INTRODUCTION
"Asthma is a long-term lung condition. People with asthma have sensitive airways in their lungs which react to triggers, causing a ‘flare-up’. In a flare-up, the muscles around the airway squeeze tight, the airways swell and become narrow and there is more mucus. These things make it harder to breathe.

An asthma flare-up can come on slowly (over hours, days or even weeks) or very quickly (over minutes). A sudden or severe asthma flare-up is sometimes called an asthma attack. One in ten people in Australia has asthma. It affects people of all ages.” (Asthma Australia 2016).

AIM
The Department of Education and Training and Asthma Foundation Victoria have requirements to ensure schools fully support students diagnosed with asthma and be prepared for students that may suffer an asthma attack.

POLICY
Bairnsdale Secondary College has a responsibility to support students diagnosed with asthma and to effectively treat all students who develop signs or symptoms of asthma. It is a primary purpose of the College to treat all people with dignity and respect and provide an educational environment that is safe, supportive and inclusive.

IMPLEMENTATION
The College must have a personal Asthma Action Plan (see Appendix 1) and a Student Health Support Plan (see Appendix 2) for every student diagnosed with asthma. Students with mild asthma have the potential to experience a severe attack, therefore all students need an Asthma Management Plan that includes a protocol to follow if standard reliever medication does not relieve an asthma attack.

If a student shows signs or symptoms of asthma the College Asthma First Aid Treatment Guidelines outlined in this policy should be followed even is there is no diagnosis or history of asthma.

The College ensures staff members have training and information and provides equipment to effectively deal with an asthma emergency.

Responsibilities

Students
- Recognise their own symptoms and use their medication as soon as they develop symptoms at school.
- Alert a staff member if symptoms of asthma occur.
- If diagnosed with asthma should carry reliever medication with them at all times.
- Use a preventer before exercise if diagnosed with exercise induced asthma (EIA) as per instruction on Asthma Action Plan.
Parents

- Inform the College if their child has Asthma upon enrolment.
- Read the College’s Asthma Management Policy.
- Provide the College with an up to date Asthma Action Plan (see Appendix 1) which includes the following details:
  - Student name and photograph.
  - Signature and contact details of the student’s medical practitioner.
  - The student’s prescribed medication to be taken:
    - on a regular basis,
    - as a premedication to exercise,
    - if the student is experiencing symptoms.
  - Emergency contact details.
  - Details about deteriorating asthma including:
    - signs to recognise worsening symptoms,
    - what to do during an attack,
    - medications to be used.
  - An asthma first aid section specifying no less than 4 separate puffs of reliever medication, with 4 breaths per puff every 4 minutes using a spacer if possible. If the plan has less than this specified number of puffs DET recommends it be sent back to the medical practitioner for review.
- Provide an updated plan every 12 months and update their child’s medical details whenever there are any interim changes.
- Provide their child with their reliever medication that is in date and a spacer to be carried at all times at school.
- Ensure that if their child is self-managing their asthma correctly and the child carries their reliever and spacer at all times
- Provide their child with enough medication if they are going away for more than one day and provide preventer medication where relevant
- Participate and sign the Student Health Support Plan as required
- Promptly communicate all medical and health information relevant to their child’s health to the principal and staff of the school
- Communicate any changes to their child’s asthma or any concerns about the health of their child.

The Principal / Principal’s delegate

- Ensure all staff members with a duty of care for students are trained to assess and manage an asthma emergency by completing the one hour Asthma Education course every 3 years.
- Ensure staff members with a direct student wellbeing responsibility (College Nurse, First Aid Assistant, First Aid Officers and PE and Outdoor Education teachers) attend the Emergency Asthma Management (EAM) course every 3 years.
- Ensure staff members are aware of locations of first aid kits, medication storage and the management of confidential medical information.
- Provide this policy via link to SharePoint to all new staff.
- Provide asthma reliever medication, disposables spacers and a copy of Asthma First Aid processes as a separate module in all first aid kits (See Appendix 3: First Aid Kit List and Locations), and check regularly.
- Ensure the College has Asthma Action Plans for all students diagnosed with asthma and these are stored in a clearly marked location in:
  - Each Hub
o Printroom
  o Main Administration Buildings on McKean and Wallace Streets.
• Ensure the College has Student Health Support Plans for all students diagnosed with asthma and these are stored in student files.
• Ensure a School Camp and Excursion Medical Update Form is completed by parents/carers for off-site activities where possible
• Ensure Asthma Foundation posters ‘Asthma First Aid’ (link in Section 4) are displayed in:
  o Common staff rooms
  o Printroom
  o Sickbays
• Ensure student medical details are treated confidentially and old medical details are disposed of appropriately (shredded).
• Ensure that students with asthma are not discriminated against in any way.
• Ensure that students with asthma can participate in activities safely and to their fullest abilities.

