Medical Policy

Help for non-english speakers
If you need help to understand the information in this policy please contact Kalianna School on 03 5442 1311

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Introduction

All students have the right to feel safe and well and know that they will be attended with due care when in need of medical assistance.

Kalianna School has procedures for supporting student health for students with identified health needs. Kalianna School will provide a basic first aid response as set out in the procedures listed below to ill or injured students due to **unforeseen circumstances** and requiring **emergency** assistance.

These procedures have been communicated to all staff and are available for reference from the school office. All individualised plans are copied and are located in the student's classroom.

1.1 Health Records

Kalianna School requires healthcare information in regards to their students to be able to provide the student with any medical assistance they require. Kalianna School keeps all medical records confidential.

Parents/carers or adult/independent students provide health care information:

- at enrolment or transition
- at least annually thereafter
- when a medical issue arises.

Principals must ensure that:

- roles and responsibilities for health records management are outlined ensuring effective record keeping and that respectful and confidential communication between family, health professionals and the school occurs
- staff who receive or to have access to confidential information, both verbal or written, understand their responsibility to keep this information confidential.

Kalianna School uses information privacy principles when collecting, using, retaining or disposing of personal or health information.

1.2 Responsibilities for providing health care information

This table describes the responsibilities for providing and gathering health care information.

Who	Responsibility
Parents/ guardians	• Ensure the school has relevant health care information about their child. • May choose to limit the release of information about chronically ill or critically injured students.
Schools	• Exercise sensitivity to the family's needs. • If parents/carers or adult/independent students wish to limit the release of information, the school must inform them: - of the school's need to be aware of the student health conditions and first aid requirements so that plans for support can be put in place - how their personal and health information is protected. • Subject to consent from the parent/carer, provide assistance by providing observations (not interpretations of behaviour) of the student's behaviour, which can then be used to assist the student's medical/health practitioner in monitoring and planning their health care.
Health professionals	• Can give general information about processes involved in an illness or recovery from an injury, as this information is freely available • Must not divulge a student's personal information unless: - parent/guardian consent is provided - they are legally obliged to, or - an exemption clause in privacy legislation applies. **Note:** If seeking to invoke an exemption clause contact the Department's FOI and Privacy Unit for advice, contact details available from the Principal.

1.3 Confidentiality

Confidentiality refers to the protected status of information provided on the understanding that it will not be accessible to other people without the approval of parents/guardians or if appropriate the student.

Confidentiality is guarded by:

- ensuring records are secure, for example in a locked filing cabinet
- preserving confidentiality when handling written or oral information
- conducting personal interviews in a private environment
- training staff in information handling procedures

- monitoring access to databases and systems that contain personal and health information
- periodically reviewing:
    - appropriate access levels to databases and systems
    - data security arrangements.

1.4 Breaches of privacy

If information has been inadvertently disclosed a range of steps need to be taken to manage the issue. Contact the Department's FOI and Privacy Unit for advice, this phone number can be obtained from the Principal.

2. First Aid Officers

2.1 Area of Responsibility

A member of staff will be appointed as the First Aid Officer.

The First Aid Officer is required to undertake a coordinating role maintaining standard medical service provision, student medical records and parent notifications.

Their specific duties include:

- Participating in the risk management process within the school as part of the school's OHS team. This may include contributing to risk management solutions and providing feedback on injury reports and first aid register data to identify persistent or serious hazards.
- Providing first aid emergency awareness training for staff including emergency notification processes, a list of responsible officers and provision of emergency phone numbers.
- Maintain a register of staff who are trained in first aid, CPR, adrenaline auto-injector operator (eg Epipen or Anapen) or other specialised medical procedures and their qualification expiry dates
- Coordinating first aid duty rosters and maintaining first aid room and first aid kits
- Constantly familiarise themselves with Infectious Control Protocols
- Provide first aid services commensurate with their competency and training. This may include all or some of emergency life support including response to life threatening conditions which may occur in the school (e.g. cardiac arrest or respiratory difficulties associated with asthma), management of severe bleeding, basic wound care, fractures, soft tissue injury.
- Managing and coordinating the recording all first aid treatment. A copy of treatment provided shall be forwarded with the patient where further assistance is sought. The First aid Officer should respect the confidential nature of any information given.
- Providing input on first aid requirements for excursions and camps.

The First Aid Officer will be available at the school during normal working hours and at other times when authorised Department programs are being conducted.

2.2 First Aid Training

A sufficient number of staff are to be trained to a Level 2 First Aid Certificate and with an up to date CPR qualification. Additionally, if specialist medical procedures are required for current students, for example, Midazolam training, an appropriate number of staff are to be trained in these procedures.

The First Aid Officer is to keep an up to date register of all staff medical and first aid training and their respective expiry dates.

Where possible, only staff with first aid qualifications will provide first aid. However, in an emergency other **staff may be required to help within their level of competency.**

2.3 School Camps

All school camps will have at least one Level 2 First aid trained staff member present at all times in addition to having a comprehensive first aid kit and mobile phone provided.

3. Procedure for Medical Treatment

3.1 Recording of First Aid Treatment

A Record of First Aid Treatment will be kept on EduSafe, indicating date and time of attendance in the Sick Bay, the treatment given and the person administering the first aid.

3.2 Minor injuries

In the event of a child sustaining a minor injury such as scratches, cuts or bruises, staff will

- Clean and cover the wound in accordance with DEECD Infection control guidelines
- Apply an ice pack if necessary
- Wear protective disposal gloves throughout the process
- Record the treatment given in the carbon copy injury booklets
- Ensure that the parent/care copy of the carbon copy injury book is sent home with the child

3.3 Major injuries

In the event of a student requiring medical attention, an attempt will be made to contact the parents/guardians before calling for medical attention except in an extreme emergency.

In serious cases, parents/guardians will always be informed as quickly as possible of their child's condition and of the actions taken by the school.

In the event that an ambulance is called, a print out of the child's personal details including name, date of birth, address, next of kin and any medical conditions will be printed from the school's database and given to the attending ambulance officers.

3.4 Reporting medical injuries

Serious injuries, any incidents that expose a person to an immediate risk to their health and safety or fatalities must be recorded as follows:

- On the online Edusafe website
- Reported to DEECD Emergency and Security Management Branch on (03) 9589 6266
- Reported to WorkSafe on 13 23 60

3.5 Complex medical care

Complex medical care often requires school staff to undertake specific training to meet the student's individual health needs. These needs cannot be address through basic first aid training and staff may be involved in:

- tracheostomy care
- seizure management
- medication by injection or rectal suppository
- administering suction
- tube feeding
- specialised medical procedures.

The DEECD does not expect or require teachers in general to provide complex medical care. When it is agreed that specialised medical procedures may be needed to enable a student to attend Kalianna School then:

- designated school staff must receive specific training to allow them to meet the student's individual health care need
- a Student Health Support Plan (see Appendix A) will be created and should
    - be guided by medical advice received by the student's medical practitioner via the Department's Medical Advice Form
    - describe specific training requirements
    - include procedures that make use of local medical services such as ambulances, local doctors, health centres, hospitals and community nurses when practical.

3.6 Head injuries

At Kalianna School, all injuries to the head will be reported to a member of the Leadership Team and parents/emergency contacts are contacted regarding the injury. It will be suggested to caregivers that the child is collected from the school and seen by a medical practitioner.

3.7 First Aid Kits

First aid kits will be available for all groups that leave the school on excursions. The content of these kits will be dependent on the nature of the activities, the number of students and staff, and the location of the excursion.

Portable first aid kits will be available for staff on yard duty. These kits will contain:

- single use plastic gloves
- a bottle of hand sterilizer
- an asthma pump and spacer
- an instant ice pack
- alcohol swabs
- tissues
- jellybeans
- gauze and band-aids

Larger first aid kits will be available for use on excursions and camps. These kits will contain:

- single use plastic gloves
- a bottle of hand sterilizer
- an asthma pump and spacer
- an instant ice pack
- tissues
- jellybeans
- gauze and band-aids
- alcohol swabs
- resuscitation face mask
- stainless steel scissors
- safety pins
- saline water
- non adhesive dressing
- adhesive taps
- crepe bandages
- triangular bandage

3.8 Blood Spills and Bleeding Students

Kalianna School responds safely to:

- blood spills
- bleeding students.

All staff must be familiar with the school's first aid procedures related to blood spills and bleeding students.

Managing blood spills

Blood spills should be treated as if the blood is potentially infectious.

This table describes how Kalianna School cleans blood spills, as outlined by the DEECD

Step	Action
1	Put on single-use gloves and avoid direct contact with blood or other fluids. Note: Cover any cuts and abrasions on hands with a waterproof dressing.
2	Use paper towels to mop up the spill. Dispose of the paper towels in an appropriate bio hazard container.
3	Wash the area with warm water and detergent, then rinse and dry the area. Note: Take care not to splash excessively.
4	Remove gloves and place them in an appropriate bio hazard container or double bag (plastic) and bin
5	Wash hands in warm soapy water and dry thoroughly.
6	If re-usable items were used such as scissors or tweezers, then an assessment must take place to consider how the item was used and determine the appropriate decontamination method. Example: If an item has been biologically contaminated then an alcohol swab is used for decontamination. For further advice on decontamination contact the Department's OHS Advisory Service on 1300 074 715.

Treating bleeding students

This table describes how Kalianna School treats students who are bleeding, as outlined by the DEECD.

Step	Action
1	Avoid contact with the blood while: • comforting the student • moving them to safety if required.
2	Put on single-use gloves.
3	Flush the wound using warm water.
4	Wash the wound using warm water and soap.
5	Pat dry the wound and apply a waterproof dressing ensuring the wound is: • covered • no longer bleeding.

6	Remove any linen stained with blood or body fluids. Place them in leak-proof plastic bags until they can be cleaned by a commercial laundry or linen cleaning service.
7	Remove gloves and place them in an appropriate bio hazard container or double bag (plastic) and bin.
8	Wash hands in warm soapy water and dry thoroughly.

3.9 Syringe Disposals

From time to time, Kalianna School staff may need to safely manage discarded needles and needle stick injuries.

As such, all staff must:

- be familiar with the school's disposal procedures for used needles
- actively discourage students from picking up needles or syringes.

It should be noted that at Kalianna School there is an approved disposal container for discarded needles, stored out of reach of staff, students and visitors. If an approved disposal container is not available for whatever reason, a hard-walled container is to be used. A glass bottle is not to be used.

The equipment required for safe syringe disposal is as follows

- Single use gloves
- Tongs
- Plastic bags
- Approved disposal container.

This table describes how Kalianna disposes of needles and syringes, as outlined by the DEECD

Step	Action
1	If the discarded syringe or needle is: • accessible, continue with the disposal procedure • not accessible: - mark the area so that others are not at risk - supervise area - contact the Syringe Disposal Helpline on 1800 552 355.
2	Put on single-use gloves.
3	Place the disposal container on the ground next to the syringe.

4	Using tongs, pick up the syringe from the middle keeping the sharp end away from yourself and place it in the disposal container, needle point down. Note: 1. Never try to recap a needle, even if the cap is also discarded. 2. Long metal tongs can be used to reach difficult to access places.
5	Repeat step 4 for each individual needle or syringe.
6	Screw the lid of the disposal unit on firmly.
7	Remove gloves and place them in a plastic bag. Seal the bag and dispose of it in a rubbish bin.
8	Wash hands in warm soapy water and dry thoroughly.
9	To dispose of the sharps disposal container, contact the: • Syringe Disposal Helpline on 1800 552 355 for: - advice about handling syringes - the location of the nearest local council syringe program or public disposal bin • local general practitioner • local hospital. Note: Disposal containers or syringes must not be put in normal waste disposal.

