



Sacred Heart
College
GEELONG

STUDENT MEDICAL MANAGEMENT AND FIRST AID POLICY

Rationale

The Sacred Heart College our Mercy Values of Justice, Respect and Compassion compel us to assist others, especially the vulnerable. We aim to create a safe and supportive environment in which students, staff and visitors affected by illness or accident will receive appropriate assistance and can participate equally in all aspects of College life. We aim to raise awareness about Chronic Health, assess and develop risk minimization strategies and develop management strategies.

When a health care need is identified, the College, in conjunction with families and the treating medical team are required to develop a clear and tailored health management plan to support the student's individual health care needs. This may include the administering of medications as a necessary part of the ongoing support of students with temporary or permanent health conditions.

Policy Statement

Sacred Heart College is committed to the provision of an effective system of first-aid and chronic health management to protect the health and safety of all College employees, students and visitors. This is a requirement of the Occupational Health and Safety Act 2004, in compliance with Ministerial Order No.706 and the Anaphylaxis Management Guidelines published by the Department of Education and Training: School Policy Advisory Guide (Feb 2018). The policy applies to all who may be affected by injuries or illness resulting from school activities, whether on or off the College grounds, as well as the application of adjustment for injury or illness that are managed externally by health professionals.

It is the overall aim of the college to facilitate an approach of assisted self-management. As a place of education, we strive to foster an environment where students are supported to learn and manage their health in a positive way, but also teach them the correct and appropriate help-seeking path when needed.

This Policy document will outline the multiple areas of work and expertise within the Inclusion and Diversity Body Team, but all policy expectations apply to all Staff, Students and Families as well as Visitors or Contractors.



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General Definitions

Workplace Participants: All College employees, contractors, consultants, students on placement and volunteers (hereafter referred to as Workplace Participants), both inside and outside of the workplace.

Family/families: denotes the legal guardianship most often held by families.

Legislative Context

The *Education Training and Reform Regulations 2017 (Vic.)* (sch 4 cl 12) outlines the College's obligations to ensure the care, safety and welfare of all students attending the College. In discharging duty of care responsibilities, the College and teaching staff must exercise professional judgment to achieve a balance between ensuring that students do not face an unreasonable risk of harm and encouraging students' independence and maximising learning opportunities. Non-teaching staff, volunteers and external providers must exercise judgment appropriate in the circumstances. The College must also comply with legislation related to Occupational Health and Safety for staff.

This document is informed by relevant Australian and Victorian legislation including:

- Education and Training Reform Act 2006 (Vic.)
- Education and Training Reform Regulations 2017 (Vic.)
- Disability Discrimination Act 1992 (Cth)
- Disability Standards for Education 2005 (Cth)
- Equal Opportunity Act 2010 (Vic.)
- Occupational Health and Safety Act 2004 (Vic.)

This document is also informed by the following resources:

- Ministerial Order 706 - Anaphylaxis Management in Victorian Schools (Revised January 2016)
- Department of Education: School Policy - Anaphylaxis
- MACS Anaphylaxis Policy
- Department of Education: School Policy – Asthma
- Asthma Australia Foundation
- Victoria Better Health Channel - Asthma
- Department of Education: School Policy - Diabetes (Oct-19)
- Diabetes Victoria
- National Diabetes Services Scheme - Diabetes in Schools
- Department of Education: School Policy – Epilepsy and Seizures
- Department of Education: Head Lice Policy and Procedure
- Department of Education: School Policy - Infectious Diseases



- Public Health and Well-being Act 2008
- Public Health and Well-being Regulations 2009
- VCAA Special Provisions



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Anaphylaxis and Allergy

DEFINITIONS

Adrenaline auto-injector: Any auto-injector device that contains adrenaline and is approved for use by the Australian Government Therapeutic Goods Administration, which can be used to administer a single pre-measured dose of adrenaline to those experiencing a severe allergic reaction (anaphylaxis).

Adrenaline auto-injector for general use: A 'backup' or 'unassigned' adrenaline auto-injector purchased by Sacred Heart College.

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 and latex. Adrenaline given as an injection into the muscle of the outer mid-thigh is the most effective first-aid treatment for anaphylaxis.

