

**[INSERT SCHOOL LOGO]**  
**[INSERT SCHOOL NAME]**  
**FIRST AID POLICY**

In line with the First Aid Regulation of the *Occupational Health and Safety Act, 2004*, community language schools must have First Aid policies and procedures that include the following components:

- **First Aid** is the immediate treatment or care given to a person suffering from an injury or illness until more advanced care is provided or the person recovers.
- **First Aid Officers** (at least one per campus) who have completed a nationally accredited training course or an equivalent level of training (**HLTAID011 – Provide First Aid and HLTAID009 – Provide cardiopulmonary resuscitation**) or **HLTAID012**) that has given them the competencies required to administer first aid.
- **First Aid Equipment** which includes a First Aid Kit and other equipment used to treat injuries and illnesses is kept in a prominent, accessible location and be able to be retrieved promptly.
- **First Aid Facilities** which may include first aid rooms and other facilities needed for administering first aid. The school displays well-recognised, standardised first aid signs to assist in easily locating First Aid Equipment and Facilities.

The following guidelines around the First Aid Policy apply to community language schools (CLS):

- CLS need to have a First Aid Policy and procedures in place.
- CLS must nominate a First Aid Officer **for each of their campuses**.
- CLS must ensure that there is an adequate number of trained First Aid Officers who have a current certificate on each School campus. (For further training or information, community language schools can contact CLV).
- The First Aid Officer is responsible for ensuring that a Register of Injuries and Treatment is maintained up-to-date.
- CLS must ensure that First Aid Equipment, including a First Aid Kit, is stored **at each school campus**.
- The First Aid Officer is in charge of the Kit and must ensure it is properly maintained.
- CLS must ensure they have a list of students with allergies and their allergy plan i.e. **Individual Anaphylaxis Management Plan**.
- CLS must display well-recognised, standardised First Aid signs to assist in easily locating First Aid Equipment and Facilities.

There must be evidence in the form of the CLS':

- arrangements for ill students
- policy and procedures for administering medicine
- current register of staff trained in First Aid
- records of student medical conditions and management
- **Accidents and Critical Incidents Report Form** (see CLV website)
- First Aid Policy and Procedures
- Internet use policy and procedures
- **Critical Incident Management Plan** (see CLV website)
- **Emergency Management Plan** (see CLV Website) which must be reviewed at least annually and immediately after any significant incident.

There must also be evidence of how the school communicates policies and procedures on the care, safety, and welfare of students to staff, students, guardians, and parents.

The School is committed to the provision of an effective system of First Aid management to protect the health and safety of all school employees, students, and visitors as a requirement of the *Occupational Health and Safety Act 2011*. The School's policy applies to all who may be affected by injuries or illness resulting from school activities, whether on or off school campus.

To meet the requirements of the WHS legislation, a person trained in First Aid will be designated as the primary First Aid Officer and will be responsible for:

- Initial provision of First Aid treatment
- Maintaining all First Aid kits within the school
- Maintaining First Aid facilities i.e. sick bays in accordance with legislative requirements
- Administering medication

Other personnel trained in First Aid are responsible for the provision of First Aid treatment as required and may be designated by the primary First Aid Officer or Principal to be in charge of a First Aid kit or kits.

Trained personnel taking First Aid kits from the school for school-time sports events are responsible for:

- The care of First Aid kits
- Providing emergency care
- Recording incidents and injuries using the appropriate forms
- Returning and restocking of the First Aid kit as necessary

While acknowledging the duty of care of trained First Aid personnel, such persons must not provide treatment beyond the level of recognised training and/or instruction that they have received.

**The First Aid Policy is displayed in the following locations:**

<b>Location(s):</b>
Staff Induction Booklet
Office

## First Aid Procedure

The aim of First Aid is to:

- Promote a safe environment
- Preserve life
- Prevent injury or illness from becoming worse
- Help promote recovery
- Provide comfort to the ill or injured

## Responsibilities of a First Aid Worker

Workers are required under the WHS Act to take reasonable care for their own health and safety and must not adversely affect the health and safety of other persons. Workers must comply with any reasonable instruction and cooperate with any reasonable policy or procedure relating to health and safety at the workplace, such as procedures for First Aid and for reporting injuries and illnesses.

