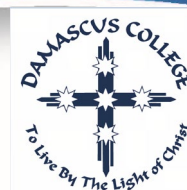




# First Aid and Infection Control Procedure

Reviewed: October 2020

Next Review: October 2023



## Procedure

This procedure provides guidance and direction in the provision of first aid to students and staff. Please read this procedure in conjunction with the DOBCEL First Aid and Infection Control Policy.

The components of this procedure include:

- **First Aid**
  - Care for Students
  - Care for Staff
  - Students with Specific Medical Conditions (Asthma, Epilepsy, Diabetes, Cancer etc.)
  - First Aid advice and Care Resources
  - Annual First Aid Risk Assessment
  - First Aid Kits
  - Restocking First Aid Kits
  - First Aid Facilities
  - First Aid Trainingn hbgvcfdsa
  - Additional First Aid Training for Specific Medical Conditions
  - First Aid – Yard Duty Arrangements
  - First Aid – Offsite Activities
  - Administration of Medication
  - Treatment Records and Incident Reporting
  - Automated External Defibrillators (AEDs)
- **Infection Control**
  - Prevention of Infectious Diseases
  - Infectious Diseases Transmission Control

## First Aid

### Care for Students

If a student becomes unwell or is injured during the school day, they must attend the first aid facility for care

First Aid staff must provide care, record the visitation/treatment/incident details in the First Aid register

Depending on the nature of their symptoms, first aid staff may contact the parents/carers to:

- make arrangements for the student to return home to rest and recover
- for the student to receive more advanced medical assessment and care

In a medical emergency, staff will take emergency action and call “000” for assistance

### **Care for Staff**

If a staff member becomes unwell or is injured during the working day, they can attend the first aid facility for care

The First Aid Officer should provide care and assist the person to complete an incident report

Depending on the nature of the symptoms, first aid staff may recommend that the staff member to:

- make arrangements with their team leader to return home or seek medical assessment
- In a medical emergency, staff will take emergency action and contact Triple Zero “000” for emergency services to attend

### **Students with Specific Medical Conditions (Asthma, Epilepsy, Diabetes, Cancer etc.)**

A Student Health Support Plan (see Attachment 4) must be prepared in consultation with parents/carers for each student with specific medical conditions. The plan should detail risk minimisation and prevention strategies and an emergency response plan

A colour copy of all Student Health Plans must be kept in the first aid room and readily available to all staff supervising the student with a specific medical condition

### **Additional First Aid Treatment and Care Resources**

First Aid Staff may also utilise **NURSE-ON-CALL (on 1300 60 60 24)** to seek further advice or in an emergency

NURSE-ON-CALL provides health advice from a registered nurse and is available 24 hours a day, 7 days a week. This is a free service funded by the Department of Health and Human Services for all Victorians

### **Annual First Aid Risk Assessment**

The Principal or Compliance and Risk Support Officer, in consultation with the First Aid staff, must complete an *Annual First Aid Risk Assessment* form in Term one (1) each year (refer to Appendix 2)

This assessment will identify the appropriate number of first aid trained staff and facilities required for the proceeding 12mths, to meet the first aid needs of the school or office

The Annual Risk Assessment form is to be uploaded into the school Risk Register database

### **First Aid Kits**

The Principal or Compliance and Risk Support Officer, in consultation with the First Aid staff are responsible for maintaining the *First Aid Kit Register* detailing the location of all first aid kits

Every DOBCEL school must have a minimum of one (1) Major First Aid Kit. The number of additional first aid kits, including mobile first kits for offsite activities, will be determined by an Annual First Aid Risk assessment. For details of the kit contents, please refer to **Attachment 2** of the **First Aid and Infection Control Procedure**

Please refer to **Attachment 1 - First Aid Kit Guidelines** for a list of the Kit types and contents

### **Restocking Kits**

Kits must be checked at the end of each Term and restocked as appropriate

## **First Aid Facilities**

DOBCEL schools must have a staffed First Aid room in the school during operating hours. Suitable first aid facilities must also be provided to all staff and students participating in camps, tours, excursions and after hours sports activities

DOBCEL office locations are encouraged to have a suitable space and trained first aid staff available to administer basic first aid during normal business hours