ASCIA (Australian Society of Clinical Immunology and Allergy) Action Plan for Anaphylaxis: This plan is a nationally recognised action plan for anaphylaxis developed by ASCIA. These plans are device-specific; that is, they list the student's prescribed adrenaline autoinjector. The plan must outline the student's known severe allergies and the emergency procedures to be taken in the event of an allergic reaction. Should a different adrenaline autoinjector become available in Australia, then a different ASCIA Action Plan specific to that device would be developed. This plan is one of the components of the student's Individual Anaphylaxis Management Plan.

Individual Anaphylaxis Management Plan: An individual plan for each student at risk of anaphylaxis, developed by the school in consultation with the student's family and/or Medical Practitioner. These plans include the ASCIA Action Plan which describes the student's allergies, symptoms, and the emergency response to administer the student's Adrenaline Auto injector should the student display symptoms of an anaphylactic reaction. The Individual Anaphylaxis Management Plan also importantly includes age-appropriate strategies to reduce the risk of an allergic reaction occurring pursuant to clause 5.5.4 of the Order. The plan will be reviewed in consultation with the student's family in all of the following circumstances:

- annually.
- If the student's medical condition changes.
- immediately after a student has an anaphylactic reaction at school.

ROLES AND RESPONSIBILITIES

The Principal (or nominee) has overall responsibility for implementing strategies and processes for ensuring a safe and supportive environment for students at risk of anaphylaxis. The Principal (or nominee) will complete an Annual Anaphylaxis Risk Management Checklist to monitor compliance by the College with all legal obligations and Anaphylaxis Guidelines. The Principal (or nominee) is responsible for ensuring that a Procedural Plan is developed to provide information to all workplace participants, students and families about anaphylaxis and the College's Anaphylaxis Management Policy. The Procedural Plan must include strategies for advising workplace participants, students and families about steps that will be taken in response to an anaphylactic reaction by a student in various environments, eg. on the College grounds, at camps and after-school activities.

First Aid Officer/Anaphylaxis Supervisor takes the lead role in supporting the Principal and workplace participants to implement the College's Anaphylaxis Management Policy. The First Aid Officer will ensure that:



- additional, general use, adrenaline auto-injector device(s) are purchased as a back-up to those supplied by families
- adrenaline auto-injectors are labelled, stored correctly and checked at the beginning of each term
- all first aid kits contain an effective adrenaline auto-injector and there are auto-injectors placed strategically around the College
- all employee training in anaphylaxis management is correctly structured and provided
- an up-to-date register of students at risk of anaphylactic reactions is maintained, shared, and accessible to all workplace participants

Specifically, after family notification of a student's Anaphylaxis diagnosis or an anaphylactic reaction at school, the First Aid Officer will:

- conduct a meeting (in person or via phone) with families and student to develop an individual risk Management Plan, to be updated annually
- create a student specific anaphylaxis emergency kit to be used on excursions/camps,
- update workplace participants of student medical condition
- conduct half yearly audits to ensure documentation is correct and current.

All Workplace Participants at the College have a duty of care to take reasonable steps to protect a student under their care from risks of injury that are reasonably foreseeable.

All employees must have current training in anaphylaxis management. In order to maintain this competency, employees are required to:

- renew their qualification every 2 years inclusive of the completion of an e-training module,
- complete a face-to-face competency check with the College Anaphylaxis Supervisor.
- participate in twice yearly Anaphylactic School Specific Updates. The first briefing occurs at the commencement of the new school year.

Families of a student at risk of Anaphylaxis are required to communicate their student's allergies and risk of anaphylaxis to the College at the earliest opportunity. Families must:

- provide an up-to-date Anaphylaxis Management Plan (ASCA Action Plan) that complies with Ministerial Order 706, completed by the student's family in consultation with a medical practitioner. This plan is to be updated by the family annually.
- along with the student, participate in an in-person or phone meeting with the First Aid Officer to produce the Anaphylaxis Management Plan
- ensure the Anaphylaxis Management Plan is updated:
 - annually to consider changes in medical condition; or
 - following a near miss of anaphylactic episode



- provide all appropriate medication for the student specific anaphylaxis emergency kit kept at reception,
- ensure all documentation and medications are current and have not expired.

NOTE: In the event that any documentation/medication expires, the College may require the student to remain home until the documentation/medication is replaced.