In relation to First Aid, Workers are responsible for:

- Providing basic life support and emergency care that is consistent with their current level of training
- Reporting and recording incidents and injuries as per School procedures

Workers are required not to interfere with or misuse anything provided in the interest of health and safety under work health and safety legislation in the workplace, for example: removing First Aid supplies from First Aid kits and First Aid facilities. Also they should:

- Assess the situation quickly
- Identify the nature of the injury Or illness as far as possible
- Arrange for emergency services to attend If needed
- Manage the patient promptly and appropriately
- Stay with the patient until able to hand over the emergency services
- Give further help if necessary

## Responsibilities of Parents and/or Guardians

To ensure the health and safety of students at all times and to ensure that staff have necessary medical information, parents and/or guardians are responsible, in relation to their children and/or charges, for:

- Keeping the School informed of any medical conditions, treatments, and medical contact details
- Providing staff with appropriate information and training/instruction where medical conditions require specialised treatment
- Updating the School on any changes in medical conditions and/or required treatments

### Care for Ill Students

Unwell students should not attend school.

If a student becomes unwell during the school day they may be directed to the First Aid Room and monitored by staff. Depending on the nature of their symptoms, staff may contact parents/carers or an emergency contact person to ask them to collect the student.

### First Aid Management

If there is a situation or incident that occurs at school or a school activity that requires first aid to be administered to a student:

- Staff who have been trained in first aid will administer first aid in accordance with their training. In an emergency, other staff may assist in the administration of first aid within their level of competence.
- In a medical emergency, staff may take emergency action and do not need to obtain parent/carer consent to do so. Staff may contact Triple Zero “000” for emergency medical services at any time.
- Staff may also contact NURSE-ON-CALL (on 1300 60 60 24) in an emergency. NURSE-ON-CALL provides immediate, expert health advice from a registered nurse and is available 24 hours a day, 7 days a week.
- If first aid is administered for a minor injury or condition, the School will notify parents/carers by sending a note home to parents/carers and a phone call if necessary.
- If first aid is administered for a serious injury or condition, or in an emergency, school staff will attempt to contact parents/carers or emergency contacts as soon as reasonably practicable.
- If staff providing first aid determine that an emergency response is not required but that medical advice is needed, school staff will ask parents/carers, or an emergency contact person, to collect the student and recommend that advice is sought from a medical practitioner.
- Whenever first aid treatment has been administered to a student School will:
  - Record the provision of care in an **Accidents & Critical Incidents Report Form** (see CLV website)

- If care was provided in response to a medical emergency or reportable incident, follow the CLV policy.

Analgesics, including paracetamol and aspirin, will not be stored at school or provided as a standard first aid treatment. This is because they can mask signs of serious illness or injury.

## First Aid Officers

The School has provided the number and qualification level of First Aid Officers required.

### First Aid Officer Details

NAME	LOCATION	QUALIFICATIONS	CONTACT NUMBER

The School has created a ***First Aid Register for First Aid Personnel.***

### First Aid Officer Training

The School has ensured that all First Aid Officers have undergone recognised First Aid training. The School maintains a registry of all First Aid Officers, listing First Aid qualifications and renewal dates.

## First Aid and CPR Training Registry

NAME	CONTACT NO.	QUALIFICATIONS	ANNUAL CPR TRAINING DATE	CERTIFICATE EXPIRY DATE
		First Aid and CPR		
		First Aid and CPR		
		First Aid and CPR		
		First Aid and CPR		

The School has created a ***First Aid and CPR Training Registry for First Aid Personnel.***

## First Aid Equipment and Facilities

### First Aid Kits

All workers must be able to access a First Aid Kit.

The First Aid Kit should provide basic equipment for administering First Aid for injuries including:

- Cuts, scratches, punctures, grazes and splinters
- Muscular sprains and strains
- Minor burns
- Amputations and/or major bleeding wounds
- Broken bones
- Eye injuries
- Shock

The School has allocated the following location as the designated for the First Aid Kit:

LOCATION	TYPE (portable, fixed, vehicle kit, etc.)

