

Date: June 2017

VRQA:

CARE ARRANGEMENTS FOR ILL STUDENTS AND STUDENTS WITH MEDICAL CONDITIONS

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 school's First Aid Policy which outlines the schools 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 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.

Implementation:

- A sufficient number of staff (including at least 1 administration First Aid Officer 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. A comprehensive supply of basic first aid materials will be stored in a locked cupboard in the first aid room.
- Supervision of the first aid room will be staffed by a qualified First Aid Officer trained in the administering of medication, CPR and EPIPEN
- Any child/children in the first aid room will be supervised by the First Aid Officer at all times.
- All but minor injuries or illnesses that occur during class time will be referred to the First Aid Officer who will manage the incident, all injuries or illnesses that occur during recess or lunch breaks, will be referred to the First Aid Officer in the first aid room.
- A confidential up-to-date register located in the first aid room will be kept of all injuries or illnesses experienced by children that require first aid.
- At a minimum 8 staff members 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 First Aid Officer and staff.
- Minor injuries will be treated by staff members on duty, while more serious injuries-including those suspected of requiring treatment of 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 First Aid Officer providing the first aid. For more serious injuries/illnesses, the parents/guardians must be contacted by the administration, Principal Class or

First Aid Officer 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 the First Aid Officer considers the injury to be greater than "minor" will be reported on Department of Education and Training Accident/Injury form LE375, and entered onto CASES.
- 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 school camps will have a First Aid Officer in attendance 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 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 a copy kept at school.
- All children, especially those with a documented asthma management plan, will have access to Ventolin and a spacer at all times.
- The First Aid Officer 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 First Aid Officer 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 school's 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". 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.

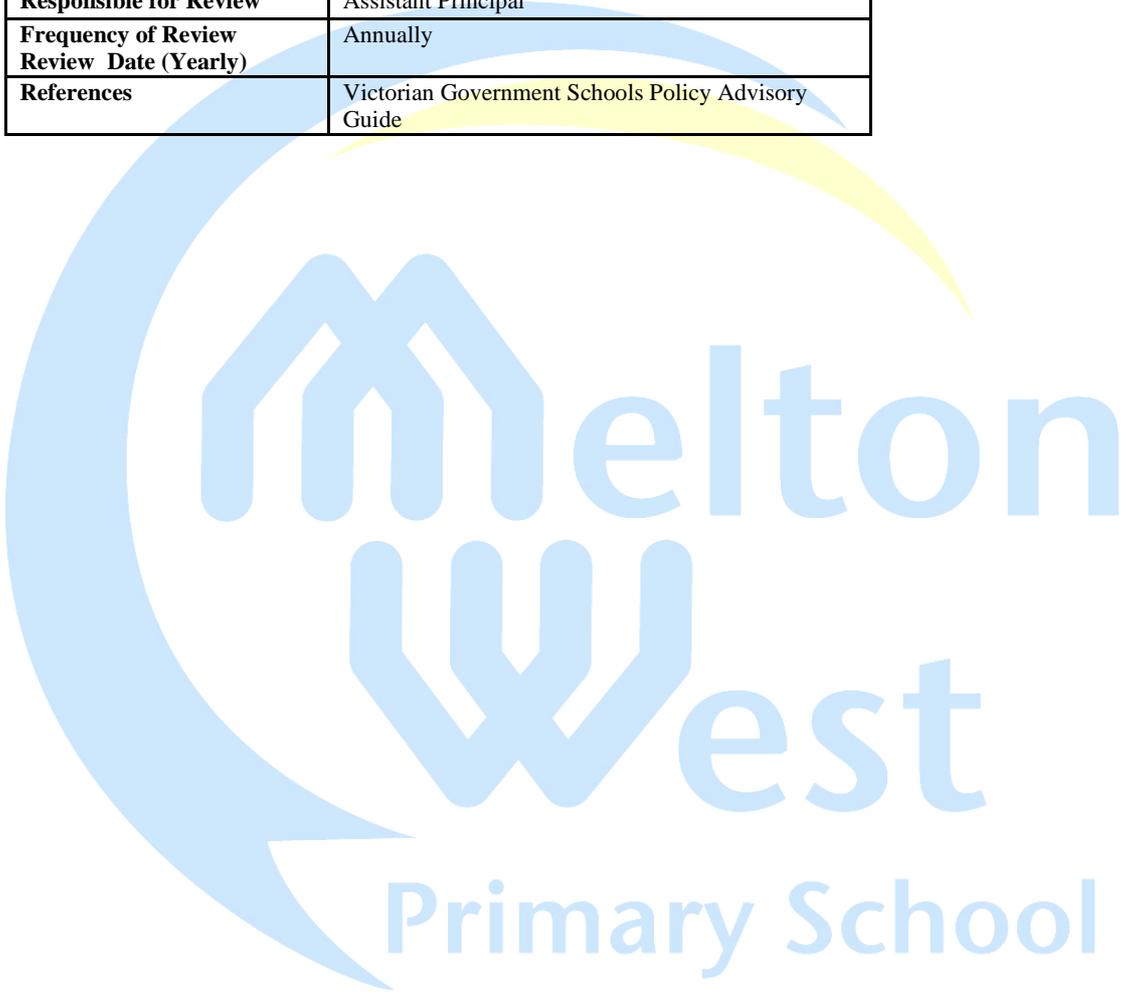
Key Reference:

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

EVALUATION:

This policy will be reviewed annually or more often if necessary due to changes in regulations or circumstances.

Date Reviewed (School Council Endorsement)	June 5 th 2017
Date of Last Review	May 2017
Next Review Due Date	Feb 2018
Responsible for Review	Assistant Principal
Frequency of Review Review Date (Yearly)	Annually
References	Victorian Government Schools Policy Advisory Guide

The logo for Melton West Primary School features a large, light blue stylized 'M' on the left. To its right, the word 'melton' is written in a lowercase, rounded, light blue font. Below 'melton', the word 'west' is written in a similar lowercase, rounded, light blue font. At the bottom, the words 'Primary School' are written in a light blue, sans-serif font. A yellow swoosh is visible behind the 'M' and 'west'.

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: _____

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

Recommended support

Please describe recommended care

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

Description of the condition

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

First Aid – Hypoglycaemia

The following is the **first aid response that School First Aid Officer 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.

West
Primary School

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.

Observable sign/reaction	First aid response

Description of the condition	Recommended support
<p>First Aid – Signs of Hyperglycaemia (High blood glucose)</p> <p>Below is a list of observable signs that school First Aid Officer will look for in relation to Hyperglycaemia. Please provide comment, if required.</p> <p>Sings for this condition will emerge over two or three days and can include:</p> <ul style="list-style-type: none"> • frequent urination • excessive thirst • weight loss • lethargy • change in behaviour 	<p>Please describe recommended care</p> <p>If additional advice is required, please attach it to this medical advice form</p>
<p>First Aid Response– Hyperglycaemia (High blood glucose)</p> <p>The school will provide a standard first aid response and will call an ambulance if any of the following is observed or reported:</p> <ul style="list-style-type: none"> • Rapid, labored breathing 	

Description of the condition	Recommended support Please describe recommended care If additional advice is required, please attach it to this medical advice form
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- 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 First Aid Officer 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.

<u>Authorisation:</u>
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: _____

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

Recommended support

Please describe recommended care
If additional advice is required, please attach it to this medical advice form

Description of the condition

Warning Signs

Can you please outline the warning signs (e.g. sensations)

Triggers

Can you please outline the known triggers (e.g. illness, elevated temperature, flashing lights)

Seizure Types

Please highlight which seizure types apply:

Partial (focal) seizures

Which side of the brain is affected?

Simple partial

- Staring, may blink rapidly
- Only part of the brain is involved (partial)
- Person remains conscious (simple), able to hear, may or may not be able to speak
- Jerking of parts of the body may occur
- Rapid recovery
- 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.

Complex partial

- Only part of the brain is involved (partial)
- Person staring and unaware. Eyes may jerk but may talk, remain sitting or walk around
- Toward the end of the seizure, person may perform unusual activities, e.g. chewing movement, fiddling with clothes (these are called automatisms)
- Confused and drowsy after seizure settles, may sleep.

Generalised seizures

Tonic clonic

- Not responsive
- Might fall down/cry out
- Body becomes stiff (tonic)
- Jerking of arms and legs occurs (clonic)
- May be red or blue in the face
- May lose control of bladder and/or bowel
- Tongue may be bitten
- Lasts 1-3 minutes, stops suddenly or gradually
- Confusion and deep sleep (maybe hours) when in

Please indicate typical seizure frequency and length, and any management that is a variation from standard seizure management.

Description of the condition

Recommended support
Please describe recommended care
If additional advice is required, please attach it to
this medical advice form

Excessive saliva

Absence

- Vacant stare or eyes may blink/roll up
- Lasts 5-10 seconds
- Impaired awareness (may be seated)
- Instant recovery, no memory of the event.

Myoclonic

- Sudden simple jerk
- May recur many times.

Duration

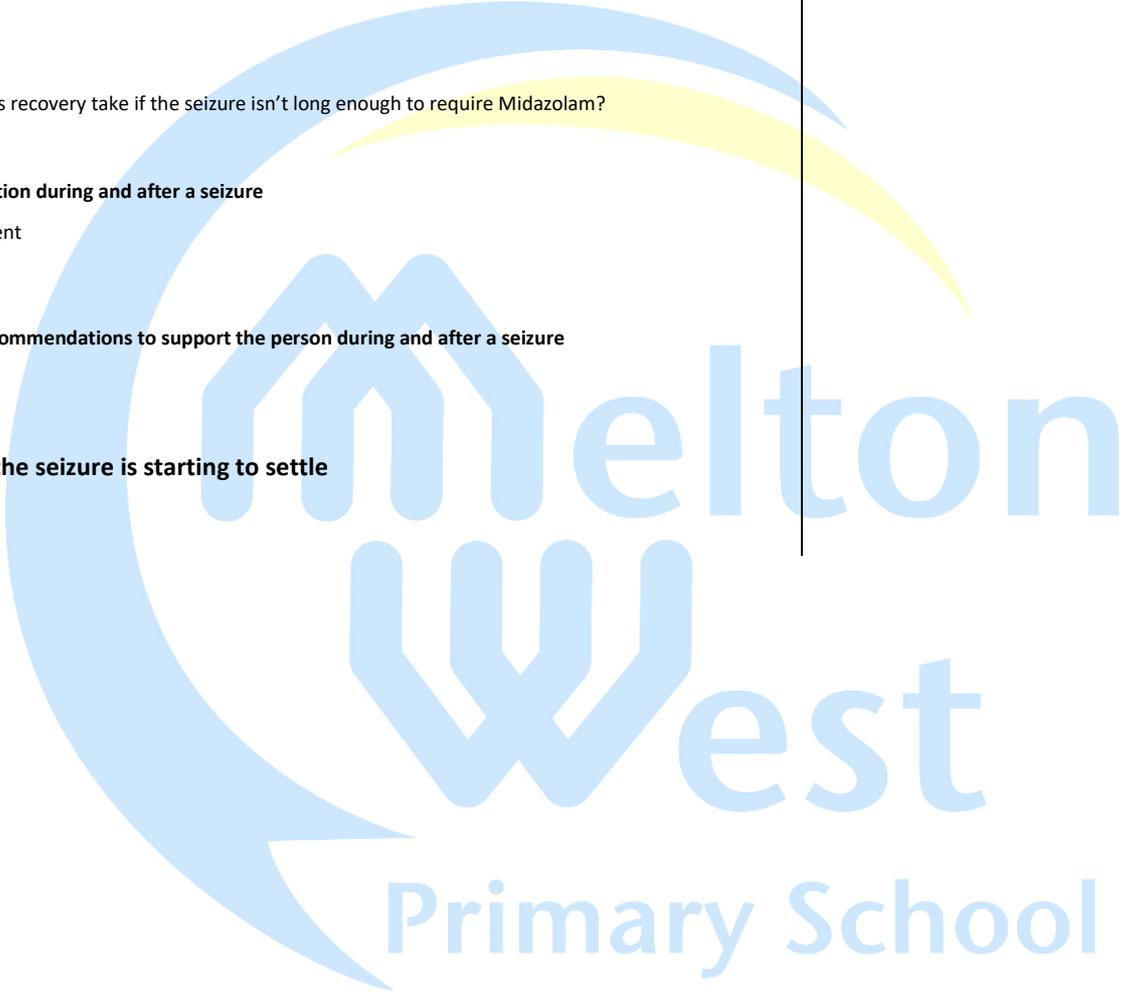
How long does recovery take if the seizure isn't long enough to require Midazolam?

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 First Aid Officer will follow:**

	"Major Seizures"	"Minor Seizures"
	Convulsive seizures with major movement manifestations e.g.: tonic-clonic, tonic, myoclonic, atonic, and partial motor seizure	Seizures with staring, impaired consciousness or unusual behavior 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: <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. 	
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.

Observable sign/reaction

First aid response



Privacy Statement

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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)