



ST ANDREWS
CHRISTIAN COLLEGE

First Aid Policy and Procedures



First Aid Policy and Procedures

Preamble

All policy, protocols and procedures flow from the St Andrews Christian College Mission Statement:

"To educate our students so that they are well skilled, understand life on the basis of biblical truth, and are motivated to walk with God and serve Him in their lives, so that they will be a positive Christian influence in the world."

Policy Document Information

Title:	First Aid Policy and Procedures
Authors:	C. Pajor; St Andrews Christian College Staff
Acknowledgements:	Melbourne Girls' College Parade College Independent Schools Victoria: <i>Compliance Framework – First Aid St John Ambulance: DRSABCD Action Plan DET: <i>School Policy & Advisory Guide</i> https://www2.education.vic.gov.au/pal/ epilepsy-and-seizures/policy http://epilepsysmartschools.org.au/reso urces/government-policy/ Epilepsy Foundation's</i>
Purpose:	To provide policy and direction for all the College Community.
Related Documents:	<i>First Aid Handbook – Australian Red Cross First Aid in the Workplace - Compliance Code (Version 1, September 2008) – WorkSafe Victoria <i>Ministerial Order 90</i> College Documents: Anaphylaxis Management Policy 2020 Drugs & addictive substances Policy Excursions and Camps Protocols and Procedures OH&S Policy</i>

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1. Emergency and Support Telephone Numbers

St Andrews Christian College will seek to actively cooperate with external agencies in the provision of health care for students, parents and staff at the College. In the first instance staff should consult with the Principal or a member of the ELT before contacting an external agency. However if a staff member reasonably believes such a delay could place a student or adult at risk, they are to exercise their own judgment.

There are a number of external agencies, which provide specialist professional advice and care. Staff and parents are directed to the numbers listed below.

Police / Fire / Ambulance	000
Poisons Information Centre	131 126
Nurse-On-Call	1300 60 60 24
Kids Help Line	1800 55 1800
Asthma Australia	1800 278 462 (1800 ASTHMA)
Department of Health and Aged Care (Australian Government)	1800 020 103
Department of Health (Victoria)	1300 650 172

Nurse-On-Call provides immediate, expert health advice from a registered nurse and is available 24 hours a day, 7 days a week from any land line in Victoria for the cost of a local call.

2. Rationale

St Andrews Christian College is committed to providing necessary first aid to students, staff, contractors and visitors. The College trains all staff to have First Aid qualifications as per Departmental Guidelines.

The College strives to maintain accurate and current records of all students with identified medical conditions. Regular updates of medical conditions are sought from parents / guardians to ensure the accuracy of information. Although the College seeks to maintain this, it is the responsibility of parents / guardians to make sure that the College is provided with sufficient current information, documentation and relevant medication regarding the student's in Operoo.

First aid is not to diagnose or treat the condition, nor is it to administer medication other than that which is prescribed on approved Action / Management Plans. For further information regarding the administration of medication at school, refer to St Andrews Christian College *Drugs and Addictive Substances Policy*.

3. Definition

First aid involves emergency treatment and support to preserve life. This is done through clearing and maintaining open airways, restoring breathing or circulation and monitoring wellbeing until the person recovers or is transferred into the care of medical personnel. It includes protecting a person, particularly if they are unconscious, preventing a condition from worsening and promoting recovery.



4. Objectives

- To provide a basic first aid service to students, staff, contractors and visitors.
- To ensure the College is equipped to respond **promptly** and safely to potential medical emergencies, to **manage the process** and to meet the requirements of their duty of care.
- Providing necessary resources and training to assist staff to effectively respond to initial treatment in the event of sudden illness or injury, enabling them to respond safely, meet basic first aid needs and provide reassurance, comfort and short-term supervision to staff, students or visitors at the College or on approved activities.
- To encourage preventative measures which include the development of procedures, promoting awareness and to supply relevant equipment / materials to minimise risk in emergency situations.

5. Guidelines

- Staff must be familiar with the College's *First Aid Policy and Procedures*. They must observe their duty of care to students by providing first aid treatment within the limits of their skill, expertise, training and responsibilities. Casual Relief Teachers (CRTs) must familiarise themselves with the basic protocol, and always ask a permanent staff member when unsure.
- A sufficient number of staff members should be trained in first aid under the provisions of the Occupational Health & Safety Act 2004 and the ISV Compliance Framework. The Principal should ensure relevant staff receive additional training to meet student health needs as applicable.
- The College should provide adequate first aid facilities, equipment & supplies.
- Parents / guardians of all students with known medical issues or injuries must inform the College in writing, through Operoo and provide relevant medication and equipment to the College.
- Relevant staff members are responsible to ensure that College first aid equipment is maintained and that medical records are continually updated to reflect current details provided by parents / guardians.
- Parents should be advised where there is a significant risk element in an activity (for example: sports, bush walking, rock climbing) and their consent given in writing for the students' participation. Staff should not offer medical advice to parents. Following any illness or injury to a student, parents should be advised to obtain qualified medical advice.
- Staff should be familiar with the medical needs of students under their care, particularly those requiring specific treatment. They are required to refresh their memory by reading over student information and Action / Management Plans prior to an excursion, camp or swimming program.
- Teachers are required to know the location of their students' medications. These medications must be taken on all excursions and off campus activities.
- It is important to note, no College staff are required to diagnose or treat the condition apart from carrying out the appropriate first aid procedures. Diagnosis and treatment are the responsibility of a paramedic or medical practitioner.



6. Duty of Care

- Staff and voluntary helpers will be informed and reminded regularly of their legal responsibilities.
- All persons having charge of others have an obligation to provide essential medical support and attention to anyone who is unable because of age or sickness to administer the support themselves.
- Each staff member should familiarise themselves with basic first aid. It is important to note a teacher remains legally responsible for the welfare of the sick or injured student until another teacher, the student's parent or a medical professional assumes responsibility for subsequent care.
- 'Duty of care' entails a case-by-case assessment of the care that it is reasonable for parents to expect and for the school to provide.
- In deciding what action to take, staff must consider the circumstances of each case. In routine circumstances schools deliver or procure the necessary care from a trained source of assistance and in accordance with any medical plans, which are either provided by a medical practitioner, or the college as developed with the parents. In emergency circumstances where no trained source of assistance can be accessed in time, staff may provide essential support. Before taking alleviating action, staff should take into consideration whether they have sufficient skills to assist the student, the age and capacity of the student, the magnitude of the risk and their own safety.