The location of the first aid facility must be displayed on the site evacuation diagrams and the Health and Safety noticeboards

The first aid facility must:

- Be easily accessible
- be clearly identified – a green cross on a white background with the words First Aid
- be well illuminated and ventilated; and
- have easy access to toilets

have emergency telephone numbers prominently displayed:

- Emergency Services (i.e. 000)
- Nearest public hospital
- Nearest medical clinic
- Poisons Information hotline; and
- NURSE-ON-CALL contact details

ensure a list of first aid officers names and contact numbers is clearly displayed

## **First Aid Training**

The School Principal must ensure that all designated teaching and first aid staff receive training to the minimum competency (qualification) level of HLTAID003

Training records that capture the following details must be maintained at each workplace:

- Date of training
- Course name (level of competency)
- Course facilitator (business name and contact details); and
- Date of certification expiry; and the school or office location

## **Additional First Aid Training for Specific Medical Conditions**

Principals may require staff to undertake additional training to manage students with chronic health issues such as asthma, diabetes, epilepsy or cancer etc.

## First Aid – Yard Duty Arrangements

Teachers on yard duty may treat minor injuries using the first aid kit and PPE provided. Teachers on yard duty will need to assess if further treatment is required and whether to move the patient or call for assistance

In the event of a student requiring additional first aid and it is safe for them to move, the student may be sent to the first aid room for further assessment. Another student or staff member must accompany the patient to the first aid room

If a student requires additional first aid treatment but is unable to be moved (e.g. serious head injury or acute respiratory or cardiac episode) then the yard duty teacher is to stay with the student and call “000” to request an ambulance. Then the yard duty teacher will send someone to the administration office to request assistance and to collect appropriate medical supplies (e.g. defibrillator, EpiPens or Ventolin etc. ) to treat the patient

Teachers must always follow infection prevention and control strategies

## First Aid - Offsite Activities

Parents/carers must provide a signed medical form providing medical details and giving teachers permission to make relevant decisions as required in the event their child requires treatment during an approved, offsite activity (e.g. a camp or excursion)

## Administration of Medication

**Non-Prescribed:** No staff member is permitted to store or administer any non-prescribed medications including analgesics (paracetamol and aspirin). This is because analgesics and other non-prescribed medications can mask signs and symptoms of a serious illness or injury

**First Dose Medication:** Students are not permitted to take their first does of a new medication at school

**Sharing of Medication:** Students are not permitted to share their medication with anyone else, unless it is a life-threatening emergency. For example, a student having an acute asthma attack on camp and requires additional Ventolin, until Emergency Services can arrive

**Prescribed Medications:** If a student is required to take prescription medication then parents/carers should be encouraged to arrange for the medication to be taken outside of school hours. However, if this is not possible (for example during a school camp) then the school will support the student to take the medication safely

**First Aid Administration:** When a First Aid staff member is authorised to administer prescribed medications to a student or to supervise a student taking prescription medication, the following information must be provided by the parents/carers:

- consent
- the name of the medication
- medical practitioner’s instructions (including dosage)
- time medication to be taken; and
- method for taking medication (e.g. oral, inhalation, injection, etc)

All prescription medication must be:

- secured to minimise the risk to others
- in a place only accessible by staff
- away from classrooms (unless quick access is required)
- away from first aid kits (except when be carried for offsite activities); and
- according to packet instructions in relation to temperature

All medication must be administered in accordance with the Principles of Administering Medication to ensure the correct student receives:

- their correct medication
- in the proper dose
- via the correct method
- at the correct time of day; and
- details are recorded (Attachment 3)

Where possible two (2) staff members (preferably with First Aid training) must supervise the administration of medication

Details of all medications administered must be record in student medical records using existing school databases.

