4.5 Student health

4.5.1 Planning for and supporting students' health care needs at school

As highlighted in the *School Accountability and Improvement Framework*, an essential goal for all schools is promoting student engagement in learning and their wellbeing. 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.

Victorian Government schools have a responsibility to provide equitable access to education and respond to diverse student needs, including health care needs. Schools need to make local decisions and create innovative solutions to meet the needs of all students.

This section has been developed to assist schools in planning for and supporting student health within a school environment. It describes practical steps for schools to anticipate, plan and manage health support for students.

To check for any updates to the health-related information included, contact local doctors or health service providers.

4.5.2 The Department's policy on student health support

The Department would like to acknowledge the South Australian Department of Education and Children's Services (DECS) whose guidelines have informed the development of the policy on student health support.

The South Australian guidelines were informed by health literature and research, and were developed in consultation with a wide range of education, childcare and health professionals, families and communities. An updated version (2006) of the guidelines is now available at:

Health support planning in education and children's services: partnerships for health care and education 2001, DECS.

Under the provisions of the *Occupational Health and Safety Act* 2004 as well as the Disability Discrimination Act 1992 (and the Disability Standards for Education 2005) http://www.education.vic.gov.au/healthwellbeing/wellbeing/disability/legislation.htm and according to the Department's duty of care obligation to students (see 4.6.1.2 and 6.16.1), schools are required to ensure students feel safe and supported at school. This includes supporting and responding to the health care needs of students.

The Department acknowledges that early intervention is critical, especially in relation to a student with an identified health care need. It is essential that upon enrolment or when a health care need is identified, the school has clear plans and processes in place to support the

student's health care need. For students in their early years, research and growing evidence base suggests that intervention at the early stages is critical in mitigating life-long disadvantage.

School staff (administrators, canteen staff, casual relief staff and volunteers) have a duty of care to a student to take reasonable care to avoid harm from risks of injury that are reasonably foreseeable. A teacher's duty of care is greater than that of an ordinary citizen in that a teacher is obliged to assist an injured student, while the ordinary citizen may choose to do nothing.

Schools are required to have:

- 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) for a student with an identified health care need, guided by medical advice received by the student's medical/health practitioner and developed in consultation with the student and student's parents/carers

- school-based policies and procedures for planning for and supporting student health at school including procedures for the management of medication. These policies and procedures should be made available to the school community

- training for relevant school staff in basic first aid (see the Department's *First Aid Policy*)

- training for relevant school staff to meet specific student health needs not covered under basic first aid training, such as managing asthma or for staff involved with excursions or camps

- training for relevant school staff to meet a student's complex medical care needs such as receiving training through the *Schoolcare Program* (see 4.5.9.1.3).

4.5.3 The student health support planning process

Student health support planning in schools has four steps:

Step 1: Before enrolment

- Principals should inform parents/carers about the school's policy for supporting student health prior to and on enrolment.

Step 2: When a need is identified

- Principals ensure that parents/carers 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.

- **Note**: Some students will have a health care need identified after enrolment. The same steps should be followed.

- The principal should ensure that parents/carers and students are informed when their information is being collected about how their personal information will be used and to whom it might be disclosed. For example, to school nurses, who will require access to relevant student information in order to provide appropriate services to students (see circular S322-2007 Secondary School Nurses and Privacy).

- 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 (see 4.5.3.1).

- For any student requiring medication whilst at school, the school must receive written directions ideally from the student's medical/health practitioner. This can be done so via the completion of a Medication Authority Form or ASCIA Action Plan for anaphylaxis or School Asthma Action Plan for asthma (see 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 as outlined in Step 3 (see 4.5.3.1) (or in the case of Anaphylaxis an Anaphylaxis Management Plan (see 4.5.10.2)) should occur shortly 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).

Where a student is not living with a parent/guardian but is living in an informal care arrangement, the school may accept the form signed by the informal relative carer if the carer provides a signed Informal Relative Carer's Statutory Declaration to the school.

See http://www.ocsc.vic.gov.au/publications/parents_resources.htm for a copy of the statutory declaration and information booklet. The informal carer may be a relative, significant friend or a person within the child's extended social network. Although the statutory declaration is titled for 'relative carers', it may be used by informal carers who are not relatives

but who have the day to day care of the student and with whom the student in regularly residing. The statutory declaration applies for 12 months.

Step 3: The planning process

- Principals (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 as outlined in Step 2.

- A range of questions can be asked in planning support. Questions in relation to what needs to be considered and the school's strategy in meeting the health needs of a student are outlined in the Student Health Support Plan (see 4.5.3.1) as a guide for schools to use in its development. Some of these questions are outlined below:

    - *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?*

Step 4: Monitoring and review

- There should be a date for when medical advice received by the student's medical/health practitioner should be reviewed (generally within twelve months).

- Student Health Support Plans (see 4.5.3.1) (or in the case of Anaphylaxis an Anaphylaxis Management Plan (see 4.5.10.2)) should be annually reviewed in light of the updated information received by the student's medical/health practitioner. Student Health Support Plans should 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.

4.5.3.1 Overview of forms available for health support planning

Forms have been developed as a guide for schools to use to assist in planning for and supporting student health. It is acknowledged that many schools have forms already in place to assist in student health support planning. The school may wish to continue to use their current forms however it is a requirement that schools review their forms by the end of term 3, 2008 in light of the information included in the forms developed.

The following forms are available from Edulibrary under Schools/Forms/General School Forms

- **Student Health Support Plan** - outlines how the school will support the student's health care needs, based on health advice received from the student's medical/health practitioner. This form must be completed for each student with an identified health care need (not including those with Anaphylaxis as this is done so via an Anaphylaxis Management Plan). The Plan is to be developed by the school, in consultation with the student, student's parents/carers and other relevant school staff, guided by medical advice received from the student's medical/health practitioner (see 4.5.3).

- **Medication Authority Form** - ideally be completed by the student's medical/health practitioner for students requiring medication to be administered at school. If advice can not be received by the medical/health practitioner than the student's parent/carer or adult independent student should complete the form (see 4.5.7.2). This form is not required for students with:

  - asthma medication as information about medication required at school should be provided on the Asthma Foundation's School Asthma Action Plan.

  - Anaphylaxis as information about medication required at school should be provided on the ASCIA Action Plan for Anaphylaxis.

- **Medication Log** to be used by the principal/nominee when administering the taking of medication. The school may choose to use an equivalent official medication register instead (see 4.2.7.2).

- **General Medical Advice Form for a student with a health condition** - to be completed by the student's medical/health practitioner providing a description of the condition and first aid requirements.

- **Condition-Specific Medical Advice Form for a student with an Acquired Brain Injury -** This form has been developed to be used for a student with an acquired brain injury. It is to be completed by the student's medical/health practitioner providing specific information about the condition, recommended support and first aid requirements (see 4.5.10.1).

- **Condition-Specific Medical Advice Form for a student with Cancer** This form has been developed to be used for a student with cancer. It is to be completed by the student's medical/health practitioner providing specific information about the condition, recommended support and first aid requirements (see 4.5.10.4).

- **Condition-Specific Medical Advice Form for a student with Cystic Fibrosis** This form has been developed to be used for a student with cystic fibrosis. It is to be completed by the student's medical/health practitioner providing specific information about the condition, recommended support and first aid requirements (see 4.5.10.5).

- **Condition-Specific Medical Advice Form for a student with Diabetes** This form has been developed to be used for a student with diabetes. It is to be completed by the student's medical/health practitioner providing specific information about the condition, recommended support and first aid requirements (see 4.5.10.6).

- **Condition-Specific Medical Advice Form for a student with Epilepsy** This form has been developed to be used for a student with epilepsy. It is to be completed by the student's medical/health practitioner providing specific information about the condition, recommended support and first aid requirements. (see 4.5.10.7).

- **School Asthma Action Plan** This form should be ideally completed by the student's medical/health practitioner, in consultation with the student's parent/carer, for a student with asthma. This form is available from the Asthma Foundation (see 4.5.10.3).

- **ASCIA Action Plan for Anaphylaxis** This form is available for parents/carers to complete in consultation with their child's medical/health practitioner if their child has anaphylaxis. A copy of this form is to be provided to the school (see 4.5.10.2).

- **Anaphylaxis Management Plan** Every student who has been diagnosed as at risk of anaphylaxis must have an individual Anaphylaxis Management Plan (see 4.5.10.2).

- **Personal Care Medical Advice Form for a student who requires support for continence** - to be completed by the student's medical/health practitioner, such as a continence specialist outlining the personal care requirements for a student who requires support for continence (see 4.5.8.2).

- **Personal Care Medical Advice Form for a student who requires support for oral eating and drinking** - to be completed by the student's medical/health practitioner, such as a speech pathologist, outlining the personal care requirements and first aid requirements for a student who requires support for oral eating and drinking (4.5.8.3).

- **Personal Care Medical Advice Form for a student who requires support for transfer and positioning** - to be completed by the student's medical/health practitioner such as a physiotherapist,

outlining the personal care requirements for a student who requires support for transfer and positioning (see 4.5.8.4).

- **Hygiene Care and Learning Plans** Schools may choose to use this plan, to maximise opportunities for students to self-manage components of their personal care support, as far as possible, in relation to hygiene and to acknowledge the learning that has occurred when success is achieved (see 4.5.8.1).

- **Toileting Care and Learning Plan** Schools may choose to use this plan, to maximise opportunities for students to self-manage components of their personal care support, as far as possible, in relation to toileting and to acknowledge the learning that has occurred when success is achieved (see 4.5.8.2).

- **Confidential Medical Information for School Council Approved School Excursion** The form must be completed by the parent/carer of each student in advance of each school council approved excursion (see 4.4.2.5).

- **School Camp Asthma Action Plan** This plan is to be completed by the student's parent/carers in consultation with the student's general practitioner. It is available from the Asthma Foundation (see 4.5.10.3).

Where a student is living in an informal care arrangement with a relative, the school may accept any of the abovementioned forms signed by the informal relative carer provided the carer has provided a signed Informal Relative Carer's Statutory Declaration to the school. A copy of the Statutory Declaration and information about the Declaration is filed at www. (insert link)

4.5.4 Roles and responsibilities in health support planning

The sections below details the roles and responsibilities of school staff, parent/carers and adult/independent students in health support planning.

In relation to planning health support, the Department should:

- provide first aid facilities and sufficient staff trained in first aid under the provisions of the *Occupational Health and Safety Act* 2004 and the Department's *First Aid Policy*

- ensure that relevant departmental regional staff are briefed about the health support planning process to assist them in supporting schools

- provide relevant advice, forms and information to schools to assist them in planning and supporting student health.

4.5.4.1 Principals

- have the overall responsibility for implementing policy and processes to ensure that a student's health care needs are planned and supported.

- should undertake the health support planning steps in 4.5.3.

- communicate to the school community the school's policy and processes in relation to health support planning.

- encourage ongoing communication between parents/carers and the school about the current health care needs of a student.

- undertake the first aid responsibilities as outlined in the Department's *First Aid Policy*.

- ensure delegated staff responsibilities reflect position descriptions.

- ensure that allocation of staff duties anticipates predictable short and long-term health support needs of students.

- ensure that there are procedures in place for informing relief teachers of students with health care needs and the steps required for prevention and emergency response.

- ensure that relevant staff, including first aid coordinators and school nurses are informed about any changes to a student's details, including changes to emergency contact information.

- ensure relevant responsibilities are undertaken, in relation to relevant employee health standards, regulations and legislation including occupational health and safety (see Section 6).

- undertake the responsibilities in relation to emergency and security management (see 6.15).

- manage confidentiality of health information received and apply the department's privacy principles when collecting, using, retaining or disposing of personal or health information (see 4.6.4.3 and 6.28)

- allocate time, such as during staff meetings to discuss, practice and review the schools policy and procedures for student health support planning.

- be aware of health care services, including nursing and therapy services, which visit the school.

4.5.4.2 School staff

School staff have a duty of care to students to take reasonable care to avoid harm from risks to injury that are reasonably foreseeable. This may include administrators, canteen staff, casual relief staff and volunteers. A teacher's duty of care is greater than that of an ordinary citizen in that a teacher is obliged to assist an injured student, while the ordinary citizen may choose to do nothing.

For students with health support needs, school staff should:

- understand and inform parents/carers about the health support planning policies and procedures within the school.

- be familiar with the school's first aid and emergency procedures, including those procedures in relation to excursion emergency management, and their own role in these procedures.

- provide basic first aid within the limits of their skill, expertise and training.

- take part in, where appropriate, 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) and understand and follow the strategies outlined.

- take part in, where appropriate, the development of learning and care programs which accommodate the *student health support plan.*

- deliver learning programs that support safe and effective health care management.

- plan ahead for special class activities or special occasions such as excursions, incursions, sport days, camps and parties.

- support a range of curriculum access options.

- offer alternative programs where participation in the planned program could place students with health issues at risk.

- assist parents/carers and the school community to meet their obligations in relation to public health pests (for example, head lice, biting fleas, scabies).

- encourage students to have good hygiene practices, particularly washing and drying hands.

- in line with their duties and training and a negotiated *Student Health Support Plan,* school staff should undertake personal care duties

- within the knowledge and expertises received through relevant training e.g. through the *Schoolcare Program*, relevant school staff should support students who have complex/invasive health care needs

- in line with duties, undertake management of health care related records, store and supervise medication administration, make periodic documentation of behaviour observations.

- report to parents/carers any observations which could indicate health-related concerns for a student, for example increase in the use of asthma reliever medication.

Where a student has a particular health issue, any curriculum dealing with that issue should be addressed in a confidential and sensitive manner, for example, if a student is newly diagnosed with diabetes or epilepsy the teacher might offer curriculum about caring for oneself and others. The teacher should not, however, make the student the topic of study.

School staff must take reasonable care for their own health and safety and that of others within the school who may be affected by their acts or omissions. In providing student health support they must, therefore:

- become familiar with policies and procedures that guide work performance.
- follow instructions related to health and safety (see Section 6).
- contribute to risk assessment processes.
- safeguard the privacy of health information, using the department's privacy principles (see 4.6.4.3 and 6.28).
- use equipment provided for health and safety purposes.
- assist with the maintenance of clean and safe equipment and premises.
- apply standard precautions against transmission of infections.
- this resource and via the department's website.

4.5.4.3 First aid coordinators/school nurses

First aid coordinators or school nurses should take a lead role in supporting principals and teachers in the health support planning process. They should:

- have knowledge of those students with *Student Health Support Plans* (see 4.5.3.1) (or in the case of Anaphylaxis an *Anaphylaxis Management Plan* (see 4.5.10.2)) including the first aid response noted on the plans
- ensure that student's emergency contact details are up to date.
- undertake the responsibilities as outlined in the Department's *First Aid Policy*.
- ensure all medications supplied by the student are within their use-by date, including medication used for emergencies.
- work with staff to conduct regular reviews of management strategies and regular risk assessment.
- work with staff to develop strategies to raise awareness in the school community about health and safety issues.

4.5.4.4 Parents/carers and adult/independent students

Parents/carers are primarily responsible for the health and wellbeing of their children. Adult/independent students (see 4.6.14.5) can take this responsibility themselves. It is the responsibility of parents/carers and adult/independent students to:

- inform the school, either at enrolment or diagnosis, of your child's health care needs.

- obtain information from your child's medical/health practitioner about their health condition, ideally by requesting they complete a relevant Department *Medical Advice Form* (see 4.5.3.1). Provide this advice to the school.

- meet with the school to develop the *Student Health Support Plan* (see 4.5.3.1) (or in the case of Anaphylaxis an *Anaphylaxis Management Plan* (see 4.5.10.2))

- provide all medications (within the use-by date) to the school with written instructions ideally by your child's medical/health practitioner on a *Medication Authority Form* (see 4.5.3.1) or an ASCIA *Action Plan for Anaphylaxis* or the *School Asthma Action Plan* for asthma (see 4.5.3.1 and 4.5.14).

- assist school staff in the planning and preparation for your child, prior to their attendance at school camps, field trips, incursions, excursions or special events such as class parties or sports days.

- inform the school of any changes to your child's health care needs as well as emergency contact details.

- participate in reviews of the *Student Health Support Plan* e.g. when there is a change to your child's health condition or at an annual review.

- assist your child, for whom is responsible to self-manage, as much as is safe and practical, their health and personal care needs.

4.5.4.5 Students

Wherever possible, students should be supported to learn to take responsibility for the management of their own health and personal care needs in non-emergency situations. Students in the early years will generally need supervision of their medication and other aspects of health care management. In line with their age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management should follow agreement by the student and his or her parents/carers, the school and the student's medical/health practitioner.

4.5.4.6 School council members and other volunteers

School council members and other volunteer workers can ensure they are:

- informed about, and comply with, health support planning policies and procedures.

- maintain confidentiality in situations in which parents/carers or adult/independent student (see 4.6.14.5) have released health information to them because of their supervisory role (for example, as

a sports coach or providing assistance with reading and maths programs).

- ratify relevant school policies in relation to health support, such as the school policy and procedures in relation to health support planning as well as medication management.

4.5.5 First Aid

First aid is defined as emergency treatment and support provided to students who suffer injury or illness while at school or on an approved school activity (adapted from the Department's *First Aid Policy*).

First aid support in schools is the same as that provided in the wider community. It is provided in response to unpredictable illness or injury to:

- preserve life
- protect a person, particularly if the person is unconscious
- prevent a condition worsening
- promote recovery.

First aid incorporates basic life support; that is, emergency procedures to:

- recognise and manage a clear and open airway
- restore breathing or circulation
- monitor wellbeing, using techniques as described by approved first aid training providers, until the person recovers or is transferred to the care of an ambulance paramedic, nurse or doctor.

This section should be read in conjunction with:

- the Department's *First Aid Policy*
- Relevant legislation and policy, including the *Occupational Health and Safety Act 2004* and *Victorian WorkCover Authority Code of Practice - First Aid in the Workplace 1995.*
- WorkSafe publication *Your Health and Safety Guide to Workplace Amenities and First Aid*

4.5.5.1 Provision of first aid in schools

Principals and teachers have a legal duty to protect students in their care from the risks of injury that are reasonably foreseeable. In the case of serious injury or illness, neither the principal nor the teacher is required to diagnose or treat the condition apart from carrying out the appropriate first aid procedures, within the limits of their skill, expertise and training. Diagnosis and treatment are the responsibility of the ambulance paramedic or medical practitioner in attendance.

There should always be a minimum of one first aider available to assist an injured or ill person. A first aider is a person who has been trained to a competent level that covers all school requirements whose accreditation is current. In some schools first aid duties may be shared across several members of staff who have the necessary training and expertise to meet the specific requirements within each school.

Where possible, only the first aider should provide first aid, however in an emergency situation, other staff may be required to help within their level of competency.

Some students require first aid procedures that are in addition to those taught in basic first aid training. The principal must ensure that where necessary, relevant school staff receive additional training modules to meet the health needs of students, such as for asthma management, administration of an EpiPen ®, staff involved with excursions and specific educational programs or activities.

If required, consent must be obtained from the student's parent/carer or in the case of secondary school student, the student, if it is decided that a photograph of a student, together with an outline of their medical condition and relevant medical treatment is to be displayed in a staff area within the school.

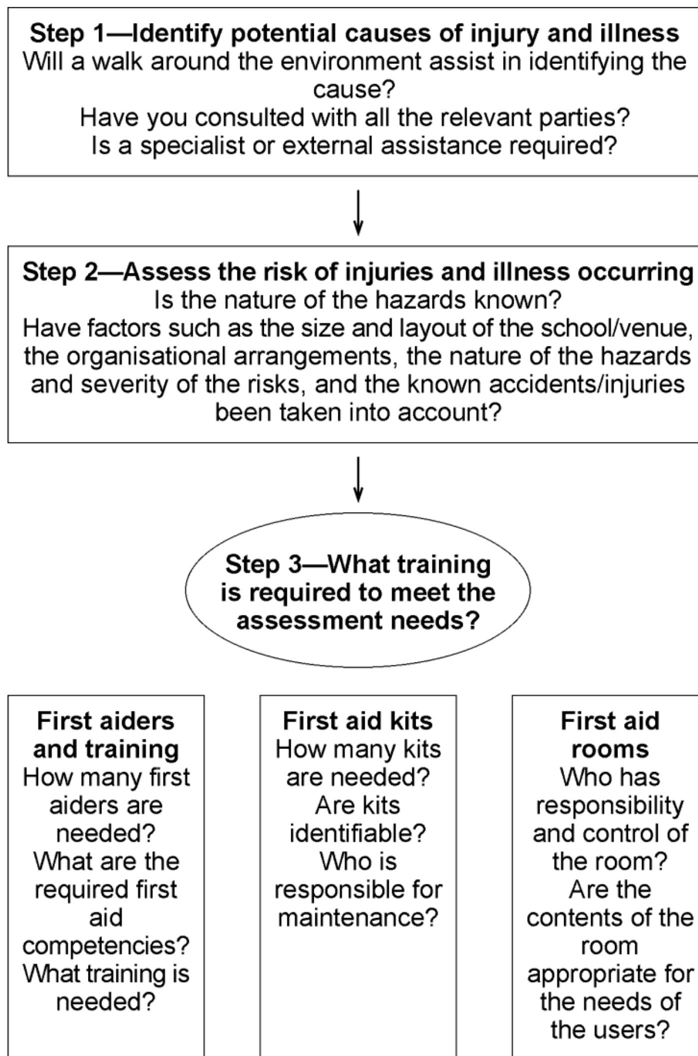
The *Student Health Support Plan* (see 4.5.3.1) (or in the case of Anaphylaxis an *Anaphylaxis Management Plan* (see 4.5.10.2)) should outline the individual first aid plan for a student with an identified health care need. This should be developed on the basis of information received from the student's medical/health practitioner, ideally through the completion of a relevant Department medical advice forms (see 4.5.3.1).

4.5.5.1.1 First aid training

Under the provisions of the *Occupational Health and Safety Act 2004* and the Department's duty of care obligations to students, the Department is responsible for providing first aid facilities and a sufficient number of staff trained in first aid. Appendix A of the Department's *First Aid Policy* provides a guide for establishing the number of first aiders required.

The type and level of first aid training required will vary according to the responsibilities and duties of individual teachers and the activities undertaken. In identifying the training needed by staff, principals will need to take into account factors such as the nature of the activities and their location, potential hazards and risks and previous accidents and injuries. That is all part of the risk assessment process.

In assisting schools with the assessment of their first aid needs, it is suggested that the following process for assessing first aid facilities and training be used.



(Adapted from the *Code of Practice – First Aid in the Workplace 1995)*

The Department's *First Aid Policy* provides guidelines for first aid training requirements for schools. The policy also includes a link to a list of approved first aid training providers who have agreed to provide appropriate training courses for schools.

4.5.5.1.2 Managing blood spills at school

All blood spills should be treated as if the blood is potentially infectious (see 4.5.6).

All blood spills should be managed by:

- avoiding direct contact with blood or other fluids
- wearing gloves
- covering any cuts and abrasions on hands with a waterproof dressing. Healthy, intact skin is an effective barrier against becoming infected from spilled blood and other body fluids.

The equipment for managing blood spills in the classroom or sporting activities are:

- single-use gloves
- paper towels
- single-use plastic bags
- warm water and detergent.

The procedures for managing blood spills in the classroom or sporting activities are:

- put on gloves
- use paper towels to mop up the blood spill
- and dispose of them into a plastic bag
- wash area with warm water and detergent, rinse and dry (take care not to splash excessively)
- place gloves into plastic bag
- seal bag and dispose of it in a rubbish bin
- wash hands in warm soapy water and dry thoroughly
- if re-usable items/utensils are used rinse with cold water, wash in warm soapy water, rinse in hot water and dry.

4.5.5.1.3 First aid for students who are bleeding

When attending an injured student who is bleeding, take care to avoid contact with the blood. Comfort the student and move them to safety.

The equipment for providing first aid for students who are bleeding are:

- single-use gloves
- paper towels
- single-use plastic bags
- waterproof dressings
- warm water and detergent.

The procedures for providing first aid for students who are bleeding are:

- put on gloves
- flush the wound using warm water, then wash with warm water and soap
- pat dry the wound and apply a waterproof dressing

- when the wound is covered and no longer bleeding, remove gloves and place in plastic bag, tie securely

- seal bag and dispose of it in a rubbish bin

- wash hands in warm, soapy water and pat dry thoroughly.

Any linen stained with blood or body fluids should be removed and stored in leak-proof plastic bags until they can be cleaned via a commercial laundry/linen cleaning service.

4.5.5.1.4 Needle disposal

Under no circumstances should students be asked or encouraged to pick up needles/syringes. All schools should have an approved disposal container for discarded needles. Approved disposal containers must be stored out of reach of staff, student and visitors, e.g. on a shelf above eye and hand reach of students.

The equipment for the safe disposal of discarded needles and syringes are:

- single-use gloves

- plastic bags

- if an approved disposal container is not available then use a hard-walled container. Do not use glass bottles as they can break.

The procedures for the safe disposal of discarded needles and syringes are:

- put on single-use gloves

- never recap the needle even if the cap is also discarded

- place the disposal container on the ground next to the syringe

- pick up the syringe from the middle

- keep the sharp end away from you at all times

- place the syringe, needle point down, in the disposal container and screw the lid back on firmly

- if there is more than one syringe pick them up individually and repeat the procedure to pick up all syringes

- long metal tongs can be used to reach syringes/needles in more inaccessible places (see 4.5.5.1.2 for information regarding washing utensils)

- remove gloves and place in plastic bag

- seal and dispose of the plastic bag

- wash hands in warm, soapy water.

Disposal containers or syringes must not be put in normal waste disposal bins. Information about appropriate disposal of disposal containers can be obtained by:

- telephoning the Syringe Disposal Helpline on 1800 552 355 for advice about handling syringes and the location of the nearest local council syringe program or public disposal bin
- contacting the local general practitioner
- contacting the local hospital.

If the needle and syringe cannot be retrieved, mark the area so that others are not at risk and contact the Syringe Disposal Helpline on 1800 552 355.

4.5.5.1.5 Needle stick injuries

In a case of a 'sharps' or an exposure 'needle stick injury' the following procedures should be observed:

- flush the injured area with flowing water
- wash the affected part with warm, soapy water and pat dry
- cover the wound with a waterproof dressing
- report the injury to the principal
- see a doctor as soon as possible for an assessment of the risk of infection and appropriate treatment.

Research has indicated that the risk of infection from needle stick injury is low and should not cause alarm (*Victorian Infectious Diseases Bulletin*, Vol. 12, Issue 4, November 1999, page 72).

4.5.5.1.6 Use of ice packs above the shoulders

Ambulance Victoria First Aid has provided the following advice regarding using ice packs as first aid for injuries or conditions above the shoulders.

In the case of a minor injury such as a bump or bruise to the head, neck or shoulder area, appropriate first aid procedures can include the application of an ice pack or refrigerated gel pack.

The normal precautions for using any ice pack would apply. These include: do not apply directly to skin; remove if pain or discomfort occurs. A cold compress (towel/cloth rinsed in cold water) can be used as an alternative to an ice pack in certain circumstances.

In the case of nose bleeds, ice should not be applied to the nose. However, a cold compress may be used.

Certain signs or symptoms would exclude using an ice pack or cold compress and indicate the need to seek medical help, usually by calling

an ambulance. The symptoms that exclude using ice packs or cold compresses include the following:

- any loss of consciousness, even if only brief
- a less than alert conscious state
- any suspicion of a fracture
- any suspicion of a spinal injury
- any injury to eyes or ears
- any penetrating injury
- any open wounds.

4.5.5.1.7 Use of thermometers in first aid

Ambulance Victoria First Aid and St John Ambulance Australia (Vic) have provided the following advice regarding the use of thermometers in first aid.

Thermometers are not necessary for first aid, as they are specific instruments and are not required as part of a first aid kit. Use of a thermometer is not part of general first aid training according to the *National Health Training Package (First Aid Units of Competency) HLT07* (February 2007).

If a student becomes unwell at school, the school should assess a range of signs and symptoms including feeling the skin to assess if a student is warm/hot, assessing if the student looks pale but has flushed cheeks, or even the student may indicate that they feel hot. The specific temperature of the student is not the main indicator. Action should be taken based on the summary of signs and symptoms.

An elevated temperature on its own would not immediately require medical or ambulance attention. If there is any doubt about the student's condition, or a sense that the student's condition is deteriorating, the school should immediately seek emergency assistance.

4.5.5.2 Seeking emergency assistance

In the case of serious injury or illness, neither the principal nor the teacher is required to diagnose or treat the condition apart from carrying out the appropriate first aid procedures, within the limits of their skill, expertise and training. Diagnosis and treatment are the responsibility of the ambulance paramedic or medical practitioner in attendance.

School personnel should immediately contact emergency medical services in emergency situations. School staff should not have to wait for parents/carers approval to take emergency action. Delays could compromise safety. Parents/carers or the emergency contact person should be notified and informed of the action taken.

In some cases, school staff providing first aid will assess that, while emergency medical services are not required, medical advice appears

warranted (for example, where there is a blow to the head but no signs of concussion, or where there are reports by a student of persistent aches and pains). In these situations, the school should ask the student's parent/carer/emergency contact person to collect the student, suggesting that the advice of a medical practitioner should be sought. If there is a delay in collecting the student and the student's health and safety start to deteriorate, emergency assistance should be sought.

Students may have a Not-For-Resuscitation (NFR) order as part of their palliative care to manage a deteriorating and life-threatening condition. The first aid response should be clearly documented on the *Student Health Support Plan* (see 4.5.3.1). Despite such an order, it is appropriate for the first aid response to specify that the school **must** contact an ambulance in an emergency situation. School staff must not make a decision about medical prognosis. It is not the role of the school to determine whether the point of the Not-For-Resuscitation order has been reached; that is a determination for legally qualified medical practitioners to make. Therefore, an ambulance must be called to transport the student to hospital.

Upon the principal's discretion, a school staff member may accompany a student transported by emergency services, when a parent/carer/emergency contact person is unable to do so. In making this decision, the principal should consider the age/developmental level of the student, if the student chooses to be accompanied, and the need for alternative supervision of the remaining students.

On rare occasions, there may be an unavoidable need for a school staff member to transport an injured or very ill student to emergency care (for example, when an ambulance is not available). In such cases, at least two adults should accompany the student so that the driver is not distracted and the student can be constantly supervised.

4.5.5.2.1 Emergency and Security Management Unit

The Department's Emergency and Security Management Unit (see 6.15) operates the Department's twenty four hour emergency coordination centre. This facility provides a single reference point for schools to report emergencies and other critical incidents including criminal and other unwanted activities. It also provides the mechanism for ensuring that all Department resources are available to assist school staff in making timely and safety oriented decisions during emergencies.

After contacting 000, schools should notify the Emergency and Security Management coordination centre of the incident on 03 9589 6266 twenty four hours.

4.5.5.2.2 NURSE-ON-CALL

Schools may wish to contact the NURSE-ON-CALL program in an emergency if required. NURSE-ON-CALL provides immediate, expert health advice from a registered nurse, who is fully qualified to work in Victoria. All NURSE-ON-CALL staff have access to up-to-date health advice and information.

NURSE-ON-CALL is available 24 hours a day, 7 days a week from any landline in Victoria for the cost of a local call. Call 1300 60 60 24.

For more information on NURSE-ON-CALL see:

http://www.health.vic.gov.au/nurseoncall/about.htm

4.5.5.3 Liability

In relation to liability for medical expenses, see 6.16.8.

In relation to student accident insurance cover see 4.4.1.2.

In relation to liability for personal injuries brought by students through their parents/carers, see 6.16.2 .

4.5.6 Prevention and control of transmission of infectious diseases

Public health authorities determine procedures for the prevention and control of public health pests such as head lice, biting fleas, scabies and bedbugs.

The Department of Human Services has published *The Blue book: Guidelines for the control of infectious diseases*. This book provides useful information to be used by public health practitioners in the prevention and control of infectious diseases, including:

- Scabies
- Rubella (German Measles) (for promotional material about rubella contact the Victorian College for the Deaf (ph: 9510 1706).
- Anthrax
- Parvovirus b19 ('slapped cheek' - Erythema Infectiosum) – (also see the Department's fact sheet *What to do if you have 'slapped cheek' infection in your school*.
- Meningococcal disease.

Schools are not public health authorities. They can, however, support the control and prevention of transmission of infectious diseases through a prompt and consistent response to a detected or suspected case. Schools might be the first to notice or suspect a child or student has head lice (see 4.5.6.3) or some other public health pest. Schools should not be expected to:

- treat students as this is a parental responsibility
- give expert advice in this area as this is the role of health authorities.

Prevention and control of transmission of infection in a school encompasses:

- standard precautions, as the basic level of infection control to be used at all times

- additional precautions, which include immunisation and exclusion protocols.

4.5.6.1 Standard precautions

Standard precautions are practices which ensure that the basic level of infection control is used at all times, within a school, by all staff, volunteers, and students, to the best of their capability. Standard precautions include:

- good hygiene practices, particularly washing and drying hands before and after contact with contaminated objects
- the use of protective barriers which can include gloves and masks
- safe handling of 'sharps'
- use of sterile techniques.

Standard precautions should be used in the handling of blood, all other body fluids, secretions and excretions (excluding sweat), dried blood, and other body substances.

Staff members should check for cuts, abrasions or broken skin on their hands or lower arms and cover them with waterproof dressings at all times.

All incidents of blood and body fluid spills should be treated as being potentially infectious. All school staff should be aware of the risks associated with blood and body fluid spills and should be familiar with the recommended hygiene and standard precautions.

Principals should ensure that the school has an appropriately stocked first aid kit (see 4.5.6.4.1) with accompanying advice on the need for care in handling spills of blood and other body fluids. Where possible all staff members should use single-use gloves when dealing with spills of blood and other body fluids (see 4.5.5.1.2). If single-use gloves are not available then the staff member dealing with the spill should take the first opportunity to get someone wearing gloves to take over, then thoroughly wash their hands, and any other body parts that were in contact with the spill, with warm soapy water.

If mouth-to-mouth resuscitation is required, a resuscitation mask, if available, should be used as a precaution. CPR training should be practised with the use of a resuscitation mask and disinfected equipment.

The Department has sought advice from the Department of Human Services that the risks of infection from blood-borne viruses (BBVs) such as HIV/AIDS, hepatitis B and hepatitis C are negligible, provided that basic hygiene, safety, infection control and first aid procedures are observed in schools. Therefore, if proper precautions are taken there is no need to refuse assistance or first aid to any student, staff member or employee. This applies to classroom settings, physical education and sport activities and in the school grounds.

As a general health precaution in school settings, interaction among students, or between students and staff, must not allow contact with body

fluids. Where inappropriate student behaviour is likely to lead to such contact, the school should put in place appropriate procedures to protect other students and staff, including educating the student about why the behaviour is inappropriate and the consequences of their actions.

4.5.6.2 Additional precautions

Additional precautions are designed to interrupt transmission of infection by:

- air (for example, measles, chickenpox, tuberculosis)
- droplet (for example, mumps, rubella, pertussis (whooping cough), influenza).

Additional precautions include immunisation and exclusion protocols during outbreaks of communicable disease (as determined by Commonwealth and state health authorities). Additional precautions are used as well as, not instead of, standard precautions.

4.5.6.2.1 Immunisation

For information about the immunisation certificate requirements when enrolling a student in a primary school, see 4.1.2.3. Additional information is also provided in the Department of Health primary school immunisation fact sheet see: Starting Primary School?

The Department of Health provides a routine schedule of vaccines that are provided free under the National Immunisation Program see National Immunisation Program Schedule.

For information:

- about the hepatitis B immunisation program for school staff, see the Department's *First Aid Policy* as well as the Department's *Guidelines for Hepatitis*.
- about the National HPV and cervical cancer vaccination program, see: Cancer Council Australia's Cervical Cancer Vaccine. This website also has advice on how to run a vaccination program in a school setting see: For Schools.

4.5.6.2.2 Exclusion for infectious diseases – School Exclusion Table

The Department of Human Services set out a *School exclusion table* which outlines the minimum period of exclusion from schools for infectious diseases cases and contacts as prescribed under regulations 13 and 14 of the *Health (Infectious Diseases) Regulations 2001* – Schedule 6. Schools must be aware of and abide by the exclusion requirements.

It should be noted that during outbreaks of diseases prescribed in the table principals are to direct parents/guardians of students who are not immunised (see 4.1.2.3.) to keep their children at home for the recommended period.

4.5.6.3 Managing head lice

Students with head lice have been found in most Victorian schools. Head lice are only passed on through direct hair-to-hair contact with another person who has head lice. The Department of Human Services *Scratching for Answers* website provides information about head lice recognition and treatment.

4.5.6.3.1 Headlice Management Toolkit

The Department has developed a *Headlice Management Toolkit* for schools to assist in the management of head lice. The *Toolkit* supports the development of school based policy on head lice.

4.5.6.3.2 School policy

Each school is expected to develop a school based policy on head lice which reinforces an accurate, consistent approach to the management of head lice infections. The policy must be approved by the school council. Recommendations on the possible content of the school policy were attached to Circular 010/2003 *Head Lice*. This information is available from the *Headlice Management Toolkit*.

4.5.6.3.3 Head Lice Inspections at school - written parental consent

The Department advises that informed written consent by the parent/carer must be obtained prior to any student being inspected for the presence of head lice.

Schools wishing to organise head lice inspections, are encouraged to obtain written consent from the parent/carer via a pro forma consent form provided upon a child's enrolment at a school. This will provide permission for the child to be inspected for head lice, and cover the duration of their schooling at the school. Schools must update the consent form in those instances where guardianship/custody changes and where the parent/carer no longer wishes to provide consent for the school to inspect their child for head lice.

A pro forma consent form was attached to Circular 017/2005 Head Lice Management sent to schools on 25 January 2005 and can be accessed from the *Headlice Management Toolkit*.

4.5.6.3.4 Visual checks

Persons authorised by the school principal, e.g. classroom teachers, are now encouraged to visually check each student's hair for the presence of head lice, when it is suspected that head lice may be present. No physical contact with the student must occur during visual checks.

Differences between Head Lice Inspections and Visual Checks:

	Definition	Authorised Persons	Parent Consent
Head Lice Inspections	Examinations of a student's head for the presence of head lice.	Persons authorised by the school principal and school council, e.g. school nurse, parent volunteer.	Parental consent is required (obtained upon child's enrolment at a school).
Visual Checks	Observations without physically touching a student's head.	Persons authorised by the school principal e.g. classroom teacher.	No parental consent required.

4.5.6.3.5 Exclusion of students with head lice

The responsibility to exclude a student from a school rests with the principal. Schools must follow the *Health (Infectious Diseases) Regulations 2001*, *School Exclusion Table* (see 4.5.6.2.2) which notes that principals must exclude infected students (i.e. those students with live head lice) until the day after appropriate treatment has commenced. A student with head lice can be treated one evening and return to school the next day. The presence of eggs in the hair is not cause for exclusion.

The Department of Human Services recommends that at the conclusion of the school day, the student should be provided with a note to take home to inform the parent/carer that their child may have head lice.

There is no requirement in the *Health (Infectious Diseases) Regulations 2001* for a clearance certificate to be issued either by a general practitioner or a municipal council.

4.5.6.3.6 Detection, treatment and notification

The responsibility for the detection and treatment of head lice rests primarily with parents/carers. It is important that parents/carers are supported and provided with practical advice on how to treat head lice in partnership with schools and the Department.

The discovery of head lice can be a stressful situation. Schools are asked to continue to exercise sensitivity towards this issue and to avoid any stigmatisation by maintaining student confidentiality.

It is recommended that parents/carers:

- regularly (preferable once a week) inspect their child's hair to look for lice or eggs, and regularly inspect all household members and then treat them if necessary.
- notify the school if their child is affected and advise the school when treatment has started.
- notify the parents/carers of their child's friends so they too have the opportunity to detect and treat their children if necessary.
- do not send their child to school with untreated head lice.

The principal, on being told of the infestation of a student, should alert parents/ carers, particularly those of other students in the same class. It is

not advocated that the principal inform the whole school community each time head lice is detected. The Department of Human Services indicate that most schools will have students with head lice at any one time. With this in mind, a school could theoretically alert the whole school community every day of the school year, which could inturn, create a perception of a pseudo-outbreak of a school being riddled with head lice. Principals should therefore use discretion if wishing to alert the school community about the infestation of head lice.

4.5.6.4 Blood-borne viruses (BBVs)

As noted in 4.5.6.1, the Department has sought advice from the Department of Human Services that the risks of infection from blood-borne viruses (BBVs) are negligible, provided that basic hygiene, safety, infection control and first aid procedures are observed in schools.

BBVs include:

- Human Immunodeficiency Virus (HIV)
- Hepatitis:
  - Hepatitis B (also see the Department's *Hepatitis B Guidelines for Schools.* Please note that the *Hepatitis B Guidelines for Schools* is currently under review).
  - Hepatitis C (also see the Commonwealth Department of Health and Ageing *Hepatitis C: Information for all Australians*)
  - Hepatitis D

In 2002 sports coordinators in secondary schools were sent a copy of the Sports Medicine Australia *Blood rules, OK protect yourself in sport and play- Be Blood Aware* education resource kit. A copy of the document can be downloaded from the Sports Medicine Australia website.

4.5.6.4.1 Prevention education

Prevention education is to be taught to all students as part of each school's comprehensive health education program (see 3.17.2.2). This education should be in line with the Victorian Essential Learning Standards.

4.5.6.4.2 Privacy, confidentiality, notification and anti-discrimination

The BBV status of a student is a private matter between a student and his/her doctor. Parents/guardians may choose to report the BBV status to the principal. In this case, the principal must respect the student's confidentiality.

If there are questions or concerns about the exclusion of students who are infected with BBVs, schools should consult with the Communicable Diseases Section of the Department of Human Services, on telephone 9637 4126.

Confidentiality refers to the protected status of information provided on the understanding that it will not be accessible to other persons without

the approval of the parents/guardians or, if appropriate, the student. Therefore all Department employees in receipt of verbal and written information relating to the BBV status and condition of any student must take all reasonable precautions to protect the student's privacy. If the school has been notified of the BBV status of a student then the principal is responsible for ensuring that such information remains confidential. This right to confidentiality should avoid any form of discrimination and protect the person's right to privacy (see 4.5.7.1).

Victorian equal opportunity legislation—*Equal Opportunity Act 1995* and the *Equal Opportunity (Gender Identity and Sexual Orientation) Act 2000*—protects students from any form of victimisation or discrimination on the grounds that they have, or are imputed to have, a BBV infection. Examples of such discrimination are:

- refusing to enrol the student
- excluding the student from attendance
- denying the student access to school programs or activities
- failing to protect the student from harassment or victimisation
- breaching confidentiality related to the BBV status of the student
- differential application of school rules.

4.5.7 Routine Supervision for Safety

Routine supervision for health care-related safety aims to maximise every student's access to, and safe and enjoyable participation within a school. This requires inclusive, and sometimes individualised, management of:

- health care records (see 4.5.7.1)
- medication (see 4.5.7.2)
- facilities (see 4.5.7.3)
- equipment (see 4.5.7.4)
- curriculum (see 4.5.7.5)
- modified dietary requirements (see 4.5.7.6)

Schools can be asked to provide individual supervision for safety which:

- is short-term and minimal (for example, during recovery from illness, injury or some emotional trauma)
- is long-term (for example, students with asthma, allergies, diabetes, epilepsy, otitis media, depression, schizophrenia, a tracheostomy or who require catheterisation)
- includes support for peers and possibly others, as well as the individual student. This occurs where a student has a medically

fragile, deteriorating and sometimes life-threatening condition. It can include some students with severe and multiple disabilities, and some with cancer or a progressive neurological disorder. For some, palliative care is involved.

4.5.7.1 Management of health records

Effective health-related record keeping relies on respectful and confidential communication between family, health professionals and the school. The principal must ensure that roles and responsibilities are outlined in relation to management of health records. Effective management of health records include:

- Provision of health care information
- Confidentiality
- Privacy (see *Health Records Act 2001*and *Information Privacy Act 2000*)

4.5.7.1.1 Responsibility for provision of health care information

Parents/carers retain primary responsibility for ensuring that the school has relevant health care information about their child. Adult/independent students (see 4.6.14.5) can provide this information themselves. Relevant health care information should be provided at the time of enrolment or transition and at least annually thereafter (see 4.5.3).

If the parent/carer agrees, the school can assist by providing observations (rather than interpretations) of a student's behaviour. These observations can be used to assist the student's medical/health practitioner in monitoring and planning for the student's health care.

Families of, for example chronically ill or critically injured ill students might choose to limit the release of information for a range of reasons. Schools should be sensitive to the family's needs. It is important however to inform the parent/carer or adult/independent student (see 4.6.14.5) of the school's need to be aware of the student's health condition and first aid requirements, to ensure that appropriate plans for support are put in place. The school should ensure that parents/carers and adult/independent students are informed about how their personal and health information will be protected.

4.5.7.1.2 Confidentiality

Confidentiality refers to the protected status of information provided on the understanding that it will not be accessible to other persons without the approval of the parents/guardians or, if appropriate, the student (see 6.28 as well as the Department's Privacy website).

Principals need to ensure that all staff who are in receipt of, or who have access to confidential information, either verbal or written, understand their responsibilities to keep this information confidential. Principals should take particular care in cases where the information has been inadvertently or involuntarily disclosed. Where information has been inadvertently disclosed a range of steps need to be taken to manage the issue. Seek advice from the Department's FOI and Privacy Unit.

Confidentiality should be guarded by:

- ensuring the security of records, i.e. in a locked filing cabinet
- preserving confidentiality when handling information, whether written or oral
- provision of a private environment for personal interviews.
- Staff training in appropriate information handling procedures
- Where appropriate, monitoring of access to database and systems that contain personal and health information
- Provision of appropriate access levels to database and systems- periodically reviewed.
- Periodic reviews of data security arrangements.

Information provided to medical personnel by students, is done so in confidence. Such information remains the property of the students or their parents/carers. Except in circumstances where there is a legal obligation to do so, health professionals are not free to divulge the personal data of clients without their parents'/carers' or their consent. Various exemption clauses in privacy legislation that provide for the disclosure of personal and health information may apply in rare circumstances. Seek advice from the Department's FOI and Privacy Unit if seeking to invoke an exemption clause.

Health professionals can give general information about the processes involved in an illness or recovery from injury, as this information is freely available.

4.5.7.1.3 Privacy

Victorian information privacy laws, the *Health Records Act 2001*, and *Information Privacy Act 2000* regulate the way government schools can collect, use, retain and secure personal and health information.

Schools must apply information privacy principles when collecting, using, retaining or disposing of personal or health information (see 6.28 as well as the Department's Privacy website). The information privacy principles in both acts are broadly consistent. Details of all the information privacy principles that apply to schools can be found at the Privacy intranet site.

4.5.7.2 Medication management

This section relates to ALL medications to be administered at school, including prescription as well as non-prescription medication, including analgesics, such as paracetamol and aspirin and other medications which can be purchased over the counter without a prescription.

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

All medication to be administered at the school should be accompanied by written advice providing directions for appropriate storage and administration (see 4.5.7.2.2.1).

A student should not take his or her first dose of a new medication at school as the student should be supervised by the family or health professional in case of an allergic reaction.

4.5.7.2.1 Medication management policy

All schools should have a medication management policy which outlines the school's processes and protocols regarding the management of prescribed and non-prescribed medication to students at school. This policy should be ratified by the school council and communicated to the school community.

4.5.7.2.2 Administration of medication

The student's parent/carer or adult/independent student (see 4.6.14.5) may wish to supply medication to be administered at the school. To minimise the quantity of medication held at the school, it should be considered if the medication can be taken outside of the school day, for example medication required three times a day may be able to be taken before and after school, and before bed.

All medication to be administered at the school must be in the original medication bottle or container and clearly labelled including the name of the student, dosage and time to be administered.

All medication to be administered at the school should be accompanied by written advice providing directions for appropriate storage and administration (see 4.5.7.2.2.1).

When administering prescription medication, the written advice received must be supported by specific written instructions on the original medication bottle or container, such as that on the pharmacists label noting the name of the student, dosage and time to be administered.

Analgesics can mask signs and symptoms of serious illness or injury and should not, therefore, be administered by the school, as a standard first aid strategy. Therefore analgesics such as aspirin and paracetamol should not be stored in the schools first aid kit (see 4.5.7.4.1).

The principal (or nominee) administering medication needs to ensure that:

☑ the right child;

☑ has the right medication;

☑ and the right dose;

☑ by the right route (for example, oral or inhaled);

☑ at the right time; and

☑ that they write down what they have observed.

The principal should inform the classroom teacher of those students in their charge who require medication to be administered at the school and teachers should release students at prescribed times so that they may receive their medications from the principal or nominee.

Medication prescribed for a particular student should be retained solely for the use of that student. Only in a life threatening emergency would consideration be given to any variation of this requirement, such as in the case of an Asthma first aid (see 4.5.10.3) - if the student's own blue reliever puffer is not readily available, one should be obtained from the school's asthma emergency kit or borrowed from another student or staff member and given without delay.

For information about administration of rectal valium, medication by injection, or to undertake specialised medical procedures, see 4.5.9.

4.5.7.2.2.1 Medication Authority Form

All medication to be administered at the school should be accompanied by written advice providing directions for appropriate storage and administration. Ideally, the school should receive this advice from the student's medical/health practitioner who should complete the relevant Department's *Medication Authority Form* (see 4.5.3.1). This ensures that the medication is medically warranted. If this advice cannot be provided by the student's medical/health practitioner, then the principal may agree to the *Medication Authority Form* being completed by the student's parent/carer or adult/independent student (see 4.6.14.5). Please note that a *Medication Authority Form is* not required for students with Asthma or Anaphylaxis as this is covered under ASCIA *Action Plan for Anaphylaxis* and the Asthma Foundation's *School Asthma Action Plan* (see 4.5.3.1 and 4.5.14).

4.5.7.2.2.2 Medication Log

A *medication log* (see 4.5.3.1) or an equivalent official medications register should be completed by the person administering the taking of medication. It is recognised that in many specialist school settings medication is supervised using a system of two staff members checking the information noted on the medication log. This is an appropriate added safety measure and seen as good practice. The medication log provides for this cross checking.

4.5.7.2.3 Storage of medication

Schools should store medication provided by the student's parent/carer or adult/independent student (see 4.6.14.5) for the period of time specified in the written instructions received. Schools may store medication as a daily supply, or a week's supply at the most, except in long-term continuous care arrangements.

As medication must be supplied in the original bottle or container, the student's parent/carer or adult/independent student (see 4.6.14.5 http://www.eduweb.vic.gov.au/referenceguide/enviro/4_6.htm) may need to organise a second labelled container from the pharmacy for safe storage at home.

The medication must be within the expiry date of the product when delivered to the school.

Medications must be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Some families supply thermal carry packs to maintain safe temperature storage and for ease of transport on excursions.

Storage should be secure, preferably somewhere other than in the classroom and not in the first aid cabinet, with clear labelling and access limited to the school staff responsible for medication storage and supervision. However, where immediate access is required by the student, such as in the case of asthma, anaphylaxis, or diabetes, medication must be stored in an easily accessible location.

4.5.7.2.4 Student Self-administration of medication

Students in the early years will generally need supervision of their medication and other aspects of health care management. In line with their age and stage of development and capabilities, older students can take responsibility for their own health care. Schools in consultation with parents/carers or adult/independent students (see 4.6.14.5) and the student's medical/health practitioner should consider the age and circumstances by which the student could be permitted to self-administer their medication.

Ideally, medication to be self-administered by the student should be stored by the school (see *4.5.7.2.3)*. However, where immediate access is required by the student, such as in the case of asthma, anaphylaxis, or diabetes, medication must be stored in an easily accessible location.

The school should seek written permission by the student's medical/health practitioner or parent/carer or adult/independent student (see 4.6.14.5), ideally via the complete of a *Medication Authority Form* (see 4.5.7.2.2.1) to carry their medication with them. Please note that a *Medication Authority Form is* not required for students with Asthma or Anaphylaxis as this is covered under ASCIA *Action Plan for Anaphylaxis* and the Asthma Foundation's *School Asthma Action Plan* (see 4.5.3.1 and 4.5.14).

