ST MARY'S CATHOLIC PRIMARY SCHOOL
STUDENT HEALTH AND STUDENTS WITH MEDICAL CONDITIONS

July 2016

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St Mary's School has a strong commitment to child safety as is reflected in our Vision Statement: "*Each child has the right to feel happy, safe and valued".* We continually strive to ensure that every child is safe from harm including all forms of abuse. We exercise zero tolerance to abuse.

Teachers owe a duty of care in regard to the physical well-being of students.

Students at St Mary's who require medication are assisted, where appropriate, with their medication by staff. It is advisable that students with medication requirements have a written, medical management plan attached to their personal records. The plan, prepared by the doctor and parent/guardian, includes: - brief relevant information concerning the medical condition of the student that will be of assistance to staff at St Mary's in its care of the student; the type of treatment and the frequency of administering treatment while at school; what action to take if the student's health deteriorates; and the name, address and telephone numbers for emergency doctor and emergency family contact.

Appropriate staff (class teacher, front desk staff, First Aid Officer) are aware of medical conditions of students that may require quick action. Where medical complications can be a reasonably foreseeable risk, the school has a duty to avoid the student suffering injury. Therefore, staff need to know what actions to take in such an emergency.

Schools should also be advised by the parent/guardian if there are any foreseeable risks associated with certain activities and thus make appropriate arrangements for those students during such activities.

Under amendments to the Privacy Act 1988 (Cwlth), health information that St Mary's collects is regarded as a subset of 'sensitive information', which requires that it be handled with extra confidentiality and security. St Mary's is also required to comply with the Health Records Act 2001 (Vic.) which gives individuals a legally enforceable right of access to health information held about them. This Act establishes eleven privacy principles that are similar to those of the Commonwealth Privacy Act.

Health information is sought to enable the St Mary's statutory obligations to be met or to enable it to discharge its duty of care. Nonetheless, when collecting health information, the privacy compliance obligations of collection, use and access is also met.

First Aid

It is a part of the duty of care to provide first aid to students in need. St Mary's therefore has sufficiently trained staff at various levels of first aid competency. This includes trained staff members competent in the practice of Cardio Pulmonary Resuscitation (CPR).

First aid courses that meet the Victorian Government's Health and Safety 'Code of Practice in First Aid' are part of the school Professional Development responsibilities and qualifications are updated by all staff every two years.

However, staff are aware of the limits to the aid that they may provide and are aware when administering first aid, it is done within the limits of competency and skills. Staff are always obliged (duty of care) to assist an injured student, while an ordinary citizen may choose to do nothing.

When there is a serious injury or illness, staff are obliged to carry out appropriate first aid but not diagnose the person. This is the competency of medical practitioners or medical emergency personnel.

First aid kits contain items recommended in the 'Code of Practice in First Aid' and are appropriately marked and readily accessible in all parts of the school. The kits are regularly inspected and kept adequately stocked.

One member of staff is allocated responsibility for the overall organisation of all first aid, sick-bay supervision and the maintenance of the first aid kit/cupboard.

First aid kits are also available for all groups that leave the school on excursions.

A register is kept listing the name of student and type of first aid treatment and medication (e.g. grazed forearm – band aid)

Date,	Time,	Student's Name	Year	Injury/Treatment	Staff Signature

This register is reviewed periodically by the Principal and First Aid Coordinator and/OH &S coordinator to ascertain if there is a frequency of use of particular services or if a hazard is causing persistent injuries.

Parents are notified of accidents and illness

When a serious accident occurs, Parent are to be informed, appropriate medical action taken, Online report is to be completed and the Principal is to contact and report the matter to the zone educational services coordinator and the school's insurers as soon as possible.

Medication

The parent/guardian is requested to obtain written directions from the doctor as to the medication needs of the student while at school.

Medicines, tablets, topical applications, appliances, etc. are to be kept in the school sickbay. The medication must be clearly identified as to whom it belongs and marked as to the amount of medication and frequency required. It must be in a safe, secure container (e.g. an envelope containing loose tablets is not considered to be a safe and secure container. The original foil pack or part thereof, or the original dispensing container, should be considered to be more secure and reliable as to its contents). The prescription medicine should be that which has been prescribed for the child (and not for another member of the family). It should not be out of date and the amount to be dispensed needs to be in accord with directions on the container.

Analgesics should only be given with the written permission of parents/guardians and be issued by a designated member of staff who should maintain a record to monitor student intake.

Asthma

Students with asthma have a written management plan prepared by their doctor. It includes information about:
1. usual medical treatment
2. details as to medication if the student's health is deteriorating
3. emergency contact and doctor's contact

Asthma medications are generally taken by hand-held devices such as a puffer or a spacer. If the medication needs to be close to the student, their management plan states this.

