



ST. ANDREW'S GRAMMAR

STUDENT HEALTH POLICIES AND PROCEDURES

(Student Care Plans, Asthma, Diabetes, Anaphylaxis, Sun Protection & Sun Smart Behaviour, Epilepsy, Bee Stings, Snake, Spider, Scorpion and Centipede bites, Administration of Medication, Administration of First Aid, Infectious & Communicable Diseases, Head Lice)

<i>Date</i>	<i>Modified By</i>	<i>Ratified</i>	<i>Review</i>
March 2006	Principal	2006	2007
February 2008	Principal	2008	2009
July 2009	Principal	2009	2010
February 2010	Principal	2010	2011
November 2013	Principal	2013	2014
February 2014	Principal	2014	2015
June 2017	Principal	2017	2018
July 2018	Principal	2018	2019
November 2018	Principal	2018	2019



ST. ANDREW'S GRAMMAR STUDENT HEALTH POLICIES AND PROCEDURES

- 1. Student Care Plans**
 - a. Appendix 1.1 – Medical Alert Template**
 - b. Appendix 1.2 – Student Information Update Form**
- 2. Asthma Management Policy**
 - a. Appendix 2.1 – Asthma First Aid flow chart**
 - b. Appendix 2.2 – Student Asthma Record Form**
- 3. Diabetes Management Policy**
- 4. Anaphylaxis Management Policy**
 - a. Appendix 4.1 – Action Plan**
- 5. Sun Protection and Sun Smart Behaviour**
- 6. Epilepsy**
- 7. Bee Stings**
- 8. Snake, Spider, Scorpion and Centipede Bites**
- 9. Administration of Medication Policy**
 - a. Appendix 6.1 – Administration of Medication Form**
 - b. Appendix 6.2 – Register of Pain Relief**
- 10. Administration of First Aid – with reference to the First Aid Policy**
- 11. Infectious and Communicable Diseases**
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Overall Health Policy Statement

St Andrew's Grammar promotes student health, supports student health care needs and identifies and minimises health risks. Note that this policy is to be read in conjunction with the School First Aid Policy.

St Andrew's Grammar will:

- Obtain information from parents or guardians at the time of enrolment about student's individual health needs
- Request that parents or guardians provide a full immunisation record at enrolment
- Provide temporary care when students become unwell at school
- Respond to student's health care needs in the context of the school's resources
- Develop plans for medical emergencies
- Implement procedures to manage specific health issues
- Support staff in obtaining training and qualifications in First Aid

Health Related Absences

1. Parents or guardians must communicate with School Reception advising of the absence before 10am on each day of the absence
2. Staff will ensure the provision of an educational program for students who are absent due to illness
3. Assessments missed due to illness are subject to varying requirements depending on the school year of the student. Older students (Year 11 and Year 12) who miss an assessment will be required to obtain a medical certificate. Parents and students should discuss a plan for the missed assessment directly with the classroom teacher

Confidentiality

Student health information is confidential. The Principal may share this information with the Heads of School and school staff if:

- Parents or guardians provide consent
- The students ongoing health care is being managed by school staff
- There is an imminent threat
- There is a legislative requirement to share the information

Medical Emergency

The Principal, together with the Senior Management Team, will develop a plan for medical emergencies. This plan will include the following actions:

1. Arranging medical attention for the student
2. Immediately ensuring the wellbeing of witnesses
3. Informing parents as soon as possible
4. Recording all actions taken
5. Debriefing with those staff involved as soon as possible after the incident
6. Responsibilities if the Principal is not on campus

Expectations of Parents

1. Support St Andrew's Grammar in its procedures for managing student health matters
2. Inform the school of health needs of a student at the time of enrolment or when health conditions change/develop
3. Liaise with the child's medical practitioner about the implications of any health condition for schooling and convey advice and information to the school
4. Provide prescribed medications to the School Reception
5. Be involved in the review and update of the management plans for health needs

1. Student Care Plans

St Andrew's Grammar is committed to providing the utmost care for all students. Any student with special medical needs will have a care plan created which details particulars such as symptoms to watch for and correct treatment. These students will be identified to all staff via a Medical Alert (see appendix 1.1). Information for Medical Alerts is gathered using the Student Health Care Summary (see appendix 1.2). The Student Health Care Summary is to be completed by all parents prior to enrolment and updated if the student's health care needs change.

The Student Health Care Summary:

- provides contact details for use in a medical emergency
- informs parents that in a medical emergency they will be expected to meet the cost of an ambulance
- seeks informed consent from parents for any necessary sharing of student's health information
- asks parents to identify essential health information that could affect their child in an emergency e.g. allergy to penicillin
- asks parents to list any health conditions their child has and to advise the school if support is required from school staff

Details of a Student's ongoing medical situation (e.g. allergies, need for long term medication) will be entered into the MAZE database and stored electronically for staff to view if required. Medical Alerts are on display in the Health Centre as well as in the teacher duty files.

Medical Alerts are colour coded for easy reference to the severity of the medical condition:

- **RED BORDER**
The student's condition is life threatening and every precaution must be taken.
- **BLUE BORDER**
The condition is not serious but staff must still be aware.
- **ORANGE BORDER**
The student has some form of physical and/or intellectual condition or disability. Although not usually life threatening we need to be aware.

APPENDIX 1.1 – MEDICAL ALERT TEMPLATE

STUDENT NAME

INSERT
STUDENT
PHOTO

Student Year

Medical Condition

Medication:

Contact:

Alternative Contacts:



ST. ANDREW'S GRAMMAR

K-12 Co-education

Student Information Update Form

STRICTLY CONFIDENTIAL

This form is to be completed and signed (3 times on page 6) by the Parent or Guardian of the student. It is important for the wellbeing of each student that this form be completed fully and accurately.

PERSONAL INFORMATION

Student Details

Surname: _____ First Name: _____

Second Name: _____ Preferred Name: _____

Gender (Please Circle): F / M Date of Birth: __/__/____ Country of Birth: _____

Australian Citizen: Y / N Main Language Spoken: _____ Other Languages

Spoken: _____ Religion: _____

Family Demographic

Student resides with: ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian

☐ Both Parents (Shared Custody)**

*** If student resides with "Both Parents (Shared Custody)", please fill out "Family B" in addition to "Family A" below.*

Family A:

Person 1

Relation to Student: _____

Mr/Mrs/Miss/Ms/Dr Surname: _____ Name: _____

Nationality: _____ Country of Birth: _____

Australian Citizen: Y / N Main Language Spoken: _____ Religion: _____

Residential Address: _____

Suburb: _____ Postcode: _____ Email: _____

Mobile: _____ Phone (Home): _____ Phone (Work): _____

Occupation: _____ Employer: _____

Person 2

Relation to Student: _____

Mr/Mrs/Miss/Ms/Dr Surname: _____ Name: _____

Nationality: _____ Country of Birth _____
Australian Citizen: Y / N Main Language Spoken: _____ Religion: _____
Residential Address: _____
Suburb: _____ Postcode: _____ Email: _____
Mobile: _____ Phone (Home): _____ Phone (Work): _____
Occupation: _____ Employer: _____

Preferred **Family A** contact to receive school correspondence via SMS or email:

☐ Person 1 ☐ Person 2 ☐ Family B contact only (please detail below)

Family B:

Person 1

Relation to Student: _____
Mr/Mrs/Miss/Ms/Dr Surname: _____ Name: _____
Nationality: _____ Country of Birth _____
Australian Citizen: Y / N Main Language Spoken: _____ Religion: _____
Residential Address: _____
Suburb: _____ Postcode: _____ Email: _____
Mobile: _____ Phone (Home): _____ Phone (Work): _____
Occupation: _____ Employer: _____

Person 2

Relation to Student: _____
Mr/Mrs/Miss/Ms/Dr Surname: _____ Name: _____
Nationality: _____ Country of Birth _____
Australian Citizen: Y / N Main Language Spoken: _____ Religion: _____
Residential Address: _____
Suburb: _____ Postcode: _____ Email: _____
Mobile: _____ Phone (Home): _____ Phone (Work): _____
Occupation: _____ Employer: _____

Preferred **Family B** contact to receive school correspondence via SMS or email:

☐ Person 1 ☐ Person 2 ☐ No Family B contact

Name of persons to be called if parents/guardians cannot be contacted.

