throat discharges. Newborn babies are protected for about the first 6 months of life by antibodies from their mothers. After this, young children are very susceptible to colds because they:

- ◇ Haven't built up immunity
- ◇ Have close contact with adults and other children
- ◇ Cannot practice good personal hygiene
- ◇ Have tiny nose and ear passages which are easily blocked

It is not abnormal for children to have five or more colds a year. It is a myth that people get colds because of a weakened immune system. Healthy people with normal immune systems will almost always become infected if the virus enters their noses – however, sometimes they may not develop any symptoms.

Signs and Symptoms

- ◇ Runny nose
- ◇ Sneezing
- ◇ Coughing
- ◇ Mild sore throat
- ◇ Watery eyes
- ◇ Feeling unwell

Fever is very uncommon, especially in people over 3 years of age. Most people will recover within 10 days.



Diagnosis

The diagnosis is made on the presenting signs and symptoms. Laboratory tests are not necessary.

Incubation Period

(time between becoming infected and developing symptoms)
1 to 3 days.

Infectious Period

(time during which an infected person can infect others)
From about 1 day before symptoms begin and for the first 5 days of the illness.

Treatment

There is no specific antiviral treatment for the viruses which cause colds. However, paracetamol and other medications available from pharmacies may provide relief of symptoms. Do not give aspirin to children under 12 years of age unless specifically recommended by a doctor.



Asthma and Anaphylaxis Policy Continued:

Examples of Accepted Medical Forms

ascia
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

For use with EpiPen® adrenaline autoinjectors

Name: _____
Date of birth: _____

Photo

Confirmed allergens: _____

Family/emergency contact name(s): _____

Work Ph: _____
Home Ph: _____
Mobile Ph: _____

Plan prepared by: _____
Dr: _____
Signed: _____
Date: _____

How to give EpiPen®

- Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.
- PLACE ORANGE END against outer mid-thigh (with or without clothing).
- PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.
- REMOVE EpiPen®. Massage injection site for 10 seconds.

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr
- Give other medications (if prescribed)
- Dose: _____
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for **any one** of the following signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION

- Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.
- Give EpiPen® or EpiPen® Jr
- Phone ambulance* - 000 (AU), 111 (NZ), 112 (mobile)
- Phone family/emergency contact
- Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

If in doubt, give adrenaline autoinjector

After giving adrenaline:

- Commence CPR if there are no signs of life
- Give asthma medication if unsure whether it is asthma or anaphylaxis

EpiPen® is generally prescribed for adults and children over 6 years.
EpiPen® Jr is generally prescribed for children aged 1-5 years.
*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information: _____

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.

ASTHMA ACTION PLAN

Take this ASTHMA ACTION PLAN with you when you visit your doctor

NAME: _____ DOCTOR'S CONTACT DETAILS: _____ EMERGENCY CONTACT DETAILS: _____
DATE: _____ NEXT ASTHMA CHECK-UP DUE: _____ Name: _____
Phone: _____
Relationship: _____

WHEN WELL (asthma symptoms occur occasionally)

Keep taking preventer: _____

Date: _____
Time: _____
Peak reliever is: _____
Dose: _____

WHEN NOT WELL (asthma symptoms occur more often)

Keep taking preventer: _____

Date: _____
Time: _____
Peak reliever is: _____
Dose: _____

IF SYMPTOMS GET WORSE (asthma symptoms occur more often and preventer does not seem to be working)

Keep taking preventer: _____

Date: _____
Time: _____
Peak reliever is: _____
Dose: _____

DANGER SIGNS

DIAL 000 FOR AMBULANCE

Call an ambulance immediately
Say that this is an asthma emergency
Keep taking medicine as often as needed

National Asthma Council Australia
www.nationalasthma.org.au



Signs And Symptoms

Symptoms of chickenpox may include: slight fever and cold-like symptoms, followed by a rash. A rash appears as blisters which crust to form scabs and is usually itchy, crops of blisters may appear over several days and various stages of blisters may be present. The rash is usually more noticeable on the trunk than on the limbs. It may affect the scalp and the inside of the mouth, nose, and throat. In childhood, chickenpox is usually a mild, but common illness. Infection in adults is uncommon, since more than 95% of unimmunised Australians get the infection during childhood. Chickenpox in adults is more severe and may be complicated by pneumonia (lung infection or inflammation). Chickenpox may be particularly severe in children with leukaemia, pregnant women and young babies.

