



Care Arrangements for ill students Policy



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| Document Owner | Assistant Principal |
| Approved By | WYPS School Council |
| Approval Authority SC President |  30/5/2022 |
| Approval by Principal or Nominee |  30/5/2022 |
| Review Date | 2023 |
| References | |

Purpose

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

Our School will:

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

Implementation:

- A sufficient number of staff (including at least 1 administration staff member) to be trained to a level 2 first aid certificate, and with up-to-date CPR qualifications.
- A first aid room will be available for use at all times. A comprehensive supply of basic first aid materials will be stored in a locked cupboard in the first aid room.
- First aid kits will be available in the first aid room.
- A supply of medication for teachers will be available in the locked first aid cupboard.
- Supervision of the first aid room will form part of the daily yard duty roster. Any children in the first aid room will be supervised by a staff member at all times.
- All injuries or illnesses that occur during class time will be referred to the administration staff who will manage the incident, all injuries or illnesses that occur during recess or lunch breaks, will be referred to the staff member on first aid duty.

- A confidential up-to-date register located in the first aid room will be kept of all injuries or illnesses experienced by children that require first aid.
- A supply of protective disposable gloves will be available for use by staff.
- Minor injuries only will be treated by staff members on duty, while more serious injuries-including those requiring parents to be notified or suspected treatment by a doctor - require a level 2 first aid trained staff member to provide first aid.
- Any children with injuries involving blood must have the wound covered at all times.
- **No medication including headache tablets will be administered to children without the express written permission of parents or guardians (or at Principal's discretion)**
- Parents of all children who receive first aid will receive a completed form indicating the nature of the injury, any treatment given, and the name of the first aid officer providing the first aid. For more serious injuries/illnesses, the parents/guardians must be contacted by the first aid officer so that professional treatment may be organised. Any injuries to a child's head, face, neck or back must be reported to parents/guardian.
- Any student who is collected from school by parents/guardians as a result of an injury, or who is administered treatment by a doctor/hospital or ambulance officer as a result of an injury, or has an injury to the head, face, neck or back, or where the Principal (or delegate) considers the injury to be greater than "minor" will be reported on Department of Education Accident/Injury form LE375, and entered onto CASES.
- Parents of ill children will be contacted to take the children home.
- Parents who collect children from school for any reason (other than emergency) must sign the child out of the school in a register maintained in the school office.
- All teachers have the authority to call an ambulance immediately in an emergency. If the situation and time permit, a teacher may confer with others before deciding on an appropriate course of action.
- All school camps will have at least one Level 2 first aid trained staff member at all times.
- A comprehensive first aid kit will accompany all camps, along with a mobile phone.
- All children attending camps or excursions will have provided a signed medical form providing medical detail and giving teachers permission to contact a doctor or ambulance should instances arise where their child requires treatment. Copies of the signed medical forms are to be taken on camps and excursions, as well as kept at school.
- All children, especially those with a documented asthma management plan, will have access to Ventolin and a spacer at all times.
- A member of staff is to be responsible for the purchase and maintenance of first aid supplies, first aid kits, ice packs and the general upkeep of the first aid room.
- At the commencement of each year, requests for updated first aid information will be sent home including requests for any asthma, diabetes and anaphylaxis management plans, high priority medical forms, and reminders to parents of the policies and practices used by the school to manage first aid, illnesses and medications throughout the year.

- General organisational matters relating to first aid will be communicated to staff at the beginning of each year. Revisions of recommended procedures for administering asthma, diabetes and anaphylaxis medication will also be given at that time.
- It is recommended that all students have personal accident insurance and ambulance cover.

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

Condition Specific Medical Advice Form

for a student with Diabetes

PLEASE SEE THE DIABETES PLAN FROM THE DOCTOR.

WHEN THIS IS NOT AVAILABLE PLEASE USE THE BELOW PLAN

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: **WOORI YALLOCK PRIMARY SCHOOL**

Student's Name: _____

Date of Birth: _____

MedicAlert Number(if relevant): _____

Review date for this form: _____

Signature Principal: _____

Signature First Aide Officer: _____

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

First Aid – Hypoglycaemia

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

Observable sign/reaction

First aid response

Mild / Moderate Hypoglycaemia signs

Give glucose immediately to raise blood glucose (e.g. half a can of 'normal' soft drink or fruit drink (with sugar), or 5 – 6 jelly beans.)

Wait and monitor for 5 minutes.