College First Aid Assistant
• Ensure all reliever medication is stored in the correct locations and is in date.
• Ensure portable Asthma First Aid Kits are stored correctly and contain reliever medication, 2 disposable spacers and a generic 4 Step Asthma First Aid Plan.
• Keep up to date records of staff qualifications.

College staff
• Be aware of students in their care that are diagnosed with asthma and alert to the signs and symptoms of an asthma attack.
• Identify and minimise where possible the triggers of asthma for students.
• Know where to locate students’ Individual Asthma Plans.
• Know where to find Asthma First Aid Kits and follow the College Asthma First Aid Treatment Guidelines if needed.
• Take enough asthma emergency kits if going on excursions or camps.
• Work with parents to complete the School Camp and Excursion Asthma Update Form for students attending excursions or camps (ask the First Aid Assistant for a copy of this form)
• Dispose of spacers after single use.
• Promptly communicate to the principal and parents / carers any concerns regarding asthma and students enrolled in the school.
• Attend asthma education sessions where required.

Assessment of an asthma attack
If a student develops signs or symptoms of what appears to be an asthma attack, appropriate care must be given immediately. Triggers of asthma include:
• Exercise
• Colds and flu
• Smoke
• Weather changes (especially storms)
• Dust and dust mites
• Mould
• Pollen
• Animals
• Some chemicals (including deodorants, perfume hairspray)
Some foods or food additives
Some medications (often aspirin and anti-inflammatories)

Symptoms of asthma include:
- Shortness of breath
- Wheezing
- Tightness in the chest
- A dry, irritating, persistent cough

Assessing the severity of an asthma attack
Asthma attacks can be:
- **Mild** - this may involve coughing, a soft wheeze, minor difficulty in breathing and no difficulty speaking in sentences
- **Moderate** - this may involve a persistent cough, loud wheeze, obvious difficulty in breathing and ability to speak only in short sentences
- **Severe** - the student is often very distressed and anxious, gasping for breath, unable to speak more than a few words, pale and sweaty and may have blue lips.

Treatment of an asthma attack

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**Any student judged to be having a severe asthma attack requires emergency medical assistance.**

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Call an ambulance (dial 000), notify the student’s emergency contact and follow the student’s Asthma Action Plan if available or follow the ‘4 Step Asthma First Aid Plan’ while waiting for the ambulance to arrive. When calling the ambulance state clearly that a student is having ‘breathing difficulties.’ The ambulance service will give priority to a person suffering extreme shortness of breath. Regardless of whether an attack of asthma has been assessed as mild, moderate or severe, Asthma First Aid (as detailed below) must commence immediately. Delay may increase the severity of the attack and ultimately risk the student’s life.

If the student has an Asthma Action Plan, follow the first aid procedure immediately. If no Asthma Action Plan is available the steps outlined below should be taken immediately:

**4 Step Asthma First Aid Plan**

**Step 1**
Sit the student down in as quiet an atmosphere as possible. Breathing is easier sitting rather than lying down. Be calm and reassuring. Do not leave the student alone.

**Step 2**
Without delay give 4 separate puffs of a blue reliever medication.
A) Shake puffer
B) Put one puff into spacer
C) Patient takes 4 deep breaths from spacer.

Repeat steps A to C until 4 puffs have been taken: 4 X (shake, puff, 4 breaths).

**Step 3**
Wait 4 minutes. If there is no improvement give 4 more separate puffs of reliever medication outlined in step 2 (shake, puff, 4 breaths).

**Step 4**
If there is still no improvement call emergency assistance (dial 000).
- Say “ambulance” and that someone is having an asthma attack.
• Keep giving 4 separate puffs every 4 minutes until emergency assistance arrives.

**Follow this protocol in conjunction with DRSABCD and administer CPR if required.**

At any time call emergency assistance immediately (dial 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 them Asthma First Aid

Start Asthma First Aid and continue until emergency services arrive. Blue reliever medication is unlikely to harm, even if the person does not have asthma.