Student Supervision

Staff and voluntary helpers should exercise reasonable care in the supervision of students. The extent of supervision will vary according to the age and maturity of the student and the setting, nature and frequency of the activity.

No student should be given a task to perform, which, because of age and immaturity, could lead to danger or injury.

Unless compelled by extreme emergency a teacher should not leave students / their class unsupervised. A teacher must take all reasonable steps to ensure students / their class are supervised by a responsible adult.

This applies both on campus, and at off-site College approved activities (e.g. excursions, camps).

7. Procedures

7.1 In the Event of Illness / Injury

Students, staff, contractors and visitors who are ill or injured are to report to Reception. The ill or injured person will be attended to by trained first aid staff.

Assessment of Illness / Injury

In the case of illness or injury, the class teacher or staff member present should conduct an assessment of the accident or illness immediately.

In the case of serious or uncertain injuries such as limb injuries, bleeding, wounds, loss of consciousness, chest and head injuries the classroom teacher or relevant staff member should follow these basic rules:

- Conduct an assessment of the accident or illness immediately.
- The injured person should not be moved unless they are in immediate danger (e.g. Lack of oxygen, the presence of fire or poisonous fumes, risk of drowning or risk of explosion, a collapsing structure or uncontrollable traffic hazards).
- Call Reception or send a message, preferably written, to Reception immediately.



- Assistance to the injured person should be rendered according to ability.
- Attempt to keep other students away from the scene to maintain privacy.
- Remain with the student until first aid arrives and endeavour not to panic and alarm students.
- The First Aid supervisor should contact the student's parents promptly. It may be necessary to direct the Parent to seek medical advice, transport student home and / or to a medical practitioner as applicable.

All decisions regarding any action taken in the College are the responsibility of the Principal or delegate.

Calling an Ambulance

Generally, calls for an ambulance should be placed via Reception. In clear cases of emergency (injury or acute illness), it is undoubtedly reasonable that an ambulance be called by the concerned staff member. When in doubt as to the severity of the student's condition, an ambulance should be called promptly.

When in doubt, call 000 and request an ambulance.

Calling an ambulance, without providing further help, may not be adequate in an emergency situation where staff members are reasonably able to take some sort of affirmative action. The absence of parental consent or instructions from a doctor will not necessarily protect a staff member from liability in emergency situations. If a staff member reacts in a reasonable manner in an emergency situation, the absence of parental authority is not likely to raise an issue of liability.

Movement and Immobilisation

Immobilisation Due to Injury

Where the teacher believes that a sick or injured person should not be moved they should care for that person where they are and the most appropriately qualified person, preferably trained first aid staff, or in his or her absence the Principal or delegate should be called to complete an assessment.

Referral to First Aid

People are sent to First Aid room for the following reasons:

- They require first aid – minor or major.
- Illness occurring or person feeling unwell.
- A supervising staff member believes a student is unwell or requires first aid attention.
- Accident that requires recording a Synergetic Medical Incident Note.
- Identified healthcare need (e.g. administration of prescribed medication); or
- Requiring a change of clothing.

For minor or uncertain illness or injury, teachers should determine whether a student should be referred to First Aid. Where the teacher believes that a sick or injured student can be moved, the Teacher should call Reception, or write a brief comment in the student's diary, including symptoms and time of leaving class and initial (e.g. Complaining of headache since 9:00am, left class 10:00am). Alternatively, appropriate arrangements should be made for the student to be escorted to First Aid.

Any genuine complaint of pain or discomfort by a student should be sufficient reason for referral to First Aid. Where a student does not make any complaint but there is reason for concern, the student should still be referred to First Aid.

In the event a student sustains a minor injury, the teacher should evaluate whether such an injury should be treated in First Aid. Students with minor injuries during Recess or Lunch Time



should normally be instructed to see the Yard Duty teacher and will be given a red 'First Aid' tag before going to First Aid. Simple measures such as rest and washing minor wounds in water should be undertaken before sending a student to First Aid.

Leaving the College

Parents are required to sign the student out at Reception if they are leaving the College due to illness or injury. In the case where a student is taken from school to a medical practitioner by a staff member or ambulance, the staff member may sign them out of the College.

Transport to Medical Services

Should the injury or illness require the student or staff member to be transported to a medical practitioner, the parent / guardian or emergency contact will be contacted by Reception and requested to collect the injured person. In the case where no student contacts are able to be reached, the College will make an appropriate decision and the student will be transported by other means if necessary.

Should the injury or illness necessitate the transportation of the injured person by ambulance, an appropriate staff member will call the ambulance and then contact the parent / guardian or emergency contact. If time permits, a student's Operoo Profile can be printed and given to the paramedics. Where possible, a staff member will assist the student by travelling with them in the ambulance and stay with them until the parent / guardian or emergency contact arrives.

A student may be transported to hospital by private vehicle. However, this is only permitted when there is no alternative and a lack of immediate action would place the student at risk or imminent harm. It must be noted that a decision to transport a student by private vehicle may, by itself, place a student at risk and will require a staff member to transport the student. Parents must always be informed of such action.

In the case of injured staff, contractors or visitors [adults], another staff member may be nominated by the injured person to transport them to a medical practitioner.

Illness / Injury on Excursions

In the event injury or illness taking place on excursions, camps or other approved College activities:

- Teachers or the excursion activity supervisor should determine whether a student should be returned to the College with a referral to First Aid, sent home or to a medical practitioner. Any complaint of pain or significant discomfort by a student or where a student does not make any complaint but there is reason for significant concern, should be sufficient reason for referral.
- Parents / guardians or emergency contacts should be contacted as soon as possible.
- Keep a medical register for medications/actions taken whilst on camp.

Pain Management

Pain relief medication can mask signs and symptoms of serious illness or injury and are not administered by the school as a standard 'first aid' strategy. It may, however be administered with consent, or at the request of the parent / guardian.

Pain from injury or unknown cause will be treated with relevant cold pack / heat pack / rest. If this is not effective, the student's parents or guardian will be contacted and withdrawal discussed.

