



STUDENT HEALTH POLICIES

This document contains Mount Clear College policies relevant to the students' health and includes:

- **First Aid Policy**
- **Anaphylaxis Policy**
- **Student Medication Policy**
- **Care Arrangements for Ill Students**
- **Accidents & Incidents Register**



MountClearCollege

Student Health (First Aid) Policy

1. Policy Statement

At any one time, a student can have a health condition or care need that could impact on their attendance and participation within school. This can require short or long-term first aid planning, supervision for safety, routine health and personal care support and occasionally complex medical care needs.

Mount Clear College has a responsibility to provide equitable access to education and respond to diverse student needs, including health care needs.

This policy has been developed to assist supporting student health within a school environment in a pro-active manner.

2. Guidelines

2.1 Generally, schools are unable to provide for ill and recuperating students. Teachers require students to have relatively stable health and clear care plans. For example, teachers can generally safely supervise a child with a chronic health condition such as asthma or diabetes where the individual's health is relatively stable and predictable and care recommendations have been documented and agreed to by the school.

If, however, a student has recently contracted an illness, is infectious and/or needs rest and recuperation, his or her care generally should be the responsibility of the family. The student should remain away from school until all signs/symptoms of the illness have gone, or the student is medically cleared by a doctor to return to school, this ensures the spread of infection is limited. For cases of Gastro or vomiting, 24 hours after symptoms cease is required.

2.2 The school principal will ensure that families understand and follow the school's health support procedures.

2.3 At the initial meeting with families, prior to acceptance of enrolment, the principal or their nominees should specifically ask whether a child or student has any individual emergency or routine health and personal care support needs, such as: predictable emergency first aid associated with, for example, anaphylaxis (severe, life threatening allergy), seizure management or diabetes routine supervision for health care safety, such as supervision of medication, personal care, including assistance with personal hygiene, continence care, eating and drinking transfers and positioning, and use of health related equipment.

2.4 Parents/carers are primarily responsible for the health and wellbeing of their children.

2.5 The school principal will ensure that allocation of staff duties anticipates predictable short and long-term health support needs of children and students in their care.

2.6 First Aid support in the school will be provided in response to unpredictable illness or injury.

3. Program

3.1.1 Mount Clear College has a procedure for supporting student health for students with identified health needs (**see Appendix A**) and will provide a basic first aid response to ill or injured students due to unforeseen circumstances (**see Appendix B**) and requiring emergency assistance.

3.1.2 The first-aider will seek emergency assistance in situations where his or her training is not sufficient to keep the student safe. First aid trained staff should not have to wait for parent or guardian approval to take this emergency action. Delays could compromise safety. The first-aider should, however, notify the child's or student's emergency contact person as a matter of priority to inform him or her of the action taken. School procedures should ensure parents/carers are aware of, and accept, this policy with its associated obligation for payment by families for ambulance and other emergency services.

3.2 It is the principal's responsibility to:

- alert families to the need for health care plans if children or students need individual support
- develop, monitor and review the school's health support procedures
- manage health support planning
- involve relevant teachers in health support planning
- manage confidentiality
- ensure staff training requirements are fulfilled
- ensure delegated staff responsibilities reflect duty statements
- ensure facility standards are met
- be aware of health care services which visit the school
- manage archives of documented information

(See Appendix A: Management of Students with Health Care Needs)

3.3.1 If there is an indication that individual health care may be needed by a student, the parent/carer should be asked to provide a health care plan, written by a relevant health professional. The care plan should document recommended emergency and routine health and personal care support for the child or student. Information about medical conditions (such as asthma, anaphylaxis, epilepsy and incontinence) must be provided by a doctor or, in some cases, a clinical nurse consultant working under the direction of a doctor. A therapist (for example, a physiotherapist or a speech pathologist) will usually document information about therapeutic such as transfers and positioning, and mealtime assistance.

3.3.2 Some students will have a health care need identified after enrolment. The same steps should be followed. An interim health support plan might be needed.

