

# CARE ARRANGEMENTS FOR ILL STUDENTS POLICY

## **Rational:**

All children have the right to feel safe and well, and know that they will be attended to with due care when in need of first aid. The Care Arrangements are to be read in conjunction with the college Student Health (First Aid) Policy which outlines the college's responsibility and procedures in respect of our "responsibility to provide equitable access to education and respond to diverse student needs, including health care needs".

## **Aims:**

*Our School will:*

- administer first aid to children when in need in a competent and timely manner.
- communicate children's health problems to parents when considered necessary.
- provide supplies and facilities to cater for the administering of first aid.
- maintain a sufficient number of staff members trained with a level 2 first aid certificate.

## **Implementation:**

As per Medication Policy

As per First Aid Policy

The attached Example proformas (Diabetes / Epilepsy) are also to be read in conjunction with the First Aid Policy which outlines the school's responsibility and procedures in respect of our "responsibility to provide equitable access to education and respond to diverse student needs, including health care needs". 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.

Key Reference :

<http://www.education.vic.gov.au/school/principals/spag/health/Pages/supportplanning.aspx>

# 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 \_\_\_\_\_

Students Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medic Alert Number (if relevant): \_\_\_\_\_ Review date for this form: \_\_\_\_\_

### First Aid – Hypoglycaemia

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

Description of the condition	Recommended support Please describe recommended care <small>If additional advice is required, please attach it to this medical advice form</small>
<p><b>Diabetes Management</b> Please provide relevant details in relation to the student's Diabetes management.</p>	
<p><b>Student self management</b> 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.</p>	
<p><b>Relevant issues</b> Please outline any relevant issues in relation to attendance at school and learning as well as support required at school.</p>	
<p><b>First Aid – Signs of Hypoglycaemia (low blood glucose)</b> Below is a list of observable signs that school staff will look for in relation to a hypoglycaemia. Please provide comment, if required.</p> <p><b>Mild signs:</b> sweating, paleness, trembling, hunger, weakness, changes in mood and behaviour (e.g. crying, argumentative outbursts, aggressiveness), inability to think clearly, lack of coordination</p> <p><b>Moderate signs:</b> 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.</p> <p><b>Severe signs:</b> 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)</p>	

### 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

[Empty box for observable sign/reaction]



[Empty box for observable sign/reaction]



[Empty box for observable sign/reaction]



[Empty box for observable sign/reaction]

### First aid response

[Empty box for first aid response]



[Empty box for first aid response]



[Empty box for first aid response]



[Empty box for first aid response]

## Description of the condition

## Recommended support

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

### First Aid – Signs of Hyperglycaemia (High blood glucose)

Below is a list of observable signs that school staff will look for in relation to Hyperglycaemia. Please provide comment, if required.

Signs for this condition will emerge over two or three days and can include:

- frequent urination
- excessive thirst
- weight loss
- lethargy
- change in behavior

### First Aid Response– Hyperglycaemia (High blood glucose)

The school will provide a standard first aid response and will call an ambulance if any of the following is observed or reported:

- Rapid, laboured breathing
- Flushed cheeks
- Abdominal pains
- Sweet acetone smell to the breath
- Vomiting
- Severe dehydration.

Please provide comment, if required.

#### 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

\*\*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: \_\_\_\_\_

<b>Description of the condition</b>	<b>Recommended support</b> Please describe recommended care <small>If additional advice is required, please attach it to this medical advice form</small>
<b>Warning Signs</b> <b>Can you please outline the warning signs (e.g. sensations)</b>	
<b>Triggers</b> <b>Can you please outline the known triggers</b> (eg illness, elevated temperature, flashing lights)	
<b>Seizure Types</b> Please highlight which seizure types apply:	
<input type="checkbox"/> <b>Partial (focal) seizures</b> Which side of the brain is affected? <div style="text-align: center; margin-top: 10px;">_____</div> <input type="checkbox"/> <b>Simple partial</b> <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"/> <b>Complex partial</b> <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"/> <b>Generalised seizures</b> <input type="checkbox"/> <b>Tonic clonic</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Not responsive  <input type="checkbox"/> Might fall down/cry out  <input type="checkbox"/> Body becomes stiff (tonic)  <input type="checkbox"/> Jerking of arms and legs occurs (clonic)  <input type="checkbox"/> Excessive saliva                 </div> <div style="width: 45%;"> <input type="checkbox"/> May be red or blue in the face  <input type="checkbox"/> May lose control of bladder and/or bowel  <input type="checkbox"/> Tongue may be bitten  <input type="checkbox"/> Lasts 1-3 minutes, stops suddenly or gradually  <input type="checkbox"/> Confusion and deep sleep (maybe hours) when in recovery phase. May have a headache.                 </div> </div> <input type="checkbox"/> <b>Absence</b> <input type="checkbox"/> Vacant stare or eyes may blink/roll up <input type="checkbox"/> Lasts 5-10 seconds <input type="checkbox"/> Impaired awareness (may be seated) <input type="checkbox"/> Instant recovery, no memory of the event. <input type="checkbox"/> <b>Myoclonic</b> <input type="checkbox"/> Sudden simple jerk <input type="checkbox"/> May recur many times.	<p>Please indicate typical seizure frequency and length, and any management that is a variation from standard seizure management.</p>
<b>Duration</b>	

<b>Description of the condition</b>	<b>Recommended support</b> Please describe recommended care If additional advice is required, please attach it to this medical advice form
How long does recovery take if the seizure isn't long enough to require Midazolam?	
<b>Person's reaction during and after a seizure</b> Please comment	
<b>Any other recommendations to support the person during and after a seizure</b>	
<b>Signs that the seizure is starting to settle</b>	

**First Aid - Management of Seizures**  
The following is the **first aid response that School staff will follow:**  
(Developed by Children's Epilepsy Program, Royal Children's Hospital)

	<b>"Major Seizures"</b>	<b>"Minor Seizures"</b>
	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"> <li>• The seizure lasts longer than 5 -10 minutes.</li> <li>• Another seizure quickly follows</li> <li>• The person remains unconscious after the seizures ceases</li> <li>• The person has been injured</li> <li>• You are about to administer diazepam or midazolam</li> <li>• You are unsure</li> <li>• The seizure happens in water</li> <li>• The person is pregnant or a diabetic</li> <li>• The person is not known to have epilepsy.</li> </ul>	
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
▽	▽
▽	▽
▽	▽
▽	▽

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<b><u>Authorisation:</u></b>
<b>Name of Medical/health practitioner:</b>
Professional Role:
Signature:
Date:
Contact details:
<b>Name of Parent/Carer or adult/independent student**:</b>
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)

This policy will be reviewed as part of the school's three-year review cycle.

This policy was last ratified by School Council on....	<b>February 2019</b>
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