

Seymour College School Wide Positive Behaviour

At Seymour College, we strive to:

- Use my manners and be inclusive of others
- Keep my school clean and care for all my personal and school property
- Listen to staff and follow their instructions
- Be safe at school

Young Leaders

It has been a fantastic first four weeks in the Primary area. There is the buzz of learning at the moment; students are engaged and working hard in Literacy. We have a range of things occurring; reading is once again progressing well, students are engaging with their 'Good Fit Books' and enjoying reading. Students are currently conferring with teachers and developing personal goals to work on. Please remember to ask what they are and help them work on them!

Writing is also progressing well in the school with a wide range of activities occurring. The Foundation students have been working on developing ideas and articulating them. Grade 1/2 have been using experiences and writing about them, Grade 3/4 have been looking at generating ideas to write about using a Writers Notebook and Grade 5/6 have been writing and delivering speeches for elections to the college council.

For maths there has been a school wide focus on Place Value and students have been understanding how our number system works. This will help them to further their understanding of number and support them when using operations.

On Monday we had our annual investiture assembly and it was a pleasure to observe the respect students paid towards our young leaders. I would also like to congratulate the Junior College Council representatives and I am looking forward to working with these inspiring and dedicated leaders.

College Captains 2019

Junior: Chloe Winnell and Tate Watson



House captains:

Lighthorse: Mandessah Wyatt and Jhett Wyatt

Goulburn: Indiana Meagher and Tyson Bailey

Chittick: Alexie Marshall and Tyler Polkinghorne

Kings: Joel Ryan and Riley Hind

SRC

Keyara Wilson

Kayla Clark-Reardon

Kayley Sutherland

Ella Zotti

Tom Skinner

Isabelle Kemp

Shakaya Dennis

Lexie Tarran

Steele Honey

Dean Murphy

2019 Leaders



PRINCIPAL'S REPORT

College Council

College Council met last night and we farewelled members who have completed their term of office.

I would like to thank the commitment of Anthony Tennant and Nick Ridd who have been dedicated parent members of our College Council. Thank you also to Mark Baker (resigned), Jess Cubbin (resigned), Derek Rimes and Trish Bulluss who represented our staff member category, and Imogen Fawcett (resigned), who represented our student member category. Once again, the dedication of you all has been significant to our College Council.

It is timely to remind you that the College Council elections are open and I encourage you to speak with Russell Chapman, Susan Tennant, Michelle Mussett, Tiffany Goodman or Jan Creswell or any of our retiring members and consider nomination for these vacant positions. It is a rewarding and meaningful experience.

Students can discuss the vacant position with Emily Kemp. The position is for two years and is a great opportunity for students to be involved with the College Council and they would be expected to attend all meetings for the 2019 / 2021 period. There are eight meetings for the year and they fall on Wednesdays and commence at 5:00 pm. Please consider your other commitments and your availability to attend prior to nomination.

College Council Elections

Our College Council elections are being held this month. Councils perform amazing and important work to provide support and governance to schools.

Nominations forms are available from the General Office and I encourage staff, parents and students to consider nominating for these roles.

Approximately half the Council term expires each year and I would like to advise that the following positions are vacant:

Staff members: 4 positions

Parent members: 2 positions

Student members: 1 position.

2019 SCHOOL COUNCIL ELECTION PROCESS AND TIMETABLE

- a) Notice of election and call for nominations – **Thursday 21st February** (forms available at the General Office)
- b) Closing date for nominations – **Thursday 28th February** (by 4:00 pm to the Principal's Executive Assistant's Office)
- c) Date by which the list of candidates and nominators will be posted – **Friday 1st March (if applicable)**
- d) Date by which ballot papers will be prepared and distributed – **Monday 4th March**
- e) Close of ballot – **Monday 11th March**
- f) Vote Count – **Tuesday 12th March**
- g) Declaration of poll – **Wednesday 13th March**
- h) Special AGM Council meeting to co-opt Community Members and to elect office bearers (the Principal will preside) – **Wednesday 20th March.**

Gail Hardman – Principal



Year 7 Camp Rubicon



Reading Each Night



It is wonderful to walk around our school and see students deeply engaged in reading each day. Our children are selecting 'good fit' books that they can read by themselves and are on topics or genres that interest them. Teachers are providing explicit lessons around the strategies and behaviours of wise readers, and we are certainly developing a culture of loving to read at Seymour College.