3.4 It is the responsibility of Parents/Guardians to:

- provide relevant health care information to the school
- keep emergency contact information up to date
- liaise with health professionals to provide care plans which create minimum disruption to learning programs
- assist children or students for whom they are responsible to self-manage, as much as is safe and practical, their health and personal care needs

(See Appendix A: Management of Students with Health Care Needs)

3.5 It is the responsibility of the school to:

- administer first aid for unpredictable illness or injury
- coordinate provision of first aid, including monitoring of equipment and facilities
- administer additional individual first aid support as negotiated (for example, administration of adrenalin via Epi-Pen for anaphylaxis)

Note: Invasive emergency care (such as administration of rectal diazepam for seizure management) is not a standard first aid procedure and so requires the involvement of a registered nurse.

(See Appendix B: First Aid Care Procedures)

3.6 The school will have a number of teachers and educational support staff trained in first aid able to treat unpredictable illness or injury.

One member of staff will be delegated the task of coordinating first aid procedures, supervising the first aid facility and maintaining and securing the contents of the school's first aid kit. A relief staff member will be nominated in the event of the absence of the first aid coordinator. Other staff with first aid qualifications will be identified and available to assist.

(See Appendix B: First Aid Care Procedures)

4. LINKS AND APPENDICES (Including Processes Related To This Policy)

The DET link which this policy relates to is:

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

Appendices which are connected with this policy are:

- Appendix A: Managing Students with Special Health Needs
- Appendix B: First Aid Care Procedures
- Appendix C: List of First Aiders at Mount Clear College (Pro Forma)

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Responsible for Review	Assistant Principal
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References	DET health policies (refer links)

Appendix A: Managing Students with Special Health Needs

Any information provided to the school on the enrolment form or separately, will be taken into account when planning the care of a student. Where students have a health care need identified after enrolment, the same steps will be followed.

1. When a need is identified

Parents/carers are required to provide accurate information about a student's routine health and personal care support needs, and emergency care needs, for example:

- predictable emergency first aid associated with an allergic reaction, seizure management, anaphylaxis, or diabetes
- routine supervision for health care safety, such as supervision of medication
- personal care, including assistance with personal hygiene, continence care, eating and drinking, transfers and positioning, and use of health-related equipment

Parents/carers and students will be informed when their information is being collected, about how their personal information will be used, and to whom it might be disclosed. For example, to school nurses, who will require access to relevant student information in order to provide appropriate services.

Medical advice is required from the student's medical/health practitioner if there is an indication that a student has a health care need. The medical advice received must provide relevant information about the student's medical condition and document recommended emergency and routine health and personal care support for the student. Ideally medical advice should be sought via the completion of a relevant Medical Advice Form.

For any student requiring medication while at school, the school must receive written directions ideally from the student's medical/health practitioner. This can be done via the completion of a Medication Authority Form or ASCIA Action Plan for anaphylaxis or School Asthma Action Plan for asthma (see Victorian Government Schools Reference Guide 4.5.3.1).

Information about the student's health condition as well as medication to be stored and supervised at school should be loaded in Cases21 Database.

The development of a Student Health Support Plan (refer DET School Policy and Advisory Guide/Health Support Planning Forms) will occur after the school has received the appropriate medical advice from the student's medical/health practitioner. If there is a time delay between receiving this advice and in the development of a Student Health Support Plan, the school may decide to put in place an interim support plan outlining an agreed interim strategy, e.g. call an ambulance immediately.

Plans should be developed when a student is to attend school excursions and camps. The parent/carer should complete a Confidential Medical Information for School Council Approved School Excursion (refer DET School Policy and Advisory Guide/Health Support Planning Forms).

2. The planning process

The Principal (or nominee) will organise a meeting to negotiate the development of a Student Health Support Plan (refer DET School Policy and Advisory Guide/Health Support Planning Forms) or in the case of Anaphylaxis an Anaphylaxis Management Plan with the student, student's parents/carers and other relevant school staff. This Support Plan should be guided by the medical advice received by the student's medical/health practitioner.

A range of questions may be asked in planning support. For example:

- Is it necessary to provide the support during the school day?
- How can the recommended support be provided in the simplest manner, with minimal interruption to the education and care program?
- Who should provide the support?
- Is this support complex and/or invasive?
- Is staff training required?
- Are there any facilities issues that need to be addressed?
- How can the support be provided in a way that respects dignity, privacy, comfort and safety and enhances learning?
- Are there any care and learning plans that should be completed for students with personal care support?

This information is provided to parents/guardians on a regular basis via the school newsletter.

Outside of these times the supervision and/or the collection of students is the responsibility of parents/guardians.

Sufficient teachers will be allocated by the school Principal or their nominee to supervise students during these periods

Should a teacher be called away to other duties alternate supervision arrangements will be put in place in consultation with the principal or their nominee.

3. Monitoring and review

A date for when medical advice received by the student's medical/health practitioner is to be reviewed (generally within twelve months) will be set.

Student Health Support Plans (refer DET School Policy and Advisory Guide/Health Support Planning Forms) will be annually reviewed in light of the updated information received by the student's medical/health practitioner. Student Health Support Plans will be reviewed earlier if the school or the student's parents/carers have concerns or if there is any change in the support.

It may be agreed that an annual review of the Student Health Support Plan may not require updated medical advice. It is up to the principal's discretion to request updated medical advice for a student.

Appendix B: First Aid Care Procedures

1. Introduction

The school has procedures for supporting student health for students with identified health needs (**see Appendix A**) and will provide a basic first aid response as set out in the procedure 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.

2. First Aid Officers

Consistent with the Department's First Aid Policy and Procedures, the school will allocate staff member/s as First Aid Officer/s. The names and details of First Aid Officers, including their level of first aid and first aid expiry dates, will be provided as soon as they are known.

2.1 First Aid Officer Duties

The First Aid Officer/s 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.
- Coordinating first aid duty rosters, maintaining first aid room, first aid kits and administration requirements.
- Providing first aid services commensurate with 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.
- Recording all first aid treatment. A copy of treatment provided shall be forwarded with the patient where further assistance is sought. The first aider should respect the confidential nature of any information given.
- Providing input on first aid requirements for excursions and camps.

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

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**.

3. Procedures for Medical Treatment

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.

All accidents and injuries will be recorded on the Department's injury management system on CASES21.

A Record of First Aid Treatment will be kept in First Aid and information recorded for all students treated in First Aid. Communication to parents regarding sickbay attendance can be accessed via Compass.

It is the policy of the school that all injuries to the head are reported to Principal Team Member in charge of First Aid and that parents/emergency contacts are contacted regarding the injury.

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:

- a pair of single use plastic gloves
- a bottle of sterile eye solution
- gauze and band-aids
- record book & pen

4. Assessment and First Aid Treatment of an Asthma attack

Asthma is a long-term lung condition. People with asthma have sensitive airways in their lungs which react to triggers, causing a 'flare-up'. In a flare-up, the muscles around the airway squeeze tight, the airways swell and become narrow and there is more mucus. These things make it harder to breathe.

An asthma flare-up can come on slowly (over hours, days or even weeks) or very quickly (over minutes). A sudden or severe asthma flare-up is sometimes called an asthma attack. 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.

Call an ambulance (dial 000), notify the student's emergency contact and follow the '*4 Step Asthma First Aid Plan*' while waiting for the ambulance to arrive. 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 no, Asthma Action Plan is available in the steps outlined below should be taken immediately.

The 4 Step Asthma First Aid Plan (displayed in Sick Bay and classrooms):

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/grey 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.

Assessment and First Aid Treatment of Anaphylaxis.

Anaphylaxis, or anaphylactic shock, is the most serious allergic reaction and can cause death without prompt medical attention. Within minutes of exposure to the allergen, or 'trigger', the person can have potentially life-threatening symptoms such as breathing difficulties.

Symptoms of a Mild to Moderate Reaction:

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth, abdominal pain, vomiting

Symptoms of a severe Allergic Reaction:

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

Anaphylaxis First Aid

Refer to Individual ASCIA Action Plans for Anaphylaxis or the Mount Clear College Anaphylaxis Policy.
Call '000'.

Assessment and First Aid Treatment of Allergic Reaction.

When a person who is allergic to a particular allergen comes into contact with it, an allergic reaction occurs. This begins when the allergen (for example, pollen) enters the body, triggering an antibody response. The most common causes of allergic reactions in Australia are:

- dust mites
- pollen (grass, weed or tree)
- foods such as peanuts, cow's milk, soy, seafood and eggs
- cats and other furry or hairy animals such as dogs, horses, rabbits and guinea pigs
- insect stings and tick bites
- moulds
- medicines

Similar reactions can occur to some chemicals and food additives, however if they do not involve the immune system, they are known as "adverse reactions" rather than "allergy".

Allergic Reaction First Aid

Follow the students individual Allergic Reaction Plan

Remove student from area where they are in contact with allergen.

Call parents if mild reaction.

Call '000' if severe.

Assessment and First Aid Treatment of Head Injuries.

A head injury is any trauma that injures the scalp, skull or brain; these can range from minor bump on the skull to a serious brain injury. Head injuries can be either closed (there has been a hard blow to the head but the skull is not broken) or open (an object has broken the skull and entered the brain).

Head Injuries include:

- Concussion, the most common type of traumatic brain injury, in which the brain is shaken,
- Scalp wounds,
- Skull fractures.

Head injuries may cause bleeding in the brain tissue, and the layer that surrounds the brain. In serious head injuries the spinal cord may also be involved.

Common causes of head injury include:

- Accidents at home, school, work, outdoors while playing sports
- Falls
- Physical assaults
- Traffic accidents

Most of these injuries are minor because the skull protects the brain. However, some injuries are severe enough to require a stay in hospital.

Signs and Symptoms of a Head Injury

The symptoms of a head injury can occur immediately, or develop slowly over several days. Even if the skull is not fractured, the brain can bang against the inside of the skull and be bruised. The head may look fine but problems may arise from bleeding or swelling inside the skull.

Head injuries and brain trauma can cause changes in the brain's function. Concussion is a mild brain injury, but symptoms of concussion can range from mild to severe.

Signs:

- Loss of consciousness
- Uncoordinated, disorientated
- Incoherent or slurred speech
- Not aware of events, confused
- Memory loss
- Dazed or stunned, vacant stare
- Seizure (fit or spasm of arms, legs or face)
- Blood or clear fluid coming from the ears or nose
- Neck stiffness
- Numbness, tingling, pins and needles, or weakness in your arms or legs

Symptoms:

- Dizziness, headache or 'pressure' in the head
- Difficulty concentrating
- Sensitivity to light and/or noise
- Ringing in the ears
- Tired, fatigued, difficulty staying awake
- Sick, nauseous, vomiting
- Blurred or double vision
- A high temperature, which may indicate the presence of infection

It is important to seek medical advice after a minor head injury if your child has any of these signs or symptoms.

Head injury First Aid

All children with a head injury should be sent to First Aid or have First Aid called to attend them. For a mild head injury, no treatment may be needed, cold compresses can be applied to swollen areas to improve comfort and minimise swelling. Children will be monitored for a period and may be able to return to class, or may need to be picked up for further monitoring at home. No classes with physical activity shall be undertaken by these students for the remainder of the day. In any case of head injury, every effort will be made to contact the parent/carer or an emergency contact, to inform them of the injury so the child can be monitored at home.

In any case where it is deemed the head injury received by a student is an emergency situation, an ambulance will be called to Mount Clear College to convey the student to hospital.

Assessment and First Aid Treatment of Diabetes.

When someone has diabetes, their body can't maintain healthy levels of glucose in the blood. Glucose is a form of sugar which is the main source of energy for our bodies. 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 it is not produced in sufficient amounts by the body. 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 resulting in high blood glucose levels. After eating, the glucose is carried around your body in your blood. Your blood glucose level is called glycaemia. Blood glucose levels can be monitored and managed through self care and treatment.

Students with Diabetes need a Diabetes School Action Plan.

Hypoglycaemia

Hypoglycaemia, sometimes called a hypo or low, is a condition that occurs when a person's blood glucose level (BGL) has dropped too low. It is important to treat a hypo quickly to stop the BGL from falling even lower and the person becoming seriously unwell.

Hypoglycaemia can make it hard to concentrate and carry out everyday activities. Hypoglycaemia is much more common in people who take insulin or certain other glucose lowering tablets, however it can occur in people with diabetes who are not using insulin.