FURTHER INFORMATION

It is important to note that the College does not ban particular foods as a risk minimisation and prevention strategy. The reasons for this are as follows:

- it can create complacency among the community
- it does not eliminate the presence of hidden allergens
- It is difficult to 'ban' all triggers (allergens).

Risk minimisation and prevention strategies, as stated in each student's annual Anaphylaxis Management Plan, have been put in place at the College. These strategies cover:

- classroom activities
- between classes and other breaks
- the College canteen ('Nut Aware')
- before and after school activities
- special events, including excursions, incursions, sports, cultural days, fetes or class parties
- 2017 inclusion of "LOL", Lap or Lunchbox.

In the event of a suspected anaphylactic reaction, the Medical Emergency Procedures and, if necessary, the Critical Incident Procedures, at Sacred Heart College are to be activated.

RELATED DOCUMENTS

- Individual Anaphylaxis Risk Management Plan Template
- Annual Risk Management Checklist Template
- Sacred Heart College Critical Incident Procedures
- Sacred Heart College Medical Emergency Procedures
- Procedure - Anaphylaxis Food Technology
- Procedure - Anaphylaxis Science



First Aid

DEFINITIONS

First Aid Risk Assessment: A first aid risk assessment considers all relevant factors when deciding what first aid arrangements are required.

Chronic Health: an illness, condition or disease that is persistent or otherwise long-lasting in its effects.

ROLES AND RESPONSIBILITIES

The Principal and/or the First Aid Officer

- Have completed Provide First Aid (HLTAID003) and Cardiopulmonary Resuscitation (CPR – HLTAID001) and remain current in both.
- In conjunction with Occupational Health and Safety, conduct a First Aid Risk Assessment annually.
- Ensure First Aid facilities, including rooms, sick bays, first aid kits and AEDs, meet minimum requirements.
- Review documentation regularly to ensure compliance.
- Complete termly inspection and review of first aid facilities and contents to ensure restock and expiry.
- Apply a replacement/cleaning protocol for Asthma spacers and masks
- Recording of all first aid treatments and incidents for staff and students.
- Ensure all staff are familiar with the College first aid procedures and can provide treatment within the limits of their skill, expertise and responsibilities. For the First Aid Officer this is simply to provide basic first aid with the goal of returning the student to learning within the hour. If this is not possible, for example the student is too unwell or injured to return to learning, the student is to be either sent home or emergency services are to be engaged. The only exception to this will be if the student has a Medical Management Plan created with the assistance of the student's medical professional.
- Ensure families have access to the Student Management and First Aid Policy
- Keep all records of Chronic Health within staff and students, relevant and up to date.

Workplace participants

- Remain familiar with the College first aid procedures and provide treatment within the limits of their skill, expertise and responsibilities.



- Workplace participants receive additional training, where required, to meet student health needs as outlined within this document or to cover offsite activities including camps and excursions. These include but are not limited to:
 - Complete the refresher in Cardiopulmonary Resuscitation (CPR) HLTAID001 each year
 - Maintain current first aid in anaphylaxis management (see Anaphylaxis policy above)
 - Train in the management of asthma annually.
- Maintain accurate records and notify the First Aid Officer and/or Principal in the event of first aid completed.

Families and Students

- Notify staff as early as practical for any of the following: Illness and/or Injury, Chronic Health diagnosis, onset of symptoms etc
- Notify the College of ALL changes relating to Illness, Chronic Health, Medication and Emergency Contact details
- Understand that the care given on campus is at a level of basic first aid. It is expected that families and students seek medical attention for ALL illness and injuries from an external medical professional. If there are treatments or adjustments required for the student on-site, this **MUST** be provided to the college First Aid Officer in writing from an external medical professional. No adjustments can occur without this documentation and follow up consultation.
- Student on-site care will be provided for up to an hour before indicating a need for further intervention if the student cannot return to learning. This may include the contacting of emergency contacts for collection OR in the event of a medical emergency, the contacting of emergency services.