Mobile: _____ Phone (Home): _____ Phone (Work): _____

Mobile: _____ Phone (Home): _____ Phone (Work): _____

Mobile: _____ Phone (Home): _____ Phone (Work): _____

Name: _____ Relationship to student: _____

Name: _____ Relationship to student: _____

Medical Alert

Medical Conditions:

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1. My Child has been hospitalised with a severe allergic reaction Yes [] No []

2. My Child has been prescribed an EpiPen Yes [] No []

If you answer yes to either of the questions above, please contact school reception. You will also need to provide medications and an Action Plan for anaphylaxis by your doctor.

Allergies

My Child has an allergy to:

Insect Bites Yes [] No []

Reaction symptoms: _____

Treatment: _____

Drug/Medication Yes [] No []

Reaction symptoms: _____

Treatment: _____

Food: Peanuts Yes [] No []

Other Nuts Yes [] No [] Type: _____

Fish Yes [] No []

Shellfish Yes [] No []

Other _____

Reaction symptoms: _____

Treatment: _____

Other – Please Specify _____

Reaction symptoms: _____

Treatment: _____

Ointments/Elastoplast's Yes [] No []

Reaction symptoms: _____

Treatment: _____

My child suffers from:

Diabetes Yes [] No [] If Yes, Please supply details: _____

Epilepsy Yes [] No [] If Yes, Please supply details: _____

Asthma Yes [] No []

(Please attach an action plan with details of treatment)

Does your child use:

Preventer Medication Yes [] No [] Details _____

Reliever Medication Yes [] No [] Details _____

Previous Hospital Admissions Yes [] No [] Details _____

Eczema Yes [] No [] **Details:** _____

Heart Condition Yes [] No [] **Details:** _____

Other – Please Specify Yes [] No [] **Details:** _____

Intolerance to any food Yes [] No [] **Details:** _____

Medication

Please provide details of any medication your child is taking and the condition being treated.

(Parents are required to attend the School reception to fill out and sign a medication advice form for all medications to be given on-site and deliver medications to the school reception)

Emergency Consent/Details

In the case of extreme urgency and when all efforts by St. Andrew's Grammar to make contact with a parent or guardian have failed, does St. Andrew's grammar have permission to arrange:

Ambulance Yes [] No [] Emergency Operations Yes [] No []
Blood transfusion: Yes [] No [] Blood Type: _____

Consent to give Medication:

Please indicate whether you give a standing consent for the student to be administered the following medications. All medications will only be administered after assessment of the students' illness or injury from the attending staff member.

For those aged 12 and under, dosages will be those recommended on the packaging. Please indicate if otherwise:

[] Panadol _____

[] Ibuprofen _____

[] Antihistamine _____

Signature of Parent or Guardian: _____ **Date:** _____

Consent to give Medical Attention:

In the event of illness or injury to my child whilst at school, on excursion, or travelling to or from school; I authorise the staff member in charge of my child, where the staff member is unable to contact me or it is otherwise impractical to contact me to:

Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner;

Administer such first aid as the staff member may judge to be reasonably necessary.

Signature of Parent or Guardian: _____ **Date:** _____

CONSENT FOR PHOTO IDENTIFICATION ON YOUR CHILD'S HEALTH CARE PLAN

If your Child has a condition where an emergency may occur, please indicate whether you give consent for staff to place your child's medical details and photo on view to provide immediate identification.

I give permission for my child's "medical details and photo" to be on view for staff Yes ☐ No ☐

Any other relevant medical information? (i.e. physical, intellectual and/or psychological)

If answered yes to any of the above, please provide further details below.

Symptoms:

Please Note If the student requires medication to be administered in an emergency situation for any listed conditions (EpiPen, Ventolin etc) the students own individual medication as well as an updated action plan must be in possession of the School's office for them to be on the premises.

Doctors Information:

Doctors Name: _____ Practice: _____

Contact Number: _____

Immunisations:

Please tick if student is currently immunised against the following:

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps | <input type="checkbox"/> Diphtheria |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Rubella | <input type="checkbox"/> Pertussis (Whooping Cough) |
| <input type="checkbox"/> Meningococcal | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> BCG (Tuberculosis) |
| <input type="checkbox"/> Hib | <input type="checkbox"/> Tetanus | |

Special Food Requirements:

Please detail any special food requirements (religious, etc.)

In signing below, I hereby confirm that I have provided the School with updated information regarding the student's personal information, medical details and food requirements and if necessary have completed the *Medication Instructions from Prescribing Doctor* form.

Name of Parent or Guardian: _____

Signature: _____ **Date:** _____

2. Asthma Care for Students

1. Objective

To provide Asthma First Aid as per Asthma Foundation of WA guidelines within the school environment and on school business for all students, staff and visitors.

2. Information

All Students will be treated with the 4 Step Asthma First Aid plan (Asthma Foundation of WA) unless medical professions advise of special requirements for individual students.

Parents/Guardians must notify the school of special requirements for students who have severe asthma.

All staff members are offered training in the provision of Asthma First Aid. Retraining is arranged through the Head of School as required.

Asthma First Aid equipment is available in First Aid kits and the medical room.

Disposable one person use only spacers will be available within St. Andrew's Grammar First Aid kits.