If a student requires paracetamol (Panadol) or Ibuprofen staff will check the student's Operoo Profile, and 'Permission to have Paracetamol' will be indicated with a 'Yes' or 'No'.

Out of courtesy, parents are to be contacted for permission but if they are uncontactable and there is permission to give paracetamol on Operoo, it can be given.

If parents are uncontactable and it states 'No' to paracetamol, staff are not to administer the pain relief.



First Aid Procedures

The responsible staff member is to assess the ill / injured person's condition and follow the actions below as necessary:

- The person remains under observation.
- The person is provided with first aid and returned to class if applicable in minor cases.
- The person is assessed as being ill / injured and parents / emergency contact contacted to collect them; or
- Where parents / emergency contact are unable to be contacted, the decision is taken by the Principal or delegate in relation to the most appropriate action.

In the case of all major injuries or illness, parents / guardians or emergency contacts are informed as soon as possible.

Where there is any uncertainty about the communicability of the illness, the student should be sent home. Parents should be requested to obtain a medical certificate from a medical practitioner certifying that the student is fit to attend school.

Notes

- Parents should always be informed of any significant head injuries by phone and recorded on the Medical Incident Note, so that parents can observe the student when at home.
- For cuts and grazes use water, saline solution or non-alcohol cleansing wipes only.
- Cold packs should be wrapped in covers before application.
- When warming heat packs ensure not to overheat.

Recording the Incident

Synergetic Medical Incident Note

All incidents involving medical attention in First Aid, whether major or minor must be entered into the student's Synergetic Medical Incident Note. This includes students who enter First Aid for illness / injury, as well as incidents that occur outside of First Aid which requires further attention (e.g. excursion or playground). A copy will be handed to the student to take home (via the diary - for Prep – Year 3 college students only), plus a record is kept on the student's Synergetic profile.

This form is completed not only in the interest of the student and parent / guardian, but also to help protect the College against legal liability.

Safety Incident Form (Found on the Hub – Staff Services)

Must be completed for all major incidents at the College or on any College related activity. The staff member overseeing the incident or event where the incident took place is responsible to complete the Incident Report via the Hub for the Deputy Principal, Operations and School Nurse to review.

Incidents Involving Staff and Visitors (on campus or on excursion)

In the case of any incident to an adult or visitor at the College, a Safety Incident Report should be completed at the first possible opportunity regardless of whether first aid was rendered.

Staff members who are injured must also report the incident to the Business Manager and complete a Safety Incident Report and appropriate WorkCover forms. Please note that failure to complete the appropriate forms may negatively impact on any possible subsequent WorkCover claims.

It is the responsibility of the staff member concerned to give all necessary details to the Principal and Business Manager. These will in turn be reported to WorkSafe when necessary.



7.2 Hygiene

Basic Precautions

Treat all human blood and body substances as potentially infectious:

- Wear protective clothing such as disposable rubber gloves, mask and goggles if contamination is possible through the eyes, skin or mouth. This is not only for the staff member's protection but also for the injured person.
- Cover open wounds or broken skin. Staff members should check for cuts or abrasions on exposed parts of the body. Hands can be rubbed with an alcohol rub and stinging skin will indicate broken skin that should be covered. All cuts and abrasions should be covered with dressings.
- Work on clean surfaces with clean instruments.
- Use disposable equipment where possible.
- Use gloves, mask and goggles when handling / cleaning contaminated material or equipment as applicable.
- Place non-disposable clothing and equipment soiled with blood and / or body substances in leak-proof containers until they can be correctly decontaminated.
- Place all disposable soiled material in appropriately labelled leak-proof containers and send them to facilities approved for the disposal of infectious waste.

Hand Washing

Hand washing and hand care are important measures in relation to controlling infection. All staff should comply with the following precautions:

- Where possible wash hands thoroughly in warm water for at least twenty (20) seconds or use hand sanitiser, alcohol wipes, environmental wipes or skin / baby wipes.
- Use soap or liquid dispensable soap.
- Dry hands using single use towel or hot air drying machines.
- Hand washing and hand care should occur at the following times:
 - Before and after eating or drinking.
 - Before and after attending an injured person.
 - After contact with blood or body substances.
 - After being in contact with contaminated material, clothing or equipment.
 - Immediately after removing gloves.

7.3 Medication

Refer to St Andrews Christian College *Drugs and Addictive Substances Policy*.

Student medication and equipment is stored in the First Aid supplies cupboard in the appropriate year level First Aid box.

7.4 First Aid Equipment and Supplies

First Aid Supplies

First aid supplies for administration in First Aid room are located in the First Aid supplies cupboards.

For further information regarding the storage of EpiPens, refer to St Andrews Christian College *Anaphylaxis Management Policy*.



Other supplies stored in First Aid are:

- Cold packs, heat packs
- Pads, tampons
- Tissues, towels
- Spare clothes
- Supplies for vomit spills
- Make up & nail polish remover, hair ties

The First Aid supervisor is responsible to regularly check & maintain first aid supplies & equipment. He / she should ask the Purchasing Officer to replenish items if needed. First aid kits are checked and restocked as necessary. Expiry dates of all College medication are to be checked regularly.

First Aid Kits – See *First Aid Bag/EpiPen Location Map* below

First aid kits include equipment as per St John Ambulance Australia / Department of Education. The kits also include:

- A First Aid Treatment Record for recording the incident and first aid provided.
- Asthma equipment and medication.

All college first aid kits have a generic EpiPen, except for the following First Aid bags:

- x 5 Yard Duty
- Secondary Art
- Science Lab
- Secondary School (EpiPen found upstairs in library)

It is the responsibility of the staff member in charge of an outing/excursion to make sure that they take their student's medication with them including EpiPens.

Staff members are required to know the location of first aid kits. First aid kits for excursions are located in the compactus room next to the First Aid room. Other kits are located in the Multi-Purpose Hall; Primary School Office; Year 7-8 Staffroom; G07 Office; Library; Performing Arts Office; Secondary Art Room; Science Laboratory and Sports Staffroom.

Yard Duty 'Bum Bags' are located:

- Room 35 (Prep classroom)
- Room 7 (EAL Room)
- Room 8 (Primary School office)
- MPH

Teachers are to borrow an appropriate number of first aid kits to take on excursions or off campus events. They must sign the kits out and sign in when returning them.