RELATED DOCUMENTS

- First Aid Risk Assessment Template
- First Aid Summary Sheet
- Medication Authority Form
- Medical Management Plan
- MACS First Aid Policy and Guidelines
- Student Health Support Plan Template
- Sacred Heart College Critical Incident Procedures



Medical Management

DEFINITIONS

Medical Management Plan (MMP) - a document completed by a registered medical/health practitioner in consultation with the family when a child is medically diagnosed with a health care need, allergy or relevant medical condition. Where required the Medical Management Plan should be reviewed annually or when the family notify the College of a change in the health care needs of the child.

Medication Authority Form (MAF) - a document completed by a registered medical/health practitioner authorising the administration of prescribed medication to a child.

NOTE: Medication must not be administered to a student unless authorised by a treating medical/health practitioner. In the case of an emergency, authorisation may be given verbally by a person named in the child's enrolment record as authorised to consent to administration of medication or, if such a person cannot reasonably be contacted in the circumstances, a registered medical practitioner or emergency service. Medication may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency.

Student Health Support Plan (SHSP) - a document developed in consultation with the College, the child's family and registered health medical/health practitioner via the Medical Management Plan. The Student Health Support Plan will be implemented to reasonably ensure the risks relating to the child's medically diagnosed health care needs are assessed and minimised, and that practices and procedures are in place to reduce any identified risks to the safety of the child. The Student Health Support Plan should include preparations for high-risk scenarios eg. camps and excursions, including establishing clear decision-making processes for calling an ambulance.

Condition Specific Health Plan - Many common conditions have a condition-specific plan eg. asthma, diabetes, epilepsy, coeliac, continence car, Royal Children's Hospital Health Plans. A Medical Management Plan is not required when a Condition Specific Health Plan has been created by the child's registered medical/health practitioner.

ROLES AND RESPONSIBILITIES

The Principal has overall responsibility for implementing strategies and processes for ensuring a safe, inclusive and supportive environment for students with a diagnosed medical condition, health care need, complex medical need or requiring personalised care and support. The Principal, along with the First Aid Officer, will ensure the College:

- reviews and manages confidential medical information
- maintains specific first aid supplies relevant to the treatment of basic diabetes, asthma, anaphylaxis and allergies
- stores medication appropriately
- provides its employees with training (see Appendix 1) to enable them to support each student requiring medical management



- meets all legal, regulatory and policy requirements related to health-care planning and management within the services provided by the College
- provides new workplace participants with information as part of the induction into the College, on the Student Medical Management and First Aid Policy.

First Aid Officer takes a lead role in supporting the Principal and workplace participants to implement the College Medical Management Policy. The First Aid Officer will:

- Review enrolment information and identify students that have a diagnosed medical condition, health care need, complex medical need or require personalised care due to a medical condition.
- Make contact with the family when a medical condition or health care need has been diagnosed to initiate the creation of a Medical Management Plan to be completed by a registered medical practitioner prior to the child commencing attendance at the College.
- Create a Student Health Support Plan in consultation with the family using the advice provided in the Medical Management Plan. The College may seek additional information from the treating practitioner where necessary to clarify practice or mitigate newly identified risks.
- Attach the evidence of any medically diagnosed health care needs, the Medical Management Plan or Condition Specific Management Plan, Medication Authority Form (if applicable) and Student Health Support Plan to the enrolment record (COMPASS) for the child.
- Update workplace participants of the student's medical condition and the Student Health Support Plan.
- Provide additional professional development or training to workplace participants where necessary and appropriate to assist them in meeting the student's needs.
- Conduct regular audits in consultation with families to ensure correct and current documentation has been provided.
- Regularly remind families of the requirement to provide the College with any updates/changes to their child's health care needs.
- Create a student specific emergency kit for students with a diagnosed medical condition requiring medication to be used on excursions/camps,

Workplace Participants at the College have a duty to take reasonable steps to protect a student under their care from risks of injury that are reasonably foreseeable.

All relevant workplace participants must:

- be able to identify the child, the child's Medical Management Plan and Student Health Support Plan and the location of the child's medication.
- follow the instructions outlined in the student's Student Health Support Plan
- notify families if any known allergens that pose a risk to the child are introduced in the course of their learning so that strategies for minimising the risk are developed and implemented
- ensure families have updated their child's health care needs prior to all excursions and camps.



Families will communicate their child's medical diagnosis and health care needs to the College upon enrolment or diagnosis. Families of children with health care needs must:

- provide a Medical Management Plan or Condition Specific Health Plan completed by the registered medical/health practitioner. These plans are to be updated and supplied to the College by families annually or when deemed necessary in response to a particular incident or concern.
- provide a Medication Authority Form completed by the registered medical/health practitioner if the student requires medication while at school or on a school camp/excursion
- alert workplace participants to any updates or changes to the student's medical condition and provide an updated Medical Management Plan if required
- ensure all documentation and medications are current and have not expired.

NOTE: In the event that any documentation/medication is not provided by the family or expires, the College may require the student to remain home until the documentation/medication is replaced.

Students will be supported by workplace participants to self-manage their medical condition in line with their age and stage of development. They are therefore expected to:

- immediately inform workplace participants if they experience any symptoms related to their medical condition
- carry their approved medication at all times if appropriate eg. EpiPen, asthma medication, diabetes medication

NOTE: In the event a student does not have their relevant medication with them they may be required to attend the health centre.

RELATED DOCUMENTS

- Medical Management Plan Template
- Medication Authority Form
- Student Health Support Plan Template
- Sacred Heart College Critical Incident Procedures
- Sacred Heart College Medical Emergency Procedures



Medication Administration and Support

DEFINITIONS

Medications: Includes both prescription and non-prescription medications supplied to the College/First Aid Officer by families.

ROLES AND RESPONSIBILITIES

Families:

- For all medication to be administered by the College, families must provide a completed Medical Management Plan and Medication Authority Form completed by the student's registered health practitioner. A Student Health Support Plan is required when the taking of or effect of the medication impacts on the student's learning.
- Families are responsible for providing medication that is within its expiry date, and must replace medication, if necessary, that has expired.
- Families must, where possible, administer medication outside the school day, such as before and after school.
- If medication is required whilst on a school camp or excursion, the families must provide a Medication Authority Form with the appropriate dates/time associated to that camp/excursion.
- Families must ensure that their child takes the first dose of a new medication outside the school day in case of an allergic reaction.

Note: Medication to treat Asthma and Anaphylaxis does not need to be accompanied by the Medication Authority Form as its storage and administering is covered in Student's Health Support plans.

The College:

Ensure all medication to be administered is:

- accompanied by written advice i.e. Medication Authority Form providing directions for appropriate storage and administration;
- In the original bottle or container clearly labelled with the name of the student, year level and mentor group, dosage and time to be administered;
- within its expiry date; and
- stored according to the product instructions, particularly in relation to temperature. The College does not:
 - store or administer analgesics such as Aspirin or Paracetamol, or administer antihistamine for hay fever.
 - allow use of medication by anyone other than the prescribed student.



When storing medication, the College ensures:

- Medication is stored for the period of time specified in the written instructions received on the Medication Authority Form
- The quantity of medication provided under the point above does not exceed a week's supply, except in long-term continuous-care arrangements
- Medication is stored:
 - securely to minimise risk to others
 - in a place only accessible by workplace participants who are responsible for administering the medication
 - away from the classroom
 - away from the first-aid kit.
- Medication is stored in the Health Centre, with the exception of emergency medication not requiring refrigeration, which is stored at College Reception.

The First Aid Officer:

- will contact the family to discuss the Student Support Health Plan where necessary, obtaining clarification about medication from the family. Where the family is unable to provide clarification, the family will contact the prescribing medical/health practitioner.
- will ensure that the correct student receives their correct medication, in the proper dose, via the correct method and at the correct time of day.
- will ensure that a list of all medications belonging to students is kept in the Health Centre files.
- will ensure workplace participants are informed that the student needs to receive medication so that they release the student from class.
- will complete a Medication Log when administering medication at the College. If on a camp or excursion, the supervising teacher will complete the Medication Log and this information will be stored by the First Aid Officer on return to school.
- will ensure training to appropriate workplace participants is provided in accordance with accepted and best practice medical management in a secondary school setting. This includes Asthma and Anaphylaxis training for all employees, and targeted training as needed for other medical conditions such as Diabetes and Epilepsy.

A workplace participant may be required to administer emergency medications such as asthma relievers and EpiPens. In some instances, trained employees may be required to administer prescribed medications to specific students.