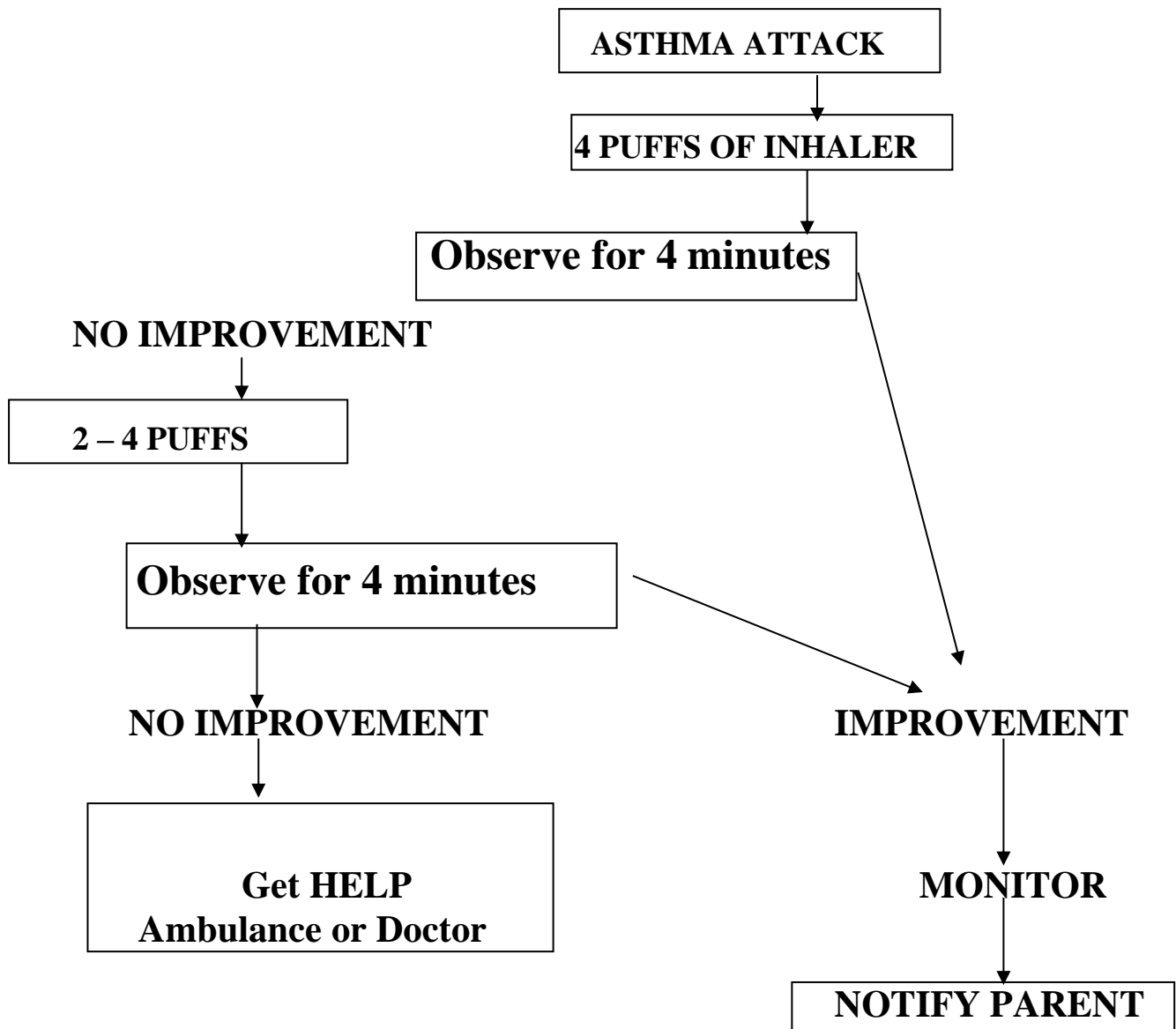
Students who require regular administration of blue reliever puffer (Ventolin) will be required to provide their own personal spacer to the school.

3. 4 Step Asthma First Aid Plan

1. Sit the person upright. Remain Calm and provide reassurance.
2. Give 4 puffs of a blue reliever puffer, one puff at a time preferably through a spacer device
3. Ask the person to take 4 breaths from a spacer after each puff.
4. If required send a student to reception for assistance
5. Wait 4 minutes
6. If there is no improvement, repeat Steps 2 & 3
7. If there is still no improvement
8. Call an ambulance Immediately (Dial 000)
9. Continue to repeat Steps 2 & 3 until Ambulance arrives
10. Ensure School Reception has been informed

4. Treating an Asthma Attack

- A. Follow the child's own Emergency Action Plan (EAP).
- B. If there is no EAP provided, but permission has been given to follow-up asthma emergency procedure and inhaled medication is provided by the parent.



***** DETERIORATION AT ANY TIME - CALL AMBULANCE**

If the child is not a known asthmatic, no written record, no medication an authorization from parent to treat for asthma, but asthma is suspected.

1. Make the child comfortable, preferably seated. A Puffer may be used.
2. Get immediate medical help – Contact Administration.

Asthma First Aid

1 Sit the person upright

- Be calm and reassuring
- Do not leave them alone



2 Give 4 separate puffs of blue/grey reliever puffer

- Shake puffer
 - Put 1 puff into spacer
 - Take 4 breaths from spacer
- Repeat until 4 puffs have been taken

Remember: Shake, 1 puff, 4 breaths

OR give 2 separate doses of a Bricanyl inhaler (age 6 & over) or a Symbicort inhaler (over 12)



3 Wait 4 minutes

- If there is no improvement, give 4 more separate puffs of blue/grey reliever as above

OR give 1 more dose of Bricanyl or Symbicort inhaler



4 If there is still no improvement call emergency assistance - Dial Triple Zero (000)

- Say 'ambulance' and that someone is having an asthma attack
- Keep giving 4 separate puffs every 4 minutes until emergency assistance arrives

OR give 1 dose of a Bricanyl or Symbicort every 4 minutes - up to 3 more doses of Symbicort



Call emergency assistance immediately - Dial Triple Zero (000)

- If the person is not breathing
- If the person's asthma suddenly becomes worse or is not improving
- If the person is having an asthma attack and a reliever is not available
- If you are not sure if it's asthma
- If the person is known to have Anaphylaxis - follow their Anaphylaxis Action Plan, then give Asthma First Aid

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma



Asthma Australia

Contact your local Asthma Foundation

1800 ASTHMA Helpline (1800 278 462) asthmaaustralia.org.au

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Translating and
Interpreting Service
131 450

Asthma care plan for education and care services

CONFIDENTIAL: Staff are trained in asthma first aid (see overleaf) and can provide routine asthma medication as authorised in this care plan by the treating doctor. Please advise staff in writing of any changes to this plan.

To be completed by the treating doctor and parent/guardian, for supervising staff and emergency medical personnel.

PLEASE PRINT CLEARLY

Photo of student
(optional)

Plan date

/ / 201

Review date

/ / 201

Student's name

Date of birth

Managing an asthma attack

Staff are trained in asthma first aid (see overleaf). Please write down anything different this student might need if they have an asthma attack:

Daily asthma management

This student's usual asthma signs

- ☐ Cough
☐ Wheeze
☐ Difficulty breathing
☐ Other (please describe)

Frequency and severity

- ☐ Daily/most days
☐ Frequently (more than 5 x per year)
☐ Occasionally (less than 5 x per year)
☐ Other (please describe)

Known triggers for this student's asthma (eg exercise, colds/flu, smoke) — please detail:*

- Does this student usually tell an adult if s/he is having trouble breathing? ☐ Yes ☐ No
Does this student need help to take asthma medication? ☐ Yes ☐ No
Does this student use a mask with a spacer? ☐ Yes ☐ No
*Does this student need a blue reliever puffer medication before exercise? ☐ Yes ☐ No

Medication plan

If this student needs asthma medication, please detail below and make sure the medication and spacer/mask are supplied to staff.

Name of medication and colour	Dose/number of puffs	Time required

Doctor

Name of doctor

Address

Phone

Signature

Date

Parent/Guardian

I have read, understood and agreed with this care plan and any attachments listed. I approve the release of this information to staff and emergency medical personnel. I will notify the staff in writing if there are any changes to these instructions. I understand staff will seek emergency medical help as needed and that I am responsible for payment of any emergency medical costs.

Signature

Date

Name

Emergency contact information

Contact name

Phone

Mobile

Email

3. Diabetes Management Policy

Objectives

St. Andrew's Grammar acknowledges its duty of care to provide a safe environment and special considerations for students with diabetes. Students with diabetes will require extra supervision and toilet privileges, flexibility to be able to eat at additional times (especially before or during sport), special consideration if unwell and provision for privacy if testing blood glucose levels and administering insulin via injection or using an insulin pump.

Procedural Guidelines for Diabetes Management

There are three types of diabetes

- **Type 1 diabetes (T1DM)** usually occurs in childhood or early adulthood; however, it can occur at any age. It is due to a severe deficiency or cessation of insulin production by the pancreas. Those affected require daily injections to survive.
- **Type 2 diabetes** usually occurs in adults (Usually over 40 Years); however, it is now being seen in adolescents. The pancreas fails to produce enough insulin to meet the body's needs or the body is unable to respond normally to insulin (insulin resistance) and the pancreas fails to produce enough insulin to meet the body's increased needs.
- **Diabetes Insipidus** is an uncommon condition with either relative or absolute lack of anti-Diuretic hormone (ADH) leading to the body's inability to concentrate the urine and subsequent excessive urination and thirst, with potential for fluid and electrolyte imbalance. This can be seen in a variety of conditions in the paediatric population, most commonly in patients post neurosurgery or with cerebral malformations.