Hand-held puffers and spacers need to be clearly labelled with each student's name and kept in the classroom.

Emergency Spacer devices are stored in the sick bay. Such devises, if used by more than one person, must be cleaned thoroughly after each use to prevent cross-infection.

For more information on students with asthma, see the 'Schools' section of the Asthma Victoria website.

Epilepsy Epilepsy is a common condition. There are numerous types of seizures associated with this condition, with the more serious being the tonic clonic seizure.
Students with epilepsy are identified and management plans submitted to the school.
For more information on this condition, refer to the website of the Epilepsy Foundation of Victoria.

Haemophilia Haemophiliac students are identified and management plans submitted to the school.
Further information may be obtained from the Royal Children's Hospital.

Diabetes Students with diabetes are encouraged to take part fully in the total school programme provided they are reliably independent in their own care of diabetes. 'Reliably independent' includes an ability to: -

- Measure an insulin dose accurately;
- Inject an insulin dose reliably;
- Carry out blood glucose tests;
- Recognise the early indicators of hypoglycaemic reactions and to take sugar when they occur;
- Estimate their diet in portions;
- Understand the need to take extra food before increased physical activity;
- Have timely meals and snacks.

Should a student not be reliably independent in his/her own care of diabetes, the school has a duty of care towards such students. Such children will be identified and managements plan submitted to the school.

Staff will need to be appropriately trained, both to administer first aid and to administer insulin or glucogen. Advice from the Nurse Educator (Diabetes Centre, Royal Children's' Hospital) indicates that administering insulin or glucogen should be a last resort and can be avoided through recognising the early indicators of hypoglycaemic reactions and taking appropriate action.

A school camp might be considered unsuitable for a diabetic student if medical aid is not available in an emergency within approximately two hours travelling time.

Further information and advice are available from the Royal Children's' Hospital Diabetic Clinic.

UV Protection **See SunSmart Policy**

Infectious Diseases There are a number of diseases that compulsorily (and legally) exclude children from school. Principals have a duty to protect the health of the general school population.

Many infectious diseases require that those with the disease be excluded from attending school for specified amounts of time. The Health (Infectious Diseases) Regulations 2009 regulate this.

Minimum period of exclusion from primary schools and children's services centres for infectious diseases cases and contacts

health

Public Health and Wellbeing Regulations 2009

Schedule 7

Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts (*Public Health and Wellbeing Regulations 2009*).

In this Schedule, medical certificate means a certificate from a registered medical practitioner.

[1] Conditions	[2] Exclusion of cases	[3] Exclusion of Contacts
Amoebiasis (Entamoeba histolytica)	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Campylobacter	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Chickenpox	Exclude until all blisters have dried. This is usually at least 5 days after the rash appears in unimmunised children, but may be less in previously immunised children	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded
Conjunctivitis	Exclude until discharge from eyes has ceased	Not excluded
Diarrhoea	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Diphtheria	Exclude until medical certificate of recovery is received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later	Exclude family/household contacts until cleared to return by the Secretary
Hand, Foot and Mouth disease	Exclude until all blisters have dried	Not excluded
Haemophilus influenzae type b (Hib)	Exclude until at least 4 days of appropriate antibiotic treatment has been completed	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness	Not excluded
Hepatitis B	Exclusion is not necessary	Not excluded
Hepatitis C	Exclusion is not necessary	Not excluded
Herpes (cold sores)	Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions to be covered by dressing, where possible	Not excluded
Human immuno-deficiency virus infection (HIV/AIDS virus)	Exclusion is not necessary	Not excluded
Impetigo	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing	Not excluded
Influenza and influenza like illnesses	Exclude until well	Not excluded unless considered necessary by the Secretary
Leprosy	Exclude until approval to return has been given by the Secretary	Not excluded
Measles*	Exclude for at least 4 days after onset of rash	Immunised contacts not excluded. Unimmunised contacts should be excluded until 14 days after the first day of appearance of rash in the last case. If unimmunised contacts are vaccinated within 72 hours of their first contact with the first case, or received NHIG within 144 hours of exposure, they may return to the facility
Meningitis (bacteria – other than meningococcal meningitis)	Exclude until well	Not excluded
Meningococcal infection*	Exclude until adequate carrier eradication therapy has been completed	Not excluded if receiving carrier eradication therapy
Mumps*	Exclude for 9 days or until swelling goes down (whichever is sooner)	Not excluded
Pertussis* (Whooping cough)	Exclude the child for 21 days after the onset of cough or until they have completed 5 days of a course of antibiotic treatment	Contacts aged less than 7 years in the same room as the case who have not received three effective doses of pertussis vaccine should be excluded for 14 days after the last exposure to the infectious case, or until they have taken 5 days of a course of effective antibiotic treatment
Poliomyelitis*	Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery	Not excluded
Ringworm, scabies, pediculosis (head lice)	Exclude until the day after appropriate treatment has commenced	Not excluded
Rubella* (German measles)	Exclude until fully recovered or for at least four days after the onset of rash	Not excluded
Salmonella, Shigella	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Severe Acute Respiratory Syndrome (SARS)	Exclude until medical certificate of recovery is produced	Not excluded unless considered necessary by the Secretary
Streptococcal infection (including scarlet fever)	Exclude until the child has received antibiotic treatment for at least 24 hours and the child feels well	Not excluded
Tuberculosis	Exclude until receipt of a medical certificate from the treating physician stating that the child is not considered to be infectious	Not excluded
Typhoid fever (including paratyphoid fever)	Exclude until approval to return has been given by the Secretary	Not excluded unless considered necessary by the Secretary
Verotoxin producing Escherichia coli (VTEC)	Exclude if required by the Secretary and only for the period specified by the Secretary	Not excluded
Worms (Intestinal)	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded

Statutory rule

A person in charge of a primary school or children's services centre must not allow a child to attend the primary school or children's services centre for the period or in the circumstances:
(a) specified in column 2 of the table in Schedule 7 if the person in charge has been informed that the child is infected with an infectious disease listed in column 1 of the table in Schedule 7; or
(b) specified in column 3 of the table in Schedule 7 if the person in charge has been informed that the child has been in contact with a person who is infected with an infectious disease listed in column 1 of the table in Schedule 7.

The person in charge of a primary school or children's services centre, when directed to do so by the Secretary, must ensure that a child enrolled at the primary school or children's services centre who is not immunised against a vaccine preventable disease (VPD) specified by the Secretary in that direction, does not attend the school or centre until the Secretary directs that such attendance can be resumed. (Note—VPDs marked in **bold** with an asterisk (*) require the department to be informed immediately. Contact the department on 1300 651 160 for further advice about exclusion and these diseases.)

Further information

For further information about exclusions mentioned in this document, please contact the Department of Health's Communicable Disease Prevention and Control Section on 1300 651 160 or visit ideas.health.vic.gov.au

To receive this document in an accessible format email: Infectious.diseases@health.vic.gov.au
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Under the regulations, it is a requirement that the parent/guardian inform the school Principal if the child is infected with certain diseases or has been in contact with an infected person. The parent/guardian may need to be reminded from time to time of the need for exclusion of certain sick children and the need to inform school authorities concerning the disease.

The infectious diseases that lead to exclusion include: Chickenpox, Conjunctivitis, Diphtheria, Giardiasis (diarrhoea), Hepatitis, Impetigo, Leprosy, Measles, Meningitis Bacteria, Meningococcal infection, Mumps, Pediculosis (head lice), Pertussis (whooping cough), Poliomyelitis, Salmonella Shigella, Ringworm, Rotavirus, Rubella, Scabies, Shigella (diarrhoea), Streptococcal infection, Trachoma, Tuberculosis, Typhoid Fever and Paratyphoid, Slap Face.

Head Lice (Pediculosis) Control

The Principal takes appropriate steps to prevent the occurrence of head lice infestation among their students and to respond to such infestations if they occur.

Through the Newsletter, Parents /guardians are made aware of their responsibility to regularly check their own children for infestation. If head lice are found, parents/guardians are immediately contacted and asked to seek treatment.

The following is noted; - Changes to the Health (Infectious Diseases) Regulations 2001 alter the procedures for head lice inspections at schools. Under the new regulations, Medical Officers of Health and Council Nurses are not authorised to inspect children at school for head lice. For school staff or council nurses to inspect children, they will require permission from the parent/guardian. The new regulations also state that students excluded from school due to head lice infestation may return to school the day after treatment for the condition begins.

Further information can be obtained from the Department of Human Services website.

THE FOLLOWING MAYBE DISTRIBUTED TO CLASSES

AS HEAD LICE HAD BEEN FOUND IN YOUR CHILD'S CLASS, WE PROVIDE THE FOLLOWING INFORMATION TO ASSIST WITH YOU WITH TREATMENT.


Enlarged image of head louse. Actual size 2-4mm

About head lice

Head lice have been around for many thousands of years. Anyone can get head lice and given the chance head lice move from head to head without discrimination.

- Head lice are small, wingless, blood sucking insects.
- Their colour varies from whitish-brown to reddish-brown.
- People get head lice from direct hair to hair contact with another person who has head lice.
- Head lice do not have wings or jumping legs so they cannot fly or jump from head to head. They can only crawl.

Finding head lice

Lice can crawl and hide. The easiest and most effective way to find them is to follow these steps:

Step 1 Comb any type of hair conditioner on to dry, brushed (detangled) hair. This stuns the lice and makes it difficult for them to grip the hair or crawl around.
Step 2 Now comb sections of the hair with a fine tooth, head lice comb.
Step 3 Wipe the conditioner from the comb onto a paper towel or tissue.
Step 4 Look on the tissue and on the comb for lice and eggs.
Step 5 Repeat the combing for every part of the head at least 4 or 5 times

If lice or eggs are found, the child's hair should be treated.
Head lice eggs are small (the size of a pinhead) and oval. A live egg will 'pop' when squashed between fingernails.

Treating head lice

- Concentrate on the head - there is no evidence to suggest that you need to clean the house or classroom.
- **No treatment kills all of the eggs** so treatment must involve two applications seven days apart.
- If you are using lotions, apply the product to dry hair.
- There is no need to treat the whole family, unless they also have head lice.
- Only the pillowcase requires specific laundering; either wash it in hot water (at least 60 degrees centigrade) or dry it using a clothes dryer on the hot or warm setting.
- There is no product available that prevents head lice. Using the conditioner and comb method once a week will help you detect any head lice early and minimise the problem. Tying back long hair can help prevent the spread of head lice.
- Combs with long, rounded stainless steel teeth positioned very close together have been shown to be the most effective, however, any head lice comb can be use.

Further resources

Further information and resources are provided to help you detect, treat and manage head lice.
All pamphlets are also available in hard copy. They are free of charge and can be ordered either on-line or by printing the order form and faxing it to:
Communicable Diseases Control
Department of Human Services
Facsimile: (61 3) 9096 9174

Hepatitis ***PLEASE NOTE THE FOLLOWING***

Hepatitis is a general term for inflammation of the liver. This can be caused by alcohol and other drugs, chemicals, or infection by a virus. Hepatitis is a generic name for a cluster of diseases that are caused by Hepatitis A, B, C, D and E viruses.

Hepatitis A *This disease generally does not cause long-term liver damage and recovery is usually quick and complete. Many people will have the virus without even being aware of it. After recovery, the virus is no longer in the person's body and therefore he/she is not infectious.*

Hepatitis B *This disease is transmitted by an exchange of blood and body fluids in a similar manner to the transmission of AIDS/HIV infection, but Hepatitis B is much more infectious then HIV. A safe and effective vaccine is available to counter Hepatitis B. Hepatitis B is a notifiable disease. It is the responsibility of a parent/guardian of a student or an infected staff member to notify the school if diagnosed as being in the acute phase of Hepatitis B infection. The person should be excluded from school until the acute phase of the infection has passed. A medical certificate is required to show that the acute phase has passed before a person is allowed to return to school.*

Under the Privacy Act 1988 (Cwlth), staff and students have a basic right to privacy that should apply to verbal and written information about their health status. If the school is notified that a person is a carrier, the Principal is responsible for ensuring that such information is kept confidential.
Apart from exclusion during the acute phase, at no other times must a person be discriminated against on the basis of Hepatitis B infection.

Hepatitis C *Hepatitis C is a blood-borne virus that was made a notifiable disease in Victoria in 1990, wherein medical practitioners are required to notify health authorities of its incidence. The majority of people infected with the virus will become chronic carriers and have it for the rest of their lives. Symptoms may not appear for up to 15 years.*
It is illegal to discriminate against a person because of his/her Hepatitis C status. People are under no legal obligation to disclose their status to school authorities.

Hepatitis D *Hepatitis D is transmitted in the same way as Hepatitis B. However, it can only be contracted if the person is infected at the same time, or is already a carrier of, Hepatitis B.*

For more information in relation to Hepatitis, refer to the website of the Hepatitis C Council of Victoria.

Immunisation ***PLEASE NOTE THE FOLLOWING***

The Health Act 1958 (Vic.) provides for specific powers to contain the spread of an infectious disease. Non-government schools are covered by this Act. Part VII of the Act imposes an obligation on the parent/guardian to provide to the person in charge of the primary school, prior to the child's commencement, an immunisation status certificate in respect of each prescribed infectious disease. There is no obligation on the part of a parent/guardian that the child be immunised. Rather, the obligation is to provide

certification concerning the status of immunisation or lack of immunisation. The certificate may simply state that the child has not been immunised or record no immunisation verification.
The school cannot refuse a child's admission because of lack of immunisation, but if the child is not immunised then the Principal can legally direct that the child not attend school while there is an outbreak of the disease.

