

Specific Health Issues Procedures, Information and Contacts

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Version 1.0 – 21/01/2020

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1. Purpose

This Procedure applies to all Department of Education (DoE) staff and particularly assists staff, including principals, teachers, and professional support staff to manage specific care and health needs of children and students in DoE learning environments.

2. Overview

This Procedure is guided by the [Learner Health Care and Safety Policy](#) and the [Administration of Student Medication Procedure](#).

This Procedure outlines key information, processes and contacts for the following specific health conditions and/or health care procedures:

- Asthma
- Diabetes
- Anaphylaxis
- Epilepsy
- Cystic Fibrosis
- Bleeding disorders
- Gastrostomy
- HIV/AIDS
- Meal management
- Stoma
- Toileting
- Sun Protection

3. Roles and Responsibilities

DoE staff members have a duty of care to all students.

3.1 Principals

Principals must ensure that any student with a medical condition has the following documentation completed and updated.

These plans must be updated and reviewed by the practicing medical specialist team every twelve months or at any given time when the specific health issues management changes due to recurrence, flare-up, etc.

- [Medical Management Plan](#) - which must be signed by a medical practitioner or nurse.
- Authorisation by the parent/s is required for the administration of all medication. This includes prescribed and non-prescribed medication. See [Administration of Medication Authorisation Form \(Parent/Guardian\) \(Form A and B\)](#).
- Authorisation by a doctor, dispensing pharmacist or nurse is required for the administration of all prescribed medication. See [Administration of Medication Authorisation Forms \(Doctor/Pharmacist/Practice Nurse\) \(Form A and B\)](#).
- [Administration of Student Medication Record](#) - which must include a record when medication is administered to a student on each and every occasion.

3.2 Secretary

The Secretary is to ensure the relevant Acts and Regulations are adhered to.

3.3 The Deputy Secretaries (Learning, Support and Development)

The Deputy Secretaries (Learning, Support and Development) are to ensure these procedures are adhered to across all educational settings.

3.4 General Managers and Principal Network Leaders

General Managers and Principal Network Leaders are to ensure all school and college principals are familiar with these procedures.

3.5 School and College Principals and managers of early learning settings

School and College Principals and managers of early learning settings are to:

- Adhere to these procedures.
- Ensure that parents are aware of their responsibilities in relation to the development of Medical Action Plans.

3.6 Teachers

Teachers are to adhere to these procedures.

3.7 Parents

Parents are responsible for:

- Adhering to these procedures.
- Assisting in the development of Medical Action Plans.

4. Specific Health Conditions

4.1 Training

The type and prevalence of medical/health conditions will depend on the specific student cohort at a school at any given time. This means that skills required to support students will vary from school to school, and possibly also from year to year.

Schools **MUST** perform risk assessments and develop risk management plans annually, or more often if required, in order to determine the number of staff required to receive training regarding management of specific health conditions.

These risk assessments and management plans **MUST** consider

- the cohort of students at the school
- the particular medical conditions relevant to this cohort
- the requirements around management or treatment of these.

These risk management plans **MUST** action training in relevant areas and conditions highlighted by the risk assessment, as risk mitigation strategies. The number of staff trained **MUST** be reflective of the student cohort at each school. For example, one school may have a high number of staff trained in the management of, and administration of medication for asthma, while another school may have a high number of staff trained in the management of, and administration of medication for diabetes.

Staff who agree to administer medication for conditions requiring specific training in medication administration (including, but not limited to, anaphylaxis, asthma, diabetes, epilepsy) MUST be appropriately trained and credentialed through specific training courses (including online learning) organised by relevant practising areas or Departments, or a medical professional. These include the Australian Society of Clinical Immunology and Allergy (ASCIA), Asthma Australia, Epilepsy Tasmania, Diabetes Australia, the Department of Health and/or other associated professional bodies.

Where a certification, accreditation or credential is not provided by the training body on completion of training, staff members, and the trainer/facilitator, should complete the Credentialing Certificate. Schools MUST retain a record of current staff medical credentials.

4.2 Asthma

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler.

Inhalers are generally safe and if a student took another student's inhaler, it is unlikely there would be any adverse events.

An [Asthma Care Plan](#) is available from Asthma Australia for education and care services.

