

Policy – First Aid Policy and Health Care Policy

Policy Information

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Revision History & Ratification

This policy needs to be reviewed by College Council **annually or as required and** ratified at the College Council meetings when **changes are necessary**. This policy will be published on the school's website and will be distributed to staff via Compass.

Revision Date:	Council Ratification Date:	Summary of Changes	Prepared/Approved By:
12/08/2020 - V1.0	19/10/2020	Policy Creation	Gregory McMahan
20/10/2021 - V1.1	Approved by College Council Dec 2021	Update and checked against the Policy and Advisory Library (PAL)	Jason Patten & Gregory McMahan

Purpose

To explain to our school community the processes and procedures Hallam Senior College will use when planning and providing first aid for students and staff. Schools must plan for the first aid needs of students and staff at school or on approved school activities.

Schools must ensure that First Aid Officers have completed a recognised first aid training course that meets the requirements of HLTAID011 – Provide First Aid (Release 1) and HLTAID009 – Provide cardiopulmonary resuscitation (Release 1). Basic First Aid training (HLTAID011) must be completed every 3 years, while a refresher course in CPR (HLTAID009) must be completed annually.

The mandatory [First Aid for Students and Staff Guidelines](#), in the Guidance tab, support principals and/or their delegates to meet their first aid obligations by providing guidance for schools on:

- creating a school-level first aid policy. A [template policy](#) is available on the [School Policy Templates Portal](#) (staff login required). Schools can modify the template to suit their local circumstances
- conducting a first aid risk assessment
- the minimum number of staff required to have first aid training, based on the number of staff and students at the school. Ensuring first aid facilities (rooms, sick bays and first aid kits) meet minimum requirements
- recording of first aid treatments and incidents for students and staff.

Scope

This policy applies to all first aid and healthcare for students and staff. The Policy will be communicated by Compass and the School Website.

For specific information relating to COVID 19 Refer to the School Operations Advice on PAL.

POLICY

First Aid for Students and Staff Guidelines

These Guidelines support principals and/or their delegates to identify first aid requirements and implement appropriate arrangements to ensure all injured staff and students are provided with immediate and adequate treatment of injury and illness on school sites or at school approved activities.

These Guidelines should be read in conjunction with the Department's policies on:

- [Anaphylaxis](#)
- [Asthma](#)
- [Blood-borne Viruses](#)
- [Blood Spills and Open Wounds – Management](#)
- [Epilepsy and Seizures](#)
- [Infectious Diseases](#)
- [Medication](#)
- [Syringe Disposals and Injuries](#)

These Guidelines contain the following chapters:

- School level first aid policy
- First aid risk assessment
- Staff first aid training
- First aid rooms and sick bays
- First aid kits
- Automatic external defibrillators
- Inspection and review of first aid facilities
- Medication
- General first aid procedures for staff and students
- Infection and prevention control
- Recording first aid treatments and incidents for staff and students

SCHOOL LEVEL FIRST AID POLICY

PURPOSE

To ensure the school community understands our school's approach to first aid for students.

SCOPE

First aid for anaphylaxis and asthma are provided in this policy.

POLICY

From time to time Hallam Senior College staff might need to administer first aid to students at school or school activities.

Parents/carers should be aware that the goal of first aid is not to diagnose or treat a condition.

Staffing

The Principal will ensure that Hallam Senior College has sufficient staff with the appropriate levels of first aid training to meet the first aid needs of the school community.

Our school's trained first aid officers are listed in our Emergency Management Plan (EMP). Our EMP includes the expiry dates of the training.

This list is reviewed on an annual basis as part of the annual review of our Emergency Management Plan. The school also provides opportunities for staff to update their first aid and resuscitation to ensure they maintain their currency.

First aid kits

Hallam Senior College will maintain:

- A major first aid kit which will be stored at the front office.
- A first aid room in building B
- Other first aid kits are available for excursions, camps, or yard duty. The portable first aid kit/s will be stored:
 - First aid room
 - Front office
 - Principal's office
 - Gymnasium
- An Outdoor education Kit
- A minimum of two specific first aid kits for sporting events including preventative equipment such as sports tape and bracing.

Jason Patten, Adine O'Brien, and Lori Benis will be responsible for maintaining all first aid kits.

Care for ill students

Students who are unwell should not attend school.

If a student becomes unwell during the school day, they may be directed to the first aid room and monitored by staff. Depending on the nature of their symptoms, staff may contact parents/carers or an emergency contact person to ask them to collect the student.

First aid management

If there is a situation or incident which occurs at school or a school activity which requires first aid to be administered to a student:

- Staff who have been trained in first aid will administer first aid in accordance with their training. In an emergency situation, other staff may assist in the administration of first aid within their level of competence.
- In a medical emergency, staff may take emergency action and do not need to obtain parent/carer consent to do so. Staff may contact Triple Zero "000" for emergency medical services at any time.
- Staff may also contact NURSE-ON-CALL (on 1300 60 60 24) in an emergency. NURSE-ON-CALL provides immediate, expert health advice from a registered nurse and is available 24 hours a day, 7 days a week.
- If first aid is administered for a minor injury or condition, Hallam Senior College will notify parents/carers by a phone call.
- If first aid is administered for a serious injury or condition, or in an emergency situation, school staff will attempt to contact parents/carers or emergency contacts as soon as reasonably practical.
- If staff providing first aid determine that an emergency response is not required but that medical advice is needed, school staff will ask parents/carers, or an emergency contact person, to collect the student and recommend that advice is sought from a medical practitioner.

- Whenever first aid treatment has been administered to a student Hallam Senior College will:
 - record the incident on CASES21
 - if first aid was administered in a medical emergency, follow the Department's [Reporting and Managing School Incidents Policy](#), including reporting the incident to the Department's Incident Support and Operations Centre on 1800 126 126.

In accordance with guidance from the Department of Education and Training, analgesics, including paracetamol and aspirin, will not be stored at school or provided as a standard first aid treatments. This is because they can mask signs of serious illness or injury.

Risk Assessment

The principal or their delegate must assess the first aid requirements of the workplace by completing a [First Aid Risk Assessment](#) in consultation with the [Health and Safety Representative](#) (HSR) and (or) first aid officer(s). The assessment is to include:

The assessment is to include:

- size and layout of the school
- high risk areas (technology, food technology, science)
- number of campuses
- the number of staff and students in the school
- the nature of [hazards](#)
- the previous [incidents](#) and injuries
- authorised after-hours programs
- the nature and location of regular school excursions and camps school leased or owned vehicles
- location of the school (for example, proximity to medical facilities).

Staff first aid training

The principal or their delegate must ensure that all staff:

- are familiar with the school's first aid procedures
- provide first aid treatment within the limits of their skill, expertise, training and responsibilities in order to discharge their duty of care.

The principal or their delegate in consultation with their health and safety representative and staff must ensure:

- they have established workplace first aid requirements, based on the [First Aid Risk Assessment](#), for example, appropriate number(s) of first aid officer(s), first aid kits
- there is always a first aid officer who:
 - can assist an ill or injured person, and
 - has current qualifications covering all the school's first aid requirements. First Aid Officers must have completed a recognised first aid training course that meets the requirements of HLTAID011 – Provide First Aid (Release 1) and HLTAID009 – Provide cardiopulmonary resuscitation (Release 1). Basic First Aid training (HLTAID011) must be

completed every 3 years, while a refresher course in CPR (HLTAID009) must be completed annually.

- relevant staff receive additional training, where required, to meet student health needs. These may include training for anaphylaxis, asthma, diabetes management or extra training to cover excursions, specific educational programs or activities.

The need for first aid training varies at each school. If a particular position requires the staff member to have first aid training, this should be reflected in the position description (for example, outdoor education teacher).

The table below provides an overview of the minimum amount of staff that must be first aid trained, based on the number of staff and students at the school:

Number of staff and students	First aid officers required*
Less than 50	1
50 to 199	2
200 to 399	4
400 to 599	6
600 to 799	8
800 to 999	10
>1000	10 plus 1 first aid officer for every additional 100 staff and students
Where access is limited to medical and ambulance services (for example, remote workplaces, school field excursions etc.)	2 additional first aid officers for every category

*The minimum acceptable level of training is HLTAID011 Provide First Aid.

When managing open wounds or blood spills, first aid officers must implement controls specified in the [Blood Spills and Open Wounds — Management Policy](#).

Records of first aid training are to be kept and maintained as per the requirements of the [OHS Induction and Training Policy](#).

The Department's OHS Advisory Service can be contacted on [1300 074 715](tel:1300074715) for further information on first aid training.

First aid rooms and sick bays

Where schools have a first aid room, it should be located so as to be accessible to injured students and staff. It should be well-lit, ventilated and clearly identified with appropriate signage. Schools without a first aid room should provide a first aid area (sick bay) for ill or injured students and staff to rest in. Sickbays should meet as many as possible of the minimum requirements for first aid rooms.

Minimum first aid room requirements

The following items are minimum requirements when establishing a first aid room:

- personal protective equipment (eye protection, gloves, apron/gown)
- resuscitation mask
- electric power points
- sharps disposal system
- biohazard waste container and sanitary waste bin
- work bench or dressing trolley
- storage cupboards
- sink (with hot and cold water)
- first aid kit appropriate for the workplace
- blankets and pillows
- an upright chair
- desk and telephone
- list of emergency telephone numbers
- [First Aid Summary Sheet](#) clearly displayed
- stretcher (if a need is identified using [First Aid Risk Assessment](#))

The First Aid Summary Sheet or Emergency Management Contact Details Sheet must be completed and should include the details of the current first aid officer(s) and be displayed in the first aid room or sickbay (in close proximity to first aid kits) and on the OHS notice board.

First aid kits

The principal or their delegate must:

- maintain at least 1 major first aid kit in the sick bay or first aid room
- maintain at least 1 portable first aid kit for excursions or yard duty
- store any medications separately from the first aid kit including any prescribed or non-prescribed medication provided by a student's parent or carer

The principal and / or their delegate in consultation with health and safety representatives and first aid officer(s) are responsible for determining what items should be included in their first aid kit based on the needs of their school community. This includes the number of first aid kits and their contents as identified in the First Aid Risk Assessment, including:

- the number of staff and students
- the nature of the activities being undertaken
- the location of excursions and the activities to be undertaken

The table below provides an overview of the minimum number of first aid facilities (rooms or sick bays and kits) that schools are required to have, based on the number of staff and students at the school.

