



ALVIE CONSOLIDATED SCHOOL

STUDENT HEALTH (FIRST AID) POLICY, CARE ARRANGEMENTS FOR ILL STUDENTS AND MEDICATION POLICY AND DISTRIBUTION

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.

Alvie Consolidated School 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.

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

3. PROGRAM

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3.1 Our school has procedures 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.

3.2 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.

3.3 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 facility standards are met
- be aware of health care services which visit the school
- manage archives of documented information

3.4 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, 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.

3.5 It is the responsibility of parents/carers to:

- provide relevant health care information to the school
- 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)

3.7 It is the responsibility of parents/carers 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)

3.8 The school will have staff trained in first aid able to treat unpredictable illness or injury.

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References	http://www.education.vic.gov.au/school/principals/spag/health/pages/healhcareneeds.aspx http://www.education.vic.gov.au/school/principals/spag/health/Pages/studenthealth.aspx http://www.education.vic.gov.au/school/principals/spag/health/pages/firstaid.aspx http://www.education.vic.gov.au/school/principals/spag/health/pages/anaaphylaxis.aspx http://www.education.vic.gov.au/school/principals/spag/management/pages/medical.aspx http://www.education.vic.gov.au/school/principals/spag/health/pages/medication.aspx http://www.education.vic.gov.au/school/principals/spag/health/Pages/care-support.aspx
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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

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.

Information about the student's health condition as well as medication to be stored and supervised at school is kept on a wall chart behind the hall entrance door to the staffroom.

In the case of Anaphylaxis a separate policy exists which covers this contingency.

Especially care will be taken when a student is to attend school excursions and camps. The parent/carer must complete a Confidential Medical Information form for a School Council Approved School Excursion.

2. The planning process

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 there staff training required?*
- *Are there any facilities issues that need to be addressed?*

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- *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?*

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.

4. Distribution of Medication

Parents of students requiring medication whilst at school may fill in the information required when they enrol at the school in the enrolment form. Alternatively they may supply the information as described in Appendix A. Any medication that is needed during the day will either be kept with the teacher/ aide of the student or housed in the medication cabinet set aside for this purpose that is kept in the staffroom (see green cross markings in staffroom).

A copy of Appendix C will be kept with the medication cabinet and will be filled out by the teacher/ aide administering the medication.

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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.

2. First Aid

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.

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.

4. Assessment and First Aid Treatment of 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

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- **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. 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

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 reliever medication (*Airomir, Asmol, Epaq or Ventolin*). The medication is best given one puff at a time via a spacer device. If a spacer device is not available, simply use the puffer on its own. Ask the person to take 4 breaths from the spacer after each puff of medication.

Step 3

Wait 4 minutes. If there is little or no improvement repeat steps 2 and 3.

Step 4

If there is still little or no improvement; call an ambulance immediately (dial 000). State clearly that a student is having 'breathing difficulties.'

Continuously repeat steps 2 and 3 while waiting for the ambulance.

5. Assessment and First Aid Treatment of Anaphylaxis

The school's response to anaphylaxis is outlined in a separate policy.

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6. First Aid Kit Contents

Consistent with the Department's First Aid Policy and Procedures the school will maintain a First Aid Kit as described below. A copy of this checklist is kept with the school's first aid supplies :

 Department of Education and Early Childhood Development Title: First Aid Contents Checklist	No. DEE ESWB- 27-5-3
	Authorised By: Manager ESWB
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7. Emergency Telephone Numbers

Poisons Information Service	13 11 26
Ambulance	000
Colac Hospital	5232 5100

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Appendix C

Medication Administration Log

This log should be completed by the person administering the taking of medication.

Name of student: _____ Year level: _____

Family Name *(please print)*

First Name *(please print)*

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

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