Asthma signs and symptoms

Mild/Moderate

- May have a cough or wheeze
- A tightness in the chest may also be described
- Young children may complain of a sore tummy
- Minor difficulty in breathing
- Able to talk in full sentences
- Able to move/walk around

Severe

- A tightness in the chest may also be described
- Young children may complain of tummy pain
- Obvious difficulty in breathing
- Unable to speak a full sentence in one breath
- Tugging in of the skin at the ribs or base of the neck
- May have a cough or wheeze
- Reliever medication not lasting as long as usual

Life Threatening

- A tightness in the chest may also be described
- Young children may complain of tummy pain
- Gasping for breath
- Unable to speak one to speak one or two words per breath
- Confused or exhausted

- Turning blue
- Collapsing
- May no longer have a wheeze or cough
- Not responding to reliever medication

Treatment for an asthma flare up

1. Sit the person upright: be calm and reassuring, do not leave them alone.
2. Give four puffs of reliever medication:
 - » use a spacer if there is one
 - » shake puffer
 - » put one puff into spacer
 - » take four breaths from spacer
 - » repeat until four puffs have been taken
 - » REMEMBER: shake, one puff, four breaths
3. Wait 4 minutes: If there is no improvement give more puffs as in previous step.
4. If there is still no improvement, call 000: keep giving four puffs every four minutes until the ambulance arrives.

Training and key contacts

Training is available through [Asthma Australia](#).

Any staff members who complete training are to complete the [Credentialing: A Certificate of Attainment](#) form to document their approved administration of medication. This must be retained as evidence by the school.

Asthma Australia - 1800 ASTHMA

Tasmanian Ambulance Service - 000

4.3 Diabetes

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. This is because the pancreas does not make any or enough insulin, or because the insulin does not work properly or both. There are two main types of diabetes:

- **Type 1 Diabetes** – Type 1 diabetes develops when the pancreas is unable to make insulin. The majority of children and young people have Type 1 diabetes. Children with Type 1 diabetes will need to replace their missing insulin either through multiple injections or an insulin pump therapy.
- **Type 2 Diabetes** – Type 2 diabetes is most common in adults but the number of children with Type 2 diabetes is increasing, largely due to lifestyle issues and an increase in childhood obesity. It develops when the pancreas can still produce insulin but there is not enough or it does not work properly.

Blood glucose abnormalities

There are two types of blood glucose abnormalities:

1. **Hypoglycaemia**
 - » Hypoglycaemia is when a blood glucose level is less than four millimoles per litre (mmol/L), sometimes known as a "hypo".

- » It can be a result of too much insulin in the blood stream, not eating enough carbohydrates or increased activity.
- » If hypoglycaemia is not recognised and treated immediately the child may become unconscious and require emergency treatment.
- » Hypoglycaemia cannot always be avoided, however it is important for staff to be aware of the actions required to either prevent hypoglycaemia or treat it so that blood glucose levels returns to a safe level above four mmol/L.

2. Hyperglycaemia

- » Hyperglycaemia is a blood glucose level greater than fifteen mmol/L.
- » Hyperglycaemia usually has a slower onset and results from not enough insulin in the blood stream.
- » This may be related to emotional stress, trauma, fever, illness or other factors.

Treatment

All students with Diabetes must have a **Diabetes Action Plan** and a **Diabetes Management Plan** approved and signed by the treating medical team, parents/ guardian and principal.

Copies of these are available from [Diabetes Tasmania](#).

Children with Type 1 diabetes manage their condition by the following:

- Regular monitoring of their blood glucose levels
- Insulin injections or use of insulin pump
- Eating a healthy diet
- Exercise

The aim of treatment is to keep the blood glucose levels within normal limits.

Blood glucose levels must be monitored several times a day and a student may need to do this at least once while at school.

Blood Glucose Levels may be kept within normal levels through the following treatments:

Insulin Therapy

- Children may be prescribed a fixed dose of insulin or may need to adjust their insulin dose according to their blood glucose readings, food intake and activity.
- Children may use a pen-like device to inject insulin several times a day or receive continuous insulin through a pump.

Insulin Pens

- Insulin pens should be kept at room temperature.
- Spare insulin should be kept in the fridge.
- Once opened insulin pens should be dated and discarded after one month. If stored at school, it is the responsibility of the school to ensure this.
- Parents must ensure enough insulin is available at school.

Insulin Pumps

- Insulin pumps are usually worn all the time but can be disconnected for periods during HPE or swimming.

- The pumps can be discretely worn attached to a belt or in a pouch.
- Insulin pumps continually deliver insulin and many pumps can calculate how much insulin needs to be delivered when programmed with the student's blood glucose and food intake.
- Some students may be able to manage their pump independently through discussions between parents, students and the specialist medical team, while others may require supervision or assistance.
- Directions must be indicated in the diabetes management plan.

Glucagon Injection

- A glucagon injection may be given when the student's BGL drops to a dangerously low level and they become drowsy, uncooperative or unconscious and oral carbohydrates cannot be given.
- A glucagon injection should only be given when prescribed by a medical officer and by staff who have had appropriate training and feel confident to do so.

Training and key contacts

Training is available through the Department of Health, [Diabetes Education Service](#).

Any staff members who complete training must complete the [Credentialing: A Certificate of Attainment](#) form to document their approved administration of medication. This must be retained as evidence by the school. This can be achieved by nominating a staff member to manage the training portfolio of staff.

Diabetes Tasmania: mail@diabetestas.org.au 1300 136 588 (local call cost).

The [National Diabetes Service Scheme \(NDSS\)](#) provides a range of publications and resources for supporting young people, families and schools which can be ordered via their website.

4.4 Anaphylaxis Medication (Adrenaline)

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to certain foods or substances, but may happen after a few hours.

There are two types of allergic reactions:

- non-insect reaction (food, medication, other)
- insect reaction

The principal must ensure that all staff receive education on anaphylaxis management including emergency treatment on a regular basis stipulated by anaphylaxis active. See information on this program.

Signs and symptoms

Non-insect reaction (food, medication, other)

Mild/Moderate

- Skin – hives/swelling
- Mouth – tingling sensation
- Gut – vomiting, abdominal pains, diarrhoea

Severe

- Respiratory – difficult/noisy breathing, swelling of tongue, swelling/tightness of throat, difficulty talking/and or hoarse voice, wheeze or persistent cough
- Cardiovascular – low blood pressure, persistent dizziness or collapse, pale and floppy (young children)

Insect reaction

Mild/Moderate

- Skin – hives, swelling
- Mouth – tingling sensation

Severe

- Gut – vomiting, abdominal pains, diarrhoea
- Respiratory – difficult/ noisy breathing, swelling of tongue, swelling/ tightness of throat, difficulty talking and/or hoarse voice, wheeze or persistent cough
- Cardiovascular – low blood pressure, persistent dizziness or collapse, pale and floppy (especially in young children)

Treatment of anaphylaxis (EpiPen)

An EpiPen is a preloaded device which contains a single measured dose of adrenaline for administration in cases of severe allergic reaction.

The EpiPen should only be used for the person it is prescribed for.

An EpiPen is safe and if given inadvertently will not do any harm.

It is not possible to give too large a dose from one device if used correctly in accordance with the care plan.

An EpiPen is to only be administered by staff who have been trained by an appropriate health professional (see below)

EpiPens in first aid kits are for emergency use by students with an existing anaphylaxis Action Plan. If an individual is experiencing a first episode of anaphylaxis and has not previously been known to be at risk, call 000 immediately.

Training and key contacts

The principal must ensure that all staff receive education on anaphylaxis management including emergency treatment on a regular basis stipulated by anaphylaxis active. See information on this program.

Training is available through the [Schools - Australasian Society of Clinical Immunology and Allergy \(ASCIA\)](#).

Any staff members who complete training is to complete the [Credentialing: A Certificate of Attainment](#) form to document their approved administration of medication. This is to be retained as evidence by the school.

For further advice on having EpiPens for general use (such as in first aid kits), see the information provided by ASCIA: <https://www.allergy.org.au/>.

4.5 Anaphylaxis Risk Management

DoE aims to minimise the risks for students diagnosed with allergy induced anaphylaxis whilst in DoE's care.

DoE works within the guidelines set by the [Australasian Society of Clinical Immunology and Allergy \(ASCIA\)](#) which is the professional body in allergies and anaphylaxis.

ASCIA recommends minimising the risk of exposure, by encouraging self-responsibility and planning for effective responses to possible emergencies.