First aid kits and student medication must be returned promptly to First Aid after returning to the College.

Staff are required to inform Reception if they use a significant amount of first aid supplies, or notice an item missing / in low supply from any first aid kit. Once used, a disposable spacer should be replaced if taken from a first aid kit.

Re-usable equipment such as measuring devices, tweezers and scissors must be washed with warm water antibacterial wash / soap or an alcohol wipe.

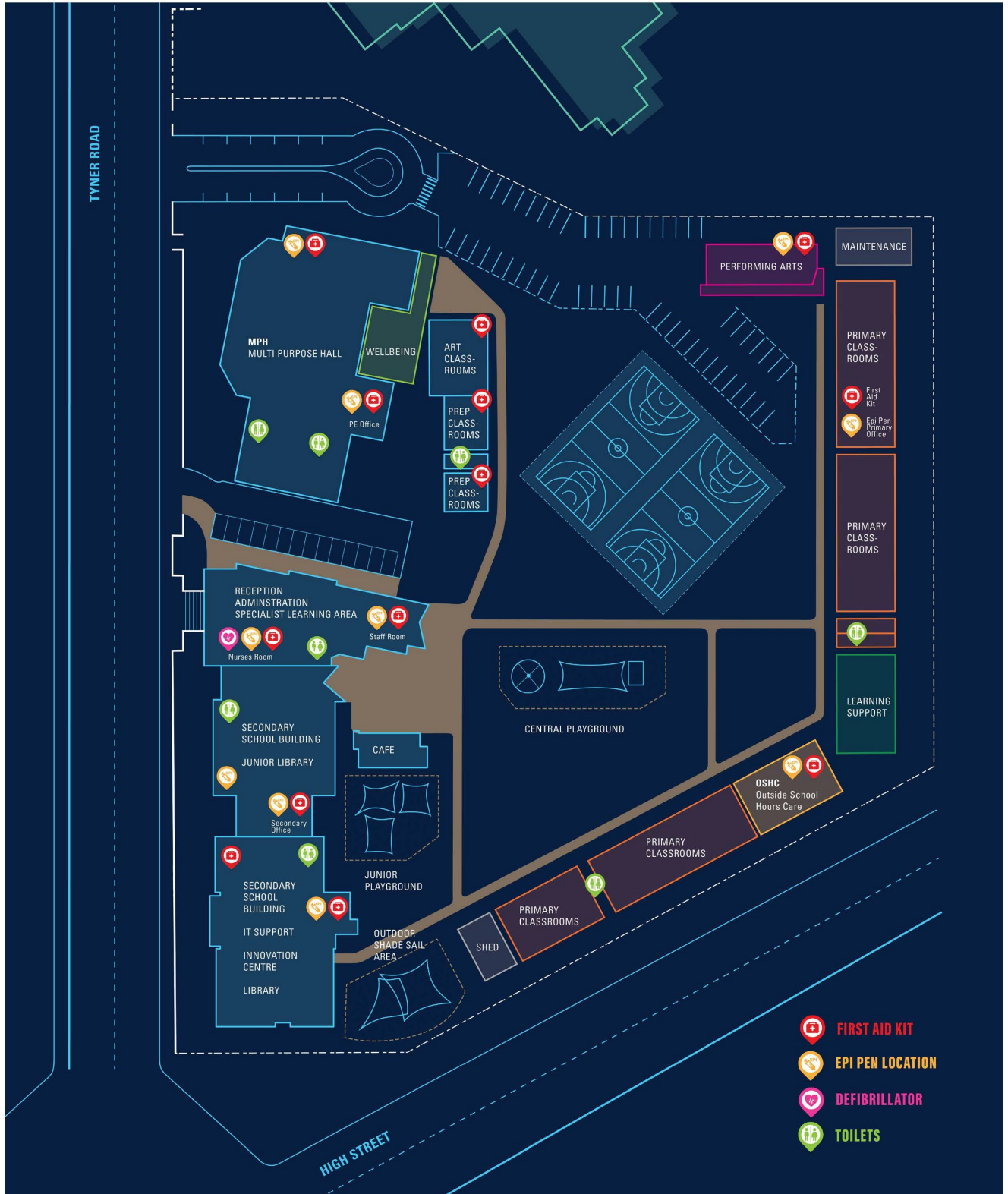


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First Aid / EpiPen LOCATIONS





7.5 Student and Staff Medical Details

'Medical Conditions' is 'personal information' and attracts additional privacy protection because of its greater sensitivity. 'Medical Conditions' include information about a person's health, disability, use of health services, or other personal information collected from someone when delivering a health service.

St Andrews Christian College takes its privacy obligations seriously and takes all reasonable steps in order to comply and protect the privacy of the personal information that the College holds. The College collects and holds personal health information about students so that it is able to be proactive in managing the health care needs of students.

The College endeavours to ensure that student information is accurate, complete and up to date. It is the responsibility of the parent / guardian to ensure they provide current information / documentation to the College annually or as applicable. Parents / guardians of students with known medical issues, injuries or identified healthcare needs must inform the College by updating the student's Operoo Profile.

If the College believes that the information about the student is not accurate, complete or up to date, designated staff members will use all reasonable efforts to correct the information.

The First Aid supervisor is responsible for processing all medical information as supplied by parents / guardians. This includes, as appropriate:

- Updating digital records in the College database management system/s.
- Updating the 'High Risk' folder in First Aid.
- Updating and distributing posters and emergency cards for students with high risk conditions; and
- Ensure staff are aware of new or updated student medical information, including Action Plans.

All medical information supplied to the College is recorded in the student files in the student's Operoo Profile.

Other medical files such as copies of Action Plans are located in the students' Operoo Profile.

All original hard copies of medical information including medical certificates are uploaded onto DocMan in the students CRT Information Pack.

7.6 Management of Medical Conditions

Parents / guardians of students with ongoing health care needs or conditions that are considered 'High Risk' are required to consult with the College (Student Services Administrator and teachers) regarding the management of each condition. This is a requirement regardless of whether the health care of a student is a routine matter or requires specialist expertise that can only be provided by an appropriately trained health care professional.

Staff with primary care of such students should receive appropriate training if they feel competent to do so and have approval by the Principal to perform the tasks that may be involved.

Students with health care needs or conditions have a Medical Note on their **Hub** profile page alerting all staff of their diagnosis/condition.

Reception staff should recognise students with special medical needs and generally familiarise themselves with the management of the condition, including the action required in an emergency.

All teachers should recognise students with high risk medical conditions. Photos of these students are displayed in the staffroom.



Action Plans / Management Plans

Action / Management Plans are required for all students who are moderately asthmatic, anaphylactic or have allergic reactions issues as well as other major health conditions including diabetes or epilepsy.

Parents are to provide a current Action Plan completed and signed by a healthcare professional, annually. It must include a current photo of the student. If applicable, they are required to develop an Action Plan in consultation with the Principal or delegate. The parent must also provide all relevant medication that is up to date (not expired).

All Plans are to be reviewed:

- Annually.
- If the student's medical condition changes.
- As soon as practicable after an incident relating to the student's condition occurs at the College; and
- When the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the College (e.g. class parties, elective subjects, cultural days, fetes, incursions).

The Plan provides an overview of the types of health care that can be expected by College staff. It should include advice about how to manage the condition and what to do in the event of an incident occurring (e.g. medication dosage required and emergency contact details).

The Principal or delegate may consult with parents, health care providers (including doctors, nurses, paramedical staff and therapists) on the content of the document.

Storage and Distribution of Plans

Relevant medical information including Action Plans are available on Operoo.

Hard copies of students' Action Plans who are diagnosed with anaphylaxis or any other 'High Risk' condition (this may include students with diabetes, epilepsy or acute asthma) are stored in a 'High Risk' red folder in the First Aid room.

A poster detailing all 'High Risk' students is located in the Staffroom and on the back of the supplies door in First Aid.

When displaying student information such as Action Plans, it is important to consider the privacy of the student as well as the need for easy access to the plan.

Soft copies of a student's Action Plan are available to staff on the student's Operoo Profile and can also be accessed via the Operoo App when staff are offsite with the students.

Anaphylaxis Management

Refer to St Andrews Christian College *Anaphylaxis Management Policy*.

Asthma Management

People with asthma have sensitive airways in their lungs. When they are exposed to certain triggers, their airways narrow, making it harder for them to breathe. Trigger factors that may lead to an asthma attack include colds / flu, exercise, pollens, changes in temperature, dust mites or cigarette smoke. These triggers vary from person to person. The main symptoms of asthma are shortness of breath / rapid breathing, wheezing, coughing and tightness in the chest.

Parents / guardians of students who have or may be likely to suffer from asthma must supply the College with an Asthma Action Plan for the student as outlined in 'Action Plans' above. An Asthma Plan is a medical document and must be completed by an approved medical practitioner and updated annually.



If the trigger has occurred, staff will:

- Look for signs of an asthma attack.
- Follow the Asthma Action Plan; and
- Seek emergency medical assistance if required.

Staff must be aware of the appropriate medication and how to administer it in the event of an asthma attack.

Asthma Medication and Supplies

Reliever medications provide relief from asthma symptoms and are used to relieve an asthma attack. They should be easily accessible to the student at all times. All students with asthma should be encouraged to take their reliever medication when they develop symptoms at school. Students with moderate to severe asthma may need to take different coloured medications daily but these are usually taken at home.

Asthma medications are generally taken via a hand-held inhaler device such as a 'puffer' (metered dose inhaler, available for purchase without a prescription) or dry powder inhaler (Turbuhaler, Accuhaler, Ellipta - which are prescription only products).

Puffers administer 200 doses per inhaler and should be checked after each use to ensure they are not empty.

The College has spare asthma relievers kept in the supplies cupboard in First Aid.

It is recommended that a puffer be used in conjunction with a spacer to assist with fast and more effective delivery of the medication. Asthma disposable spacers and masks are single-person use only.

To avoid infection transmission via mucus, spacers and masks must only be used by the one person. Parents of students with Asthma must supply a spare asthma reliever (puffer) & spacer (clearly marked with student's full name) to the College for their child. If the child is young / the Asthma Action Plan states that the student is to use a mask with the spacer, the parent must also provide a clearly named mask.

Spacers and masks should be:

- Stored in a dustproof container.
- Cleaned once a month by the student / parent / guardian. See 'Cleaning a Puffer / Spacer' below.

Note: This procedure is necessary to ensure the drug particles are available to treat the asthma attack rather than sticking to the surface of the spacer.

Asthma emergency equipment located within the College first aid kits includes:

- Blue / grey reliever medication (puffer), such as Airomir, Asmol, or Ventolin.
- At least 2 disposable spacer devices to assist with effective inhalation of the reliever medication (ensure spare spacers are available as replacements).
- Clear written instructions on:
 - How to use these medications and devices.
 - Steps to be taken in treating a severe asthma attack.
 - A Notification / Treatment Record (for recording the details of a first aid incident, such as the number of puffs administered).



Cleaning a Puffer / Spacer

To clean a puffer:

- Remove the metal canister from the puffer. Do not wash the canister.
- Wash the plastic casing.
- Rinse the mouthpiece through the top and bottom under running water for at least 30 seconds. Wash mouthpiece cover.
- Air dry then reassemble.
- Test the puffer to make sure no water remains in it, then return to the first aid kit.

To clean a spacer¹:

- Dismantle your spacer, if necessary.
- Wash all the parts in clean warm water with liquid dishwashing detergent or hospital grade disinfectant.
- Allow the parts to air dry without rinsing – drying with a cloth or paper towel can result in static building up on the inside of the spacer, which makes the medication stick to the sides.
- Wipe the mouthpiece clean of detergent, if needed.
- When completely dry, reassemble if necessary.

Asthma Attack

The severity of an asthma attack can be determined by symptoms, which may involve:

- Mild Asthma Attack - Coughing, soft wheeze, minor difficulty in breathing and no difficulty speaking in sentences.
- Moderate Asthma Attack - Persistent cough, loud wheeze, obvious difficulty in breathing and able to speak in short sentences only.
- Severe Asthma Attack - Distress and anxiousness, gasping for breath, unable to speak more than a few words, pale and sweaty and may have blue lips.

All students considered to be having a severe attack require emergency medical assistance.

Regardless of whether an attack of asthma has been assessed as mild, moderate or severe, first aid for asthma must commence immediately.

If a student has an Asthma attack or is showing signs of breathing difficulty, the staff member is required to notify Reception and an admin staff will come and assess the student.

In the case of mild asthma attack, if the student is able, they are to be accompanied by another student to First Aid.

Any asthma attack is required to be documented on a Synergetic Medical Incident Note or Notification / Treatment Record (if off-site).

Parents/guardians are to be notified by phone of a Moderate/Severe Asthma attack.

Note: Should the student's own reliever puffer not be readily available, a reliever puffer should be obtained from a first aid kit, or borrowed from another student / staff member and given without delay. It does not matter if a different brand of reliever puffer is used.

Blue / grey reliever medication (puffers) may be used by more than one student, as long as they have been used with a spacer. If a spacer comes in contact with the mouth it cannot be re-used for another person.

¹ <https://www.nationalasthma.org.au/living-with-asthma/resources/patients-carers/factsheets/spacer-use-and-care>



Diabetes Management

- Parents / guardians must provide an Action Plan and appropriate equipment / medication for students with diabetes. They must also provide the College with the right type and amount of food and drink needed by their child for storage in First Aid.
- Parents are responsible for notifying staff / teachers about the signs and symptoms their child usually displays. The student may know their signs very well and inform the teacher when they are feeling hypoglycaemic. They often describe themselves as having a 'hypo' or 'low'.
- Teachers are not expected to give insulin, but may be required to support this process.

Care for Diabetes Sufferers

- A clean quiet area needs to be made available for the student to accurately attend to his / her blood glucose monitoring and administer insulin as required. The First Aid room or private area/room would be ideal. Primary school students usually need supervision or assistance with blood glucose measurements.
- A Continuous Glucose Monitoring (CGM) device which reads glucose levels is managed by an app on a mobile phone therefore the student is permitted to carry a mobile phone on self at all times.
- *Students should not finger prick other students or their friends due to health risks.*
- It is important that the student can eat when required and they should include some form of carbohydrate eaten regularly during the day, usually three hourly. Most students will have a food plan that fits in with regular school routines, avoiding the need to eat in class or at odd times. Students with diabetes usually cannot delay meal times.
- Very young students may require extra supervision at meal and snack times.
- Extra carbohydrates are often required before exercise begins. Food / drinks for the treatment of hypoglycaemia need to be available at the place of physical activity and sport and not at some distance.
- If an activity is running overtime, the student may need to eat during the activity.
- Students with diabetes need additional supervision during exercise.
- Water sports need very careful planning and supervision because a hypoglycaemic episode increases the risk of drowning.

Examinations

Students with diabetes should take food and drink, including hypo foods, and their blood glucose monitoring equipment into the exam room. Staff should be aware of the possibility of hypoglycaemia.

The brain relies on glucose for its energy supply. Brain function will therefore deteriorate if it is not supplied with adequate glucose.

After an episode of hypoglycaemia, brain function may not return to normal for several hours, and possibly leave the student with a headache. The student may not do as well as expected in the exam. It is therefore often necessary for the student to take food into the exam to prevent / treat hypoglycaemia. Sometimes stress increases blood glucose levels so the student may become hyperglycaemic and need to visit the toilet more frequently.

Camps / School Excursions / Parties

There is no reason to exclude students with diabetes from activities like camps and excursions – they can participate fully in such activities. However, supervisors overseeing these activities need to be aware of their special needs and how to deal with emergencies like hypoglycaemia.



Usually, a student can attend camps when they are reliably independent with their diabetes care. Parents or guardians must meet with organisers well in advance to discuss any special needs and provide a Diabetes Camp Management Plan from their Diabetes Nurse Educator. If the student is not fully independent, a parent/caregiver should be invited to attend the camp to take charge of the diabetes. Excursions often mean disruption to normal meal routines. Teachers/supervisors must be informed of the need of students with diabetes to adhere to regular eating times and allow them to eat when necessary. Communication with parents beforehand is essential. A student with diabetes must always carry fast acting carbohydrates (lollies/fruit juice). There is no reason why the student with diabetes cannot be involved in class parties after appropriate consultation with parents or guardians.

Pastoral Care

- Respect the student's right to privacy.
 - Discuss with the student who they want to tell about diabetes. Some students are very private, others are more open. Please try to use the term 'student with diabetes' rather than 'the diabetic' to avoid labelling students. However, it is important that all College staff know about the student's condition.
- Help ensure the diabetes is the cause of minimal fuss.
 - Help the student to join in all excursions (even those overseas), parties and other activities. Allow them to visit the toilet as often as needed. If the student visits the toilet too frequently, hyperglycaemia may be a problem; notify the parents as insulin adjustment may be necessary. Avoid giving sweets as rewards and do not keep a student with diabetes in for practice, rehearsals or as punishment unless food is available. Effective communication with the parents is important.
- Know what to do in an emergency.
 - All teachers should recognise students with diabetes.

Treatment of Hypoglycaemia

Mild to moderate hypoglycaemia can be treated by giving fast acting carbohydrates like lollies or fruit juice.

The essentials in the treatment of mild to moderate hypoglycaemia are to:

- Act Swiftly.
 - Treat at the first recognition of symptoms. Sometimes a student will do a blood glucose reading at school to confirm the low blood glucose, however, it is important not to waste time.

If in doubt, TREAT.

Step 1

- Give fast acting carbohydrate. Any ONE of the following:
 - 3-4 Glucose tablets.
 - Sugary soft drink (1/2 can or 125-200 mls).
 - Sugar or honey (2-3 teaspoons).
 - Fruit juice (1/3 to 1/2 glass or 125-200 mls).
 - Jelly beans (4 large or 7 small).



Step 2

- Recheck Blood Glucose Level in 15 minutes
 - If BGL is less than 4.0 mmol/L repeat STEP 1
 - If BGL is greater than 4.0 go to **STEP 3**

Note: Sometimes the student may be uncooperative and two people may be required to help ensure the student takes the carbohydrate.