Students with Diabetes

New Diabetes Management and Action plans

For a number of years, the Diabetes Management and Emergency Response Plan (Form 6) has been used to plan health care for students with Type 1 Diabetes (T1DM). This form has now been replaced by nationally endorsed Diabetes Management and Action Plans developed by Diabetes Australia and contextualised for WA by the Perth Children's Hospital (PCH) Diabetes Service. Professor Liz Davis, Head of the PCH Diabetes Service, has endorsed the implementation of these documented plans and advised that they are based on current evidence-based best practice.

Three separate plans target the different approaches to managing T1DM:

- Twice daily injections
- Multiple daily injections
- Insulin pump management.

These plans are available on Diabetes WA website, which also includes Sample Camp Plans, Continuous Glucose Monitoring (CGM) Plans and Flash Monitoring Plans. Students with T1DM may utilise one of these monitoring systems to monitor their health. If a student with T1DM presents to school without a diabetes health care plan, parents should be provided with Diabetes WA Management and Action Plans appropriate to their child's treatment regime to complete.

Medical history details of students identified with diabetes on enrolment or subsequent notifications by parent/guardian are entered into MAZE/SEQTA.

- Teachers are to be aware of students in their care with diabetes.
- Students will carry their own “HYPOGLYCAEMIC KIT” for activities off campus.
- If unwell, a student with Diabetes **MUST NEVER BE LEFT ALONE**.
- Accompany them to School Reception or contact the school reception 9376 5850.

Urgent medical information is provided by the PCH Diabetes Triage Nurse if a parent cannot be contacted. School Staff will need to leave a detailed message and the call will be returned in order of priority.

PCH Diabetes Triage Nurse
6456 1111

Students with Diabetes are encouraged to pack additional snacks on days where there is an increase in activity scheduled (PE, after school training or school sport) and to wear a “medic alert”

Students with diabetes may carry their mobile phone in class for the purpose of communicating with parent Re Blood Glucose Level (BGL) and insulin dosage, along with a backpack containing necessary equipment – age appropriate.

Emergency medication (Glucagon) must be supplied by Parent/Guardian to the school reception as prescribed to the student.

EMERGENCY MANAGEMENT

If a student with diabetes has a fit (Seizure) or is unconscious:

CALL FOR HELP: 000

STATE: “DIABETIC EMERGENCY”

- Do not attempt to give anything by mouth
- Lie the student on their side (recovery/coma position)
- Give Glucagon injection if available
- Stay with the student until help arrives
- Commence DRSABCD if required

SPECIAL CONSIDERATIONS

Low Blood Glucose Levels (BGL) – HYPOGLYCAEMIA

Less than 4mmol

May be caused by too much insulin and/or exercise

Or

Not enough carbohydrate foods.

Blood glucose levels less than 4mmol/l should be treated even when there are no symptoms.

Signs and Symptoms:

- Headache

- Trembling
- Looking Pale
- Feeling Hungry
- Sweating
- Crying
- Irritable
- Feeling or acting confused
- Or other symptoms as determined by individual students

TREATMENT: Mild Hypoglycaemia-Blood Glucose Level of 2-4mmols

1. Give **ONE** of the following:
 - 4 Glucose tablets
 - OR
 - 100ml Lemonade or fruit Juice
 - OR
 - 2 Teaspoons honey or sugar

Retest Blood Glucose level after 15mins.

If blood glucose levels remain low and symptoms are still present, repeat the treatment and stay with the student.

Retest Blood Glucose level after 15mins.

2. Once Blood Glucose Level is above 4mmol- Follow up with extra carbohydrate food such as fruit, a sandwich or biscuits. If Hypoglycaemia occurs just before a scheduled meal or snack, follow with that meal or snack.

Physical Activity

Students with diabetes are encouraged to participate in regular physical activity.

Extra care and planning is required as muscles use more glucose for energy during exercise and therefore, blood glucose levels may fall during, immediately after or several hours after physical activity.

Students are encouraged to:

- Eat extra carbohydrate food before sport/training
- Have additional food for each hour of physical activity
- Have additional food after sport/training

Staff Members:

- Ensure students are carrying their own hypoglycaemia kit (Glucose tablets, jelly beans, muesli bars, milk or as required by student) is taken to all sporting activities and excursions.
- Consider modifying activity where there may be of potential of hard to either the student or someone called upon to help e.g.: Abseiling, Swimming
- Provide supervision during physical activity

Sickness

Students with diabetes **MUST BE ACCOMPANIED** to the School Reception if feeling unwell.

If vomiting, parents/guardians are to be contacted and advised that the student should be seen by a doctor or PMH Endocrinology Clinic contacted.

Camps/Tours

It is important that parents/guardians meet with camp/tour organisers prior to the camp to provide and discuss the following:

- Special needs
- Supplies for treatment and testing
- Details of insulin dosage
- Extra food and snacks (as may be necessary)
- Emergency contact details
- Requirement of medical or nursing personnel to attend

Examinations

Students with diabetes can apply for special provision for exams through the WA School Curriculum and Standards Authority.

Students with diabetes may need:

- Food during examination (in case of Hypoglycaemia)
- Easy access to toilets and additional toilet privileges
- Special provisions for senior examinations

DIABETES EMERGENCY INFORMATION

- 1) HIGH BLOOD SUGAR
- 2) HYPERGLYCAEMIA
- 3) KETOACIDOSIS

- 1) LOW BLOOD SUGAR
- 2) HYPOGLYCAEMIA

HYPERGLYCAEMIA

Watch for:

- Increased thirst and urination
- Large amounts of sugar and ketones in urine
- Weakness, abdominal pains, generalized aches
- Loss of appetite, nausea and vomiting
- Heavy laboured breathing
- Lethargy
- Blurred or double vision

What to do:

- Give patient fluids without sugar if able to swallow
- Usual blood tests
- Test urine for ketones
- Continue your insulin injections
- Call doctor or diabetes educator

Causes:

- Not enough insulin / tablets
- Infection, fever
- Emotional stress, trauma
- Too much food

(Slow Onset) (Hours)

HYPOGLYCAEMIA

Watch for:

- Excess sweating, faintness headache
- Pounding of heart, trembling, impaired vision
- Hunger
- Irritability
- Personality change
- Coma, fitting

What to do:

- Take Glucose Tablets or food containing sugar
- Orange juice, sugar-sweetened soft drink
- Do not give anything by mouth if patient is not conscious
- Give glucagons if loss of consciousness call doctor

Causes:

- Too much insulin / tablets
- Not eating enough food (carbohydrate)
- Unusual amount of exercise
- Delayed meals

(Rapid Onset) (Minutes)

4. Anaphylaxis Management Policy

Objectives

To ensure a safe and supportive environment of students who suffer anaphylactic allergies whilst at school and on school related business.

The Australian Society of Clinical Immunology and Allergy Inc. recommends risk minimisation with regards to peanuts and tree nuts but does not recommend the implementation of blanket food bans or attempt to prohibit the entry of specific food substances into schools.

St. Andrew's Grammar has a nut minimisation policy.

Information

Anaphylaxis is the most severe form of allergic reaction and is potentially life threatening. It occurs following exposure to an allergen (food and no food such as pollen, insect stings and medication) to which the student is already sensitive. It must be treated as a medical emergency, requiring immediate treatment and urgent medical attention.

Parents/guardians are responsible for supplying St. Andrew's Grammar with a current (No more than 12 months old) Action Plan, signed by their treating doctor, with up to date photograph, and EpiPen prescribed for their child. Parents are responsible for the provision of accurate and up to date health information about their child.

Parents/Guardians are responsible for replacing expired and used EpiPens.

Parental Responsibilities in the Management of Anaphylaxis

Under the *School Education Act 1999* parents (guardians or other persons with parental responsibilities) must provide information to the school at the time of enrolment about their child's allergies or other condition which call for special steps to be taken. Parents are also required to notify the school of any change in their child's health, allergy or condition.

Parents/Guardians of a student at risk of Anaphylaxis are encouraged to assist St. Andrew's Grammar in providing a safe environment for their child.

Parents are requested to:

- Supply St. Andrew's Grammar with a current (No more than 12 months old) Action Plan, signed by their treating doctor, with an up to date photograph of their child.
- Provide an adrenaline auto injector (EpiPen) to the school.
- Replace the EpiPen before the expiry date, it is the responsibility of parents to monitor the expiry date of the EpiPen. It is advisable to check the expiry dates at the start of each term.
- Alert staff to the additional risks associated with non-routine events and assist in the planning and preparation for the student prior to school camps, field trips, in school activities, excursions or special events such as class parties or sports days.
- Inform staff of any changes to emergency contact details.

- Provide the School Reception, Head of Primary or Academic Director with an immediate update if there is a change to their child's condition.

In the event the required medication and Action Plan are not provided to the school or have expired, and due to life-threatening consequences of this, St Andrew's Grammar may exempt students both from on-site and off-site activities. Parents/guardians may be requested to keep students at home until these have been supplied to St. Andrew's Grammar.

A copy of the student's Anaphylaxis Action Plan, Photograph, required medications and Epipen (Obtained from the parent/guardian) will be placed in an identifiable container in the Health Centre at School Reception.

Generic Epipens will be kept in the school reception for emergency purposes only, these are not for replacement of students personal Epipens.

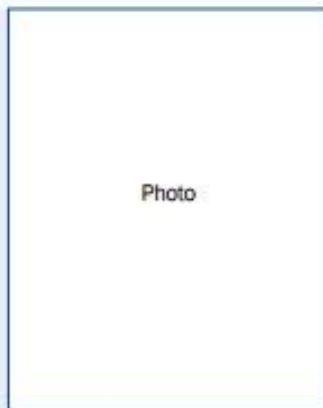
If an Anaphylactic reaction is suspected, Staff should follow the action plan for that child, call an Ambulance and contact School Reception.

ACTION PLAN FOR Anaphylaxis

For use with EpiPen® adrenaline autoinjectors

Name: _____

Date of birth: _____



Photo

Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by:

Dr: _____

Signed: _____

Date: _____

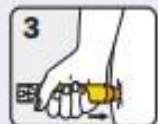
How to give EpiPen®



1 Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.



2 PLACE ORANGE END against outer mid-thigh (with or without clothing).



3 PUSH DOWN HARD until a click



4 REMOVE EpiPen®. Massage

is developed by ASCIA

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr
- Give other medications (if prescribed) _____
Dose: _____
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.
- 2 Give EpiPen® or EpiPen® Jr
- 3 Phone ambulance*- 000 (AU), 111 (NZ), 112 (mobile)
- 4 Phone family/emergency contact
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

If in doubt, give adrenaline autoinjector

After giving adrenaline:

- Commence CPR if there are no signs of life
- Give asthma medication if unsure whether it is asthma or anaphylaxis

5. Sun Protection and Sun-Smart Behaviour for Students and Staff

Objectives

- To minimise the risk of heat induced illness among members of the St. Andrew's Grammar community during sporting events.
- To encourage all staff, students and visitors to protect themselves from harmful rays of the sun.
- To minimise the risk of injury along members of St. Andrew's Grammar community during extreme weather conditions.

Information

Sun Smart

St. Andrew's Grammar encourages all staff, Students and visitors to wear hats and sunscreen when they are in unprotected areas of St. Andrew's Grammar.

There will be an expectation from the staff, that students will bring their own sunscreen and apply it prior to their training and competition or outdoor activities. On occasions that students forget their sunscreen, St. Andrew's grammar reception will provide backup. St. Andrew's Grammar is not in a position to force students to wear sunscreen. It is acknowledged that some students may have an allergic reaction to the sunscreen that is provided by the school.

St. Andrew's Grammar will provide shaded areas for students at carnivals as appropriate to other outdoor activities.

St. Andrew's Grammar primary school students without a broad-brimmed hat will be directed to shaded areas to play.

St. Andrew's Grammar provides adequate permanent shade structures and tree shade and temporary shade structures for outdoor events.

Extreme Hot Weather

Vigorous exercise or high intensity sport in a hot environment with associated elevation of body temperature, can lead to heat illness.

At Ambient temperature greater than or equal to 30 degrees celsius, children and adolescents have greater difficulty getting rid of heat than adults.

The physiological and structural difference between children, adolescents and adult's places children and adolescents at a greater risk of suffering from heat illness. A larger surface/body mass ratio affects their ability to dissipate heat when environmental temperature is greater than skin temperature. Immature sweating mechanism require a greater increase in body temperature before

the onset of sweating occurs and fewer/smaller sweat glands limit the production of sweat. Children will also acclimatise slower than adults to hot conditions.

High ambient temperature, solar radiation, humidity and dehydration impair the body's ability to dissipate heat.

The type of exercise surface and the amount of sunlight vary significantly with different sporting activities and therefore must be analysed for each individual sport. Radiant heat from black asphalt or concrete can exacerbate hot conditions and will need to be taken into consideration.

The tables below provide guidelines to weather conditions and appropriate guidelines for St. Andrew's Grammar.

To diminish the risk of heat illness, adequate fluids should be consumed before (500ml), during (500-750mls every hour) and after sporting activity. Water is considered an adequate fluid for activities lasting up to one hour.

For sporting events played in high risk conditions, reducing play time and extending rest periods with opportunities to rehydrate during the event will help safeguard the health of participants.

Ambient Temperature (Degrees Celsius)	Relative Humidity	Risk of thermal injury	Possible modification action for vigorous sustained activity
26-30	>60%	Moderate	Moderate Early pre-season training intensity Reduce the intensity and duration of play/training. Take more breaks. Students should be rested for at least 10mins per hour.
31-35	>50%	High-Very High	Uncomfortable for most people Limit intensity and possibly length of whole game Take more breaks Students should be rested for at least 15mins per hour. Limit duration to less than 60mins per session
36 and above	>30%	Extreme	Very stressful for most people. Consider postponement to a cooler part of the day or cancellation of sporting activity.

First Aid for sports participant exhibiting signs of heat illness.

- Remove from the field
- Lay the person down in a cool place
- Raise legs and pelvis to improve blood pressure
- Remove excess clothing

- cool by wetting skin liberally and vigorous fanning (evaporative cooling)
- Apply ice packs to groin, armpits and neck

A person suffering from heat exhaustion usually recover rapidly with this assistance.

If the student remains seriously ill, confused, vomiting or shows signs of altered consciousness call and Ambulance immediately and seek medical help. If in doubt, treat for Heat Stroke.

Anticipating a Thunderstorm

Keep a constant lookout for thunderstorm clouds in the region. They can develop in as little as 15mins. If the thunder is heard and intra-cloud/cloud to ground lightening can be seen, you are already in a higher risk situation.