Every school principal must develop a DoE [Medical Management Plan](#) in consultation with parents for all students with an anaphylactic allergy

Every school principal must ensure that upon registration, parents, guardians and students supply information on any known allergies which will include an ASCIA [Action Plan](#)

Every school principal must maintain a file for each anaphylactic student containing all relevant documentation around that student's anaphylaxis including:

- management plans
- action plans
- medication orders
- parental consent
- medication record of administration

The principal must undertake a risk assessment to determine the number of staff required to receive training and must ensure those staff members receive education on anaphylaxis management including emergency treatment on a regular basis stipulated by ASCIA.

School principals are to ensure that all students with allergies/anaphylaxis inform the school bus driver if the student is travelling by bus and ensure appropriate training is provided either by the school or by the bus company on allergy/anaphylaxis management and emergency treatment.

The most common causes of allergies are nuts (in particular peanuts), dairy, eggs and insects. An allergic reaction to nuts is the most prevalent high risk allergy, and therefore stipulations are more rigorous throughout this procedure.

PEANUTS AND TREE NUTS

Peanut allergies constitute the most prevalent high risk allergy in children, adolescents and adults and therefore requires stringent avoidance and management plans.

Reactions to peanuts are often more severe than other food allergies and is the leading cause of life threatening allergic reactions.

Very minute quantities of peanuts can trigger a life-threatening reaction.

Students who have the ability to self-administer are to carry their own epinephrine auto- injector (EpiPen) at all times especially during meal times.

[Peanuts and tree nuts risk minimisation strategies:](#)

- Send letters out informing all families that a student/s in the school have life-threatening allergies to peanuts/tree nuts and request that parents support the school in making the school a minimised risk environment by not bringing products (food or otherwise) that contain peanuts/tree nuts into the school.
- Periodic communication with regular articles in the school newsletter.
- Provide periodic reminders to parents, especially during festive periods and birthdays.
- Provide parents of students in the same classes as the anaphylactic student information on how they can assist supporting a minimised risk environment.

- Advise staff to be vigilant in not having products, food or otherwise, with peanuts or other nuts in the school and not to bring pre-packaged food products from shops that may contain the allergen.
- Any school fundraising should avoid products that contain peanuts or any other nut.
- School staff, parents and students should be aware of possible peanut/nut allergens present in curricular materials:
 - » Play dough
 - » Bean bags, stuffed toys (peanut shells are sometimes used)
 - » Counting aids
 - » Science projects
 - » Special seasonal activities
- Students with anaphylaxis should not be involved in any activity which could bring them into contact with food wrappers, containers or debris such as picking up litter.
- The school is to ensure that age appropriate education is provided on allergy/ anaphylaxis awareness and responsibilities.
- Schools may implement a no sharing of food policy.
- If students are travelling home by bus it is advised that the student sits in the first seat opposite the bus driver.

MILK AND EGGS

Anaphylactic reaction to milk and eggs can occur with relatively small quantities.

The allergic student must avoid all milk or egg products.

It is not considered appropriate to ban or restrict milk and egg products as that is considered an unrealistic option.

Milk and eggs risk minimisation strategies

- Ensure consultation between principal and parent/ guardian on management of anaphylaxis in accordance with a [Medical Management Plan](#).
- Students who have the ability to self-administer must carry their own epinephrine auto- injector (EpiPen) at all times especially during meal times.
- Students with milk and eggs allergy should only eat food items approved by parents.
- All students should wash their hands before and after meals.
- Provide parents of students in the same classes as the anaphylactic student information on how they can assist supporting a minimised risk environment.
- Ensure that age appropriate education is provided on allergy/ anaphylaxis awareness and responsibilities.
- Schools may implement a no sharing of food policy.
- If students are travelling home by bus it is advised that the student sits in the first seat opposite the bus driver.

Milk Product risk minimisation strategies

- When milk products are either consumed or used in the classroom the following strategies are used to reduce the risk:
- Students who have a milk allergy should sit at a table where liquid milk products are not being consumed. Alternatively, the student should sit at the same table but not directly next to students who have liquid milk products.

- If students are cooking with milk or egg products as part of curricula then parents MUST provide the anaphylactic student with a suitable substitute to the milk and eggs. The student MUST be out of reach to other students who are cooking with milk and egg products.