It is up to the Principal's discretion to agree for the student to carry and manage his/her own medication. This would be advisable only where:

- the medication did not have special storage requirements such as refrigeration
- the practice did not create a situation where there was potential unsafe access to the medication by other students.

Ideally, the medication carried and self-managed by students should:

- be in the original pharmacy-labelled container
- be limited to daily requirement (preferred).

The school should emphasise the need for students to respect other student's medication and to keep the student's own medication secure to minimise risk to others.

4.5.7.2.5 Monitoring the effects of medication

Where required, schools can observe and document behaviour such as for attention disorders or epilepsy, where such observations can be used by the student's medical/health practitioner.

It is not the role of the school to interpret behaviour in relation to a medical condition. Nor can they be expected to monitor the effects of medication. If the school is concerned for any reason about a student's health, then appropriate first aid and emergency procedures should be put in place.

4.5.7.2.6 Medication error

If a student takes the wrong medication, the wrong amount of medication, or takes medication via the wrong route, the following steps should be followed:

- if required, follow first aid procedures as outlined on the *Student Health Support Plan* (see 4.5.3.1) (or in the case of Anaphylaxis an *Anaphylaxis Management Plan* (see 4.5.10.2).
- ring the **POISONS INFORMATION LINE 13 11 26**
- give details of the incident and student
- act immediately upon their advice (for example, if you are advised to call an ambulance you should immediately do so (see 4.5.5.2)
- contact the student's parents/carers or the emergency contact person to notified them of the medication error and action taken
- review medication management procedures at the school in light of the incident.

Principals must undertake the responsibilities in relation to emergency and security management (see 4.5.5.2.1).

4.5.7.2.7 Further information about medication management

Clarification about an individual student's medication should always be directed through the parent/carer or adult/independent student (see 4.6.14.5) to the prescribing medical/health practitioner.

General information about medication (that is, questions relating to safe medication practices but not identifying individual students) can be obtained from local or hospital pharmacists.

4.5.7.3 Facilities

The facilities provided to enable health support in a school should reflect the nature of the work to be undertaken. Schools will generally be providing only first aid and supervision for safety and personal care. In

some cases, visiting health professionals will offer a service at the school. Facilities should be provided accordingly.

This section should be read in conjunction with:

- the Department's *First Aid Policy*, and associated guidelines and attachments.

4.5.7.3.1 First aid room / sick bay

All schools should provide basic first aid, involving provision of:

- standard precautions against infection (see 4.5.6.1)
- reassurance and comfort, with a safe level of privacy
- short-term supervision, with a facility to summon additional assistance
- associated record keeping, in accordance with privacy and confidentiality, including appropriate storage of records (see 4.5.7.1).

Schools should have appropriate facilities for the provision of basic first aid care as well as first aid treatment such as for minor cuts, scratches, bruising and for bodily injury. See the Department's *First Aid Policy* for a list of minimum requirements for a first aid room and first aid area (sick bay).

How the first aid room / sick bay is supervised will depend on local circumstances. A student who is feeling dizzy after falling and sustaining a blow to the head, for example, should not be left unsupervised. A student with a slight headache, unrelated to a recent fall or hit on the head, who is sent to lie down, may not require direct supervision.

4.5.7.3.2 Visiting health services

Schools that have (or expect to have) students who will be assisted by visiting nurses, physiotherapists, etc, must ensure that a facility is provided which enables the provision of the health service.

4.5.7.3.3 Facilities and wheelchair access

Schools should ensure that sufficient facilities are provided to assist students who require a wheelchair or other support to participate in education without discrimination.

The Department provides funds for schools to make modifications, alterations or additions to existing facilities to enable the access of a student, teacher or parent into the mainstream school environment. The projects undertaken address the immediate needs of the person concerned. The projects in most instances provide for new students at a school, the deterioration of a students condition or for the expansion of existing facilities to cater for the curriculum requirements for the student.

The program provides for limited equipment such as change tables and hoists. The program does not provide for direct teaching items such as chairs, computers, sports equipment etc. These direct teaching items can

be purchased by the school through resources provided through the Program for Students with Disabilities (see 3.11.1).

Existing facilities enabling the access of a student, teacher or parent into the mainstream school environment, e.g. ramps and lifts, are to be maintained by the school.

Where students have a temporary short term disability as a result of an accident, medical procedure etc, schools are requested (in the first instance) to make local arrangements. If this is not possible, the regions evaluate the request and may assist the school through regional supplementation. The school should contact their Regional Facilities Officer.

4.5.7.3.4 Privacy and safety

In the provision of all facilities, paramount importance should be given to the principles of:

- student privacy, safety, dignity, comfort and independence to the degree possible
- employee (and volunteer) health, safety and welfare.

4.5.7.4 Equipment

This section includes first aid kits/cabinets and health-related equipment that schools may use such as equipment to alleviate problems associated with manual handling.

4.5.7.4.1 First aid kits /cabinets

First aid kits should be easily recognisable, locked and only be accessed by those school staff with designated first aid responsibilities. However, all school staff should be aware of their location in case of an emergency.

Most schools will need to have first aid kits in more than one location. The Department's *First Aid Policy* requires a minimum of one major first aid kit to be located in the sick bay. The policy also provides a list of determinates for schools to consider in relation to the location, content and number of other first aid kits the school may require.

First aid training providers can advise on the content, number and location of first aid kits within a school.

First aid kits should contain the types and quantities of supplies to adequately meet the first aid requirements of individual schools.

The contents of all first aid kits should be cleaned, restocked and checked after use and at least every six months by the accredited first aid staff member or other suitably qualified person.

ANY medication, including paracetamol or aspirin or those supplied by a student's parent/carer or adult/independent student (see 4.6.14.5) must not be stored in the first aid kit. They should be stored separately in a locked cupboard or drawer, expect where immediate access is required (see 4.5.7.2).

4.5.7.4.1.1 Contents of first aid kits/cabinets

In the below table, Ambulance Victoria has provided an outline of the general contents of a school's first aid kit:

A suitable and current first aid manual:	The following first aid manuals are recommended: • *First Aid Emergency Handbook* from Survival Emergency Products (www.survival.net.au). It can also be purchased through local suppliers and through Ambulance Victoria First Aid. • *The First Aid Handbook*, Australian Red Cross (www.redcross.org.au) • *Australian First Aid*, St John Ambulance Australia (http://www.ambulance.net.au/)
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 ('band aids"), without antiseptic on the dressing, for smaller cuts and grazes • steri-strips/wound closures for holding deep cuts together in preparation for stitching • non-allergenic paper/adhesive 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:	• six triangular bandages, for slings, pads for bleeding or attaching dressings, immobilising injured limbs, 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. • crepe bandages ("hospital weight"): two of 2.5 cm, two of 5 cm, six of 7.5 cm, two of 10 cm and two 15cm. These may be used to secure a pad to control bleeding, to support soft tissue injuries (sprains & strains) and for 'Pressure Immobilisation Bandaging technique' for snake bite. • heavy elastic bandages; two 15cm. These are ideal to use for 'Pressure Immobilisation Bandaging technique' for snake bite or severe allergic reaction to other bites and stings.
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+ SPF30+ (ideally a low allergenic/sensitive skin type, see http://www.sunsmart.com.au/ for more info.) • 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
Equipment for managing an asthma emergency which must include: Please note: mobile asthma emergency kits can be used for yard duty, excursions and camps and can be purchased from the Asthma Foundation of Victoria: http://www.asthma.org.au	• **a blue reliever puffer** e.g. Ventolin that is in date (This is to be used for First Aid use only, as students should provide their own medication for their usual asthma management although the spacer device can be used with the student's own medication). Schools can legally purchase a blue reliver puffer for First Aid purposes from a pharmacist on written authority of the Principal. • **a spacer device** to assist with effective inhalation of the blue reliever medication, e.g. Volumatic, Able Spacer or Breath-a-Tech. Consult a pharmacist about matching the spacer with the reliever puffer • **clear, written instructions** on how to use these medications and devices, plus the steps to be taken in treating an acute asthma attack (see section 9 *Condition Specific Support* in this resource). • **70% alcohol swabs** e.g. Medi-Swab™ to clean devices (spacer/puffer) after use. (see section 9 *Condition Specific Support* in this resource). Please note: A staff member needs to be given the responsibility of regularly checking the expiry date on the canister of the reliever puffer and the amount of medication left in the puffer.
Other equipment includes	• single use nitrile gloves (some people/children are allergic to latex gloves) in various sizes (eg. sml, med, lge). These are essential for all kits and should be available for teachers to carry with them, particularly while on yard duty • resuscitation face mask ("pocket mask" type that can be cleaned/reused) • blood spill kits • vomit spill kits • one medicine measure for use with prescribed medications • disposable cups • one pair of stainless steel scissors (medium size) • one pair trauma shears (heavy duty scissors for cutting clothing, bandages, shoelaces etc. if required) • disposable splinter probes and a sharps container for waste • disposable tweezers • one teaspoon • disposable hand towels • pen-like torch, to measure eye-pupil reaction • two gel packs, kept in the refrigerator, for sprains, strains and bruises or disposable ice packs for portable kits (small zip-lock plastic bags filled with water and frozen make an inexpensive "ice-pack". They need to be wrapped in a

	cloth/bandage/disposable towel before being applied to skin.) • adhesive sanitary pads, as a backup for personal supplies • flexible 'sam' splints for fractured limbs (in case of ambulance delay) • additional 7.5 m crepe bandages and safety pins to attach splints • blanket and sheet, including a thermal accident blanket for portable kits • antiseptic hand wash/germicidal soap and nail brush for hand-cleaning before and after treatment only • single use antiseptic wipes for hand cleaning when water is not readily available • 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.

As noted in the *Anaphylaxis Guidelines for Victorian Government Schools*, schools may consider purchasing a generic EpiPen® as a 'backup', particularly if there is no single, central, easily accessible location on the site (see .4.5.10.2).

4.5.7.4.1.2 Portable first aid kits

Schools should have portable first aid kits available that can be used on excursions. The contents of these kits will be dependent on the nature of the activities, the number of students and staff, and the location of the excursion.

Each portable first aid kit should also have with it a suitable first aid manual of a smaller size and where appropriate specialised to the activities being undertaken. Either *Emergency First Aid: A Quick Guide*, available from St John Ambulance Australia or *First aid Notes,* available from Australian Red Cross is recommended.

Schools should also have portable first aid kits available for staff on yard duty. Ambulance Victoria (August 2007) have advised that the portable first aid kits for yard duty should contain:

- two pairs of single use nitrile gloves
- sterile saline sachets/ampoules for irrigating eyes and minor wounds
- gauze and bandaids
- resuscitation face mask.

Ambulance Victoria also recommend that equipment such as a mobile phone, cordless phone, or a two way radio is included in the portable first aid kit, to allow for immediate calling for assistance. It is understood that this equipment is not always possible - the school however should have

detailed procedures in place to be followed by staff in an emergency (see 6.15).

4.5.7.4.2 Provision, monitoring and maintenance of health-related equipment

Schools sometimes have equipment to alleviate problems associated with manual handling, especially associated with students who require transfers and positioning. Schools have a responsibility to use the equipment for their and the students' safety. They should ensure they are trained and competent to use it properly. The Principal should ensure the equipment is regularly checked and maintained in good working order and school staff should report immediately any concerns with equipment safety (see 4.5.8).

4.5.7.4.3 Provision of soap

Schools have a responsibility to provide soap in student bathrooms, to assist with the prevention and control of infection. The manner in which soap is supplied should be determined by the school. Hand sanitisers may be provided in addition to, or as an alternative to soap. Provision for the cost of school consumables such as soap is included in the cash component of the Student Resource Package.

Where appropriate, the school may choose to use a Hygiene Care and Learning Plan (see 4.5.3.1) to maximise opportunities for students to manage tasks such as hand washing.

4.5.7.5 Curriculum

Schools should take all reasonable steps to support continuity and relevance of curriculum for students with health support needs. This can include accommodation in curriculum design and delivery and in assessment for students who are in transition between home, hospital and school and for those who attend part-time or episodically. Schools should also take all reasonable steps to support the continuity of the connection to the school, including the development and maintenance of social connections for students with health support needs.

4.5.7.5.1 Transition

When students are in hospital or recuperating at home, the school in which the student is enrolled retains responsibility for managing the student's curriculum. This can be supported through the liaison with a hospital-based education staff to:

- ensure provision of relevant programs and to acknowledge learning outcomes achieved through the hospital-based experience.

- liaison with therapists and education support personnel to determine learning strategies relevant to short and long-term changes in the student's physical, psychosocial and/or cognitive capabilities.

- ensure connection with peers and the classroom teacher, using a range of information technologies, including email, facsimiles and

video conferencing, to maintain the student's sense of identity as a member of the local school community.

Planning and review processes should ensure continuity of access to the curriculum during transition between home, school and hospital. While students should not be expected to maintain the pace of curriculum participation when they are unwell, they should have the opportunity to choose to participate if and when they are able. Schools can assist through:

- planned strategies to continue communication with students whatever the setting for learning. Facsimiles, telephone calls, e-mails, education chat rooms and video-conferencing support social and curriculum contact

- liaison with hospital-based education staff to maintain continuity of learning programs

- consideration of additional support to facilitate the ease of transition between the various learning settings; for example, linking with a visiting teacher.

- planned re-entry after periods of absence due to illness or hospitalisation. It is not reasonable to expect assessment tasks to be completed immediately upon return to school. Similarly, planned support may be necessary to address the social and emotional impact of interrupted attendance.

4.5.7.5.2 Long term planning

Health support planning encompasses long-term planning to ensure continuity of education as well as health care. Schools can take a range of measures to minimise difficulty for students, for example:

- establish, in negotiation with the student or family, an effective and sensitive information exchange system so all relevant staff understand and make agreed curriculum accommodation, and ensure that students do not have to repeatedly explain their circumstances. Planning should encompass casual relief staff

- provide course overviews, with key assignments and timelines highlighted, and negotiated as relevant

- hold a student support group and develop an individual learning plan to maximise continuity of access to curriculum (see *Student Support Group Guidelines 2009*)

- liaise with therapists to ensure opportunities are used within required curriculum to support therapy outcomes. Plan to integrate equipment to enhance curriculum access

- plan ahead for camps, excursions and other special events to ensure the student does not miss out either through poor timing, inappropriate expectations regarding participation, or lack of sensitivity to health and personal care support needs.

Some students will require special educational and other support provisions long after original notification to the school of the health-related needs. For example, some conditions, such as cancer, are now being managed as chronic conditions because of the long-term learning and lifestyle impact long after medical treatment is completed. This impact can be the result of the disease, or injury, itself; treatment (such as damage from surgery or drug therapy); and the traumatic nature of the experiences involved.

4.5.7.6 Modified dietary requirements

Some students may require dietary modifications for medical reasons. Management of cystic fibrosis (see 4.5.10.5), for example, requires that a balanced diet be supplemented by a high intake of fat, salts and measured enzymes with each meal. Diabetes management (see 4.5.10.6) requires dietary modifications to ensure a healthy balance of food, physical activity and hence blood sugar levels. See 4.14 for information in relation to the *Go for your Life – Healthy Canteen Kit*. Within the kit, information is provided about those students with special dietary requirements including those with diabetes, coeliac disease, anaphylactic food allergy, lactose intolerance, food additives and food intolerances.

4.5.8 Personal care support

Personal care support is that daily living support usually provided by parents/carers and which some students require either because of their young age, developmental delay, a medical condition, or other short or long-term circumstance.

Personal care support encompasses assistance with:

- personal hygiene (for example, hand washing, nose blowing and menstruation management) (see 4.5.8.1)
- continence care (see 4.5.8.2)
- eating and drinking (see 4.5.8.3)
- transfers and positioning including the use of therapeutic equipment (see 4.5.8.4).

Personal care support needs can be:

- infrequent and situational (for example, a younger student might not make it to the toilet on time; another might need encouragement to eat when returning after an absence due to loss or bereavement). Schools have a duty of care obligation to provide assistance in these infrequent and situational circumstances
- for a short or limited time (for example, where a student is in plaster after traumatic injury or treatment). Assistance in such situations will require a *Student Health Support Plan* (see 4.5.3.1) and sometimes assistance from other services, such as a physiotherapist, occupational therapist or speech pathologist. The school may require the services of the *Schoolcare Program* (see 4.5.9.1.3)

- long-term (for example, for a student who has complex support needs due to a medical condition such as incontinence or eating and drinking problems). Assistance in such situations will require a *Student Health Support Plan* (see 4.5.3.1) and sometimes assistance from other services, such as a physiotherapist, occupational therapist or speech pathologist. The school may require the services of the *Schoolcare Program* (see 4.5.9.1.3).

4.5.8.1 Personal hygiene

Many students need assistance with management of personal hygiene routines. Sometimes this will be part of the student's progressive skill development. At other times, continuing hygiene support will be required because the student is unable to manage tasks such as blowing and wiping his or her nose and face and hand washing.

Where appropriate, the school may choose to use a *Hygiene Care and Learning Plan*, (see 4.5.3.1) to maximise opportunities for students to self-manage components of personal hygiene tasks, as far as possible, and to acknowledge the learning that has occurred when success is achieved.

The *Hygiene Care and Learning Plan* can be used to involve students in the step-by-step processes of hand washing, face washing (for example, after eating) and blowing and wiping their noses, as well as in menstruation management (for those students who may need reassurance, verbal support or assistance to change and manage menstruation aids).

As with all aspects of provision of health and personal care support, assisting a student with the management of personal hygiene routines must be conducted in a manner that maximises the student's safety, comfort, independence, dignity, privacy and learning. Management practices must also reflect occupational health and safety standards for the school (see 4.5.7.4.3).

