



Morwell Central Primary School

Health Care arrangements for ill Students and Students with Medical Conditions Proformas 2022



Help for non-English speakers

If you need help to understand the information in this policy, please contact the school office on 51365568.

Rationale:

Our role at Morwell Central Primary School is to ensure the health and wellbeing of all students.

Belief Statement:

We believe that all students have the right to feel safe and well and know that they will be attended to as necessary when they need first aid.

Aims:

The Care Arrangements are to be read in conjunction with Morwell Central Primary School First Aid Policy.

Morwell Central Primary School will:

- Administer First Aid when necessary in a competent and timely manner.
- Advise parents of student's health problems when necessary.
- Maintain an efficient and effective first aid room with facilities to administer simple first aid to students.
- Ensure that there are a number of staff members who have current level 2 first aid training.

Implementation:

- A sufficient number of staff will be trained in level 2 first aid and hold updated CPR qualifications.
- In the event of an issue that requires first aid attention, first aid kits will be available in the first aid room.
- Staff members will undertake first aid duty as part of the yard duty roster. Minor injuries can be attended to by staff on yard duty using basic first aid supplies. If a student requires further first aid treatment, the teacher on duty will give the student a green first aid card to take to the staff room for the teacher on first aid duty to attend.

- Basic first aid kits are available in each classroom.
- All injuries or illnesses that occur during class time will be referred to the office staff who will manage the incident. All incidents that occur during recess and lunchtimes will be referred to the teacher on duty.
- Any injuries or illnesses will be recorded in a confidential register. This includes our Asthma Log for students who receive asthma medication.
- All staff will be given basic first aid management skills.
- If a student needs minor first aid while out at recess or lunchtime play a staff member will provide them with a green first aid card and send them to the First Aid Door where two rostered first aid staff member will attend to their needs.
- Any student with injuries involving blood must have the wound covered at all times.
- **No medication, including headache tablets, will be administered to students unless written permission from parents or guardians has been supplied.**
- Parents of all students who receive first aid in the first aid room will receive a completed form indicating the nature of the injury, any treatment given, and the name of the teacher providing the first aid. For more serious injuries/illnesses, the parents/guardians must be contacted by office staff so that professional treatment can be organised. Any injuries to a student's head, face, neck or back must be reported to parents.
- Any student who is collected from school by parents/guardians as a result of injury, or has an injury to the head, face, neck or back, or has an injury a teacher considers to be greater than 'minor', will be reported on Department of Education Accident Case 21 Incident Notification Form, and entered onto CASES 21.
- Parents of ill students will be contacted to take the student home. Teachers are to notify the office who will then contact parents.
- Parents who collect students from school for any reason (other than an emergency) must sign their child out of the school in a register maintained by the office.
- All teachers have the authority to call an ambulance immediately in an emergency. If the situation and time permit, a teacher may liaise with others before deciding on an appropriate course of action.
- When at school camp there will be at least 2 Level 2 first aid trained staff member at all times. A first aid kit will be available.
- Any students attending school camps or excursions will have a signed medical form and if identified as asthmatic a completed medical asthma form providing medical details and procedures as well as giving the teacher in charge permission to contact a doctor or ambulance if the need arises. Teachers will have access to emergency contact details in their excursion folder which is to be carried on them at all times.
- Each excursion folder will have a medical log in it and all medication administered will be recorded in an individualised student log.
- All students who are identified as asthmatic must bring their own Ventolin. If a student cannot access their own Ventolin, they will have access to a school provided Ventolin and a disposable spacer.
- A staff member is to be responsible for the purchase and maintenance of first aid supplies, first aid kits, ice packs and the general upkeep of the first aid room.

- At the beginning of the year, updated first aid information will be sent home including requests for any asthma, diabetes and anaphylaxis management plans and high priority medical forms. Reminders will also be sent to parents of the policies and practices used by the school to manage first aid, illnesses and medications throughout the year.
- General organisational matters relating to first aid will be communicated to staff at the beginning of each year. Revisions of recommended procedures for administering asthma, diabetes and anaphylaxis medication will also be given at that time.
- It is recommended that all students have personal accident insurance and ambulance cover.
- Confidential records of all students with specific health needs are maintained securely in the general office for reference as required. A First Aid Register is also maintained noting ailments and treatment for all presenting students.

