



ASTHMA MANAGEMENT AT SOMERSET

Introduction

Our Group Leading Staff and key programme staff have current training in asthma first aid, including routine and extended management, as part of their remote area qualification.
Our Group Leading staff carry in-date ventolin relievers and spacers at all times.
At Base Camp we hold ventolin, spacers and a nebuliser.
The camp environment may exacerbate asthma; please consider your child / ward's asthma condition in context with the general camp information and the programmed activities.

Completing Medical Details

Please use the following information from Asthma Australia to assist when selecting the category/severity in the medical information in regards to your child / ward's asthma:

- Infrequent Intermittent - short, isolated episodes, usually in response to a respiratory infection or environmental allergen.
- Frequent Intermittent - episodes happen every 6-8 weeks or less, with minimal symptoms in between.
- Persistent - more frequent symptoms and attacks. Please provide detail as to mild, moderate or severe.

Please note down signs, frequency and severity, triggers, medications plan and daily management details, etc. You may also like to email your child's / ward's management plan schools@campsomerset.com.au.

Please also note anything different (to the below Asthma First Aid) your child / ward may need in they have an asthma attack.

Asthma First Aid

Somerset will follow the below Asthma First Aid in the event of an attack.

Asthma First Aid

1 Sit the person upright

- Be calm and reassuring
- Do not leave them alone



2 Give 4 separate puffs of blue/grey reliever puffer

- **Shake** puffer
- Put **1 puff** into spacer
- Take **4 breaths** from spacer

Repeat until **4 puffs** have been taken
Remember: Shake, 1 puff, 4 breaths

OR Give 2 separate doses of a Bricanyl inhaler (age 6 & over) or a Symbicort inhaler (over 12).



3 Wait 4 minutes

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

(OR give 1 more dose of Bricanyl or Symbicort inhaler.)



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

(OR 1 dose of Bricanyl or Symbicort every 4 minutes — up to 3 more doses of Symbicort).



Call emergency assistance immediately (DIAL 000)

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

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



Asthma Australia

Contact your local Asthma Foundation
1800 ASTHMA (1800 278 462) asthmaaustralia.org.au
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Translating and Interpreting Service
131 450

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Please visit www.asthmaaustralia.org.au for more information and to assist in completing the medical details.

ALLERGY AND ANAPHYLAXIS MANAGEMENT AT SOMERSET

Introduction

Our Group Leading Staff and key programme staff have current training in anaphylaxis first aid, including the use of an epipen and routine and extended management, as part of their remote area qualification.

Our Group Leading Staff carry antihistamines at all times. Leaders may administer antihistamines and / or ventolin where deemed appropriate to alleviate mild to moderate allergic reactions. Leaders may also administer antihistamines and / or ventolin as part of anaphylaxis first aid.

You must send at least 2 epipens to camp with your child / ward. We will ask at least one epipen to be carried by your child / ward and at least one to be carried by the Teacher. The Group Leader does not routinely carry an epipen. However, an epipen will also be carried by the Leader when there is a indicated anaphylactic student in the group.

At Base Camp we hold spare epipens.

The camp environment may exacerbate allergies; please consider your child / ward's allergy in context with the general camp information and the programmed activities.

You may also like to consult with your Doctor / Specialist about your child's / ward's time at camp.

Completing Medical Details

Please use the following information to assist when selecting the severity in the medical information in regards to your child / ward's allergy:

- **Mild** - a reaction that is present at the site of contact only - rash, itchiness, redness, etc
- **Moderate** - a reaction with symptoms away from the contact site - rash, itchiness, swelling, general body illness, etc
- **Anaphylactic** - breathing problems, swelling of tongue/throat, etc, emergency. Requires adrenaline.

Please note down signs, frequency and severity, triggers, medications plan and daily management details, etc.

You may also like to email your child's / ward's management plan to schools@campsomerset.com.au

Please note if you do not wish antihistamines to be administered to your child / ward. Please also note if you child / ward will be bringing their own antihistamines, or other medications.