The School has created the ***First Aid Registry for First Aid Kits.***

### First Aid Room

The School has allocated the following location as the designated First Aid room or area.

LOCATION	SITE

The School has assigned responsibility for the First Aid room or area to the following designated First Aid Officer/s:

NAME	PHONE NUMBER

The School has created the ***First Aid Registry for First Aid Rooms.***

### First Aid Room Contents

The School has met the content requirements of the First Aid Room (e.g. mattress, pillow, and sheets provided)

## First Aid Record-Keeping

The School has established a system for recording all information relevant to the First Aid management of an injury or illness. A record of any First Aid treatment given should be kept by the First Aid Worker and reported to the Principal regularly to assist in reviewing First Aid arrangements. First Aid treatment records are subject to requirements under the Health Records legislation.

Records must be kept of all persons trained in First Aid and Emergency Care. These records must be updated and regularly reviewed to ensure adequate training levels are maintained.

**Incident/accident record books are kept in the following locations:**

LOCATION	RESPONSIBLE PERSON	CONTACT NUMBER

The School has adapted the **Accidents and Critical Incidents Report Form** (see CLV website).

## Administering Medication

The School has designated suitably trained staff to be responsible for the appropriate storage and administration of prescribed and non-prescribed medications to students.

**Staff trained to dispense specific medication:**

Schools must obtain written advice on a **Medication Authority Form** (see Appendix) for all medication to be administered by the school. It is recommended that the form be completed by the student's medical/health practitioner ensuring that the medication is warranted.

However, if this advice cannot be provided the principal may agree that the form can be completed by parents or carers or adult or independent students.

When administering medication the principal, or their nominee must ensure that a log is kept of the medicine administered.

All medication administered must be recorded by the First Aid Officer on the School's student database or the **Medication Administration Log** (see Appendix).

### Asthma Management

Workplace employees are required to undergo Asthma First Aid training to be able to:

- Purchase and store blue reliever medication (such as Ventolin) in the workplace First Aid kit; and
- Administer the blue reliever medication to manage the signs of a suspected asthma First Aid emergency.

Asthma attacks can be:

- **Mild** - this may involve coughing, a soft wheeze, minor difficulty in breathing, and no difficulty speaking in sentences
- **Moderate** - this may involve a persistent cough, loud wheeze, obvious difficulty in breathing, and ability to speak only in short sentences
- **Severe** - the student is often very distressed and anxious, gasping for breath, unable to speak more than a few words, pale and sweaty, and may have blue lips.

All students judged to be having a severe asthma attack require emergency medical assistance.

Call an ambulance (dial 000), notify the student's emergency contact, and follow the 4-Step **Asthma First Aid Plan** while waiting for the ambulance to arrive.

When calling the ambulance, clearly state that a student is having 'breathing difficulties'.

The ambulance service will give priority to a person suffering extreme shortness of breath. Regardless of whether an attack of asthma has been assessed as mild, moderate, or severe, Asthma First Aid (as detailed below) must commence immediately.

The danger in any asthma situation is delay. Delay may increase the severity of the attack and ultimately risk the student's life.



### Asthma First Aid Plan

All students with Asthma have an Asthma Action Plan and follow the First Aid procedure immediately. If no Asthma Action Plan is available, the following steps outlined should be taken immediately.

#### Step 1:

Sit the student down in as quiet an atmosphere as possible. Breathing is easier sitting rather than lying down. Be calm and reassuring. Do not leave the student alone.

#### Step 2:

Without delay, give 4 separate puffs of a blue reliever medication (Ventolin). The medication is best given one puff at a time via a spacer device. If a spacer device is not available, simply use the puffer on its own. Ask the person to take 4 breaths from the spacer after each puff of medication.

#### Step 3:

Wait 4 minutes. If there is little or no improvement repeat steps 2 and 3.

#### Step 4:

If there is still little or no improvement; call an ambulance immediately (dial 000). State clearly that a student is having 'breathing difficulties'.

**Continuously repeat steps 2 and 3 while waiting for the ambulance.**

### Anaphylaxis Management

#### What is anaphylaxis?

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life-threatening. Although allergic reactions are common in children, severe life-threatening allergic reactions are uncommon and deaths are rare. However, deaths have occurred and anaphylaxis is therefore regarded as a medical emergency that requires a rapid response.

#### Signs and Symptoms of Anaphylaxis

The symptoms of a mild to moderate allergic reaction can include:

- Swelling of the lips, face, and eyes
- Hives or welts
- Abdominal pain and/or vomiting.
- Difficulty breathing or noisy breathing
- Swelling of the tongue
- Swelling/tightness in the throat

- Difficulty talking and/or a hoarse voice
- Wheezing or persistent coughing
- Loss of consciousness and/or collapse
- Young children may appear pale and floppy

Symptoms usually develop within 10 minutes to one hour of exposure to an allergen but can appear within a few minutes.

Every student who has been diagnosed as at risk of anaphylaxis will have an individual **Anaphylaxis Management Plan**.

The student's **Anaphylaxis Management Plan** will set out:

- The type of allergy or allergies.
- The student's emergency contact details.
- Practical strategies to minimise the risk of exposure to allergens for in-school and out-of-class settings, including:
  - during classroom activities
  - during snack times
  - before and after school, in the yard, and during breaks

Review the student's **Anaphylaxis Management Plan** annually or if the student's circumstances change, in consultation with parents. The Anaphylaxis Management Plan will also include an individual **ASCIA Action Plan**, which sets out the emergency procedures to be taken in the event of an allergic reaction. (ASCIA, the Australasian Society of Clinical and Allergy, is the peak body of immunologists and allergists in Australia).

## Infection Control

### Respiratory Hygiene

Respiratory hygiene or cough etiquette are terms used to describe infection prevention measures. Practices include:

- covering the mouth and nose when coughing or sneezing;
- using tissues and disposing of them appropriately;
- using face masks and disposing of them appropriately, as required;
- and attending to hand hygiene immediately after coughing, sneezing, or blowing the nose.

### Infectious Disease

The transmission of microorganisms, such as bacteria, viruses, parasites or fungi directly or indirectly, from one person to another.

## Standard Precautions

The minimum infection prevention and control practices must always be used, by all people, in all First Aid situations.

The use of standard precautions aims to minimise and, where possible, eliminate the risk of transmission of infection.

## Student Health Support Plan

This plan outlines how the School will support a student's healthcare needs, based on health advice received from a student's medical practitioner. See the Appendix for the **Student Health Support Plan** template.

## 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 cancer, etc.

## Administration of Medication

- **Non-Prescribed:** School and CEB office staff are not 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 dose 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 at 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 being 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

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

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

During off-site 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** can be used to manually record details until it can be added to the student's medical records.

### Resources

- [Occupational Health and Safety Act 2004 \(Vic\)](#)
- [First Aid in the Workplace Compliance Code](#)
- *School Health and Safety: Hands-on Guide* CCH Australia, 2008

### First Aid Registers & Forms

See the Appendix for all the following templates and forms:

- First Aid Register – First Aid Personnel
- First Aid Register – First Aid Kits & Rooms
- First Aid Register – First Aid and CPR Training
- Medical Authority Form
- Medication Administration Log
- Student Support Health Plan
- Accidents and Critical Incidents Report Form

### Emergency Telephone Numbers:

**Poisons Information Service:** 13 11 26

**Ambulance:** 000

## Policy Review

This First Aid Policy is reviewed on an **annual basis** or as and when necessary, for example, if a First Aid Officer leaves the School.

## Communication

This policy will be communicated to the School's community in the following ways:

- Available publicly on the School's website [or insert other online parent/carer/student communication method]
- Included in staff induction processes and staff training
- Included in staff handbook/manual
- Discussed at staff briefings/meetings as required
- Hard copy available from school administration upon request

## Document Control

<b>Policy Title</b>	<b>First Aid Policy and Procedure</b>
<b>Version Number</b>	
<b>Approved By</b>	
<b>Review Date</b>	

## APPENDIX

### First Aid Registers

This sheet should be displayed near first aid kits, in the first aid room/sick bay and on notice boards. Records must be kept of all persons trained in First Aid.. These records must be updated and regularly reviewed to ensure adequate training levels are maintained.

### First Aid Officers Details

NAME	LOCATION	QUALIFICATIONS	CONTACT NUMBER

### First Aid and CPR Training Registry

NAME	CONTACT NO.	QUALIFICATIONS	ANNUAL CPR TRAINING DATE	CERTIFICATE EXPIRY DATE
		First Aid and CPR		
		First Aid and CPR		
		First Aid and CPR		
		First Aid and CPR		

### First Aid Equipment and Facilities

#### First Aid Kits

The School has allocated the following location as the designated for the First Aid Kit:

LOCATION	TYPE (portable, fixed, vehicle kit, etc.)

## First Aid Room

The School has allocated the following location as the designated First Aid Room or Area.

LOCATION	SITE

The School has assigned responsibility for the First Aid Room or area to the following designated First Aid Officer/s:

NAME	PHONE NUMBER

## First Aid Record-Keeping

Incident/accident record books are kept in the following locations:

LOCATION	RESPONSIBLE PERSON	CONTACT NUMBER

## Medication Authority Form

[INSERT SCHOOL LOGO OR NAME]

# MEDICATION AUTHORITY FORM

## For students requiring medication to be administered at school

This form should, ideally, be signed by the student's medical/health practitioner for all medication to be administered at school but schools may proceed on the signed authority of parents in the absence of a signature from a medical practitioner.

- **For students with asthma**, [Asthma Australia's School Asthma Care Plan](#)
- **For students with anaphylaxis**, an [ASCIA Action Plan for Anaphylaxis](#)

Please only complete the sections below that are relevant to the student's health support needs. If additional advice is required, please attach it to this form.

Please note: wherever possible, medication should be scheduled outside school hours, e.g. medication required three times daily is generally not required during a school day – it can be taken before and after school and before bed.

### STUDENT DETAILS

Name of school: \_\_\_\_\_

Name of student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

MediAlert Number (if relevant): \_\_\_\_\_

Review date for this form: \_\_\_\_\_

### MEDICATION REQUIRED

Name of Medication/s	Dosage (amount)	Time/s to be taken	How is it to be taken? (e.g. oral/topical/injection)	Dates to be administered	Supervision required
				Start: / / End: / / <b>OR</b> <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> No – student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer
				Start: / / End: / / <b>OR</b> <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> No – student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer

### MEDICATION STORAGE

Please indicate if there are any specific storage instructions for any medication:

\_\_\_\_\_

\_\_\_\_\_



## MEDICATION DELIVERED TO THE SCHOOL

Please ensure that medication is delivered to the school:

- Is in its original package
- The pharmacy label matches the information included in this form

## SELF-MANAGEMENT OF MEDICATION

Students in the early years will generally need supervision of their medication and other aspects of healthcare management. In line with their age stage of development and capabilities, older students can take responsibility for their health care. Self-management should be agreed to by the student and their parents/carers, the school, and the student's medical/health practitioner.

Please describe what supervision or assistance is required by the student when taking medication at school (e.g. remind, observe, assist, or administer):

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## MONITORING THE EFFECTS OF MEDICATION

Please note: School staff **do not** monitor the effects of medication and will seek emergency medical assistance if concerned about a student's behaviour following medication.

## PRIVACY STATEMENT

The school collects personal information so that 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 can request access to the personal information that we hold about you/your child and request that it be corrected. Please contact the school directly or FOI Unit on 96372670.

## AUTHORISATION TO ADMINISTER MEDICATION IN ACCORDANCE WITH THIS FORM

Name of parent/carer or adult/mature minor\*\*:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of medical/health practitioner: \_\_\_\_\_

Professional role: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact details: \_\_\_\_\_

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

*\*\*Please note: A mature minor is a student who can make their own decisions on a range of issues before they reach eighteen years of age.*

Medication Administration Log

[INSERT SCHOOL LOGO OR NAME]

**MEDICATION ADMINISTRATION LOG**  
**For students requiring medication to be administered at school**

This log should be completed by the staff member administering medication to any student at the school.

Name of student: \_\_\_\_\_ Year level: \_\_\_\_\_

Date	Time	Name of Medication and Dose	Tick when checked ✓				Comments	Staff member administering (print name and initial)	Staff member checking* (print name and initial)
			Correct Child	Correct Medication	Correct Dose	Correct Route			

**\*Cross-checking:** It is recognised that in many school settings medication is administered using a system of two staff members checking that medication is correctly administered. This is an appropriate added safety measure and is seen as good practice.

## 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/health practitioner. This form must be completed for each student with an identified health care need (not including those with Anaphylaxis as this is done via an Individual Anaphylaxis Management Plan)

**This Plan is to be completed by the principal or nominee in collaboration with the parent/carer and 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. Other: _____			

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

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

**\*\*Please note: A mature minor is a student who can make their own decisions on a range of issues before they reach eighteen years of age.**

Name of principal (or nominee): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Privacy Statement:

The school collects personal information so that 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 can request access to the personal information that we hold about you/your child and request that it be corrected.

## HOW THE SCHOOL WILL SUPPORT THE STUDENT'S HEALTH CARE NEEDS

Student's name:	
Date of birth:	Year level:
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 support during the school day?	<i>For example, some medication can be taken at home and does not need to be brought to school.</i>	
	How can the recommended support be provided most simply, with minimal interruption to the education and care program?	<i>For example, students using nebulizers 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?  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?	<p><i>Discuss and agree on the individual first aid plan with the parent/carer.</i></p> <p><i>Ensure that there are sufficient staff trained in basic first aid.</i></p> <p><i>Ensure that all relevant school staff are informed about the first aid response for the student.</i></p>	
	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?	<p><i>Ensure that relevant staff undertake the agreed additional training</i></p> <p><i>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></p>	

<b>Support</b>	<b>What needs to be considered?</b>	<b>Strategy – how will the school support the student's health care needs?</b>	<b>Person Responsible for ensuring the support</b>
<b>Complex medical needs</b>	Does the student have a complex medical care need?	<p><i>Is specific training required by relevant school staff to meet the student's complex medical care needs?</i></p> <p><i>The Schoolcare Program enables students with ongoing complex medical needs to have their healthcare requirements met safely at school. This program is available to students who would be unable to attend school without the procedure being performed by appropriately trained staff. Following the referral process, RCH nurses will attend your school and provide specialist training to nominated school staff.</i></p>	
<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 for health-related safety</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 the school's policy on medication management.</i></p> <p><i>Ensure that a medication log or equivalent official medications register is completed by the person administering the taking of the medication.</i></p>	

	<p>Are there any facilities issues that need to be addressed?</p>	<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>	
	<p>Does the student require assistance from a visiting nurse, physiotherapist, or other health worker?</p>	<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 that enables the provision of health services.</i></p>	
	<p>Who is responsible for the management of health records at the school?</p>	<p><i>Ensure that information privacy principles are applied when collecting, using, retaining, or disposing of personal or health information.</i></p>	
	<p>Where relevant, what steps have been put in place to support the continuity and relevance of curriculum for the student?</p>	<p><i>For example, accommodation in curriculum design and delivery and assessment for a student in transition between home, hospital, and school; for a student's attendance (full-time, part-time or episodically).</i></p>	

<b>Support</b>	<b>What needs to be considered?</b>	<b>Strategy – how will the school support the student's health care needs?</b>	<b>Person Responsible for ensuring the support</b>
<p><b>Other considerations</b></p>	<p>Are there other considerations relevant for this health support plan?</p>	<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>	

## Accidents and Critical Incidents Report Form

Complete this form to report incidents involving and/or impacting CLV students. Incidents are categorised according to actual/alleged impact on Students.

Use the Incident Report Guide to assist in completing the form.

If completing a paper copy, please use **black or blue** pen only. If more space is required for any section, please attach an additional clearly labelled page/s.