Number of staff and students	First aid facilities required
Less than 50	1 first aid kit
50 to 199	4 first aid kits
200 to 399	6 first aid kits
400 to 599	8 first aid kits
600 to 799	10 first aid kits and a first aid room with a bed and stretcher
800 to 999	12 first aid kits (including specific 'type of incident' treatment) and a first aid room with a bed and stretcher
More than 1000	12 plus 1 kit for every additional 100 staff and students A first aid room with a bed and stretcher
Where access is limited to medical and ambulance services (for example, remote workplaces, school field excursions)	2 additional first aid kits for every category

Ambulance Victoria recommends portable first aid kits should include:

- first aid manual of a smaller size, (specialised if possible to the activities being undertaken) such as [Emergency First Aid: A Quick Guide](#), available from St John Ambulance Australia
- a copy of the [Concussion Recognition Tool 5](#)
- two pairs of single use nitrile gloves
- sterile saline sachets or ampoules for irrigating eyes and minor wounds
- gauze and band aids
- a resuscitation face mask
- a device to call for assistance such as mobile phone, cordless phone, or two way radio (where possible)

Schools can refer to the [First Aid Kit Contents Checklist](#) for suggested contents for a number of different types of kits including:

- standard first aid kits for schools
- technology and design kit
- excursion kit
- yard duty kit
- blood/body fluid spill kit.

Automatic external defibrillators (AED)

Automatic external defibrillators (AED) are not normally required in first aid kits or first aid room supplies. The principal or their delegate, in consultation with their HSR and first aid officer(s), may determine that an AED be included as part of the first aid provision, particularly where the [First Aid Risk Assessment](#) indicates circumstances where life-threatening injuries could result and timely access to emergency services cannot be assured. Prospective AED operators should be trained in their correct use. As a guide, refresher training is required every twelve months. AED function, batteries and pads should be checked monthly and after each use.

Further information can be found in the [Guidelines for the Purchase and Use of Automated External Defibrillators](#) in the Resources tab.

The College has two AED's, one located at reception and the other in the first aid room.

Inspection and review of first aid facilities

The principal or their delegate must ensure that regular inspections of first aid facilities, including a review of the first aid kits on site, are scheduled into the [OHS Activities Calendar](#) or equivalent template and conducted using the [First Aid Kit Contents Checklist](#) or equivalent template.

The first aid officers should also ensure that first aid kit contents are restocked within date, as required.

Medication

To ensure schools store and administer medication correctly, they should refer to the Department's [Medication Policy](#).

The principal or their delegate must not:

- store or administer painkillers such as aspirin and paracetamol as a standard first aid strategy as they can mask signs and symptoms of serious illness or injury
- allow a student to take their first dose of a new medication at school in case of an allergic reaction. This must be done under the supervision of the family or health practitioner.
- allow use of medication by anyone other than the prescribed student

Note: Only in an emergency situation could this requirement be varied. For example, if a student is having an asthma attack and their own blue reliever puffer is not readily available, one should be obtained and given without delay.

Schools must obtain written advice on a [Medication Authority Form](#) (login required) for all medication to be administered by the school. It is recommended that the form be completed by the student's medical/health practitioner ensuring that the medication is warranted. However if this advice cannot be provided the principal may agree that the form can be completed by parents or carers or adult or independent students.

When administering medication the principal, or their nominee must ensure that a log is kept of medicine administered

School staff are responsible for carrying and dispensing their own medication (prescribed or over the counter).

Policy

The purpose of this policy is to ensure schools store and administer medication correctly. This topic relates to all medications including prescription and over-the-counter medication.

Summary

Schools must:

- have a medication management policy that outlines the school's processes and protocols
- protect student privacy and confidentiality
- meet their duty of care by assisting students to take their medication where appropriate
- ensure all medication is:
 - in its original container and bears the original label with the name of the student and information on the dosage and time to be administered
 - accompanied by written directions including advice for storage and administration
 - within its expiry date
 - stored according to the instructions, particularly in relation to temperature

An [Administration of Medication Policy template](#) is available on the [School Policy Templates Portal](#) (staff login required). Schools can modify parts of the template to suit their local circumstances.

When administering medication the principal, or their nominee, must ensure that the correct student receives the proper dose of the correct medication, that a record of the administration is kept in a log and that the student's teacher is notified if they are taken out of class.

If an error is made and a student incorrectly takes medication, schools must follow the procedures set out in this policy.

Details

Schools must:

- have a local medication management policy that outlines the school's processes and protocols, and is communicated to the school community
- protects student privacy and confidentiality to avoid stigmatisation
- ensures teachers fulfil their duty of care by assisting students to take their medication where appropriate

Schools must ensure all medication to be administered is:

- accompanied by written advice providing directions for appropriate storage and administration
- in the original container with the original label including the name of the student, information on the dosage and time to be administered
- within its expiry date
- stored according to the product instructions, particularly in relation to temperature.

Schools should encourage parents or carers to consider whether they can administer medication outside the school day, such as before and after school and before bed.

Policy template for schools

An [Administration of Medication Policy template](#) is available on the [School Policy Templates Portal](#) (staff login required). Schools can modify parts of the template to suit their local circumstances.

Authority to administer

Schools must obtain written advice on a [Medication Authority Form](#) for all medication to be administered by the school. It is recommended that the form be completed by the student's medical or health practitioner ensuring that the medication is warranted. However if this advice cannot be provided the principal may agree that the form can be completed by parents or carers or adult or independent students.

Note: Medication to treat asthma or anaphylaxis does not need to be accompanied by the medication authority form as it is covered in a student's health plan.

Administering medication

When administering medication the principal, or their nominee must ensure that:

- the correct student receives their correct medication in the proper dose via the correct method (such as inhaled or orally) at the correct time of day
- a [medication log](#) is kept of medicine administered
- teachers in charge of students (at the time their medication is required) are informed that the student needs to be medicated and release the student from class to obtain their medication.

Note: It is not the school's role to:

- monitor the effects of medication
- interpret behaviour in relation to a medical condition.

School staff should seek emergency medical assistance if they are concerned about a student's behaviour following medication.

Recording

A [medication log](#) or an equivalent official medications register should be used by the person administering the taking of medicine. Good practice is to have two staff members:

- supervising the administration of medication
- checking the information noted on the medication log.

Warnings

Schools must not:

- store or administer painkillers such as aspirin and paracetamol as a standard first aid strategy as they can mask signs and symptoms of serious illness or injury
- allow a student to take their first dose of a new medication at school in case of an allergic reaction. This should be done under the supervision of the parent or carer, or health practitioner.
- allow the use of medication by anyone other than the prescribed student.

Note: Only in an emergency situation could this requirement be varied. For example, if a student is having an asthma attack and their own blue reliever puffer is not readily available, one should be obtained and given without delay.

Over-the-counter medications (including paracetamol) require a [medication authority form](#), even if the student is carrying or self-administering their medication.

Specialised procedures

For information on responsibilities related to administering specialised medications such as injections or rectal suppository, refer to the Department's policy on [Health Care Needs](#).

Self-administration

Schools should consult with parents or carers, or adult or independent students (and follow up with the student's medical or health practitioner as required) to determine the age and circumstances in which the student could self-administer their medication.

The school should obtain written permission for the student to carry their medication, from the medical or health practitioner, or the parents or carers, preferably recorded in the [medication authority form](#).

This is not required for students with asthma or anaphylaxis as this is covered under Australasian Society of Clinical Immunology and Allergy (ASCIA) action plan for anaphylaxis and the Asthma Foundation's asthma care plan for schools.

Also, at the principal's discretion, students can carry their own medication with them, preferably in the original container or packaging, when:

- the medication does not have special storage requirements, such as refrigeration
- doing so does not create potentially unsafe access to the medication by other students.

Storing medication

Schools must take steps to ensure:

- stored medication is within its expiry date
- the quantity of medication available does not exceed a week's supply, except in long-term continuous care arrangements
- medication is stored:
 - according to the product instructions, particularly in relation to temperature
 - securely, to minimise risk to others
 - in a place only accessible by staff who are responsible for administering the medication
 - away from the classroom
 - away from the first aid kit.

Medication error

If a student takes medicine incorrectly schools must respond in the following way:

- if required, follow first aid procedures outlined in the:
 - student health support plan, or
 - anaphylaxis management plan
- ring the Poisons Information Line [13 11 26](tel:131126) and give details of the incident and student
- act immediately upon their advice, such as calling an ambulance (on [000](tel:000)) immediately if you are advised to do so
- contact the parents or carers or the emergency contact person to notify them of the medication error and action taken
- review medication management procedures at the school in light of the incident.

General first aid procedures for staff and students

Schools must plan for the first aid needs of students and staff at school or on approved school activities.

Schools must ensure that First Aid Officers have completed a recognised first aid training course that meets the requirements of HLTAID011 – Provide First Aid (Release 1) and HLTAID009 – Provide cardiopulmonary resuscitation (Release 1). Basic First Aid training (HLTAID011) must be completed every 3 years, while a refresher course in CPR (HLTAID009) must be completed annually.

The mandatory [First Aid for Students and Staff Guidelines](#), in the Guidance tab, support principals and/or their delegates to meet their first aid obligations by providing guidance for schools on:

- creating a school-level first aid policy. A [template policy](#) is available on the [School Policy Templates Portal](#) (staff login required). Schools can modify the template to suit their local circumstances
- conducting a first aid risk assessment
- the minimum number of staff required to have first aid training, based on the number of staff and students at the school. Ensuring first aid facilities (rooms, sick bays and first aid kits) meet minimum requirements
- recording of first aid treatments and incidents for students and staff.

These Guidelines support principals and/or their delegates to identify first aid requirements and implement appropriate arrangements to ensure all injured staff and students are provided with immediate and adequate treatment of injury and illness on school sites or at school approved activities.

These Guidelines should be read in conjunction with the Department's policies on:

- [Anaphylaxis](#)
- [Asthma](#)
- [Blood-borne Viruses](#)
- [Blood Spills and Open Wounds – Management](#)
- [Epilepsy and Seizures](#)
- [Infectious Diseases](#)
- [Medication](#)
- [Syringe Disposals and Injuries](#)

These Guidelines contain the following chapters:

- School level policy
- First aid risk assessment
- Staff first aid training
- First aid rooms and sick bays
- First aid kits
- Automatic external defibrillators
- Inspection and review of first aid facilities
- Medication
- General first aid procedures for staff and students
- Infection and prevention control
- Recording first aid treatments and incidents for staff and students

Infection and prevention control

Adequate infection and prevention control must be practiced at all times when administering first aid or cleaning up blood or body fluids. The following infection control procedures must always be adhered to:

- cover cuts and abrasions with an occlusive (air and water-tight) dressing to avoid contamination of cuts or abrasions with another person's blood and/or body fluids
- wear protective gloves when in contact with body fluids, non-intact skin and mucous membranes
- wear a mask, eye protection and a gown where there is a risk of splashing blood or other body fluids
- remove any broken glass or sharp material with forceps or tongs and place in sharps container
- wash hands thoroughly after direct contact with injured person or blood or body fluids with warm soapy water, rinse, dry and sanitise hands using an alcohol-based rub or gel.