In order to support this love of reading we encourage all children to read at home each night. Children in Foundation are encouraged to read at home for 10 minutes daily. Our Grade 1-2 children are encouraged to read for 10 to 15 minutes each night, while our Grade 3-6 students benefit from reading for

20 -30 minutes or more each evening.

To encourage these habits we will be celebrating the number of nights students read by providing a certificate and an entry into the Reading Nights Prize Box. Certificates and prize box entry slips will be issued at intervals of 25 nights reading. Each week at assembly a student will be selected from the prize box and will be rewarded by selecting a book prize.

Happy Reading!

Sue Watson, Literacy Leader F-6

The Healthy Schools Mitchell eNewsletter (see link below) is for school staff, parents and students. It includes news, resources and local events on eating well and being active, and will be released each school term.

<https://mailchi.mp/32470254cb41/healthyschoolsmitchellterm1>

SSS Excursion to the Royal Botanic Gardens

It was a great start to Certificate II in Horticulture!

On Wednesday, 6th February 2019, SSS students accompanied by Anne and Joy travelled by mini bus to the Royal Botanic Gardens as an introduction to Horticulture. On arrival, we decided to visit the Shrine of Remembrance because no one had been there before. At 11am a beam of light shone onto the memorial stone and passed across the word "love". It was interesting seeing all of the names engraved of those who had died, the medals and the costumes. We had morning tea in a quiet spot at the Shrine.

We walked across to the Botanic Gardens and wandered through the gardens to the volcano. The slopes of the volcano were covered in cacti and succulents. The crater was full of water with floating islands which cleaned and filtered the water. We saw tadpoles. We walked back to Observatory House through the arid section and the forest. We had lunch under a big tree and Carolyn came out to meet us.

In the kitchen garden, our theme was "sustainability". We went to find snails and relocate them, we picked herbs and made them into bunches, we turned the compost and we made fertilizer using worm castings (worm poo!!) for watering the vegetables. In a tiny rainforest Carolyn taught us how to propagate succulents (cuttings, leaves and rooted plants). We were cooled down by the water sprinklers. Everybody was surprised when they came on. We also cooled down by hugging tall bamboo bangle trees. To finish our visit, we explored the children's garden getting wet.

It was very hot in the bus going back to school!

JD – My favourite thing about the excursion was the volcano.

Justin Mc – I enjoyed learning about the history of "love" at the Shrine.

Brad – My favourite things were when we were splashing each other at the water park and hugging the bamboo trees to get cool.

Aaron – I enjoyed exploring and going to the volcano.

Taylah – I enjoyed hugging the bamboo tree and getting wet by the sprinkler.

Tahlia – I enjoyed getting wet and hugging the bamboo tree.

Gerard – I enjoyed going there because it brought back lots of memories from my Year 1 visit.

Dylan – I enjoyed the volcano.

Written by Dylan, Justin Mc, Bradley, Aaron, Taylah, Tahlia, Gerard and JD



Dear Parents and Carers,

Please find attached the school's Anaphylaxis policy for your information. Can you please read this and if you have any further questions, please contact the school. Also, please ensure that all Anaphylaxis and Allergy action plans are up to date. If you have a child with allergies that doesn't have an action plan, please contact the school and we will assist you with this.

Dean Bush

Assistant Principal
Seymour College
Ph: 57711300

<http://www.seymourcollege.vic.edu.au/>

House Swimming Sports

Age Champions

“Thank you very much to everyone who came to the house swimming sports on Friday 15th February.