Egg Product risk minimisation strategies

- Many foods contain egg protein such as breads and pastries brushed with egg, deli meats with egg. Non-food items that contain egg protein include egg tempera paints, cosmetics, shampoo and some medication.
- Students who have egg allergy should sit at a table where egg products are not being consumed. Alternatively, the student should sit at the same table but not directly next to students who have egg products.
- If students are cooking with milk or egg products as part of curricula then parents need to provide the anaphylactic student with a suitable substitute to the milk and eggs and the student needs to be out of reach in relation to other students who are cooking with milk and egg products.
- Teachers and principals need to have an awareness around curricula activities and not use real eggs for decorating (such as at Easter), egg hunts or shell craft.
- If students are travelling home by bus it is advised that the student sits in the first seat opposite the bus driver.

LATEX

Students who are sensitive to latex need to avoid elastic forms of latex such as gloves and balloons, although there are individuals who need to avoid all forms of latex.

Latex risk minimisation strategies

Consultation between principal and parent/ guardian on management of anaphylaxis in accordance with a [Medical Management Plan](#).

Students who can self-administer should carry their own epinephrine auto-injector (EpiPen) at all times especially during meal times.

Provide parents of students in the same classes as the anaphylactic student information on how they can assist supporting a minimised risk environment.

Principal and school staff are to ensure where possible that latex items are replaced with non- latex products.

Inform parents through newsletters and letters that a student in the class has a latex allergy and advise that balloons are not to be brought into the school for occasions such as birthdays.

School staff to order latex free first aid supplies such as gloves, band aids and bandages

INSECT/ARACHNID VENOM (INCLUDING STINGS AND BITES)

Some students have an allergy to insect venom, e.g. stings or bites.

These are commonly from spiders, bees, wasps, hornets and ants, however can be from any type of venomous insect/arachnid.

Insect/arachnid risk minimisation strategies

- Consultation between principal and parent/ guardian on management of anaphylaxis in accordance with a [Medical Management Plan](#)
- Students (who are able) should carry their own epinephrine auto-injector (EpiPen) at all times, especially outside during springtime.
- Encourage students to stay away from areas where insects are more prevalent such as garden beds, hedges, fruit trees and rubbish bins.
- School staff should regularly inspect facilities/play areas for insect nests and treat accordingly, provide caution and ensure students stay away from insect nests.
- Students should be encouraged to wear shoes at all times and not go barefoot especially outside.
- Students and staff should be encouraged to avoid highly fragrant products such as perfumes, aftershave, suntan lotions, hairsprays or deodorants as these attract insects.
- School staff to ensure that rubbish bins are covered with secure, tightly-fitting lids and are emptied on a regular basis.
- Provide students with designated eating areas which allows staff closer supervision and helps reduce the prevalence of stinging/biting insects.
- If insect nests are present around the school ensure students with allergies are kept inside for all periods or until the nest is treated/removed.
- If a bee/wasp/hornet gets into a classroom, the student needs to be immediately removed from the room until the insect has gone/been removed.
- If there is a prevalence of insects in the area, the teacher on duty must provide visual supervision of students with an insect allergy while outside.
- Schools can set up a 'buddy system', ensuring that the buddy is appropriately trained and would provide an extra pair of eyes outside to both the student and the teacher.
- If students are travelling home by bus ensure the bus driver and student check that prior to departure that no bees/wasps/hornets are on the bus.
- It is also advised that the student should sit in the first seat opposite the bus driver.

ANAPHYLAXIS MEDICATION - TRAINING AND KEY CONTACTS

Training is available through the [Asthma Australia](#).

Any staff members who complete training is to complete the [Credentialing: A Certificate of Attainment](#) form to document their approved administration of medication. This must be retained as evidence by the school.

Asthma Australia - 1800 ASTHMA

Tasmanian Ambulance Service - 000

4.6 Epilepsy Medication

Epilepsy is a condition where there is a tendency to have seizures. A one-off seizure does not necessarily mean the person has epilepsy. An epileptic seizure occurs when there is sudden electrical discharges in the brain causing changes in sensation, behaviour and consciousness for the individual.

There are over 40 different types of seizure. The brain is responsible for a wide range of functions and seizure activity in different parts of the brain can cause different seizures. They vary in duration from a few seconds to a few minutes and usually stop without any treatment.

Types of seizures

There are two main types of seizures:

Generalised seizures

- The whole brain is affected by the abnormal electrical activity disturbance and the person becomes unconscious.
- Can be very brief or last for a few minutes.
- Some generalised seizures may involve sudden changes in muscle tone (stiffening or complete loss of tone). This can cause the person to fall. This may then be followed by jerking movements.
- In other generalised seizures, such as absence seizure, the person will stop all activity and remain still in a daydream-like state (but unconscious).

Focal seizures

- There are usually changes in the level of awareness but the person will not be unconscious.
- The abnormal electrical activity is focused in one part of the brain.
- The type of seizure will depend where exactly in the brain the focus of activity is.

Common seizure triggers

It is not known why a seizure occurs at one time or another but there are certain factors that increase the likelihood of a seizure. These are known as triggers.

Common seizure triggers

- Tiredness
- Illness (raised temperature)
- Dehydration
- Stress
- Menstruation
- Alcohol
- Changes in medication
- Flashing lights (although photosensitive epilepsy is quite rare, affecting only 5% of those with epilepsy)

Epilepsy treatment/first aid

Most seizures stop without any intervention, but it is important to know how to care for someone having a seizure:

3. Move hazards out of the way
4. Loosen tight clothing around the neck
5. Put something soft under the head
6. Time how long the seizure lasts

7. Let the seizure run its course
8. When the seizure has stopped place the person in the recovery position and stay with them until they are fully alert

9. If the seizure shows no sign of stopping after five minutes or if the person is injured, call 000

For focal seizures, where there is no loss of consciousness:

1. Guide the person away from danger or move dangerous objects out of their way.
2. Speak calmly and reassure them.
3. Note how long the seizure last and stay with them until they are fully recovered.

The most common treatment for children with epilepsy is antiepileptic medication. Most medication is taken twice a day and it is important it is taken exactly as the doctor has prescribed. Medication is not a cure for epilepsy but helps reduce the recurrence of seizures.

Training and key contacts

Training is available through [Epilepsy Tasmania](#) on 6344 6881 or 1300 852 853.

Any staff members who completes training must complete the [Credentialing: A Certificate of Attainment](#) form to document their approved administration of medication. This must be retained as evidence by the school. This can be achieved by nominating a staff member to manage the training portfolio of staff.

Information on epilepsy is available from [Epilepsy Tasmania](#).

Contacts: Epilepsy Tasmania Phone: 6344 6881 or 1300 852 853

4.7 Cystic Fibrosis

Cystic fibrosis (CF) is the most common life-threatening genetic disorder among Caucasians. It primarily affects the respiratory system (lungs), the digestive system (pancreas and occasionally liver) and the reproductive system.

When a person has CF, their mucus glands secrete very thick, sticky mucus. In the lungs, the mucus clogs the tiny air passages and traps bacteria. Repeated infections and blockages can cause irreversible lung damage and a shortened life. The pancreas is also affected, preventing the release of enzymes needed to digest food. This means that people with CF can have problems with nutrition and must consume a diet high in kilojoules, fats, sugar and salts.

People with CF have difficulty clearing mucus from their lungs and have recurrent respiratory infections, which can result in lung damage over time. The thick mucus also stops digestive enzymes in the pancreas from reaching the small intestine, which leads to difficulty with digesting fats and absorbing some nutrients. Some people with CF also experience liver disease.

Pancreatic enzymes are not considered to be medications and may be carried by a student with cystic fibrosis.

Training and key contacts

Tasmanian Cystic Fibrosis Service

Phone: (for adults) (03) 6166 7556 or 0400 860 094

Phone: (for children) (03) 6166 8475 or 0457 845 189 Email: general@cftas.org.au

Resources: Information on cystic fibrosis is available at [Cystic Fibrosis](#).

4.8 Bleeding Disorders

Bleeding disorders often develop when blood is unable to clot properly. For blood to clot, the body requires blood proteins called clotting factors, and blood cells called platelets. Normally, platelets clump together to form a plug at the site of a damaged or injured blood vessel. The clotting factors then come together to form a fibrin clot. This keeps the platelets in place and prevents blood from flowing out of the blood vessel.

In people with bleeding disorders, however, the clotting factors or platelets do not work the way they should or are in short supply. When the blood does not clot, excessive or prolonged bleeding can occur. It can also lead to spontaneous or sudden bleeding in muscles, joints, or other parts of your body.

Bleeding disorders can be inherited or acquired. Inherited disorders are passed down through genetics. Acquired disorders can develop or spontaneously occur later in life. Some bleeding disorders can result in severe bleeding following an accident or injury. In other disorders, heavy bleeding can happen suddenly and for no reason.

Types of bleeding disorders

There are numerous different bleeding disorders, but the following are the most common:

- **Haemophilia A and B** are conditions that occur when there are low levels of clotting factors in the blood. It causes heavy or unusual bleeding into the joints. Though haemophilia is rare, it can have life-threatening complications.
- **Factor II, V, VII, X, or XII deficiencies** are bleeding disorders related to blood clotting problems or abnormal bleeding problems.
- **von Willebrand's Disease** is the most common inherited bleeding disorder. It develops when the blood lacks von Willebrand Factor, which helps the blood to clot.

Symptoms of bleeding disorders

The symptoms can vary depending on the specific type of bleeding disorder. However, the main signs include:

- unexplained and easy bruising
- heavy menstrual bleeding
- frequent nosebleeds
- excessive bleeding from small cuts or an injury
- bleeding into joints

Bleeding disorders – Key contacts and information

Information on haemophilia is available at:

- Royal Children's Medical Hospital - Haemophilia
- Royal Children's Medical Hospital - von Willebrand Disease (vWD)

Contact Department of Health Phone: (03) 6166 8045 or email at rhhpaedonc@dhhs.tas.gov.au

4.9 Gastrostomy

Gastrostomy is a procedure that creates an artificial opening (ostomy) between the stomach and the surface of the abdomen. Usually, a tube is placed through the abdominal wall directly into the stomach. This tube provides nutrition, either temporarily or permanently, for individuals who cannot consume adequate amounts of food orally.

Key contacts and resources – Gastrostomy

Gastrostomy Service (Southern Tasmania) Phone: (03) 6166 8784

Information on gastrostomy is available at Gastrostomy Service (Southern Tasmania).

4.10 HIV/AIDS

HIV stands for human immunodeficiency virus. If left untreated, HIV can lead to the disease AIDS (acquired immunodeficiency syndrome).

Unlike some other viruses, the human body cannot get rid of HIV completely. So once a person has HIV, they have it for life.

HIV attacks the body's immune system, specifically the CD4 cells (T cells), which helps the immune system fight off infections. If left untreated, HIV reduces the number of CD4 cells (T cells) in the body, making the person more likely to get infections or infection-related cancers. Over time, HIV can destroy so many of these cells that the body cannot fight off infections and disease. These opportunistic infections or cancers take advantage of a very weak immune system and signal that the person has AIDS, the last stage of HIV infection. Not everyone who has HIV advances to this stage.

AIDS is the stage of infection that occurs when your immune system is badly damaged and you become vulnerable to opportunistic infections. When the number of your CD4 cells falls below 200 cells per cubic millimetre of blood (200 cells/mm³), you are considered to have progressed to AIDS. (The CD4 count of an uninfected adult/adolescent who is generally in good health ranges from 500 cells/mm³ to 1,600 cells/mm³.) You can also be diagnosed with AIDS if you develop one or more opportunistic infections, regardless of your CD4 count.

Without treatment, people who are diagnosed with AIDS typically survive about three years. Once someone has a dangerous opportunistic illness, life expectancy without treatment falls to about one year. People with AIDS need medical treatment to prevent death.

Key contacts and resources – HIV/AIDS

Sexual Health Services Tasmania, Department of Health Phone: (03) 6233 3557; (03) 63362216; (03) 6421 7759; (03) 6434 6315

[Tasmanian Council on AIDS, Hepatitis and Related Diseases](#) (TasCAHRD) Phone: (03) 6234 1242

Information and Support Line: 1800 005 900

Department of Health Sexual health Service Tasmania

Department of Health – Human Immunodeficiency virus infection

Department of Health – AIDS and Hepatitis Line

4.11 Meal Management

Information on meal management is available from Senior Speech and Language Pathologists in each Learning Service.

4.12 STOMA

A stoma is an opening on the surface of the abdomen which has been surgically created to divert the flow of faeces or urine.

There are three main types of stoma – colostomy, ileostomy and urostomy – all are diversions from the bowel or bladder.

Colostomy

A colostomy is the term used to describe an opening from the colon (large intestine).

The surgeon will bring a part of the colon from inside the patient's body, through their abdomen to the outside and stitch it down to secure it. Normally, this will be on the left side of the abdomen.

The output from a colostomy differs from person to person but the stoma commonly functions between 1-3 times a day.

The output tends to be more solid and often resembles a traditional stool.

Once the stoma has functioned the stoma bag is usually changed for a clean one.

Ileostomy

An ileostomy is the term used to describe an opening from the small intestine, specifically the ileum.

The surgeon will bring a part of the small intestine from inside the patient's body, through their abdomen to the outside and stitch it down to secure it.

Typically, this will be on the right of the abdomen.

An ileostomy is more active, with the output being looser than that of a colostomy.

An ileostomy bag will be worn that enables drainage into the toilet between 3-6 times a day.

Urostomy

A urostomy (also called an ileal conduit) is the term used to describe an opening for a person's urine.

A urostomy is formed by taking a piece of a person's small intestine and attaching the ureters to it forming a passageway for urine to pass through.

One end of the tube is brought out through the abdomen to create a urostomy.

Usually the bladder is removed but this depends on the operation.

A urostomy is normally on the right-hand side of a person's abdomen and will have a small spout to allow the urine to exit the body.

The urostomy bag will have a plug or tap on the bottom to allow urine to be drained at regular intervals into the toilet.

Key contacts

Royal Hobart Hospital: (03) 6166 8283

Launceston General Hospital: (03) 6777 6832

North West Regional Hospital: (03) 6430 6599

4.13 Toileting

Toilet training is the process of training a child to use the toilet for bowel and bladder use.

Toilet training may start with a potty or the child may skip this and simply begin with the toilet.

Most children will find it easier to control their bowel before their bladder and it usually takes longer to learn to stay dry throughout the night than daytime.

When a child has toileting difficulties, they might also have difficulties with:

- *Following instructions:* The ability to understand and be able to initiate the tasks to be done as per requested by others.
- *Receptive language (understanding):* Comprehension of language.
- *Self-care:* Involves the everyday tasks undertaken to be ready to participate in life activities (including dressing, eating, cleaning teeth).
- *Sensory processing:* Accurate registration, interpretation and response to sensory stimulation in the environment and their own body.
- *Planning and sequencing:* The sequential multi-step task/activity performance to achieve a well-defined result such as the sequence of what to do before during and after toileting.
- *Self-regulation:* The ability to obtain, maintain and change their emotion, behaviour, attention and activity level appropriate for a task or situation in a socially acceptable manner.

Key contacts and resources – Toileting

The Paediatric Continence Clinic Phone: (03) 6166 8475

Information on toileting is available from the [Victorian Continence Resource Centre](#) or from the Continence Foundation of Australia – [Toilet Tactics for Australian Primary Schools](#)

4.14 Sun Protection

All schools and colleges must develop and implement a sun protection policy.

DoE recommends that all school and colleges join the National School SunSmart Program to assist in the development of their policy.

Information is available on sun protection.

Contact [Cancer Council Tasmania](#) - sunsmart@cancertas.org.au or Phone: (03) 6233 5341

5. Related procedures

- [Administration of Medication Procedures](#)
- [Legal Issues Handbook for Schools and Colleges](#) [Staff access only]
- [Student Health Care and Safety Policy](#) TASED-4-2986
- [Medical Management Plan](#) (TASED-4-1776)
- [Order for Obtaining Adrenaline for School First Aid Kits](#) [Staff access only]

6. Definitions

Parent

Where the word 'parent' is used, it refers to parents, adoptive parents, step-parents, grandparents, legal guardians and carers.

Meaning of "must", "is to" and "may"

1. the word "must" is to be construed as being mandatory; and
2. the words "is to" and "are to" are to be construed as being directory; and
3. the word "may" is to be construed as being discretionary or enabling, as the context requires.

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Last Significant Review: 1 August 2017

Review Due: 1 July 2020

This Document Replaced: Specific Health Issues: Procedures, Information and Contacts