During offsite activities such as school camps, tours or excursions it may be necessary to administer medication to a student. In these circumstances the **Medication Administration Log** (see **Attachment 3**) can be used to manually record details until it can be added to the student medical records

### **Treatment Records and Incident Reporting**

First aid officers must record all first aid treatment provided to students and staff for injuries/illnesses. Details must be recorded in student medical records using existing school databases

An incident report needs to be completed if the first aid treatment record is not linked to the hazard identification and incident reporting system

If care provided is for a 'Serious' medical condition, then the school Principal must be notified

### **Automated External Defibrillators (AEDs)**

Each school and office location will determine whether they require AEDs as part of the Annual First Aid Risk Assessment

AEDs must be placed in easily accessible with appropriate signage

Scheduled replacement of the batteries and pads is to be undertaken in accordance with the marked expiry dates

AEDs are used to provide emergency first aid to a person experiencing suspected sudden cardiac arrest (heart attack)

Training is not required to use an AED. The AED will provide instructions on how to administer CPR and use the defibrillator. Once the unit is turned on it will provide instructions on how to position the patient and attach the pads. The AED will then monitor the patients vital signs and provides verbal and visual instructions on treatment options, until Emergency Services arrive

The [HeartSine 500P model](#) is recommended for schools and office locations. For more information right click on the link above

## Management of Sharps

Sharps must be disposed of in a sharp's container compliant with the Australian Standard AS 4031: Non-reusable containers for the collection of sharps

Staff and students (where required and appropriate) will be provided with training relating to the correct disposal of needles and syringes; and

All sharps injuries (staff or student) must be reported immediately to the Principal or CEB Office Manager and the injured person must be encouraged to seek medical assessment

## Disposal of Contaminated Waste

Contaminated waste (e.g. dressings, wipes, cleaning cloths, nappies, human tissue, and blood and laboratory waste) must be disposed of in:

- appropriate biohazard waste containers/bags
- in the general waste in suitably labelled bags (bags are to be double bagged); or
- Sanitary Waste Bins

## Infection Control

### Prevention of Infectious Diseases

The following table outlines the strategies and actions that school and office location leaders must implement to prevent the transmission of an infectious diseases

Strategy	Action
Support for immunisation and vaccination programs	DOBCEL has a role in helping the Department of Health (DoH), staff and families to prevent and control infectious diseases. This can be achieved through: <ul style="list-style-type: none"><li>- the support of immunisation and vaccination programs; and</li><li>- maintaining immunisation and vaccination records on each student and staff member for Pandemic contact tracing purposes.</li></ul>
Standard precautions	Staff and students should treat all blood and other body fluids or substances as being potentially infectious and practice standard precautions whenever dealing with them. Standard precautions include: <ul style="list-style-type: none"><li>- hand and personal hygiene;</li><li>- the use of personal protective equipment (for example, gloves and face masks);</li><li>- safe handling and disposal of 'sharps'; and</li><li>- respiratory hygiene</li><li>- maintaining attendance and sign in/out records for contact tracing purposes.</li></ul>
School education on hand hygiene	Hand hygiene is considered one of the most important infection control measures for reducing the spread of infection. DOBCEL facilities will incorporate good hand hygiene practices and reminders into the curriculum and daily workplace activities. Hand hygiene will also be promoted through the display of available resources and DoH resources.

Physical distancing	DOBCEL leaders will promote physical distancing during an infectious disease outbreak or pandemic.
Provision of soap and hand sanitizer	DOBCEL workplaces will provide soap, hand sanitiser and other hand hygiene consumables to support good hand hygiene.
Management of blood and other body fluid/substance exposures	DOBCEL workplaces will provide appropriate single-use, personal protective equipment (for example, gloves and masks) for staff to use when dealing with blood or body fluids/substances or infectious diseases. Staff members must be familiar with and practice recommended standard precaution practices.  Staff members and students will be encouraged to wear appropriate reusable face masks, as directed by the Department of Health, during any infectious disease outbreak or Pandemic.
Occupational health and safety and staff vaccinations	DOBCEL Management will encourage all staff to be appropriately vaccinated against preventable infectious diseases, as per the Australian Immunisation Handbook recommendations for persons who work with children.

### Infectious Diseases Transmission Control

The following table outlines the strategies and actions that schools and office location leaders must take to control transmission of infection when a case(s) is identified.

Strategy	Action
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.
Infectious disease notification internally and to the Department of Education and Training (DET), via an IRIS alert system.	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 novel coronavirus, this should be reported via the school hazard identification and incident reporting system.  A notification should also be sent via the school or office location leader (or nominee) to CECV so it can be recorded on the Department of Education and Training IRIS system. This will assist the DoH to monitor disease outbreak at a school level and to provide further guidance where required.
Seeking expert advice	If the school or office location have questions or concerns about a child with an infectious disease, they can contact:  Department of Health <b>Communicable Disease Prevention and Control</b> telephone: 1300 651 160 (24 hours) or <a href="mailto:infectious.diseases@dhhs.vic.gov.au">infectious.diseases@dhhs.vic.gov.au</a> (regularly monitored).
Exclusion of a child with an infectious disease: <b>primary school students</b>	As set out in the <a href="#">Public Health and Wellbeing Regulations 2019</a> Principals of primary school-aged students (ECLC – Year 6) must not allow a child to attend school if:

Strategy	Action
<p>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 <u>DHHS School exclusion table</u> identifies which infectious diseases require exclusion and for what period</p>	<ul style="list-style-type: none"> <li>- they have been informed that the child is infected with an infectious disease, confirmed by a medical practitioner, that requires exclusion</li> <li>- 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</li> </ul> <p>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).</p>
<p>Exclusion of a child with an infectious disease: <b>secondary school students</b></p>	<p>Secondary school students (Years 7-12) are not bound by the legislative exclusion requirements which apply to primary schools, they are encouraged to follow the same guidance to ensure the safety of their students.</p> <p>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.</p>
<p>General responses to influenza, gastroenteritis and other common infections in your school</p>	<p>Schools should consider the following important points when responding to students affected by common infections:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• if a child becomes ill at school with these symptoms, the school should contact the family and arrange for the collection of the child; and</li> <li>• 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</li> </ul>
<p>Influenza Pandemic Response</p>	<p>An outline of key school actions against different stages of an influenza pandemic can be found in the school Emergency Management Plan.</p> <p>Additional information can be found at the CECV website <a href="https://www.cecv.catholic.edu.au/OHS-WorkCover/Coronavirus">https://www.cecv.catholic.edu.au/OHS-WorkCover/Coronavirus</a> (Covid Safe Plan and School Operations Guide).</p> <p>Schools should also refer to DoH advice regarding pandemic influenza.</p>
<p>School community communication and additional advice</p>	<p>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 the Department of Health.</p>



Strategy	Action
	<p>Schools can phone DoH on 1300 651 160 for advice on alerting parents, or displaying signage, in relation to case(s) of a notifiable infectious disease in the school.</p> <p>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:</p> <ul style="list-style-type: none"> <li>- maintain student confidentiality</li> <li>- be fact based</li> <li>- be written in a way not to cause alarm</li> <li>- inform parents/caregivers that a school community member/s has been diagnosed with an infectious disease</li> <li>- name the condition</li> </ul> <p>suggest that they seek medical advice regarding their child's health if they have concerns.</p>

## Supporting Documents

- DOBCEL First Aid and Infection Control Policy

## Appendices

- Attachment 1 – First Aid Kit Guide
- Attachment 2 – Annual First Aid Risk Assessment
- Attachment 3 – Medication Administration Record
- Attachment 4 – Student Health Support Plan

## Attachment One - First Aid Kits Guide

This information provides guidance on the required contents of DOBCEL first aid kits in accordance with WorkSafe Victoria and the Department of Education and Training (DET) guidelines.

- All First Aid kits must be easily recognisable.
- It is recommended that schools and offices use kits that have a white cross on a green background with the words 'First Aid' clearly marked on the outside for ease of identification.

The following types of First Aid kits can be available based on the requirements identified of the first aid risk assessment:

- **'Bum bag' kit** – to be used for day excursions and yard duty;
- **'Portable' kit** – to be used in re-locatable activities such as sports or in vehicles;
- **'Fixed' kit** – wall mounted kits, located in common rooms, classrooms workshops and laboratories, camps and boat sheds; and
- **'Backpack' Kit** – to be used for camps, remote areas and overseas tours.

The kit number and type (e.g. Basic Kit with Burns) must be clearly marked on the kit.

### Kit Location Considerations

Each DOBCEL facility must maintain the appropriate number and types of kits as identified in the *First Aid Risk Assessment*. Consideration will be given to:

- maintaining kits that will support the needs of all student and staff;
- the location of first aid kits, preferably within 100 metres or less from their location;
- having at least one Basic First Aid kit the alternate level of a multi-level building;
- installing first aid kits/cabinets where necessary and signage;
- in areas where safety glasses are required (e.g. workshops) the kit will have an Eye module;
- in areas where hot materials/flammables are used, the kit will have a Burns module; and
- in remote areas with limited emergency services access, a backpack kit is to be used.

### Kit Contents

**A Basic/Portable/Bum Bag First Aid Kit** must contain:

- 1 X first aid booklet on using kit contents with note pad & pen for recording details;
- 1 x itemised list of kit contents;
- 2 pairs of latex free disposable gloves;
- 1 x resuscitation mask;
- 1 x pack of 50 band aids;
- 2 X sterile eye pads (packet);
- 2 X Melolin sterile dressings:
  - o 5cm X 5cm
  - o 7.5cm X 7.5cm
  - o 10cm X 10cm
- 2 X triangular bandages;
- 1 X pack of safety pins;
- 1 X sizes 13,14 and 15 sterile, unmedicated wound dressings;
- 1 X roll of non-allergenic tape;
- 1 X 7.5cm and 5cm crepe bandages;
- 1 X 7.5cm and 5cm conforming bandage;
- 1 X pack of 10 steristrips;
- 3 X 7.5cm X 7.5cm gauze swabs;

- 1 X disposable cold pack;
- 1 X scissors and 1 x tweezers;
- 3 X amputated body parts bags;
- 2 X copies of hard copy incident report forms;
- 3 X sterile saline ampoules;
- 3 X plastic bags for waste disposal and 2 X vomit bags;
- 3 X splinter probes and 3 X antiseptic wipes; and
- 2 X Burn Aid Gel.

### **Major Kit Contents:**

A Major First Aid kit must contain the 'Basic' First Aid Kit contents, plus:

- 7 X 7.5cm x 7.5cm gauze swabs;
- 7 X sterile saline ampoules;
- Meloline sterile dressings:
  - o 8 X 5cm x 5cm
  - o 8 X 7.5cm x 7.5cm
  - o 8 X 10cm x 10cm
- Combine pads: 5 X 10 cm x 10 cm for bleeding wounds;
- 1 X pack of 10 steristrips;
- 4 X sterile eye pads (2 X packets);
- 4 X triangular bandages;
- Conforming bandages to hold dressings in place:
  - o 2 X 2.5 cm
  - o 2 X 5 cm
  - o 6 X 7.5 cm
  - o 2 X 10 cm
  - o 2 X 15 cm
- Crepe bandages:
  - o 2 X 2.5 cm
  - o 2 X 5 cm
  - o 6 X 7.5 cm
  - o 2 X 10 cm
  - o 2 X 15 cm
- 2 X 15cm heavy elastic bandages;
- 6 X Disposable splinter probes;
- 1 X Flexible 'sam' splints for fractured limbs;
- 1 X Ice pack;
- 1 X bottle of sunscreen 30+;
- 1 X Blood and vomit spill kit;
- 1 X roll of disposable hand towels;
- 1 X box adhesive sanitary pads;
- 1 X bottle of antiseptic hand gel;
- 7 X antiseptic wipes;
- 1 X box of paper tissues;
- 1 X small waste disposal sharps container;
- 1 X ice cream container or emesis bags for vomit;
- 1 X medicine measure for use with prescribed medications;
- 4 X disposable cups and one teaspoon;
- 1 X pen-like torch;
- 1 X thermal accident blanket;
- 1 X Eye Module;
- X Burn s Module;
- 1 X Anaphylaxis Module;
- 1 X Asthma Module; and
- 1 X Venomous Bites & Stings Module.

**Eye Injury Module:**

- 1 X notes on how to use eye module kit contents;
- 6 X 30ml eye wash;
- 4 X sterile eye pads; and
- 1 X adhesive tape.

**Burns Module:**

- Burns Module Kit Contents plus additional:
  - o 1 X notes on how to use kit contents;
  - o 1 X 50ml burn aid gel spray;
  - o 3 X Burn dressings of assorted sizes; and
- 1 X cleaning/burn sheeting (for covering burns).

The size of the Gel, dressings and the sheeting will depend upon the nature of the hazards in the workplace or the activity to be undertaken.

**Venomous Bites and Stings Module:**

- 1 x Triangular Bandages;
- 2 x Heavy Weight Bandage;
- 2 x Gauze Swabs (Packet of 5);
- 1 X Conforming Bandages; and
- 10 x 1g Rap-aid Itch Cream Sachets.

**Remote Areas (Backpack) Kit:**

- All the above mentioned kits combined into one backpack; and
- Ensuring that all hard copy incident reports are provided to the school or office leader.

**Anaphylaxis Kit:**

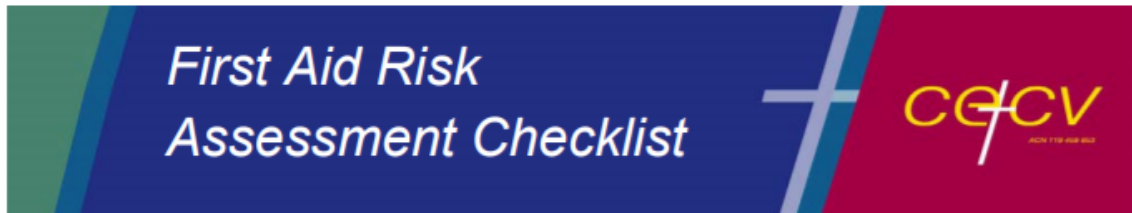
- 1 X Anaphylaxis Emergency Response Plan; and
- 1 X generic purpose EpiPen.

**Asthma Kit:**

- 1 X Asthma Emergency Response Plan
- 2 X disposable cardboard asthma spacers; and
- 1 X Ventolin.

## Attachment 2 – CECV First Aid Risk Assessment

Click on the link to download the complete checklist - [First Aid Risk Assessment](#)



SCHOOL:	
CONDUCTED BY:	DATE:

This checklist has been developed to assist schools to determine the appropriate first aid requirements, including facilities, first aid kits and number of trained first aid officers. If hazards have been identified, ensure appropriate control measures are implemented.

QUESTION	YES	NO
<b>First Aid Officers</b>		
Are adequate numbers of first aid officers available during high risk times such as yard duty?		
Are adequate numbers of first aid officers available during excursions and camps?		
Can first aiders reach the scene of an accident quickly in all areas of the school?		
Are first aiders available to cover school events such as concerts, functions and sporting activities?		
Are there strategies in place to cover annual leave and other absences of first aid officers?		
Are first aid officers aware of the infection control procedures?		
<b>First Aid Kits</b>		
Are there hazards or health concerns for which an extra first aid kit or specialised treatment is required (e.g. chemicals, potential for burn, asthma or anaphylaxis)?		
Number and location of kits		
Are there additional kits for excursions and camps?		
Are there additional kits for yard duties?		
Is there additional first aid equipment needed (e.g. Automated External Defibrillator)?		
<b>First Aid Room/area</b>		
Do the existing first aid facilities adequately cover the most common type of injuries?		
Is the first aid room in close proximity to high hazard areas?		
Is the first aid room well signed, easily accessible and close to toilets?		
<b>Hazards to consider when determining first aid requirements</b>		
Do staff members (including cleaners and contractors) work alone?		

## Attachment 3 – Medication Administration Log

### Medication Administration Log – including Asthma Medications

For students/Staff requiring medication to be administered at school

This log must only be completed by the staff member administering medication if the details are not captured on any other existing medical records database in the school. A copy must be kept in the first aid facility. Permission note(s) must be added to the student's medical records.

<b>STUDENT NAME:</b>		<b>PHOTO</b>	
<b>CONDITION:</b>			
<b>DOCTOR:</b>	<b>PHONE NO:</b>		
<b>NAME OF MEDICATION(S):</b>		<b>MEDICATION DOSE(S):</b>	
<b>METHOD OF ADMINISTERING THE MEDICATION(S):</b>		<b>EXPIRY DATE(S):</b>	
<b>Parent/Guardian who requested the medication administration.</b>			
Name:			
Relationship:		Contact Phone No:	
Unused medication returned to parent: YES / NO ( <i>circle one when applicable</i> )			
<b>Parent Signature</b>			
<b>Opening balance of medication received:</b>			

**\*Cross-checking:** When administering medications it is recommended that **two staff** members must be involved. One staff member to **administer** and another to **check** that the five 'Rights' listed below.

Medication name & Dose amount administered	Five 'Rs' - Tick box when checked ✓					Staff member names (print names & initial)
	Right Time	Right Student	Right Meds	Right Dose	Right Route	
						Administering:
						Checking:
						Administering:
						Checking:
						Administering:
						Checking:

**\*Cross-checking:** When administering medications, **two staff** members must be involved. One staff member to **administer** and another to **check** that the five 'Rights' listed below are checked.

Medication name & Dose administered	Tick box when checked ✓					Staff member names (print names & initial)
	Correct Time	Correct Student	Correct Meds	Correct Dose	Correct Route	
						Administering:
						Checking*:
						Administering:
						Checking*:
						Administering:
						Checking*:
						Administering:
						Checking*:
						Administering:
						Checking*:
						Administering:
						Checking*:
						Administering:
						Checking*:

**\*Cross-checking:** It is recommended that when administering medications, **two staff** members check that medication is correctly administered.

# Attachment 4 – Student Health Support Plan

## Student Health Support Plan

This plan outlines how the school will support the student’s health care needs, based on health advice received from the student’s medical practitioner. This form must be completed for each student with an identified health care need (excluding Anaphylaxis as this information is captured via an Individual Anaphylaxis Management Plan).

**This Plan is to be completed by the principal (or nominee) with the parent/carer and the student.**

School:		Phone:
Student’s name:		Date of birth:
Year level:		Proposed date for review of this plan:
Parent/carer contact information (1)	Parent/carer contact information (2)	Other emergency contacts (if parent/carer not available)
Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
Home phone:	Home phone:	Home phone:
Work phone:	Work phone:	Work phone:
Mobile:	Mobile:	Mobile:
Address:	Address:	Address:
Medical /Health practitioner contact:		
<input type="checkbox"/> General Medical Advice Form - for a student with a health condition <input type="checkbox"/> School Asthma Action Plan <input type="checkbox"/> Condition Specific Medical Advice Form – Cystic Fibrosis <input type="checkbox"/> Condition Specific Medical Advice Form – Acquired Brain Injury <input type="checkbox"/> Condition Specific Medical Advice Form – Cancer <input type="checkbox"/> Condition Specific Medical Advice Form – Diabetes <input type="checkbox"/> Condition Specific Medical Advice Form – Epilepsy <input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for transfers and positioning <input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for oral eating and drinking <input type="checkbox"/> Personal Care Medical Advice Form - for a student who requires support for toileting, hygiene and menstrual health management		
List who will receive copies of this <b>Student Health Support Plan</b> :		
1. Student’s Family _____ 2. Other: _____ 3.		



The following ***Student Health Support Plan*** has been developed with my knowledge and input

Name of parent/carer or mature minor\*\* student: \_\_\_\_\_ Signature: \_\_\_\_\_ Date:

\_\_\_\_\_

*\*\*Please note: Mature minor is a student who is capable of making their own decisions on a range of issues, before they reach eighteen years of age.*

Principal (or nominee) name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date:

\_\_\_\_\_

**Privacy Statement** - The school collects personal information so as the school can plan and support the health care needs of the student. 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. Access to the personal information the school holds about you/your child can be requested.