*Parts 1 – 4 are to be completed by the most CLV staff member present at the time of the incident, the ‘reporter’*

### Part 1: Reporter details

Reporting person’s name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Position title: \_\_\_\_\_

Reporting School:

*School name*

### Part 2: Incident details

Date of incident: *DD/MM/YYYY*      /      /      Time of incident:        AM        PM

*If you did not see the incident:*

Date you were first told about the incident: *DD/MM/YYYY*      /      /      Time first told of incident:        AM        PM

Address/location of incident:

*Where did it happen?*

Incident type

*Refer to the Incident types (list C). Choose and write down ONE (the most serious) incident type only. Copy exact wording from the list.*

For incidents involving **assault**:

*Please mark one only.*

*‘Other’ refers to those who are not parents, students, or staff but who were involved in the incident.*

- parent to parent
- parent to staff
- staff to parent
- parent to student
- staff to student
- student to student
- other

### Part 3: Who was involved?

*Please complete for each person involved in the incident. This includes witnesses.*

	Family name	First name	Sex (M/F)	Aboriginal or Torres Strait Islander (circle one)	Date of Birth	Address	Participant/ Witness/ Victim/ (P/W/V) (circle one only*)	Injured (circle one)	Medical professional required (circle one)
1				Y N			P W V	Y N	Y N
2				Y N			P W V	Y N	Y N
3				Y N			P W V	Y N	Y N
4				Y N			P W V	Y N	Y N

\* Only mark ‘victim’ when an incident involves assault.

### Staff or others: details

Please complete for each CLV staff member or others involved in the incident, including any witnesses.

	Family name	First name	Position/title	Staff / Volunteer <i>(circle one)</i>	Participant/ Witness/ Victim/ (P/W/V) <i>(circle one only)</i>	Injured <i>(circle one)</i>	Medical professional required <i>(circle one)</i>
1				S V	P W V	Y N	Y N
2				S V	P W V	Y N	Y N
3				S V	P W V	Y N	Y N
4				S V	P W V	Y N	Y N

### Part 4: What happened?

Describe the incident and the immediate response of staff.

*This section should be a brief, factual account of the incident. Include impact to the person who was involved; how, where and when the incident occurred; who did what; who (if anyone) was injured and the nature and extent of injuries (if applicable).*

Was any property or equipment damaged?  Yes  No

Details of damage: \_\_\_\_\_

Signature of reporter: \_\_\_\_\_ Date:        /        /



## Part 5: Principal's report

*Part 5 is to be completed by the Principal or Assistant Principal after being notified of the incident.*

Print Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Position: \_\_\_\_\_

### Brief summary of the incident (for all incidents)

*Provide a summary of the incident in 20 words or less.*

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### What actions have been taken and what follow-up actions will be taken in response to the incident?

*Please describe what actions have been taken to address safety risks and what will be done to prevent recurrence of the incident.*

### Staff to Student assault and/or abuse in care

*These refer to alleged or actual physical or sexual assault where a student in care is the victim, and the perpetrator is a staff member.*

Is this an incident of staff-to-student assault?  Yes  No *If yes, complete the remaining items in this section.*

Have immediate student safety needs been met?  Yes  No

Has an investigation been initiated?  Yes  No

Is this an incident of abuse in care?  Yes  No

Please provide details:

### Compulsory treatment (for Disability Services students only):

Are any of the students subject to compulsory treatment under the Disability Act (2006)?  Yes  No

### Other areas informed

Police contacted:  Yes  No Date: / / Time:  N/A

Police officer's name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Police investigation:  Yes  No Date: / /  N/A

Emergency Services:  Yes  N/A Date: / / Case number: \_\_\_\_\_

Emergency & Security Management notified:  Yes  No Date: / /  N/A

Report quality checked:  Yes

Signature of Manager: \_\_\_\_\_ Date: / / Time: \_\_\_\_\_

Please return this completed report and any attachments to CLV School (INSERT SCHOOL NAME) and CLV Child Safety Officer: Neda Erjaei at [neda.erjaei@communitylanguages.org.au](mailto:neda.erjaei@communitylanguages.org.au)

### INTERNAL USE

Date received the form:

Action taken:

Date report completed: