

SPECIFIC HEALTH ISSUES: PROCEDURES, INFORMATION AND CONTACTS

Specific Health Issues: Procedures, Information and Contacts

This document must be read in conjunction with the *Student Health and Administration of Medication Procedure* and the Department of Education's *Health Care and Safety Policy*.

Contents

1. Required documentation.....	3
2. Asthma	3
3. Diabetes.....	5
5. Epilepsy medication	13
6. Cystic Fibrosis	15
7. Bleeding disorders	15
8. Gastrostomy	16
9. HIV/AIDS	17
10. Meal management.....	17
11. Stoma	18
12. Toileting.....	18
13. Sun Protection.....	19
14. Roles and Responsibilities.....	19
15. Associated Documents and Materials.....	20

1. Required documentation

Department of Education staff members have a duty of care to all students. Principals must ensure that any student with a medical condition has the following documentation completed and updated:

- [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 \(Parent/Guardian\)](#)
- Authorisation by a doctor, dispensing pharmacist or nurse is required for the administration of all prescribed medication. See [Administration of Medication Authorisation Forms \(Doctor/Pharmacist/Practice Nurse\)](#).
- [Administration of Student Medication Record](#) - which must include a record when medication is administered to a student on each and every occasion.

These plans need to 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.

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 Tasmania for education and care services.

SIGNS/SYMPTOMS

The signs and symptoms of asthma fall into three categories, mild/moderate, severe and life-threatening. These are outlined below.

Mild/Moderate:

- 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
- May have a cough or wheeze

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

KEY ACTION:

Treatment for an asthma flare up:

- Sit the person upright: be calm and reassuring, do not leave them alone.
- 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
- Wait 4 minutes: If there is no improvement give more puffs as in previous step.
- **If there is still no improvement, call 000: keep giving four puffs every four minutes until the ambulance arrives.**

STAFF MUST:

Training

Training is available through the Asthma Foundation of Tasmania.

Information is available at: www.asthmatas.org.au

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.

Contacts

Asthma Foundation of Tasmania
Email: schools@asthmantas.org.au
Phone: 1800 278 462

Tasmanian Ambulance Service
Phone: 000

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:

1. 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.
2. 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.

KEY ACTION

Treating Diabetes

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 (BGL) within normal limits. Blood glucose levels need to be monitored several times a day and a student may need to do this at least once while at school.

The two types of blood glucose abnormalities are:

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 BGL returns to a safe level above four mmol/L.

2. Hyperglycaemia – hyperglycaemia is a BGL 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.

BGL may be kept within normal levels through the following treatments:

- Insulin Therapy: children who have Type I diabetes may be prescribed a fixed dose of insulin, other children 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. Others may receive continuous insulin through a pump.
- Insulin pens: the insulin pen should be kept at room temperature but any spare insulin should be kept in the fridge. Once opened it should be dated and discarded after 1 month. If stored in the school this is the responsibility of the school. 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 PE or swimming. The pumps can be discretely worn attached to a belt or in a pouch. They 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. This will be indicated in the diabetes management plan.
- Glucagon injection: is usually 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. This should only be given when prescribed by a medical officer and by staff who have had appropriate training (see below) and feel confident to do so.

STAFF MUST:

All students with Diabetes are required to 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](#).

Training

Training is available through the Department of Health and Human Services, [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.

Contacts

Diabetes Tasmania

Email: mail@diabetestas.org.au

Phone: 1300 136 588 (local call cost).

Resources

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. 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, etc)
- insect reaction

SIGNS AND SYMPTOMS

The signs and symptoms for both non-insect and insect reactions can be either mild/moderate or severe.

Non-insect

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

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)

KEY ACTIONS

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

An EpiPen can 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.

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/>.

STAFF MUST

Training

The principal needs to 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](#).

School principals need to ensure that all students with allergies/anaphylaxis inform the school bus driver if the student is travelling by bus.

Training is available through the [Asthma Foundation of Tasmania Schools Program](#).

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.

Anaphylaxis Risk Management

The Department of Education aims to minimise the risks for students diagnosed with allergy induced anaphylaxis whilst in the care of the Department of Education.

The Department works within the guidelines set by the [ASCIA Australasian Society of Clinical Immunology and Allergy](#), who 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.

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 the Procedure.

Peanut and Tree Nut Minimised Risk Strategies

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.

Minimised Risk Strategies include:

- Communication – schools to send letters out to each family in the school informing them that a student/s in the school have life-threatening allergies to peanuts/tree nuts and requesting 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. This can also be supported by regular articles in the school newsletter.
- Periodic reminders will need to be given to parents, especially during festive periods and birthdays.
- Students who have the ability to self-administer must 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.
- 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 needs 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 Minimised Risk Strategies

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

Minimised Risk Strategies include:

- The need for consultation between principal and parent/ guardian on management of anaphylaxis: <https://www.education.tas.gov.au/documentcentre/Documents/Medical-Management-Plan-Pro-Forma.pdf>.
- 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 only eating food items approved by parents.
- All students washing 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.
- The school needs 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 Product Minimised Risk 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 sits 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 in relation to other students who are cooking with milk and egg products.

Egg Products Minimised Risk 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 sits 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 Minimised Risk Strategies

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.

Minimised risk strategies include:

- The need for consultation between principal and parent/ guardian on management of anaphylaxis <https://www.education.tas.gov.au/documentcentre/Documents/Medical-Management-Plan-Pro-Forma.pdf>.
- 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 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) Minimised Risk Strategies

Students who 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.

Minimised risk Strategies include:

- The need for consultation between principal and parents on management of anaphylaxis: <https://www.education.tas.gov.au/documentcentre/Documents/Medical-Management-Plan-Pro-Forma.pdf>.
- Students (who are able) carrying 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.

STAFF MUST:

Every school principal must develop a Department of Education management plan in consultation with parents for all students with an anaphylactic allergy:

<https://www.education.tas.gov.au/documentcentre/Documents/Medical-Management-Plan-Forma.pdf>

Every school principal must ensure that upon registration, parents, guardians and pupils shall supply information on any known allergies which will include an ASCIA action plan:

<http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>

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.

Training

The principal must ensure that all staff receive education on anaphylaxis management including emergency treatment on a regular basis stipulated by Asthma and Anaphylaxis Active. See [information on this program](#).

School principals must 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.

Training is available through the [Asthma Foundation of Tasmania Schools Program](#).

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.

Contacts:

Asthma Foundation of Tasmania
Phone: 1800 278 462
Email: schools@asthmatas.org.au

Tasmanian Ambulance Service
Phone: 000

5. 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.

There are two main types of seizure:

1. Generalised seizures – the whole brain is affected by the abnormal electrical activity disturbance and the person becomes unconscious. This 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).
2. Focal seizures – 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. There are usually changes in the level of awareness but the person will not be unconscious.

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)

KEY ACTION:

Treatment/First Aid

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

1. Move hazards out of the way.
2. Loosen tight clothing around the neck.
3. Put something soft under the head.
4. Time how long the seizure lasts.
5. Let the seizure run its course.
6. When the seizure has stopped place the person in the recovery position and stay with them until they are fully alert.
7. 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.

STAFF MUST:

Training

Training is available through Epilepsy Tasmania on 63 334 683/1300 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 at <http://www.epilepsytasmania.org.au/>

Contacts:

Epilepsy Tasmania Phone: 63 334 683

6. 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.

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 <http://www.cysticfibrosis.org.au/tas/>

7. 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.

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.

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

Information on haemophilia is available at:

- Royal Children's Medical Hospital - [Haemophilia](#)
- Royal Children's Medical Hospital - [von Willebrand Disease \(vWD\)](#)

Contacts:

Department of Health and Human Services

Phone: (03) 6166 8045

Email: rhhpaedonc@dhhs.tas.gov.au

8. 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.

Contacts:

Gastrostomy Service (Southern Tasmania)

Phone: (03) 6166 8784

Resources

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

9. 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.

Contacts:

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

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

Information and Support Line: 1800 005 900

Resources

DHHS Sexual health Service Tasmania

DHHS – Human Immunodeficiency virus infection

DHHS – AIDS and Hepatitis Line

TasCAHRD

10. Meal management

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

11. 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.

Contacts:

Royal Hobart Hospital: (03) 6166 8283

Launceston General Hospital: (03) 6348 7832

North West Regional Hospital: (03) 6430 6599

12. 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.

Contacts:

The Paediatric Continence Clinic
Phone: (03) 6166 8475

Resources

Information on toileting is available at:

<http://continencevictoria.org.au/>

<https://www.continence.org.au/pages/healthy-bladder-and-bowel-habits-in-schools.html>

<https://www.continence.org.au/pages/-toilet-tactics-kit-411.html>

13. Sun Protection

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

The Department 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.

Contacts:

Cancer Tasmania
Email: sunsmart@cancertas.org.au
Phone: (03) 6233 5341

14. Roles and Responsibilities

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"

- a) the word "must" is to be construed as being mandatory; and
- b) the words "is to" and "are to" are to be construed as being directory; and
- c) the word "may" is to be construed as being discretionary or enabling, as the context requires.

The Secretary is to:	Ensure the relevant Acts and Regulations are adhered to.
The Deputy Secretaries (Learning, Support and Development) are to:	Ensure these procedures are adhered to across all educational settings.
General Managers and Principal Network Leaders are to:	Ensure all school and college principals are familiar with these procedures.
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.
Teachers are to:	Adhere to these procedures.
Parents are responsible for:	Adhering to these procedures. Assisting in the development of Medical Action Plans.

15. Associated Documents and Materials

[Administration of Medication Procedures](#) (Doc ID: TASED-4-1207)

[Legal Issues Handbook for Schools and Colleges](#) [Staff access only] (Doc ID: TASED-4-2645)

Student Health Care and Safety Policy [under development]

[Medical Management Plan](#) (Doc ID: TASED-4-1776)

Order for obtaining adrenaline for school first aid kits [Staff access only]

Authorised by	Trudy Pearce
Position of authorising person:	Deputy Secretary Learning
Date authorised:	
Developed by:	Director of Nursing
Date of last review:	August 2017
Date for next review:	August 2019
This document replaces:	Student Medical and Health Care, Specific Health Issues