It was great to see our talented swimmers compete against each other as well as all those participants doing all they could to earn points for their house.

I would like to acknowledge Ariella Head, Keely Wright and Lachlan Wright for setting new records for their events.

I really appreciate the help of all the other staff and parents who help run this event.”

Age	Male	Female
9	N/A	Khilah O’Brien
10	Xander Castle	Ariella Head
11	Joshua Vearing	Ava Rusic
12	Jhett Wyatt	Chloe Winnell
13	Finbar O’Sullivan	Kaitlyn Sweet
14	Declan Joyce	N/A
15	William O’Brien	Monique Purchase
16	Thomas Goodman	Keely Wright
17	Lachlan Wright	N/A
20	Hudson Kaak	Lucy Zotti



Instrumental Music: A Wonderful Donation



We’d like to thank Mr Ian Leister who generously donated a trombone to the school’s Instrumental Music programme. Mr Leister works as a paramedic in Seymour, but in the past played professionally as an Army musician. He now focuses on playing piano, and did not want his fine trombone to gather dust. Knowing how much pleasure music can bring, he decided to help a member of the younger generation get a start with an excellent instrument. He also donated a number of books of music, which will be enjoyed by our young players for years to come. Thank you, Ian, from the entire school community.



Health Centre News

Secondary School Vaccinations in 2019

Meningococcal W Secondary School Vaccine Program YEAR 10 ONLY

20th May 2019

1. Read the Meningococcal W information.
2. Complete the consent section and sign if a Yes.
3. Remove the consent form and return it to school even if you do not want your child to be vaccinated. Contact your local council for more information.

Meningococcal W disease is caused by bacteria. Although meningococcal disease is uncommon, it can become very serious, very quickly. About 10 per cent of people carry meningococcal bacteria in their throat without becoming unwell. These people are known as 'carriers'. Meningococcal bacteria are passed from person to person by regular, close, prolonged household and intimate contact. Adolescents are at increased risk of meningococcal disease and more likely to spread the disease to others. Invasive meningococcal disease occurs when these bacteria enter the blood stream to cause septicaemia (infection in the blood, also known as 'bacteraemia') or meningitis, (inflammation of the membrane covering of the brain). Death can occur in up to 10 per cent of cases. Occasionally, severe infection can also occur in the joints, throat, lungs or intestines. There are different strains (serogroups) of meningococcal bacteria known by letters of the alphabet, including meningococcal A, B, C, W and Y. In recent years the meningococcal W strain has increased across Australia, with Victoria experiencing 48 cases in 2016, compared to 17 cases in 2015, four in 2014 and one in 2013. It is now the predominant strain in Victoria.

Calendar

- College Photos - 1st March
- Catch-up Photos - 5th March
- Year 7 Immunisations - 13th March
- Curriculum Day - 22nd March (Pupil free)
- House Athletic Sports - 8th March
- Student Led Conferences - 2nd April

STUDENTS WHO ARE UNWELL

Students who become unwell at school are required to attend the Medical Centre located in the admin building to see the School Nurse, Kirsty, who will assess the student and will phone home if the student needs to go home. Students are **NOT** to call home prior to attending the Medical Centre





Anaphylaxis Management Policy

Date Implemented	15 th June 2016
Author	Gail Hardman
Approved By	College Council / Policies sub-committee
Approval Authority (Signature & Date)	 15/06/2016
Date Reviewed	
Responsible for Review	Assistant Principal
Review Date	May 2019
References	DET

BACKGROUND

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life-threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at the College.

Adrenaline given through an EpiPen[®] autoinjector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

As per the DET guidelines, Seymour College will comply with the Ministerial Order.

PART B: SCHOOL ANAPHYLAXIS POLICY REQUIREMENTS

6. School Anaphylaxis Policy

6.1. A school's anaphylaxis management policy must contain the following matters:

6.1.1. a statement that the school will comply with:

(a) this Ministerial Order; and

(b) guidelines related to anaphylaxis management in schools as published and amended by the Department from time to time.

PURPOSE

- To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.
- To raise awareness about anaphylaxis and the College's anaphylaxis management policy in the College community
- To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the College's policy and procedures in responding to an anaphylactic reaction.

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

Note: A template of an individual anaphylaxis management plan can be found on Page 18 Anaphylaxis Guidelines for Victorian Government Schools or the Department's website: <http://www.sofweb.vic.edu.au/wellbeing/support/anaphyl.htm>

The principal will ensure that an individual management plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The individual anaphylaxis management plan will be in place as soon as practicable after the student enrolls and where possible before their first day at the College.

The individual anaphylaxis management plan will set out the following:

- Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner).
- Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of College staff, for in-College and out of College settings including camps and excursions.
- Note: Appendix 2 (pp 21 – 23) of the Anaphylaxis Guidelines for Victorian Government Schools contains advice about a range of prevention strategies that can be put in place.
- The name of the person/s responsible for implementing the strategies.
- Information on where the student's medication will be stored.
- The student's emergency contact details.
- An emergency procedures plan (ASCIA Action Plan), provided by the parent, that:
 - sets out the emergency procedures to be taken in the event of an allergic reaction;
 - the medical practitioner who is treating the child signs and dates the emergency procedures plan; and
 - includes an up to date photograph of the student.

Note: The red and blue 'ASCIA Action Plan' is the most common form of emergency procedures plan that is provided by medical practitioners to parents when a child is diagnosed as being at risk of anaphylaxis. An example can be found on page 20 of the Anaphylaxis Guidelines or downloaded from <http://www.sofweb.vic.edu.au/wellbeing/support/anaphyl.htm>

The student's individual management plan will be reviewed, in consultation with the student's parents/ carers:

- annually, and as applicable,
- if the student's condition changes, or
- immediately after a student has an anaphylactic reaction at College.

It is the responsibility of the parent to:

- provide an EpiPen for your child with their name clearly marked on it. The school will provide an emergency backup EpiPen.
- provide the emergency procedures plan (ASCIA Action Plan).
- inform the College if their child's medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan).
- provide an up to date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the College and when it is reviewed.

COMMUNICATION PLAN

Note: Page 15 of the Anaphylaxis Guidelines for Victorian Government Schools has advice about strategies to raise staff and student awareness, working with parents/carers and engaging the broader College community.

The principal will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the College's anaphylaxis management policy.

The communication plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, in the College yard, on College excursions, on College camps and special event days.

Volunteers and casual relief staff of students at risk of anaphylaxis will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care.

All staff will be briefed once each semester by a staff member who has up to date anaphylaxis management training on:

- the College's anaphylaxis management policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students diagnosed at risk of anaphylaxis and where their medication is located
- how to use an auto adrenaline injecting device
- the College's first aid and emergency response procedures

Note: A DVD has been included in this information pack that can be used for this purpose at staff briefings.

STAFF TRAINING AND EMERGENCY RESPONSE

All teachers and other College staff have currently been trained and given instruction to administer EpiPens to students at risk of anaphylaxis. Up-to-date training in anaphylaxis management training will be ongoing each year.

At other times while the student is under the care or supervision of the College, including excursions, yard duty, camps and special event days, the principal must ensure that there is a sufficient number of staff present who have up-to-date training in an anaphylaxis management training course.

The principal will identify the College staff to be trained based on a risk assessment 1.

Note: A risk assessment tool has been included in this information pack to assist principals and can be downloaded from <http://www.sofweb.vic.edu.au/wellbeing/support/anaphyl.htm>

Training will be provided to these staff as soon as practicable after the student enrolls. Wherever possible, training will take place before the student's first day at College. Where this is not possible, an interim plan will be developed in consultation with the parents.

The College's first aid procedures and student's emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.