Hypoglycaemia can be caused by one or a number of events, such as:

- Too much insulin or other glucose lowering diabetes tablets
- Delaying or missing a meal
- Not eating enough carbohydrate
- Unplanned physical activity*
- More strenuous exercise than usual*
- Drinking alcohol - the risk of hypoglycaemia increases, the more alcohol you drink

*Hypoglycaemia may be delayed for 12 hours or more after exercise

Symptoms

Symptoms of hypoglycaemia vary from person to person. Early signs and symptoms may include:

- Shaking, trembling or weakness
- Sweating
- Paleness
- Hunger
- Light headedness
- Headache
- Dizziness
- Pins and needles around mouth
- Mood change

If the BGL continues to drop, more serious signs and symptoms may occur.

Later signs and symptoms of hypoglycaemia may include:

- Lack of concentration/ behaviour change
- Confusion
- Slurred speech
- Not able to treat own hypo
- Not able to drink or swallow
- Not able to follow instructions
- Loss of consciousness
- Fitting/seizures

Hypoglycaemia can be classified as mild or severe. A mild hypo occurs when a person can treat their own hypo. A severe hypo occurs when a person needs help from someone else to treat their hypo.
Hyperglycaemia

Hyperglycaemia means high blood sugar level. This can develop over many hours or days. It is possible for your blood sugar level to be high without you realising. Many people do not experience the symptoms of hyperglycaemia until their blood sugar levels are extremely high. Although their blood contains too much sugar, they cannot tell unless they do a finger prick test.

Symptoms

- Feeling excessively thirsty
- Frequently passing large volumes of urine
- Feeling tired
- Blurred vision
- Infections (e.g. thrush, cystitis, wound infections)
- Weight loss.

Common Causes

- Sickness
- Infection
- Stress
- Too much carbohydrate food at once
- Not enough insulin or diabetes tablets
- Other tablets or medicines.

Diabetes First Aid

Refer to Individual Diabetes School Action Plans for the student.

Call '000' if unconscious or for a severe Hypo.

Assessment and First Aid Treatment of Traumatic Amputations.

Traumatic amputation is the accidental severing of some or all of a body part. A complete amputation totally detaches a limb or appendage from the rest of the body. In a partial amputation, some soft tissue remains attached to the site.

Traumatic Amputations First Aid Treatment.

- Place dressing over stump of amputated body part and bandage tightly to stem bleeding. Keep pressure applied to stem bleeding, do not undress if bleeding through dressing, apply another dressing over the first.
- Place amputated part in air tight container/bag (don't wash).
- Place bag/container directly onto activated disposable ice pack.
- Call '000' for ambulance.
- Call for First Aid to attend student, do not move student, except if unsafe to stay.
- Contact parents/carers.

Medication Management

All medications, including prescription and non-prescription medications such as Panadol, which can be purchased over the counter without prescription are only to be administered by First Aid. Medication will only be administered with explicit permission from parents/carers in writing or in the case of an emergency, with permission of a medical practitioner or under instruction from '000'. Parents or a medical practitioner are required to complete a Medication Authority form. Medication should be in original packaging and the expiry date must be intact. Prescriptions should have the chemists label on them detailing the student's name and dosage.

A Medication Authority can be completed for various reasons including short or long term medications, Panadol for period pain, dental treatments etc. Medication Authority forms are not required for students with individual Action Plans for conditions including Diabetes, Asthma, Anaphylaxis or Allergic Reactions.

5. First Aid Kit Contents

Consistent with the Department's First Aid Policy and Procedures the school will maintain a First Aid Kit that includes the following items:

- an up-to-date first aid book – examples include:
 - First aid: Responding to Emergencies, Australian Red Cross
 - Australian First Aid, St John Ambulance Australia (current edition)
 - Staying Alive, St John Ambulance Australia, (current edition)
- wound cleaning equipment
 - gauze swabs: 100 of 7.5 cm x 7.5 cm divided into small individual packets of five
 - sterile saline ampoules: 12 x 15 ml and 12 x 30 ml
 - disposable towels for cleaning dirt from skin surrounding a wound
- wound dressing equipment
 - sterile, non-adhesive dressings, individually packed: eight 5 cm x 5 cm, four 7.5 m x 7.5 m, four 10 cm x 10 cm for larger wounds

- combine pads: twelve 10 cm x 10 cm for bleeding wounds
- non-allergenic plain adhesive strips, without antiseptic on the dressing, for smaller cuts and grazes
- steri-strips for holding deep cuts together in preparation for stitching
- non-allergenic paper type tape, width 2.5 cm–5 cm, for attaching dressings
- conforming bandages for attaching dressings in the absence of tape or in the case of extremely sensitive skin
- six sterile eye pads, individually packed
- bandages
 - four triangular bandages, for slings, pads for bleeding or attaching dressings, splints, etc
 - conforming bandages: two of 2.5 cm, two of 5 cm, six of 7.5 cm and two of 10 cm – these may be used to hold dressings in place or for support in the case of soft tissue injuries
- lotions and ointments
 - cuts and abrasions should be cleaned initially under running water followed by deeper and more serious wounds being cleaned with sterile saline prior to dressing. Antiseptics are not recommended
 - any sun screen, with a sun protection factor of approximately 15+
 - single use sterile saline ampoules for the irrigation of eyes
 - creams and lotions, other than those in aqueous or gel form, are not recommended in the first aid treatment of wounds or burns
 - asthma equipment (which should be in all major portable kits, camping kits, sports kits, etc)
 - blue/grey reliever puffer (e.g. Ventolin) that is in date
 - spacer device
 - alcohol wipes

Other equipment includes:

- single use gloves – these are essential for all kits and should be available for teachers to carry with them, particularly while on yard duty
- blood spill kits
- vomit spill kits
- one medicine measure for use with prescribed medications
- disposable cups
- one pair of scissors (medium size)
- disposable splinter probes and a sharps container for waste
- disposable tweezers
- one teaspoon
- disposable hand towels
- pen-like torch, to measure eye-pupil reaction
- two gel packs, kept in the refrigerator, for sprains, strains and bruises or disposable ice packs for portable kits
- adhesive sanitary pads, as a backup for personal supplies
- flexible ‘sam’ splints for fractured limbs (in case of ambulance delay)
- additional 7.5 m conforming bandages and safety pins to attach splints
- blanket and sheet, including a thermal accident blanket for portable kits
- germicidal soap and nail brush for hand-cleaning only
- one box of paper tissues
- paper towel for wiping up blood spills in conjunction with blood spill kit

- single use plastic rubbish bags that can be sealed, for used swabs and a separate waste disposal bin suitable for taking biohazard waste (**note:** Biohazard waste should be burnt and there are several companies that will handle bulk biohazard waste)
- ice cream containers or emesis bags for vomit

6. Emergency Telephone Numbers

Poisons Information Service	13 11 26
Ambulance	000
Local Hospital (Ballarat Health Services)	(03) 5320 4000



Care arrangements for ill students policy

Rationale: Mount Clear College acknowledges the importance of providing continuity of education for students with health support needs.

For students with health support needs, Mount Clear College will:

- ensure continuity and relevance of the education program
- design curriculum that allows delivery and assessment for students who need to:
 - transition between hospital, home and school
 - attend school part-time or episodically
- support the student's connection to school, including developing and maintaining social networks.

Mount Clear College will support transition and long term planning for ill students by adopting the DET requirements clearly stated at:

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



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Student Medication Policy

Rationale

Many students attending school need medication to control a health condition. It is necessary that teachers (as part of their duty of care) assist students, where appropriate to take their medication. The school will ensure the students privacy and confidentiality, and will exercise sensitivity towards this issue to avoid any stigmatisation.

Aims

- Mount Clear College will have an administration of medication procedure which outlines the school's processes and protocols regarding the management of prescribed and non-prescribed medication to students at this school.
- The student's parent/carer may wish to supply medication to be administered at the school. To minimise the quantity of medication held at the school, it should be considered if the medication can be taken outside of the school day, for example medication required three times a day may be able to be taken before and after school, and before bed.
- Students will generally need supervision of their medication and other aspects of health care management. The school in consultation with parents/carers and the student's medical/health practitioner may consider the age and circumstances by which the student could be permitted to self-administer their medication, however this may only occur in very rare circumstances

Guidelines

- All medications, both prescription as well as non-prescription medication, including analgesics, such as paracetamol and aspirin and other medications which can be purchased over the counter without a prescription, are to be administered by school personnel following the processes and protocols set out in the Medication Management Procedures (see Appendix A) of the school. In order to ensure that the interests of staff, students and parents/guardians/approved persons are not compromised, medication will only be administered with explicit written permission from parent/guardian/approved person, or in the case of an emergency, with permission of a medical practitioner.
- When administering prescription medication on behalf of parent/carers, the written advice received must be supported by specific written instructions on the original medication bottle or container, such as that on the Pharmacists label noting the name of the student, dosage and time to be administered. Analgesics can mask signs and symptoms of serious illness or injury and will not, therefore, be administered by the school, as a standard first aid strategy. Therefore analgesics such as aspirin and paracetamol will not be stored in the school's first aid kit.
- The Principal (or nominee) administering medication needs to ensure that the right child has the right medication and the right dose by the right route (for example, oral or inhaled at the right time and that they write down what they have observed and that permission to administer medication has been received from the child's parents/guardians/approved persons or a medical practitioner.
- The Principal or their nominee will inform teachers of those students in their charge who require medication to be administered at the school. The teachers may be required to release students at prescribed times so they may receive their medications from the principal or nominee.
- The Mount Clear College register will be completed by the person administering the taking of medication.
- The school in consultation with parents/carers and the student's medical/health practitioner will consider the age and circumstances by which the student could be permitted to self-administer their

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

Links and Appendices:

Links which are connected with this policy are:

- <http://www.education.vic.gov.au/school/principals/spag/health/Pages/medication.aspx>
- <http://www.education.vic.gov.au/school/principals/spag/health/Pages/supportplanning.aspx>
- <http://www.asthma.org.au/Default.aspx?tabid=102>

Appendices which are connected with this policy are:

- Appendix A: Medication Authority Form
- Appendix B: Medication Administration Log

Note: It is at the Principal's discretion to agree for the student to carry and manage his/her own medication.

Communication and Evaluation

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

Appendix A – Medication Authority Form



Medication Authority Form

for a student who requires medication whilst at school

This form should be completed ideally by the student's medical/health practitioner, for all medication to be administered at school. For those students with asthma, an Asthma Foundation's *School Asthma Action Plan* should be completed instead. For those students with anaphylaxis, an ASCIA *Action Plan for Anaphylaxis* should be completed instead. These forms are available from the Australasian Society of Clinical Immunology and Allergy (ASCI):

<http://www.allergy.org.au/health-professionals/ascia-plans-action-and-treatment>.

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: _____

Please Note: wherever possible, medication should be scheduled outside the school hours (eg. medication required 3 times a day is generally not required during a school day: it can be taken before and after school and before bed.

Medication required:

Name of Medication/s	Dosage (amount)	Time/s to be taken	How is it to be taken? (eg orally/topical/injection)	Dates
				Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication
				Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication
				Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication
				Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication

Medication Storage

Please indicate if there are specific storage instructions for the 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.

Self-management of medication

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 follow agreement by the student and his or her parents/carers, the school and the student's medical/health practitioner.

Please advise if this person's condition creates any difficulties with self-management, for example, difficulty remembering to take medication at a specified time or difficulties coordinating equipment:

.....

.....

.....

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

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:

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

**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](#)).

Appendix B: Medication Administration Log

Medication Administration Log

This log has been developed as a suggestion only, to assist the Principal/or nominee when administering the taking of medication. This log, or equivalent official medications register), should be completed by the person administering the taking of medication.

Name of student: _____ Year level: _____
Family Name (please print) First Name (please print)

Date <small>(Day, month and year)</small>	Time	Name of Medication	Tick When Checked (✓)				Comments	Name of staff <small>(Please print & initial)</small>
			Right Child	Right Medication	Right Dose	Right Route <small>(oral/inhaled)</small>		

Record for cross-checking: It is recognised that in many specialist school settings medication is administered using a system of two staff members checking the information noted on this log. This is an appropriate added safety measure and seen as good practice.

Name of Medication:	Prescribed Dose: