First Aid
Policy & Procedures

ST ANDREWS
CHRISTIAN COLLEGE

First Aid Policy & Procedures

PREAMBLE

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

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

POLICY DOCUMENT INFORMATION

TITLE:	First Aid Policy and Procedures
AUTHORS:	C. Pajor; St Andrews Staff
ACKNOWLEDGEMENTS:	Melbourne Girls' College Parade College Independent Schools Victoria: *Compliance Framework* – *First Aid* St John Ambulance: *DRSABCD Action Plan* DET: *School Policy & Advisory Guide* https://www2.education.vic.gov.au http://epilepsysmartschools.org.au
PURPOSE:	To provide policy and direction for all the College Community.
RELATED DOCUMENTS:	*First Aid Handbook* – Australian Red Cross *First Aid in the Workplace - Compliance Code* (Version 1, September 2008) – WorkSafe Victoria *Ministerial Order 90* **College Documents:** Anaphylaxis Management Policy Drugs & Addictive Substances Policy Excursions and Camps Protocols and Procedures OH&S Policy

KEY DATES

ISSUE DATE:	May 2020
REVIEW DATE:	2023

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Table of Contents

Appendices

1. Emergency and Support Telephone Numbers

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

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

Police / Fire / Ambulance	000
Poisons Information Centre	13 11 26
Nurse-On-Call	1300 60 60 24
Kids Help Line	1800 551 800
Asthma Australia	1800 278 462 (1800 ASTHMA)
Department of Health (Australian Government)	1800 020 103
Department of Health and Human Services (State Government of Victoria)	1300 650 172

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

2. Rationale

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

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

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

3. Definition

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

4. Objectives

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

5. Guidelines

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

6. Duty of Care

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

6.1 Student Supervision

Staff and voluntary helpers should exercise reasonable care in the supervision of students. The extent of supervision will vary according to the age and maturity of the student and the setting, nature and frequency of the activity. No student should be given a task to perform, which, because of age and immaturity, could lead to danger or injury.

Unless compelled by extreme emergency a teacher should not leave students / their class unsupervised. A teacher must take all reasonable steps to ensure students / their class are supervised by a responsible adult. This applies both on campus, and at off-site College approved activities (e.g. excursions, camps).

7. Procedures

7.1 In the Event of Illness / Injury

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

Assessment of Illness / Injury

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

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

- Assess the accident or illness immediately.
- The injured person should not be moved unless they are in immediate danger (e.g. Lack of oxygen, the presence of fire or poisonous fumes, risk of drowning or risk of explosion, a collapsing structure or uncontrollable traffic hazards).
- Call Reception or send a message, preferably written, to Reception immediately.
- An individual tag of each of the student with a High-Risk medical condition is available in the Yard Duty first aid bum bags and is also attached to all generic EpiPens.
- Assistance to the injured person should be rendered according to ability.
- Attempt to keep other students away from the scene to maintain privacy.

- Remain with the student until first aid arrives and endeavour not to panic and alarm students.
- The Sickbay supervisor should contact the student's parents promptly. It may be necessary to direct the Parent to seek medical advice, transport student home and / or to a medical practitioner as applicable.

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

Calling an Ambulance

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

When in doubt, call 000 and request an ambulance.

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

Movement and Immobilisation

Immobilisation Due to Injury

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

Referral to Sickbay

People are sent to Sickbay for the following reasons:

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

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

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

In the event a student sustains a minor injury, the teacher should evaluate whether such an injury should be treated in the Sickbay. Students with minor injuries during Recess or Lunch Time should normally be instructed to see the Yard Duty teacher before going to Sickbay. Simple measures such as rest and washing minor wounds in water should be undertaken before sending a student to Sickbay.

Leaving the College

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

Transport to Medical Services

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

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

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

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

Illness / Injury on Excursions

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

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

Pain Management

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

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

If a student requires paracetamol (Panadol) or Nurofen staff will check the student's Operoo Profile, and 'Permission to have Paracetamol' will be indicated with a 'Yes' or 'No'. Out of courtesy, parents are to be contacted for permission but if they are uncontactable and there is permission to give paracetamol on Operoo, it can be given. If parents are uncontactable and it states 'No' to paracetamol, staff are not to administer the pain relief.

Sickbay Procedures

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

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

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

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

Notes:

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

Recording the Incident

Synergetic Medical Incident Note

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

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

Incident Report

An Incident Report must be completed for all major incidents at the College or on any College related activity. The Report states who is to complete it. The staff member overseeing the incident or event where the incident took place is responsible to follow-up the Report's completion and submission to the P.A. to the Principal.

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

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

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

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

7.2 Hygiene

Basic Precautions

Treat all human blood and body substances as potentially infectious:

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

Hand Washing

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

- Where possible wash hands thoroughly in warm water for at least twenty (20) seconds or use hand sanitiser, alcohol wipes, environmental wipes or skin / baby wipes.
- Use soap or liquid dispensable soap.
- Dry hands using single use towel or hot air-drying machines.

