POLICY STATEMENT

CARE ARRANGEMENTS FOR ILL STUDENTS AND STUDENTS WITH MEDICAL CONDITIONS

PURPOSE:

All children have the right to feel safe and well, and know that they will be attended to with due care when in need of first aid. The Care Arrangements are to be read in conjunction with the First Aid Policy which outlines the school's responsibility and procedures in respect of our "responsibility to provide equitable access to education and respond to diverse student needs, including health care needs".

Tecoma Primary School will:

- administer first aid to children when in need in a competent and timely manner.
- communicate children's health problems to parents when considered necessary.
- provide supplies and facilities to cater for the administering of first aid.
- maintain a sufficient number of staff members trained with a level 2 first aid certificate.

GUIDELINES FOR IMPLEMENTATION:

- A sufficient number of staff (including all Education Support (ES) staff members) are to hold an up to date level 2 first aid certificate, with up-to-date CPR qualifications.
- The Sick Bay will be available for use at all times. A comprehensive supply of basic first aid materials will be stored in the Sick Bay.
- Supervision of the Sick Bay will form part of the daily ES staff duty roster. Any children in the Sick Bay will be supervised by a staff member at all times.
- All injuries or illnesses that occur during class time will be referred to the administration staff who will manage the incident.
- All injuries or illnesses that occur during recess or lunch breaks will be referred to the ES staff member who is timetabled for Sick Bay duty.
- A confidential up-to-date register, located in the Sick Bay will be kept of all injuries or illnesses experienced by children that require first aid.
- All staff will be provided with basic first aid management skills, including blood spills and a supply of protective disposable gloves will be available for use by staff.
- Minor injuries only will be treated by staff members on duty, while more serious injuries-including those requiring parents to be notified or suspected treatment by a doctor - require a Level 2 first aid trained staff member to provide first aid.
- Any children with injuries involving blood must have the wound covered at all times.

- No medication including headache tablets will be administered to children without the express written permission of parents or guardians.
- Parents of all children who receive first aid will receive a completed form indicating
 the nature of the injury, any treatment given, and the name of the staff member
 providing the first aid. For more serious injuries/illnesses, the parents/guardians
 must be contacted by the administration staff so that professional treatment may
 be organised. Any injuries to a child's head, face, neck or back must be reported
 to parents/guardian.
- Any student who is collected from school by parents/guardians as a result of an injury, or who is administered treatment by a doctor/hospital or ambulance officer as a result of an injury, or has an injury to the head, face, neck or back, or where a teacher considers the injury to be greater than "minor" will be reported on Department of Education Accident/Injury form LE375, and entered onto CASES.
- Parents of ill children will be contacted to take their child home.
- Parents who collect children from school for any reason (other than emergency) must sign the child out of the school in a register maintained in the school office.
- All teachers have the authority to call an ambulance immediately in an emergency.
 If the situation and time permit, a teacher may confer with others before deciding on an appropriate course of action.
- All school camps will have at least 1 Level 2 first aid trained staff member at all times.
- A comprehensive first aid kit will accompany all camps and excursions, along with a mobile phone.
- All children attending camps or excursions will have provided a signed medical form providing medical detail and giving teachers permission to contact a doctor or ambulance should instances arise where their child requires treatment. Copies of the signed medical forms to be taken on camps and excursions, as well as kept at school.
- All children, especially those with a documented Asthma Management Plan, will have access to Ventolin and a spacer at all times.
- A member of staff is to be responsible for the purchase and maintenance of first aid supplies, first aid kits, ice packs and the general upkeep of the Sick Bay.
- At the commencement of each year, requests for updated first aid information will be sent home including requests for any asthma, diabetes and anaphylaxis management plans, high priority medical forms, and reminders to parents of the policies and practices used by the school to manage first aid, illnesses and medications throughout the year.
- General organisational matters relating to first aid will be communicated to staff at the beginning of each year. Revisions of recommended procedures for administering asthma, diabetes and anaphylaxis medication will also be given at that time.

The attached 'example proformas' (Diabetes / Epilepsy) are also to be read in conjunction with the school's Student Health (First Aid) Policy which outlines Tecoma Primary School's responsibility and procedures in respect of our "responsibility to provide equitable access to education and respond to diverse student needs, including health care needs". Confidential records of all students with specific health needs are maintained securely in the general office for reference as required. A First Aid Register is also maintained noting ailments and treatment for all presenting students.

Key Reference:

 $\frac{\text{http://www.education.vic.gov.au/school/principals/spag/health/Pages/supportplanning.asp}{x}$

EVALUATION:

Evaluation of this policy will be carried out by the Education Committee as part of the Education Committee's cyclic review process, in three years time, or beforehand, if a significant issue arises.

Name of School:

Condition Specific Medical Advice Form

for a student with Diabetes

This form is to be completed by the student's medical/health practitioner providing a description of the health condition and first aid requirements for a student with a health condition. This form will assist the school in developing a Student Health Support Plan which outlines how the school will support the student's health care needs.

Student's Name: Date of	Birth:
MedicAlert Number(if relevant): Review date for the	nis form:
	Recommended support
Description of the condition	Please describe recommended care
	If additional advice is required, please attach it to this medical advice form
Diabetes Management	
Please provide relevant details in relation to the student's Diabetes management.	
Student self management	
Is this student usually able to self manage their own diabetes care? Yes No If no, please provide details in relation to how the school should support the student in developing self-management.	
Relevant issues	
Please outline any relevant issues in relation to attendance at school and learning as well as support required at school.	
First Aid — Signs of Hypoglycaemia (low blood glucose)	
Below is a list of observable signs that school staff will look for in relation to a hypoglycaemia. Please provide comment, if required.	
Mild signs : sweating, paleness, trembling, hunger, weakness, changes in mood and behaviour (e.g. crying, argumentative outbursts, aggressiveness), inability to think clearly, lack of coordination	
Moderate signs : inability to help oneself, glazed expression, being disorientated, unaware or seemingly intoxicated, inability to drink and swallow without much encouragement, headache, abdominal pain or nausea.	
Severe signs: inability to stand, inability to respond to instructions, extreme disorientation, inability to drink and swallow (leading to danger of inhaling food into	

Description of the condition

Recommended support

Please describe recommended care

If additional advice is required, please attach it to this medical advice form

lungs), unconsciousness or seizures (jerking or twitching of face, body or limbs)

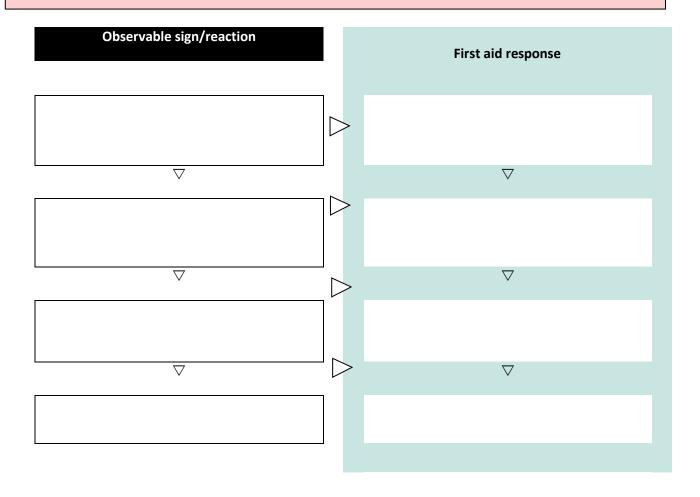
First Aid – Hypoglycaemia

The following is the first aid response that School staff will follow:

Observable sign/reaction	First aid response
Mild / Moderate Hypoglycaemia signs	Give glucose immediately to raise blood glucose (e.g. half a can of 'normal' soft drink or fruit drink (with sugar), or 5 – 6 jelly beans.)
∇	Wait and monitor for 5 minutes.
Mild / Moderate Hypoglycaemia signs	> \times \times \times If there is no improvement, repeat giving glucose (e.g. half a can of 'normal' soft drink or fruit drink (with sugar), or 5 − 6 jelly beans.)
abla	If the student's condition improves, follow up with a snack of one piece of fruit, a slice of bread or dried biscuits only when recovered.
Severe Hypoglycaemia signs	If there is still no improvement to the student's condition, call an ambulance. State clearly that the person has diabetes, and whether he or she is conscious. Inform emergency contacts.
lacktriangle	∇
Severe Hypoglycaemia signs	If unconscious, maintain Airway, Breathing and Circulation while waiting for the ambulance. Never put food/drink in mouth of person who is unconscious or convulsing. The only treatment is an injection of glucoses into the vein (given by doctor/paramedic) or an injection of Glucagon.

First Aid- Hypoglycaemia

If you anticipate the student will require anything other the first aid response noted above, please provide details, so special arrangement can be negotiated.



Description of the condition	Recommended support Please describe recommended care If additional advice is required, please attach it to this medical advice form
First Aid – Signs of Hyperglycaemia (High blood glucose)	
Below is a list of observable signs that school staff will look for in relation to Hyperglycaemia. Please provide comment, if required.	
Sings for this condition will emerge over two or three days and can include: • frequent urination	
excessive thirst	
weight loss	
• lethargy	
change in behavior	

Recommended support Please describe recommended care **Description of the condition** If additional advice is required, please attach it to this medical advice form First Aid Response- Hyperglycaemia (High blood glucose) The school will provide a standard first aid response and will call an ambulance if any of the following is observed or reported: Rapid, laboured breathing Flushed cheeks Abdominal pains Sweet acetone smell to the breath Vomiting Severe dehydration. Please provide comment, if required. **Privacy Statement** The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on 96372670. **Authorisation:** Name of Medical/health practitioner: **Professional Role:** Signature: Date: Contact details: Name of Parent/Carer or adult/independent student**: Signature:

If additional advice is required, please attach it to this form

Date:

^{**}Please note: Adult student is a student who is eighteen years of age and older. Independent student is a student under the age of eighteen years and living separately and independently from parents/guardians (See Victorian Government Schools Reference Guide 4.6.14.5).

Name of School:

Condition Specific Medical Advice Form

for a student with Epilepsy and seizures

This form is to be completed by the student's medical/health practitioner providing a description of the health condition and first aid requirements for a student with a health condition. This form will assist the school in developing a Student Health Support Plan which outlines how the school will support the student's health care needs.

Student's Name:	Date of Birth:	
MedicAlert Number(if relevant):	Review date for this	form:
Description of the condition		Recommended support Please describe recommended care If additional advice is required, please attach it to this medical advice form
Warning Signs		
Can you please outline the warning signs	s (e.g. sensations)	
Triggers		
Can you please outline the known trigger lights)	rs (eg illness, elevated temperature, flashing	
Seizure Types		
Please highlight which seizure types apply:		Please indicate typical seizure frequency and length, and any management that is a
Partial (focal) seizures Which si	de of the brain is affected?	variation from standard seizure management.
light, strange taste or smell, 'funny tummy' The other types of seizures. - Complex partial - 20nly part of the brain is involved (partial) - 21 Person staring and unaware. Eyes may jerled automate in the seizure, person may fiddling with clothes (these are called automate in the seizure settles, in the seizure sett	e sensations that aren't real, such as sounds, flashing ese are sometimes called an aura and may lead to s but may talk, remain sitting or walk around y perform unusual activities, eg chewing movement, isms)	

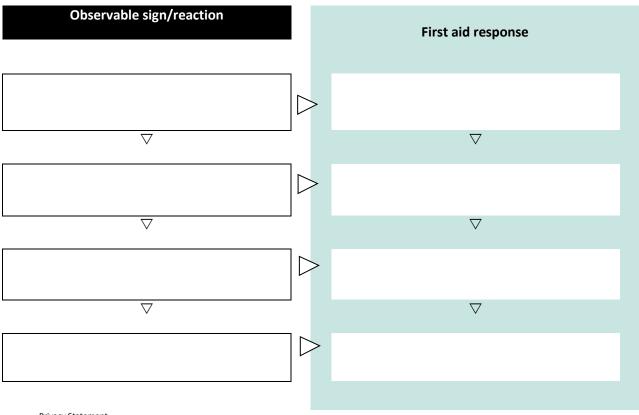
Description of the condition		Recommended support
		Please describe recommended care
		If additional advice is required, please attach it to
		this medical advice form
	☐ ②Confusion and deep sleep (maybe hours) when in	
☐ PExcessive saliva	recovery phase. May have a headache.	
■ Absence ■ 2Vacant stare or eyes may blink/rol ■ 2 2Lasts 5-10 seconds ■ 2 2Impaired awareness (may be sea	·	
☐ · Instant recovery, no memory of		
■ Myoclonic ■ Sudden simple jerk ■ May recur many times.		
Duration		
How long does recovery take if the seiz	rure isn't long enough to require Midazolam?	
Person's reaction during and after	a seizure	
Please comment		
Any other recommendations to sup	pport the person during and after a seizure	
Signs that the seizure is sta		

First Aid - Management of Seizures
The following is the first aid response that School staff will follow:
(Developed by Children's Epilepsy Program, Royal Children's Hospital)

	"Major Seizures"	"Minor Seizures"
	Convulsive seizures with major movement manifestations eg: tonic-clonic, tonic, myoclonic, atonic, and partial motor seizure	Seizures with staring, impaired consciousness or unusual behaviour e.g. complex partial seizures and absence seizures
1	Stay calm	Stay calm
2	Check for medical identification	Check for medical identification
3	Protect the person from injury by removing harmful objects close to them. Loosen any tight clothing or restraints. Place something soft under their head.	Protect the person from injury by removing harmful objects close to them
4	Stay with the person and reassure them. Do not put anything in their mouth and do not restrain them.	Stay with the person and reassure them
5	Time the seizure	Time the seizure
6	When the seizure is over, roll the person onto their side to keep their airway clear	If a tonic-clonic seizure develops, follow major seizure management
7	Treat any injuries	Stay with the person and reassure them, they may be sleepy, confused or combative after the seizure
8	Consider if an ambulance needs to be called. An ambulance should be called when: The seizure lasts longer than 5 -10 minutes. Another seizure quickly follows The person remains unconscious after the seizures ceases The person has been injured You are about to administer diazepam or midazolam You are unsure The seizure happens in water The person is pregnant or a diabetic The person is not known to have epilepsy.	
9	Stay with the person and reassure them, they may be sleepy, confused or combative after the seizure	

First Aid - Management of Seizures

If you anticipate the student will require anything other the first aid response noted above, please provide details, so special arrangement can be negotiated.



Privacy Statement

The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on 96372670.

Authorisation:		
Name of Medical/health practitioner:		
Professional Role:		
Signature:		
Date:		
Contact details:		
Name of Parent/Carer or adult/independent student**:		
Signature:		
Date:		

If additional advice is required, please attach it to this form

^{**}Please note: Adult student is a student who is eighteen years of age and older. Independent student is a student under the age of eighteen years and living separately and independently from parents/guardians (See Victorian Government Schools Reference Guide 4.6.14.5)