Step 3

- Follow up by giving sustaining carbohydrate:
 - When recovery begins to occur give slowly absorbed starchy carbohydrate foods (e.g. sandwiches, cracker biscuits or muesli bars – equivalent to 1 slice of bread or a piece of fruit).
- Supervise
 - Do not leave anyone with a low blood glucose level alone. The student needs to be supervised to make sure the food or drink is actually consumed and someone needs to stay with the student until he / she has recovered. If symptoms improve, the student may return to normal activity in approx. 15 minutes. If no improvement is apparent in this time, repeat the treatment. If symptoms remain, notify the parents or guardians or call '000' for an ambulance.
- Notify Parent or Guardians
 - Treatment of severe hypoglycaemia symptoms may include drowsiness or student becoming unconscious.
 - Lay the student in recovery position and protect from injury
 - Initiate the CPR process, checking the airways, breathing and circulation. Ensure the mouth is clear to allow for unobstructed breathing - skin colour should remain pale to normal if the student is breathing properly.
- Call 000
 - Request an ambulance and inform the operator that there is a diabetic emergency.
- Never put food or drink in the mouth of a person who is unconscious, convulsing or unable to swallow, in case it is inhaled.
 - The only treatment for severe hypoglycaemia is either an injection of glucose into the vein (given by a doctor) or an intramuscular injection of the hormone GLUCAGON given by doctors, paramedics, a trained staff member or the parents. (Glucagon is a hormone that stimulates the liver to quickly release glucose into the blood, thus raising blood sugar levels. Glucagon is administered via injection and may only be given by those deemed competent in doing so - i.e. parents of a student with diabetes; health care professionals; or staff that have had Glucagon Injection training. If a registered nurse is available and a standing order to administer glucagon exists then the nurse may proceed to administer glucagon at his/her discretion as per the instructions included in the glucagon hypo kit. If a glucagon hypo kit is to be kept at the school it must be stored at room temperature and checked regularly to ensure the contents have not expired.)



Epilepsy Management

Epilepsy is characterised by recurrent seizures due to abnormal electrical activity in the brain.

For each student diagnosed with epilepsy, the school is required to have a current written:

Student Health Support Plan — developed by the school in consultation with the parents/carers and where appropriate, the student's treating medical team. It outlines the school's role in supporting the student's health needs (including epilepsy).

Medication Authority Form (only if required) — this should be endorsed by a student's medical practitioner listing all (non-emergency) medications that need to be administered at school. This should include, but not be limited to epilepsy specific medications.

Documenting medication given, in a 'Medical Incident Note' and maintained by the person administering the taking of medicine by a student during school time (this is not intended for emergency epilepsy medications).

Epilepsy Management Plan — signed by the treating doctor and provided to the school by the student's parents or carers. The epilepsy management plan provides specific information about the student's epilepsy, defines what an emergency is for the student and the appropriate response, and describes:

- Whether emergency medication is prescribed.
- How the student wants to be supported during and after a seizure.
- Identified risk strategies (such as water safety, use of helmet).
- Potential seizure triggers.

Emergency Medication Management Plan — where the student's epilepsy management plan states that emergency medication has been prescribed then the school must hold a current emergency medication management plan. This must be by a doctor and provided by the student's parents/carers. This plan provides information on the dose, route of administration and emergency response required in the event of a seizure.

First aid for Epilepsy

For all seizure events:

- Remain calm.
- Ensure other students in the vicinity of the seizure event are being supported.
- Prevent students from injuring themselves or others by placing something soft under their head and removing any sharp or unstable objects from the area.
- Note the time the seizure started and time the event until it ends.
- Talk to the student to make sure they regain full consciousness.
- Stay with and reassure the student until they have fully recovered.
- Provide appropriate post seizure support or adjustments
— refer to: [Epilepsy Smart Schools - Epilepsy Smart Australia](#)

For a tonic-clonic seizure (convulsive seizure with loss of consciousness) which presents as muscle stiffening and falling, followed by jerking movements:

- Protect the head, for example, place a pillow or cushion under the head.
- Remove any hard objects that could cause injury.
- Do not attempt to restrain the student or stop the jerking.
- Do not put anything in the student's mouth.
- As soon as possible roll the student onto their side — you may need to wait until the seizure movements have ceased.



For a seizure with impaired awareness (non-convulsive seizure with outward signs of confusion, unresponsiveness or inappropriate behaviour) avoid restraining the student. You may need to guide the student safely around objects to minimise risk of injury.

An ambulance should be called if the seizure lasts for more than 5 minutes, or if the person is unresponsive for more than 5 minutes.

An ambulance should be called immediately if:

- You do not know the student.
- It is the student's first seizure.
- There is no epilepsy management plan.
- A serious injury has occurred.
- The seizure occurs in water.
- You have reason to believe the student may be pregnant.
- Other factors outlined on the epilepsy management plan are occurring.

Storage and access to emergency medication

- For each student that has been prescribed emergency medication, an up-to date individual emergency medication must be easily accessible from First Aid.
- Epilepsy medication must include the required in-date medication, all necessary items required to administer the emergency medication and a current copy of the emergency management plan which is found in the 'High Risk Students' Folder and/or Operoo.
- Medication should be stored out of reach of children and depending on the particular medication may need to be stored out of direct sunlight and below 25 degrees.
- The supplied medication is located in First Aid and all relevant school staff who work directly with a student with epilepsy are aware of the location.

Camps/School Excursions/Special events

If a student with epilepsy attends a camp or school excursion the school is required to make plans for the transport of individual emergency medication to camps, excursions and special events as required; with consideration given to keeping the medication cool where required.

Training of staff

School staff with a direct teaching role or other staff as directed by the principal who have a duty of care responsibility for a student living with epilepsy are required to receive training every two years, in:

- Epilepsy: An Introduction to Understanding and Managing Epilepsy.
- and where indicated, Epilepsy: Administration of Emergency Medication Parts 1 & 2.

7.7 Communicable Diseases (Common or Notifiable Diseases)

(See also Infectious Diseases Policy)

Parents / guardians of children enrolling at St Andrews Christian College must present to the College an Immunisation Certificate. Children who have not been immunised may be required to remain at home during an outbreak of an infectious disease such as whooping cough or measles.

