

Policy Statement

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

Our Collegewill:

- x Administerfirst aid to children when in need in a competent and timely manner.
- x Communicatechildren's health problems to parents when considered necessary.
- x Providesupplies and facilities to cater for the administering of first aid.
- x Maintain a sufficient number of staff members trained with evel 2 first aid certificate.

Implementation:

certificate, and with upto-date CPR qualifications.

x A sufficient number of staff (including at least 1 administration staff member) to be trained to a Level 2 first aid

- x A first aid room will be available for use at all timese (Appendices for location details) comprehensive supply of basic first aid materials will be stored the first aid room.
- x First aid kits will also be available eatch campus f the school
- x Staff will have access to their own suppfymedication in their own looked drawer
- x Supervision of the first aid room will form par(firs)(ciF3Tc 0.7PTj /TT3k.7PTj /T4 (t)--70.7 (e)-6 (s)-4Td [s)-4Td be supervised by a staff member at all times.



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The attached example proformas (Diabetes / Epilepsy) are also to be read in conjunction with the Coedical Information and FirsAid Policy which outlines the Coedical responsibility and procedures in respect of our "responsibility to provide equitable access to education and respond to diverse student needs, inchediating care needs". Confidential records of all students with specific health needs are maintained securely in the general office for reference as required as Aid Register is also maintained noting ailments and treatment for all presenting students.

Appendices

Appendix AMedical Forms

Appendix BPrecinctcampus-First Aid room location

Appendix CChurchill campus First Aid room location

Appendix DMorwell Campus-First Aid room location

Appendix ELatrobe Valley Flexiblep@on campus-First Aid room location

Appendix F: KYMampus-First Aid room location

Links:

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

Evaluation

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

Date Implemented	Week 3–Term 2–2014–V1
Approval Authority	
(Signature & Date)	
	26/2/19

Dates Reviewed





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Appendix A

Condition Specific Medical Advice Form

for a student with Diabetes

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

Name of School:	
Student's Name:	Date of Birth:
MedicAlert Number(if relevant): Revie	ew dat thfo rform:
Description of the condition	Recommended support Please describe recommended care If additional advice is required, please attach it to this medical advice form
Diabetes Management	
Please provide relevant details in relation to the student's Diabetes management.	
Student self management	
Is this student usually able to self manage their own diabetes care? Yes No If no, please provide details in relation to how the school should support the student in developing self-management.	
Relevant issues	
Please outline any relevant issues in relation to attendance at school and learning as well as support required at school.	
First Aid - Signs of Hypoglycaemia (low blood glucose)	
Below is a list of observable signs that school staff will look for in relation to a hypoglycaemia. Please provide comment, if required.	





Description of the condition

Please describe recommended care

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

First Aid - Signs of Hyperglycaemia (4.1 /TT1 1 T15 (a (4BT /Q.1 (.3 (i0.7 (e)n031yQ)-2.4 (Qff)6.8 ()8 ()0.5 dn031yQ)g (a .5 (5.8 (y)-8.1 (pe)-4.f.1 (pe)-4.f.1 (.1 (pe)-4.f.1 (pe)-4.f.1



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

Authorisation:		
Name of Medical/health practitioner:		
Name of Medical/Health practitioner.		
Professional Role:		
Signature:		
Date:		
Contact details:		
Name of Parent/Carer or adult/independent student:		
Signature:		
Date:		

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

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









Description of the condition



"Major Seizures"	"Minor Seizures"
Convulsive seizures with major movement manifestations eg: tonic-clonic, tonic, myoclonic, atonic, and partial motor seizure	Seizures with staring, impaired consciousness or unusual behaviour e.g. complex partial seizures and absence seizures
Stay calm	Stay calm
Check for medical identification	Check for medical identification



Observable sign/reaction	First aid response
V	V
V	V



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This form must be completed if your child suffers from asthma

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

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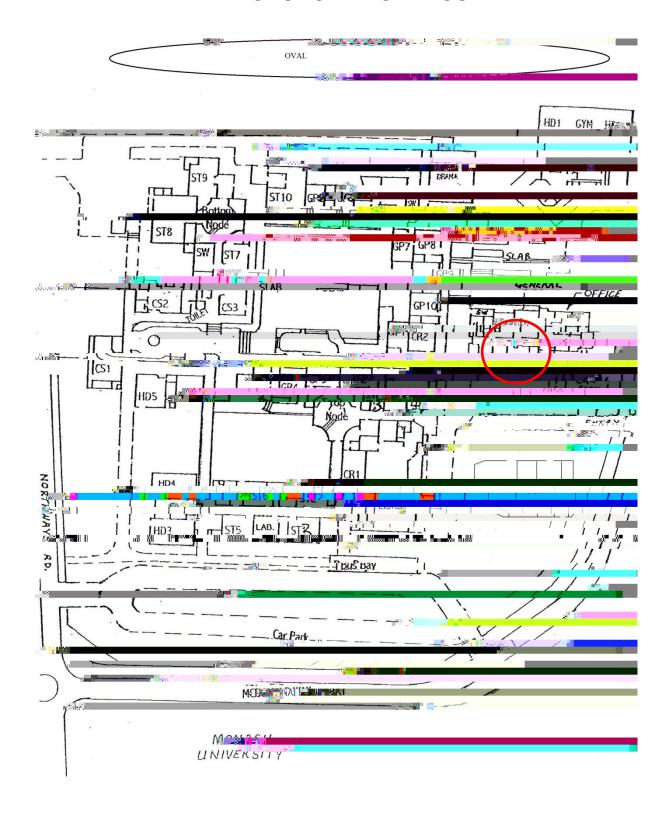
- 2. Without delay shake a blue reliever puffer (names include Ventolin, Airomir, Asmol or Epaq) and give 4 separate puffs, through a spacer (spacer technique 1 puff/take 4 breaths from spacer, repeat until 4 puffs have been given).
- 3. Wait 4 minutes. If there is no improvement, give another 4 separate puffs, as per step 2.
- 4. Wait 4 minutes. If there is no improvement, call an ambulance (dial 000) immediately and state that "a student is having an asthma attack".
- 5. Continuously repeat steps 2 & 3 whilst waiting for the ambulance to arrive.

[If at any time the student's condition worsens, call an ambulance immediately.]

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APPENDIX C CHURCHILL CAMPUS



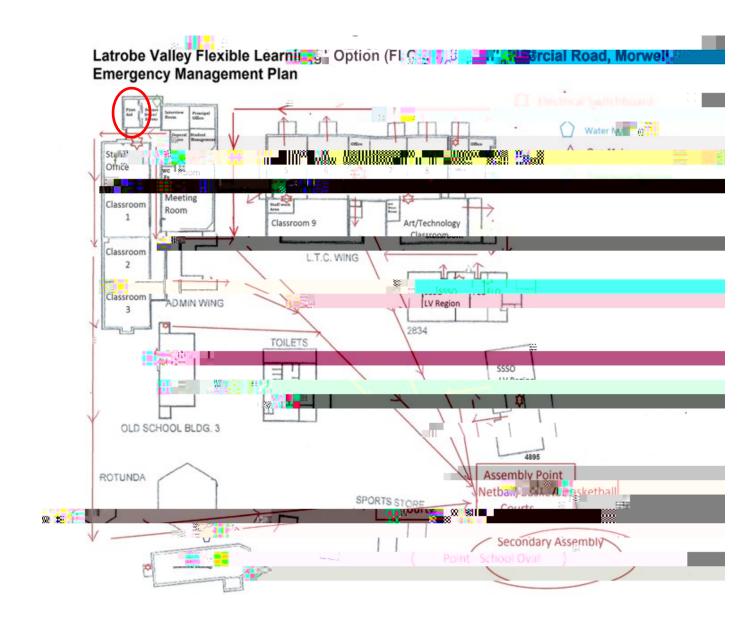
APPENDIX D MORWELL CAMPUS





APPENDIX E

FLO CAMPUS





APPENDIX E

KYPPsCAMPUS