Hand washing and hand care should occur at the following times:

- Before and after eating or drinking.
- Before and after attending an injured person.
- After contact with blood or body substances.
- After being in contact with contaminated material, clothing or equipment.
- Immediately after removing gloves.

7.3 Medication

Refer to St Andrews Christian College *Drugs Policy.*

Student medication and equipment is stored in the Sickbay supplies cupboard.

7.4 First Aid Equipment and Supplies

First Aid Supplies

First aid supplies for administration in Sickbay are located in the Sickbay supplies cupboard.

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

Other supplies stored in the Sickbay are:

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

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

First Aid Kits - See First Aid Bag/EpiPen Location Map below

First aid kits include equipment as per Red Cross / Department of Education and Training requirements. The kits also include:

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

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

- x 4 Yard Duty;
- Senior Art;
- Junior School;
- Science Lab;
- Senior School (EpiPen found upstairs in library).

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

Staff members are required to know the location of first aid kits. First aid kits for excursions are located in the Sickbay. Other kits are located in the Multi-Purpose Hall; Outside School Hours Care building; Junior School Office; Middle School Office; Senior School Office; Library; Performing Arts Office; Senior Art Room; Science Laboratory and Sports Staffroom.

Yard Duty 'Bum Bags' are located:

- For Area 1 and Area 2 / 3 - Room 35 (Prep classroom).
- For Area 2 / 3 - Room 7 (EAL Room)
- For Area 4 – MPH

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

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

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

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

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First Aid Bag / EpiPen Locations

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INSPIRED BY FAITH | DISTINGUISHED BY CHARACTER | LEADERS BY INFLUENCE

7.5 Student and Staff Medical Details

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

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

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

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

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

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

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

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

All original hard copies of medical information including medical certificates are uploaded onto DocMan in the students Synergetic Profile.

7.6 Management of Medical Conditions

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

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

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

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

All teachers should recognise students with high risk medical conditions. Photos of these students are displayed in the staffroom and included in first aid kits attached to the generic EpiPens.

Action Plans

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

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

Action Plans are to be reviewed:

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

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

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

Storage and Distribution of Plans

Relevant medical information including Action Plans are available on Operoo.

Hard copies of students' Action Plans who are diagnosed with anaphylaxis or any other 'High Risk' condition (this may include students with diabetes, epilepsy or acute asthma) are stored in a 'High Risk' red folder under the workbench in the Sickbay. Copies of those that are High Risk' are included in the CRT folders/iPad.

'High Risk' student cards are attached to the Generic EpiPens or placed in the front pocket of the first aid kits. A poster detailing all 'High Risk' students is located in the Staffroom and on the back of the door in Sickbay.

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

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

Anaphylaxis Management

Refer to St Andrews Christian College *Anaphylaxis Management Policy 2020.*

Asthma Management

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

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

If the trigger has occurred, staff will:

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

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

Asthma Medication and Supplies

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

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

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

The College has spare asthma relievers kept in the supply's cupboard in the Sickbay.

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

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

Spacers and masks should be:

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

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

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

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

Cleaning a Puffer / Spacer

To clean a puffer:

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

To clean a spacer[1]:

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

Asthma Attack

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

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

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

Regardless of whether an attack of asthma has been assessed as mild, moderate or severe, first aid for asthma must commence immediately. See *Appendix 2 – Asthma First Aid*.

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

In the case of mild asthma attack, if the students are able, they are to be accompanied by another student to sickbay.

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

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

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

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

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

Diabetes Management

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

Care for Diabetes Sufferers

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

Examinations

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

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

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

Epilepsy Management

Epilepsy is characterised by recurrent seizures due to abnormal electrical activity in the brain – for further information on epilepsy see *Appendix 7 - Information about Epilepsy*

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

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

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

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

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

- whether emergency medication is prescribed
- how the student wants to be supported during and after a seizure
- identified risk strategies (such as water safety, use of helmet)
- potential seizure triggers

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

First aid for Epilepsy

For all seizure events:

- remain calm
- ensure other students in the vicinity of the seizure event are being supported
- prevent students from injuring themselves or others by placing something soft under their head and removing any sharp or unstable objects from the area
- note the time the seizure started and time the event until it ends
- talk to the student to make sure they regain full consciousness
- stay with and reassure the student until they have fully recovered
- provide appropriate post seizure support or adjustments — refer to: Epilepsy Support

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

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

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

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

An ambulance should be called immediately if:

- you do not know the student
- it is the student's first seizure
- there is no epilepsy management plan
- a serious injury has occurred
- the seizure occurs in water
- you have reason to believe the student may be pregnant
- other factors outlined on the epilepsy management plan are occurring

Storage and access to emergency medication

For each student that has been prescribed emergency medication, an up-to date individual emergency medication must be easily accessible from sickbay.

Epilepsy medication must include the required in-date medication, all necessary items required to administer the emergency medication and a current copy of the emergency management plan which is found in the 'High Risk Students' Folder and/or Operoo.

