

CARE ARRANGEMENTS FOR ILL STUDENTS POLICY

Policy Statement

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 College Medical Information and First Aid Policy which outlines the College'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".

Our College 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.

Implementation:

- A sufficient number of staff (including at least 1 administration staff member) to be trained to a Level 2 first aid certificate, and with up-to-date CPR qualifications.
- A first aid room will be available for use at all times (see Appendices for location details). A comprehensive supply of basic first aid materials will be stored in the first aid room.
- First aid kits will also be available at each campus of the school.
- Staff will have access to their own supply of medication in their own locked drawer.
- Supervision of the first aid room will form part of the daily yard duty roster. Any children in the first aid room 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 break will be referred to the teacher on duty in the first aid room.
- A confidential up-to-date register will be located in the first aid room to keep a record 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 students who receive first aid (as deemed necessary) will receive a completed form indicating the nature of the injury, any treatment given and the name of the teacher providing the first aid. For more serious injuries/illnesses, the parents/guardians must be contacted by the first aid staff member 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, and entered onto CASES21.
- Parents of ill children will be contacted to take the children 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 College 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, along with a mobile phone.
- All children attending camps or excursions will have provided a signed medical form providing medical details 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 first aid room.
- 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.
- It is recommended that all students have personal accident insurance and ambulance cover.

The attached example proformas (Diabetes / Epilepsy) are also to be read in conjunction with the College Medical Information and First Aid Policy which outlines the College’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.

Appendices

Appendix A: Medical Forms

Appendix B: Precinct campus – First Aid room location

Appendix C: Churchill campus – First Aid room location

Appendix D: Morwell Campus – First Aid room location

Appendix E: Latrobe Valley Flexible Option campus – First Aid room location


Appendix F: KYM campus – First Aid room location

Links:

<http://www.education.vic.gov.au/school/principals/spag/health/Pages/supportplanning.aspx>

Evaluation

This policy will be reviewed as part of the College’s four year review cycle.

Date Implemented	Week 3 – Term 2 – 2014 – V1
Approval Authority (Signature & Date)	 26/2/19
Dates Reviewed	Week 7 – Term 4 – 2014 – V2 Week 1 – Term 1 – 2019 – V3
Responsible for Review	College Principal
Next Review Date	Week 7 – Term 4 - 2022

Appendix A

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.

Name of School: _____

Student’s Name: _____ Date of Birth: _____

MedicAlert Number(if relevant): _____ Review date for this form: _____

Description of the condition	Recommended support
<p>Diabetes Management</p> <p>Please provide relevant details in relation to the student’s Diabetes management.</p>	<p>Please describe recommended care</p> <p>If additional advice is required, please attach it to this medical advice form</p>
<p>Student self management</p> <p>Is this student usually able to self manage their own diabetes care?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If no, please provide details in relation to how the school should support the student in developing self-management.</p>	
<p>Relevant issues</p> <p>Please outline any relevant issues in relation to attendance at school and learning as well as support required at school.</p>	
<p>First Aid – Signs of Hypoglycaemia (low blood glucose)</p> <p>Below is a list of observable signs that school staff will look for in relation to a hypoglycaemia. Please provide comment, if required.</p>	

Description of the condition

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

Recommended support

Please describe recommended care

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

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.

First Aid – Hypoglycaemia

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

Observable sign/reaction

Mild / Moderate Hypoglycaemia signs



Mild / Moderate Hypoglycaemia signs



Severe Hypoglycaemia signs



Severe Hypoglycaemia signs

First aid response

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.



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.)

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.



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.



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.

Observable sign/reaction












First aid response







Description of the condition

Recommended support

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

Please describe recommended care

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.

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).

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.

Name of School: _____

Student's Name: _____

Date of Birth: _____

MedicAlert Number (if relevant): _____

Review date for this form: _____

Description of the condition	Recommended support
Warning Signs	Please describe recommended care If additional advice is required, please attach it to this medical advice form
Can you please outline the warning signs (e.g. sensations)	
Triggers	
Can you please outline the known triggers (eg illness, elevated temperature, flashing lights)	
Seizure Types	Please indicate typical seizure frequency and length, and any management that is a variation from standard seizure management.
Please highlight which seizure types apply:	
<input type="checkbox"/> Partial (focal) seizures <div style="margin-left: 20px;">Which side of the brain is affected? _____</div>	
<input type="checkbox"/> Simple partial <input type="checkbox"/> Staring, may blink rapidly <input type="checkbox"/> Only part of the brain is involved (partial) <input type="checkbox"/> Person remains conscious (simple), able to hear, may or may not be able to speak <input type="checkbox"/> Jerking of parts of the body may occur <input type="checkbox"/> Rapid recovery <input type="checkbox"/> Person may have a headache or experience sensations that aren't real, such as sounds, flashing light, strange taste or smell, 'funny tummy' These are sometimes called an aura and may lead to other types of seizures.	
<input type="checkbox"/> Complex partial <input type="checkbox"/> Only part of the brain is involved (partial) <input type="checkbox"/> Person staring and unaware. Eyes may jerk but may talk, remain sitting or walk around <input type="checkbox"/> Toward the end of the seizure, person may perform unusual activities, eg chewing movement, fiddling with clothes (these are called automatisms) <input type="checkbox"/> Confused and drowsy after seizure settles, may sleep.	
<input type="checkbox"/> Generalised seizures <input type="checkbox"/> Tonic clonic <input type="checkbox"/> Not responsive	
<input type="checkbox"/> May be red or blue in the face	

Description of the condition	Recommended support Please describe recommended care If additional advice is required, please attach it to this medical advice form
<input type="checkbox"/> Might fall down/cry out <input type="checkbox"/> Body becomes stiff (tonic) <input type="checkbox"/> Jerking of arms and legs occurs (clonic) <input type="checkbox"/> Excessive saliva <input type="checkbox"/> Absence <input type="checkbox"/> Vacant stare or eyes may blink/roll up <input type="checkbox"/> Lasts 5-10 seconds <input type="checkbox"/> Impaired awareness (may be seated) <input type="checkbox"/> Instant recovery, no memory of the event. <input type="checkbox"/> Myoclonic <input type="checkbox"/> Sudden simple jerk <input type="checkbox"/> May recur many times. <input type="checkbox"/> May lose control of bladder and/or bowel <input type="checkbox"/> Tongue may be bitten <input type="checkbox"/> Lasts 1-3 minutes, stops suddenly or gradually <input type="checkbox"/> Confusion and deep sleep (maybe hours) when in recovery phase. May have a headache.	
Duration How long does recovery take if the seizure isn't long enough to require Midazolam?	
Person's reaction during and after a seizure Please comment	
Any other recommendations to support the person during and after a seizure	
Signs that the seizure is starting to settle	

First Aid - Management of Seizures

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

"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
Stay calm	Stay calm
Check for medical identification	Check for medical identification
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
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
Time the seizure	Time the seizure
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
Treat any injuries	Stay with the person and reassure them, they may be sleepy, confused or combative after the seizure
Consider if an ambulance needs to be called. An ambulance should be called when: <ul style="list-style-type: none"> • 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. 	
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.

Observable sign/reaction







First aid response







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)

CAMPS / EXCURSIONS / ACTIVITIES

This form must be completed if your child suffers from asthma

The information collected on this form will be provided to all staff who care for your child. It will be used to assist them to provide safe asthma management for your child at school or while participating in a school activity. The school will only disclose this information to others with your consent if it is to be used elsewhere. Please contact the school at any time if you need to update this Plan or if you have any questions about the management of asthma at school. If no Asthma Action Plan is provided by the parent/carer, the staff will treat asthma symptoms as outlined in the Victorian Schools Asthma Policy.

STUDENT NAME:		Level of Asthma suffered by child: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	
Usual signs of child's asthma: Wheezing _____ <input type="checkbox"/> Tightness in chest _____ <input type="checkbox"/> Coughing _____ <input type="checkbox"/> Difficulty in breathing _____ <input type="checkbox"/> Difficulty speaking _____ <input type="checkbox"/> Other (please describe)	Worsening signs of child's asthma: Increased signs of – Wheezing _____ <input type="checkbox"/> Tightness in chest _____ <input type="checkbox"/> Coughing _____ <input type="checkbox"/> Difficulty in breathing _____ <input type="checkbox"/> Difficulty speaking _____ <input type="checkbox"/> Other (please describe)	What triggers the child's asthma? Exercise _____ <input type="checkbox"/> Colds/Viruses _____ <input type="checkbox"/> Pollens _____ <input type="checkbox"/> Dust _____ <input type="checkbox"/> Other Triggers (please describe)	
Does your child need assistance taking his/her medication? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Asthma medication requirements usually taken at school: (including preventers, symptom controllers, combination medication, medication before exercise)			
Name of Medication	Method (eg. puffer & spacer, turbuhaler)	When and How Much?	
Is your child on regular preventer medication taken at home? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify the name of the medication:			

ASTHMA FIRST AID PLAN

Please tick the preferred First Aid Plan:

Victorian Schools Asthma Policy for Asthma First Aid

(Section 4.5.7.8 of Dept. of Education & Training's Victorian Government Schools' Reference Guide)

1. Sit the student down and remain calm to reassure the student. Do not leave the student alone.

2. Without delay shake a blue reliever puffer (names include Ventolin, Airomir, Asmol or Epaq) and give 4 separate puffs, through a spacer (spacer technique – 1 puff/take 4 breaths from spacer, repeat until 4 puffs have been given).
3. Wait 4 minutes. If there is no improvement, give another 4 separate puffs, as per step 2.
4. Wait 4 minutes. If there is no improvement, call an ambulance (dial 000) immediately and state that “a student is having an asthma attack”.
5. Continuously repeat steps 2 & 3 whilst waiting for the ambulance to arrive.

[If at any time the student’s condition worsens, call an ambulance immediately.]

OR

Student’s Asthma First Aid Plan

If different from the Victorian Schools Asthma Policy above, please **attach a personal asthma management plan**, designed in consultation with the child’s doctor. This is a compulsory inclusion if the child is a moderate or severe asthma sufferer.

- Please notify me if my child regularly has asthma symptoms
- at school.
- Please notify me if my child has received asthma first aid.
- In the event of an asthma attack at school, I agree to my child receiving the treatment described above.
- I authorise school staff to assist my child with taking asthma medication should he/she require help.
- I will notify you in writing if there are any changes to these instructions.
- I also agree to pay all expenses incurred for any medical treatment deemed necessary