Cleaning and sanitising

Where a blood or biological spill has occurred the following must be adhered to:

- isolate the area where the incident occurred
- clean up blood and other body fluids spills with disposable paper towels or tissues or by using a biohazard spill kit
- use hospital grade disinfectant (use 5ml of bleach to 500ml of water) to sanitise the area

- dry the area with disposable paper towels or tissues after clean-up (as wet areas attract contaminants)
- where a spill occurs on carpet, shampoo as soon as possible. Do not use disinfectant. Steam cleaning may be used instead
- items such as scissors and tweezers are to be cleaned and disinfected or sterilized after use.

Disposal of contaminated waste

Contaminated waste (for example, dressings, wipes, cleaning cloths, nappies, human tissue, and blood and laboratory waste) should be disposed of in:

- appropriate biohazard waste containers or bags or
- in the general waste in suitably labelled bags (bags are to be double bagged) or
- sanitary waste bins.

Sharps should be disposed of in a sharps container. All sharps containers must be compliant with [AS 4031-1992: Non-reusable containers for the collection of sharps medical items used in health care areas](#).

Recording first aid treatments and incidents for staff and students

When first aid has been administered to staff the incident is to be reported onto [eduSafe Plus](#) (login required).

When first aid has been administered to a student the incident is to be reported onto CASES21.

For incidents that are deemed to be notifiable to WorkSafe, see [Notifiable Incident to Work Safe Flowchart](#). A reference number, if required, can be obtained by calling WorkSafe on [13 23 60](#) and completing the [WorkSafe Incident Notification Form](#) within 48 hours of notification to WorkSafe.

When relevant, counselling should be offered to affected staff through the Department's Employee Assistance Program by calling [1300 361 008](#).

Health Care Needs

- Government schools have a responsibility to provide equitable access to education and respond to diverse student needs, including health care needs.
- Schools must develop a local Health Care Needs policy that addresses supports and management for students with identified health care needs. There is a policy template available on the [School Policy Templates Portal](#) (staff login required) that schools can use and adapt to their local context.
- A [Student health support plan \(DOCX\)](#) must be completed for each student with an identified health care need, other than anaphylaxis or an allergy (refer to [Anaphylaxis](#) and [Allergies](#) about the requirements for those conditions).
- Schools must designate staff to provide complex medical care and personal care support.
- Schools must ensure that there is continuity of education for students with identified health care needs.
- Schools should refer to the [Guidance tab](#) for further advice on health care needs planning, health support planning forms for different conditions and complex medical care supports.

Details

Schools have a responsibility to provide equitable access to education and respond to diverse student needs, including [health care needs](#).

Research and evidence suggests early intervention to address a health care needs is critical to mitigate life-long disadvantages, particularly for students in their early years.

Schools must:

- support and make reasonable adjustments for students with health care needs
- develop, review and implement a [Student health support plan \(DOCX\)](#) to support the student's health care needs when a health care need is identified
- allocate time for relevant staff to discuss and review health support planning policies, processes and individual student plans

Duty of care

Staff have a duty of care to take reasonable steps to prevent reasonably foreseeable harm to students. This includes supporting and responding to the health care needs of all students. Refer to the Department's policy on [Duty of Care](#) for further information.

Development of a local health care needs policy

Schools must have policies and procedures available to the school community for:

- supporting students with specific health care needs and
- the management of medication

Templates to help schools develop their own local policies for [Health Care Needs](#), [First Aid](#) (including arrangements for ill students) and [Medication](#) are available on the [School Policy Templates Portal](#) (staff login required).

Planning for students with identified health care needs

A [Student health support plan \(DOCX\)](#) must be completed for each student with an identified health care need, other than anaphylaxis or an allergy (refer to [Anaphylaxis](#) and [Allergies](#) about the requirements for those conditions).

To develop a student health support plan, schools must:

- work with families to develop the plan, guided by advice from the student's treating medical/health practitioner
- include actions in the plan as to how the school will support the student's health care needs
- communicate regularly with parents about the student's health care needs at the school and update the plan if necessary.

Students with asthma, diabetes, or epilepsy need to provide their (condition specific) health management plan to the school, and have a student health support plan developed, which outlines how the school will support the student's health care needs.

Provision of complex medical care at school

The Department does not expect or require teachers to provide complex medical care. When it is agreed that specialised medical procedures may be needed to enable a student to attend school then:

- designated school staff must receive specific training to allow them to meet the student's individual health care need
- the [Student health support plan \(DOCX\)](#) should:
 - be guided by medical advice received by the student's medical practitioner via the Department's [General medical advice form \(DOC\)](#)
 - describe specific training requirements
 - include procedures that make use of local medical services such as ambulances, local doctors, health centres, hospitals and community nurses when practical.

Further guidance on assisting students with complex medical care needs can be found in [Chapter 2](#) of the [Guidance](#) tab.

Curriculum planning and support for students with specific health care needs

For students with specific health support needs, schools must:

ensure continuity and relevance of the education program

- design curriculum that allows delivery and assessment for students who need to:
 - transition between hospital, home and school
 - attend school part-time or episodically
 - support the student's connection to school, including developing and maintaining social networks.

The school in which the student is enrolled retains responsibility for the student's curriculum when they are in hospital or recuperating at home. Hospital based education staff may also assist the school in supporting the student.

Schools should refer to [Chapter 4](#) of the [Guidance](#) tab for further information on supporting students with long term special education and other support needs.

Other management strategies for students with specific health care needs

Training for school staff

Schools must access training for school staff:

- in basic first aid
- to meet specific student health needs not covered under basic first aid training, such as managing asthma or epilepsy
- to meet complex medical care needs, such as the [Schoolcare Program](#).

Communication, physical activity and camps

Schools must communicate with families about any health or development concerns. It is also important for schools to make reasonable adjustments to enable students with health care needs to participate in physical education and other physical activities, camps and excursions wherever possible.

Personal Care Support

Schools must:

- fulfil their [duty of care](#) to students by assisting with personal care needs
- detail personal care support requirements and the person(s) responsible in the [Student health support plan \(DOCX\)](#).

As with all 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.

Schools should consider whether assistance and advice is required from specialists such as physiotherapists, occupational therapists or speech pathologists, or if the student is eligible for support from the Schoolcare program.

Note that there are specific forms that may be completed by a medical / health care practitioner for the following circumstances:

- [Toileting, hygiene and menstrual health management](#)
- [Supervision of eating and drinking](#)
- [Mobility Assistance](#)

Each form is also available in the [Resources tab](#).

Definitions

Complex Medical Care

Complex medical care often requires school staff to undertake specific training to meet the student's individual health needs. These needs cannot be addressed through basic first aid training and staff may be involved in:

- tracheostomy care
- seizure management
- medication by injection or rectal suppository
- administering suction
- tube feeding
- specialised medical procedures.

Personal Care Support

Personal care support is daily living support, usually provided by parents or carers. Students may require the provision of assistance for:

- toileting and personal hygiene
- eating and drinking
- transferring and positioning of the student.

Students may need personal care support due to:

- age
- developmental delay
- medical conditions
- short term circumstances (such as a student wearing a plaster cast)
- long term circumstances (such as complex medical care needs).

This guidance assists schools in planning for and supporting students with an identified health care need.

It contains the following chapters:

1. The 4 stages of developing a Student Health Support Plan
2. Complex medical care supports
3. Supporting students during transitions between hospital, home and school
4. Supporting students with long term special education and other support needs

1 The 4 stages of developing a Student Health Support Plan

Schools must follow the 4 stages to develop a [Student Health Support Plan](#) or any other specific health management plan — for example, the Anaphylaxis Management Plan.

Stage 1 — Before enrolment

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

Stage 2 — When a need is identified

Principals should ensure that parents/carers provide accurate information about a student's:

- routine health care support needs, such as supervision for medication
- personal care support needs, such as assistance with personal hygiene, continence care, eating and drinking, transfers and positioning, and use of health-related equipment.
- emergency care needs, such as predictable emergency first aid associated with an allergic reaction, seizure management, anaphylaxis, or diabetes.

Schools should store information on CASES21 about:

- the student's health condition
- medication to be stored and supervised at school.

Note: When information is being collected principals must ensure that parents/carers and students are informed about how their personal information will be used and who it might be disclosed to, such as school nurses.

Schools may request relevant information from, or share relevant information with all authorised services under the Child Information Sharing Scheme or the Family Violence Information Sharing Scheme. Refer to [Privacy and Information Sharing](#), and the [Child and Family Violence Information Sharing Schemes](#) for further information.

Stage 3 — Planning process

The below information describes how schools plan for a student with health care needs to attend school, camps and excursions.

Step 1 — Medical advice from the student's medical/ health practitioner

The student's medical/health practitioner provides a medical advice form that:

- guides the planning
- details:
 - the student's medical condition
 - medication required at school
 - recommended emergency and routine health and personal care support for the student.

Step 2 — Camps and excursions

In relation to camps and excursions, parents or carers complete a [Confidential Medical Information for School Excursions form](#).

Refer to the Department's policy on [Excursions](#) for further information.

Step 3 — Meeting with students and parents/carers

The principal or nominee organises a meeting to discuss the plan with:

- the student
- parents/carers
- other school staff, if required.

The plan should be developed shortly after the school has received the medical advice from the student's medical/health practitioner.

If there is a time delay between receiving this advice and developing the plan, the school may put in place an interim support plan containing an agreed strategy, such as calling an ambulance.

Questions for schools and parents or carer to consider

- 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?

Stage 4 — Monitoring and Review

Plans should be reviewed:

- when updated information is received from the student's medical or health practitioner
- when the school, student or parents/carers have concerns in the support
- if there is a change in support
- at least annually.

The advice received from the medical or health practitioner is reviewed annually unless it is agreed that the annual review of the plan is not required. In this case, it is up to the principal's discretion whether to request updated medical information.

2 Complex medical care supports

The below guidance lists the assistance available to schools to support students needing complex medical care.

Program for Students with Disabilities

This program provides additional resources to schools with students whose health conditions meet the World Health Organisation definitions of disabilities.

Refer to [Program for Students with Disabilities](#) on the Department's website.

Student Support Service Officers — including Visiting Teacher Service

Student Support Service Officers are available to assist students in government schools and include speech pathologists, psychologists, social workers, occupational therapists, youth workers, curriculum consultants, visiting teachers.