Please also note anything different (to the below Anaphylaxis First Aid) your child / ward may need in they have an anaphylactic reaction.

Anaphylaxis First Aid

Somerset will follow the below Anaphylaxis First Aid in the event of a reaction.

Leaders may also administer antihistamines and / or ventolin where deemed appropriate to alleviate mild to moderate allergic reactions. Leaders may also administer antihistamines and / or ventolin as part of anaphylaxis first aid.

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

ACTION PLAN FOR Anaphylaxis

For use with EpiPen® adrenaline autoinjectors

How to give EpiPen®

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

2 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 10 seconds. Remove EpiPen®. Massage injection site for 10 seconds.

Instructions are also on the device label and at: www.allergy.org.au/asthmalife

© ASCIA 2015. This plan was developed for use as a poster and to be stored with general use adrenaline autoinjectors.

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 stinging if visible. Do not remove ticks.
- Stay with person and call for help.
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector.
- Phone family/emergency contact.

Mild to moderate allergic reactions may not always occur before 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 FOR ANAPHYLAXIS

- 1 Lay person flat. Do not allow them to stand or walk. 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, if another adrenaline autoinjector is available.

If in doubt, give adrenaline autoinjector

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

EpiPen® is generally prescribed for adults and children over 5 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.

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.

Please visit www.allergy.org.au for further information which may assist you.

'OTHER' CONDITIONS AT SOMERSET

Introduction

We endeavour to make arrangements so that your child / ward can participate as much as possible at camp. Our Group Leading Staff and key programme staff have current training in remote area first aid. The camp environment may exacerbate conditions, injuries, etc; please consider your child / ward's condition / injury / etc in context with the general camp information and the programmed activities. You may also like to consult with your Doctor / Specialist about your child's / ward's time at camp.

Completing Medical Details

Please provide details on;

- prescription medications being taken (other than those listed above for asthma or allergies)
- non-prescription medications that will be brought to camp (ibuprofen, antihistamines, etc)
- conditions such as - diabetes, epilepsy, heart / blood disorders, diseases, syndromes, behavioural issues, anxiety issues, bedwetting, sleepwalking, etc
- existing or recent injuries
- recent surgeries
- etc

Please provide detail about your child's / ward's condition / injury/ etc in respect to;

- symptoms
- treatment
- medications
- possible issues with certain activities
- arrangements we may be able to make for your child / ward to participate as fully as possible on the programme
- etc

A Somerset staff member may contact you for further information, to make arrangements, etc

You may like to Contact Us for more details on your School's camp, activities, etc.

DIETARY REQUIREMENTS AT SOMERSET

Introduction

During a camp our meals are served in a variety of ways, dependant on the type of programme. During each camp there will be a sequence of meals, including one or more of the meal types listed below:

- Food is delivered to a campsite in group quantities and is prepared by the Group Leader with the help of the teacher and group
- Food is provided to and prepared by students in a Teams with the assistance of the Group Leader and Teacher
- Students are provided and carry expedition-style food and stoves to cook and eat their meals at expedition campsites
- Students are served fully prepared meals in our dining room
- Duke of Ed Students completing their Bronze Prelim day will be provided with certain meals and snacks.

In general, our policy is to provide *standard alternatives* for those with common dietary needs, and other basic alternatives will be available such as fruit and plain vegetables etc, please find details in this document.

We invite parents to decide if these alternatives are suitable for their child and, if not, ask that they send along alternative meals / food items as per the instructions outlined below in '*Menu Planning and Packaging of Substitutes for Camp*'

Please click below to view;

 [Standard Substitutions for Lactose Intolerance and Vegetarians](#)

 [Standard Substitutions for Gluten Intolerance](#)

 [Notes on 'Other' requirements](#)

 [Details on Menu Planning and Packaging of Substitutes for Camp](#)