Medication should be stored out of reach of children and depending on the particular medication may need to be stored out of direct sunlight and below 25 degrees.

The supplied medication is located in sickbay and all relevant school staff who work directly with a student with epilepsy are aware of the location.

Camps/School Excursions/Special events

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

Training of staff

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

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

Camps / School Excursions / Parties

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

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

Pastoral Care

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

Treatment of Hypoglycaemia

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

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

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

If in doubt, TREAT.

Step 1

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

Step 2

- Recheck Blood Glucose Level in 15 minutes
  -if BGL is less than 4.0 mmol/L repeat **STEP 1**

  -if BGL is greater than 4.0 go to **STEP 3**

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

Step 3

- Follow up by giving sustaining carbohydrate:
  - When recovery begins to occur give slowly absorbed starchy carbohydrate foods (e.g. sandwiches, cracker biscuits or muesli bars – equivalent to 1 slice of bread or a piece of fruit).
- Supervise.
  - Do not leave anyone with a low blood glucose level alone. The student needs to be supervised to make sure the food or drink is actually consumed and someone needs to stay with the student until he / she has recovered. If symptoms improve, the student may return to normal activity in approx. 15 minutes. If no improvement is apparent in this time, repeat the treatment. If symptoms remain, notify the parents or guardians or call '000' for an ambulance.
- Notify Parent or Guardians
  - Treatment of severe hypoglycaemia symptoms may include drowsiness or student becoming unconscious.
  - Lay the student in recovery position and protect from injury
  - Initiate the CPR process, checking the airways, breathing and circulation. Ensure the mouth is clear to allow for unobstructed breathing - skin colour should remain pale to normal if the student is breathing properly.
- Call 000. Request an ambulance and inform the operator that there is a diabetic emergency.
- Never put food or drink in the mouth of a person who is unconscious, convulsing or unable to swallow, in case it is inhaled.
  - The only treatment for severe hypoglycaemia is either an injection of glucose into the vein (given by a doctor) or an intramuscular injection of the hormone GLUCAGON given by doctors, paramedics, a trained staff member or the parents.

    (Glucagon is a hormone that stimulates the liver to quickly release glucose into the blood, thus raising blood sugar levels. Glucagon is administered via injection and may only be given by those deemed competent in doing so - i.e. parents of a student with diabetes; health care professionals; or staff that have had Glucagon Injection training. If a registered nurse is available and a standing order to administer glucagon exists then the nurse may proceed to administer glucagon at his/her discretion as per the instructions included in the glucagon hypo kit. If a glucagon hypo kit is to be kept at the school it must be stored at room temperature and checked regularly to ensure the contents have not expired.)

For further information on diabetes, see *Appendix 5 – Information About Diabetes.*

7.7 Communicable Diseases (Common or Notifiable Diseases)

(*See also Infectious Diseases Policy*)

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

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

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

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

Contagious Illnesses at School

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

College Responsibilities

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

If the Principal has reasonable grounds for believing a student has, or has been in contact with a person who has a disease specified in Appendix 4, the College must follow the procedures set out in the table for that disease.

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

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

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

Parental Responsibilities

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

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

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

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

Parental Obligations

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

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

Confidentiality and Disclosure

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

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

Continuing Enrolment

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

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

For the purpose of clarity, all Notifiable Diseases are listed in Appendix 3.

Head Lice

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

Effects of Head Lice Infestation

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

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

Responsibilities of the Principal

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

Exclusion

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

Advice from the Department of Health and Human Services

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

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

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

Exposure to Hepatitis B

Staff

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

Students

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

For further information regarding Hepatitis, see *Appendix 6 – Blood-Borne Viruses.*

7.8 Sun Protection

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

7.9 Staff Training Register

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

ST ANDREWS
CHRISTIAN COLLEGE

Appendix 1 —
Basic First Aid (DRSABCD)

D DANGER
Ensure the area is safe for your self, others and the patient

↓

R RESPONSE
Check for response—ask name—squeeze shoulders
No response
Response
Make comfortable
Monitor response

↓

S SEND for help
Call triple zero (000) for an ambulance
or ask another person to make the call

↓

A AIRWAY
Open mouth—if foreign material present
Place in recovery position
Clear airway with fingers

↓

B BREATHING
Check for breathing—look, listen, feel
Not normal breathing
Start CPR
Normal breathing
Place in recovery position
Monitor breathing

↓

C CPR
Start CPR—30 chest compressions : 2 breaths
Continue CPR until help arrives
or patient recovers

↓

D DEFIBRILLATION
Apply defibrillator if available
and follow voice prompts

Then:

- Assess and control haemorrhage.
- Perform any other procedures you have been trained to do.
- Delegate a reliable person to watch and direct the ambulance to the incident.

REMEMBER!

Never exceed the extent of your capacity. Keep within the bounds of your training.

ST ANDREWS CHRISTIAN COLLEGE

APPENDIX 2 —
Asthma First Aid

When a student presents with an asthma attack or requests asthma medication the Asthma Care / Action Plan should be checked and followed depending upon the severity of the attack.