3.10 Treating needle stick injuries

This table describes how Kalianna treats needle stick injuries, as outlined by the DEECD.

Step	Action
1	Flush the injured area with flowing water.
2	Wash the affected part with warm soapy water, then pat dry.
3	Cover the wound with waterproof dressing.
4	Report the injury to the principal.

5	Ensure the injured person sees a doctor as soon as possible for: • assessment of the risk • treatment, if required. An adult should accompany the student to the nearest doctor/medical centre. Note:Research indicates the risk of infection from needle stick injury is low and should not cause alarm.

4. Assessment and First Aid Treatment of an Asthma attack

All students who have been diagnosed as having Asthma are to have an Asthma Action Plan (see Appendix B). If a student develops signs of what appears to be an asthma attack, appropriate care must be given immediately.

4.1 Assessing the severity of an asthma attack

Asthma attacks can be:

- **Mild** - this may involve coughing, a soft wheeze, minor difficulty in breathing and no difficulty speaking in sentences
- **Moderate** - this may involve a persistent cough, loud wheeze, obvious difficulty in breathing and ability to speak only in short sentences
- **Severe** - the student is often very distressed and anxious, gasping for breath, unable to speak more than a few words, pale and sweaty and may have blue lips.

All students judged to be having a severe asthma attack require emergency medical assistance. In this instance staff are to

Step	Action
Step 1	• Call an ambulance (dial 000),
Step 2	• Follow the '*4 Step Asthma First Aid Plan'* while waiting for the ambulance to arrive
Step 3	• Notify a member of Leadership
Step 4	• Notify the student's emergency contact.

When calling the ambulance state clearly that a student is having 'breathing difficulties.' The ambulance service will give priority to a person suffering extreme shortness of breath. Regardless of whether an attack of asthma has been assessed as mild, moderate or severe, Asthma First Aid (as detailed below) must commence

immediately. The danger in any asthma situation is delay. Delay may increase the severity of the attack and ultimately risk the student's life.

4.2 Asthma First Aid

If the student has an Asthma Action Plan, follow the first aid procedure immediately. If the student does not have an Asthma Action Plan, the steps outlined below should be taken immediately.

Step	Action
Step 1	• Sit the student down in as quiet an atmosphere as possible. • Breathing is easier sitting rather than lying down. • Be calm and reassuring. • Do not leave the student alone.
Step 2	• Without delay give 4 separate puffs of a blue reliever medication (*Airomir, Asmol, Epaq or Ventolin*). • The medication is best given one puff at a time via a spacer device. • If a spacer device is not available, simply use the puffer on its own. • Ask the person to take 4 breaths from the spacer after each puff of medication
Step 3	• Wait 4 minutes. • If there is little or no improvement repeat steps 2 and 3.
Step 4	• If there is still little or no improvement; call an ambulance immediately (dial 000). State clearly that a student is having 'breathing difficulties • Continuously repeat steps 2 and 3 while waiting for the ambulance.

5. Allergies

5.1 General presentation of allergies

An allergy develops when the immune system recognises and responds to something in the environment that is normally harmless: e.g. food proteins, pollens or dust mite. An allergic reaction occurs when a person is exposed to that substance and the body's immune system reacts to that substance. Symptoms may be localised or generalised, and range from mild to severe.

The most common causes of allergic reactions in young children are food. In particular:

- Egg
- Cow's milk
- Peanut
- Tree nut

- Soy
- Wheat
- Fish
- Shellfish
- Sesame

Other causes are bee or other insect stings (wasps, Jack Jumper Ants), medication, for example, penicillin and latex (rubber).

5.2 Mild to moderate allergic reaction

A mild to moderate reaction will include one or more of these symptoms, and it is possible that a number of them will occur simultaneously:

- Swelling of lips, face & eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects

5.3 Anaphylaxis (Severe allergic reaction)

Anaphylaxis is the term used to describe a severe systemic allergic reaction that involves the respiratory and/or cardiovascular system.

Presentation of **any one** of the following symptoms below indicates anaphylaxis:

- 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)

5.4 Prevention of subsequent allergic reactions

The following are ways to prevent allergic reactions:

- Know and avoid the causes for each individual student
- Do not allow food sharing or swapping
- Only give foods approved by the child's parents
- Use non-food treats where possible, but if food treats are used, give only those provided by the parents (encourage parents to provide a container of safe treats from home)
- Practice routine hygiene and good food safety practices. Students and staff should always wash their hands after play and before and after eating.

5.5 Banning of products

Banning of products that contain the allergen is **NOT** recommended.

Banning will not succeed in creating an "allergy free zone". It is difficult to achieve a

100% ban, for a variety of reasons. For example, product labels can be confusing, parents of non-allergic children may not comply with the ban, and lastly, staff and students become complacent.

Instead, the following practice should apply:

Activity	Practice
Food sharing	The child at risk of food allergies should not share food. These children must only have food provided from home or given with the parent's permission.
Food Preparation	Any staff, including relief staff, who are responsible for cooking or delivering food to children should know about the child's allergies. They should be aware of alternative words used to describe the particular allergy food. For example, cow's milk may be called casein, and egg may be called ovalbumin. They should also be aware of potential contamination of other foods when preparing, handling or displaying food.
Art/Craft	Food containers or packages that contain the allergen should not be used. Parents of children with allergies can help by checking art/craft products for hidden ingredients, as they are often more aware of terms used.

Additionally, separate tables should be used for art/craft and food. Where this is not possible, tables must be cleaned thoroughly between uses.

5.6 Treatment of allergies

Students who do have allergies and have a reaction will be given treatment in accordance with an individual ASCIA Action Plan (see Appendix C), which sets out the emergency procedures to be taken in the event of an allergic reaction. (ASCIA, the Australasian Society of Clinical Immunology and Allergy, is the peak body of immunologists and allergists in Australia).

It is the responsibility of parents/carers to complete an ASCIA Action Plan, in consultation with their child's medical practitioner, and provide a copy to Kalianna School. The ASCIA Action Plan must be signed by the student's medical practitioner, and have an up to date photograph of the student.

As a student's allergies may change with time, the First Aid Officer will ensure that the student's ASCIA Action Plan is kept current and reviewed annually with the student's parents/carers, including an up to date photograph.

6. Anaphylaxis

To explain to Kalianna School parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that Kalianna School is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

6.1 General presentation of allergies

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school-aged children are nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

Symptoms

Signs and symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- tingling in the mouth.

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

- difficult/noisy breathing
- swelling of tongue
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- student appears pale or floppy
- abdominal pain and/or vomiting.

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen, but can appear within a few minutes.

Treatment

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

6.2 Individual Anaphylaxis Management Plans

All students at Kalianna School who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan (see Appendix E). When notified of an anaphylaxis diagnosis, the principal of Kalianna School is responsible for developing a plan in consultation with the student's parents/carers.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrols at Kalianna School and where possible, before the student's first day.

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- immediately inform the school in writing if there is a relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
- provide the school with a current adrenaline autoinjector for the student that has not expired;
- participate in annual reviews of the student's Plan.
- each student's Individual Anaphylaxis Management Plan must include:
- information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has
- information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
- the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the Plan
- information about where the student's medication will be stored
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

Review and updates to Individual Anaphylaxis Management Plans

A student's Individual Anaphylaxis Management Plan will be reviewed and updated on an annual basis in consultation with the student's parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

- as soon as practicable after the student has an anaphylactic reaction at school if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

Our school may also consider updating a student's Individual Anaphylaxis Management Plan if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

Location of plans and adrenaline autoinjectors

When students are not keeping their adrenaline autoinjectors on their person:

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in various locations around the school], together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name. Appropriate locations may include the student's classroom, sick bay, the school office or in the materials provided to staff on yard duty.

Depending on age, students may not be keeping autoinjectors on their person. In these cases:

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in their classroom. Students are encouraged to keep their adrenaline autoinjectors on their person. Adrenaline autoinjectors for general use are available at the front office and are labelled "general use".

Depending on age, some students keep their adrenaline autoinjectors on their person and others store them elsewhere. In these cases:

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in their classroom. Whilst some students keep their adrenaline autoinjector on their person, medication for those that do not will be stored and labelled with their name at [insert location], together with adrenaline autoinjectors for general use.

Risk Minimisation Strategies

This section should detail the risk minimisation strategies that your school will put in place to reduce the possibility of a student suffering from an anaphylactic reaction at school. Please consider strategies for all school activities, including:

- during classroom activities (including class rotations, specialist and elective classes)
- between classes and other breaks
- in canteens
- during recess and lunch times
- before and after school
- camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions).

To reduce the risk of a student suffering from an anaphylactic reaction at Kalianna School, we have put in place the following strategies:

- staff and students are regularly reminded to wash their hands after eating;
- students are discouraged from sharing food
- garbage bins at school are to remain covered with lids to reduce the risk of attracting insects
- gloves must be worn when picking up papers or rubbish in the playground;
- school canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination
- year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays
- a general use EpiPen will be stored at the front office
- planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, appropriate number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending.

Adrenaline autoinjectors for general use

Kalianna School will maintain a supply of adrenaline autoinjector(s) for general use, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first time reaction at school.

Adrenaline autoinjectors for general use will be stored at the front office and labelled “general use”.

The principal is responsible for arranging the purchase of adrenaline autoinjectors for general use, and will consider:

- the number of students enrolled at Kalianna School at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors supplied by parents
- the availability of a sufficient supply of autoinjectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited lifespan of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors to be replaced when used or prior to expiry.

6.3 Emergency Response

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school's general first aid procedures, emergency response procedures and the student's Individual Anaphylaxis Management Plan.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained and stored at the front office. For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

Step	Action
1.	• Lay the person flat • Do not allow them to stand or walk • If breathing is difficult, allow them to sit • Be calm and reassuring • Do not leave them alone • Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored at the front office and in their classroom. • If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5

2.	Administer an EpiPen or EpiPen Jr (if the student is under 20kg) • Remove from plastic container • Form a fist around the EpiPen and pull off the blue safety release (cap) • Place orange end against the student's outer mid-thigh (with or without clothing) • Push down hard until a click is heard or felt and hold in place for 3 seconds • Remove EpiPen • Note the time the EpiPen is administered • Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration
3.	Call an ambulance (000)
4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.
5.	Contact the student's emergency contacts.

If a student appears to be having a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 – 5 as above.

[Note: If in doubt, it is better to use an adrenaline autoinjector than not use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful and potentially life threatening than over-treatment of a mild to moderate allergic reaction.

6.4 Communication Plan

This policy will be available on Kalianna School's website so that parents and other members of the school community can easily access information about Kalianna School's anaphylaxis management procedures. The parents and carers of students who are enrolled at Kalianna School and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

The principal is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and Kalianna School's

procedures for anaphylaxis management. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this policy, their role in responding to an anaphylactic reaction and where required, the identity of students at risk. **This policy will be included in CRT folders in each classroom.**

The principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's *Anaphylaxis Guidelines.*

7. Epilepsy

7.1 General Presentation of Epilepsy

Epilepsy is a disorder of brain function that takes the form of recurring seizures. A seizure occurs when sudden bursts of electrical activity disrupt the communication between cells in the brain. This 'scramble' makes our thoughts, feelings or movements become momentarily confused or uncontrolled.