**EMERGENCY TELEPHONE NUMBERS**

- Ambulance 000
- Poisons Information Service 13 11 26
- Nurse on Call 1300 60 60 24
- DET Emergency & Security Management Unit 9589 6266

**RELATED DOCUMENTS / KEY REFERENCES**

- Bairnsdale Secondary College:
  - First Aid Policy
  - Anaphylaxis Management Policy
  - Medications Dispense Policy

- Other Key References:
  - The Victorian Schools Asthma Policy (DET)
  - Asthma, Chronic Illness Alliance
  - Asthma Foundation - Resources for Schools and Children's Services
  - Asthma Australia

**APPENDICES**
### APPENDIX 1: ASTHMA ACTION PLAN TEMPLATE

**Asthma Action Plan**

**For use with a Puffer and Spacer**

#### MILD TO MODERATE SIGNS
- Minor difficulty breathing
- May have a cough
- May have a wheeze

#### ACTION FOR MILD TO MODERATE ASTHMA FLARE UP
1. Sit the person upright.
   - Stay with person and be calm and reassuring
2. Give 4 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 the spacer between each puff
3. Wait 4 minutes.
   - If there is no improvement, repeat step 2

If there is still no improvement follow the Asthma First Aid Plan for severe / life-threatening asthma attacks below

**Mild to moderate symptoms do not always present before severe or life-threatening symptoms**

#### SEVERE SIGNS
- Cannot speak a full sentence
- Sitting hunched forward
- Tugging in of skin over chest or throat
- May have a cough or wheeze
- Obvious difficulty breathing
- Lethargic
- Sore tummy (young children)

#### LIFE-THREATENING SIGNS
- Unable to speak or 1-2 words
- Collapsed / Exhausted
- Gasping for breath
- May no longer have a cough or wheeze
- Drowsy/ Confused / Unconscious
- Skin discolouration (blue lips)

#### ACTION FOR SEVERE / LIFE-THREATENING ASTHMA ATTACK
1. Sit the person upright. Be calm and reassuring. Do not leave them alone.
2. Phone ambulance: Triple Zero (000).
3. Give 4 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 the spacer between each puff
4. Wait 4 minutes.
5. Keep giving 4 puffs every 4 minutes until emergency assistance arrives.

Commence CPR at any time if person is unresponsive and not breathing normally. Blue reliever medication is unlikely to harm, even if the person does not have asthma.

**IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA**
- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Anaphylaxis: □ Y □ N □ Type of autoinjector: _______

© The Asthma Foundation of Victoria 2016. This plan was developed as a medical document that can only be completed and signed by the patient’s treating medical doctor, nurse practitioner or a practice nurse and cannot be altered without their permission.
APPENDIX 2

Student Health Support Plan

This plan outlines how the College will support students’ 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). This Plan is to be completed by the Principal or nominee in collaboration with the parent/carer and student.

<table>
<thead>
<tr>
<th>School:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s name:</td>
<td>Date of birth:</td>
</tr>
<tr>
<td>Proposed date for review of this Plan:</td>
<td>Year level:</td>
</tr>
<tr>
<td>Parent/carer contact information (1)</td>
<td>Parent/carer contact information (2)</td>
</tr>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Relationship:</td>
<td>Relationship:</td>
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<tr>
<td>Home phone:</td>
<td>Home phone:</td>
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<td>Work phone:</td>
<td>Work phone:</td>
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<tr>
<td>Mobile:</td>
<td>Mobile:</td>
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<tr>
<td>Address:</td>
<td>Address:</td>
</tr>
<tr>
<td>Medical/Health practitioner contact:</td>
<td></td>
</tr>
</tbody>
</table>

Ideally, this plan should be developed based on health advice received via the appropriate Departmental Medical Advice form or in case of asthma, the Asthma Foundation’s School Asthma Action Plan. Please tick the appropriate form which has been completed and attach to this Plan. All forms are available from the Health Support Planning Forms – School Policy and Advisory Guide

- [ ] 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 continence

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 College collects personal information so we 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.
How the College will support the student’s health care needs:

<table>
<thead>
<tr>
<th>Support</th>
<th>What needs to be considered?</th>
<th>Strategy – how will the school support the student’s health care needs?</th>
<th>Person Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Support</td>
<td>Is it necessary to provide the support during the school day?</td>
<td>For example, some medication can be taken at home and does not need to be brought to the school.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How can the recommended support be provided in the simplest manner, with minimal interruption to the education and care program?</td>
<td>For example, students using nebulisers can often learn to use puffers and spacers at school.</td>
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</tr>
<tr>
<td></td>
<td>Who should provide the support?</td>
<td>Does the support fit with assigned staff duties and basic first aid training</td>
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<td>If so, can it be accommodated within current resources?</td>
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<td></td>
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<td>If not, are there additional training modules available</td>
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<td></td>
<td>How can the support be provided in a way that respects dignity, privacy, comfort and safety and enhances learning?</td>
<td>For example, detail the steps taken to ensure that the support provided respects the students, dignity, privacy, comfort and safety and enhances learning.</td>
<td></td>
</tr>
<tr>
<td>First Aid</td>
<td>Does the medical/health information highlight any individual first aid requirements for the student, other than basic first aid?</td>
<td>Discuss and agree on the individual first aid plan with the parent/carer.</td>
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<td></td>
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<td>Ensure that there are sufficient staff trained in basic first aid (see the Department’s First Aid Policy</td>
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<td></td>
<td>Ensure that all relevant school staff are informed about the first aid response for the student</td>
<td></td>
</tr>
<tr>
<td>First Aid, cont’d</td>
<td>Does the school require relevant staff to undertake additional training modules not covered under basic first aid training, such as staff involved with excursions and specific educational programs or activities</td>
<td>Ensure that relevant staff undertake the agreed additional training. Ensure that there are interim provisions in place (while awaiting the staff member to receive training), to ensure the student’s attendance at school.</td>
<td></td>
</tr>
<tr>
<td>Complex/Invasive health care needs</td>
<td>Does the student have a complex medical care need?</td>
<td>Is specific training required by relevant school staff to meet the student’s complex medical care need? Can the training be obtained through the Department funded Schoolcare Program? Contact the Royal Children’s Hospital’s Home and Community Care on 9345 6548. Consider if the following program/services are required: the Program for Students with Disabilities or Visiting Teachers Service.</td>
<td></td>
</tr>
<tr>
<td>Routine Supervision for health-related safety</td>
<td>Does the student require medication to be administered and/or stored at the School?</td>
<td>Ensure that the parent/carer is aware of the School’s policy on medication management. Ensure that written advice is received, ideally from the student’s medical/health practitioner for appropriate storage and administration of the medication – via the Department’s Medication Authority Form Ensure that a medication log or equivalent official medications register is completed by the person administering the taking of the medication.</td>
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<td></td>
<td>Are there any facilities issues that need to be addressed?</td>
<td>Ensure the schools sick bay and its contents provide the minimum requirements and discuss and whether other requirements are needed to meet the student’s health care needs. Ensure the school provides sufficient facilities to assist a student who requires a wheelchair or other technical support. Discuss this with the parent/carer/student.</td>
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<td></td>
<td>Does the student require assistance by a visiting nurse, physiotherapist, or other health worker?</td>
<td>Detail who the worker is, the contact staff member and how, when and where they will provide support.</td>
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<td>Who is responsible for management of health records at the school?</td>
<td>Ensure that information privacy principles are applied when collecting, using, retaining or disposing of personal or health information.</td>
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<td></td>
<td>Where relevant, what steps have been put in place to support continuity and relevance of curriculum for the student?</td>
<td>For example, accommodation in curriculum design and delivery and in assessment for a student in transition between home, hospital and school; for a student attending part-time or episodically.</td>
<td></td>
</tr>
<tr>
<td>Personal Care</td>
<td>Does the medical/health information highlight a predictable need for additional support with daily living tasks?</td>
<td>Detail how the school will support the student’s personal care needs, for example in relation to nose blowing, washing hands, continence care Would the use of a care and learning plan for toileting or hygiene be appropriate?</td>
<td></td>
</tr>
<tr>
<td>Other considerations</td>
<td>Are there other considerations relevant for this health support plan?</td>
<td>For example, in relation to behaviour, such as special permission to leave group activities as needed; planned, supportive peer environment. For example, in relation to the environment, such as minimising risks such as allergens or other risk factors. For example, in relation to communication, is there a need to formally outline the communication channels between the school, family and health/medical practitioner? For example, is there a need for planned support for siblings/peers?</td>
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</tbody>
</table>
### APPENDIX 3: FIRST AID KIT TYPES AND LOCATIONS

Note: All Standard and Excursion Kits contain an Asthma Module and Burns Module. Anaphylaxis Modules are added to Excursion Kits when required.

<table>
<thead>
<tr>
<th>Location</th>
<th>Standard Kit (includes Asthma module)</th>
<th>Anaphylaxis Kit</th>
<th>Excursion Kit</th>
<th>Outdoor Education Kit</th>
<th>Vehicle Kit</th>
<th>Body Fluid Spill Kit</th>
<th>Workshop Kit</th>
<th>Chemical Spills Kit</th>
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Bairnsdale Secondary College  
Policy Name: First Aid Policy  
Reviewer: Assistant Principal  
Date of Policy: July 2016  
Review Schedule: annually  
Date of last review:  
Page 11 of 13
<table>
<thead>
<tr>
<th>Name</th>
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**Changing Lanes First Aid Officers:**
- Michael Nelson
- Josh Nelson
- Anne Daffy