Once thunder can be heard, keep estimating the distance to the lightening activity by using the flash to bang reckoning method. This is a mental calculation that anyone can do simply by counting the delay between seeing a lightning flash, to hearing the audible thunder associated with the flash.

The rule of thumb is that every 3 seconds of delay between a flash to thunder, equates to a distance of 1 km, so where 30 sec flash to thunder time interval, the lightning activity is about 10km away.

Data from lightning location systems shows that you should seek a safe location whenever the flash-to-thunder time (Flash to bang) interval is less than 30sec or 10km distance to the lightning activity.

The 30/30 Rule

The “30-30 Rule” states that when you see lightning, count the time until you hear the associated thunder and if the time delay is 30sec or less go immediately to a safe location as described above.

If you cannot see the lightning, just hearing the thunder means you are most likely to already be within striking range and it is time to seek whatever appropriate shelter is available.

After the storm conditions have apparently dissipated or moved on, wait for a further 30mins, after hearing the last thunder before leaving the safe area location. Should thunder be heard within this period, recount from the last thunder heard

The ‘30-30Rule’ is best suited for existing thunderstorms moving into an area. However, it cannot predict or protect against a first lightning strike. Thunderstorms can develop overhead where there will be no prior notice that a storm is incoming. Be alert to changes in sky conditions portending thunderstorm development directly overhead.

Larger outdoor activities, with longer evacuating times, may require a longer lead time than implied by the “30-30 Rule.”

When Lightning threatens, go immediately to a safe location. Do not hesitate. The lightning casualty statistics are full of stories where persons who were just about to make it to safety, when they were struck. Even a few minutes lead time can be lifesaving

Extreme Weather Conditions

In the event of forecast or evident extreme weather conditions, the Sport Coordinator will assess the risk to students, staff and visitors to organised sporting events or training and either postpone or cancel the activity.

Physical education teachers are required to take appropriate sun protection measures as they are particularly at risk from UV radiation.

6. Epilepsy

Adapted from national Epilepsy Association of Australia

KEEP CALM

The person is not in pain
The tongue cannot be swallowed so there is no need to place anything in the mouth.

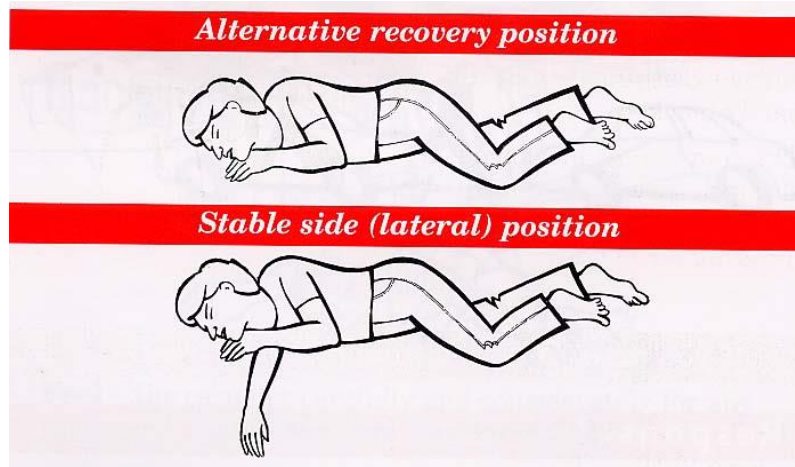
Do not force the jaws apart.

FOR SAFETY

Remove from the area objects that may cause injury.
Place something soft under the head.
Do not restrain the person's movements.

FOR RECOVERY

When the seizure has finished place the person in the Recovery Position (see below).
Loosen tight clothing.
After the seizure the person may be confused.
Stay with him/her and explain what happened.



RECOVERY POSITION

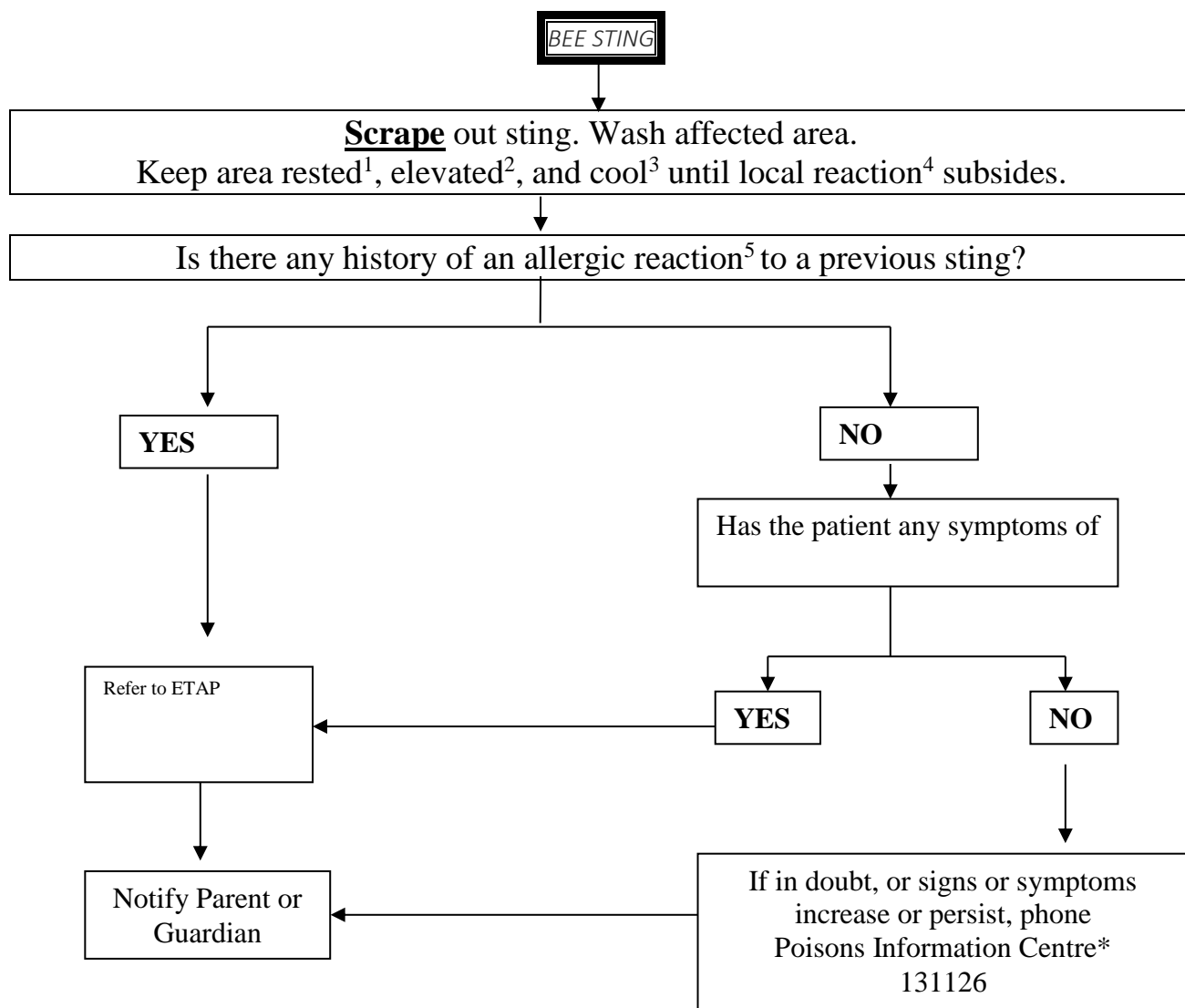
If you know that the person having the seizure already has epilepsy do not call a doctor or ambulance unless the seizure continues for more than ten minutes.

7. Bee Stings

Produced by the W.A. Poisons Information Centre.

A Follow the child's own Emergency Action Plan.

B If there is no Emergency Action Plan provided, follow the following chart



- | | |
|-------------------|--|
| 1. Rest | Keep affected area as still as possible. |
| 2. Elevated | If stung on a limb, keep the heels as high as hips, or keep hand to waist height. |
| 3. Cool | Apply a cold pack, or wet cloth. |
| 4. Local reaction | Heat, redness, pain or itching in the area immediately surrounding the stung area. |

***W.A. Poisons Information Centre**

Information available 24 hours per day.

Phone (for all areas, local call fee only) **13 1126**

8. Management of Snake/Spider/Scorpion and Centipede Bites

Keep the patient at rest.

Assume bite is venomous.

Stay calm and call or send someone to Reception for help – specifically to retrieve the First Aid Kit and to phone for an ambulance.

Reassure the patient and encourage them to remain calm and still. Lie the patient down. Do not move the patient to another unless the environment is unsafe.

- Snake bite: Do not wash the bite. Traces of venom that are left on the skin can be used to identify the snake, and therefore the type of antivenin that should be used if required.
- If the snake /spider/scorpion/centipede has been killed it may be brought for identification.

Using the pressure immobilisation technique, apply a bandage but do not block circulation. Take a broad bandage and bind along the limb starting at the bite site, at the same pressure as for a sprain. Then bandage down the limb and continue back up the entire limb over and above the bite area as far as possible. It is often easier to go over the top of clothing rather than attempting to remove clothing.

Immobilise the limb by using a splint and another bandage. Do not elevate the limb. Movement encourages the spread of the venom.

Write down the time of the bite and when the bandage was applied.

Stay with the patient and regularly check circulation in fingers and toes.

Manage for shock.

9. Administration of Medication

Objectives

Administration of medication by non-nursing staff

St. Andrew's Grammar recognises that students may require medication when on school camps, excursions or tours.

- Students may require long term medication for chronic conditions and
- Students will, at times, require medication for short term illness.

These procedures are recommended to ensure that students receive their prescribed medication safely at St. Andrew's Grammar and to maintain a safe environment for all students.

Year 10-12 Students

Year 10-12 students who require medication whilst at school may self-administer medications if their parents permit them to do so.

This DOES NOT include Schedule 8 medications. Schedule 8 medications include Ritalin, Concerta and Dexamphetamine combinations.

If the student requires a Schedule 8 medication during the school day, parents must inform the Head of School. Schedule 8 medications are to be stored at the School's Health Centre and locked in the cupboard.

Parents of the above students are required to meet with the Head of School to fill out and sign a medication advice form, indicating the condition being treated, the medication name and an indication of the length of time the medication will be required. The Medication advice form is required to be renewed when medication or medication doses change every 12 months.

Medications must be delivered by parents/guardians in their original container, as dispensed from the pharmacy. Medications not bought in this manner cannot be administered by a staff member.

It is the responsibility of the student to attend Reception at the appropriate times to have their medication. Parents are encouraged to check with the school on a regular basis regarding the attendance of their student for medication administration. If the student does not attend Reception for their medication the school will contact the student's parent/guardian via email at the end of the day.

Year K-9 Students

Year K-9 Students are not permitted to self-medicate any medications whilst at school.

If these students require medication during the school day, parents must inform the Head of School. All medications are to be stored at the School's Health Centre.

Parents of the above students are required to meet with the Head of School to fill out and sign a medication advice form, indicating the condition being treated, the medication name and an indication of the length of time the medication will be required. The Medication advice form is required to be renewed when medication or medication doses change and every 12 months.

Medications must be delivered by parents/guardians in their original container, as dispensed from the pharmacy. Medications not bought in this manner cannot be administered by a staff member.

It is the responsibility of the student to attend Reception at the appropriate times to have their medication, however your student will be prompted with reminders within the classroom as required.

Off-site school Activities including camps, excursions, turs and sporting events.

- It is the responsibility of the staff organising the off-site activity to administer medications during the time away from school if requested by parents.
- Parents are to provide the Reception with the student's medication in the original packaging and instructions for medication administration 48 hrs prior to the camp/tour leaving campus.
- If possible, the student should be given responsibility for seeking the staff member to obtain their medication. Staff will need to take responsibility for seeking the students in younger years.
- Students are not to self-administer medication whilst on off-site school activities.
- First aid kits for off-site activities contain over the counter medications which will be administered by staff as directed on packaging for minor ailments.

Overseas or Interstate Tours.

- A doctor's letter for prescribed medication is to be obtained prior to the tour.
- Medication must be kept in its original dispensed container.
- A 'Medication Export Declaration' form is to be completed for students travelling overseas to certain countries, with prescribed medication.

Administration of non-prescribed pain relief

Both paracetamol and ibuprofen are kept on School premises and are available for students in the event that pain relief is required. When a student presents to the Health Centre requesting pain relief the attending staff member will require parental consent via telephone before administering any drugs.

Records of non-prescribed pain relief administration are kept on a Register of Pain Relief (see Appendix 6.2).

An email will be sent by the Health Centre operator to the student's teacher advising them what has happened within the Health Centre and whether the student will be sent back to class or has been sent home.

APPENDIX 6.1 – ADMINISTRATION OF MEDICATION FORM

ADMINISTRATION OF MEDICATION FORM				
This form is to be used when a parent/carer requests school staff to administer medication to their child on a short term basis.				
Note: Long term administration of medication should be incorporated in a health care plan.				
Students Name:	Year: Form:			
Family Contact Details Address:	Date of Birth:			
Telephone No:	Doctor:			
Teacher Name:	Teacher signature:			
Section A: Medication Instructions – To be completed by parent/carer (Note: Medication must be provided by parents/carers)				
	Medication 1		Medication 2	
Name of medication				
Expiry date				
Dosage/Times/Days (also check pharmacist's label) please circle	_____ MON TUE WED THUR FRI		_____ MON TUE WED THUR FRI	
Duration (dates)	From: To:		From: To:	
Administration Tick appropriate box(es)	By self <input type="checkbox"/> Requires assistance <input type="checkbox"/> To be taken with food <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	By self <input type="checkbox"/> Requires assistance <input type="checkbox"/> To be taken with food <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Storage instructions Tick appropriate box(es)	Stored at school <input type="checkbox"/> Kept and managed by self <input type="checkbox"/> Refrigerate <input type="checkbox"/> Keep out of sunlight <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Stored at school <input type="checkbox"/> Kept and managed by self <input type="checkbox"/> Refrigerate <input type="checkbox"/> Keep out of sunlight <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Will staff need to be trained to administer your child's medication? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe the type of training the staff would require:				
Section B – Authority to Act This administration of medication form authorises school staff to follow my/our advice and/or that of our medical practitioner. It is valid for the specified time period as noted above.				
Parent/Carer: _____		Date: _____		
OFFICE USE ONLY				
Date received: _____				
Is specific staff training required? Yes <input type="checkbox"/> No <input type="checkbox"/> : Type of training: _____				
Training service provider: _____ Name of person/s to be trained: _____				
Date of training: _____				

APPENDIX 6.2 – REGISTER OF PAIN RELIEF

[illegible]

10. Administration of First Aid

Objective

St. Andrew's Grammar carries a Duty of Care to all its students, including visiting students.

St. Andrew's Grammar has the responsibility to ensure that adequate First Aid services are available for the immediate treatment or care of a student, member of staff or visitor who is injured or becomes ill during any school activity, either on or off school grounds.

The safety and health of students, visitors and staff are of paramount concern to St. Andrew's Grammar, and the school strongly recommends all staff and sporting coaches to obtain a Senior First Aid certificate.