Shingles

Shingles follows a previous chickenpox infection, usually several decades later. Shingles occurs when the body's immunity to the virus drops and the virus, which has been resting near the spinal cord, becomes active again. The elderly, children and adults being treated for cancer, and people with advanced HIV infection are at greater risk of developing shingles. A blistering rash with band-like distribution (see image), usually associated with severe pain, occurs in the skin supplied by the spinal nerves carrying the reactivated virus. The rash may be followed by persistent pain in the area, lasting for weeks.

Diagnosis

Chickenpox and shingles have a typical appearance and are usually diagnosed by clinical presentation. This can be confirmed by a swab test of the rash detecting the Varicella-Zoster virus. A blood test can detect if someone has protection from chickenpox infection in the past, but the test may not be helpful in determining if there is adequate immunity to Varicella-Zoster virus following vaccination.

Incubation Period

(time between becoming infected and developing symptoms)

For chickenpox, 10 to 21 days, commonly 14 to 16 days, but may vary in people whose immune system is suppressed.

Infectious Period

(time during which an infected person can infect others)

For chickenpox, from 2 days before the rash appears until at least 5 days after the rash first appears and all blisters have crusted over.

For shingles, a person is infectious from when the rash appears until all blisters have dried up.



Treatment

Specific antiviral treatment for both chickenpox and shingles is available. Treatment is usually only given to those with severe disease or at risk of severe disease. To be effective, treatment must be commenced early, usually within 24 hours of onset of the rash. For all cases, calamine lotion or promethazine [Phenergan] (available from pharmacies) may be useful for the itch. If treatment to reduce temperature or discomfort is necessary, paracetamol is recommended. Aspirin should not be given to children or adolescents who have chickenpox or shingles.

Cold sores (also called fever blisters) are caused by Herpes Simplex Virus. There are two types of Herpes Simplex Virus, type 1 and type 2 (HSV1 and HSV2). Cold sores are usually caused by Type 1 while Type 2 is more often associated with genital herpes.

How Herpes Simplex Is Spread

The virus is spread by skin or mucous membrane (the thin moist lining of many parts of the body such as the nose, mouth, throat and genitals) contact with infected saliva. People with a history of cold sores may shed the virus in their saliva even without a blister being present. Sometimes these viruses can cause infections of the eyes, hands or brain, and may cause severe illness in pregnant women or people whose immune systems are weakened.

Signs And Symptoms

The most common symptoms of infection by Herpes Simplex Virus Type 1 (HSV1) are cold sores. These are ulcers of the skin or mucous membranes (the thin moist lining of many parts of the body such as the nose, mouth, throat and genitals). Although HSV1 infection can occur at any age, most people get their first infection in early childhood; frequently symptoms are mild or absent. After the first infection, the virus remains latent (resting) in nerve cells in the brain or spinal cord and is present for life. If the virus becomes active again it results in cold sores: painful clear blisters (see image) on a red base, usually on the face or lips. The blisters crust and heal within a few days. The virus can be triggered to become active again by physical or emotional stress, sunlight, a viral infection or hormonal changes. Appearance of the blisters is often preceded by tingling, itching and pain at the site.



Diagnosis

Herpes Simplex Virus infection can be diagnosed by scraping the base of the cold sore and examining cells under the microscope, by growing the virus, or by a PCR (Polymerase Chain Reaction) test in a pathology laboratory. Blood tests are not usually helpful in diagnosis.

Incubation Period

(time between becoming infected and developing symptoms)
2 to 12 days.

Infectious Period

(time during which an infected person can infect others)

Spread of infection is most likely when a moist blister is present. However, people with a history of cold sores may shed the virus in their saliva and are therefore capable of infecting others even without a blister being present.

Treatment

Topical therapy (cream or ointment) is available through pharmacies. Oral (by mouth) antiviral therapy is available from pharmacies or by prescription from a doctor.





Blakes Crossing CHRISTIAN COLLEGE

Blakes Crossing Christian College

14 Boucaut Ave, Blakeview SA 5114

PO Box 150, Smithfield SA 5114

P: 08 7180 5010

E: office@bccc.sa.edu.au

W: www.bccc.sa.edu.au

A Christian Community Ministries Ltd School