A person in charge of a primary school may direct that a child enrolled at the school not attend the school if he or she believes the child is not immunised against a prescribed infectious disease and the person in charge of the school reasonably believes that there is an outbreak of that disease at that school or the medical officer of health has advised the person in charge of the school that he or she reasonably believes that there is an outbreak of that disease in that community in which the school is situated (Section 145 in the Health Act 1958 (Vic.).

Immunisation Records
Health (Immunisation) Regulations 1990

The Health (Immunisation) Regulations 1990 endeavour to have all children immunised before commencing primary school. I t requires that the Municipality issues the Certificate of Immunisation regarding the status of individuals and that it keeps these records regarding immunisation status for 7 years. At St Mary's an immunisation certificate or exemption is attached to the child's enrolment form.

HIV/AIDS ***PLEASE NOTE THE FOLLOWING***

Students with HIV/AIDS are not legally required to inform others (including schools) of their health status. If this information is provided, then it must be treated in a confidential manner.

A registered medical practitioner must not carry out or authorise the carrying out of a test for HIV on a person who requests it of him or her unless the registered medical practitioner has given, or is satisfied that a person of a prescribed class has given, information about the medical and social consequences of being tested and of the possible results of the test to the person who requested it.

In Victoria the Equal Opportunity Act 1995 expressly covers discrimination based on HIV status through s.4(l) (aa) which defines 'impairment' to include the 'presence in the body of organisms causing disease'.
Therefore, a school that refuses to accept a student, or otherwise discriminates against a student on the basis of his or her HIV status, may be in breach of the Equal Opportunity Act.

This provision is subject to the exception where such discrimination is based on the need to protect the wider community.

If a staff member is told of a student's HIV status in confidence and publicises that information, the staff member could be open to an action for breach of confidence.
Section 128 of the Health Act 1958 (Vic.) provides that a person who in the course of providing a service acquires information that a person is infected with HIV must take all

reasonable steps to develop and implement systems to protect the privacy of that person. If a staff member learns of a student's HIV status in confidence, then not only must he/she take reasonable steps to develop and implement systems to protect that person's privacy, but failure to do so incurs a penalty of up to $5,000 under the Health Act.

On the other hand, where an HIV-positive student at a school develops AIDS due to the school not safeguarding against any risks, the school could be open to an action for negligence by that person since the school owes each student a duty of care to take all reasonable precautions to ensure that its students are not subject to unnecessary risk of infection.

Migraines **Contact Parents** **Follow First Aid Procedures**

Fractures **Contact Parents** **Follow First Aid Procedures**

Open Wounds

Any student with moist skin lesions, or with abrasions that are weeping or discharging and cannot be covered, should, as a precaution remain away from school until the wound has healed or may be covered.

Body Fluid Contact

Schools must take steps to protect students and staff from contact of body fluids in interactive settings. If staff members have open cuts or weeping sores on hands or lower arms, they should not treat students at all.

Blood Spills

All schools should be blood aware, whereby any blood, no matter from whom it comes, is treated as infectious. Students or staff assisting a bleeding person should wash their hands, lower arms and any other parts in contact with blood in soap and water. Equipment for dealing with blood spills include bleach, disposable gloves, disposable towels, disposable plastic bags, hot water and detergent. Using gloves, staff or students are advised to saturate a disposable towel in bleach, cover the spill with the towel, leave it for ten minutes then wash the area with hot water and detergent. Place towel and gloves into a disposable plastic bag, seal and dispose of the bag, then re-wash hands.

Public Health Division of the Department of Human Services website.

Needles and Syringes

The risk of infection from needle stick injury is low and should not cause panic. If an injury occurs, the following procedure should be observed: -
• Squeeze the injury **gently** to make it bleed a little, then wash in water and soap. Cover the wound with a suitable dressing or band aid if necessary.
• Report the injury to the Principal. See a doctor as soon as possible and report the circumstances of the injury.

The equipment needed for the safe disposal of discarded needles and syringes are disposable gloves and a 'Sharps' disposal container or plastic fruit juice container with a screw-top lid. Staff are advised to not attempt recapping the needle. Rather, using gloves**,** pick up the syringe as far from the needle-end as possible and place it 'needle point down' in the disposal container. Place towel and gloves into a disposable plastic bag, seal and dispose of the bag, then re-wash hands.

Further information can be obtained from the Public Health Division of the Department of Human Services website.

Anaphylaxis See Anaphylaxis Management Policy

EVALUATION:

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