In a life-threatening emergency, the College will determine the use of appropriate medication. The College requires written permission from the medical/health practitioner or the family, on the Medication Authority Form for the student to carry their own medication. The College consults with families and the student's medical/health practitioner to determine the age and circumstances when the student could self-administer



their medication. This is not required for students with Asthma or Anaphylaxis as this is covered under ASCIA Action Plan for Anaphylaxis and the Asthma Foundation's Asthma Care Plan for Schools. Review this policy and practice annually.

ADMINISTERING MEDICATION IN ERROR

If a workplace participant administers medication in error, they must immediately:

1. ring the **Poisons Information Line – 13 11 26** and give details of the incident and student; and/or
2. act immediately upon the advice supplied by the Poisons Information Line, such as calling an ambulance on 000 if advised to do so;
3. contact the family or the emergency contact person, to notify them of the medication error and action taken; and
4. complete a Casualty Report.

RELATED DOCUMENTS, PROCEDURES AND LEGISLATION

- Medication Authority Form
- Medication Log
- Condition Specific Health Plan
- Casualty Report
- Student Health Support Plan
- MACS Administration of Medication to Students - Procedure
- Ministerial Order No. 706- Anaphylaxis Management in Victorian Schools (April 2014)



Other Medical Management

ASTHMA

Asthma: A chronic condition that causes inflammation and narrowing of the bronchial tubes. Symptoms range from coughing and wheezing through to an inability to breathe.

Combination Medication: Examples include Symbicort or Flixotide. These combine a preventer with a symptom controller in the same delivery device.

Reliever Medication: Examples include Ventolin, Bricanyl, Asmol, Airomir. These provide relief from asthma symptoms within minutes by relaxing muscles around the airways for up to four hours.

Spacer: A device into which one fires medication from a puffer and then inhales.

Thunderstorm Asthma: Events thought to be triggered by an uncommon combination of high grass pollen levels and a certain type of thunderstorm. Those at increased risk of epidemic thunderstorm asthma include people with asthma, people with a past history of asthma, those with undiagnosed asthma (i.e. people who have asthma symptoms but have not yet been diagnosed with asthma) and also includes people with hay fever who may or may not have asthma. Having both asthma and hay fever, as well as poor control and self-management of asthma increases the risk further.

ROLES AND RESPONSIBILITIES

Follow Medical Management roles, responsibilities and procedures.

DIABETES

Type 1 Diabetes: an auto-immune condition which occurs when the immune system damages the insulin producing cells in the pancreas. Insulin is the hormone that controls blood glucose levels (BGLs). This condition is predominantly treated with insulin replacement via multiple injections each day or a continuous infusion via a pump. Without insulin treatment, type 1 diabetes is life threatening.

Type 2 Diabetes: occurs when either insulin is not working effectively (insulin resistance) or the pancreas does not produce sufficient insulin (or a combination of both). Type 2 diabetes accounts for around 85% of all cases of diabetes, but less than 5% of cases in the school-based population. Type 2 diabetes usually develops in adults over the age of 45 years, but it is increasingly occurring at a younger age. Type 2 diabetes is initially managed with a healthy diet and lifestyle and/or medication that could include tablets and/or insulin.

Hypoglycaemia (Hypo) – Low blood glucose: occurs when the blood glucose level drops below a normal level. Hypoglycaemia can be caused by too much insulin; delaying a meal; not enough food; or unplanned or unusual exercise. A 'hypo' can be dangerous if not treated promptly and can potentially cause irrational or confused behaviour, a seizure and possible loss of consciousness. It is important to treat hypos rapidly as students can feel unwell and their judgment and cognitive abilities may be impaired.



Hyperglycaemia (Hyper) – High blood glucose: a condition in which the blood glucose increases above the normal level. Hyperglycaemia can be caused by insufficient insulin; too much food; common illness; and/or stress. This state should be avoided where possible and persistent high levels reported back to families.

Reasonable adjustments may be needed for students due to their diabetes. Working with the First Aid Officer and the families, workplace participants should have an understanding of some of these available adjustments:

ROLES AND RESPONSIBILITIES

Follow Medical Management roles, responsibilities and procedures.

EPILEPSY AND SEIZURES

Epilepsy: a chronic illness characterised by recurrent seizures due to abnormal electrical activity in the brain.

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.