In the event the Asthma Care / Action Plan is not available or the student does not have one, telephone the parent and obtain verbal consent to administer the asthma medication.

If documentation is not available or the attack is obviously severe, the steps below should be taken immediately.

In a severe attack, if the student's symptoms are getting worse very quickly; have severe shortness of breath; can't speak comfortably or lips look blue; and get little relief from their reliever preventer, follow the steps below:

Step 1

- Sit the student comfortably / upright.
- Be calm and reassuring.
- Do not leave the student alone - seek assistance from another teacher to access Operoo for the students Asthma Action Plan.

Step 2

Without delay - administer 4 separate puffs of reliever medication – One puff at a time, preferably by a large volume spacer:

- Shake puffer;
- Administer 1 puff into the spacer;
- Ask student to breathe in and out 4 times slowly and repeat until 4 puffs have been taken.

Remember - Shake, 1 puff, 4 breaths

Step 3

- Wait 4 minutes.
- If there is no improvement repeat **Step 2.**

Step 4

Call '000' and request an ambulance

- State student at school is having an asthma attack;
- Repeat Steps 2 and 3 until the ambulance arrives.

If there is no improvement or the student's condition deteriorates it is evidently a severe attack.

ST ANDREWS CHRISTIAN COLLEGE

APPENDIX 3 —

Australian National Notifiable Diseases[2]– Page 1 of 2

DISEASE NAME	CDNA IMPLEMENTATION DATE	PHLN LABORATORY CASE DEFINITION
Anthrax	2004	Anthrax
Australian bat lyssavirus	2004	Australian bat lyssavirus infection
Avian influenza in humans (AIH)	1 July 2015	
Barmah Forest virus infection	1 January 2016	Alphavirus and flavivirus
Botulism	2004	Botulism
Brucellosis	1 July 2016	Brucellosis
Campylobacteriosis	2004	*Campylobacter*
Chikungunya	12 May 2010	
Chlamydial infection	1 July 2013	Chlamydia
Cholera	2004	Cholera
Creutzfeldt-Jakob disease (CJD)	16 December 2009	Creutzfeldt-Jakob disease
Creutzfeldt-Jakob disease - variant (vCJD)	16 December 2009	
Cryptosporidiosis	2004	Cryptosporidiosis
Dengue virus infection	1 January 2017	Alphavirus and flavivirus
Diphtheria	1 July 2017	Diphtheria
Donovanosis	2004	Donovanosis
Flavivirus infection - (unspecified) including Zika virus infection case definition	1 January 2016	Alphavirus and flavivirus
Gonococcal infection	1 January 2019	Gonorrhoea
Haemolytic uraemic syndrome (HUS)	2004	
Haemophilus influenzae serotype b (Hib) (invasive only)	2014	*Haemophilus influenzae* serotype b (Hib)
Hepatitis A	1 January 2013	Hepatitis A
Hepatitis B newly acquired	1 July 2015	Hepatitis B
Hepatitis B unspecified	1 July 2015	
Hepatitis C newly acquired	1 January 2015	Hepatitis C
Hepatitis C unspecified	2004	
Hepatitis D	2004	
Hepatitis E	1 July 2015	Hepatitis E
Hepatitis (not elsewhere classified)	2004	
Human immunodeficiency virus (HIV) infection - individuals less than 18 months of age	2004	
Human immunodeficiency virus (HIV) infection - newly acquired	2004	HIV
Human immunodeficiency virus (HIV) infection - unspecified individuals over 18 months of age	2004	
Influenza (laboratory-confirmed)	29 Oct 2008	Influenza
Japanese encephalitis virus infection	12 May 2010	Alphavirus and flavivirus

APPENDIX 3 —

[2] http://www.health.gov.au/casedefinitions

ST ANDREWS CHRISTIAN COLLEGE

Australian National Notifiable Diseases – Page 2 of 2

Legionellosis	1 January 2013	*Legionella*
Leprosy (Hansen's disease)	1 January 2013	Leprosy
Leptospiriosis	2004	Leptospirosis
Listeriosis	1 January 2017	*Listeria*
Lyssavirus (not elsewhere classified)	2004	
Malaria	2004	Malaria
Measles	1 January 2019	Measles
Meningococcal infection (invasive)	30 Sept 2009	Meningococcal infections
Middle East Respiratory Syndrome Coronavirus (MERS-CoV	1 July 2016	Middle east Respiratory Syndrome Coronavirus (MERS-CoV)
Mumps	2004	Mumps
Murray Valley encephalitis virus infection	12 May 2010	
Paratyphoid	1 January 2016	
Pertussis (whooping cough)	1 July 2013	Pertussis
Plague	2004	Plague
Pneumococcal disease (invasive)	2004	Pneumococcal disease (invasive)
Poliovirus infection	7 July 2015	Poliovirus
Psittacosis (Ornithosis)	I July 2018	
Q fever	2004	Q fever
Rabies	2004	
Ross River virus infection	1 January 2016	Alphavirus and flavivirus
Rotavirus	I July 2018	Rotavirus
Rubella	1 July 2019	Rubella
Rubella (congenital)	1 January 2016	Rubella (congenital)
Salmonellosis	1 January 2016	Salmonella
Severe Acute Respiratory Syndrome (SARS)	2004	Severe Acute Respiratory Syndrome (SARS)
Shiga toxin-producing *Escherichia coli* (STEC)	1 July 2016	Shiga-like toxigenic *Escherichia coli*
Shigellosis	1 July 2016	Shigellosis
Smallpox	1 July 2019	Smallpox
Syphilis (congenital)	1 July 2015	Syphilis
Syphilis - infectious less than 2 years duration (includes primary, secondary and early latent)	1 July 2015	Syphilis
Syphilis (more than 2 years or unknown duration)	1 January 2011	Syphilis
Tetanus	1 January 2012	Tetanus
Tuberculosis	1 January 2011	Tuberculosis
Tularaemia	29 Oct 2008	Tularaemia
Typhoid	1 January 2012	
Varicella zoster (chickenpox)	1 January 2018	Varicella Zoster
Varicella zoster (shingles)	1 January 2018	Varicella Zoster
Varicella zoster (unspecified)	1 January 2018	
Viral haemorrhagic fevers (quarantinable)	6 November 2014	Viral Haemorrhagic Fever (VHF)
West Nile/Kunjin virus infection	12 May 2010	Alphavirus and flavivirus
Yellow fever	1 January 2013	

APPENDIX 4 — *School Exclusion Table*[3] *– Page 1 of 2*

[3] https://www2.health.vic.gov.au/public-health/infectious-diseases/school-exclusion/school-exclusion-table

Minimum period of exclusion from primary schools and children's services centres for infectious diseases cases and contacts (Public Health and Wellbeing Regulations 2019, Schedule 7)

CONDITION	EXCLUSION OF CASES	EXCLUSION OF CONTACTS
Chickenpox	Exclude until all blisters have dried. This is usually at least 5 days after the rash appears in unimmunised children, but may be less in previously immunised children	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded
Conjunctivitis	Exclude until discharge from eyes has ceased	Not excluded
Cytomegalovirus (CMV) Infection	Exclusion is not necessary	Not excluded
Diarrhoeal illness*	Exclude until there has not been vomiting or a loose bowel motion for 24 hours	Not excluded
Diphtheria	Exclude until a medical certificate of recovery is received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later	Exclude family/household contacts until cleared to return by the Chief Health Officer
Glandular fever (Epstein-Barr Virus infection)	Exclusion is not necessary	Not excluded
Hand, Foot and Mouth disease	Exclude until all blisters have dried	Not excluded
Haemophilus influenzae type b (Hib)	Exclude until at 48 hours after initiation of effective therapy	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness	Not excluded
Hepatitis B	Exclusion is not necessary	Not excluded
Hepatitis C	Exclusion is not necessary	Not excluded
Herpes (cold sores)	Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions to be covered by a dressing, where possible	Not excluded
Human immunodeficiency virus (HIV) infection	Exclusion is not necessary	Not excluded
Impetigo	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing	Not excluded
Influenza and influenza-like illnesses	Exclude until well	Not excluded unless considered necessary by the Chief Health Officer
Leprosy	Exclude until approval to return has been given by the Chief Health Officer	Not excluded

ST ANDREWS CHRISTIAN COLLEGE

APPENDIX 4 — SCHOOL *Exclusion Table – Page 2 of 2*

Measles	Exclude for at least 4 days after onset of rash	Immunised contacts not excluded. Unimmunised contacts should be excluded until 14 days after the first day of appearance of rash in the last case. If unimmunised contacts are vaccinated within 72 hours of exposure with any infectious case, or received Normal Human Immunoglobulin (NHIG) within 144 hours of any infectious case, they may return to the facility
Meningitis (bacterial - other than meningococcal meningitis)	Exclude until well	Not excluded
Meningococcal infection	Exclude until adequate carrier eradication therapy has been completed	Not excluded if receiving carrier eradication therapy
Mumps	Exclude for 5 days or until swelling goes down (whichever is sooner)	Not excluded
Molluscum contagiosum	Exclusion is not necessary	Not excluded
Pertussis (whooping cough)	Exclude the child for 21 days after the onset of cough or until they have completed 5 days of a course of antibiotic treatment	Contacts aged less than 7 years in the same room as the case who have not received three effective doses of pertussis vaccine should be excluded for 14 days after the last exposure to the infectious case, or until they have taken 5 days of a course of effective antibiotic treatment
Poliovirus infection	Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery	Not excluded
Ringworm, scabies, pediculosis (head lice)	Exclude until the day after appropriate treatment has commenced	Not excluded
Rubella (German measles)	Exclude until fully recovered or for at least 4 days after the onset of rash	Not excluded
Severe Acute Respiratory Syndrome (SARS)	Exclude until a medical certificate of recovery is produced	Not excluded unless considered necessary by the Chief Health
Shiga toxin or Verotoxin producing Escherichia coli (STEC or VTEC)	Exclude if required by the Chief Health Officer and only for the period specified by the Chief Health Officer	Not excluded
Streptococcal infection (including scarlet fever)	Exclude until the child has received antibiotic treatment for at least 24 hours and child feels well	Not excluded
Tuberculosis (excluding latent tuberculosis)	Exclude until a receipt of a medical certificate from the treating physician stating that the child is not considered to be infectious	Not excluded
Typhoid fever (including paratyphoid fever)	Exclude until approval to return has been given by the Secretary	Not excluded unless considered necessary by the Secretary