St. Andrew's Grammar will offer its staff members the opportunity to obtain a Senior First Aid certificate as part of their professional development.

Information

- The First Aider must work within the boundaries of the skills which they have been taught in their Senior First Aid course.
- All First Aid must be administered under the guidelines (See Attached)
- All major First Aid administered will be entered on SEQTA and parents will be notified.
- Administration staff must ensure First Aid supplies are kept stocked, up to date and readily available.
- **Refer to the First Aid Policy for full details regarding First Aid requirements and practices.**

GUIDELINES FOR STAFF MEMBERS ADMINISTERING FIRST AID.

First Aid is the care given to a victim of illness or injury until the arrival of an Ambulance Officer, Registered Nurse or Doctor

The First Aider must work within the boundaries of the skills which they have been taught in their Senior First Aid course.

COMPLAINT	ACTION / RESPONSE
Cuts and Abrasions	Apply Band-Aids and/or antibacterial lotions

Minor injuries (rolled ankles, bruises, hurt fingers)	Provide ice packs for swelling
Headaches other general pain	Pain relief (Panadol or Nurofen) (with parental permission)
Generally feeling unwell	Allow time to rest in Health Centre and call parents if not improved in 20 minutes.
Hay fever, mild allergies	Apply antihistamine (with parental permission)
Sprains	RICER
Nose Bleeds	Apply Pressure, Head forward technique for 10mins.

11. Infectious and Communicable Diseases.

Objective

To reduce the transmission of Infectious and communicable diseases in the school environment and to protect contacts of students who have an infectious and/or communicable infections.

Statement

St. Andrew's Grammar has adopted the recommendations of the Department of Health, Western Australia, in the communicable Disease Guidelines (2012) These guidelines describe common infectious diseases, their symptoms, mode of transmission, incubation period, infectious period, exclusion recommendations, treatment for contacts, treatment and if immunisation is available.

http://ww2.health.wa.gov.au/Articles/A_E/Communicable-disease-guidelines

Advice given to parents and staff through phone calls, newsletters articles or letters home regarding communicable diseases will be taken from these guidelines.

Parents are required to notify the school if their child is suffering a communicable infection so appropriate action can be taken to protect other students.

In the case of an outbreak of infectious and communicable disease, please refer to the Critical incident policy.

For more details, please refer to the St. Andrew's Grammar Communicable Disease Policy.

12. Head Lice Treatment and Exclusion

Objective

To prevent the spread of head lice by head-to-head contact between students, staff and visitors at St. Andrew's Grammar.

Statement

St. Andrew's Grammar refers to the School Education Act 1999 and excludes students with head lice from school until the treatment has commenced. The student may return to school when all live head lice have been removed. A few remaining eggs are not a reason for continued exclusion from St. Andrew's Grammar.

However, parents must continue treatment over the following 10 days to ensure that all eggs and hatchlings have been removed. Please find details below of treatment of Head lice.

The number of cases of head lice in the School will be reduced if there is an appropriate education program and co-operation between the School, the home and the general community.

Guidelines

1. Children and parents are to be made aware of the problem and the method of treatment via distribution of a WA Health Department publication regarding lice infestations and through the School Newsletter.
2. Suspect children's hair will be inspected by teaching staff on request.
3. Parents will be notified by the Administration if head lice are found.
4. Children with live lice will be required to go home as soon as possible. They are not to be left in Sick Bay, but may remain seated in the Administration entrance until collected by a parent/guardian. They may not return to their classroom.
5. Children with eggs only (nits) will be required to be treated with the appropriate lotion- Parents must be contacted and the children will not be eligible to return to school until treatment has occurred and all eggs are removed. These children do not have to be removed immediately.
6. The child will be re-admitted to school when there is no more evidence of live lice or a minimal number of eggs (nits) in the hair.



Head lice – What parents need to know

Whether your child's hair is long or short, clean or dirty, many families with school aged children and teenagers will have contact with head lice.

Be prepared and know how to treat and control head lice if there is an outbreak at your child's school.

What are head lice?

Head lice are tiny insect parasites that live in people's hair and feed on the skin on their head (scalp). They lay eggs (nits) on the hair closest to the scalp (hair shaft). Some lice can cause itching.

Head lice are not dangerous, do not carry diseases, and are not a sign of poor hygiene (cleanliness).

How do people catch head lice?

Head lice spread by head-to-head contact with another person who has head lice. This kind of contact includes group work at school, playing or hugging.

Head lice can run from one head to another in seconds. They cannot fly, jump or swim, but they can swing from one hair to another.

Brushes and combs are unlikely to spread head lice or their eggs as they are very hard to detach from the hair shaft.

Head lice are not spread through bed linen, clothing or head gear (hats and helmets) because they do not leave the scalp unless they are moving to another person, or when they are dead or dying.

Signs and symptoms

Your scalp may itch as your skin reacts to the saliva of the head lice. This itchiness can take weeks to develop. If you have had head lice before, your skin may become less sensitive and there may be little or no itch.

You may also be able to see head lice crawling in your hair, although they can be difficult to spot as they move quickly.

- Adult lice are usually dark brown and about 2 to 3 mm long.
- Hatchlings (young lice) are often a lighter brown colour and about 1 to 2 mm long.
- Eggs will be attached to the hair shaft. They can be very tiny and hard to see, especially newly-laid eggs close to the scalp. They are grey-white and about the size of a grain of salt.

How to check for head lice

Head lice can be difficult to find. Start by checking the hair close to the scalp, especially behind the ears and at the back of the neck. Look for lice and eggs.

If you think head lice may be present, follow these four steps:

Step 1: Apply plenty of hair conditioner (generic 'home' brands are fine) to dry hair until all hair is covered. The conditioner slows the head lice down so they can be trapped in the comb. Comb the conditioner through the hair with an ordinary comb or brush.



Step 2: Separate the hair into sections. Gently comb each section one at a time with a metal fine-tooth 'nit comb' (available from most chemists) in four directions – forwards, backwards, left and right.

Step 3: After brushing through each section, wipe the conditioner from the comb onto a white paper towel and check towel for dark adult lice and paler hatchlings. You may need to use a magnifying glass and a strong light, such as sunlight, to see the lice, hatchlings and eggs. Continue combing and checking each section until all the hair has been checked.

Step 4: When you have finished, rinse the conditioner out and dry the hair.

It is a good idea to distract children while you check for head lice by offering them a favourite video, game or book.

How do I treat head lice?

To treat head lice you must get rid of all the lice. There are two ways to do this:

1. Try the 10-day hair conditioner and comb method
2. Buy and use head lice lotion or shampoo, and follow the instructions on the packet.

There is no need to treat the whole family unless they also have head lice.

The 10-day hair conditioner and comb method

This method is based on the four steps under 'How can I check for head lice?' and is repeated every other day over a 10 day period.

This method focuses on removing adult head lice from hair and breaking the egg-laying cycle.

Eggs hatch 7 to 10 days after being laid.

If you only do this method once and one or two adult head lice are missed, and the cycle of outbreaks will continue. By repeating the method over a 10 day period you increase the chance of removing all head lice until no eggs are left.

Remember – after Step 3, you may need to use your fingernails to remove any eggs that were missed during combing.

Head lice lotion or shampoo

If you choose to use head lice lotion or shampoo always read and follow the instructions carefully. The active ingredients in these treatments are insecticides (chemicals used to kill or control insects).

Three types have been shown to be effective and safe for treating head lice. These are permethrin, pyrethrin and malathion.

Some other treatments may not have been properly tested and may be ineffective, expensive or even unsafe.

Check the product label for active ingredients.

Remember – read and follow the instructions that come with the product.