## How the school will support the student's health care needs

What is the health care need identified by the student's medical/health practitioner?
Other known health conditions:
When will the student commence attending school?
Detail any actions and timelines to enable attendance and any interim provisions:

**Below are some questions that may need to be considered when detailing the support that will be provided for the student's health care needs. These questions should be used as a guide only.**

Support	What needs to be considered?	Strategy – how will the school support the student's health care needs?	Person Responsible for ensuring the support
<b>Overall Support</b>	Is it necessary to provide the support during the school day?	<i>For example, some medication can be taken at home and does not need to be brought to the school.</i>	
	How can the recommended support be provided in the simplest manner, with minimal interruption to the education and care program?	<i>For example, students using nebulisers can often learn to use puffers and spacers at school.</i>	
	Who should provide the support?	<i>For example, the Principal should conduct a risk assessment for staff and ask:  Does the support fit with assigned staff duties, the scope of their position, and basic first aid training (see DOBCEL's First Aid and Infection Control Policy)  Are additional or different staffing or training arrangements required?</i>	
	How can the support be provided in a way that respects dignity, privacy, comfort and safety and enhances learning?	<i>For example, detail the steps taken to ensure that the support provided respects the student's dignity, privacy, comfort and safety and enhances learning.</i>	
<b>First Aid</b>	Does the medical/health information highlight any individual first aid requirements for the student, other than basic first aid?	<i>Discuss and agree on the individual first aid plan with the parent/carer.  Ensure that there are sufficient staff trained in basic first aid (see DOBCEL's First Aid and Infection Control Policy)  Ensure that all relevant school staff are informed about the first aid response for the student.</i>	
	Are there additional training modules that staff could undertake to further support the student, such as staff involved with excursions and specific educational programs or activities?	<i>Ensure that relevant staff undertake the agreed additional training  Ensure that there are contingency provisions in place (whilst awaiting the staff member to receive training), to facilitate the student's attendance at school.</i>	

Support	What needs to be considered?	Strategy – how will the school support the student's health care needs?	Person Responsible for ensuring the support
<b>Complex Medical Needs</b>	Does the student have a complex medical care need?	<i>Is specific training required by relevant school staff to meet the student's complex medical care need?</i>	
<b>Personal Care</b>	Does the medical/health information highlight a predictable need for additional support with daily living tasks?	<p><i>Detail how the school will support the student's personal care needs, for example in relation to nose blowing, washing hands, toileting care (including menstrual health management and other aspects of personal hygiene)</i></p> <p><i>Would the use of a care and learning plan for toileting or hygiene be appropriate?</i></p>	
<b>Routine Supervision</b>	Does the student require medication to be administered and/or stored at the School?	<p><i>Ensure that the parent/carer is aware of DOBCEL's First Aid and Infection Control policy on medication management.</i></p> <p><i>Ensure that written advice is received, ideally from the student's medical/health practitioner for appropriate storage and administration of the medication.</i></p> <p><i>Ensure that a Medication Administration log - See Attachment 3 in the First Aid and Infection Control Procedure is completed.</i></p>	
	Are there any facilities issues that need to be addressed?	<p><i>Ensure the school's first aid room/sick bay and its contents provide the minimum requirements and discuss whether other requirements can be facilitated in this room to meet the student's health care needs.</i></p> <p><i>Ensure the school provides necessary reasonable adjustments to assist a student who requires a wheelchair or other technical support. Discuss requirements and possible modifications with the parent/carer/student.</i></p>	
	Does the student require assistance by a visiting nurse, physiotherapist, or other health worker?	<p><i>Detail who the worker is, the contact staff member and how, when and where they will provide support.</i></p> <p><i>Ensure that the school provides a facility which enables the provision of the health service.</i></p>	
	Who is responsible for management of health records at the school?	<i>Ensure that information privacy principles are applied when collecting, using, retaining or disposing of personal or health information.</i>	
	Where relevant, what steps have been put in place to support continuity and relevance of curriculum for the student?	<i>For example, accommodation in curriculum design and delivery and in assessment for a student in transition between home, hospital and school; for a student's attendance (full-time, part-time or episodically).</i>	

Support	What needs to be considered?	Strategy – how will the school support the student’s health care needs?	Person Responsible for ensuring the support
<b>Other Considerations</b>	Are there other considerations relevant for this health support plan?	<p><i>For example, in relation to behaviour, such as special permission to leave group activities as needed; planned, supportive peer environment.</i></p> <p><i>For example, in relation to the environment, such as minimising risks such as allergens or other risk factors.</i></p> <p><i>For example, in relation to communication, is there a need to formally outline the communication channels between the school, family and health/medical practitioner?</i></p> <p><i>For example, is there a need for planned support for siblings/peers?</i></p>	