ROLES AND RESPONSIBILITIES

Follow Medical Management roles, responsibilities and procedures.

NOTE: The Medical Management Plan for epilepsy must include specific information about the student's epilepsy, defining what an emergency is for the student and the appropriate response, and describes:

- a definition of what an emergency is for the student and the appropriate response
- whether emergency medication is prescribed, and if so a Medication Authority Form must be completed
- 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.



INFECTIOUS DISEASES | INFESTATIONS

Infectious diseases: A disease transmissible (as from person to person) by direct contact with an affected individual or the individual's discharges. This includes infectious diseases such as tuberculosis, measles, COVID-19 and influenza.

Infestations: Is the state of being invaded or overrun by pests or parasites. It can also refer to the actual organisms living on or within a host. Head lice and scabies are infestations not infections.

ROLES AND RESPONSIBILITIES

The College will, in the event of an infestation or disease outbreak:

- take specific and appropriate precautions to prevent the further transmission of the disease/infestation in conjunction with the First Aid Officer.
- seek and follow advice from the Department of Health (DH) regarding appropriate and timely responses
- inform the College community as soon as practical of the presence of an infectious disease, if deemed necessary by DH
- ensure first aid kits are appropriately stocked and contain advice on handling spills of body fluids and substances
- ensure infection/infestation prevention and control is followed by all people within the College community at all times.
- be aware of, and abide by, exclusion requirements during an outbreak of an infectious disease. For detailed information on exclusion, see the Department of Health's website: **Infectious Diseases Epidemiology and Surveillance (IDEAS)**. Certain excludable infectious diseases require immediate notification to the Department of Health.

General precautions include:

- student education on good hygiene and grooming practices
- minimising person to person contact with body fluids and substances including blood (wet or dry), secretions and excretions other than sweat
- the use of protective barriers, including single use gloves and masks
- safe handling of 'sharps'
- use of non-touch techniques, as appropriate
- covering broken skin with waterproof occlusive dressings at all times
- use of resuscitation masks, if available, if mouth-to-mouth resuscitation is required.



Families have a responsibility to inform the College of the detection of an infectious disease or infestation. Depending on advice from a medical practitioner and/or the DH exclusion from school may be necessary.



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Appendix 1 - Medical Management Training for Workplace Participants

Anaphylaxis

- Participate in twice yearly Anaphylactic School Specific Updates. The first briefing occurs at the commencement of the new school year
- Renew their anaphylaxis qualification every 2 years inclusive of the completion of an e-training module,
- Complete a face-to-face competency check with the College Anaphylaxis Supervisor.

Asthma

- Annual Asthma briefing at the beginning of each new year
- Complete the Asthma First Aid for Schools, Online Training every 3 years
- Complete the accredited course in Emergency Asthma Management every 3 years (only required for employees with direct student wellbeing responsibility such as PE, Outdoor Education and employees attending excursions and camps)
- Act on advice and warnings from the Department Education and Training's Emergency Management Division associated with a potential thunderstorm asthma activity

Diabetes

- Complete Level 1 Introductory Training via the Diabetes in Schools program
- Targeted workplace participants who have direct contact with students diagnosed with Type 1 diabetes, such as subject / mentor teachers, PE and Camp/Excursion staff are required to complete Level 2 Intermediate Training via the Diabetes in Schools program

Epilepsy and Seizures

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, route of administration, and/or seizure type/description

First Aid


- Complete the refresher in Cardiopulmonary Resuscitation (CPR) HLTAID001 each year.



Document Control

Date Approved: 28 March 2024

Name: Anna Negro, Principal

Signature: 

Sponsor: Deputy Principal - Student Engagement, Development and Empowerment

Date presented at Advisory Council Meeting: 27 March 2024

Reviewed by:

- School Committee: N/A
- Sub Committee of the College Council: Wellbeing
- Student Leadership House Focus Team: N/A

Person responsible for implementation:

Deputy Principal - Student Engagement, Development and Empowerment

Location checklist:

The Hub Student Space Parent Portal Website

VERSION HISTORY

Version	Date approved	Next review
1.0	April 2021 (consolidation of policies only)	2022
2.0	Sep 2022 (update)	2023
3.0	Apr 2023 (update)	2024
4.0	Mar 2024	2025

