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1. Rationale:


- 1.1 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.
- 1.2 Lyndhurst Primary School has a responsibility to provide equitable access to education and respond to diverse student needs, including health care needs.
- 1.3 This policy has been developed to assist supporting student health within a school environment in a pro-active manner.

2. Aims:

- 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 Prior to their first attendance, 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. Implementation:

- 3.1 Lyndhurst Primary 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

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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 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)

3.4 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 measures such as transfers and positioning, and mealtime assistance.

3.5 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. 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)


3.6 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)

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)

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

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3.8 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. Evaluation:

a. This policy will be evaluated in line with the school's three-year policy review cycle.

References:

Links which are connected with this policy are:

<http://www.eduweb.vic.gov.au/edulibrary/public/schadmin/environment/4-5.pdf>

<https://www2.education.vic.gov.au/pal/first-aid-students-and-staff/policy>


<https://www2.education.vic.gov.au/pal/health-care-needs/policy>

<http://www.asthma.org.au/>

Appendices which are connected with this policy are:

Appendix A: Managing Students with Special Health Needs

Appendix B: First Aid Care Procedures

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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
- 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, eg. 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 (see Victorian Government Schools Reference Guide 4.5.3.1) (or in the case of Anaphylaxis an Anaphylaxis Management Plan (see 4.5.10.2)) 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 (4.4.2.5).

2. The planning process


- The principal (or nominee) should organise a meeting to negotiate the development of a Student Health Support Plan (see 4.5.3.1) (or in the case of Anaphylaxis an Anaphylaxis Management Plan (see 4.5.10.2)) 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.

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- 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?
 - 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 (see 4.5.3.1) (or in the case of Anaphylaxis an Anaphylaxis Management Plan (see 4.5.10.2)) 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.

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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.

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 has allocated the following staff member as its First Aid Officer:

- Nicole Smith

The First Aid Officer is supported by a number of staff who are First Aid trained. A register of First Aid trained staff is maintained in the office

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 and maintaining first aid room and first aid kits
- 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 the Sick Bay and information recorded for all students treated in the Sick Bay. A pink slip will be filled in and sent home with the

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student indicating date and time of attendance in the Sick Bay, the treatment given and the person administering the first aid.

- 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
 - medical alert cards
 - gauze and band-aids
 - record book & pen
 - First Aid passes

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
- 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 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.

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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

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow’s milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication. The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school. Adrenaline given through an EpiPen® or AnaPen autoinjector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

5.1 Assessing the severity of an anaphylaxis attack

The symptoms of a **mild to moderate allergic reaction** can include:

- swelling of the lips, face and eyes
- hives or welts
- abdominal pain and/or vomiting.

Symptoms of anaphylaxis (**a severe allergic reaction**) can include:

- difficulty breathing or noisy breathing
- swelling of the tongue
- swelling/tightness in the throat
- difficulty talking and/or a hoarse voice
- wheezing or persistent coughing
- loss of consciousness and/or collapse
- young children may appear pale and floppy.

Symptoms usually develop within 10 minutes to one hour of exposure to an allergen but can appear within a few minutes.


5.2 Anaphylaxis First Aid

An Individual Management Plan will be developed for any student at risk of Anaphylaxis, which includes a step by step emergency procedure plan, developed by the parent and medical practioner. Adrenaline given as an injection into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis. Children diagnosed as being at risk of anaphylaxis are prescribed adrenaline in an auto-injector commonly known as the EpiPen® or the AnaPen, for administration in an emergency.


6. 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)

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- 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 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

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- 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