For further information, contact [Department Regions](#).

The Visiting Teaching Service provides educational support to students with a disability or other health impairment in regular school settings. The streams of expertise are:

- physical disabilities or impairments
- hearing impairment
- vision impairment

Referrals of students to the SSSO services require parent/guardian consent and can be made by:

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

Schoolcare Program

The Schoolcare Program is provided by Royal Children's Hospital (RCH) and funded by the department, to:

- enable students with complex medical needs to safely attend school
- provide teachers and Education Support (ES) staff child-specific training, monitor and support from nursing staff, in consultation with a student's, parents/carers and the medical/health practitioner

The following steps describe the steps for completing the Schoolcare program referral form and for undertaking training

5. The principal should access the [Schoolcare Program Guidelines](#) and [referral form](#) from the Department's [Schoolcare program](#) page.
6. The principal, parent/carer and medical practitioner complete the referral form, including:
 - Part A — Parent consent and student details
 - Part B — School details
 - Part C — Medical information
7. The principal should return the completed referral form to the Schoolcare Program:
 - scan and email to schoolcare.program@education.vic.gov.au
8. The Schoolcare Program coordinator, in consultation with the RCH:
 - determines eligibility and then notifies the nominated school contact, and
 - the school notifies the parents/guardians of the referral outcome
9. Schoolcare Program coordinator arranges a suitable training time with the school contact.
10. Royal Children's Hospital (RCH) nurse:
 - assesses the level of support required to meet the student's medical needs, and
 - develops a student specific care manual for the school
11. The nurse/s attends the school to:
 - deliver student specific training to the nominated school staff carers and,
 - assesses the staff carers' competency
12. Following the initial training:
 - all carers (new and established) are required to undertake training every 6 months
 - the RCH nurse reviews the care manual and school staff competency

3 Supporting students during transition between hospital, home and school

The following information describes how schools support students during transition between hospital, home and school.

Transition

The school in which the student is enrolled retains responsibility for the student's curriculum when they are in hospital or recuperating at home.

Hospital based education staff may also assist the school in supporting the student.

Maintain connections

School should plan ways to maintain connections with peers and the classroom teacher using a range of communication methods.

Liaise with hospitals

Schools should liaise with hospital-based education staff and therapists to:

- provide learning programs that maintain continuity of learning
- determine learning strategies relevant that take into account any changes in the student's:
 - physical
 - psychosocial, and
 - cognitive capabilities
- acknowledge all learning outcomes achieved through the hospital-based experience

Provide additional support

Schools should consider accessing additional support to ease transition between learning settings, such as the visiting teacher service or [Student Support Services Officers](#).

Plan re-entry strategies

Schools should plan re-entry strategies that address:

- learning
- support for social and emotional impacts

Set realistic expectations

Schools should:

- not expect assessment tasks to be completed immediately upon return to school
- not expect students to maintain the pace of curriculum participation
- enable students to participate if and when they feel able

4 Supporting students with long term special education and other support needs

Long term planning

This information describes how schools support students with long term special educational and other support needs.

Communication

Schools should create an effective and sensitive information exchange system approved by the student and parents/guardians, that:

- allows all relevant staff to understand and make allowances for the student
- prevents the student from repeatedly explaining their circumstances

Curriculum

Schools should:

- provide students with course overviews
- negotiate key assignments and timelines
- liaise with therapists to ensure opportunities are used within required curriculum to support therapy outcomes

Support

Schools should:

- hold a student support group
- develop an individual learning plan, and
- set realistic educational goals

Equipment

Schools should upgrade equipment to enhance curriculum access, if required.

Camps and excursions

Schools should plan ahead for camps, excursions and other special events to ensure:

- the student is offered the same educational experiences as all other students, and
- does not miss out due to their condition or specialised health and personal care support needs

Anaphylaxis

- Under [Ministerial Order 706 — Anaphylaxis Management in Victorian schools](#) (the Order), schools are required to develop a school-level anaphylaxis management policy.
- The Department has developed [Anaphylaxis Guidelines](#) to assist schools to meet their duty of care to students at risk of anaphylaxis as well as other legislative requirements. It is recommended that schools refer to these guidelines and comply with all mandatory directions.
- The principal must ensure that school staff are appropriately trained in anaphylaxis management. Under the Order, all staff must participate in a twice yearly anaphylaxis briefing, with the first to be held at the start of the school year. Relevant school staff must also participate in face-to-face or online anaphylaxis training.
- From January 2022, Hero HQ will be the provider of anaphylaxis supervisor training in Victorian schools. For more information about how to access anaphylaxis training with Hero HQ, refer to [staff training](#).

[Anaphylaxis Guidelines](#) (the Guidelines) have been developed to assist schools to meet their duty of care to students at risk of anaphylaxis as well as to comply with their obligations under the [Education and Training Reform Act 2006 \(Vic\)](#) (the Act) and the Order.

The Guidelines include information on anaphylaxis including:

- legal obligations of schools in relation to anaphylaxis
- school anaphylaxis management policy
- staff training
- individual anaphylaxis management plans
- risk minimisation and prevention strategies
- school management and emergency responses
- adrenaline autoinjectors for general use
- a communication plan
- a risk management checklist.

Ministerial Order 706 — School requirements

Schools must have their own local anaphylaxis management policy

The Department is committed to protecting children and young people at risk of anaphylaxis. Under the Act, in order to meet the [Minimum Standards and School Registration](#), all schools, government and non-government, are required to have a local anaphylaxis management policy covering certain matters that are set out in the Order.

An [Anaphylaxis Policy Template](#) that meets these requirements is available for school use on the [School Policy Templates Portal](#).

Staff must undertake regular training

The Order sets out the minimum requirements for anaphylaxis management training in schools and the Guidelines provide further detail on training requirements.

Under the Order school staff must undertake training in anaphylaxis management if they:

- conduct classes attended by students with a medical condition relating to allergy and the potential for anaphylactic reaction, or
- are specifically identified and requested to do so by the school principal, based on the principal's assessment of the risk of an anaphylactic reaction occurring while a student is under that staff member's care, authority or supervision.

Schools are encouraged to consider whether volunteers at the school and regular casual relief teachers should also undertake training.

The Order states that these school staff must:

- successfully complete an anaphylaxis management training course (either online in the last 2 years or face-to-face in the last 3 years) and
- participate in the school's twice yearly briefings conducted by the school anaphylaxis supervisor or another member of staff nominated by the principal who has completed an approved anaphylaxis management training course in the past 2 years.

Online training course

It is recommended that all school staff undertake the free Australasian Society of Clinical Immunology and Allergy (ASCIA) e-training course which has been developed by ASCIA in conjunction with the Department for all school staff, to increase the quality and consistency of training. The online course is free and can be accessed on [ASCIA's website](#).

Competency to use an adrenaline auto-injector

To successfully complete this training staff will also be required to show that they are able to appropriately and competently use an adrenaline auto-injector.

This capability must be tested within 30 days of completion of the online training course.

School staff that complete the online training course will be required to repeat that training and the adrenaline auto-injector competency assessment every 2 years.

Verifying competency

Schools should nominate 2 staff members from each campus to become school anaphylaxis supervisors who undertake competency checks on all staff that have successfully completed the online training course. To become a school anaphylaxis supervisor and undertake these competency checks, nominated school staff should undertake face-to-face training to skill them in providing competency checks to assess their colleagues' ability to use an adrenaline autoinjector (EpiPen and Anapen) and become school anaphylaxis supervisors. Training in Verifying the Correct Use of Adrenaline Injector Devices 22579VIC is available from Hero HQ who have been appointed as the Department's anaphylaxis training provider for Victorian government schools.

Alternatively schools can opt to undertake fee-based face-to-face training in one of the accredited anaphylaxis training courses that meet the requirements of the Order:

- course in First Aid Management of Anaphylaxis 22578VIC
- course in Allergy and Anaphylaxis Awareness 10710NAT.

First aid training does not meet the training requirements of the Order.

Anapen workshop training

On 1 September 2021 the Anapen adrenaline (epinephrine) autoinjector was introduced into Australia for the treatment of anaphylaxis and schools will need to ensure relevant staff are trained to use them.

To support and ensure school anaphylaxis supervisors are appropriately trained, Hero HQ is offering a series of free training workshops in Term 1, 2022.

For more information about the Anapen Workshop Training, refer to [staff training](#).

Twice-yearly anaphylaxis briefing requirements

In addition to the training outlined above, an in-house anaphylaxis school briefing must be conducted twice a year. It is recommended that all school staff attend this briefing.

This briefing should preferably be led by the school anaphylaxis supervisor or another member of staff who has current anaphylaxis training. The person leading the twice-yearly anaphylaxis school briefing should have successfully completed an anaphylaxis management training course in the previous 2 years.

A [presentation](#) for the briefing has been developed by the Department for schools use.

Overview of how schools manage students with anaphylaxis

The below information summarises how schools manage students with anaphylaxis.

ASCIA action plans

A copy of the student's ASCIA Action Plan for Anaphylaxis (prepared by a medical or nurse practitioner) must be obtained from the parent or carer and held by the school. The plan outlines the student's known severe allergies and the emergency procedures to be taken in the event of an allergic reaction.

It is the parent/carer(s) responsibility to provide the school with a copy of their child's ASCIA Action Plan for Anaphylaxis and an up-to-date photo of the student — to be appended to this plan — and to inform the school if their child's medical condition changes.

Individual anaphylaxis management plan

An individual anaphylaxis management plan should be completed by the principal or their nominee in consultation with the parents/carer and be informed by the ASCIA Action Plan for Anaphylaxis provided by the parent.

The individual anaphylaxis management plan should specify the emergency care to be provided at the school, location of the adrenaline autoinjector (EpiPen and Anapen), emergency contact details, allergic risks in the school environment and actions to minimise these risks.

The plan should be reviewed on any of the following occurrences (whichever happen earlier):

- annually
- if the student's medical condition (relating to allergy and the potential for anaphylactic reaction) changes
- as soon as practicable after the student has an anaphylactic reaction at school
- when the student is to participate in an off-site activity.

Emergency response

In the event of an anaphylactic reaction, the emergency response procedures specified in the school anaphylaxis management policy must be followed, together with the school's general first aid procedures, emergency response procedures and the student's individual anaphylaxis management plan. Drills to test the effectiveness of these procedures should be undertaken regularly. The [Anaphylaxis Guidelines](#) also contain information on responding to an anaphylactic reaction.

Prevention strategies

The school anaphylaxis management policy must include prevention strategies used by the school to minimise the risk of an anaphylactic reaction.

Communication plan

The school anaphylaxis management policy must include a communication plan. The principal is responsible for ensuring that the communication plan is developed to provide information to all school staff, students and parents (and volunteers and casual relief staff) about anaphylaxis and the school's

anaphylaxis management policy and must include strategies for advising school staff and students about how to respond to an anaphylactic reaction of a student in various environments.

Annual risk management checklist

Principals must complete an annual anaphylaxis risk management checklist to monitor their compliance with their legal obligations and the Guidelines.

Purchase of additional adrenaline auto-injection devices

Schools with students at risk of anaphylaxis must purchase a spare or 'backup' adrenaline auto-injection device(s) as part of school first aid kit(s), for general use. Schools can purchase an adrenaline auto-injection device at local chemists. (Schools must regularly check the expiry date of the backup device).

Schools must determine the number of backup adrenaline auto-injector devices to be purchased for general use, taking into account the number of diagnosed students attending the school and the likely availability of a backup device in various settings, including school excursions and camps.

There are currently 2 adrenaline autoinjector devices approved by the Therapeutic Goods Administration for use in Australia, these are the EpiPen and the Anapen. Both devices can be used, however, the principal will need to determine the type of adrenaline autoinjector to purchase for general use. For more information about which autoinjector to purchase for general use, refer to [Adrenaline autoinjectors for general use](#).

Camps and special event participation

Schools should ask parents/carers to complete a [Confidential Medical Information Form for Excursions](#). Consideration must be given to the food provided at camps and special events to prevent anaphylactic incidents. Risk minimisation strategies relating to food provision at camps at school events should form part of the school anaphylaxis management policy and individual anaphylaxis management plans.

Definitions

Anaphylaxis

Anaphylaxis is a severe and sudden allergic reaction when a person is exposed to an allergen.

Common allergens include:

- eggs
- peanuts
- tree nuts such as cashews
- cow's milk
- fish and shellfish
- wheat
- soy
- sesame
- insect stings and bites
- medications.

Signs of mild to moderate allergic reaction include:

- swelling of the lips, face and eyes
- hives or welts
- tingly mouth
- abdominal pain and/or vomiting (signs of a severe allergic reaction to insects).

Signs of anaphylaxis (severe allergic reaction) include any 1 of the following:

- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or a hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- pale and floppy (young children)
- abdominal pain and/or vomiting (signs of a severe allergic reaction to insects).

EpiPen and Anapen

An EpiPen and an Anapen are autoinjectable devices that deliver the drug epinephrine. They are used when someone is experiencing a severe allergic reaction.

Asthma

- Schools have a responsibility to support students diagnosed with asthma by:
 - having a local school level asthma policy
 - having an [Asthma Action Plan](#) and [Student Health Support Plan](#) for each student diagnosed with asthma
 - providing their staff with the appropriate level of training (see below for details) regarding asthma management
 - providing and maintaining an asthma emergency kit with equipment to manage asthma emergencies.
- Schools should follow advice and warnings from the Department's Emergency Management Division associated with a potential thunderstorm asthma event.

Details

For each student diagnosed with asthma, schools must have a written:

- [Asthma Action Plan](#) provided by the student's parents or carers
- [Student Health Support Plan](#).

If any student enrolled at the school has been diagnosed with asthma, schools are required to have a local asthma policy that addresses:

- staff asthma awareness training
- asthma emergency kit content and maintenance
- medication storage
- management of confidential medical information.

A downloadable [Asthma Policy Template](#) for Victorian government schools is available on the [School Policy Templates Portal](#) (staff login required). Schools can modify the template to suit their local circumstances.

Schools should also undertake the following actions:

- ensure that staff are provided with training to assess and manage an asthma emergency. Refer to the 'Staff training' section below for further information
- ensure those staff with a direct student wellbeing responsibility such as nurses, physical education or sport teachers, first aid and school staff attending camp have completed an accredited Emergency Asthma Management (EAM) course at least every 3 years
- follow advice and warnings from the Department associated with a potential thunderstorm asthma event
- provide and maintain an asthma emergency kit with the equipment required for managing an asthma attack.

Asthma attack

Important — if a student is experiencing an asthma attack.

Immediately call [000](#) and ask for an ambulance and state a student is having an asthma attack if:

- the student is not breathing
- the student is having a severe or life threatening attack
- the student is having an asthma attack and a reliever is not available
- you are concerned
- at any time the student's condition suddenly worsens, or is not improving
- the student is known to have anaphylaxis — follow their Anaphylaxis Action Plan, then give asthma first aid.

Further information is included in the [Guidance](#) tab with a procedure for how to treat a student for an asthma attack

Where a student is diagnosed with asthma, the student is required to bring their own prescribed reliever medication to school. This should be stored in their asthma kit with a copy of their [Asthma Action Plan](#) and their spacer.

Strategies

Communication

Schools should provide information to all school staff, students and parents or carers about asthma and the School's Asthma Policy.

[Asthma Australia](#) also has [Asthma First Aid posters](#) available to schools for free, which should be displayed in the following places:

- staff room
- sick room
- areas where asthma attacks are likely to occur or be treated.

Regularly communicate with the student's parents or carers about the student's asthma or any changes in health. In particular, the frequency and severity of the student's asthma symptoms and use of medication at school.

Emergency response plan

Procedures which each school develops for an emergency response to a severe or life threatening asthma attack for all in-school and out-of-school activities.

The procedures, which are included in the School's Asthma Policy, differ from the instructions listed on the student's individual [Asthma Action Plan](#).

Individual [Asthma Action Plans](#) (for each student diagnosed with asthma)

Parents or carers must provide the school with an [Asthma Action Plan](#) completed by the student's medical practitioner. The plan must outline the student's known triggers and the emergency procedures to be taken in the event of an asthma flare-up or attack.

Parents or carers and the student's general practitioner (GP) should annually complete or review each student's [Asthma Action Plan](#). The Asthma Action Plan should contain:

- the prescribed medication taken and when it is to be administered (for example, on a regular basis, as premedication to exercise or it if the student is experiencing symptoms)
- emergency contact details
- contact details of the student's medical or health practitioner
- details about deteriorating asthma including signs to recognise worsening symptoms, what to do during an attack or medication to be used.

Visit [Asthma Australia](#) for the [Asthma Action Plans](#) for Victorian Schools.

Student Health Support Plan

An individual plan for each student diagnosed with asthma, developed in consultation with the student's parents or carers. These plans include the Individual [Asthma Action Plan](#).

The [Student Health Support Plan](#) includes details on how the school will provide support, identify specific strategies and allocate staff to assist the student.

Epidemic thunderstorm asthma

Be prepared to follow advice from the Department, when the risk of epidemic thunderstorm asthma is forecast as high including:

- act on advice and warnings from the Department's Emergency Management Division associated with a potential thunderstorm asthma activity, and implement a communication strategy to inform the school community and parents or carers
- implement procedures to avoid exposure, such as staying indoors with windows and doors closed
- implement emergency response procedures and follow individual [Asthma Action Plans](#) as needed.

Refer to the [Resources](#) tab for further information.

Annual asthma briefing for all staff

Schools may wish to conduct an annual asthma briefing at the beginning of the school year on:

- the school's asthma management policy
- [causes, symptoms and treatment of asthma](#)
- the identities of students diagnosed with asthma and where their medication is located
- how to use a puffer and spacer
- the school's general first aid and emergency response procedures
- the location of, and access to, reliever medication that has been provided by parents or carers or the asthma emergency kits.

Reducing asthma triggers

To reduce asthma triggers schools can:

- mow school grounds out of hours
- plant a low allergen garden
- limit dust, for example, having the carpets and curtains cleaned regularly and out of hours
- examine the cleaning products used in the school and their potential impact on students with asthma
- conduct maintenance that may require the use of chemicals, such as painting, during school holidays
- turn on fans, air conditioning and heaters out of hours when being used for the first time after a long period of non-use.

Student asthma kit

Where an enrolled student is diagnosed with asthma, the child is required to bring their own prescribed reliever medication. This should be stored in their asthma kit with a copy of their [Asthma Action Plan](#) and their spacer.

The student's personal spacer should be washed monthly or cleaned as required:

- wash the spacer in warm soapy water
- do not rinse the spacer
- leave it to air dry
- wipe the mouthpiece before use.

The student's spacer should be replaced if contaminated with blood or vomit.

Encourage participation in camps and special events

Schools should ensure:

- parents or carers provide enough medication (including preventer medication) for the student if they are going away overnight
- enough asthma emergency kits are available for the camp or excursion needs
- that parents or carers complete the [Asthma Australia's School Camp and Excursion Medical Update Form](#) and the Department's [Confidential Medical Form for Excursions](#).

Managing Exercise Induced Bronchoconstriction

If a student has Exercise Induced Bronchoconstriction (EIB), schools should ensure that they allow adequate time for the following procedures before, during and after exercise.

Before:

- blue or blue-grey reliever medication to be taken by student 15 minutes before exercise or activity (if indicated on the students' [Asthma Action Plan](#))
- student to undertake adequate warm up activity

During:

- if symptoms occur, student to stop activity, take blue or blue-grey reliever medication, only return to activity if symptom free
- if symptoms reoccur, student to take blue or blue-grey reliever medication and cease activity for the rest of the day. This is known as 'two strikes and out'

After:

- ensure cool down activity is undertaken
- be alert for symptoms

If a student has an asthma attack during, or after exercise or activity, follow their [Asthma Action Plan](#) if easily accessible, or commence asthma first aid. Always notify parents or carers of any incidents or medication usage.

Staff training

General school staff training

All school staff should undertake non-accredited training in asthma first aid management for education staff through [Asthma Australia](#). Staff should complete the free 1 hour asthma education session at least every 3 years — this can be through a school visit or online through the [Asthma Community and Health Professional e-Learning Hub](#).

The training should be conducted every 3 years. The following training is available to all schools for access:

- [Supporting People Live Well with Asthma](#) — a one hour face-to-face training session for school staff, paid by each school
- [Asthma First Aid for Schools](#) — a one hour online training module for individual school staff, at no cost to schools.

Targeted school staff training

The following school staff should undertake accredited training in asthma management by a Registered Training Organisation:

- staff working with high-risk children with a history of severe asthma
- staff with a direct student wellbeing responsibility such as nurses, first aid and camp organisers
- staff in high-risk teaching areas, such as physical education or sports teachers, home economics or cooking teachers.

The following accredited asthma management courses are recognised for Victorian schools:

- 10760NAT Course in Asthma Awareness
- 22556VIC Course in the Management of Asthma Risks and Emergencies in the Workplace.

Training is face-to-face and accredited for 3 years, paid by each school.

If a staff member has not yet completed training, the principal is responsible for developing an interim [Student Health Support Plan](#) that includes the student's [Asthma Action Plan](#) in consultation with the student's parents or carers. Training should take place as soon as practicable after the student diagnosed with asthma enrolls, preferably before the student's first day at school.

Asthma emergency kits

Schools must provide and maintain at least 2 asthma emergency kits:

- one to keep at the school
- one to take as a mobile kit for activities such as excursions and camps.

It is recommended that large schools have an additional kit for every 300 students, see the Locations section below for further advice regarding placement of asthma emergency kits.

Contents

Asthma emergency kits must contain:

- at least one blue or blue-grey reliever medication such as Airomir, Asmol, or Ventolin
- at least 2 spacer devices (for single person use only) to assist students to inhale the blue or blue-grey reliever medication (ensure spare spacers are available as replacements)
- clear written instructions on asthma first aid, including how to use the medication and spacer devices, and steps to be taken in treating an asthma attack (see the Guidance tab for further information)
- a record sheet or log for recording the details of a first aid incident, such as the number of puffs administered. Record sheets can be downloaded from the [Asthma Australia](#) website.

Note: If schools are using the Lite-Aire Disposable Cardboard spacer in their asthma emergency kits, the school needs to be aware that the imagery is printed in refined soy ink. Although the risk of developing an allergic reaction to refined soy ink is low, there is still a risk and the risk should be taken into account when developing Individual Anaphylaxis Management Plans for students diagnosed with soy allergy and asthma.

Schools are not required to provide a nebuliser for students. If a student is prescribed a nebuliser, they should bring their own to school. Parents or carers can obtain information on the use of nebulisers from the manufacturer (all nebulisers are labelled with the manufacturer's name)

Complete asthma emergency kits can be purchased from Asthma Australia or the components through retail pharmacies.

Regular checks

A nominated staff member should be responsible for maintaining the asthma emergency kits, including:

- ensuring all contents are maintained and replaced when necessary
- regularly checking the expiry date on the canister of the blue or blue-grey reliever puffer and replacing it if expired or low on doses
- replacing spacers in the asthma emergency kit after each use (spacers are single person use only). Once used, the spacer can be given to that student or thrown away
- previously used spacers should be disposed of.

Note: Schools can legally purchase a blue or blue-grey reliever puffer for first aid purposes from a pharmacist on the written authority of the principal.

Cleaning requirements

Asthma spacers are single person use only. To avoid infection transmission via mucus, spacers and masks must only be used by the 1 student. They should be stored in a dustproof container.

Blue or blue-grey reliever medication 'puffers' in the asthma emergency kit may be used by more than 1 student, as long as they are used with a spacer. If the medication delivery device (for example, puffer) comes into contact with someone's mouth it cannot be reused by anyone else and must be replaced.

A guide to cleaning puffers is available on the Guidance tab.

Locations

Asthma emergency kits should be located strategically around the school and readily available in an asthma emergency. Mobile asthma emergency kits are also required for:

- the office or administration area
- yard duty
- excursions or sports days
- camps.

Definitions

Asthma

Asthma is a long-term lung condition. For further information on asthma, refer to the Resources tab.

Asthma Action Plan

A plan completed by a student's medical practitioner which outlines the student's known triggers and the emergency procedures to be taken in the event of an asthma flare-up or attack.

Blue-grey reliever medication

This is usually Airomir, Asmol, or Ventolin.

Nebuliser

A machine that converts liquid medicine into a fine mist that can then be inhaled.

Puffer

A pressurised metered dose inhaler (pMDI). The medicine contained in the inhaler is in a fine mist.

When you press the canister, this mist is released, and you breathe in to deliver the medicine to your airways.

Spacer

A holding chamber device that makes it easier to take asthma medication from the type of puffer. A spacer can also make it easier to coordinate breathing in and pressing your puffer.

Treating an asthma attack

This procedure describes how to treat a student having:

- an asthma attack
- difficulty breathing for an unknown cause, even if they are not a known to have asthma.

Note: For a student who is not a known to have asthma, this treatment:

- could be lifesaving, if the asthma has not previously been recognised
- would not be harmful, if the cause of breathlessness was not asthma.

Warning: Immediately call [000](#) and ask for an ambulance and state a student is having an asthma attack if:

- the student is not breathing
- the student is having a severe or life threatening attack
- the student is having an asthma attack and a reliever is not available
- you are concerned
- at any time the student's condition suddenly worsens, or is not improving
- the student is known to have anaphylaxis — follow their Anaphylaxis Action Plan, then give asthma first aid.

Delay in treatment may increase the severity of the attack and ultimately risk the student's life.

First time asthma attack

If a student appears to be having difficulty breathing but has not been diagnosed with asthma, the school staff should follow the school's first aid procedures. This should include immediately:

- locating and administering the reliever medication from the asthma emergency kit
- after the first 4 doses of reliever medication call [000](#) for an ambulance
- continue giving 4 doses of reliever medication every 4 minutes whilst waiting for the ambulance to arrive.

Step 1 — Sit the person upright

- Be calm and reassuring.
- Do not leave them alone.
- Seek assistance from another teacher (or reliable student) to locate the student's Asthma Action Plan and an asthma emergency kit if required. If the student's Asthma Action Plan is not immediately available, use asthma first aid as described below.

Step 2 — Give 4 separate puffs of blue or blue-grey reliever puffer

- Shake the blue or blue-grey reliever puffer.
- Use a spacer if you have one.
- Put one puff into the spacer.
- Student draws in medication from the spacer.

Step 3 — Wait 4 minutes

- If there is no improvement, give 4 more separate puffs of blue or blue-grey reliever as per step 2 and wait 4 minutes (or give 1 more dose of Bricanyl or Symbicort inhaler).

Step 4 — If there is still no improvement call [000](#) and ask for an ambulance

- Tell the operator the student is having an asthma attack.
- Keep giving 4 separate puffs, every 4 minutes until emergency assistance arrives (or 1 dose of Bricanyl or Symbicort every 4 minutes — up to 3 more doses of Symbicort).

Step 5 — If asthma is relieved after administering asthma first aid stop the treatment and observe the student

- Notify the student's emergency contact person and record the incident.

Blood-borne Viruses

- Blood-borne viruses include hepatitis B, hepatitis C, and HIV.
- Students should not face victimisation or discrimination because they are infected by a blood-borne viruses. State and federal anti-discrimination laws provide protection against such discrimination on the basis of 'disability', which may include a blood-borne virus.
- Schools must respect a student with a blood-borne virus has a right to confidentiality.
- Risks of contracting blood-borne viruses are negligible. Schools have a duty of care to provide first aid to students or staff with a blood-borne virus, with the standard precautions they follow for students and staff without a blood-borne virus.
- For further information about blood-borne viruses and other infectious diseases, consult the [Department of Health and Human Services Communicable Disease Prevention and Control Unit](#).

Details

Health support planning

A student with a blood-borne virus (BBV) (for example HIV) may require additional health support at school. Where appropriate a [Student Health Support Plan](#) should be developed in collaboration with the parent/carer and student, outlining how the school will support the student's health care needs.

Privacy

Students with a BBV are entitled to have their BBV status treated confidentially.

The BBV status of a student is a private matter between a student and their family doctor. If this information is shared with the principal as part of health support planning or otherwise, the principal must:

- respect the student's right to confidentiality

- not share this information with others unless parent/carer consent (and/or student consent where appropriate) is sought, unless the disclosure is required or authorised by law.

Note: the above privacy principles also apply to school staff. Refer to the Department's policy on [Privacy and Information Sharing](#).

Protection from discrimination

Schools must avoid any form of discrimination of students with a BBV and protect students from victimisation or discrimination based on BBV infection. Examples of discrimination include:

- refusing to enrol the student
- excluding the student from attendance
- denying access to school programs or activities
- failing to protect the student from harassment or victimisation
- differential application of school rules

Exclusion from school is not required for individuals with hepatitis B, hepatitis C, or HIV. Schools should consult with the [Communicable Disease Prevention and Control Unit](#) within the Department of Health and Human Services with further questions or concerns about disclosure or exclusion.

Risk of infection

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

- risks of contracting blood borne viruses are negligible
- schools have a duty to provide first aid to students or staff with a BBV, with the standard precautions they follow for students or staff without a BBV

Blood spills from any student or staff member should always be treated as if the blood is potentially infectious, irrespective of whether the individual has a BBV or not.

BBV prevention and education

Immunisation provides the best protection against hepatitis B and is part of the routine schedule of childhood vaccines in Victoria.

Prevention of other blood born infection is also supported by the health and physical education learning area delivered through the Victorian Curriculum F–10 that addresses health behaviours and BBV risk factors.

- [Victorian Curriculum F–10](#)
- [Guidelines for the control of infectious diseases](#)

For further information on preventing and controlling hepatitis specifically, refer to the Department's [Guidelines for Hepatitis](#).

Definitions

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BBV

Blood-borne viruses are spread when blood from a person with a virus in the blood enters another person's bloodstream. In Australia, the most common way it is transmitted is through sharing unsterile injecting drug equipment. Other methods of infection are unsafe sex, and tattooing or other procedures that involve unsterile or reused equipment. Examples of BBV include hepatitis B and C.

Blood Spills and Open Wounds – Management

All school staff must be familiar with the procedures relating to blood spills and open wounds.

Details

All school staff must be familiar with the school's first aid procedures related to blood spills and bleeding students.

Treating bleeding students

The following steps describe how schools should treat students who are bleeding:

13. Avoid contact with the blood while comforting the student, moving them to safety if required.
14. Put on single-use gloves.
15. Flush or clean the wound using normal saline or clean water.
16. Pat dry the wound and apply an airtight and waterproof dressing, ensuring the wound is covered completely. If the bleeding continues, apply additional pressure using either a hand or firm bandage.
17. Remove any linen stained with blood or bodily fluids and substances. Place them in leak-proof plastic bags until they can be cleaned by a commercial laundry or linen cleaning service, or disposed of.
18. Remove gloves and place them in a biohazard container.
19. Wash hands with soap and water.

Managing blood spills

Blood spills should be treated as if the blood is potentially infectious.

The below steps describe how schools must manage blood spills.

Note: All cuts and abrasions should be covered with an airtight and waterproof dressing at all times.

20. Put on single-use gloves and avoid direct contact with blood or other body fluids.
21. Use paper towels to mop up the spill. Dispose of the paper towels in an appropriate biohazard container.
22. Wash the area with warm water and detergent, then rinse and dry the area. Note: Take care not to splash.
23. Remove gloves and place them in an appropriate biohazard container, which should be a part of the school first aid kit.
24. Wash hands with soap and water.
25. If re-usable items were used such as scissors or single-use tweezers, then an assessment must take place to consider how the item was used and determine the appropriate decontamination method. For example, if re-usable items are contaminated with blood or other body substances, they should be disposed of in a sharps or biohazard container. If they are not contaminated,

they should be washed and dried. Single use items should be disposed of appropriately and replaced. For further advice contact the department's OHS Advisory Service on [1300 074 715](tel:1300074715).

Epilepsy and Seizures

- For each student diagnosed with epilepsy, schools must have in place:
 - [Student Health Support Plan](#) — outlining the schools role in supporting the student's health needs (including epilepsy)
 - [Medication Authority Form](#) — for a student who requires regular (non-emergency) medication(s) to be administered at school and ensure a log is kept of any medicine administered
 - [Epilepsy Management Plan](#) — signed by the treating doctor and provided to the school by the student's parents/carers
 - [Emergency Medication Management Plan](#) (if required) — signed by a doctor and provided by the student's parents/carers
- Schools must refer to the [Guidance](#) tab for further advice on the management of students with epilepsy and for students who have a seizure.
- All relevant school staff who work directly with a student with epilepsy are required to receive training in:
 - Epilepsy: An Introduction to Understanding and Managing Epilepsy (one hour eLearning module) or a suitable equivalent delivered by a recognised epilepsy provider
 - as required — Epilepsy: Administration of Emergency Medication Parts 1 (theory) & Part 2 (practical) or a suitable equivalent delivered by a recognised epilepsy provider
- For each student that has been prescribed emergency medication, an up-to-date individual emergency medication kit must be easily accessible.
- Schools must provide a first aid response and post seizure support when a student has a non-epileptic seizure event. This includes preventing them from injuring themselves and staying with them until the seizure has finished. 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.
- Schools should call an ambulance 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

Details

Epilepsy is considered a disability under both state and federal anti-discrimination laws. Under the [Equal Opportunity Act 2010 \(Vic\)](#) and the [Disability Discrimination Act 1992 \(Cth\)](#), schools have an obligation to make reasonable and necessary adjustments for students with epilepsy, to enable them to access and to participate in their education on the same basis as their peers. This legal obligation arises regardless of whether they are funded under the [Program for Students with Disabilities](#) (PSD).

Schools must implement strategies to assist students with epilepsy according to their specific needs.

Schools are required to ensure an appropriate plan is in place to support the needs of students with epilepsy. For each student diagnosed with epilepsy, schools must 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 schools role in supporting the student's health needs (including epilepsy)
- [Medication Authority Form](#) — 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
- a medication log or an equivalent official medications register should be used and maintained by the person administering the taking of medicine by a student during school time (this is not intended for emergency epilepsy medications)
- [Epilepsy Management Plan](#) — signed by the treating doctor and provided to the school by the student's parents or carers. The epilepsy management plan provides specific information about the student's epilepsy, defines what an emergency is for the student and the appropriate response, and describes:
 - whether emergency medication is prescribed
 - how the student wants to be supported during and after a seizure
 - identified risk strategies (such as water safety, use of helmet)
 - potential seizure triggers
- [Emergency Medication Management Plan](#) — where the student's epilepsy management plan states that emergency medication has been prescribed then the school must hold a current emergency medication management plan. This must be by a doctor and provided by the student's parents/carers. This plan provides information on the dose, route of administration and emergency response required in the event of a seizure.

Note: Epilepsy management documentation must be readily accessible to all relevant school staff who work directly with a student with epilepsy current and reviewed annually and updated as required.

Definitions

Epilepsy

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

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.

First aid

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.

When providing seizure first aid support to a student in a wheelchair:

- protect the student from falling from the chair, secure seat belt where available and able
- make sure the wheelchair is secure
- support the student's head if there is no moulded head rest
- do not try to remove the student from the wheelchair
- carefully tilt the student's head into a position that keeps the airway clear

Schools should call an ambulance immediately if:

- it is the student's first seizure
- you do not know the student
- 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

Training of staff

All relevant school staff who work directly with a student with epilepsy are required to receive the following training:

- Epilepsy: An Introduction to Understanding and Managing Epilepsy (one-hour eLearning module) (or suitable equivalent training delivered by a recognised epilepsy provider), and as required;

- Epilepsy: Administration of Emergency Medication Parts 1 (theory) & Part 2 (practical) (or suitable equivalent training delivered by a recognised epilepsy provider)

Training must be refreshed every 2 years, or sooner when there is a change in the:

- dose of medication, and/or
- route of administration, and/or
- seizure type/description

For further information on course options and to register for training, visit the [Epilepsy Foundation](#) website

Storage and access to emergency medication

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

Kits or a suitable container 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.

Kits 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 location of the kit/s must be known to all relevant school staff who work directly with a student with epilepsy.

Schools are required to make plans for the transport of individual emergency medication kit/s to camps, excursions and special events as required; with consideration given to keeping the medication cool where required.

For more information on storing medication consult the school medication policy and the [Epilepsy Foundation](#).

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.

Healthy eating

Some students with epilepsy may be on a medically prescribed ketogenic diet, which is a high fat diet sometimes used to control seizures. It involves a restricted fluid, high fat and very low carbohydrate and protein diet which produces a high ketone state (ketosis). This state decreases seizure activity in some circumstances.

The inclusion of students on the ketogenic diet within the school setting requires schools to be mindful of the restrictive and potentially isolating impact this diet may have on the student, including on camps, excursions and special events and when discussing 'healthy eating' in the classroom.

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

Infectious Diseases

- Primary responsibility for the prevention and control of infectious diseases lies with individuals, families and public health authorities.
- Schools are not expected to provide expert advice or treat students, which is the role of medical practitioners and health authorities.
- When a school is made aware of student illness that is a medically confirmed case(s) of pertussis, measles, mumps, rubella, meningococcal disease polio, or COVID-19, this should be reported to the [Incident Support and Operations Centre](#). This is to assist DET (with DHHS) to monitor disease outbreak at a school level and to provide further guidance where required.
- In order to reduce regulatory burden for primary schools and children's services and to avoid multiple processing of notifications about the same case, changes made in 2019 to the Public Health and Wellbeing Regulations (the Regulations) mean primary schools and children's services are no longer required to notify the Department of Health and Human Services (DHHS) if a child at their school has a confirmed infectious disease. This notification will come from medical practitioners and pathology providers, who have a duty to notify DHHS if there is a confirmed diagnosis of an infectious disease.
- A person in charge of a primary school must not allow a child to attend the school in accordance with the Regulations if they have been informed the child is infected with, or been in contact with, a person with an infectious disease/condition listed in the Regulations; where that condition requires exclusion. Diseases and exclusion periods are listed in the [DHHS school exclusion table](#). These diseases include ringworm, chicken pox, conjunctivitis, hand, foot and mouth disease, impetigo (school sores), diarrhoeal illness, influenza and many others.
- As of December 2019, changes to the Regulations mean failure of a person in charge of a primary school to exclude a child with, or exposed to, a specified infectious disease from a primary school, in accordance with the Regulations, may result in an infringement penalty. An existing court penalty also remains.
- Schools have a legal responsibility to help manage infectious diseases in their facilities and have an important role to play in supporting prevention and control of disease transmission.

Details

Schools have a legal responsibility to help manage infectious diseases in their facilities.

Schools also have an important role to play in supporting the prevention and control of transmission of infectious diseases through:

- abiding by legislated requirements for school exclusion and immunisation status recording
- supporting the personal hygiene routines of students, for example, provision of hand hygiene facilities
- ensuring procedures are in place to safely manage the handling of spills of blood and other body fluids or substances.

Prevention of infectious diseases

The following table outlines the strategies and actions that schools are required to take to prevent the transmission of an infectious disease.

Support for immunisation programs

Schools have a role in helping health authorities and families prevent and control infectious diseases through the support of immunisation programs and through recording the immunisation status of each student. For more information, refer to the Department's [Immunisation Policy](#).

Standard precautions

Staff and students must treat all blood and other body fluids or substances as being potentially infectious and practice standard precautions whenever dealing with them.

Standard precautions include:

- hand hygiene, for more information, refer to the [Personal Hygiene Policy](#)
- the use of personal protective equipment (for example, gloves and masks)
- safe handling and disposal of 'sharps', for more information, refer to the [Syringe Disposals and Injuries Policy](#)
- respiratory hygiene (i.e. 'cover your cough' and disposing of tissues in a bin).

School education on hand hygiene and provision of soap

Hand hygiene is considered one of the most important infection control measures for reducing the spread of infection.

Schools should refer to the Department's [Personal Hygiene](#) policy for information on educating students about hand hygiene and the provision of soap.

Management of blood and other body fluid or substance exposures

Schools should have appropriate personal protective equipment (for example, gloves and masks) available for staff to use when dealing with blood or body fluids/substances. Staff members and students should be familiar with and practice recommended standard precaution practices. For more information, see the Department's policy on [Blood Spills and Open Wounds Management](#).

Occupational health and safety

Appropriate personal protective equipment, such as single-use disposable gloves, must be provided for staff to use when dealing with blood or other body fluids or substances.

Schools should encourage staff to be appropriately vaccinated against preventable infectious diseases as per the [Australian Immunisation Handbook](#) recommendations for people working with children.

Control of transmission of infectious disease

The following table outlines the strategies and actions that schools are required to take to control transmission of infection when a case/s is identified.

Send unwell children home as soon as possible

Ensure that unwell children do not attend your school. Isolate children who become unwell during the day and send the unwell child home as soon as possible.

Notification of an infectious disease to DET via the Incident Support and Operations Centre

When a school is made aware of student illness that is a medically confirmed case(s) of pertussis, measles, mumps, rubella, meningococcal disease polio, or COVID-19, this should be reported to the [Incident Support and Operations Centre \(ISOC\)](#). This is to assist DET (with DHHS) to monitor disease outbreak at a school level and to provide further guidance where required. For more information on how to report an incident via ISOC, refer to [Reporting and Managing School Incidents \(including emergencies\)](#).

Seeking expert advice

If schools have questions or concerns about a child with an infectious disease, they can contact:

Department of Health and Human Services Communicable Disease Prevention and Control telephone: [1300 651 160](tel:1300651160) (24 hours) infectious.diseases@dhhs.vic.gov.au (regularly monitored).

Exclusion of a child with an infectious disease — Primary school students

Children with certain infectious diseases, and children who have been in contact with certain infectious diseases, are required to be excluded from school for a specified period.