Mild / Moderate Hypoglycaemia signs

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 **Airway, Breathing and Circulation** while waiting for the ambulance.

Never put food/drink in mouth of person who is unconscious or convulsing. The only treatment is an injection of glucoses into the vein (given by doctor/paramedic) or an injection of Glucagon.

First Aid – Hypoglycaemia

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

| Observable sign/reaction | First aid response |
|--------------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

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

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.

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|---|
| <u>Authorisation:</u> |
| Name of Medical/health practitioner: |
| Professional Role: |
| Signature: Date: |
| Contact details: |

| |
|---|
| Name of Parent/Carer or adult/independent student**: |
| Signature: Date: |

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

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

Condition Specific Medical Advice Form

for a student with Epilepsy and seizures

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

Name of School: WOORI YALLOCK PRIMARY SCHOOL

Student's Name: _____

Date of Birth: _____

MedicAlert Number(if relevant): _____

Review date for this form: _____

Signature Principal: _____

Signature First Aide Officer: _____

| 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: | |
| <input type="checkbox"/> Partial (focal) seizures Which side of the brain is affected? _____ <input type="checkbox"/> Simple partial <input type="checkbox"/> Staring, may blink rapidly <input type="checkbox"/> Only part of the brain is involved (partial) <input type="checkbox"/> Person remains conscious (simple), able to hear, may or may not be able to speak <input type="checkbox"/> Jerking of parts of the body may occur <input type="checkbox"/> Rapid recovery <input type="checkbox"/> Person may have a headache or experience sensations that aren't real, such as sounds, flashing light, strange taste or smell, 'funny tummy' These are sometimes called an aura and may lead to other types of seizures. <input type="checkbox"/> Complex partial <input type="checkbox"/> Only part of the brain is involved (partial) <input type="checkbox"/> Person staring and unaware. Eyes may jerk but may talk, remain sitting or walk around <input type="checkbox"/> Toward the end of the seizure, person may perform unusual activities, eg chewing movement, fiddling with clothes (these are called automatisms) <input type="checkbox"/> Confused and drowsy after seizure settles, may sleep. <input type="checkbox"/> Generalised seizures <input type="checkbox"/> Tonic clonic <input type="checkbox"/> Not responsive <input type="checkbox"/> May be red or blue in the face <input type="checkbox"/> Might fall down/cry out <input type="checkbox"/> May lose control of bladder and/or bowel <input type="checkbox"/> Body becomes stiff (tonic) <input type="checkbox"/> Tongue may be bitten <input type="checkbox"/> Jerking of arms and legs occurs (clonic) <input type="checkbox"/> Lasts 1-3 minutes, stops suddenly or gradually <input type="checkbox"/> Excessive saliva <input type="checkbox"/> Confusion and deep sleep (maybe hours) when in recovery phase. May have a headache. <input type="checkbox"/> Absence <input type="checkbox"/> Vacant stare or eyes may blink/roll up <input type="checkbox"/> Lasts 5-10 seconds <input type="checkbox"/> Impaired awareness (may be seated) | Please indicate typical seizure frequency and length, and any management that is a variation from standard seizure management. |

| Description of the condition | Recommended support Please describe recommended care If additional advice is required, please attach it to this medical advice form |
|--|---|
| <input type="checkbox"/> Instant recovery, no memory of the event. <input type="checkbox"/> Myoclonic <input type="checkbox"/> Sudden simple jerk <input type="checkbox"/> May recur many times. | |
| Duration How long does recovery take if the seizure isn't long enough to require Midazolam? | |
| Person's reaction during and after a seizure Please comment | |
| Any other recommendations to support the person during and after a seizure | |
| Signs that the seizure is starting to settle | |

First Aid - Management of Seizures

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

| | "Major Seizures" | "Minor Seizures" |
|----------|---|---|
| | Convulsive seizures with major movement manifestations eg: tonic-clonic, tonic, myoclonic, atonic, and partial motor seizure | Seizures with staring, impaired consciousness or unusual behaviour e.g. complex partial seizures and absence seizures |
| 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: Immediately. Another seizure quickly follows The person remains unconscious after the seizures ceases The person has been injured You are about to administer diazepam or midazolam You are unsure The seizure happens in water The person is pregnant or a diabetic The person is not known to have epilepsy. | |
| 9 | Stay with the person and reassure them, they may be sleepy, confused or combative after the seizure | |

First Aid - Management of Seizures

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

| Observable sign/reaction | First aid response |
|--------------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

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

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

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