Health regulations state that students suffering certain infectious diseases must be excluded from school for a period of time. Parents must notify the College if their child contracts an infectious disease. The College will contact the Health Department regarding notifiable cases.



Personal hygiene measures such as hand washing, covering the mouth and nose when coughing or sneezing, covering weeping sores, not sharing food or drinks and not attending school when ill or suffering from diarrhoea are important means of limiting the transmission of a number of common infectious conditions.

Parents of immune deficient students need to be informed of cases of chickenpox and measles.

Contagious Illnesses at School

In the event that the first aider suspects a contagious illness, or continuous vomiting occurs, the parent / guardian or emergency contact will be notified to collect the student.

College Responsibilities

If the Principal or Principal's delegate believes, on reasonable grounds, that a student enrolled at the College has a vaccine preventable disease, he / she must advise the Department of Health and the parent or guardian as soon as practicable.

If the Principal has reasonable grounds for believing a student has, or has been in contact with a person who has a disease, the College must follow the procedures set out in the table for that disease.

If a staff member knows or suspects that they have a transmissible notifiable condition or is in contact with such a person, they must take reasonable precautions (appropriate to the condition) against transmitting the condition. Reasonable precautions include those taken on the advice of a doctor, or authorised public health / medical officer.

Incidents of significant communicable diseases are usually rare in schools. The Principal is to seek the advice of the Department of Health or a local medical practitioner in the event a student or staff member presents with a Notifiable Disease. In most cases, a medical practitioner will have already managed any required notification.

Should the Department of Health require the College to close, the Principal must inform the Chairman of the Board as soon as is practicable.

Parental Responsibilities

If the parent / guardian of a student has reasonable grounds for believing that the student has an infectious disease listed in the table below, or has been in contact with an infected person, the parent / guardian must follow the procedures set out in the table for that disease. As soon as practicable, the parent must inform the Principal or the Principal's delegate (the Principal will notify the First Aid supervisor).

Parents or guardians must comply with any directions issued by the Department of Health in the event of an outbreak of a vaccine preventable disease.

If a parent / guardian knows or suspects that a student has a transmissible notifiable condition or is a contact of such a person, they must take reasonable precautions (appropriate to the condition) against transmitting the condition. Reasonable precautions include precautions taken on the advice of a doctor, or authorised public health / medical officer.

If parents or guardians know or suspect that they have a transmissible notifiable condition or is a contact of such a person, they must take reasonable precautions (appropriate to the condition) against transmitting the condition.

Parental Obligations

Parents applying to enrol a prospective student at St Andrews Christian College will be requested to disclose any infectious disease known to be carried by them or have been suffered by the student and declare any medically required treatments. Provision is made for this as part of the enrolment procedure. It should be noted that parents cannot be compelled to provide this information.



Any information concerning an infectious disease or other medical condition which is suffered by any student or member of staff and which is to be held in confidence, will be the subject of a specific written agreement between the College and the parent(s) which clearly defines the manner and for what purposes the information may be used by the College. A parent(s) of a student having a life threatening infectious disease will be expected to cooperate with the College in planning and providing suitable support services for the student.

Confidentiality and Disclosure

Confidentiality regarding all medical and personal information, must be maintained. Students or staff who are infected or chronic carriers are entitled to all the rights and benefits of any other person. These include protection from discrimination in any form.

However, there is an absolute obligation on students or staff members who know that they have HIV / AIDS or are Hepatitis B carriers to act safely towards students, members of staff and members of the public.

Continuing Enrolment

The continuing enrolment of a student having a life threatening infectious disease such as HIV / AIDS, Hepatitis B and C or others will be conditional on:

- The parents informing the College of any deterioration in the condition of the student; and
- The nature of the deterioration as this relates to the health and safety of the other members of the College community.
- The discretion of the College where the risk involved in relation to an infectious disease is unacceptable, or the conduct of a particular student suffering an infectious disease is unacceptable.

Head Lice

Head lice are the most commonly reported health complaint from parents and teachers to schools.

Effects of Head Lice Infestation

School Nurse will notify parents of the relevant Year level by communicating with parents via a Hub post and/or letter, regarding an outbreak of lice that has been detected. Incidents of head lice could increase due to factors such as:

- Resistance to the common chemicals used in many head lice products.
- Inappropriate use of the treatments; and,
- Changing social and school practices.

Responsibilities of the Principal

The Principal is empowered to take action to detect infestation and minimise the effects on other students. The Principal may authorise a member of staff to examine the head of any student at the college to ascertain whether head lice are present. The Principal may require that a student not attend college or participate in an educational program of the college while suffering from a head lice medical condition.

Exclusion

Exclusion for head lice should commence no later than the day on which the college has detected infestation and exclusion should continue (usually a period of one day) until initial treatment is completed / effective treatment has commenced; removing all adult head lice and only a few eggs are remaining. It is imperative that the removal procedures be kept up for the recommended period.



Advice from the Department of Health and Aged Care

The Department of Health advises schools and parents on how to recognise and manage lice infestation (pediculosis) and provides steps to assist in preventing infestation. In particular:

- Identification of students with head lice is essential to prevent spread of head lice; and
- Education is the most effective long-term strategy for head lice management.

Parents should be directed to the DHHS website and other associated sites, where more information can be found on head lice: <https://www2.health.vic.gov.au/public-health/infectious-diseases/head-lice>.

Exposure to Hepatitis B

Staff

When workplace exposure to Hepatitis B is suspected the staff member should report all relevant details to the Principal. The Principal should advise the staff member to attend a doctor's surgery or a hospital for risk assessment, skilled counselling and appropriate blood tests. An Incident Report Form must be completed as soon as possible submitted via the Hub incident reporting link.

Students

When it is suspected that a student has been exposed to Hepatitis B, all relevant details should be reported to the Principal and parents / guardians are to be advised immediately. The Principal should ensure that parents / guardians are advised to take the student to a doctor's surgery or a hospital for risk assessment, skilled counselling and appropriate blood tests. An Incident Report must be completed as soon as possible and submitted to the P.A. to the Principal.

7.8 Sun Protection

Refer to St Andrews Christian College *Sun Smart Policy*.

7.9 Staff Training Register

A register of staff who are trained in First Aid is maintained by the training provider and a copy of the register is available on M:\Office\Medical\Policy, Management & Training.