While seizures can be frightening, in most instances they stop without intervention. Once the seizure is over the person gradually regains control and re-orients themselves without any ill effects. The majority of people diagnosed with epilepsy will have their seizures controlled with medication.

7.2 Recognising seizures

It is internationally agreed that while seizures are very complex they do fall generally into two categories: partial or focal on the one hand and generalised on the other. Partial or focal seizures start in one **part** of the brain [that is at a focal point in the brain] and, affect that part of the body controlled by that part of the brain. Generalised seizures involve the whole brain and therefore involve the whole body.

Types of seizures and their symptoms include

Type of seizure	Symptoms
Simple partial seizures	• Affects one part of the brain • Person's conscious state is **not** altered • Involuntary movement or stiffening of the limbs • Feelings of déjà vu • An unpleasant smell or taste • Feelings of butterflies in the stomach • Nausea
Complex partial seizures	• Affects one part of the brain • Conscious state of person is altered • May appear confused and dazed • May make chewing actions • May make unusual sounds
Absence seizures (previously known as petit	• Involves whole brain • Person loses awareness of what is around them

mal)	but rarely fall to ground • May stare blankly • Eyes may roll back • Eyelids flutter
Myoclonic seizures	• Uncontrolled muscle jerks • Loss of consciousness occurs but is very brief and hardly noticeable
Tonic clonic seizures (previously known as grand mal)	• Involve the whole brain • Body stiffens and fall to the ground • Limbs jerk in strong, symmetrical, rhythmic movements • May dribble from the mouth • May lose control of their bladder or bowel • May vomit or bite
Tonic seizures	• Generalised seizures where body stiffens • Person usually falls
Atonic seizures	• Generalised seizures that affect muscle tone • Known as drop attacks as the person drops

7.3 Individual Epilepsy Management Plan

Anyone diagnosed with epilepsy must have an Individual Epilepsy Management Plan (see Appendix G) completed by their doctor. These are to be updated annually and a copy placed in the classroom CRT folder.

If the student is at high risk of seizures at school, their management plan is to be displayed in the office, any relevant classrooms and on the medical noticeboard in the staff room.

7.4 Epilepsy First Aid

In the event of a seizure, follow an individual person's Epilepsy Action Plan. The following are general steps that should be taken if someone has a seizure.

Steps to take	
Time the seizure.	
Protect from injury	Remove any hard objects from the area
Protect the head	If able, place something soft under the head
Gently roll the person on their side	As soon as it is possible to do so to assist with breathing
Stay with the person	Stay until the seizure ends naturally
Calmly talk	Talk to the person until they regain consciousness. Let them know where they are and that they are safe and that you will stay with them while they recover
Keep onlookers away	
Do not	Restrain the person's movements.

Do not	Force anything into the mouth.

After the seizure, the person should be placed on their left side. Keep in mind there is a small risk of post-seizure vomiting, before the person is fully alert. Therefore, the person's head should be turned so that any vomit will drain out of the mouth without being inhaled.

However if there is **NO** Epilepsy Action Plan (for example, if this is a person's first seizure):

Call an ambulance (000) if:

- the seizure activity lasts more than **5** minutes or a second seizure quickly follows
- the person remains non-responsive for more than **5** minutes after the seizure stops
- the person is having a greater number of seizures than is usual for them
- the person is injured, goes blue in the face or has swallowed water.
- the person is pregnant.
- you know, or believe it to be, the person's first seizure.
- you feel uncomfortable dealing with the seizure.

7.5 Swimming activities

A student diagnosed with Epilepsy must have a signed letter by their doctor stating that they are able to participate in swimming based activities.

Any students with epilepsy must also have a designated spotter who watches them for the entire time that they are in or around water.

8. Diabetes

8.1 General Presentation of Diabetes

Diabetes is a chronic condition. This means that it lasts for a long time, often for someone's whole life.

For our bodies to work properly we need to convert glucose (sugar) from food into energy. A hormone called insulin is essential for the conversion of glucose into energy.

In people with diabetes, insulin is no longer produced or not produced in sufficient amounts by the body. So when people with diabetes eat glucose, which is in foods such as breads, cereals, fruit and starchy vegetables, legumes, milk, yoghurt and sweets, it can't be converted into energy. Instead of being turned into energy the glucose stays in the blood. This is why blood glucose levels are higher in people with diabetes.

A student with diabetes can do everything their peers do, but, because of their diabetes, they may need:

- special consideration
- extra supervision
- extra toilet privileges
- to eat at additional times, especially with sport
- extra consideration if unwell
- special provisions for privacy if testing blood glucose levels and injecting insulin at school is necessary.

8.2 Diabetes Individual Management Plans

Parents/carers have a responsibility to advise the school of their child's medical condition and the particular requirements for the management of their child's diabetes. For children with special requirements, a written individual management plan (see Appendix H) incorporating medical recommendations should be developed with the school in collaboration with the parents/guardians and doctor.

This plan is to be stored in the CRT folder and displayed in the office, any relevant classrooms and on the medical noticeboard in the staff room.

8.3 Diabetes First Aid

Most patients with diabetes manage their condition well with diet and/or self-administered insulin. Sometimes sugar levels may drop and the patient needs urgent first aid. This condition is called hypoglycaemia.

Symptoms and signs – Not all may be present

- extreme tiredness and loss of concentration
- severe thirst
- abdominal pain nausea or vomiting
- dizziness and loss of coordination
- erratic or argumentative behaviour
- rapid loss of consciousness if not treated promptly
- persistent headache
- pale or sweaty skin
- can seem drunk

Steps to take	
If the patient is unconscious	• Support the patient on their side and call 000 for an ambulance.
If conscious, give the patient some sugar	• If the patient is still fully conscious and able to swallow, give a sweetened drink, chocolate or glucose sweets to suck – an improvement usually occurs within minutes • Jelly beans are located in all first aid kits • When the patient is more alert, offer a more substantial carbohydrate meal of a sandwich or several sweet biscuits. • Give frequent reassurance during recovery

	because the patient may be confused until fully recovered.
If unconscious	• **Do not** try and give the person anything to eat or drink
Obtain medical advice	• If the patient has improved with the intake of carbohydrate, medical advice is still necessary because a further deterioration may occur at any time. The patient should see a doctor. • If the patient **does not improve** after swallowing the sweet food or drink, or if further deterioration occurs and swallowing becomes difficult call 000 for an ambulance

9. Medication

9.1 Guiding Principles

It is the right of parent and caregiver to have medicines, both prescribed and non-prescribed administered to their children whilst they are in attendance at school. It is the role of staff to administer this medication as prescribed and in accordance with the procedures to follow.

Staff can observe and document behaviours for the student's medical/health practitioner, however it is not the role of staff to interrupt behaviour in relation to a medical condition or to monitor the effects of medication.

9.2 Administering medication

Schools should obtain written advice on a Medication Authority Form (see Appendix H) for all medication to be administered by the school. The form can either be completed by:

- the student's medical/health practitioner ensuring that the medication is warranted
- the parents/guardians

All medication to be administered must be:

- accompanied by written advice providing directions for appropriate storage and administration
- in the original bottle or container clearly labelled with the name of the student, dosage and time to be administered
- within its expiry date
- stored according to the product instructions, particularly in relation to temperature

A medication log or an equivalent official medications register should be used by the person administrating the taking of medicine. Two staff members should

- supervise the administration of the medication
- check the information in the medication log
- sign the medication log

9.3 Self administration of medication

Staff will consult with parents/guardians or adult/independent students and the student's medical/health practitioner to determine the age and circumstances by which the student could self-administer their medication.

If self-administration is deemed appropriate, written permission from the medical/health practitioner or the parents/guardians on the Medication Authority Form is to be given for the student to carry their medication.

This is not required for students with Asthma or Anaphylaxis as this is covered under ASCIA Action Plan for Anaphylaxis and the Asthma Foundation's Asthma Care Plan for Schools.

Ideally, the self-administered medication should be stored by the school. However where immediate access is required by the student such as in cases of asthma, anaphylaxis or diabetes the medication must be stored in an easily accessible location.

If determined appropriate, students can carry their own medication with them, preferably in the original bottle, when:

- the medication does not have special storage requirements, such as refrigeration
- doing so does not create potentially unsafe access to the medication by other students.

9.4 Storing Medication

Staff will ensure:

- medication is stored for the period of time specified in the written instructions received
- the quantity of medication provided does not exceed a week's supply, except in long-term continuous care arrangements
- medication is stored
    - securely to minimise risk to others
    - in a place only accessible by staff who are responsible for administering the medication
    - away from the first aid kit.

9.5 Medication error

The following table describes how Kalianna staff will respond when a student has taken medicine incorrectly.

Step	Action
1	If required, follow first aid procedures outlined in the Anaphylaxis Management Plan.
2	Ring the **Poisons information Line, 13 11 26** and give details of the incident and student.
3	Act immediately upon their advice, such as calling an ambulance, on 000, immediately if you are advised to do so.
4	Contact the parents/guardians or the emergency contact person to notified them of the medication error and action taken.
5	Review medication management procedures in light of the incident

9.6 Administering of Paracetamol or Aspirin

The administering of paracetamol or aspirin must follow the same guidelines as all other medications as detailed in this section.

10. Infectious Diseases

10.1 Guiding Principles

To help prevent and control the transmission of infectious diseases in schools

Kalianna School will:

- take standard and additional precautions to prevent and control the transmission of infectious diseases
- prevent contact with body fluids and have procedures that:
    - protect staff and students
    - deal with inappropriate student behaviour that could result in exposure to bodily fluids including educating the student about why the behaviour is inappropriate and the potential consequences.

Principals must ensure the first aid kit is appropriately stocked and contains accompanying advice on handling spills of blood or other bodily fluids

10.2 Prevention and control of infectious diseases

The overall responsibility for the prevention and control of infectious diseases:

- **belongs to** public health authorities
- **does not belong to** schools.

However, Schools:

- can support the prevention and control of transmission of infectious diseases by:
    - providing prompt and consistent response to detected or suspected cases of disease
    - being vigilant to students who may have head lice or some other public health pest
- should not be expected to:
    - treat students, which is the parents'/guardians' responsibility
    - give expert advice, which is the role of health authorities.

10.3 Standard precautions

Standard precautions are the basic level of infection control to be used at all times by all people in a school. They include hygiene and bodily fluid precautions.

General precautions include:

- good hygiene practices, particularly washing and drying hands before and after contact with contaminated objects
- the use of protective barriers which can include gloves and masks
- safe handling of 'sharps'
- use of sterile techniques.

Bodily fluid precautions should ensure that interaction between people at school should not allow contact with bodily fluids, including:

- blood whether wet or dry
- secretions
- excretions other than sweat
- other body substances.

Procedures that deal with inappropriate student behaviour resulting in students and staff being put in contact with bodily fluids should:

- protect students and staff
- educate students about:
    - why the behaviour is inappropriate
    - the consequences of the behaviour.

Staff members should:

- cover broken skin on their hands or lower arms with waterproof dressings at all times
- treat blood or bodily fluid spills as being potentially infectious

- be aware of risks associated with spills
- avoid direct contact with blood or other fluids
- be familiar with recommended hygiene and standard precautions
- deal with spills:
    - using single use gloves, or
    - until it is possible to get someone wearing gloves to take over, then thoroughly wash their hands and any body parts that were in contact with the spill using hot soapy water
- use a resuscitation mask, if available, if mouth-to-mouth resuscitation is required

10.4 Additional precautions

Additional precautions:

- are taken during the outbreak of infectious diseases, as advised by Commonwealth or state health authorities and used alongside standard precautions
- aim to interrupt transmission of infection by:
    - air, e.g. measles, chickenpox, tuberculosis
    - droplet, e.g. mumps, rubella, pertussis (whooping cough), influenza
- include two protocols - immunisation and exclusion, see below.

Immunisation

Student immunisation details are gathered and recorded during admission.

Exclusion

Schools must be aware of and abide by exclusion requirements during an outbreak of an infectious disease.

10.5 Suspected Infectious Disease

If a staff member suspects that a student has an infectious disease that would warrant them being excluded from school, they are to undertake the following steps

1. Remove the student from contact with other students in a dignified manner (for example, undertake a one on one task in a separate space with a staff member)
2. Inform the school leadership
3. Contact the student's parents and caregivers to collect the child from school immediately
4. Advise the parents/caregivers of the student to seek medical advice
5. Follow up with the parents/caregivers to gain feedback from the medical advice
6. If an infectious disease is confirmed, inform the necessary agencies for example, DHS, DEECD and the wider Kalianna School community

10.6 Exclusion periods

- The Public Health and Wellbeing Regulations 2019 contain several statutory obligations relating to primary schools and children's services exclusions for infectious diseases.
- There have been some minor updates to the diseases and exclusion periods in the Public Health and Wellbeing Regulations 2019.
- Exclusions may apply to cases (children with particular infections) and contacts (children who have been exposed to particular infections).
- The exclusion periods are the minimum times a child must be excluded from primary school or a children's service such as childcare centre or kindergarten.

In this Schedule **"medical certificate"** means a certificate of a registered medical practitioner

Condition	Exclusion of Cases	Exclusion of Contacts
Amoebiasis *(Entamoeba histolytica)*	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded.
Campylobacter	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded.
Chickenpox	Exclude until all blisters have dried. This is usually at least 5 days after the rash appears in unimmunised children, but may be less in previously immunised children.	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded.
Conjunctivitis	Exclude until discharge from eyes has ceased.	Not excluded.
Cytomegalovirus (CMC) **infection**	Exclusion is not necessary	Not excluded.
Diarrhoeal illness	In an outbreak of gastroenteritis, exclude until there has not been vomiting or a loose bowel motion for 48 hours and for all other diarrhoeal	Not excluded.

	illnesses exclude until there has not been vomiting or a loose bowel motion for 24 hours	
Diphtheria	Exclude until medical certificate of recovery is received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later.	Exclude family/household contacts until cleared to return by the Chief Health Officer. `
Glandular fever (Epstein-Barr Virus infection)	Exclusion is not necessary.	Not excluded.
Hand, Foot and Mouth disease	Exclude until all blisters have dried.	Not excluded.
Haemophilus influenzae type b (Hib)	Exclude until 48 hours after initiation of effective therapy.	Not excluded.
Hepatitis A	Exclude until a medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness.	Not excluded.
Hepatitis B	Exclusion is not necessary.	Not excluded.
Hepatitis C	Exclusion is not necessary.	Not excluded.
Herpes (cold sores)	Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions to be covered by dressing, where possible.	Not excluded.
Human immunodeficienc	Exclusion is not necessary.	Not excluded.

y virus infection (HIV)		
Impetigo	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing.	Not excluded.
Influenza and influenza like illnesses	Exclude until well.	Not excluded unless considered necessary by the Chief Health Officer.
Leprosy	Exclude until approval to return has been given by the Secretary.	Not excluded.
Measles	Exclude for at least 4 days after onset of rash.	Immunised contacts not excluded. Unimmunised contacts should be excluded until 14 days after the first day of appearance of rash in the last case. If unimmunised contacts are vaccinated within 72 hours of their first contact with the first case, or received NHIG within 144 hours of exposure, they may return to the facility.
Meningitis (bacteria - other than meningococcal meningitis)	Exclude until well.	Not excluded.
Meningococcal infection	Exclude until adequate carrier eradication therapy has been completed.	Not excluded if receiving carrier eradication therapy.
Mumps	Exclude for 5 days or until swelling goes down (whichever is sooner).	Not excluded.
Molluscum contagiosum	Exclusion is not necessary	Not excluded
Pertussis (whooping cough)	Exclude the child for 21 days after the onset of cough or until they	Contacts aged less than 7 years in the same room as the case who have not received three effective

	have completed 5 days of a course of antibiotic treatment.	doses of pertussis vaccine should be excluded for 14 days after the last exposure to the infectious case, or until they have taken 5 days of a course of effective antibiotic treatment.
Poliovirus infection	Exclude for at least 14 days from onset. Re-admit after receiving a medical certificate of recovery.	Not excluded.
Ringworm, scabies, pediculosis (head lice)	Exclude until the day after appropriate treatment has commenced.	Not excluded.
Rubella (German measles)	Exclude until fully recovered or for at least 4 days after the onset of rash.	Not excluded.
Salmonella, Shigella	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded.
Severe Acute Respiratory Syndrome (SARS)	Exclude until medical certificate of recovery is produced.	Not excluded unless considered necessary by the Chief Health Officer..
Shiga toxin or Verotoxin producing Escherichia coli (STEC or VTEC)	Exclude if required by the Chief Health Officer and only for the period specified by the Chief Health Officer	Not excluded.
Streptococcal infection (including scarlet fever)	Exclude until the child has received antibiotic treatment for at least 24 hours and the child feels well.	Not excluded.
Tuberculosis (excluding latent tuberculosis)	Exclude until receipt of a medical certificate from the treating physician stating that the child is not considered to be infectious.	Not excluded.

Typhoid fever (including paratyphoid fever)	Exclude until approval to return has been given by the Chief Health Officer.	Not excluded unless considered necessary by the Chief Health Officer.
Verotoxin producing *Escherichia coli* (VTEC)	Exclude if required by the Secretary and only for the period specified by the Secretary.	Not excluded.
Worms (Intestinal)	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded.

* More information can be obtained by calling 1300 651 160

10.7 Head Lice

Detection and treatment responsibilities for managing head lice are shared between: parents/guardians, schools and principals.

Parents/guardians have primary responsibility for detection and treatment of head lice. Parents/guardians should:

- regularly, preferably once a week, check for lice or eggs in the hair of:
  - their child
  - all household members
- notify the school:
  - if their child is affected
  - when treatment commenced
- not send their children to school with untreated head lice. as set out in 10.5

Kalianna School will:

- obtain parent/guardian consent to head lice inspections
- this will be provided to parents for completion as part of enrolment
- must be updated when:
  - guardianship or custody arrangements change for the student
  - parents/guardians no longer wish to consent to inspections
- applies for the duration the child is at the school.

Once consent is obtained, visual head lice checks will occur via:

- visual checks without physical contact:
- head lice inspections involving the examination of a student:

Students identified with live head lice will:

- have their parent/guardian contacted via phone to inform them of their

student's head lice
- be provided with a note and some information to take home to inform the parent/carer that their child may have head lice and how to treat them
- from time to time, if they have repeated infestations, be treated at school after parent consent via phone is gained
- excluded from school until the day after treatment has commenced, as set out in 10.5

Kalianna Staff will:

- always exercise sensitivity towards students and families with head lice
- maintain student confidentiality to avoid stigmatisation
- support and provide practical treatment advice to parents/guardians.

The Principal must additionally:

- alert parents/guardians of an infestation, particularly the parents of other students in the same class as the affected child/children
- use discretion about informing the school community about an infestation.

It should be noted that:

- The Department of Human Services indicates at any one time there are likely to be cases of head lice in most schools, so it is not advocated that the principal informs the whole school community each time head lice are detected.
- The Principal has the overall responsibility to exclude a student from school.
- The presence of eggs in the hair is not a cause for exclusion. There is no requirement for a general practitioner or local council to issue a clearance certificate in order for the child to return to school.

10.8 Blood Spills and Bleeding Students

Refer to Procedure for Medical Treatment 3.8

10.9 Syringes and Disposal

Refer to Procedure for Medical Treatment 3.9

11. Personal Care Plans

11.1 Guiding Principles

At times, students enrolled in Kalianna School may need assistance with their personal care needs. It is the duty of care of the school to support these students by:

- Assisting with infrequent and situational personal care needs
- Support student with long or short term personal care needs by preparing a

Student Health Support Plan (see Appendix A)

Personal care support is daily living support, usually provided by parents/guardians. Students may require the provision of assistance for:

- toileting and personal hygiene
- eating and drinking
- transfers and positioning.

Students may need personal care support due to:

- their age
- developmental delay
- medical conditions
- short term circumstances (such as a student wearing a plaster caste)
- long term circumstances (such as complex medical care needs).

As with all aspects of provision of health and personal care support, assisting a student with the management of personal hygiene routines must be conducted in a manner that maximises the student's safety, comfort, independence, dignity, privacy and learning. Management practices must also reflect occupational health and safety standards for the staff involved.

11.2 Continence Care

Incontinence is the lack of control over bowel or bladder functions and can be caused by:

- medical conditions such as
    - gastroenteritis, causing short term incontinence
    - lack of bowel nerve function, causing long term incontinence
- medical intervention, such as a side effect of medication
- development delay or physical and intellectual disability
- life experience such as behaviour associated with a history of abuse
- lack of learning opportunity

At Kalianna School, students with incontinence issues will be supported to ensure that their access to learning is not impeded. This will be documented in a Student Health Support Plan developed by staff, parents and care givers and medical and allied health professionals if required. Medical professionals will be asked to complete the Personal Care Medical Advice Form – Continence (see Appendix I) to inform the Student Health Support Plan.

11.3 Supervision of Eating and Drinking

Students may need supervision with eating and drinking when they:

- have difficulty with oral intake of food and drink and need assistance with the procedure
- are not able to manage the volume of intake necessary for their health and

wellbeing
- have complex medical needs such as:
    - taking food or fluid via a tube through their nose or directly into their stomach (via nasal or gastric tube feeding)
    - risk of aspiration (inhaling food or fluid into the lung) and require suctioning.

At Kalianna School, students with eating or drinking difficulties will be supported to ensure that their access to learning is not impeded. This will be documented in a Student Health Support Plan developed by staff, parents and caregivers and medical and allied health professionals if required. Medical professionals will be asked to complete the Personal Care Medical Advice Form – Oral Eating and Drinking (see Appendix J) to inform the Student Health Support Plan.

11.4 Acquired Brain Injury

Acquired brain injuries are injuries to the brain that:

- occur after birth resulting in deterioration of a person's cognitive, physical, emotional or independent functioning
- can be caused by trauma such as:
    - motor vehicle accidents
    - accidents and falls
    - assaults or physical abuse
- can have non-traumatic causes such as:
    - brain infections and inflammatory diseases
    - stroke
    - substance abuse
    - hypoxia or lack of oxygen to the brain.

It may take time to identify the full effects of ABI and how severely this will impact a person's life. The severity of ABI depends on the:

- length of Post Traumatic Amnesia (PTA) experienced. This is the time after injury when the patient is confused, disoriented and has poor memory
- level and length of coma.

The recovery rate is different for each person and usually continues for many years.

At Kalianna School, students with an ABI will be supported to ensure that their access to learning is not impeded. This will be documented in a Student Health Support Plan developed by staff, parents and caregivers and medical and allied health professionals if required. Medical professionals will be asked to complete the Personal Care Medical Advice Form – ABI (see Appendix K)to inform the Student Health Support Plan.

11.5 Mobility Impaired students

There are a range of reasons why a student may need assistance with mobility.

Students may need short or long term assistance:

- to be transferred, for example, from chair to toilet or from chair to vehicle
- to be positioned for comfort, safety and curriculum access.

The level of assistance varies according to the student's individual needs. Students may require:

- short-term (ie: while in plaster) or long-term support
- supervision for safety (ie: ensuring they remain upright in chairs)
- some assistance with transfers and positioning
- full assistance for transfers and positioning
- the support of two or more staff due to:
    - the student's size and weight
    - the movement required.

Medical specialist advice from a professional, such as a physiotherapist or medical practitioner should be sourced through a Personal Care Medical Advice Form – Transfer and Positioning (see Appendix M) that makes clear recommendations outlining:

- situations where assistance is required
- the level of assistance required
- type of transfer or positioning
- recommended equipment to assist with transfers and positioning
- recommended training for staff who are involved in assisting with transfers/positioning

Kalianna School will purchase and maintain equipment to alleviate problems associated with manual handling, transferring and positioning students, such as hoists and slings. This equipment should be:

- regularly checked
- maintained in good working order.
- used by staff who are trained and competent to use it properly

12. Sunsmart

12.1 Rationale for policy

Overexposure to UV during childhood and adolescence is a major factor in determining future skin cancer risk. Melanoma is the most common cancer in young Australians aged 13-24 years. Therefore it is essential at Kalianna School that we:

- create healthy environments and encourage appropriate behaviours to allow some UV exposure for vitamin D and minimise overexposure to reduce skin and eye damage and skin cancer risk
- encourage behaviour change through education and role-modelling
- protect staff and students from harm caused by overexposure to ultraviolet (UV) radiation.

12.2 Ultraviolet radiation

UV radiation:

- cannot be seen or felt
- comes directly from the sun and can also be scattered in the air and reflected by surfaces such as buildings, concrete, snow, and sand
- can pass through light clouds
- is measured by a UV index that
    - indicates the amount of UV radiation that reaches the earth's surface
    - categorises the level of risk from low (index of 1-2) to extreme (index of 11+)
- varies in intensity across the year
- is normally highest during school hours.

Staff and students are to use a combination of sun protection measures when UV index levels are 3 or higher and allow sun exposure when UV levels are below 3.

12.3 Healthy levels of exposure of UV radiation

- Too much exposure **to UV** radiation can cause:
- skin damage (this is not always immediately evident)
- sunburn
- skin cancer
- short-term eye complaints such as:
    - mild irritation
    - excessive blinking
    - swelling
- more serious eye damage over long periods such as:
    - cataracts
    - cancer of the conjunctiva
    - pterygium (benign growth of the conjunctiva)
    - ocular melanoma.

Too little exposure to UV radiation can lead to low vitamin D levels. Vitamin D is necessary as it:

- regulates calcium levels in the blood
- is vital for healthy bones, muscles, teeth and general health.
- healthy levels need to be maintained throughout the year.

12.4 SunSmart UV Alert - sun protection times

SunSmart's *UV Alert* is a tool that can be used to know when to protect against UV radiation and when sun protection is not needed. Kalianna School will

- access the SunSmart *UV Alert* app
- add the SunSmart free widget to the school website
- support students to help monitor UV alerts and report daily UV levels each day.

The following tables indicates the sun protection times

Time periods	Average UV level	Actions for staff and students
From May to August	The average UV levels in Victoria are below 3	• vitamin D levels need to be maintained • sun protection is not normally needed except: • -near highly reflective surfaces such as snow • -if outdoors for extended periods • -when the UV levels reaches 3 and above.
From September to April	The average UV levels in Victoria are above 3	• participate in SunSmart or UV programs • a combinations of sun protection measures as listed in 12.6

12.5 SunSmart programs

Kalianna School will implement a UV communication strategy for the whole school community that includes:

- Newsletters
- the school's website
- staff meetings, parent meetings and school assemblies and parent BBQs
- curriculum activities and school events
- information at enrolment.

The aims of this communication will be to encourage a healthy UV exposure balance to help with vitamin D and minimise skin and eye damage and skin cancer risk and to ultimately support students to be responsible for their own sun protection.

12.6 Sun protection measures

For health and safety of both staff and students, when the UV Index at Kalianna School is 3 or above, the following UV protection measures will be available.

Protection Measures		Notes
Clothing	The Kalianna School uniform includes sun-protective clothing such as: • loose, cool, closely-woven	It should be noted that singlet tops offer little protection and are not recommended.

	cotton fabrics • shirts with a collar and or higher necklines tops with elbow length long sleeves • longer style shorts and skirts	

Hats	Students and staff should be encouraged to:
	• wear hat styles which protect the face, neck and ears, including:
	  • broad brimmed
	  • legionnaire
	  • bucket.
		It should be noted that baseball caps and visors offer little protection and are not recommended.

Sunglasses	When practical, students and staff are encouraged to wear close-fitting, wrap-around sunglasses that: • meet the Australian Standard 1067 (Sunglasses: Category 2, 3 or 4) • cover as much of the eye area as possible.	
Sunscreen	Kalianna students and staff are reminded to: • apply SPF 30 or higher broad spectrum, water-resistant, fragrance-free sunscreen generously and evenly to clean, dry skin ideally 20 minutes before going outdoors • not rely on sunscreen alone as it does not provide full protection • re-apply sunscreen every two hours or more often when sweating • check and follow the 'use by' date stated on the packaging • store sunscreen below 30°C • develop strategies that remind students to apply	It should be noted that the risk of allergies and cross infection from sunscreen use is very small and as such the sharing of sunscreen should not be an area of considerable concern.

	sunscreen before going outdoors (e.g. reminder notices, sunscreen monitors, sunscreen buddies). Students should: • be able to apply their own sunscreen • be reminded to reapply sunscreen • have access to sunscreen for all outdoor activities e.g. include in first aid kit	

12.7 Shade

Kalianna School will continue to ensure that there is sufficient shelters and trees to adequately shade the school grounds as a sun protection strategy, particularly in the following spaces:

- in the courtyard
- in all playground areas including the primary play ground, the front of school, and the oval playground area
- in quiet spaces in the yard

Staff will also take into account the availability of shade when planning excursions and outdoor activities.

12.8 Role Modelling

As part of OH&S risk control and role modelling when the UV Index is 3 and above, staff are encouraged to:

- wear sun-protective hats, clothing and sunglasses for all outdoor activities and duties
- apply SPF 30 or higher broad-spectrum, water-resistant sunscreen
- seek shade whenever possible.

When the UV Index is 3 and above, families and visitors participating in and attending outdoor school activities should also be encouraged to use a combination of sun-protection measures.

12.9 Occupational Health and Safety

UV radiation, as a carcinogen, is a known workplace hazard for any staff working any part of their day outdoors. The Kalianna Leadership team may therefore make decisions after weighing up the OH&S risks with respect to the school environment including:

- recess and lunch time activities
- the availability of shade
- the modifying highly reflective surfaces
- activities being undertaken during higher risk times in Victoria between September and April (inclusive)
- outdoor programming schedules
- dress codes of staff and students

Appendices

Appendix A: Student Health Support Plan

STUDENT HEALTH SUPPORT PLAN - Cover Sheet

This plan outlines how the school will support the student's health care needs, based on health advice received from the student's medical/health practitioner. This form must be completed for each student with an identified health care need (not including those with Anaphylaxis as this is done via an Individual Anaphylaxis Management Plan – see **http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx**.

School:		Phone:
Student's name:		Date of birth:
Year level:		Proposed date for review of this Plan:
Parent/carer contact information (1)	Parent/carer contact information (2)	Other emergency contacts (if parent/carer not available)
Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
Home phone:	Home phone:	Home phone:

Work phone:	Work phone:	Work phone:
Mobile:	Mobile:	Mobile:
Address:	Address:	Address:
Medical /Health practitioner contact:		

Ideally, this plan should be developed based on health advice received via the appropriate Departmental Medical Advice form or in case of asthma, the Asthma Foundation's *School Asthma Action Plan*. Please tick the appropriate form which has been completed and attach to this Plan. All forms are available from the Health Support Planning Forms – School Policy and Advisory Guide

- ☐ ***General Medical Advice Form - for a student with a health condition***
- ☐ ***School Asthma Action Plan***
- ☐ ***Condition Specific Medical Advice Form – Cystic Fibrosis***
- ☐ ***Condition Specific Medical Advice Form – Acquired Brain Injury***
- ☐ ***Condition Specific Medical Advice Form – Cancer***
- ☐ ***Condition Specific Medical Advice Form – Diabetes***
- ☐ ***Condition Specific Medical Advice Form – Epilepsy***
- ☐ ***Personal Care Medical Advice Form - for a student who requires support for transfers and positioning***
- ☐ ***Personal Care Medical Advice Form - for a student who requires support for oral eating and drinking***
- ☐ ***Personal Care Medical Advice Form - for a student who requires support for continence***

List who will receive copies of this *Student Health Support Plan*:

1. Student's Family 2. Other: _____ 3. Other:_____

The following *Student Health Support Plan* has been developed with my knowledge and input

Name of parent/carer or adult/mature minor** student: _____Signature: _____Date: _____

**Please note: Mature minor is a student who is capable of making their own decisions on a range of issues, before they reach eighteen years of age. (See: Decision Making Responsibility for Students - School Policy and Advisory Guide).

Name of principal (or nominee): :_____Signature: _____Date:_____

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.

This Plan is to be completed by the principal or nominee in collaboration with the parent/carer and students.

How the school will support the student's health care needs

Student's name:	
Date of birth:	Year level:
What is the health care need identified by the student's medical/health practitioner?	
Other known health conditions:	
When will the student commence attending school?	
Detail any actions and timelines to enable attendance and any interim provisions:	

Support	What needs to be considered?	Strategy – how will the school support the student's health care needs?	Person Responsible for ensuring the support
Overall Support	Is it necessary to provide the support during the school day?	*For example, some medication can be taken at home and does not need to be brought to the school.*	

	How can the recommended support be provided in the simplest manner, with minimal interruption to the education and care program?	*For example, students using nebulisers can often learn to use puffers and spacers at school.*	
	Who should provide the support?	*For example, the principal, should conduct a risk assessment for staff and ask:* - *Does the support fit with assigned staff duties and basic first aid training (see the Department First Aid Policy www.education.vic.gov.au/hrweb/ohs/health/firstaid.htm)* - *If so, can it be accommodated within current resources?* - *If not, are there additional training modules available*	
	How can the support be provided in a way that respects dignity, privacy, comfort and safety and enhances learning?	*For example, detail the steps taken to ensure that the support provided respects the students, dignity, privacy, comfort and safety and enhances learning.*	
First Aid	Does the medical/health information highlight any individual first aid requirements for the student, other than basic first aid?	*Discuss and agree on the individual first aid plan with the parent/carer.* *Ensure that there are sufficient staff trained in basic first aid (see the Department's First Aid Policy www.education.vic.gov.au/hrweb/ohs/health/firstaid.htm)* *Ensure that all relevant school staff are informed about the first aid response for the student*	
Support	**What needs to be considered?**	**Strategy – how will the school support the student's health care needs?**	**Person Responsible for ensuring the support**
First Aid, cont'd	Does the school require relevant staff to undertake additional training modules not covered under basic first aid training, such as staff involved with excursions and specific educational programs or activities	*Ensure that relevant staff undertake the agreed additional training* *Ensure that there are interim provisions in place (whilst awaiting the staff member to receive training), to ensure the student's attendance at school.*	
Complex/ Invasive health care needs	Does the student have a complex medical care need?	*Is specific training required by relevant school staff to meet the student's complex medical care need?* *Can the training be obtained through the Department funded Schoolcare Program? If so, the School should complete the relevant referral forms which can be accessed by contacting the Royal Children's Hospital's Home and Community Care on 9345 6548.* *Consider if the following program/services are required: the Program for Students with Disabilities or Visiting Teachers Service.*	

Routine Supervision for health-related safety	Does the student require medication to be administered and/or stored at the School?	*Ensure that the parent/carer is aware of the School's policy on medication management.* *Ensure that written advice is received, ideally from the student's medical/health practitioner for appropriate storage and administration of the medication – via the Department's Medication Authority Form* *Ensure that a medication log or equivalent official medications register is completed by the person administering the taking of the medication.*	
	Are there any facilities issues that need to be addressed?	*Ensure the schools first aid room/sick bay and its contents provide the minimum requirements and discuss and agree if other requirements are needed in this room to meet the student's health care needs.* *Ensure the school provides sufficient facilities to assist a student who requires a wheelchair or other technical support. Discuss this with the parent/carer/student*	
	Does the student require assistance by a visiting nurse, physiotherapist, or other health worker?	*Detail who the worker is, the contact staff member and how, when and where they will provide support.* *Ensure that the school provides a facility which enables the provision of the health service*	
	Who is responsible for management of health records at the school?	*Ensure that information privacy principles are applied when collecting, using, retaining or disposing of personal or health information.*	
	Where relevant, what steps have been put in place to support continuity and relevance of curriculum for the student?	*For example, accommodation in curriculum design and delivery and in assessment for a student in transition between home, hospital and school; for a student attending part-time or episodically.*	
Personal Care	Does the medical/health information highlight a predictable need for additional support with daily living tasks?	*Detail how the school will support the student's personal care needs, for example in relation to nose blowing, washing hands, continence care* *Would the use of a care and learning plan for toileting or hygiene be appropriate?*	
Support	**What needs to be considered?**	**Strategy – how will the school support the student's health care needs?**	**Person Responsible for ensuring the support**

Other considerations	Are there other considerations relevant for this health support plan?	*For example, in relation to behaviour, such as special permission to leave group activities as needed; planned, supportive peer environment.* *For example, in relation to the environment, such as minimising risks such as allergens or other risk factors.* *For example, in relation to communication, is there a need to formally outline the communication channels between the school, family and health/medical practitioner?* *For example, is there a need for planned support for siblings/peers?*	

Appendix B: Asthma Management Plan

FOR USE WITH PUFFER AND SPACER

ASTHMA ACTION PLAN

ASTHMA AUSTRALIA

VICTORIAN SCHOOLS

Student's name:

DOB:

Confirmed triggers:

PHOTO

- ☐ Child can self-administer if well enough
- ☐ Child needs to pre-medicate prior to exercise
- ☐ Face mask needed with spacer

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

Adrenaline autoinjector prescribed: ☐ Y ☐ N Type of adrenaline autoinjector: _____

ASTHMA FIRST AID

For Severe or Life-Threatening signs and symptoms, call for emergency assistance immediately on Triple Zero "000"
Mild to moderate symptoms do not always present before severe or life-threatening symptoms

1. **Sit the person upright**
   Stay with the person and be calm and reassuring
2. **Give___separate puffs of Airomir, Asmol or Ventolin**
   Shake the puffer before each puff
   Puff 1 puff into the spacer at a time
   Take 4 breaths from spacer between each puff
3. **Wait 4 minutes**
   If there is no improvement, repeat step 2
4. **If there is still no improvement call emergency assistance**
   Dial Triple Zero "000"
   Say 'ambulance' and that someone is having an asthma attack
   Keep giving___puffs every 4 minutes until emergency assistance arrives

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

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

SIGNS AND SYMPTOMS	MILD TO MODERATE	SEVERE	LIFE-THREATENING
	• Minor difficulty breathing • May have a cough • May have a wheeze • Other signs to look for:	• Cannot speak a full sentence • Sitting hunched forward • Tugging in of skin over chest/throat • May have a cough or wheeze • Obvious difficulty breathing • Lethargic • Sore tummy (young children)	• Unable to speak or 1–2 words • Collapsed/exhausted • Gasping for breath • May no longer have a cough or wheeze • Drowsy/confused/ unconscious • Skin discolouration (blue lips)

Emergency contact name:

Work ph:

Home ph:

Mobile ph:

Plan prepared by Dr or Nurse Practitioner:

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

Date prepared:

Date of next review:

- Assemble spacer.
- Remove cap from puffer.
- Shake puffer well.
- Attach puffer to end of spacer.
- Place mouthpiece of spacer in mouth and ensure lips seal around it.
- Breathe out gently into the spacer.
- Press down on puffer canister once to fire medication into spacer.
- Breathe in and out normally for 4 breaths (keeping your mouth on the spacer).

1800 ASTHMA (1800 278 462) | **asthma.org.au**

© Asthma Australia 2022. This plan was developed as a medical document that can only be completed and signed by the patient's treating medical doctor or nurse practitioner and cannot be altered without their permission.

Appendix C: Action Plan for Allergic Reactions

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

ACTION PLAN FOR Allergic Reactions

Name: _____ Date of birth: DD / MM / YYYY

Confirmed allergen(s): _____

Family/emergency contact(s):

1. _____ Mobile: _____

2. _____ Mobile: _____

Plan prepared by: _____ (doctor or nurse practitioner) who authorises medications to be given, as consented by the patient or parent/guardian, according to this plan.

Signed: _____ Date: DD / MM / YYYY

Antihistamine: _____ Dose: _____

This plan does not expire but review is recommended by: DD / MM / YYYY

This ASCIA Action Plan for Allergic Reactions is for people who have allergies but do not have a prescribed adrenaline (epinephrine) injector.

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS:

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - **these are signs of anaphylaxis for insect allergy**

Mild to moderate allergic reactions may not always occur before anaphylaxis

ACTIONS:

- Stay with person, call for help
- **Give antihistamine - see above**
- Phone family/emergency contact
- Insect allergy - flick out sting if visible
- Tick allergy - seek medical help or freeze tick and let it drop off

SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

Watch for ANY ONE of the following signs:

- Difficult or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTIONS FOR ANAPHYLAXIS

1 LAY PERSON FLAT - do NOT allow them to stand or walk

- If unconscious or pregnant, place in recovery position - on left side if pregnant
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright

2 GIVE ADRENALINE INJECTOR IF AVAILABLE

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Transfer person to hospital for at least 4 hours of observation

IF IN DOUBT GIVE ADRENALINE INJECTOR

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

Adrenaline injector doses are:

- 150 mcg for children 7.5-20kg
- 300 mcg for children over 20kg and adults
- 300 mcg or 500 mcg for children and adults over 50kg

Instructions are on device labels.

ALWAYS GIVE ADRENALINE INJECTOR FIRST and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication (who may have been exposed to the allergen) has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

If adrenaline is accidentally injected, phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

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Appendix D: Action Plan for Anaphylaxis

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

ACTION PLAN FOR Anaphylaxis

Name: _____ Date of birth: DD / MM / YYYY

Confirmed allergen(s): _____

Family/emergency contact(s):

1. _____ Mobile: _____

2. _____ Mobile: _____

Plan prepared by: _____ (doctor or nurse practitioner) who authorises medications to be given, as consented by the parent/guardian, according to this plan.

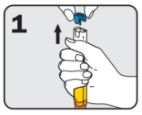
Signed: _____ Date: DD / MM / YYYY

Antihistamine: _____ Dose: _____

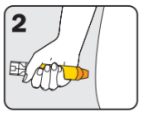
This plan does not expire but review is recommended by: DD / MM / YYYY

How to give adrenaline (epinephrine) injectors

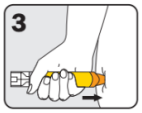
EpiPen®



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



2 Hold leg still and PLACE **ORANGE** END against outer mid-thigh (with or without clothing)



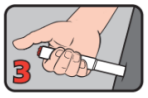
3 PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

EpiPen® is prescribed as follows:
EpiPen® Jr (150 mcg) for children 7.5-20kg
EpiPen® (300 mcg) for children over 20kg and adults

Anapen®

1 PULL OFF **BLACK** NEEDLE SHIELD

2 PULL OFF **GREY** SAFETY CAP from red button



3 PLACE NEEDLE END FIRMLY against outer mid-thigh at 90°angle (with or without clothing)

4 PRESS **RED** BUTTON so it clicks and hold for 3 seconds. REMOVE Anapen®

Anapen® is prescribed as follows:
Anapen® 150 Junior for children 7.5-20kg
Anapen® 300 for children over 20kg and adults
Anapen® 500 for children and adults over 50kg

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS:
- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - **these are signs of anaphylaxis for insect allergy**

Mild to moderate allergic reactions may not always occur before anaphylaxis

ACTIONS:
- Stay with person, call for help
- Locate adrenaline injector
- **Give antihistamine - see above**
- Phone family/emergency contact
- Insect allergy - flick out sting if visible
- Tick allergy - seek medical help or freeze tick and let it drop off

SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

Watch for ANY ONE of the following signs:
- Difficult or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTIONS FOR ANAPHYLAXIS

1 LAY PERSON FLAT - do NOT allow them to stand or walk
- If unconscious or pregnant, place in recovery position - on left side if pregnant
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright

2 GIVE ADRENALINE INJECTOR

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

IF IN DOUBT GIVE ADRENALINE INJECTOR

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

ALWAYS GIVE ADRENALINE INJECTOR FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication (who may have been exposed to the allergen) has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

If adrenaline is accidentally injected, phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

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Appendix E: Anaphylaxis Risk Checklist

Annual Risk Management Checklist

School Name:	
Date of Review:	
Who completed this checklist?	Name: Position:
Review given to:	Name Position
Comments:	

General Information

1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an Adrenaline Autoinjector?

2. How many of these students carry their Adrenaline Autoinjector on their person?

3. Have any students ever had an allergic reaction requiring medical intervention at school? ☐ Yes ☐ No

   a. If Yes, how many times?

4. Have any students ever had an Anaphylactic Reaction at school? ☐ Yes ☐ No

   a. If Yes, how many students?

   b. If Yes, how many times

5. Has a staff member been required to administer an Adrenaline Autoinjector to a student? ☐ Yes ☐ No

   a. If Yes, how many times?

6. Was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)? ☐ Yes ☐ No

SECTION 1: Individual Anaphylaxis Management Plans

7. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an Adrenaline Autoinjector have an Individual Anaphylaxis Management Plan and ASCIA Action Plan completed and signed by a prescribed Medical Practitioner? ☐ Yes ☐ No

8. Are all Individual Anaphylaxis Management Plans reviewed regularly with Parents (at least annually)? ☐ Yes ☐ No

9. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?

   a. During classroom activities, including elective classes ☐ Yes ☐ No

   b. In canteens or during lunch or snack times ☐ Yes ☐ No

   c. Before and after School, in the school yard and during breaks ☐ Yes ☐ No

   d. For special events, such as sports days, class parties and extra-curricular activities ☐ Yes ☐ No

   e. For excursions and camps ☐ Yes ☐ No

   f. Other ☐ Yes ☐ No

10. Do all students who carry an Adrenaline Autoinjector on their person have a copy of their ASCIA Action Plan kept at the School (provided by the Parent)? ☐ Yes ☐ No

    a. Where are they kept?

11. Does the ASCIA Action Plan include a recent photo of the student? ☐ Yes ☐ No

SECTION 2: Storage and Accessibility of Adrenaline Autoinjectors

12. Where are the student(s) Adrenaline Autoinjectors stored?

13. Do all School Staff know where the School's Adrenaline Autoinjectors for General Use are stored? ☐ Yes ☐ No

14. Are the Adrenaline Autoinjectors stored at room temperature (not refrigerated)? ☐ Yes ☐ No

15. Is the storage safe? ☐ Yes ☐ No

16. Is the storage unlocked and accessible to School Staff at all times? ☐ Yes ☐ No

Comments:

17. Are the Adrenaline Autoinjectors easy to find? ☐ Yes ☐ No

Comments:

18. Is a copy of student's Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) kept together with the student's Adrenaline Autoinjector? ☐ Yes ☐ No

19. Are the Adrenaline Autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student's names? ☐ Yes ☐ No

20. Has someone been designated to check the Adrenaline Autoinjector expiry dates on a regular basis? ☐ Yes ☐ No

Who?

……
……

21. Are there Adrenaline Autoinjectors which are currently in the possession of the School and which have expired? ☐ Yes ☐ No

22. Has the School signed up to EpiClub or ANA-alert (optional free reminder services)? ☐ Yes ☐ No

23. Do all School Staff know where the Adrenaline Autoinjectors and the Individual Anaphylaxis Management Plans are stored? ☐ Yes ☐ No

24. Has the School purchased Adrenaline Autoinjector(s) for General Use, and have they been placed in the School's first aid kit(s)? ☐ Yes ☐ No

25. Where are these first aid kits located?

26. Is the Adrenaline Autoinjector for General Use clearly labelled as the 'General Use' Adrenaline Autoinjector? ☐ Yes ☐ No

27. Is there a register for signing Adrenaline Autoinjectors in and out when taken for excursions, camps etc? ☐ Yes ☐ No

SECTION 3: Prevention Strategies

28. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis? ☐ Yes ☐ No

29. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why? ☐ Yes ☐ No

30. Have all School Staff who conduct classes with students with a medical condition that relates to allergy and the potential for anaphylactic reaction successfully completed an Anaphylaxis Management Training Course in the three years prior and participated in a twice yearly briefing? ☐ Yes ☐ No

31. Are there always sufficient School Staff members on yard duty who have successfully completed an Anaphylaxis Management Training Course in the three years prior? ☐ Yes ☐ No

SECTION 4: School Management and Emergency Response

32. Does the School have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff? ☐ Yes ☐ No

33. Do School Staff know when their training needs to be renewed? ☐ Yes ☐ No

34. Have you developed Emergency Response Procedures for when an allergic reaction occurs? ☐ Yes ☐ No

    a. In the class room? ☐ Yes ☐ No

    b. In the school yard? ☐ Yes ☐ No

c. In all School buildings and sites, including gymnasiums and halls? ☐ Yes ☐ No

d. At school camps and excursions? ☐ Yes ☐ No

e. On special event days (such as sports days) conducted, organised or attended by the School? ☐ Yes ☐ No

35. Does your plan include who will call the Ambulance? ☐ Yes ☐ No

36. Is there a designated person who will be sent to collect the student's Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan)? ☐ Yes ☐ No

37. Have you checked how long it will take to get to the Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) to a student from various areas of the School including: ☐ Yes ☐ No

a. The class room? ☐ Yes ☐ No

b. The school yard? ☐ Yes ☐ No

c. The sports field? ☐ Yes ☐ No

38. On excursions or other out of school events is there a plan for who is responsible for ensuring the Adrenaline Autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIAAction Plan) and the Adrenaline Autoinjector for General Use are correctly stored and available for use? ☐ Yes ☐ No

39. Who will make these arrangements during excursions?

……
……..

40. Who will make these arrangements during camps?

……
……..

41. Who will make these arrangements during sporting activities?

……
……..

42. Is there a process for post incident support in place? ☐ Yes ☐ No

43. Have all School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction and any other staff identified by the Principal, been briefed on:

a. The School's Anaphylaxis Management Policy? ☐ Yes ☐ No

b. The causes, symptoms and treatment of anaphylaxis? ☐ Yes ☐ No

c. The identities of students with a medical condition that relates to allergy and the potential for an anaphylactic reaction, and who are prescribed an Adrenaline Autoinjector, including where their medication is located? ☐ Yes ☐ No

d. How to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector? ☐ Yes ☐ No

e. The School's general first aid and emergency response procedures for all in-school and out-of-school environments? ☐ Yes ☐ No

f. Where the Adrenaline Autoinjector(s) for General Use is kept? ☐ Yes ☐ No

g. Where the Adrenaline Autoinjectors for individual students are located including if they carry it on their person? ☐ Yes ☐ No

SECTION 4: Communication Plan

44. Is there a Communication Plan in place to provide information about anaphylaxis and the School's policies?

a. To School Staff? ☐ Yes ☐ No

b. To students? ☐ Yes ☐ No

c. To Parents? ☐ Yes ☐ No

d. To volunteers? ☐ Yes ☐ No

e. To casual relief staff? ☐ Yes ☐ No

45. Is there a process for distributing this information to the relevant School Staff? ☐ Yes ☐ No

a. What is it?

46. How is this information kept up to date?

47. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments? ⬜ Yes ⬜ No

48. What are they?

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/Mature minor:**
Signature:
Date:

Appendix F: Epilepsy Management Plan

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** 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 (e.g. sensations)	
Triggers	
Can you please outline the known triggers (eg illness, elevated temperature, flashing lights)	
Seizure Types	
Please highlight which seizure types apply:	Please indicate typical seizure frequency and length, and any management that is a variation from standard seizure management.
☐ **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, eg chewing movement, fiddling with clothes (these are called automatisms)
- ☐ Confused and drowsy after seizure settles, may sleep.

☐ **<u>Generalised seizures</u>**

☐ **Tonic clonic**
- ☐ Not responsive
- ☐ Might fall down/cry out
- ☐ Body becomes stiff (tonic)
- ☐ Jerking of arms and legs occurs (clonic)
- ☐ Excessive saliva
- ☐ 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 recovery phase. May have a headache.

☐ **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 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	

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/Mature minor:**
Signature:
Date:

Appendix G: Diabetes Management Plan

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

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	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. ▽

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.
▽	▽
Severe Hypoglycaemia signs	If unconscious, maintain **A**irway, **B**reathing and **C**irculation 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

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

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
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	
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/Mature minor:**
Signature:
Date:

Appendix H: Medication Authority Form

MEDICATION AUTHORITY FORM

For students requiring medication to be administered at school

This form should, ideally, be signed by the student's medical/health practitioner for all medication to be administered at school but schools may proceed on the signed authority of parents in the absence of a signature from a medical practitioner.

- **For students with asthma**, Asthma Australia's *School Asthma Care Plan*
- **For students with anaphylaxis**, an ASCIA Action Plan for Anaphylaxis

Please only complete the sections below that are relevant to the student's health support needs. If additional advice is required, please attach it to this form.

Please note: wherever possible, medication should be scheduled outside school hours, eg medication required three times daily is generally not required during a school day – it can be taken before and after school and before bed.

Student Details

Name of school: _____

Name of student:_____**Date of Birth:** _____

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

Medication to be administered at school:

Name of Medication	Dosage (amount)	Time/s to be taken	How is it to be taken? (eg oral/topical/injection)	Dates to be administered
				Start: / / End: / / **OR** ☐Ongoing medication
				Start: / / End: / / **OR** ☐Ongoing medication

Medication delivered to the school

Please indicate if there are any specific storage instructions for any medication:

_____

_____

_____

Medication delivered to the school

Please ensure that medication delivered to the school:

- ☐ Is in its original package
- ☐ The pharmacy label matches the information included in this form

Supervision required

Students in the early years will generally need supervision of their medication and other aspects of health care management. In line with their age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management should be agreed to by the student and their parents/carers, the school and the student's medical/health practitioner.

Please describe what supervision or assistance is required by the student when taking medication at school (e.g. remind, observe, assist or administer):

_____

_____

_____

Monitoring effects of medication

Please note: School staff ***do not*** monitor the effects of medication and will seek emergency medical assistance if concerned about a student's behaviour following medication.

Privacy Statement

We collect personal and health information to plan for and support the health care needs of our students. Information collected will be used and disclosed in accordance with the Department of Education and Training's privacy policy which applies to all government schools (available at: http://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx) and the law.

Authorisation to administer medication in accordance with this form:

Name of parent/carer: _____

Signature: _____Date: _____

Name of medical/health practitioner:_____

Professional role:_____

Signature:_____Date:_____

Contact details:_____

Appendix I: Personal Care Medical Advice Form – Continence

Personal Care Medical Advice Form

for a student who requires support for CONTINENCE

This form is to be completed by the student's medical/health practitioner, such as a continence specialist providing a description of the personal care requirements. 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.
Please only complete those sections in this form which are relevant to the student's health support needs.

Name of School: _____

Student's Name:_____Date of Birth:_____

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

	Recommended support
Support time needed	
Information is needed about how frequently support is needed and for how long. The school will endeavour to minimise disruption to the student's socialization and participation: ☐ Indicates when toilet is needed ☐ May need to be changed ☐ Needs timing support ☐ Will always need to be changed/assisted ☐ Has continence aids (eg wears nappies or has catheter)	Generally support will take about _____ minutes _____times each day
Nature of support	
This student is likely to need support related to:	

Self-managed toileting (please describe): ☐ Reminders ☐ Timing ☐ Encouragement with fluid intake ☐ Other	**Assisted toileting** (please describe): ☐ Verbal prompts ☐ Supervision ☐ Encouragement with fluid intake ☐ Assistance with clothing ☐ Support to weight-bear ☐ Lifting onto toilet ☐ Assistance with washing hands ☐ Support for transfer ☐ Assistance with hygiene (eg cleaning body, menstruation management) ☐ Other	
Catheterisation (please describe) ☐ Allow for catheterisation at *(specify preferred times)* _____ ☐ *Self-managed* ☐ *Self-catheterises with supervision* ☐ Other (assisted catheterisation by trained school staff)		
Continence Supplies		
Equipment/continence aids that are required _____ Emergency contact for supplies _____		
Unplanned events		
*Are there any events, not covered in this form, which could happen infrequently? If so, please give details of what could be expected and how it could be managed (*e.g. student is usually continent but could wet or soil occasionally; can change and clean up independently but will need reassurance*)*		
		Recommended support

Catheter management	
If a person is self-managing his or her catheter and has difficulty, the relevant school staff will routinely: ▪ reassure the person and encourage him or her to relax and try again ▪ suggest the person wait for half an hour and come back and try again If the student is still not successful, the parent/emergency contact will be informed. A medical / health professional can be nominated by the family as the emergency contact person in this case. Staff will also contact the parent/emergency contact if the person displays signs of possible difficulties such as sweating, discomfort, is flushed or pale, or has a headache. If no-one can be contacted, an ambulance may be called to transport the person to medical assistance.	If required, outline different/additional steps in relation to the student's catheter management:

Additional information
Is there additional information required, such as further information regarding this student's continence care, general information about the student's health care needs:

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/Mature minor:**
Signature:
Date:

Appendix J: Personal Care Medical Advice Form – Oral Eating and Drinking

Personal Care Medical Advice Form

for a student who requires support for ORAL EATING AND DRINKING

This form is to be completed by the student's medical/health practitioner, such as a speech pathologist providing a description of the personal care requirements and first aid. 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. Please only complete those sections in this form which are relevant to the student's health support needs.

Name of School: _____

Student's Name: _____ Date of Birth: _____

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

Routine mealtime care needs	Recommended support
Level of support required	
Information is needed about how closely this student needs to be supervised and for how long. Staff will routinely allow a maximum of 15 minutes per meal unless otherwise negotiated. Level of supervision ☐ Requires constant supervision: high risk of choking/ aspiration ☐ Requires close supervision *(eg in small group)* ☐ Requires some assistance ☐ Independent **Time required for mealtime** (less for snacks) ☐ Less than 15 minutes ☐ About 15 minutes ☐ Negotiation if longer time recommended	
Type of support needed	

Preparation ☐ Additional hygiene/safety measures ☐ Positioning for comfort and safety ☐ Facilitation techniques *(eg jaw support)* ☐ Stimulation *(eg facial tapping/stroking)* ☐ Other	Equipment ☐ Clothes protector ☐ Modified utensils *(eg spoons)* ☐ Modified cup/plate etc ☐ Mirror ☐ Positioning equipment *(eg special chair/bolster)* ☐ Other	
Environmental changes ☐ Calm, consistent approach ☐ Positive reinforcement ☐ Minimal distractions ☐ Social settings ☐ Other	Positioning and care after mealtimes ☐ Need to remain upright for _____ minutes ☐ Need to check no food is left in the mouth/palate ☐ Teeth brushing ☐ Other	
Communication		
Communication by student ☐ Language ☐ Gesture ☐ Behaviour ☐ **Other**	Communication by supporting staff ☐ Offer choice (indicate how many) ☐ Simplify instructions/use keywords ☐ Use picture cues ☐ **Other**	
Preparation and presentation of food and drink		
The following information is provided as a safety check for staff. Food and drink should routinely be brought to school already prepared. If some preparation is requested of staff, this should be documented and negotiated with staff.		
Food consistency ☐ No restriction on consistency ☐ Modified Food portions ☐ No restriction on amount taken at a time ☐ Modified	Quantity ☐ Self-directed ☐ Minimum amounts required (please specify) Rate and order of intake ☐ Self-directed ☐ Direction/assistance required (please specify	

Routine mealtime care needs	Recommended support
Preparation and presentation of food and drink, cont'd	
Drink consistency ☐ No restriction on consistency ☐ Modified Drink portions ☐ No restriction on amount taken at each sip ☐ Modified Specific strategies required ☐ Spoon fed ☐ Finger food ☐ Drinking ☐ General (including behaviour management issues) ☐ Other	
Potential learning targets	
Mealtimes are considered a time for socialisation and enjoyment. Any specific learning targets (eg in relation to trying new foods and textures) are generally addressed at home. If some experimenting and promotion of new foods and tastes are requested, this should be documented and negotiated with staff. ☐ Increasing independence *(eg collects lunchbox, manages spoon)* ☐ Behaviour targets *(eg remains in seat for five spoonfuls)* ☐ Increasing intake *(eg eats half a sandwich at lunchtime)*	
Documented observations	
Upon negotiation, the school may assist the medical/health practitioner by documenting mealtime observations for the student. If this is required, please indicate what information is needed from the oral eating and drinking observations.	
General Supervision for safety	
Unless otherwise negotiated, the school staff member will stop the eating/drinking process if they observe any of the following signs: • Self-reported distress or show other signs of distress • Tried and unable to manager • Gagging or coughing with unusual frequency • Pale and sweaty • Watery/glassy eyes • Unusual change of voice • Gurgling wet rattle in the throat	

• Unable to cough, stops breathing (choking) If these signs are repeatedly observed, the student's medical/health practitioner should review this form and provide updated information.	

First Aid

If the student becomes ill or injury at school (such as if the student begins to choke), the school will administer first aid and call at ambulance if necessary. If you anticipate the student will require anything other than a standard first aid response, please provide details on the next page, so special arrangement can be negotiated.

Observable sign/reaction	First aid response

Appendix K: Personal Care Medical Advice Form – Transferring and Positioning

Personal Care Medical Advice Form

for a student who requires support for

TRANSFER AND POSITIONING

This form is to be completed by the student's medical/health practitioner, such as a physiotherapist providing a description of the personal care requirements. 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.
Please only complete those sections in this form which are relevant to the student's health support needs.

Name of School: _____

Student's Name:_____Date of Birth:_____

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

Situation and level of assistance required	**Type of transfer**	**Equipment**
CHAIR TO CHAIR		
(eg wheelchair to chair/commode) ☐ Independent ☐ Standby assistance required (for occasional interventions to support safety) ☐ Cooperative assistance - Indicate whether one, two or three adults to assist _____ ☐ Dependent - Indicate whether one, two or three adults to assist _____	☐ Top and tail ☐ Cradle ☐ Side to side ☐ Standing transfer ☐ Other ☐ Mechanical	☐ Hoist ☐ Sling *(specify below)* ☐ Side board ☐ Transfer plate/disc ☐ Other *(specify below)*
Comment *(eg in relation to communication, safety, comfort, dignity and learning)* _____ _____ _____ _____		
CHAIR TO GROUND/FLOOR		

☐ Independent ☐ Standby assistance required (for occasional interventions to support safety) ☐ Cooperative assistance - Indicate whether one, two or three adults to assist _____ ☐ Dependent - Indicate whether one, two or three adults to assist _____	☐ Top and tail ☐ Cradle ☐ Side to side ☐ Standing transfer ☐ Other ☐ Mechanical	☐ Hoist ☐ Sling *(specify below)* ☐ Side board ☐ Transfer plate/disc ☐ Other *(specify below)*

Comment *(eg in relation to communication, safety, comfort, dignity and learning)*

_____

_____

_____

_____

GROUND/FLOOR TO CHAIR		
☐ Independent ☐ Standby assistance required (for occasional interventions to support safety) ☐ Cooperative assistance Indicate whether one, two or three adults to assist _____ ☐ Dependent Indicate whether one, two or three adults to assist _____	☐ Top and tail ☐ Cradle ☐ Side to side ☐ Standing transfer ☐ Other ☐ Mechanical	☐ Hoist ☐ Sling *(specify below)* ☐ Side board ☐ Transfer plate/disc ☐ Other *(specify below)*

Comment *(eg in relation to communication, safety, comfort, dignity and learning)*

_____

_____

_____

_____

Situation and level of assistance required	**Type of transfer**	**Equipment**
CHAIR TO CHANGE TABLE		
☐ Independent ☐ Standby assistance required *(for occasional interventions to support safety)* ☐ Cooperative assistance - Indicate whether one, two or three adults to assist _____ ☐ Dependent - Indicate whether one, two or three	☐ Top and tail ☐ Cradle ☐ Side to side ☐ Standing transfer	☐ Hoist ☐ Sling *(specify below)* ☐ Side board ☐ Transfer

adults to assist _____	☐ Other ☐ Mechanical	plate/disc ☐ Other *(specify below)*

Comment *(eg in relation to communication, safety, comfort, dignity and learning)*

_____

_____

_____

_____

TOILETING TRANSFER		
☐ Independent ☐ Standby assistance required *(for occasional interventions to support safety)* ☐ Cooperative assistance - Indicate whether one, two or three adults to assist _____ ☐ Dependent - Indicate whether one, two or three adults to assist _____	☐ Top and tail ☐ Cradle ☐ Side to side ☐ Standing transfer ☐ Other ☐ Mechanical	☐ Hoist ☐ Sling *(specify below)* ☐ Side board ☐ Transfer plate/disc ☐ Other *(specify below)*

Comment *(eg in relation to communication, safety, comfort, dignity and learning)*

_____

_____

_____

_____

VEHICLE TO CHAIR		
☐ Independent ☐ Standby assistance required *(for occasional interventions to support safety)* ☐ Cooperative assistance - Indicate whether one, two or three adults to assist _____ ☐ Dependent - Indicate whether one, two or three adults to assist _____	☐ Top and tail ☐ Cradle ☐ Side to side ☐ Standing transfer ☐ Other ☐ Mechanical	☐ Hoist ☐ Sling *(specify below)* ☐ Side board ☐ Transfer plate/disc ☐ Other *(specify below)*

Comment *(eg in relation to communication, safety, comfort, dignity and learning)*

_____

_____

_____

Situation	
Please indicate education issues.	Please describe recommended care.
Mobility Indoors	
(eg use of sticks, stairs, steps, negotiation of furniture, varying floor coverings)	
Mobility Outdoors	
Special Equipment	
(eg wedge, standing frames)	
Other	
(eg information related to additional repositioning)	

Care Needs	**Recommended support**
Communication	
School staff will routinely talk the student through the transfer or positing, seeking his or her permission to the degree possible and maximising cooperation. Communication by supporting staff ☐ Simplify instructions/use key words ☐ Use picture cues ☐ Other Communication by student ☐ Language ☐ Gesture ☐ Behaviour ☐ Other	

Potential learning targets	
☐ Increasing independence *(eg take some weight on arms, transfer without assistance)* ☐ Behaviour targets *(eg comply with transfer)* ☐ Communication *(eg indicate preferred side for lift, indicate comfort)* ☐ **Other *(please specify)***	
Documented observations	
Upon negotiation, the school may assist the medical/health practitioner by documenting observations in relation to transfers and positioning of the student. If this is required, please indicate what information is needed from transfers and positioning observations.	
Additional information	
Is there additional information required, such as further information regarding transfers/positioning of the student; general information about the student's health care needs:	

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/Mature minor:**
Signature:
Date:

For more information and Resources

https://www2.education.vic.gov.au/pal/health-care-needs/policy
https://www2.education.vic.gov.au/pal/medication/policy
https://www2.education.vic.gov.au/pal/medical-advisory-service/overview
https://www2.education.vic.gov.au/pal/medication/policy
https://www2.education.vic.gov.au/pal/continence/policy
https://www2.education.vic.gov.au/pal/epilepsy-and-seizures/policy
https://www2.education.vic.gov.au/pal/health-care-needs/policy
https://www2.education.vic.gov.au/pal/allergies/policy
https://www2.education.vic.gov.au/pal/asthma/policy
https://www2.education.vic.gov.au/pal/mobility-assistance/policy
https://www2.education.vic.gov.au/pal/diabetes/policy
https://www2.education.vic.gov.au/pal/infectious-diseases/policy
https://www2.education.vic.gov.au/pal/heat-health/policy
https://www2.education.vic.gov.au/pal/medication/guidance
https://www2.education.vic.gov.au/pal/first-aid-students-and-staff/guidance/medication
https://www2.education.vic.gov.au/pal/epilepsy-and-seizures/guidance/storage-and-access-emergency-medication

Policy Review and approval

Policy last reviewed	October 2023
Approved by	Prinicpal
Next scheduled review date	October 2024