Regulation 111

A person in charge of a primary school, education and care service premises or children's services centre must not allow a child to attend the primary school, education and care service premises or children's services centre for the period or in the circumstances:

* specified in column 3 of the Table in Schedule 7 if the person in charge has been informed that the child is infected with an infectious disease listed in column 2 of that Table; or

* specified in column 4 of the Table in Schedule 7 if the person in charge has been informed that the child has been in contact with a person who is infected with an infectious disease listed in column 2 of that Table.

*Diarrhoeal illness includes instances where certain pathogens are identified including Amebiasis (Entamoeba histolytica), Campylobacter spp., Salmonella spp., Shigella spp. and intestinal worms, but is not limited to infection with these pathogens.

ST ANDREWS
CHRISTIAN COLLEGE

APPENDIX 5 —
Information about Diabetes – Page 1 of 3

Diabetes is a serious medical condition where blood glucose levels persistently rise above normal. It is a permanent disorder with no cure. There is no risk of contracting diabetes from affected individuals. There are two main types of diabetes:

Type 1 Diabetes

This is the form of diabetes which develops in children and young adults. The number of students enrolled in Victorian schools who are affected by type 1 diabetes is estimated to be between 2,000 and 2,500. Type 1 diabetes is an auto-immune condition in which the immune system is activated to destroy the cells in the pancreas which produce insulin. We do not know what causes this auto-immune reaction. It is not linked to modifiable lifestyle factors and there is no cure and it cannot be prevented.

Presenting signs & symptoms include:

- Increased urination
- Excessive thirst
- Tiredness
- Weight Loss
- Feeling unwell
- Being dehydrated

Without ongoing injections of insulin, the dangerous chemical substances will accumulate and can be life threatening if it is not treated. This is a condition call ketoacidosis.

Type 2 Diabetes

This form of diabetes which usually develops in adults over the age of 45 years but is increasingly occurring in younger age groups including children, adolescents and young adults. It may be accelerated by lifestyle factors (obesity, little exercise, unhealthy eating habits, cigarette smoking) and is managed with a combination of regular physical activity, healthy eating and weight reduction. As type 2 diabetes is often progressive, most people will need oral medications and/or insulin injections in addition to lifestyle changes over time.

Treatment of Type 1 Diabetes

Most of the children and young adults who require medical assistance for diabetes are treated for Type 1 diabetes. It is managed with insulin replacement; monitoring of blood glucose levels regularly; following a healthy diet and eating plan; and regular exercise.

Optimum control of blood glucose levels is the goal of treatment. Good management may prevent the long-term complications of diabetes. The student with diabetes and his / her family require support and education in order to manage the diabetes. It is essential that a specialised multi-disciplinary paediatric endocrinology team provide the diabetes care.

Insulin

Insulin is not a cure. Insulin lowers the blood glucose levels and allows a return to good health, and must NEVER be omitted. Students are treated with 2 to 5 injections of insulin a day and the dose is adjusted according to blood glucose readings done during the day and night. Most primary school students have insulin twice a day before breakfast and dinner to avoid injecting at school. Secondary school students who require 4 to 5 injections a day administer their insulin via a 'pen' device and need a clean, private place to inject safely.

ST ANDREWS CHRISTIAN COLLEGE

APPENDIX 5 —
Information about Diabetes – Page 2 of 3

The latest technology for administering insulin is by continuous infusion delivered by a pump. Some students may be on 'insulin pump therapy'. They wear a small 'pager' like device that contains insulin. The pump is programmed to control the rate of continuous insulin administered through tubing and into a cannula under the skin. A pump manual and training are available for those teachers who have a student with an insulin pump in their class.

Food

The foods recommended for students with diabetes are based on the same healthy eating practices recommended for all students. Carbohydrate foods are essential to the food plan and raise blood glucose levels while insulin and exercise lowers them. Maintaining a balance so the level of glucose is neither too high nor too low is very important, but difficult to achieve. Exercising muscles use more glucose for energy and hence extra snacks are often required before exercise. Low joule or diet products may be used freely but sensibly according to health guidelines.

Blood Glucose Levels

Measurement of blood glucose levels is the most effective daily way of monitoring diabetes control. There are several different machines or blood glucose monitors available. Blood glucose levels may need to be carried out during school hours before meals or snacks or before insulin is given.

An acceptable range of blood glucose levels is between 4 and 8 mmol/L. Blood glucose levels change frequently minute by minute. Sometimes the blood glucose levels fall outside the acceptable range causing hypoglycaemia (low blood glucose level) or hyperglycaemia (high blood glucose level).

Hypoglycaemia

Hypoglycaemia is when the blood glucose levels fall below the optimum level (<4.0 mmol/L). The brain needs glucose, so many of the symptoms of low glucose are because the brain cannot function effectively.

The causes of hypoglycaemia include:

- Too much diabetic medication
- Not enough food – postponing or skipping a meal or snack
- Increased exercise
- Drinking alcohol

Hypoglycaemia may occur at any time, but there is a greater chance of this happening with exercise or before the next meal is due (morning tea or lunch).

Signs and Symptoms of Hypoglycaemia

The signs and symptoms may progress from mild to severe.

Features of mild hypoglycaemia include feelings associated with shock:

- Sweating, paleness, trembling, hunger, weakness.
- Changes in mood and behaviour (e.g. crying, argumentative outbursts, aggressiveness).
- Inability to think straight/concentrate, lack of coordination.

In moderately severe hypoglycaemia additional signs develop, including:

- Inability to help oneself.
- Glazed expression.
- Being disoriented.
- Headache.

ST ANDREWS CHRISTIAN COLLEGE

APPENDIX 5 —
Information about Diabetes – Page 3 of 3

In severe hypoglycaemia, the signs have progressed to include:

- Inability to stand / or to respond to instructions.
- Extreme disorientation.
- Inability to drink and swallow.
- Unconsciousness or seizures (jerking or twitching).

Treatment is needed promptly to prevent mild hypoglycaemia from progressing to severe hypoglycaemia.

Exercise and Hypoglycaemia

Exercising uses more glucose for energy. This may cause the blood glucose to fall during, immediately after, or, in the case of prolonged or intensive exercise, several hours afterwards. To prevent hypoglycaemia, extra carbohydrate usually needs to be eaten before exercise begins. If the exercise is intensive and sustained, extra carbohydrate may be needed for each hour of exercise. If the exercise has been particularly vigorous or lengthy, extra food may be needed after the exercise as well. Sometimes sport drinks will be recommended as part of the exercise plan to prevent hypoglycaemia. For students who play intense sports, it may be necessary to reduce their insulin dose. The parents will need adequate notice of sports event to do this.

Special Precautions for Exercise

Food / drinks for the treatment of hypoglycaemia need to be available at the place of physical activity / sport and not at some distance away.

Students with diabetes need additional supervision during exercise. The younger student may also need to have carbohydrate snacks / meals supervised, especially before exercise.

Sports uniforms / clothing should have a pocket to allow a student with diabetes to carry emergency hypoglycaemia food (e.g. lollies).

Water sports need very careful planning and supervision because a hypoglycaemic episode increases the risk of drowning and some features of hypoglycaemia may be masked by cooler body temperature experienced during water-based activity.

Hyperglycaemia

Hyperglycaemia refers to high blood glucose (>15 mmol/L). This is not an immediate concern, unless the student is unwell. Causes include not enough insulin, too much food, stress and illness. Signs and symptoms include increased urination, excess thirst, lethargy and irritability. Inform parents if the student with diabetes is displaying these signs [hyperglycaemia] at school.

https://www.diabetesaustralia.com.au/type-1-diabetes

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APPENDIX 6 —
Information about Blood-Borne Viruses (BBV's)

Blood-Borne Viruses include:

Hepatitis B and C

Human Immunodeficiency Virus (HIV).

BBV's are viruses that are carried in the blood and blood stream. They can also be carried in other body fluids like semen, vaginal fluids, breast milk, and lymph nodes. Depending on the virus, the person carrying it may have serious outward symptoms or may show no symptoms at all.

HEPATITIS B

Hepatitis B (HBV) is a virus the affects the liver. HBV can be either acute or chronic. When it is acute, it can cause flu-like symptoms that last up to 6 months. Some people are asymptomatic, meaning they don't show symptoms at all; in most people, the virus goes away on its own. Regardless of whether they show symptoms, a person with acute HBV can pass the virus onto others. In some people, HBV doesn't go away. These people are said to have chronic HBV. This can lead to serious problems, including liver failure and liver cancer.

There is a vaccine for HBV, but because people are usually asymptomatic, they may not think they need to be tested or vaccinated. There are treatments available for HBV, but the longer a person has it, the less effective the treatments become. This is why standard precautions, regular testing, and vaccination are a good idea.

HEPATITIS C

Hepatitis C (HCV) is a virus that affects the liver, much like HBV. However, unlike HBV, most people with HCV develop a chronic infection. When a person contracts HCV they may not have any symptoms at all. If they do have symptoms, they usually resemble flu symptoms, including fatigue, fever, nausea, and vomiting. Usually these symptoms go away on their own; this does not mean the virus has gone away. A person with HCV can still pass it on, even if they have no symptoms. If left undiagnosed and untreated,

HCV can lead to cirrhosis, liver failure, and liver cancer.

There is no vaccine for HCV. There are new and more effective treatments now available that work for most people and are now available through the PBS.

HIV

HIV is a virus that specifically targets the immune system. Once it has infected a person, HIV uses the body's immune cells (also known as CD4 or T-cells) to produce more HIV.

As the virus multiplies and spreads, it kills the immune cells, weakening the immune system and leaving a person vulnerable to certain illnesses and infections. When a person gets one of these illnesses, they are then said to have acquired immune deficiency syndrome (AIDS)

There is no vaccine or cure for HIV; however, HIV treatments known as anti-retroviral therapies (ART) can prevent HIV from multiplying in the body. The availability of anti- HIV medications in Australia means very few people will develop AIDS. In many older people living with HIV, the treatments are not always 100% effective, meaning they are still vulnerable to illness and infection.

Students who are diagnosed with a Blood-Borne Virus, are required to:

- have their privacy protected
- avoid any form of discrimination

Staff are to be provided with Blood-Borne Virus prevention education as part of the health education program in line with the Victorian Essential Learning Standards.

Risk of infection

The Department of Human Services advises as long as basic hygiene, safety, infection prevention and control and first aid procedures are followed:

- risks of contracting blood borne viruses are negligible
- Staff have a duty to provide first aid to students or other staff with a Blood-Borne Virus in the classroom, physical education and sports settings and on school grounds.

Privacy

The Blood-Borne Virus status of a student is a private matter between a student and his/her family doctor. When parents/guardians report this status to the principal, the principal must:

- respect the student's confidentiality
- keep the information from being accessible from others without:
- parent/guardian consent
- Student consent, if appropriate.

https://www.education.vic.gov.au/school/principals/spag/health/pages/bloodvirus.aspx

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APPENDIX 7 —
Information about Epilepsy – Page 1 of 2

Epileptic seizures
Epileptic seizures are caused by a sudden burst of excess electrical activity in the brain resulting in a temporary disruption in the normal messages passing between brain cells. Seizures can involve loss of consciousness, a range of unusual movements, odd feelings and sensations or changed behaviour. Most seizures are spontaneous and brief. However, multiple seizures known as seizure clusters can occur over a 24-hour period.

Non-epileptic seizures (NES)
also known as dissociative seizures. There are 2 types of non-epileptic seizures:

- organic NES which have a physical cause
- psychogenic NES which are caused by mental or emotional processes

Seizure triggers
A term used to describe known circumstances where the individual may have an increased likelihood of having a seizure. Seizure triggers are unique to the person and are not always known. Common seizure triggers can include stress, lack of sleep, heat, illness or missed medication. A detailed description of seizure types and triggers can be found on the Epilepsy Foundation's website.

Impact on the student at school

Many students with epilepsy have their seizures well-controlled with medication and can participate fully in school life. However, studies indicate that students with epilepsy are at a higher risk of:

- psychological issues or mental health problems
- memory, attention and concentration problems
- behaviour problems
- fatigue
- school absences

All of these may negatively impact the student's learning and academic achievements.

The impact on learning following a seizure event can vary. Many types of seizures are non-epileptic and may never be accurately diagnosed.

Encouraging student participation

Students with epilepsy can generally participate fully in school life, including sport and physical activities, camps, excursions and special events. Subject to medical advice, participation in these activities should be encouraged.

Swimming and water safety

Being in and around water represents a serious potential risk for all people living with epilepsy. The level of support and supervision a student needs will vary depending on specific risk mitigation strategies that the doctor has instructed in the student's epilepsy management plan.

Unless otherwise specified in writing by the doctor, a dedicated staff member must keep the student under visual observation at all times while the student is in the water and be able to get assistance to the student quickly if a seizure occurs.

Additionally, a dedicated staff member must remain within close distance to a student with epilepsy when bathing/showering (for example, standing outside the bathing/shower door).

Seizure response

Schools are required to make reasonable adjustments in the classroom and in relation to the student's seizure activity or schedule that may require attendance at medical appointments. These adjustments should be outlined in the student's Student Health Support Plan.

Reasonable adjustments may include:

- development of an individual learning plan (ILP); for an ILP sample and template see Epilepsy Smart Schools — Resources for teachers, parents and students
- setup of a student support group
- adjustment of assessment tasks related to time or reasonable expectations in group work
- examination adjustments related to increased reading time; breaks; or identified trigger considerations
- engagement of specialist services such as neuropsychologists, psychologists, occupational therapists or speech pathologists

Communication strategy

Because the diagnosis of epilepsy can be complex and evolving, communication between schools and parents or carers is vital.

A good communication strategy should be encompassed within the student health support plan and would include:

- identification of the key staff member for the parent/carer to liaise with;
- regular communication about student's health, seizure occurrences, learning and development, changes to treatment or medications, or any health or education concerns via communication books, seizure diary, emails or text messages