EXPECTATIONS

- This policy will be reviewed as part of the College's review cycle.

1. This policy will be made available to staff.

2. This policy was ratified by College Council on

15/06/2016

Seymour College

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www.seymourcollege.vic.edu.au



UPDATE OF MEDICAL INFORMATION

29th February, 2016

Dear Parent / Guardian,

Our records indicate that your child has the following condition:

Anaphylaxis

To assist your child and to keep our records current, can you please fill out the information sheet in conjunction with your doctor, and return it to the school as soon as possible?

We look forward to the mutual management of your child's condition and appreciate your assistance in this matter.

Yours sincerely,

Janet McKenzie
Administration

ANAPHYLAXIS RISK MANAGEMENT CHECKLIST

Seymour College

Primary / Secondary (Please Circle)

Primary

Secondary

Special

Location / Address / Campus:

Date of Review: Time:

College Contact Person (name):

(Who provided information collected?)

Position:

Review given to (name):

(If different from above)

Position:

Comments:

1. How many current students are diagnosed with anaphylaxis?.....
2. Have any students ever had an allergic reaction while at College?
YES NO
If Yes, how many times?
3. Have any students had an Anaphylactic Reaction at College?
YES NO
If Yes, how many times?
4. Has a staff member been required to administer an EpiPen® to a student?
YES NO
If yes, how many times?

ANAPHYLAXIS RISK MANAGEMENT CHECKLIST

Section 1 Anaphylaxis management Plans and ASCIA Action Plans

1. Does every student who has been diagnosed at risk of anaphylaxis have an individual Anaphylaxis Management Plan in place? (see Section 4.1 and Appendix 1, Anaphylaxis Guidelines)?
YES NO

2. Are all Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?
YES NO

3. Do they set out strategies to minimise the risk of exposure to allergens for in-school and out of class settings?
 - i. During classroom activities, including elective classes
YES NO
 - ii. In canteens or during lunch or snack times
YES NO
 - iii. Before and after school, in the school yard and during breaks
YES NO
 - iv. For special events, such as excursions, sport days, class parties and extra-curricular activities?
YES NO
 - v. For excursions and camps
YES NO
 - vi. Other

4. Do all students who suffer from anaphylaxis have a copy of their ASCIA Action Plan kept at school (provided by the parent)?
YES NO

5. Where are they kept?.....

6. Do the anaphylaxis action plans have a recent photo of the student with them? YES NO

Comments

Section 2 Storage and accessibility of the EpiPen

1. Where are the students EpiPen's® Stored?

2. How are the EpiPens® stored?

3. Is the storage safe (out of reach of students)?
YES NO

4. Is the storage unlocked and accessible to staff at all times?
YES NO

Comments

5. Is the EpiPen® easy to find?
YES NO

Comments

6. Is a copy of students' ASCIA Action Plans kept together with their EpiPen®?
YES NO

Comments

7. Are EpiPen's® and Action Plans clearly labelled with students' names?
YES NO

Comments

8. Has someone been designated to check the EpiPen's® expiry dates on regular basis?
YES NO
WHO?.....

Comments

9. Has the College signed up to EpiClub (a free reminder service)?
YES NO

10. Do all staff know where the EpiPens® and Action Plans are Stored?
YES NO

Comments

11. Is there a spare EpiPen®?
YES NO

12. If Yes, what Type?.....

13. Where is it stored?

14. Is it clearly labelled as the 'backup EpiPen®'?

YES NO

Section 3 Prevention Strategies

1. Have you done a risk assessment of the potential for accidental exposure to allergens for a student with anaphylaxis?
YES NO
2. Has the College implemented any of the prevention strategies (in Appendix 2 of the Guidelines)?
YES NO
3. Which ones?
4. Others:
5. Is there always a trained staff member on yard duty?
YES NO
6. How many staff have completed training?.....

Section 4 Training and Emergency Response

1. Have all staff responsible for the care of students with anaphylaxis been trained?
YES NO
2. When does their training need to be renewed?.....
3. Do all staff have an understanding of the causes, signs and symptoms of anaphylaxis and of their role in the College's first aid and emergency response procedures?
YES NO
4. Have you planned how the alarm will be raised if an allergic reaction occurs?
In the class room? YES NO
How?
In the College yard? YES NO
How?
At College camps and excursions? YES NO
How?
On special event days, such as sports days? YES NO
How?
5. Does your plan include who will call the Ambulance?
YES NO
How?
6. In an emergency is there a plan for who will be sent to collect the EpiPen® and Action Plan?
YES NO
7. Who will this be when in the class room?.....
8. Who will this be when in the College yard?.....
9. Who will this be at sporting activities?.....
10. Have you checked how long will it take to get to the EpiPen® and Action Plan to a student from various areas of the College?
YES NO

How long?.....

When in the class room?

YES NO

How long?.....

When in the College yard?

YES NO

How long?.....

When at sports fields?

YES NO

How long?.....

11. On excursions or other out of College event is there a plan for who will look after the EpiPen® and Action Plan?

YES NO

12. Who will do this on excursions?.....

13. Who will do this on camps?.....

14. Who will do this on sporting activities?.....

15. Is there a process for post incident support in place?

YES NO

16. Have all staff been briefed on:-

the College's Anaphylaxis Management Policy?

YES NO

the causes, symptoms and treatments of anaphylaxis?

YES NO

the identities of students diagnosed at risk of anaphylaxis and where their medication is located?

YES NO

how to use an adrenaline auto-injecting device, including hands on practice with a trainer adrenaline auto-injecting device

YES NO

the Colleges first aid and emergency response procedures

YES NO

Section 5: Communicating with staff, students and parents / carers

1. Is there a communication plan in place to provide information about anaphylaxis and the College's policies to staff, students and parents/ carers?

YES NO

2. Are there procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response?

YES NO

Comments

3. Do all staff know which students suffer from anaphylaxis?

YES NO

Comments

4. How is this information kept up to date?

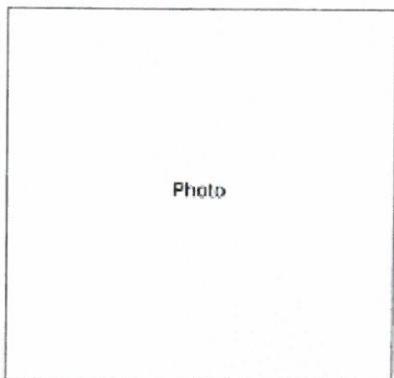
5. Are there strategies in place to increase awareness about severe allergies among students?
YES NO

Comments

Name: _____

For use with EpiPen® adrenaline autoinjectors

Date of birth: _____



Photo

Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by:

Dr: _____

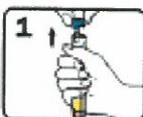
I hereby authorise medications specified on this plan to be administered according to the plan.

Signed:

Date: _____

Date of next review: _____

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.

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

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. Do not remove ticks.
- 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 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.

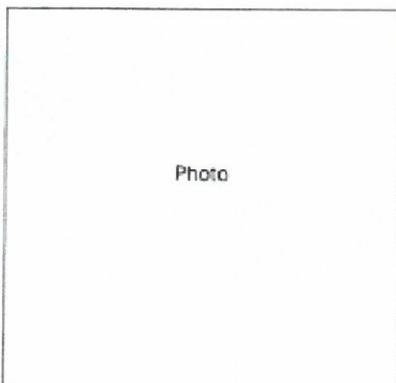
IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- 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.

Asthma: Y N Medication: _____

Name: _____

Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by:

Dr: _____

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

Signed: _____

Date: _____

Date of next review: _____

Note: The 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 include adrenaline autoinjector instructions.

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

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ACTION FOR MILD TO MODERATE ALLERGIC REACTION

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

Mild to moderate allergic reactions may not always occur before anaphylaxis

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- 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 adrenaline autoinjector if available.

3 Phone ambulance*: 000 (AU) or 111 (NZ).

4 Phone family/emergency contact.

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

* Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

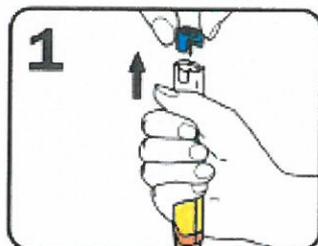
IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- 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.

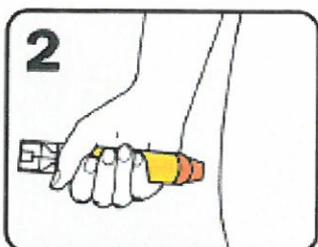
Asthma: Y N Medication: _____

For use with EpiPen® adrenaline autoinjectors

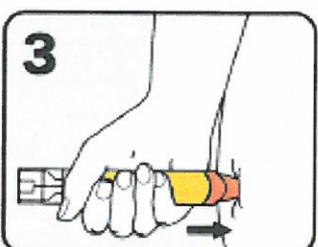
How to give EpiPen®



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.

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

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. 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.

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Aim for 30 minutes of physical activity
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- ▶ 30% discount at SEA LIFE Melbourne Aquarium and LEGOLAND Discovery Centre Melbourne
- ▶ One 2 for 1 ticket offer for Otway Fly Treetop Adventures
- ▶ 10% discount at Sovereign Hill
- ▶ 15% discount at Sportsmart in store and online
- ▶ Free experiences at participating Parks Victoria parks
- ▶ 15% discount for a Coasting: Stand Up Paddleboarding session
- ▶ 15% off Rock Up Netball Train and Youth Programs
- ▶ 20% discount for Netball Victoria community clinics
- ▶ One 2 for 1 green fee offer at participating Golf Victoria courses
- ▶ 10% discount on term 2 My Golf Junior Programs
- ▶ Five free group dance lessons at a participating DanceSport Victoria centre
- ▶ One free Cardio Tennis trial at participating Tennis Victoria courts
- ▶ One hour free tennis court hire at Melbourne Park or Albert Reserve
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SAT 2ND 10-5PM
& SUN 3RD OF MARCH**

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Tahbilk Great Grape Stomp
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CANTEEN MENU

Seymour primary school.

*please make sure all lunches are clearly labelled with name and room number also chosen pack number, food option and preferred drink. – Lunch bag 10c

-COMBO PACKS-

- Combo packs include a drink (quench, fruit box, chocolate or strawberry nippy, slushie) and a free mini muffin.

- Pack 1-** lasagne or cheesy mac \$6.00
- Pack 2-** chicken burger- (lettuce, mayo, cheese)
Beef burger- (tomato sauce, lettuce, cheese) \$ 6.00
- Pack 3-** Hot dog \$5.00 sauce 30c
- Pack 4-** Meat pie or pasties \$5.00 sauce 30c
- Pack 5-** pizza ham or margherita \$5.00
- Pack 6-** sausage roll \$5.00 sauce 30c
- Pack 7-** 6 dino snacks \$6.00
- Pack 8-** nachos- cheese and salsa
\$6.00 sour cream 50c
- Pack 9-** sweet chilli chicken wrap- lettuce, mayo
\$6.00
- Pack 10-** oven baked wedges
\$6.00 sour cream 50c/ sweet chilli 30c
- Pack 11-** 3 steamed dim Sims \$5.00
- Pack 12-** 3 party pies \$5.00
- Pack 13-** chicken Parma burger- pasta sauce, cheese \$6.00
- Pack 14-** meatball and cheese sub \$6.00

-SANDWICHES-

White or wholemeal bread

Add 50c for roll or wrap & gluten free bread available add \$1.00.