4.5.8.2 Continence care

Incontinence is the lack of control over bowel and/or bladder function.

Incontinence in students may be short-term, long-term or intermittent. It can be the result of:

- a medical condition such as gastroenteritis (short-term) or lack of bowel nerve function (long term)
- a medical intervention (for example, as a side effect of medication)
- global development delay and/or physical and intellectual disability
- life experience (for example, a part of behaviour associated with a history of abuse)
- lack of learning opportunity.

The school should request that a *Personal Care Medical Advice Form – Continence* (see 4.5.3.1) be completed by the student's medical/health practitioner, for students who require continence care support while at school (except for young children for whom care is routine and related to age and stage of development). The advice received should include recommendations for:

- the nature and extent of predictable routine or regular support required
- management of unplanned events
- catheter management (if relevant).

The advice received via the *Personal Care Medical Advice Form – Continence* (see 4.5.3.1) should be used to develop a *Student Health Support Plan* (see 4.5.3.1). The *Student Health Support Plan* should detail family roles and responsibilities. The school may provide equipment such as slings, hoists, etc to support continence care (see 4.5.7.3).

Where appropriate, the school may choose to use a *Toileting Care and Learning Plan* (see 4.5.3.1) to maximise opportunities for students to self-manage components of toileting tasks, as far as possible, and to acknowledge the learning that has occurred when success is achieved.

The *Toileting Care and Learning Plan* can be used to involve students in the step-by-step processes of toileting, including awareness, accessing, hand washing, etc.

4.5.8.3 Supervision of eating and drinking

Most students manage their own eating and drinking. Some students will require supervision of eating and drinking for their safety and wellbeing.

Some students have difficulty with oral intake of food and drink and need assistance with the procedure. Others need assistance to enable them to manage the volume of intake necessary for their health and wellbeing.

Some students take food or fluid via a tube through their nose or directly into their stomach (nasal or gastric tube feeding). Others have an identified risk of aspiration (inhaling food or fluid into the lung) and require suctioning. Student's requiring this support should be referred to the Schoolcare Program (see 4.5.9.1.3).

The school should request that a *Personal Care Medical Advice Form – Oral Eating and Drinking* (see 4.5.3.1) be completed by the student's medical/health practitioner, generally documented by a speech pathologist or other relevant health professional (such as an occupational therapist).

The advice received via the *Personal Care Medical Advice Form – Oral Eating and Drinking* should be used to develop a *Student Health Support Plan* (see 4.5.3.1). The *Student Health Support Plan* should address routine and special events including parties.

4.5.8.4 Transfers and positioning including the use of therapeutic equipment

Students may require assistance to be transferred (for example, chair to toilet and chair to vehicle) or to be positioned for comfort, safety and curriculum access. Such needs may be short-term (for example, while in plaster) or long-term. The level of assistance required will also vary. Some students may require supervision for safety and some guidance; others may be able to participate in cooperative transfers and positioning with staff; while others may be totally dependent and, because of their size and weight or the circumstances of the movement, require the support of two or three staff.

Schools should request advice from the student's medical/health practitioner, ideally by using the *Personal Care Medical Advice Form – Transfer and Positioning* (see 4.5.3.1). Generally this would be completed by the student's physiotherapist or other relevant health professional. The advice received should recommend situations where assistance will be required, including the level of assistance, type of transfer or positioning, equipment to use, situational advice, and so on.

The advice received via the *Personal Care Medical Advice Form – Transfers and Positioning* should be used to develop a Student Health Support Plan (see 4.5.3.1).

4.5.9 Complex medical care support

Some students will have complex medical care needs that require relevant school staff to receive specific training to meet the student's individual health care need. The training required is not part of the basic first aid training.

Students will generally have long-term complex medical care needs such as tracheostomy care, seizure management, and other medication by injection, suction and tube feeding.

The Department does not expect or require teachers, in general, to undertake specialised medical procedures (such as mouth suctioning or gastro/nasal feeding), or to administer rectal valium or medication by injection. Please note, a small number of students may require rectal valium as a preferred intervention, however the use of Midazolam is more often prescribed for seizure-intervention. Intranasal Midazolam (administration through drops into the nasal passage) or Buccal Midazolam (administered by syringe through the mouth onto the inside of the cheek) is more often prescribed for school age children. Specific training is required for administration of either form of Midazolam as well as rectal valium.

Where schools have been asked by parents/carers to take responsibility for the administration of rectal valium as a means of saving life, or medication by injection, or to undertake specialised medical procedures, it is expected that the principal will ensure that the *Student Health Support Plan* (see 4.5.3.1), includes procedures that make use of local medical services, such as ambulance, local doctors, health centres, hospitals, community nurses and so on.

The *Student Health Support Plan* (see 4.5.3.1) should also reflect the appropriate training, including update training (from medical or para medical personnel) which is required by sufficient staff (such as school services officers – integration aides), when it is agreed that specialised medical procedures, administration of rectal valium or medication by injection may be needed to enable a student to attend school. The *Student Health Support Plan* (see 4.5.3.1) should be guided by the medical advice received by the student's medical/health practitioner, ideally by receiving a completed relevant Departmental *Medical Advice Form* (see 4.5.3.1).

In the unlikely situation where a staff member administers either rectal valium or medication by injection or undertakes specialised medical procedures and is sued for negligence, the policy of the Department stated in 6.16.2.1 will apply. In essence, the policy is that except in the most exceptional circumstances, the defence of the action will be undertaken by a solicitor appointed by the Department at no expense to the staff member and payment of any damages will be made by the State of Victoria. The exceptional circumstances are when the:

- teacher was drunk
- behaviour was entirely unrelated to the employment
- behaviour could only be described as outrageous
- behaviour would implicate the teacher in a serious criminal offence.

4.5.9.1 Support for schools

There are a number of programs/ services available to assist schools in supporting students with complex medical needs.

4.5.9.1.1 Program for Students with Disabilities

The Department's *Program for Students with Disabilities* (see 3.11.1) supports the education of students with disabilities in Victorian government schools by providing schools with additional resources. Students with a disability or additional learning needs are eligible for the Program, provided they meet the eligibility criteria based on the World Health Organisation definitions of disabilities.

4.5.9.1.2 Student Support Service Officers, including Visiting Teachers Service

Available to assist all Victoria government schools are a range of student support service officers, including speech pathologists, psychologists, social workers, youth workers, visiting teachers and curriculum consultants.

A relevant service for students with serious health impairments is the Visiting Teacher Service, which is a state-wide service providing educational support to students with disabilities and/or hearing impairments in regular school settings. There are three specific streams of Visiting Teacher expertise: physical disabilities/health impairments, vision impairments and hearing impairments.

Referrals to the Visiting Teacher Service must have parental consent and can be made by:

- principals and teachers
- parents
- hospitals
- other medical agencies
- child and allied health professionals
- other community agencies

For more information about Student Support Service Officers, the relevant Department region should be contacted.

4.5.9.1.3 Schoolcare Program

The Department funds the Royal Children's Hospital Education Institute to deliver the *Schoolcare Program,* through the Royal Children's Hospital (RCH) Home and Community Care unit.

The *Schoolcare Program* enables students who have ongoing complex medical care needs to safely attend school and participate in school activities.

The Program provides child-specific training, monitoring and support to teachers and integration aides. The training is delivered by nursing staff, in consultation with a student's parents/carers and medical/health practitioner.

Examples of child-specific training provided include:

- tracheostomy care
- gastrostomy feeding
- rectal valium administration
- midazolam administration
- mitrofanoff catheterisation
- diabetes Insipidus management
- oxygen.

All students with complex medical care needs attending Victorian government schools are eligible for the program.

The Process:

Referral	-	Referral forms for the Schoolcare Program can be accessed by contacting the RCH Home and

		Community Care **9345 6548**
	-	The Principal and the student's parents/carers complete the Schoolcare referral form and attach the supporting medical documentation and fax to **9345 6231** or email to the Schoolcare Intake Nurse: **schoolcare@rch.org.au**
Referral **Assessment**	-	The Referral form is assessed by the Program to determine eligibility
	-	The student's parents/carers and school are notified of acceptance of the referral
Allocation	-	A Schoolcare Program Service Provider will be allocated, based on the location of the school.
	-	The Schoolcare Program Service Provider will allocate a Homecare Nurse to coordinate the care and training.
Care Assessment	-	The Homecare Nurse will undertakes an assessment to determine the level of Schoolcare Program support required to allow the school to safely meet the student's medical care needs.
Care Manual	-	The Homecare Nurse, in consultation with the student, student's parents/carers and medical/health practitioner, will develop a care manual which outlines the student's condition and care requirements needed.
Training	-	The Homecare Nurse will undertake training with relevant school staff to provide the required care for the student. The relevant school staff will be assessed regarding competency.
Implementation	-	The student will participate in school with the health care needs safely supported by the school.
Ongoing monitoring	-	The care manual and school staff competency (in relation to the training received) will be reviewed by the Homecare Nurse six monthly.
Discharge	-	Discharge from the program will occur where appropriate.

4.5.10 Condition specific support

This section provides information about specific health conditions, to assist schools in understanding the condition, its impact on a students learning and wellbeing at school and provide strategies to support the student at school.

The health information in this section has been provided by the Royal Children's Hospital Education Institute and is accurate at the time of going to print. For detailed information about the condition, it is strongly advised that schools should review the references noted in the *Further Information* section under each condition noted below.

4.5.10.1 Acquired Brain Injury (ABI)

An acquired brain injury, or ABI, is an injury to the brain that occurs after birth resulting in deterioration of a person's cognitive, physical, emotional or independent functioning. It may take time to determine the effects of a brain injury and how severely they impact on someone's life. Severity of a brain injury depends on how long the person has Post Traumatic Amnesia (PTA). This is the time after injury when they are confused, disoriented and have poor memory, and the level and length of coma they were in. The recovery rate is different for each person and usually continues for many years.

Brain injuries can be divided into those that are traumatic (e.g. motor vehicle accidents; accidents and falls; assaults or physical abuse) and those considered non-traumatic (e.g. brain infections and inflammatory diseases; stroke; substance abuse; hypoxia (lack of oxygen to the brain, e.g. from drowning).

4.5.10.1.1 The student at school

Possible effects of acquired brain injury

A brain injury may have many and varied effects on a student's learning, physical abilities, social skills and their wellbeing. Each student is unique and not everything listed below will be relevant to each student.

Student learning and wellbeing

A student with an ABI may experience changes or difficulties in the following areas:

- Attention, concentration and cognitive fatigue
- Memory (short- and long-term)
- Speed of information processing
- Problem solving, comprehension, dealing with complex information
- Judgment, monitoring and insight
- Decision-making and flexible thinking

- Reasoning and abstract thinking
- Organization, planning and time management
- Acquisition of new learning
- Academic learning difficulties.

Physical abilities

A student with an ABI may experience:

- Sensory difficulties (vision, hearing)
- Headaches and dizziness
- Fatigue and sleep disturbance
- Dizziness, heart regulation problems (heart may race for no reason)
- Incontinence
- Muscle spasticity or paralysis
- Mobility changes
- Seizures
- Pain
- Difficulty with balance, hand-eye coordination, fine motor and gross motor skills.

Student communication skills

A student may experience communication difficulties such as the following:

- Aphasia (using words to express ideas and understanding the speech of other people)
- Articulation and phonological disorders
- Verbal dyspraxia (difficulties co-ordinating the mouth to speak, language sequencing issues)
- Word finding difficulties.

Some students may need support through alternative and augmentative communication to supplement their communication skills.

Social skills (including behaviour and personality changes)

Students may have difficulties with social skills including:

- Behaving inappropriately

- Making and keeping friends
- Self care skills.

Physical activity, camps and special events

Students with ABI should be encouraged to participate in sporting and physical activities as well as camps and special events. With good planning and communication, most students with ABI should be able to attend school camps and special events. The school should receive extra information about the student's health condition via the completion of the Department's *Confidential Medical Information for School Council Approved School Excursion* form (see 4.4.2.5).

4.5.10.1.2 Strategies for schools

Medical advice

Schools should ensure that they receive medical advice from the student's medical/health practitioner ideally via the completion of a Condition-Specific Medical Advice Form–Acquired Brain Injury (ABI) (see 4.5.3.1).

Student health support plan

Schools must plan for and support a student with an identified health care need within a school environment. All students with an ABI must have a *Student Health Support Plan* in place (see 4.5.3.1).

Communication

The impact of ABI on a student and their family cannot be underestimated. Schools should ensure open communication between the school and the student's parents/carers. Regular sharing of information about the student's successes, development and changes, as well as any health and education concerns, is important.

4.5.10.1.3 Further Information

- ABI Resources, RCH Paediatric Rehabilitation Service
- Brain Injury Association of QLD
- Brain Australia, the Brain Foundation
- ABI, Chronic Illness Alliance
- Educating Educators about ABI, Brock University, Ontario
- ABI Behaviour Consultancy
- Brain Link
- Dickman, G, Macphail, M and Popp, N (2001) *Acquired Brain Injury Managing Cognitive Impairments: An introduction for teachers*, Ballarat Health Services-ABI Clinic.

4.5.10.2 Anaphylaxis (severe allergic reaction)

Anaphylaxis is a severe and sudden allergic reaction when a person is exposed to an allergen. The most common allergens in school-aged children are eggs, peanuts, treenuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, certain insect stings and medications.

Symptoms of anaphylaxis

These 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.

Treatment

Adrenaline given as an injection into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis. Parents with children at risk of recurrent anaphylaxis are advised by their medical practitioners to inform the school and to develop and individual anaphylaxis plan for the child. Staff are required to be trained to administer the adrenaline in an auto-injector, e.g. EpiPen® (see 4.5.10.2.2). Children under 20kg are prescribed an EpiPen® Junior, which has a smaller dosage of adrenaline.

4.5.10.2.1 The student at school

It is important to be aware that some students at risk of anaphylaxis may not want to be singled out or be seen to be treated differently.

An anaphylactic reaction can be a very traumatic experience for the student, as well as others witnessing the reaction and parents/carers. In the event of an anaphylactic reaction, students and staff may benefit from post-incident counselling, provided, for example, by the school nurse, guidance officer, student welfare coordinator or school psychologist.

It is important for the school to raise awareness about anaphylaxis in the school community through education campaigns so that the school community has an increased understanding about the condition.

Camps and special events

With good planning and communication, most students with anaphylaxis should be able to attend school camps and special events. The school should receive extra information about the student's health condition via

the completion of the Department's *Confidential Medical Information for School Council Approved School Excursion* form (see 4.4.2.5).

During camps and special events, such as class parties, consideration should be given to the food provided.

4.5.10.2.2 Strategies for schools

On 14 July 2008 the Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008 will come into effect. This legislation has been enacted by the Government in order to ensure that there are minimum safety standards in schools for children who have been diagnosed at risk of anaphylaxis. Legislation requires that any school that has a student or students at risk of anaphylaxis **must** have the following in place:

- an Anaphylaxis Management Plan for each student, developed in consultation with the student's parents/carers and medical practitioner

- prevention strategies for in-school and out-of-school settings

- a communication plan to raise staff, student and school community awareness about severe allergies and the school's policies

- regular training and updates for school staff in recognising and responding appropriately to an anaphylactic reaction, including competently administering an EpiPen®.

Anaphylaxis Guidelines for Victorian government schools

The Ministerial Order 90 Anaphylaxis Management in Schools Information kit has been developed in with reference to the *Anaphylaxis Guidelines: a resource for managing severe allergies in Victorian government schools* to assist schools in planning for and supporting students with severe allergies. They are based on findings of research commissioned by the Department into best practice management strategies for schools.

The information kit consists of:

- Ministerial Order 90

- Anaphylaxis Information for parents

- Ministerial Order 90 Questions and Answers

- Anaphylaxis risk management checklist

- Anaphylaxis management – recognising and responding to anaphylaxis

- Draft Anaphylaxis Management Policy

The guidelines are divided into five sections:

- the Department's policy

- facts about anaphylaxis
- the roles and responsibilities of principals, school staff and parents/carers
- management and prevention strategies
- communicating with staff, students and parents/carers.

Both of these resources include a range of supplementary resources including fact sheets, case studies and questions and answers sections.

Schools that have a student or students who are at risk of anaphylaxis are required to use the *Anaphylaxis Guidelines for Victorian Government Schools* to assess and review their current management practices.

Prevention

The key to prevention of anaphylaxis in schools is knowledge, awareness and planning.

Medical Advice

It is the parents/carers responsibility to complete an ASCIA Action Plan (see 4.5.3.1) in consultation with their child's medical/health practitioner and provide a copy to the school. The Plan outlines the students known severe allergies and the emergency procedures to be taken in the event of an allergic reaction.

Anaphylaxis Training Requirements

Teachers and other school staff who are responsible for the care of students at risk of anaphylaxis should receiving training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®.

The Department is currently offering first aid training in anaphylaxis management to Victorian government schools. This training is being provided by Ambulance Victoria First Aid for groups of 20 at a time. The training is offered to schools that have a student or students with anaphylaxis enrolled at the school.

Schools must provide a doctor's certificate (from a GP or immunologist) stating that the student or students have been diagnosed as being at risk of anaphylaxis.

Schools wishing to organise staff training or to obtain further information should contact St John Ambulance Victoria on (03) 8588 8391 (see S009-2009 Anaphylaxis Management Training for Victorian Government Schools).

Communication

The impact of anaphylaxis on a student and their family cannot be underestimated. Schools should ensure open communication between the school and the student's parents/carers. Regular sharing of

information about the student's successes, development and changes, as well as any health and education concerns, is important.

4.5.10.2.3 Further Information

- *Guidelines: a resource for managing severe allergies in Victorian government schools*
- ASCIA Guidelines for prevention of food anaphylactic reactions in schools, preschools and childcare centres
- Royal Children's Hospital Allergy and Immunology Department
- Anaphylaxis Australia - *Living with Anaphylaxis: Schools*
- Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008

4.5.10.3 Asthma

Students with asthma have sensitive airways in their lungs. When exposed to certain triggers the airways narrow, making it hard for the student to breathe. Symptoms of asthma commonly include cough, tightness in the chest, shortness of breath/rapid breathing, wheeze (a whistling noise from the chest).

Many students have mild asthma with very minor problems and rarely need medication. However, some will need medication on a daily basis and frequently require additional medication at school (particularly before or after vigorous exercise). Most students can control their asthma by taking regular medication.

Medication

Reliever medications provides relief from asthma symptoms within minutes. They are nominally blue in colour and common brands include Ventolin, Bricanyl. They should be easily accessible to students at all times, preferably carried by the student with asthma.

Preventer medications are used on a regular basis, mostly take twice a day at home, to prevent asthma symptoms. They are usually brown, orange and yellow in colour.

Symptom controller medication is used in conjunction with preventer medication (they are often combined in one device) and usually taken twice a day at home.

Combination medication- students on the combination medication Symbicort (which is red and white in colour) can use this medication as a reliever medication as well as maintenance therapy. Teachers may see children over the age of 12 years using their Symbicort as a reliever, during school times. Teachers should refer to the student's asthma action plan if the child's doctor would like them to use this medication in an asthma emergency.

Devices

It is recommended that a puffer (hand-held inhaler device) be used in conjunction with a spacer device to assist with fast and more effective delivery of medication.

4.5.10.3.1 The student at school

Possible effects of asthma

Students who have mild asthma with very minor problems rarely need medication and have minimal restrictions of their school life. However, some students have moderate to severe asthma and will require additional support and consideration. Each student is unique and not everything listed below will be relevant to each student.

Student learning and wellbeing at school

Some students will need medication on a daily basis and frequently require additional medication at school, particularly before or after vigorous exercise.

Students who have asthma, especially those with moderate to severe asthma may experience difficulties at school in relation to attendance, concentration and participation in school-based activities.

Most students with asthma are able to control their asthma by taking regular medication. Students with asthma are to provide their own medication for their usual asthma management. They are able to use the spacer device from the school's Asthma Emergency Kit with this own medication.

Physical activity, camps and special events

Students with asthma should be encouraged to participate in sporting and physical activities as well as camps and special events. The only form of exercise that is not recommended for students with asthma is SCUBA diving (see 4.4.4). However exercise, particularly strenuous and endurance exercise such as cross county running can trigger an asthma attack in many children with asthma.

Exercise Induced Asthma (EIA) may vary considerably from day to day and can be particularly troublesome when a student has a cold or flu, is recovering form a recent flare-up, it may be suitable for the student to abstain from activities until they recover.

In many instances, EIA comes on soon after completion of the activity when the student is 'cooling down', rather than during activity. Frequent EIA is likely to occur when inadequate preventer medication is being used and if this is occurring, the parent/carer should be advised to seek medical guidance about their child's asthma.

EIA can often be prevented by a simple warm-up period and pre-medicating with a blue reliever puffer and/or other medication as recommended by the treating doctor, at least 5-10 minutes before exercise. A simple cool down period is recommended after exercise. Obtaining better overall control of the student's asthma with long-term

preventative treatment also reduces the likelihood of EIA. If the student's asthma has been unstable or they have been unwell it is recommended that they avoid exercise until their asthma stabilises.

If students develop EIA, they should immediately cease exercise, rest and take reliever medication. If all symptoms disappear they may be able to resume their exercise program. However, if symptoms persist, worsen or reappear, the asthma attack needs to be managed (as outlined in the Asthma First Aid section in this resource), and the student must not return to exercise. Even if the student responds the second time to the reliever medication, he/she should not resume exercise that day.

With good planning and communication, most students with asthma should be able to attend school camps and special events. The school should receive extra information about the student's asthma management, for example, via the completion of the Camp Asthma Action Plan (see 4.5.3.1) and the Department's *Confidential Medical Information for School Council Approved School Excursion* form (see 4.4.2.5).

If the student is going away overnight the school should ensure that the parent/carer provides enough medication for the student including preventer medication if required. The school should also ensure that the appropriate numbers of Asthma Emergency Kits are available on the camp.

4.5.10.3.2 Strategies for schools

Medical Advice

Every student with asthma attending the school should have a written Asthma Action Plan, ideally completed by their medical/health practitioner, in consultation with the student's parent/carer. The Asthma Foundation provides a **School Asthma Action Plan**.

The Asthma Action Plan will include:

- Usual medical treatment (medication taken on a regular basis when the student is 'well' or as premedication prior to exercise).
- Details on what to do and details of medications to be used in cases of deteriorating asthma. This should include how to recognise worsening symptoms and what to do during an acute asthma attack. The Asthma First Aid section of the Asthma Action Plan must have no less than 4 separate puffs of blue reliever medication every 4 minutes. If the Asthma Action Plan is returned with less than the required number of puffs per minute the plan must be sent back to the parent/carer and doctor for review.
- Name, address and telephone number of an emergency contact.
- Name, address and telephone number (including an after-hours number) of the student's doctor.

A *School Asthma Action Plan* should be offered annually to parents/carers whose children have asthma. It is the parent/carer's

responsibility to convey clear instructions from the doctor to the school about the student's asthma medication requirements.

Student Health Support Plan

Schools must plan for and support a student with an identified health care need within a school environment. All students with Asthma must have a *Student Health Support Plan* in place (see 4.5.3.1).

Communication

The impact of asthma on a student and their family cannot be underestimated. Schools should ensure open communication between the school and the student's parents/carers. Regular sharing of information about the student's successes, development and changes, as well as any health and education concerns, is important.

Knowing and reducing asthma triggers as much as possible is a significant way to help control asthma. Some measures that schools can undertake to contribute to this are:

- Consider out of hours mowing of the school grounds
- Consider planting a low allergen garden (the Asthma Foundation on Victoria has a brochure on this)
- Consider ways to limit dust, for example having the carpets and curtains cleaned regularly
- Examine the cleaning products used in the school and their potential impact on students with asthma

Asthma First Aid

It is important to remember that anyone with asthma can have a severe attack, even those with mild asthma. All school staff should be aware of the importance of daily asthma management and know how to assess and manage an asthma emergency. The Asthma Foundation has an Asthma First Aid poster which should be displayed in the staff room, and can also be displayed in the sick room or wherever asthma attacks are treated. Asthma first aid instructions should be written on a card in the Asthma Emergency Kit.

It is recommended that all school staff with a duty of care responsibility for the wellbeing of students are trained to be able to manage an asthma emergency appropriately. The Asthma Foundation of Victoria provides a free one hour training session for school staff. For more information visit www.asthma.org.au.

Schools should provide equipment for managing an asthma emergency in their first aid kit. Asthma Emergency Kits should be located strategically around the campus including the use of mobile Asthma Emergency Kits for yard duty, excursions and camps (see 4.5.7.4.1).

If the students own blue reliever puffer is not readily available one should be obtained from the Asthma Emergency Kit or borrowed from another student or staff member and given without delay. It does not matter if a

different brand of reliever medication is used. Blue reliever puffers are safe. An overdose cannot be given by following the instructions outlined. However, it is important to note that the student may experience harmless side effects such as shakiness, tremor or a 'racing' heart.

The asthma emergency kit must include:

- A blue reliever puffer (for example Airomir, Asmol, or Ventolin). Blue reliever puffers in the asthma emergency kit are for First Aid use only. Students should provide their own medication for their usual asthma management although the spacer device from the asthma emergency kit can be used with the student's own medication.

- A spacer device to assist with effective inhalation of the blue reliever medication, for example a Volumatic, Able Spacer or Breath-a-Tech. Consult a pharmacist about matching the spacer with the reliever puffer.

- Clear, written instructions on how to use these medications and devices, plus the steps to be taken in treating an acute asthma attack as described in Section 4.5.10.3.2 Asthma First Aid.

- 70% alcohol swabs e.g. Medi-Swab™ to clean devices after use (see Cleaning spacers and puffers in section 4.5.10.3.2).

- Schools can legally purchase a blue reliever puffer for First Aid purposes from a pharmacist on written authority of the Principal.

- A staff member needs to be given the responsibility of regularly checking the expiry date on the canister of the reliever puffer and the amount of medication left in the puffer.

Nebulisers are no longer in common use and schools are not required to provide a nebuliser for students. If a student is prescribed a nebuliser and wants to bring their own nebuliser to school, the school can contact the Asthma Foundation of Victoria for information on nebulisers.

A Bricanyl Turbuhaler may be used in First Aid treatment if a puffer and spacer is unavailable.

Assessment and first aid treatment of an asthma attack

Type of Asthma Attack	**Symptoms**	**First Aid Procedure**
Mild	Coughing, a soft wheeze, minor difficulty in breathing and no difficulty speaking in sentences	Immediately follow the first aid procedures on the student's Asthma Action Plan, or if no plan is in place, follow the *4 Step Asthma First Aid Plan*. Delay in treatment may increase the severity of the attack and ultimately risk the student's life.
Moderate	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	Call an ambulance (dial 000), notify the student's

	for breath, unable to speak more than a few words, pale and sweaty and may have blue lips.	emergency contact and follow the 4 Step Asthma First Aid Plan while waiting for the ambulance to arrive.

Asthma Emergency

In an asthma emergency the Asthma First Aid plan must be followed.

If a student's condition suddenly deteriorates or there is concern at any time call an ambulance immediately (**Dial 000**) and state that the person is having an asthma attack.

If a student has difficulty breathing and is not known to have asthma, call an ambulance immediately and follow the Asthma First Aid Plan. No harm is likely to result from giving a blue reliever puffer.

Contact the student's parent/carer and doctor immediately, after calling the ambulance.

The 4 Step Asthma First Aid Plan

Step 1 - Sit the student upright, be calm and reassuring. Do not leave them alone.

Step 2 – Give 4 separate puffs of a blue reliever (a Bricanyl Turbuhaler may be used in first aid treatment if a puffer and spacer are unavailable). The medication is best given one puff at a time via a spacer device. Ask the student to take 4 breaths from the spacer after each puff of medication. If a spacer is not available, use the blue reliever puffer on its own.

Step 3 - Wait 4 minutes.

Step 4 - If there is still little or no improvement repeat steps 2 and 3. If there is still not improvement call an ambulance immediately (**Dial 000**). Continuously repeat steps 2 and 3 while waiting for the ambulance.

Continue to repeat steps 2 and 3 while waiting for the ambulance.

The incident should be recorded if the 4 Step Asthma First Aid Plan is used.

Even if the student has a complete recovery from the asthma attack, do not leave them alone.

Cleaning spacers and puffers

Devices for example puffers and spacers that are used by more than one person must be cleaned thoroughly after each use to prevent cross-infection. The Asthma Foundation's *Asthma at school for school staff* notes the following:

Spacers should be washed after each use:

- Wash in warm soapy water – do not rinse

- Air dry – do not wipe dry
- When dry, wipe the mouthpiece thoroughly with 70% alcohol wipes, e.g. Medi-Swab™
- Puffers should be washed after each use
- Remove the metal canister from the puffer (do not wash the canister)
- Wash the plastic casing only
- Rinse the mouthpiece through the top and bottom under running water for at least 30 seconds. Wash mouthpiece cover
- Air dry and then re-assemble
- Test the puffer to make sure that isn't any water remaining in it.

If any of the devices are contaminated with blood, discard and replace. Ensure that they are stored in a dustproof container.

4.5.10.3.3 Further Information

- The Asthma Foundation Victoria
- Asthma, Chronic Illness Alliance

4.5.10.4 Cancer

In general, cancer occurs when cells in the body multiply in an uncontrolled way. As the cell numbers increase, they form a mass that affects the normal function of the surrounding tissues. If cancer is not successfully treated at this stage, cancer cells can break away and spread through the bloodstream or lymphatic system to other parts of the body. This process is called metastasis.

There are many different types of cancer. The extent and nature of cancer in children and adolescents differ from adult cancers and therefore require different treatments. Cancer is NOT contagious. For children and adolescents, the survival rate is very high, with over 70% cured due to advances in treatment. This varies according to the type and extent of the disease when it is first diagnosed, and with the child's or adolescent's age. Some children's cancer goes into remission.

Common forms of cancer in children and adolescents are: brain tumour, leukaemia, lymphoma, neuroblastoma, osteosarcoma, Ewings sarcoma, retinoblastoma, soft tissue sarcoma or Wilms' tumour.

4.5.10.4.1 The student at school

Possible effects of cancer in children and adolescents

Cancer may have many and varied effects on a student's learning, physical abilities, social skills and their wellbeing. The effects on the student can be a result of the disease, or from the treatment for the disease. Late-effects may also become more apparent as the student

gets older. Each student is unique and not everything listed below will be relevant to each student.

Student learning and wellbeing

A student being treated for cancer may experience:

- reduced attention and concentration (mental fatigue)
- memory difficulties (short- and long-term)
- problem-solving difficulties
- planning difficulties
- organisational difficulties
- slowed thinking and understanding
- visual perceptual deficits
- difficulties with new learning or specific problems with certain types of learning (e.g. mathematics).

Infectious diseases

When a student is undergoing chemotherapy as part of their cancer treatment, their immunity to infectious diseases is suppressed. Exposure to diseases such as measles or chickenpox can be very serious and even life-threatening for students with cancer. In consultation with the family, schools will need to ask their community to notify the school if any other student comes down with measles or chickenpox. A sample letter to the school community is available in the Royal Children's Hospital resource *When a student has cancer*.

Physical changes

A student being treated for cancer may experience:

- physical fatigue, limited strength and endurance
- issues relating to change in body image (such as hair loss, limb loss from amputation, weight changes) can impact on a student's willingness to participate in physical activities throughout the school
- co-ordination difficulties, sometimes hand and limb tremors (which can impact on recording of school work and participating in self-care and other activities in school)
- balance problems (which may result in safety issues)
- a change in their reproductive ability (this may impact on self-perceptions and cause them distress when learning about sexuality).

Social-emotional issues

A student being treated for cancer may experience enormous changes in their social connections with their peers. Reactions can be seen in a variety of ways: very positive coping strategies and resilience, as well as emotional responses to situations that previously would not have been distressing. It is not always possible to predict how each student or their family will react to different events. Having a positive and available support network that understands the needs of the student, family and school is important. The support network may need to adapt as the needs of the student and others change.

Physical activity and camps and special events

Students with cancer are encouraged to participate in sporting and physical activities as well as camps and special events. The condition may limit the extent to which the student is able to participate. With good planning and communication, most students with cancer should be able to attend school camps and special events. The school should receive extra information about the student's health condition via the completion of the Department's *Confidential Medical Information for School Council Approved School Excursion* form (see 4.4.2.5).

4.5.10.4.2 Strategies for schools

Medical Advice

Schools should ensure that they receive medical advice from the student's medical/health practitioner ideally via the completion of a Condition-Specific Medical Advice Form – Cancer (see 4.5.3.1).

Student Health Support Plan

Schools must plan for and support a student with an identified health care need within a school environment. All students with cancer must have a *Student Health Support Plan* in place (see 4.5.3.1).

Communication

The impact of cancer on a student and their family cannot be underestimated. Schools should ensure open communication between the school and the student's parents/carers. Regular sharing of information about the student's successes, development and changes, as well as any health and education concerns, is important

The Camp Quality puppets are an excellent resource for developing empathy and understanding for primary school students and deal with physical and emotional changes.

4.5.10.4.3 Further information

- Cancer, Chronic Illness Alliance
- When a Student Has Cancer, Resource for Teachers and School Communities.
- Children's Cancer Centre, RCH

- Children living with cancer - planning and support guide for schools, preschools and childcare services, South Australia Department of Education and Chidren's Services

- Ontrack@PeterMac

Cancer Information and Support Service Tel: 13 11 20

4.5.10.5 Cystic Fibrosis

Cystic fibrosis is the most commonly inherited, life limiting, incurable condition among Caucasians. It is a condition that mainly affects the digestive system and the lungs, with considerable variation in the severity of symptoms from person to person. While there is currently no cure for cystic fibrosis, recent treatment developments now mean that almost all affected people live into adulthood and lead productive lives.

Respiratory aspects of cystic fibrosis

People with cystic fibrosis produce abnormally thick sticky mucus. This blocks small air passages and may result in lung damage due to recurrent infections over a period of time. A chest physiotherapy program for clearing airways is an important part of daily care.

Nutrition

People with cystic fibrosis have malfunctioning of the pancreas and special nutritional needs as a result. This includes a diet high in energy, fat and salt. To improve absorption of food, most people with cystic fibrosis take enzyme replacement capsules with meals and snacks. It is important that students with cystic fibrosis manage their enzymes independently. If enzymes are not taken, the immediate consequence is reduced absorption of food, stomach pains, wind and diarrhoea. Enzymes are not drugs and will not harm other students if taken accidentally.

4.5.10.5.1 The student at school

Possible effects of cystic fibrosis

Most students with cystic fibrosis are well and have minimal restrictions at school. However, occasionally teachers may have contact with a student who has moderate to severe lung disease, and who may be regularly absent due to illness at home, or hospitalisation. Each student is unique and not everything listed below will be relevant to each student.

Student learning and wellbeing

Students with cystic fibrosis may need extra support and consideration at school at different times. Consideration may need to be given to:

- toileting, as frequent trips to the toilet may be necessary for the student

- fatigue

- infections and illness

- cross infection – there are particular bacteria that can grow in the lungs of people with cystic fibrosis. To minimise the risk of cross infection it is recommended that two students with cystic fibrosis should not participate in any school activities that require them to be in close proximity to each other. These bacteria are not harmful to students who do not have cystic fibrosis

- body image

- social/emotional issues

- school absences and hospitalisation

- fluctuating capabilities/concentration related to learning.

Physical activity, camps and special events

Students with cystic fibrosis should be encouraged to participate in sporting and physical activities as well as camps and special events. The condition may limit the extent to which the student is able to participate, due to physical fatigue, limited strength and endurance.

With good planning and communication, most students with cystic fibrosis should be able to attend school camps and special events. Many parents are anxious about sending their child to camp because of concerns about the physiotherapy program and the administration of medication. It is important for young people with cystic fibrosis to join their peers at camp and not to feel different due to their chronic illness. The Royal Children's Hospital schools camp checklist is a valuable resource to support inclusion of students with cystic fibrosis. The school should receive extra information about the student's health condition via the completion of the Department's *Confidential Medical Information for School Council Approved School Excursion* form from (see 4.4.2.5).

4.5.10.5.2 Strategies for schools

Medical Advice

Schools should ensure that they receive medical advice from the student's medical/health practitioner ideally via the completion of a Condition-Specific Medical Advice Form - Cystic Fibrosis (see 4.5.3.1).

Student Health Support Plan

Schools must plan for and support a student with an identified health care need within a school environment. All students with cystic fibrosis must have a *Student Health Support Plan* in place (see 4.5.3.1).

Communication

The impact of cystic fibrosis on a student and their family cannot be underestimated. Schools should ensure open communication between the school and the student's parents/carers. Regular sharing of information about the student's successes, development and changes, as well as any health and education concerns, is important.

4.5.10.5.3 Further information

- Cystic Fibrosis Sheet, RCH Education Institute
- Cystic Fibrosis, Betterhealth Channel
- **Cystic Fibrosis Victoria**
- Cystic Fibrosis, Chronic Illness Alliance
- Living with cystic fibrosis, planning and support guide for schools, preschools and childcare services, South Australia Department of Education and Children's Services

4.5.10.6 Diabetes (Type 1)

Diabetes exists when there is too much glucose in the blood. There are two distinct forms of diabetes:

- Type 1 diabetes which occurs in childhood due to a severe deficiency of insulin. Without insulin treatment, the disease progresses to a life threatening condition marked by dehydration and a build up of acids in the blood (ketoacidosis).
- Type 2 diabetes usually occurs in adults over 40 years however the condition is becoming more common in adolescents (particularly those who are overweight). This form of diabetes is usually controlled by diet and is not dependent on insulin injections for treatment.

For the purposes of this section, only the support of students with Type 1 diabetes will be discussed.

What is hypoglycaemia?

Hypoglycaemia (low blood glucose) a 'hypo' can be caused by too much insulin, delaying a meal, not enough food or unplanned, unusual exercise. A 'hypo' can be dangerous and if not treated, can progress rapidly to a coma and possible death. Therefore, a rapid first aid response is required to prevent a mild hypo from progressing to a severe hypo.

What is hyperglycaemia?

Hyperglycaemia (high blood glucose levels) can be caused by insufficient insulin, too much food, common illness (e.g. a cold) and stress. Signs for this condition emerge over two to three days and can include frequent urination, excessive thirst, weight loss, lethargy, change in behaviour.

4.5.10.6.1 The student at school

Possible effects of diabetes

Diabetes management is lifelong and aims to maintain as near normal blood glucose control as possible for the student.

Attendance at school should not be an issue for a student with diabetes. The student however may need routine visits to their medical practitioner every few months. Each student is unique and not everything listed below will be relevant to each student.

Student learning and wellbeing

Students with diabetes may need extra support and consideration at school, due to their diabetes management:

- **Monitoring blood glucose (BG levels)** - testing at least four times a day as this helps to evaluate the insulin dose. Some of these tests may need to be done at school. Some younger students may need supervision when performing BG tests.

- **Administration of insulin**, which is commonly administered twice a day (before breakfast/dinner) or four times a day (pen insulin). Students may need to administer pen insulin at school. An increasing number of students may be using an insulin pump which provides continuous insulin delivery via a small pump that the student wears.

- **Meal time** – most meal requirements should fit into regular school routines, however if an activity is running overtime, students with diabetes cannot delay meal times. Extra supervision may be required for young students at meal/snack times.

Consideration should be given during examinations, where students with diabetes allowed to bring in food in case of a 'hypo' and be granted easy access to toilets (when BG levels are high, there is a need to urinate more frequently). Special consideration should be given if a 'hypo' occurs. If the student is in VCE, an application for special exam arrangements should be submitted well in advance of the examination dates (i.e. additional time for rest breaks, permission to leave the room under supervision, medication (food and drink) and extra time for reading and writing). Schools are encouraged to consider the Special Entry Access Scheme, in consultation with the student.

Physical activity, camps and special events

Students with Diabetes should be encouraged to participate in sporting and physical activities as well as camps and special events. Prior to any physical activity, the student should have a serve of carbohydrates. Exercise is not recommended for students whose BG levels are high as it may cause them to become even more elevated. Water sports need careful planning and supervision as a 'hypo' increases risk of drowning (see 4.4.4).

With good planning and communication, most students with diabetes should be able to attend school camps and special events. The school should receive extra information about the student's health condition via the completion of the Department's *Confidential Medical Information for School Council Approved School Excursion* form (see 4.4.2.5). When planning for a student's attendance on camps, consideration should be given to the student's ability to self-manage their diabetes, e.g. BG tests, insulin, etc. If required a parent/carer or designated school staff will need to attend the camp to assist the student.

During class parties, consideration should be given to the food and drink provided, e.g. the need for diet soft drinks.

4.5.10.6.2 The student at school

Medical Advice

Schools should ensure that they receive medical advice from the student's medical/health practitioner ideally via the completion of a *Condition-Specific Medical Advice Form – Diabetes* (see 4.5.3.1).

Student Health Support Plan

Schools must plan for and support a student with an identified health care need within a school environment. All students with Diabetes must have a *Student Health Support Plan* in place (see 4.5.3.1).

Communication

The impact of diabetes on a student and their family cannot be underestimated. Schools should ensure open communication between the school and the student's parents/carers. Regular sharing of information about the student's successes, development and changes, as well as any health and education concerns, is important. Schools may wish to set up a communication book between the parents/cares and the school to relay information about the student's change in BG levels.

4.5.10.6.3 Further information

- Caring for Diabetes in Children & Adolescents- a parents manual, RCH
- Diabetes information for schools, RCH
- Diabetes resources, RCH
- Diabetes planning and support guide for education and childcare services, South Australia Department of Education and Children's Services
- Diabetes Australia, Victoria. Information for Schools
- Royal Children's Hospital Diabetes Education Team, Bringing Diabetes Care to the Classroom, Victoria (2007)
- Silink, Mellor, McGill, Jackson, Middlehurst, Pheln and Harris, Diabetes Information, Australia (2004)

4.5.10.7 Epilepsy and seizures

Epilepsy is a common condition where a momentary imbalance of electrical and chemical signals in the brain results in 'seizures' also called convulsions. There are many types of seizures associated with this condition. When someone has a seizure, they may experience a change in sensation, perception, awareness or responsiveness. They may

appear to be daydreaming, with a subtle, brief 'loss of contact'. They may also experience sudden, uncontrolled movement patterns.

Epilepsy is classified depending on what part of the brain is involved – partial or focal seizures involve one side of the brain; and generalised seizures involve the whole brain. In addition, classification is based on whether the person loses consciousness or not. The most common seizures experienced by children of school age will be Partial (focal) seizures (partial, complex, partial becoming generalised) and Generalised seizures (Tonic-clonic (grand-mal), Absence, Myoclonic, Tonic, Aclonic).

4.5.10.7.1 The student at school

Possible effects of epilepsy

With effective medication management and a healthy lifestyle, students with epilepsy can lead active and fulfilling lives. Some students however may face a number of challenges due to their epilepsy. Each student is unique and not everything listed below will be relevant to each student.

Student learning and wellbeing

Some students with epilepsy may experience difficulties with:

- Memory and learning
- Concentration and attention
- Mood swings
- Social isolation
- Depression and/or anxiety
- Fatigue (due to some anti-epileptic medication, night time seizures or poor sleep patters caused by abnormal brain activity)
- Processing of information (due to some anti-epileptic medication).

When a student has a seizure, even a single seizure, the student can experience disruptions in their memory, causing them to forget about what happened before and after the seizure. It is important for the school to recognise this and briefly go over any information that the student may have missed.

If a student has a seizure, such as a tonic clonic seizure at school it is important that the teacher remains calm. Students will tent to assume the same emotional reaction as the teacher. A seizure at school can be seen as a learning experience, where accurate information, appropriate attitudes and understanding (not pity) are the end results. Such an experience need not be frightening.

Safety awareness

It is not always possible to predict when and where a student may have a seizure. Should a seizure result in a student losing control of their

movements, please ensure that the area around them is made as safe as possible, by removing objects that could cause harm; loosen any tight clothing or restraints; place something soft under their head, and stay with them for reassurance until the seizure is over.

Physical activity, camps and special events

Students with epilepsy should be encouraged to participate in sporting and physical activities as well as camps and special events. Subject to medical advice, students with epilepsy should be actively encouraged to participate in swimming lessons, with due regard to the requirements specified in the Victorian Government Schools Reference Guide (see 4.4.4). With good planning and communication, most students with epilepsy should be able to attend school camps and special events. The school should receive extra information about the student's health condition via the completion of the Department's *Confidential Medical Information for School Council Approved School Excursion* form (see 4.4.2.5).

4.5.10.7.2 Strategies for schools

Medical Advice

Schools should ensure that they receive medical advice from the student's medical/health practitioner ideally via the completion of a *Condition-Specific Medical Advice Form – Epilepsy* (see 4.5.3.1).

Student Health Support Plan

Schools must plan for and support a student with an identified health care need within a school environment. All students with epilepsy and seizures must have a Student Health Support Plan in place (see 4.5.3.1).

Communication

The impact of epilepsy on a student and their family cannot be underestimated. Schools should ensure open communication between the school and the student's parents/carers. Regular sharing of information about the student's successes, development and changes, as well as any health and education concerns, is important.

4.5.10.7.3 Further information

- Epilepsy in education and children's services planning and support guide for education and children's services, South Australia Department of Education and Children's Services
- Epilepsy, Chronic Illness Alliance
- Children's Epilepsy Program, RCH
- Epilepsy Foundation of Victoria

4.5.10.8 Haemophilia

Haemophilia is a rare inherited condition where a person is missing usually Factor VIII or IX which are essential in forming a blood clot; hence

prone to bleeding, especially internally into joints and muscles. This can lead to chronic pain and arthritis.

Haemophilia can be mild, moderate or severe, depending on the level of clotting factor deficiency.

It is mainly a male disorder because the haemophilia gene is carried on the X chromosome.

Treatment

Students with haemophilia require injections of blood products to stop internal bleeding, two to three times per week. The injections can be administered by a hospital with an accredited haemophilia centre, or alternatively the student may be taught to inject themselves. This can occur at school.

The school should support the student to find an appropriate time and space to have his/her treatment. The medications to be administered at the school should be stored in a refrigerator and provided to the student when treatment is required.

4.5.10.8.1 The student at school

Students with Haemophilia should not be singled out because of their condition. They should be encouraged to be involved in most school activities, setting their own limits at an early age and are encouraged to keep fit.

Physical activity, camps and special events

Given reasonable precautions, students with haemophilia can join in most school activities, including sporting and outdoor activities, with the exception of the more competitive contact sports such as football or boxing or cricket played with a hard ball.

Students with haemophilia should be allowed to participate in school camps and excursions provided that the venue is within reasonable distance to a regional base hospital or there is a local doctor who is happy to help with the student's care. It is family's responsibility to collect the treatment product, provide an esky for transport, and a letter of introduction from the Haemophilia Treatment Centre to be used when necessary. The school should receive extra information about the student's health condition via the completion of the Department's *Confidential Medical Information for School Council Approved School Excursion / Camps* from (see 4.4.2.5.1).

4.5.10.8.2 Strategies for schools

Medical advice

Schools should ensure that they receive medical advice from the student's medical/health practitioner ideally via the completion of a Departmental *General Medical Advice Form* (see 4.5.3.1).

Student Health Support Plan

Schools must plan for and support a student with an identified health care need within a school environment. All students with haemophilia must have a *Student Health Support Plan* in place (see 4.5.3.1).

Communication

The impact of haemophilia on a student and their family cannot be underestimated. Schools should ensure open communication between the school and the student's parents/carers. Regular sharing of information about the student's successes, development and changes, as well as any health and education concerns, is important.

4.5.10.8.3 Further information

The clinical nurse specialist at the Haemophilia Treatment Centre, Royal Children's Hospital, is available to contact regional support on the student's behalf and relevant information will be passed on to the school via the family.

Further general information may be obtained from the Henry Ekert Haemophilia Treatment Centre, Royal Children's Hospital, on telephone (03) 9345 5099. The centre also runs a seminar day for teachers in conjunction with the Haemophilia Foundation Victoria about working with students with heamophilia. This runs annually. Any after hours queries should be via the hospital switchboard which is open twenty-four hours a day. Ask for the haematologist on call on (03) 9345 5522. It is helpful if you have the student's hospital number.

Further information about haemophilia, its treatment and
effects

Go to: http://www.hfv.org.au/webpage/items/64423-upload-00001.pdf

4.5.10.9 Pregnant and parenting students

If a student is pregnant they will require a medical certificate after thirty-fourth week, stating fitness to attend school.

4.5.10.9.1 The student at school

Pregnant and parenting students have the right to continue their schooling. Ongoing support for the student either from her school or the Distance Education Centre should be available where schooling is interrupted due to pregnancy.

4.5.10.9.2 Strategies for schools

Schools and principals are able to make local decisions about supporting students to continue their schooling and to remain, as far as possible, connected to education.

Schools have the ability to modify their curriculum program as needed and respond to the student's capacity to maintain her workload and out of class commitments.

In Victoria the stage of post-compulsory education provides a range of options and the flexibility to combine pregnancy and parenting and continuing education. Accredited courses include:

- VCE (can be studied over three years)
- VCAL
- VET in VCE
- part-time apprenticeships
- traineeships.

Schools have the capacity to respond to the needs of their students and their communities and can use targeted funds, such as those for Managed Individual Pathways (MIPs), to tailor programs and resources to support individual students.

A number of schools have successful programs for supporting pregnant and parenting young women.

4.5.10.9.3 Further information

- Youth Central
- Core of Life
- Family Planning Victoria
- Marie Stopes International
- The Council of Single Mothers and their Children (CSMC) Victoria

4.5.10.10 Thalassaemia

A number of students have thalassaemia, which is a hereditary blood disease that causes anaemia. Thalassaemia is particularly prevalent in people with ancestry from Mediterranean countries as well as India, the Middle East and South East Asia.

There are two main forms:

Thalassaemia major: This is a serious illness for which blood transfusions are needed every three to four weeks and in which the general health can be markedly affected.

Thalassaemia minor: This is much more common and mild, though there may be some lack of energy. Many students with thalassaemia minor appear quite healthy.

Treatment

There is no cure for thalassaemia major and treatment must continue for life. Ongoing treatment includes regular transfusions to boost haemoglobin levels in the blood.

4.5.10.10.1 The student at school

Schools are able to assist a student with Thalassaemia by:

- raising awareness about the condition to staff (and where appropriate students) to increased understanding about the condition
- to recognise the need for students with Thalassaemia major to make frequent trips to a hospital for the day for blood transfusions
- to understand that students with Thalassaemia major may be restricted in their physical activities
- suggesting to the parents/carers that a student who is consistently lethargic should see a doctor.

Physical activity, camps and special events

Students with Thalassaemia major may be restricted in their physical activities.

With good planning and communication, most students should be able to attend school camps and special events. The school should receive extra information about the student's health condition via the completion of the Department's *Confidential Medical Information for School Council Approved School Excursion / Camps* form (see 4.4.2.5.1).

4.5.10.10.2 Strategies for schools

Medical advice

Schools should ensure that they receive medical advice from the student's medical/health practitioner ideally via the completion of a Departmental *General Medical Advice Form* (see 4.5.3.1).

Student Health Support Plan

Schools must plan for and support a student with an identified health care need within a school environment. All students with thalassaemia must have a *Student Health Support Plan* (see 4.5.3.1).

Communication

The impact of Thalassaemia on a student and their family cannot be underestimated. Schools should ensure open communication between the school and the student's parents/carers. Regular sharing of information about the student's successes, development and changes, as well as any health and education concerns, is important.

4.5.10.10.3 Further information

Further advice is available from the Medical Therapy Unit at Monash Medical Centre, on telephone (03) 9594 2756.

4.5.10.11 Gender identity and students with a transgender or intersex status

The following definitions are provided by Transgender Victoria. Further information is available on their website (see section 4.5.10.11.5 Further support and information).

Transgender: An umbrella term used to describe all those whose gender identity is at odds with their biological sex.

Intersex: A long-established medical (genetic) condition where an infant is born with reproductive organs and/or sex chromosomes that are not exclusively male or female. (current word for 'hermaphrodite')

Under the *Victorian Equal Opportunity Act (1995)* and its amendments (2000) schools are required to support and respect a student's choice to identify as their desired gender when this does not align with their biological sex.

The transgender or intersex status of students has the potential for discriminatory and unfair treatment from others within the school community. The student or carer may indicate other needs, for example, need for counselling support, but it should not be automatically assumed these are required. Generally, by the time a student or carer indicates a preference for a change in gender identity, wellbeing supports will already be in place.

4.5.10.11.1 The development of a management plan

The school principal should oversee the development of an agreed management plan.

A letter from a gender identity specialist is required to support the school in the development of the plan. This letter should indicate that an assessment has taken place and outline recommendations (gender identity specialists are available through Royal Children's Hospital and Monash Medical Centre).

The emphasis of the management plan will not be on the 'management of the young person' but the management of the school organisation given the special needs of the young person with a transgender or intersex status.

The young person and a family representative/carer must be invited to be a part of the formulation of the management plan. The management plan should reflect this Department policy, take a common sense approach and identify a process in the event of unforseen circumstances.

It is recommended that the development of the management plan takes place over a number of staggered sessions. This will permit time for trialling and opportunity for adjustments. It is important that the student understands they are a partner in the plan and actively follows the agreed decisions. A process should also be established for any later review of the management plan. If a student remains at the same school, it is appropriate to consider the timing of a change of gender identity, such as following a term break.

It is important to consider the wellbeing of other students in an addendum to the management plan, in the event that the student's transgender status becomes known and causes distress. This should include a referral process for student support.

The plan will also need to ensure that there are processes in place to address potential school community concern. For example, the provision of information about this area (further support information is listed below) and an opportunity to discuss issues in general with a senior staff member.

Consideration should also be given for the need to establish a Student Support Group which could support, guide and monitor the progress of the young person. Further information about Student Support Groups and student wellbeing support in general is available from the Student Wellbeing website at:

http://www.education.vic.gov.au/healthwellbeing/wellbeing/policy.htm

4.5.10.11.2 Toilet facilities

As toilets, showers and change room facilities differ from school to school, agreed arrangements specific to the school (and any related explanations) should be outlined in the management plan. However, the aim is to respect the student's choice to identify as their desired gender. There is a preference for a straightforward change to the regular facilities used by the preferred gender. Regular use of the disabled toilets by a student without a disability could draw attention to the student and is not ideal.

4.5.10.11.3 The student's privacy

Every effort must be taken to protect the privacy and confidentiality of the transgendered student. The most effective way to do this is to minimise the number of staff members required to know the student's transgender status. In most instances, it is expected this will be limited to the school principal.

The principal should consider if a staff member (for example, a student welfare coordinator or health and physical education teacher) needs to know the student's transgender status in order to support or teach this student. The developed management plan should identify an agreed process for informing others should it be decided necessary. The names of staff members who know the student's status should be noted in the management plan. It is important not to assume a staff member or member of the student's social network is aware.

School community adjustment

It is also important to consider the careful management of appropriate behaviour of school community members. This may particularly arise in cases where the student remains at the same school. School community members who knew the student prior to the change of gender identity may need support and direction in their adjustment. Changes will typically include a shift to the use of a student's new name and the form of address now appropriate for the student's preferred gender identity. Much of this adjustment will simply be a matter of conscious practice over time.

4.5.10.11.4 Use of student's preferred name and gender in documents

If the student's preferred name is different to the name on the student's birth certificate, and the carer (or student if s/he is a 'minor living independently') indicates an intention to seek a change of birth certificate through the Registry of Births and Marriages (or other appropriate process), the preferred name and gender should be used on all school electronic and hardcopy documentation, including enrolment documentation.

If a copy of the birth certificate is required through the school's regular practice, a copy of the updated certificate should be provided when it becomes available. The process for change of birth certificate can take time.

4.5.10.11.5 Further support and information

Contact the regional office's Student Wellbeing Unit if further support is required. If further policy information is required, contact Steven O'Connor, Sexuality Education Policy and Project Development on (03) 9637 3674.

Important Department links

Gender Identity Issues (SSAFE) (2007) available from the Prevention and support page, Catching On-*line*:

http://www.education.vic.gov.au/studentlearning/teachingresources/health/sexuality/preventionsupp.htm

Supporting Sexual Diversity in Schools (2008) available from the For Principals' page, Catching On-*line*:

http://www.education.vic.gov.au/studentlearning/teachingresources/health/sexuality/forprincipals.htm

External links

GQ: Gender Questioning (2006), available from Gay and Lesbian Health Victoria:

http://www.glhv.org.au/node/242

The legal recognition of sex in documents and government records – Concluding paper of the sex and gender diversity project (2009), Australian Human Rights Commission:

http://www.hreoc.gov.au/genderdiversity/sex_files2009.html

Transgender Victoria:

http://www.transgendervictoria.com

'Your Right to a Fair Go – Gender Identity' available from the Victorian Equal Opportunity and Human Rights Commission:

http://www.humanrightscommission.vic.gov.au/publications/rights%20brochures/gender%20identity.asp

4.5.11 School health services

4.5.11.1 School dental services

The School Dental Service provides regular dental care for all primary school children and for children in Years 7 and 8 whose families have concession cards.

Services are provided at either a mobile dental van or a community dental clinic. Care is available once every 12 to 24 months depending on treatment needs.

The School Dental Service promotes the dental health of its clients to enable them to maintain healthy teeth for life. Dental therapists working under the general supervision of dentists provide dental examinations, dental health education and promotion and preventive dental care.

The student's parents/carers must sign a consent form prior to an examination being provided.

Resources can be accessed through the School Dental Service by teachers for planning and conducting dental health education in the school.

Costs of School Dental Services

A fee is payable for children whose parents do not hold a concession card. There is a maximum charge per family per year.

There is no charge for emergency treatment or for families who hold a concession card.

For further information, see:

http://www.dhsv.org.au/content.asp?z=1&c=2&p=222

School Dental Services – special needs

Dental Health Services Victoria has two Special Services mobile dental units that offer general dental care to children with a variety of physical and intellectual disabilities.

Children who attend special developmental schools in metropolitan Melbourne and rural areas of Victoria are offered dental care every one to two years.

Cost of School Dental Services – special needs

Treatment is provided free of charge to children enrolled in a special or special developmental school. For more information on the School Dental Service contact 1300 360 054.

4.5.11.1.1 Youth Dental Program

The Youth Dental Program provides regular dental care for dependants of concession card holders in Years 9 to 12 who are 14 to 17 years of age and those aged 14 to 17 years who may have left formal schooling.

Services are provided at a community dental clinic. Care is available once every 12 to 24 months depending on treatment needs.

All general dental treatment is provided including:

- Dental check-ups and advice
- Dental sealants to prevent decay
- Teeth cleaning
- Fillings

Cost of Youth Dental Program

General dental services are free to eligible youth. For more information on the Youth Dental Program contact 1300 360 054.

4.5.11.1.2 Emergency dental service

The Royal Dental Hospital provides emergency care outside normal hours, from 5.30 pm to 9.15 pm weekdays and from 8.45 am to 9.15 pm on weekends and public holidays. Emergency dental care is generally assessed within twenty-four hours of making contact with dental staff (during clinic business hours). For further information telephone 1300 360 054.

4.5.11.2 Health assessments (Primary School Nursing Program)

School nursing staff from the Department conduct health assessments of Prep students in Government schools. This assessment includes distance vision screening (see 3.17.1.2).

4.5.11.3 Secondary School Nursing Program

The Secondary School Nursing Program aims to reduce risk to young people and promote better health in the wider community (see 3.17.1.3).

4.5.12 Sun protection

4.5.12.1 Policy rationale

Overexposure to UV radiation during childhood and adolescence is known to be a major cause of skin cancer. However a healthy balance between too much and too little UV radiation from the sun is required to maintain good health.

4.5.12.1.1 Ultraviolet radiation

Ultraviolet (UV) radiation cannot be seen or felt. It comes directly from the sun and can also be scattered in the air and reflected by surfaces such as buildings, concrete, sand, snow and water. UV radiation can also pass through a light cloud. It can be damaging to skin on cool, cloudy days and on hot, sunny days.

Too much UV from the sun can cause:

- sunburn
- skin damage
- eye damage, and
- skin cancer.

Schools can play a significant role in creating sun-safe environments and changing behaviours through education and role modelling, particularly as:

- most damage due to sun exposure occurs during the years of schooling, and
- students usually attend school when UV levels are high.

UV Index

The UV index indicates the amount of the sun's UV radiation that reaches the earth's surface. The higher the UV index level, the greater the potential for damage to skin and eyes. The UV index is divided into categories which correspond to the levels of risk. This ranges from low (1–2) to extreme (11+).

In Victoria average UV levels are 3 and above from the beginning of September to the end of April. During these months particular care should be taken during the middle of the day between 10am–2pm (11am– 3pm daylight saving time) when UV levels reach their peak.

Staff and students should use a combination of sun protection measures whenever UV index levels reach 3 and above.

Outdoor activities such as assemblies, camps, excursions and sporting events should be held earlier in the morning or later in the afternoon, or indoors, where possible.

4.5.12.1.2 Vitamin D

Too little UV from the sun can lead to vitamin D deficiency. Vitamin D regulates calcium levels in the blood. It is also necessary for the development and maintenance of healthy bones, muscles and teeth.

From May to August in Victoria, as average UV levels are below 3, and vitamin D levels need to be maintained, sun protection is not usually needed, except in alpine regions or near highly reflective surfaces such as snow or water.

In Victoria from September to April most Victorians should be able to maintain adequate vitamin D levels by exposing their face, arms and hands (or equivalent area of skin) to the sun for a few minutes before 10am or after 3pm on most days of the week. Those with naturally very dark skin may need three to six times this exposure.

Resources

For more information, see:

http://www.education.vic.gov.au/healthwellbeing/default.htm

4.5.12.2 School policy considerations

As part of their duty of care, schools are encouraged to develop a specific policy and set of procedures to promote sun-safe practices. This will help ensure the risk of skin cancer is reduced and adequate vitamin D levels are maintained.

Research has shown that the development of a comprehensive sun-protection policy is associated with better sun-protection knowledge and behaviours of students and staff. It is important to encourage students, parents and staff to participate in the development and implementation of a sun-protection policy.

4.5.12.3 School policy objectives

School communities should work together to promote a healthy UV exposure balance. This can be achieved through active participation in the:

- *SunSmart* Schools Program (E–6, P–6 and specialist schools)
- Sun Protection Program (E–12, P–12, 7–12 schools).

The purpose of these programs is to help school communities reduce the risk of skin and eye damage, sunburn and skin cancer (one of the most preventable cancers) while not compromising vitamin D levels.

The goals of the *SunSmart* policy are to:

- ensure that all students and staff maintain a healthy balance between too little and too much UV exposure from the sun
- encourage the entire school community to use a combination of sun-protection measures whenever UV index levels reach 3 and above

- encourage safe UV exposure whenever UV index levels are below 3
- work towards a safe school environment that provides shade for students, staff and the school community at appropriate times
- assist students to be responsible for their own sun protection
- ensure that families and new staff are informed of the school's *SunSmart* policy.

The school council and staff should regularly monitor and review the effectiveness of the *SunSmart* policy (at least once every 3 years) and revise the policy when required.

SunSmart behaviour should be regularly reinforced and promoted to the whole school community through newsletters, the school's homepage, parent meetings, staff meetings, school assemblies, student and teacher activities and when a student is enrolled.

For a sample *SunSmart* policy suitable for E–6, P–6 and specialist schools, and E–12, P–12 and 7–12 schools, see: http://www.sunsmart.com.au/

A *SunSmart* or Sun Protection program has a sun protection policy that meets *SunSmart* criteria. For further information 'phone 9635 5148 or visit http://www.sunsmart.com.au/protecting_others/at_school.

4.5.12.4 Sun protection measures

4.5.12.4.1 Shade

The school council should ensure there are sufficient shelters and trees providing shade in the school grounds, particularly in areas where students congregate, e.g. at lunch, in the canteen, in outdoor lesson areas and popular play areas.

In consultation with the school council, shade provision should be considered in the planning of future buildings and grounds. Refer to *Building Quality Standards Handbook*: Section 7.5.5 Shade Areas at: http://www.eduweb.vic.gov.au/

The availability of shade should be considered when planning excursions and outdoor activities.

Students should be encouraged to use available areas of shade when outdoors.

Students who do not have appropriate hats or outdoor clothing should be asked to play in the shade or in a suitable area protected from the sun.

For further information visit:
http://www.sunsmart.com.au/sun_protection/seek/

4.5.12.4.2 Clothing

Appropriate sun-protective clothing to include in the school uniform or dress code includes loose, closely-woven cotton fabrics and shirts with a

collar and long sleeves and longer style shorts and skirts. Singlet tops offer little protection and are not recommended. Schools should also encourage the use of rash vests or t-shirts for outdoor swimming activities.

For further information visit:
http://www.sunsmart.com.au/sun_protection/slip/

4.5.12.4.3 Hats

Students and staff should be encouraged to wear hats that protect the face, neck and ears, i.e. broad-brimmed, legionnaire or bucket hats. Baseball caps are not recommended as they offer little protection to the wearer.

For further information visit:
http://www.sunsmart.com.au/sun_protection/slap/

4.5.12.4.4 Sunglasses [suggested]

Overexposure to UV radiation can cause short-term eye complaints such as mild irritation, excessive blinking and swelling, while exposure over long periods can lead to more serious eye damage such as cataracts, cancer of the conjunctiva, pterygium and ocular melanoma.

If practical, schools should encourage students and staff to wear close-fitting, wrap-around sunglasses that meet the Australian Standard 1067 (Sunglasses: Category 2, 3 or 4) and cover as much of the eye area as possible.

For further information visit:
http://www.sunsmart.com.au/sun_protection/slide/

4.5.12.4.5 Sunscreen

Schools should encourage and remind students and staff to apply SPF 30+ broad spectrum, water-resistant sunscreen before venturing outdoors.

Students with naturally very dark skin may not be required to wear sunscreen. Because of the melanin in their skin, these students can usually tolerate higher levels of UV radiation without getting burnt. The World Health Organization reports that this group of students does not normally need to apply sunscreen.

Sunscreen tips:

- Do not rely on sunscreen alone - no sunscreen provides full protection.
- Choose a broad-spectrum and water-resistant sunscreen.
- Apply sunscreen generously and evenly to clean, dry skin 20 minutes before going out into the sun.
- Re-apply sunscreen every two hours or more often when sweating.

- Check and follow the ‘use by' date stated on the packaging.
- Store sunscreen below 30°C.

The use of sunscreen should be encouraged throughout the year at high altitudes where the atmosphere is thinner and the amount of UV reaching the skin can be much higher than at sea level. Fresh snow also reflects almost 80 per cent of the UV that falls on it.

Primary school students should be able to apply their own sunscreen – junior students could have a mirror available to help them see what they are doing. Students could also have 'sunscreen buddies' – someone who helps make sure they have covered their skin and applied the sunscreen properly.

4.5.12.4.6 Role-modelling

Schools should encourage staff to act as role models by wearing sun-protective hats, clothing and sunglasses when outdoors; applying SPF 30+ broad-spectrum, water-resistant sunscreen, and seeking shade whenever possible.

Families and visitors should be encouraged to use a combination of sun-protection measures (sun-protective clothing and hats, sunglasses and sunscreen) when participating in and attending outdoor school activities.

4.5.12.4.7 Curriculum

Schools should ensure that programs on skin cancer prevention and healthy UV exposure levels are included in the curriculum for all year levels, where this is appropriate.

4.5.12.4.8 UV Alerts

Schools should considering asking students to help monitor *SunSmart* UV Alerts and report sun-protection times each day.

The *SunSmart* UV Alert is a tool that indicates the UV levels are for the day and when sun protection is needed. The *SunSmart* UV Alert can be found in the weather section of the daily newspaper or by visiting http://www.sunsmart.com.au or
http://www.bom.gov.au/announcements/uv/

The top right hand corner of the UV Alert gives the actual times the UV is predicted to reach 3 and above so these are the times when sun protection is required. Live UV levels can be found at http://www.arpansa.gov.au

The UV Alert is an effective visual reminder that even on cool, cloudy days from September to April, UV levels can still be 3 and above.

From May to August average UV index levels are below 3. When UV index levels are below 3, no UV Alert is issued.

4.5.12.5 UV radiation as an OH&S issue

UV radiation is a known human carcinogen and is recognised as a workplace hazard for any staff working all or part of their day in the open. From September to April in Victoria, UV radiation is most commonly classified as 'high risk'.

Under the *OHS Act 2004*, schools have a duty of care to provide a safe environment that minimises health risks for staff, students and visitors. This includes taking proper steps to reduce the known health risks associated with overexposure to UV for staff and students who spend time on outdoor activity.

OHS UV risk controls should consider the school environment (developing shade and modifying highly-reflective surfaces), outdoor programming schedules and school uniform/ dress codes.

Additionally, whenever a student-teacher relationship exists, the teacher has a special duty of care to ensure that proper supervision is in place. This requires not only protection from known hazards, but also protection from those that could arise (i.e. those that the teacher should reasonably have foreseen) and against which preventive measures could be taken.

A school must therefore make it a high priority to put appropriate measures in place for both students and staff to effectively manage this high risk.

Also refer to:

- *Occupational Health and Safety Act 2004* Sections 21 and 23: Main Duties of Employers Section 25: Duties of Employees http://www.worksafe.vic.gov.au > Laws and Regulations > Acts and Regulations

- Australian Safety and Compensation Council (ASCC): Guidance Note for the Protection of Workers from the Ultraviolet Radiation in Sunlight http://www.ascc.gov.au/ascc/HealthSafety/HazardsSafetyIssues/UltravioletRaditioninSunlight.htm