Attachments:

- Appendix 1: Condition Specific Medical Advice Form For a Student With Diabetes
- Appendix 2: Condition Specific Medical Advice Form For a Student with Epilepsy and Seizures
- Appendix 3: Student Medical Asthma Form
- Appendix 4: Department of Education Accident Case 21 Incident Notification Form

Evaluation:

This Care Arrangements for Ill Students and Students with Medical Conditions and Proformas Policy will be reviewed as part of the school's four-year review cycle or earlier as required.

APPROVAL

Consultation	School Council All Staff
Endorsed by	Justine Smyth, Principal
Endorsed on	9 th May, 2022
Next review date	May, 2024

Appendix 1:

Condition Specific Medical Advice Form
For a student with diabetes

This form is to be completed by the student’s medical/health practitioner providing a description of the health condition and first aid requirements for a student with a health condition. This form will assist the school in developing a Student Health Support Plan which outlines how the school will support the student’s health care needs.

Name of School: _____

Student’s Name: _____ Date of Birth: _____

MedicAlert Number(if relevant): _____ Review date for this form: _____

Description of the condition	Recommended support Please describe recommended care If additional advice is required, please attach it to this medical advice form
Diabetes Management Please provide relevant details in relation to the student’s Diabetes management.	
Student self management Is this student usually able to self manage their own diabetes care? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide details in relation to how the school should support the student in developing self-management.	
Relevant issues Please outline any relevant issues in relation to attendance at school and learning as well as support required at school.	
First Aid – Signs of Hypoglycaemia (low blood glucose) Below is a list of observable signs that school staff will look for in relation to a hypoglycaemia. Please provide comment, if required. Mild signs: sweating, paleness, trembling, hunger, weakness, changes in mood and behaviour (e.g. crying, argumentative outbursts, aggressiveness), inability to think clearly, lack of coordination Moderate signs: inability to help oneself, glazed expression, being disorientated, unaware or seemingly intoxicated, inability to drink and swallow without much encouragement, headache, abdominal pain or nausea. Severe signs: inability to stand, inability to respond to instructions, extreme disorientation, inability to drink and swallow (leading to danger of inhaling food into lungs), unconsciousness or seizures (jerking or twitching of face, body or limbs)	

First Aid – Hypoglycaemia

The following is the **first aid response that School staff will follow:**

Observable sign/reaction

Mild / Moderate Hypoglycaemia signs



Mild / Moderate Hypoglycaemia signs



Severe Hypoglycaemia signs



Severe Hypoglycaemia signs

First aid response

Give glucose immediately to raise blood glucose (e.g. half a can of 'normal' soft drink or fruit drink (with sugar), or 5 – 6 jelly beans.)

Wait and monitor for 5 minutes.



If there is no improvement, repeat giving glucose (e.g. half a can of 'normal' soft drink or fruit drink (with sugar), or 5 – 6 jelly beans.)

If the student's condition improves, follow up with a snack of one piece of fruit, a slice of bread or dried biscuits only when recovered.



If there is still no improvement to the student's condition, call an ambulance. State clearly that the person has diabetes, and whether he or she is conscious. Inform emergency contacts.



If unconscious, maintain **Airway, Breathing and Circulation** while waiting for the ambulance.

Never put food/drink in mouth of person who is unconscious or convulsing. The only treatment is an injection of glucoses into the vein (given by doctor/paramedic) or an injection of Glucagon.

First Aid– Hypoglycaemia

If you anticipate the student will require anything other the first aid response noted above, please provide details, so special arrangement can be negotiated.

Observable sign/reaction	First aid response
▽	▽
▽	▽
▽	▽
▽	▽

Description of the condition	Recommended support
<p>First Aid – Signs of Hyperglycaemia (High blood glucose)</p> <p>Below is a list of observable signs that school staff will look for in relation to Hyperglycaemia. Please provide comment, if required.</p> <p>Sings for this condition will emerge over two or three days and can include:</p> <ul style="list-style-type: none"> frequent urination excessive thirst weight loss lethargy change in behavior 	<p>Please describe recommended care</p> <p>If additional advice is required, please attach it to this medical advice form</p>
<p>First Aid Response– Hyperglycaemia (High blood glucose)</p> <p>The school will provide a standard first aid response and will call an ambulance if any of the following is observed or reported:</p> <ul style="list-style-type: none"> Rapid, laboured breathing Flushed cheeks Abdominal pains Sweet acetone smell to the breath 	

Description of the condition	Recommended support
<ul style="list-style-type: none"> • Vomiting • Severe dehydration. <p>Please provide comment, if required. Privacy Statement</p>	<p>Please describe recommended care</p> <p>If additional advice is required, please attach it to this medical advice form</p>

The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on 96372670.

<u>Authorisation:</u>
Name of Medical/health practitioner:
Professional Role:
Signature:
Date:
Contact details:

Name of Parent/Carer or adult/independent student**:
Signature:
Date:

If additional advice is required, please attach it to this form

**Please note: Adult student is a student who is eighteen years of age and older. Independent student is a student under the age of eighteen years and living separately and independently from parents/guardians (See Victorian Government Schools Reference Guide 4.6.14.5).

Condition Specific Medical Advice Form

For a student with Epilepsy and seizures

This form is to be completed by the student’s medical/health practitioner providing a description of the health condition and first aid requirements for a student with a health condition. This form will assist the school in developing a Student Health Support Plan which outlines how the school will support the student’s health care needs.

Name of School: _____

Student’s Name: _____ Date of Birth: _____

MedicAlert Number(if relevant): _____ Review date for this form: _____

Description of the condition	Recommended support Please describe recommended care If additional advice is required, please attach it to this medical advice form
Warning Signs Can you please outline the warning signs (e.g. sensations)	
Triggers Can you please outline the known triggers (eg illness, elevated temperature, flashing lights)	
Seizure Types Please highlight which seizure types apply:	
<input type="checkbox"/> Partial (focal) seizures Which side of the brain is affected? _____ <input type="checkbox"/> Simple partial <input type="checkbox"/> Staring, may blink rapidly <input type="checkbox"/> Only part of the brain is involved (partial) <input type="checkbox"/> Person remains conscious (simple), able to hear, may or may not be able to speak <input type="checkbox"/> Jerking of parts of the body may occur <input type="checkbox"/> Rapid recovery <input type="checkbox"/> Person may have a headache or experience sensations that aren’t real, such as sounds, flashing light, strange taste or smell, ‘funny tummy’ These are sometimes called an aura and may lead to other types of seizures. <input type="checkbox"/> Complex partial <input type="checkbox"/> Only part of the brain is involved (partial) <input type="checkbox"/> Person staring and unaware. Eyes may jerk but may talk, remain sitting or walk around <input type="checkbox"/> Toward the end of the seizure, person may perform unusual activities, eg chewing movement, fiddling with clothes (these are called automatisms) <input type="checkbox"/> Confused and drowsy after seizure settles, may sleep. <input type="checkbox"/> Generalised seizures	Please indicate typical seizure frequency and length, and any management that is a variation from standard seizure management.

Description of the condition

• Tonic clonic

- Not responsive
- Might fall down/cry out
- Body becomes stiff (tonic)
- Jerking of arms and legs occurs (clonic)
- Excessive saliva
- May be red or blue in the face
- May lose control of bladder and/or bowel
- Tongue may be bitten
- Lasts 1-3 minutes, stops suddenly or gradually
- Confusion and deep sleep (maybe hours) when in recovery phase. May have a headache.

• Absence

- Vacant stare or eyes may blink/roll up
- Lasts 5-10 seconds
- Impaired awareness (may be seated)
- Instant recovery, no memory of the event.

• Myoclonic

- Sudden simple jerk
- May recur many times.

Recommended support

Please describe recommended care
If additional advice is required, please attach it to
this medical advice form

Duration

How long does recovery take if the seizure isn't long enough to require Midazolam?

Person's reaction during and after a seizure

Please comment

Any other recommendations to support the person during and after a seizure

Signs that the seizure is starting to settle

First Aid - Management of Seizures

The following is the **first aid response that School staff will follow**:

	"Major Seizures"	"Minor Seizures"
	Convulsive seizures with major movement manifestations eg: tonic-clonic, tonic, myoclonic, atonic, and partial motor seizure	Seizures with staring, impaired consciousness or unusual behaviour e.g. complex partial seizures and absence seizures
1	Stay calm	Stay calm
2	Check for medical identification	Check for medical identification
3	Protect the person from injury by removing harmful objects close to them. Loosen any tight clothing or restraints. Place something soft under their head.	Protect the person from injury by removing harmful objects close to them
4	Stay with the person and reassure them. Do not put anything in their mouth and do not restrain them.	Stay with the person and reassure them
5	Time the seizure	Time the seizure
6	When the seizure is over, roll the person onto their side to keep their airway clear	If a tonic-clonic seizure develops, follow major seizure management
7	Treat any injuries	Stay with the person and reassure them, they may be sleepy, confused or combative after the seizure
8	Consider if an ambulance needs to be called. An ambulance should be called when: <ul style="list-style-type: none"> • The seizure lasts longer than 5 -10 minutes. • Another seizure quickly follows • The person remains unconscious after the seizures ceases • The person has been injured • You are about to administer diazepam or midazolam • You are unsure • The seizure happens in water • The person is pregnant or a diabetic • The person is not known to have epilepsy. 	
9	Stay with the person and reassure them, they may be sleepy, confused or combative after the seizure	

First Aid - Management of Seizures

If you anticipate the student will require anything other the first aid response noted above, please provide details, so special arrangement can be negotiated.

Observable sign/reaction







First aid response







Privacy Statement

The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on 96372670.

Authorisation:

Name of Medical/health practitioner:

Professional Role:

Signature:

Date:

Contact details:

Name of Parent/Carer or adult/independent student:**

Signature:

Date:

If additional advice is required, please attach it to this form

STUDENT MEDICAL FORM – ASTHMA

This information must be completed if your child suffers from asthma
 The information collected on this form will be provided to all staff who care for your child. It will be used to assist them to provide safe asthma management for your child at school or while participating in a school activity. The school will only disclose this information to others with your consent if it is to be used elsewhere. Please contact the school at any time if you need to update this Plan or if you have any questions about the management of asthma at school. If no Asthma Action Plan is provided by the parent/carer, the staff will treat asthma symptoms as outlined in the

STUDENT NAME:

Level of Asthma suffered by child:

Mild Moderate Severe

Usual Signs of child's Asthma	Worsening signs of child's asthma?	What triggers the child's asthma?
Wheezing _____ <input type="checkbox"/>	Increased signs of: Wheezing _____ <input type="checkbox"/>	Exercise _____ <input type="checkbox"/>
Tightness in chest _____ <input type="checkbox"/>	Tightness in chest _____ <input type="checkbox"/>	Colds/Viruses _____ <input type="checkbox"/>
Coughing _____ <input type="checkbox"/>	Coughing _____ <input type="checkbox"/>	Pollens _____ <input type="checkbox"/>
Difficulty in breathing _____ <input type="checkbox"/>	Difficulty in breathing _____ <input type="checkbox"/>	Dust _____ <input type="checkbox"/>
Difficulty speaking _____ <input type="checkbox"/>	Difficulty speaking _____ <input type="checkbox"/>	Difficulty speaking _____ <input type="checkbox"/>
Other (please describe) _____ _____	Other (please describe) _____ _____	Other (please describe) _____ _____ _____

Does your child need assistance taking his / her medication? Yes No

Does your child usually tell an adult if they are experiencing signs of asthma? Yes No

Asthma medication requirements usually taken at school:
 (including preventers, symptom controllers, combination medication, medication before exercise)

Name Of Medication	Method (eg. Puffer & spacer, turbuhaler)	When and How Much?
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Is your child on regular preventer medication taken at home?

Yes

No

If yes, please specify the name of the medication:

PLEASE TICK PREFERRED FIRST AID PLAN

Victorian Schools Asthma Policy for Asthma First Aid

(Section 4.5.7.8 of Dept. of Education & Training's Victorian Government School' Reference Guide)

1. Sit the student down and remain calm to reassure the student. Do not leave the Student alone.
2. Without delay shake a blue reliever puffer (names include Ventolin, Airomir, Asmol or Epaq) and give 4 separate puffs through a spacer
(spacer technique – 1 puff/take 4 breaths from spacer, repeat until 4 puffs have been given)
3. Wait 4 minutes. If there is no improvement, give another 4 separate puffs, as per step 2.
4. Wait 4 minutes. If there is no improvement, call an ambulance (dial 000) immediately and state that *"a student is having an asthma attack"*
5. Continuously repeat steps 2 & 3 whilst waiting for the ambulance to arrive.

(If at any time the student's condition worsens, call an ambulance immediately)

OR

Student's Asthma First Aid Plan

If different from the Victorian Schools Asthma Policy above, please attach a personal asthma management plan, designed in consultation with the child's doctor.

This is a **compulsory inclusion** if the child is a moderate to severe asthma sufferer.

Name and contact of Doctor: _____ **Phone:** _____

- Please notify me if my child regularly has asthma symptoms at school.
- Please notify me if my child has received asthma first aid.
- In the event of an asthma attack at school, I agree to my child receiving the treatment described above.
- I authorise the school staff to assist my child with taking asthma medication should he/she require help.
- I will notify you in writing if there are any changes to these instructions.
-

I also agree to pay all expenses incurred for any medical treatment deemed necessary

Parent/Guardian Signature

Parent/ Guardian Name (Please Print)

Date

Appendix 4:



CASES21 INCIDENT NOTIFICATION FORM

School Name/Location:	School Number:
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BRIEF ACCOUNT OF INJURY

Details of Incident:	
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Accident Date:	Accident Time:

ACTIVITY (GENERAL & DETAILED)

1. Chemical Use 2. Manual Handling, Lifting 3. Sports/Physical Education <i>(Athletics, Basketball, Cricket, Football-All Codes, Skating, Baseball, Gymnastics, Ball Games not Specified, Other Sports)</i>	4. Vehicle Use (Car, Bicycle, Bus, Other) 5. Machinery Use <i>(Hand tools, Portable Power Tools, Other Machines)</i> 6. Using Office Equipment 7. Curriculum Area <i>(Arts Science, Technology studies, PE, Home Economics, Other)</i>	8. Fighting/Assault 9. Play General 10. Walking 11. Running, Jumping, Skipping 12. Accidental Contact by other Person 13. Other (Specify) _____ _____ _____
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ACCIDENT DESCRIPTION

1. Slip 2. Trip 3. Fall 4. Overexertion	5. Mental Stress 6. Collision 7. Crushing 8. Hit by Moving Object	9. Other (Specify) _____ _____ _____
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ACCIDENT SITE (Indicate CAMPUS, if more than one CAMPUS)

1. Sports Ground/Venue 2. Playground General 3. Playground Equipment 4. Classroom General 5. Chairs	6. Doors/Windows 7. Stairs/Steps 8. Paths/Walkways 9. Office Administration 10. Travel to / from School	11. Camp/Excursions 12. Other (Specify) _____ _____
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STAFF ON DUTY

Name _____
Number of Staff on Duty:

INJURED PERSON

Type: Student Staff Family Others	Name:	
ID (If Applicable):		
Date of Birth:	Age:	Gender:
Address:		Telephone:
If Applicable Date of Ceasing Work:		WorkCover Claim Lodged:

INITIAL ASSISTANCE BY PERSON

Type: Student Staff Family Others	Name:
ID (If Applicable):	

SEVERITY OF INJURY

INJURY:	1. First Aid (Returned to Class) 2. First Aid (Sent Home) 3. Doctor or Dental Treatment	4. Hospital (Outpatient) Treatment 5. Hospital (Inpatient) Treatment 6. Fatal
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DOCTOR TREATED PATIENT FOR (If Applicable)

TREATMENT:	1. Amputation of any part of the body 2. Serious Head Injury 3. Serious Eye Injury 4. Separation of skin from underlying tissue (eg Degloving/Scalping) 5. Electric Shock 6. Spinal Injury	7. The Loss of a bodily function 8. Serious lacerations (serious means "of Grave Aspect" or "Critical") 9. Injury due to exposure to a substance (eg Gas Inhalation, Acid Exposure) 10. Other (Specify) _____ _____
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NATURE OF INJURY

NATURE:	1. Fracture 2. Dislocation 3. Strains/Sprains 4. Lacerations/Cuts 5. Burns/Scalds	6. Crushing/Amputations 7. Bruises/Knocks 8. Dental Injuries 9. Other (Specify) _____ _____
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LOCATION OF INJURY

LOCATION	1. Head (Skull, Face, Jaws, Ears) 2. Eyes 3. Neck	5. Arm (Shoulder, Elbow, Forearm, Wrist, Hand, Finger, Thumb) 6. Leg (Hip, Thigh, Knee, Ankle, Foot, Toes)
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	4. Trunk (<i>Chest, Abdomen, Buttock, pelvis, Spine</i>)	7. Internal 8. Multiple locations 9. Ear
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WITNESS DETAILS (Provide attachment if multiple witnesses)

Name:	Type: Student Staff Family Others	
	ID (If Applicable):	
Address:		Telephone:
Witness Statement:		

PREVENTIVE ACTION PROPOSED OR TAKEN (For Staff members or Severe Accidents)

1. No Preventative Action Taken/Intended	8. Review Personal Protective Clothing/Item
2. Referred to the School's Safety/OHS or Risk Management Committee	9. Review Equipment/Machinery Modifications
3. Referred to the School's Health and Safety Representative	10. Review Equipment/Machinery Maintenance
4. Review of Curriculum	11. Review/Reinforce/Reiterate Student Instructions
5. Review/Reinforce/Reiterate Procedures	12. Review Training Provisions
6. Review Systems	13. Other (Please first contact the Liability Claims Management Unit - Specify) _____
7. Review the Environment	_____

OFFICE USE ONLY - ENTRY TO CASES21