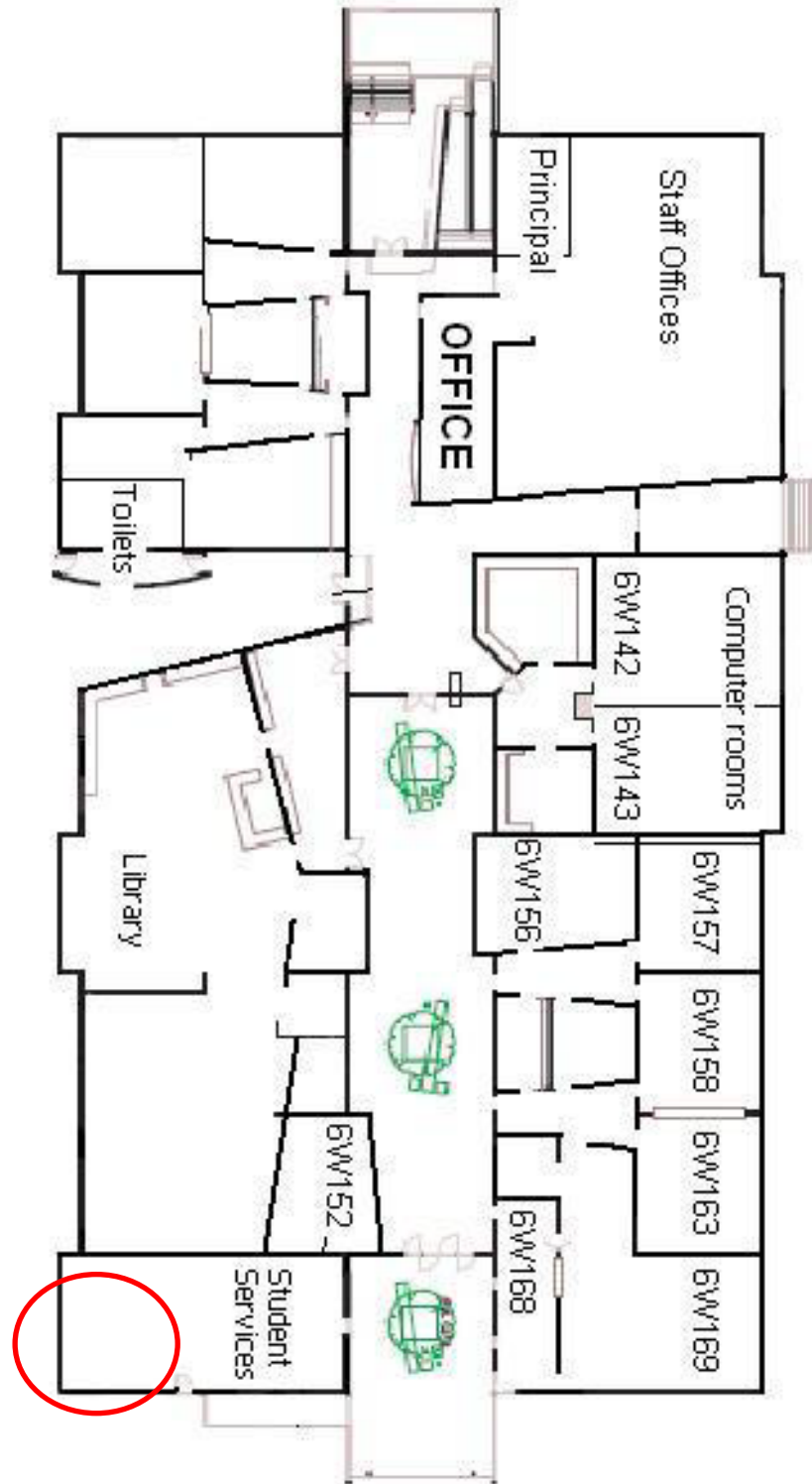
Parent /Guardian Signature: _____

Date:

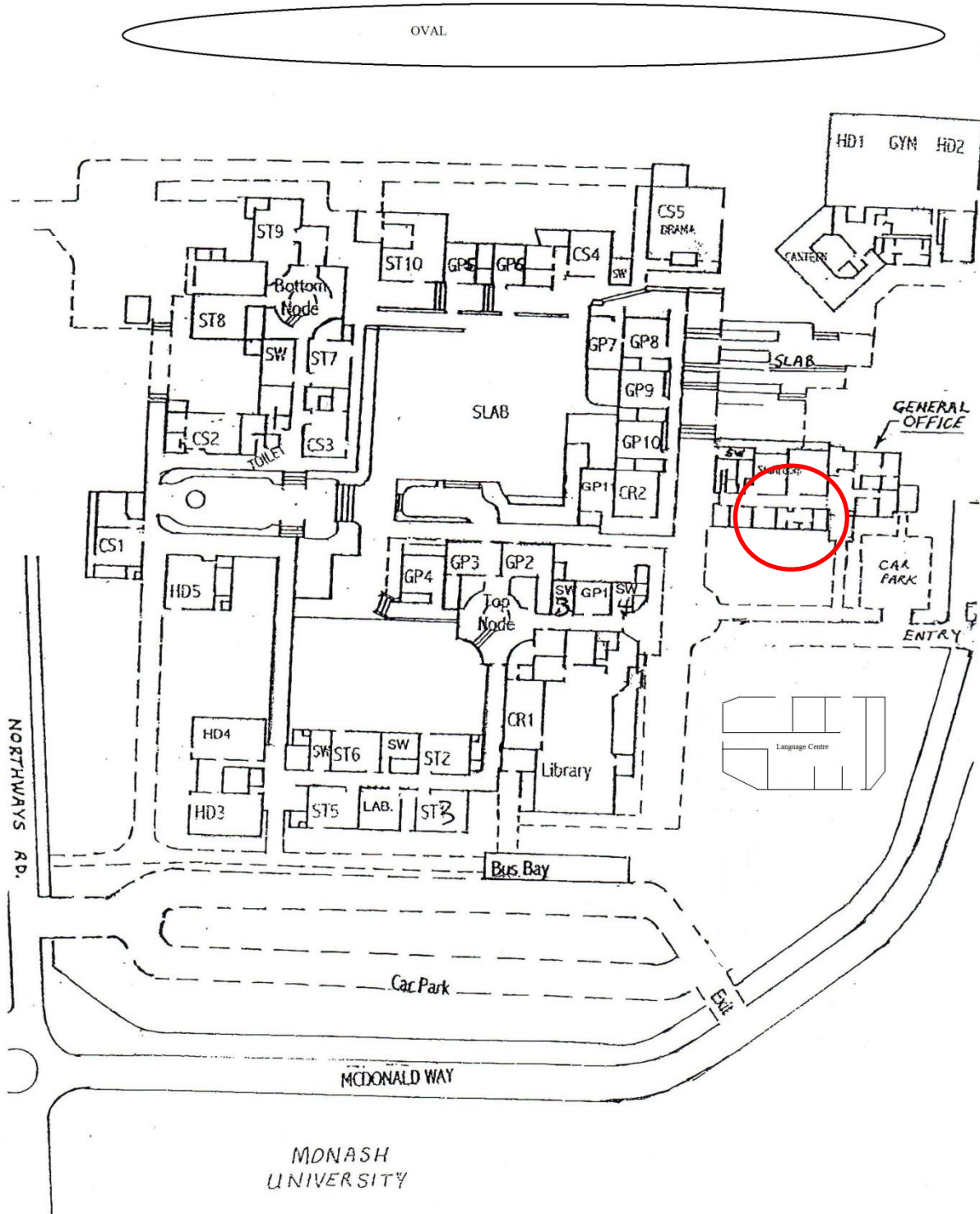
Date: _____

APPENDIX B

UNIVERSITY CAMPUS - Churchill



APPENDIX C
CHURCHILL CAMPUS



APPENDIX D

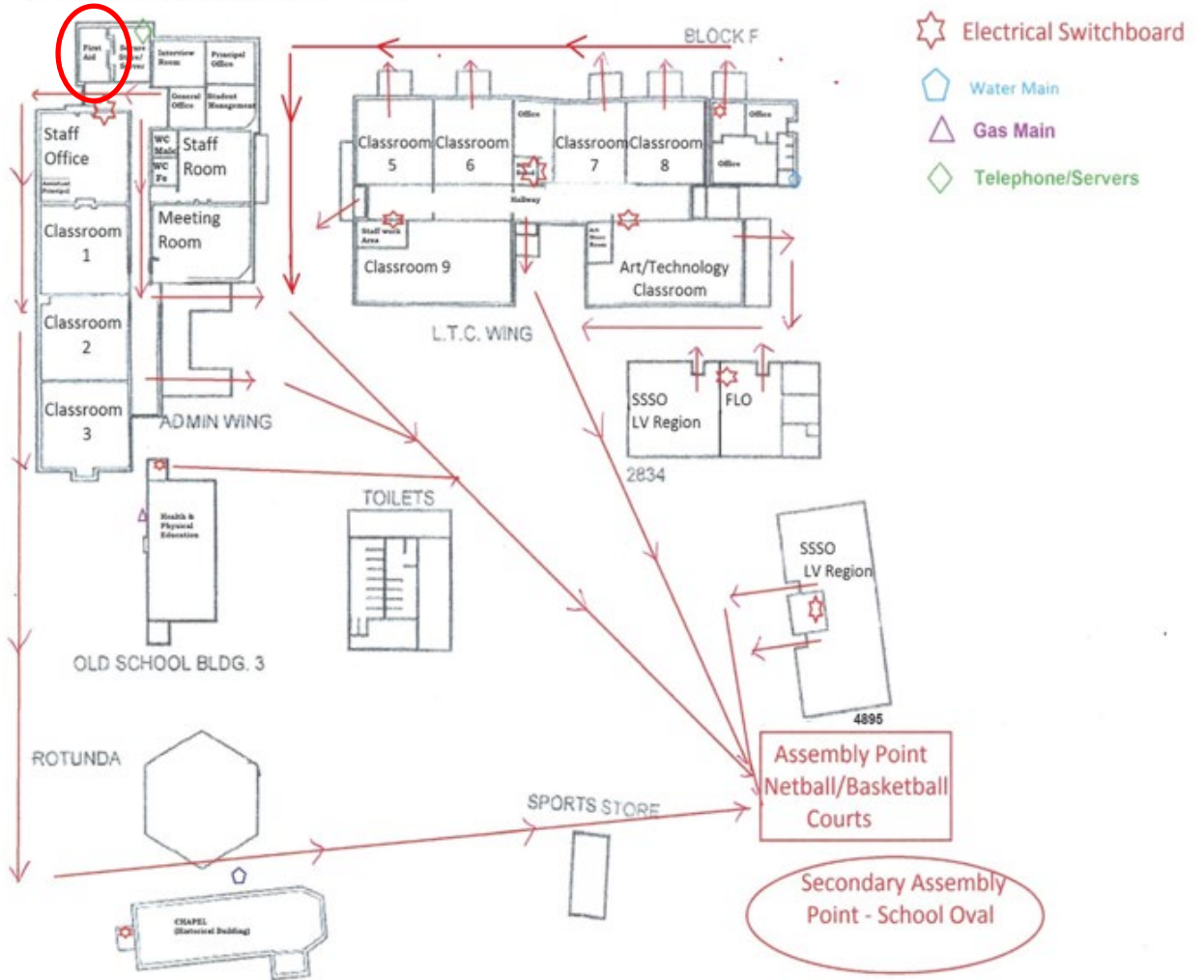
MORWELL CAMPUS



APPENDIX E

FLO CAMPUS

**Latrobe Valley Flexible Learning Option (FLO) Commercial Road, Morwell
Emergency Management Plan**



APPENDIX E

KYPPs CAMPUS

Latrobe Valley Flexible Learning Option (FLO) Commercial Road, Morwell Emergency Management Plan