The [DHHS School exclusion table](#) identifies which infectious diseases require exclusion and for what period

As set out in the Public Health and Wellbeing Regulations 2019, Principals of primary school-aged students must not allow a child to attend school if:

- they have been informed that the child is infected with an infectious disease, confirmed by a medical practitioner, that requires exclusion as described in the [DHHS School exclusion table](#)
- they have been informed that a child has been in contact with a person with an infectious disease as described in the School exclusion table
- during an outbreak, the Chief Health Officer directs a primary school to exclude a child based on material risk of a child contracting a vaccine-preventable disease (i.e. a child who is not immunised to be excluded until advised attendance can be resumed).

Exclusion of a child with an infectious disease — Secondary school students

Secondary schools are not bound by the legislative exclusion requirements which apply to primary schools, but are encouraged to follow the same guidance to ensure the safety of their students.

In the event of a public health risk, such as an infectious disease outbreak, secondary schools may be required under the Public Health and Wellbeing Act 2008 to comply with the directions of the Chief Health Officer or an authorised officer.

General responses to influenza, gastroenteritis and other common infections in your school

Schools should consider the following when responding to students affected by common infections:

- students with cold or flu-like symptoms or vomiting or diarrhoea should be encouraged to seek medical attention, limit contact with others and stay at home until symptoms have passed
- if a child becomes ill at school with these symptoms, schools should contact the family and arrange for the collection of the child
- good general hygiene remains the best defence against infection and schools should encourage children to regularly wash their hands and cover their nose and mouth if sneezing and coughing; refer to the [Personal Hygiene Policy](#).

Influenza pandemic response

An outline of key school actions against different stages of an influenza pandemic can be found in the [Human Influenza Pandemic Incident Response Procedures](#) (Pandemic Influenza Incident Response Plan). Schools should also refer to [DHHS advice regarding Pandemic influenza](#).

School community communication and additional advice

It is not generally necessary to communicate with the broader school community about an infectious disease, unless there is an outbreak or the school has been directed to pursue specific action by health authorities. Doing so can cause unnecessary anxiety in the school community.

For advice on alerting parents, or displaying signage, in relation to case(s) of a notifiable infectious disease in the school; schools can phone DHHS on [1300 651 160](#) who may give advice on whether such as action is required.

In more general cases, where communication has been deemed necessary, the school should give consideration as to what should be communicated to the school community.

It should:

maintain student confidentiality

- be fact based
- be written in a way not to cause alarm
- inform parents and guardians that a school community member/s has been diagnosed with an infectious disease
- name the condition
- suggest that they seek medical advice regarding their child's health if they have concerns.

Definitions

Hand hygiene

Hand hygiene is a general term referring to any action of hand cleansing. It includes hand washing with soap and water and using antimicrobial hand rubs (for example, an alcohol-based hand rub). For more detailed information about hand hygiene, see: Personal Hygiene in Related policies

Infectious diseases

Infectious diseases are diseases caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from one person to another.

Respiratory hygiene or cough etiquette

These are terms used to describe infection prevention measures. Practices include:

- covering the mouth and nose when coughing or sneezing
- using tissues and disposing of them appropriately
- attending to hand hygiene immediately after coughing, sneezing or blowing nose

Standard precautions

Standard precautions are the minimum infection prevention and control practices that must be used at all times for all people in all situations. The use of standard precautions aims to minimise and, where possible, eliminate the risk of transmission of infection.

Administration of Medication

PURPOSE

To explain to parents/carers, students and staff the processes Hallam Senior College will follow to safely manage the provision of medication to students while at school or school activities, including camps and excursions.

SCOPE

This policy applies to the administration of medication to all students. It does not apply to:

- the provision of medication for anaphylaxis which is provided for in our school's Anaphylaxis Policy (contained within this document)
- the provision of medication for asthma which is provided for in our school's Asthma Policy (contained within this document)
- specialised procedures which may be required for complex medical care needs.

POLICY

If a student requires medication, Hallam Senior College encourages parents to arrange for the medication to be taken outside of school hours. However, Hallam Senior College understands that students may need to take medication at school or school activities. To support students to do so safely, Hallam Senior College will follow the procedures set out in this policy.

Authority to administer

If a student needs to take medication while at school or at a school activity:

- Parents/carers will need to arrange for the student's treating medical/health practitioner to provide written advice to the school which details:
 - the name of the medication required
 - the dosage amount
 - the time the medication is to be taken
 - how the medication is to be taken
 - the dates the medication is required, or whether it is an ongoing medication
 - how the medication should be stored.
- In most cases, parents/carers should arrange for written advice to be provided in a Medication Authority Form which a student's treating medical/health practitioner should complete.
- If advice cannot be provided by a student's medical/health practitioner, the Principal (or their nominee) may agree that written authority can be provided by, or the Medication Authority Form can be completed by a student's parents/carers.
- The Principal may need to consult with parents/carers to clarify written advice and consider student's individual preferences regarding medication administration (which may also be provided for in a student's Student Health Support Plan).

Parents/carers can contact reception for a Medication Authority Form.

Administering medication

Any medication brought to school by a student needs to be clearly labelled with:

- the student's name
- the dosage required
- the time the medication needs to be administered.

Parents/carers need to ensure that the medication a student has at school is within its expiry date. If school staff become aware that the medication a student has at school has expired, they will promptly contact the student's parents/carers who will need to arrange for medication within the expiry date to be provided.

If a student needs to take medication at school or a school activity, the Principal (or their nominee) will ensure that:

1. Medication is administered to the student in accordance with the Medication Authority Form so that:
 - the student receives their correct medication
 - in the proper dose
 - via the correct method (for example, inhaled or orally)
 - at the correct time of day.
2. A log is kept of medicine administered to a student.
3. Where possible, two staff members will supervise the administration of medication.
4. The teacher in charge of a student at the time their medication is required:
 - is informed that the student needs to receive their medication
 - if necessary, release the student from class to obtain their medication.

Self-administration

In some cases it may be appropriate for students to self-administer their medication. The Principal may consult with parents/carers and consider advice from the student's medical/health practitioner to determine whether to allow a student to self-administer their medication.

If the Principal decides to allow a student to self-administer their medication, the Principal may require written acknowledgement from the student's medical/health practitioner, or the student's parents/carers that the student will self-administer their medication.

Storing medication

The Principal (or their nominee) will put in place arrangements so that medication is stored:

- * securely to minimise risk to others
- * in a place only accessible by staff who are responsible for administering the medication
- * away from a classroom (unless quick access is required)
- * away from first aid kits
- * according to packet instructions, particularly in relation to temperature.

For most students, Hallam Senior College will store student medication at the front office.

The Principal may decide, in consultation with parents/carers and/or on the advice of a student's treating medical/health practitioner:

- that the student's medication should be stored securely in the student's classroom if quick access might be required
- to allow the student to carry their own medication with them, preferably in the original packaging if:
 - the medication does not have special storage requirements, such as refrigeration
 - doing so does not create potentially unsafe access to the medication by other students.

Warning

Hallam Senior College will not:

- in accordance with Department of Education and Training policy, store or administer analgesics such as aspirin and paracetamol as a standard first aid strategy as they can mask signs and symptoms of serious illness or injury
- allow a student to take their first dose of a new medication at school in case of an allergic reaction. This should be done under the supervision of the student's parents, carers or health practitioner
- allow use of medication by anyone other than the prescribed student except in a life threatening emergency, for example if a student is having an asthma attack and their own puffer is not readily available.

Medication error

If a student takes medication incorrectly, staff will endeavour to:

Step Action

1. If required, follow first aid procedures outlined in the student's Health Support Plan or other medical management plan.
2. Ring the Poisons Information Line, 13 11 26 and give details of the incident and the student.
3. Act immediately upon their advice, such as calling Triple Zero "000" if advised to do so.
4. Contact the student's parents/carers or emergency contact person to notify them of the medication error and action taken.
5. Review medication management procedures at the school in light of the incident.

In the case of an emergency, school staff may call Triple Zero "000" for an ambulance at any time.

Staff will be informed of the first aid policy via Compass, staff meetings, induction, school website.

Syringe Disposals and Injuries

School staff must:

- be familiar with the disposal procedures for used needles set out below
- actively discourage students from picking up needles or syringes

Details

School staff must:

- be aware of the Department's needle disposal procedures and follow these procedures when disposing of needles in school grounds
- actively discourage students from picking up needles or syringes

Schools must have a Sharps/Biohazard container for contaminated waste for discarded needles, stored out of reach of staff, students and visitors. If an approved disposal container is not available a hard-wall container must be used. Do not use glass bottles.

Equipment required

- single use gloves
- tongs
- plastic bags
- approved disposal container

Needle disposal procedure

The below steps describe how schools dispose of needles and syringes.

Step 1

If the discarded syringe or needle is:

- accessible, continue with this disposal procedure
- not accessible:
 - mark the area so that others are not at risk
 - supervise area
 - contact the syringe disposal helpline on [1800 552 355](tel:1800552355)

Step 2

Put on single use gloves.

Step 3

Place the disposal container on the ground next to the syringe.

Step 4

Using tongs, pick up the syringe from the middle keeping the sharp end away from yourself and place it in the disposal container, needle point down.

Note:

- Never try to recap a needle, even if the cap is also discarded.
- Long metal tongs can be used to reach difficult to access places.

Step 5

Repeat step 4 for each individual needle or syringe.

Step 6

Screw the lid of the disposal unit on firmly.

Step 7

Remove gloves and place them in a plastic bag. Seal the bag and dispose of it in a rubbish bin.

Step 8

Wash hands in warm soapy water and dry thoroughly.

Step 9

To dispose of the sharps disposal container, contact the:

- syringe disposal helpline on [1800 552 355](tel:1800552355). They can also provide advice and information about:
 - handling syringes
 - the location of the nearest local council syringe program or public disposal bin
- local general practitioners
- local hospitals

Note: Disposal containers or syringes must not be put in normal waste disposal.

Treating needle stick injuries

The below steps describe how schools treat needle stick injuries.

Step 1

Flush the injured area with flowing water.

Step 2

Wash the affected part with warm, soapy water, then pat dry.

Step 3

Cover the wound with waterproof dressing.

Step 4

Report the injury to the principal and on [eduSafe Plus](#) or CASES21

Step 5

Ensure the injured person sees a doctor as soon as possible for assessment of the risk treatment, if required.

An adult should accompany the student to the nearest doctor/medical centre.

Note: The risk of disease transmission is low.

For further information, visit [Better Health Channel — Needlestick injury](#)

Relevant legislation

- [Occupational Health and Safety Act 2004 \(Vic\)](#)
- [Disability Discrimination Act 1992 \(Cth\)](#)
- [Equal Opportunity Act 2010 \(Vic\)](#)
- [Occupational Health and Safety Act 2004 \(Vic\)](#)