1. salad-lettuce, tomato, cucumber, carrot, beetroot. \$3.50
2. Salad with ham, tuna or roast chicken \$4.00
3. Salad with cheese \$3.80
4. Ham, tuna or roast chicken \$3.50
5. Cheese \$2.00
6. Cheese & tomato \$2.50
7. Egg & lettuce \$3.50
8. Ham & cheese \$3.50
9. Ham, cheese & tomato \$3.80
10. Vegemite \$2.00

-FOCCACCIA-

- Roast chicken/avocado/cheese \$5.50
- Ham/cheese/tomato \$5.50

-WARM FOODS-

- Nacho salsa & cheese \$4.00
- Oven baked wedges
\$4.00 sour cream 50c/ sweet chilli 30c
- Meat pie \$3.50
- Large sausage roll \$3.00
- Party pie \$1.00
- Pasties \$3.50
- Dino snacks (3) \$2.50
- Dino snacks (6) \$4.00
- Margherita or ham pizza \$3.00
- Hot dog \$3.00 sauce 30c
- Hot dog with cheese \$3.50 sauce 30c
- Noodle cup chicken or beef \$3.00
- Lasagne \$4.00
- Cheesy mac \$4.00
- Steamed dim sim \$1.00
- Gluten free pasta \$4.00

-DRINKS-

- Water \$2.00
- Fruit box \$2.00
- Nippys milk \$2.00
- Quench \$2.00

-SNACKS-

- Jelly cup \$1.00
- JJ's chips \$1.50
- Chocolate cookies \$1.00
- Cup cakes \$1.00
- Yum balls \$0.50
- Fruit \$1.00

-OVER THE COUNTER ITEMS-

Dim sims, party pies, potato gems, hash browns, chicken nuggets, mini sausage rolls.

\$1.00

*please note- counter items can be purchased at recess and lunch breaks only and are NOT available for lunch orders!

Canteen enquires contact-

Janine Meulenmeesters 0428177775



How old does my child need to be to ride in the front seat?

School has returned and with it we see pick up and drop offs around our local schools. Before your kids yell shotgun and jump in the front seat there are a few things you need to know;

It is the law that all children under the age of 16 when travelling in a vehicle must be restrained in a suitable restraint that is properly adjusted and fastened.

Children aged under 6mths;

Must travel in a rearward facing child restraint and must be held in place by the seatbelt and the top tether strap and must have an inbuilt harness.

6mths to under 4yrs;

Must travel in either a rearward facing or forward facing restraint with an inbuilt harness. The type of restraint will depend on the size of the child

4yrs to under 7yrs;

Must travel in either a forward facing child restraint with an in-built harness or a booster seat. The type of restraint will depend on the size of the child.

7yrs to under 16yrs;

Must travel in either a forward facing child restraint with an in-built harness or a booster seat or an adult seatbelt. The type of restraint will depend on the size of the child.

Older children need to be at least 145cm tall before they transition from a booster seat into an adult seatbelt or front seat of the car.

Regulations allow children aged 7 years and over to travel in the front seat, however until children are adult size they are safest travelling in the back seat. If a child is travelling in the front seat it is recommended the seat be pushed as far back as possible if there is a front passenger airbag.

What if I drive a ute?

If your car is a utility without rear seats, children are able to travel in the front providing the restraints are fitted and adjusted correctly, this includes front facing and booster restraints but it is not recommended. **Rearward facing restraint** cannot be used in the front seat where there is a passenger airbag. Airbags can prevent serious injuries in the event of a collision, they are designed for adult use and there is a small chance children can be injured from the force of the airbag when deployed.

For more information visit Vicroads website or Kidsafe .com.au

The 5 Step Test



Can the child sit with their back against the vehicle seat back?

Do the child's knees bend in front of the edge of the seat?



Does the sash belt sit across the middle of the shoulder?

Is the lap belt sitting low across the hips touching the thighs?



Can the child stay seated like this for the whole trip?



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10-4PM

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get one free!**

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Paddle Boards
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