

TRANSPORTATION POLICY 2025

Forming part of: Giant Steps Tasmania's *Health and Safety Manual*

Policy Statement

All students at Giant Steps Tasmania have a diagnosis of Autism. Most students have extensive needs and so would not be able to use public transport unaided. For students with a lower level of need, as Deloraine is a regional area with little public transport and as many families live in areas similarly lacking in public transport, this would also not be an accessible option for them. Giant Steps Tasmania therefore transports students to and from school and to and from excursions on various buses owned and operated by the school. In doing so, Giant Steps Tasmania adheres to the following laws and regulations:

- Vehicle and Traffic Act, 1999
- Road Transport (Bus Services) Regulations, 2000
- Road Transport (Road Rules) Regulations, 2017
- Passenger Transport Services Act, 2011
- Passenger Transport Services Regulations, 2023

The school's smaller buses can carry a maximum of eleven passengers (plus the driver). The school's larger buses can carry a maximum of twenty passengers (plus the driver).

Transportation to and from Giant Steps Tasmania is available for the school's students aged 5 years of age and above. Students are picked up from and delivered to a designated area at the start and end of the day. The time of the pick-up and delivery of students is dependent on the location.

In the afternoons, students are dropped off at the same designated area from which they were collected unless alternative arrangements have been agreed by the Principal:-

Parents/ Carers accompany students to the bus and meet them from the bus but are not allowed onto the buses.

Purpose

The aim of this policy is firstly to ensure the safe and legally compliant transportation of students and staff on journeys between the home pick-up point and Giant Steps Tasmania and on excursions organised by Giant Steps Tasmania where Giant Steps Tasmania buses are used.

This policy also shows how Giant Steps Tasmania complies with the Passenger Transport Services Act 2011 by ensuring that there are suitable procedures to address the following Standards:

Standard 1: Administration Standards

- 1.1 Responsible Person
- 1.2 Record Keeping
- 1.3 Maintaining Accreditation Details
- 1.4 Vehicle Registration

Standard 2: Vehicle Management Standards

- 2.1 Roadworthiness Inspections
- 2.2 Pre-Departure Inspections
- 2.3 Fault Reporting And Clearance
- 2.4 Safety Inspections
- 2.5 Emergency Management

Standard 3: Driver Administration Standards

- 3.1 Initial Check Of Driver Qualifications
- 3.2 Driver Records
- 3.3 Driver Monitoring
- 3.4 Passenger Behaviour Management
- 3.5 Reportable Incident Management

Implementation

Giant Steps Tasmania requires, at the time of the student's admission, the full name and company (if applicable) of any person allowed to pick up a student. If there is any change to the person picking up the student, the parent/ carer must inform the Administration Staff, who will inform the bus staff. The person picking up the student must show the bus staff photographic ID before they are ~~s/he is~~ allowed to collect the student.

If the student is residing in a Group Home or staying in respite, the member of staff collecting the student must show the driver photographic ID that proves that they are ~~s/he is~~ an employee of the Group Home or Respite facility.

Principal: Responsibilities

Under the terms of the Passenger Services Transport Act 2011, the Principal is accredited as 'the responsible person'. The Principal is therefore responsible for compliance with the Act's provisions, including:

- Ensuring the safety of passengers
- Complying with licensing and registration requirements
- Adhering to service standards
- Managing passenger behaviour
- Maintaining records and reporting incidents
- Providing adequate insurance coverage

The Principal delegates some of these responsibilities as follows:

- Ensuring the safety of passengers → Bus Drivers and Bus Supervisors
- Complying with licensing and registration requirements → Business Manager
- Adhering to service standards
- Managing passenger behaviour → Bus Supervisors
- Maintaining records and reporting incidents → Administration Staff
- Providing adequate insurance coverage → Business Manager

While legal responsibility remains with the Principal, the day-to-day duties and responsibilities of each group of persons in relation to Transportation is given below:

Bus Drivers: Responsibilities

All Bus Drivers must complete and sign the Code of Conduct for Bus Drivers (**Addendum 7**). A driver designated by the Principal checks the bus daily for road worthiness.

Prospective Drivers must submit a National Police Certificate and a Working With Vulnerable People (WWVP) Card to the Principal before they can transport students.

Bus Drivers (whether employed in this capacity, or acting in this capacity because designated by the Principal) and Bus Supervisors (whether employed in this capacity, or acting in this capacity because designated by the Principal) have primary responsibility for ensuring the safety of Giant Steps Tasmania students on journeys between students' home pick-up points and the school and on school excursions. (Refer to **Addendum 1: Transportation: Start/ End of the Day procedures**)

Drivers of Giant Steps Tasmania buses must be over 25 years of age, have a clean driving record and be approved by the Principal. Drivers must have the correct license for the bus they are driving (either Medium Rigid or Heavy Rigid). Drivers are obliged to inform the Principal of any driving offences that occur after their appointment as a Giant Steps Tasmania driver.

Bus Drivers must have zero blood alcohol/ drug content when they are driving a school bus, irrespective of whether or not there are students on board. Smoking/ Vaping is never permitted on, or within 10 metres of, a Giant Steps Tasmania school bus.

Bus Drivers must ensure that the bus has sufficient fuel for the journey they are undertaking.

Bus Drivers must ensure that the Transport Commission's Accreditation Certificate is clearly visible at the front of the bus.

Bus Drivers must ensure that the "School Bus" signs are clearly visible at the front and back of the bus.

Bus Drivers must ensure that the bus they are driving is not leaking oil and that the windscreen wipers and washer system are operable.

Bus Drivers must follow the same route between the home pick-up point and school and between school and the home drop-off point, unless there are diversions in place.

Bus Drivers **must not** interact with students. If a driver has concerns that a student's behaviour may impact on safety, they must speak to a Bus Supervisor.

Bus Drivers must not speak to Bus Supervisors while the bus is moving, unless it is essential to preserve the safety of the students.

Bus Drivers must ensure that the school mobile phone is on the bus **and that it is charged and switched on**. The Bus Driver must give the phone to a Bus Supervisor after checking it for any messages and before starting to drive.

Bus Drivers drive conservatively and defensively, keeping to the speed limits (the maximum speed at which a Giant Steps Tasmania bus may be driven is 100kph) and adhering to all traffic advisories. The safety of Giant Steps Tasmania's students and staff is the driver's priority at all times.

Bus Drivers may accept medication from parents/ carers. They record the medications on the medication calendar and pass them to the Administration staff when they arrive at school

Bus Drivers ensure that the bus they are driving is equipped with:

- A mobile phone and charger
- A fire extinguisher, window smasher, seatbelt cutter and elastic luggage strap
- A list of students, their parents and Group/ Respite homes
- Tissues, Kylies, towels, safety vests
- Glass cleaning cloths, de-frost spray, windscreen water and glass cleaning spray
- Paperwork as follows:
 - Student Action Plans
 - A copy of the school's *Transportation: Accident and Emergency Procedures* and Accident Form (see **Addenda 4 & 5**)
 - Insurance details
 - Emergency Numbers
 - Bus information (including manual for the bus)
 - Student profiles/ Behaviour support plans
- A First Aid Kit (drivers give the kit to the Administration Assistant monthly to be checked and re-stocked as necessary);
- A lockable container in which to place students' medication delivered to drivers by parents/ carers or respite care and Group Home employees.
- A separate container for pump bottles (e.g. Aqium and sunscreen)
- A Spill Kit containing:
 - Vomit bags
 - Disposable gloves
 - Nappy Bags
 - Zip lock bags – large size
 - Roll of white garbage bags
 - Disinfectant spray
 - Pre-moistened, alcohol-free, disposable wipes
 - Antibacterial wipes
 - Cleaning cloths - roll or packet
 - Paper towels
 - Masks (Adult & student)

It is the Bus Driver's responsibility to ensure the Spill Kit is properly stocked and all items are safely stowed. Drivers order supplies through Administration when supplies are running low/ wearing out.

Administration Staff: Responsibilities

The Administration Staff ensure that Bus Drivers have an up-to-date Contact List with students' names, parent/ carer names, details of respite care/ Group Homes students attend and relevant phone numbers.

Administration Staff check the bus First Aid kits monthly and re-stock them as necessary.

Administration Staff ensure that Fire Extinguishers are maintained as necessary.

Administration Staff ensure that a copy of **Addenda 4 and 5: Transportation: Accident and Emergency Procedures** and **Accident Forms** is kept on each bus and is easily accessible.

Administration Staff work with the Business Manager and Parents/ Carers to ensure the timely submission of information to Passenger Transport, Department of State Growth, in respect of Conveyance Allowances.

Administration Officers keep records of who is driving which bus on which day and which bus supervisors are working with them. These records are kept for a minimum of three years.

Students: Responsibilities

Students are expected to behave politely to the Bus Supervisors, Bus Driver and each other.

Students are allowed to bring games and devices with age-appropriate games and music loaded onto them.

Students are not allowed to bring mobile phones that can connect to the Internet onto the school bus.

Students must not eat or drink (other than water) on the bus.

Students are expected to follow all instructions given to them by the Bus Supervisors and to remain seated with their seatbelts fastened, unless instructed otherwise by the Bus Supervisors.

Parents/ Carers: Responsibilities

Parents/ Carers are familiar with and follow the procedures included in **Addendum 2: Bus Procedures for Parents/ Carers**, a copy of which is given to them at Enrolment.

Parents/ Carers ensure their child is at the pick-up point in good time.

Parents/ Carers are at the drop off point in good time to collect their child.

Parents/ Carers are responsible for their child until a Bus Supervisor allows them onto the bus.

Parents/ Carers do not get onto the school bus.

Parents/ Carers are familiar with and follow the information that forms **Addendum 6: Recognising and Responding to Contagious Conditions**, a copy of which is given to them at Enrolment, and ensure their child is well enough to travel on a school bus.

Parents/ Carers ensure that their child is not in possession of any device, implement or substance that would contravene school rules or could potentially harm another person travelling on the bus.

Parents/ Carers give any Medication to be taken at school to the Bus Driver.

Parents/ Carers do not give messages to the Bus Driver. They call the school or use Storypark.

Parents/ Carers ensure conveyance allowance forms and information is provided in a timely fashion.

Parents/ Carers are aware that if they are in receipt of a fee rebate, any conveyance allowance they receive is payable to the school.

Bus Supervisors: Responsibilities

There are always a minimum of two Bus Supervisors on a Giant Steps Tasmania School Bus.

The following people may be designated by the Principal, or their delegate, as Bus Supervisors:

- Permanent staff who are paid to act as Bus Supervisors.
- Casual staff who are paid to act as Relief Bus Supervisors.

Volunteers **may not** be designated as Bus Supervisors:

Bus Supervisors are responsible for all interactions with the students and for ensuring that the students are calm and not over-stimulated on the journey.

When supervising students who may self-stimulate on the bus, Bus Supervisors aim to distract the student and/or replace the activity.

Bus Supervisors are responsible for Risk Assessing students and determining whether they are fit to travel. Agitated students and students who are known to have experienced vomiting and/ or diarrhoea since leaving school the previous day, or who did experience vomiting and/ or diarrhoea at school the previous day will not be allowed to travel into school. (Please refer to **Addendum 6: Recognising and Responding to Contagious Diseases**)

Bus Supervisors are aware that students are allowed to bring games and devices with age-appropriate games and music loaded onto them. If the music or games are not age-appropriate, the Bus Supervisors will deal with the matter from school by contacting the parent/ carer and reminding them of this policy. Bus Supervisors will not attempt to remove the device from the student during the journey.

Students are not allowed to bring mobile phones that can connect to the Internet onto the school bus. If a student does bring a mobile phone that can connect to the Internet, Bus Supervisors will deal with the matter from school by contacting the parent/ carer and reminding them of this policy. Bus Supervisors will not attempt to remove the phone from the student during the journey.

It is the Bus Supervisors' responsibility to make sure that all passengers wear seat belts at all times on the bus. Some students need to wear a Buckle Guard or Harness when travelling on the bus for their own safety. (Please refer **Addendum 3: Transportation: Buckle Guard and Harness Procedures**). It is the Bus Supervisors' responsibility to ensure these are fastened correctly and that they are checked daily for signs of wear and tear.

It is the Bus Supervisors' responsibility to make sure that no passenger stands while the bus is moving.

Business Manager: Responsibilities

As part of the responsibilities delegated by the Principal, it is the Business Manager's responsibility to ensure that the buses operated by Giant Steps are:

- Adequately insured
- Regularly serviced to ensure road-worthiness

- Replaced as and when necessary (following consultation with the Principal and Board Members)

The Business Manager is also responsible for communication with Passenger Transport at the Department of State Growth in respect of Conveyance Allowances and for ensuring that Parents/ Carers and the School receive the sums to which they are entitled.

Accidents and Emergencies

In the event of a Traffic Accident, Medical Emergency or Behavioural Incident occurring during the journey to/ from school or on an excursion, staff follow the **Transportation: Accident and Emergency Procedures** (see **Addenda 4 & 5**). A copy of this document is kept by the Bus Driver on each bus.

In the event of an emergency occurring at Giant Steps Tasmania before the buses have arrived at school in the morning or when one or more of the buses is carrying students out on an excursion, the Principal(s) (or a member of staff designated by them) will contact each bus and instruct the driver as to an appropriate course of action (e.g. to take the students to an alternative venue until it is safe to return to school).

Record Keeping

Giant Steps Tasmania retains the following records and documents for the Passenger Transport Operator Accreditation Scheme for a minimum of three (3) years:

Standard Reference	Document
	Accreditation Certificate issued by the Transport Commission
	National Police Certificate for the Responsible Person
	Passenger Transport Operator Accreditation Manual
1.4	List or register of all the vehicles the School uses to operate its service Registration documents for all vehicles
2.1	All roadworthiness inspection reports for each vehicle
2.2	All completed pre-departure inspection checklists for each vehicle
2.3	All fault reports for each vehicle Records of repairs undertaken as a result of faults identified
2.4	Records of major vehicle safety inspections
2.5	Emergency management procedures
3.2	Driver register, including driver acknowledgement of awareness of: • Pre-departure inspection procedures (Standard 2.2) • Fault reporting system (Standard 2.3) • Emergency management procedures (Standard 2.5) • Passenger behaviour management procedures (Standard 3.4) • Reportable incident management procedures (Standard 3.5) Driver file or other filing method to keep documents relevant to each driver's engagement or employment
3.3	Record of having checked the details held in the driver register for each driver to ensure that each driver still holds a current driver licence and Ancillary Certificate
3.4	Passenger behaviour management procedures
3.5	Reportable incident management procedures

Authorised by:	Paul Bowman
Position:	Chair of Board
Signature:	
Date revisions accepted:	
Original policy developed by:	Chris Jacobsen
Position:	(Previously) Education Administrator
Date Original Policy developed:	Feb-May 2016
Date of first review:	June, 2017
Date of last review:	July - August, 2023
Staff consultation period:	June-July 2025
Revisions prepared by:	Chris Jacobsen, Fairlight Educational Consulting
Date of next review:	August 2027

Addenda

Addendum 1: Start/ End of Day Procedures

Addendum 2: Bus Procedures for Parents/ Carers

Addendum 3: Buckle Guard and Harness Procedures

Addendum 4: Accident and Emergency Management Procedures

Addendum 5: Motor Vehicle Accident Report Form 2025

Addendum 6: Recognising and Responding to Contagious Conditions

Addendum 7: Code of Conduct (Bus Drivers)

Addendum 1: TRANSPORTATION: START/ END OF DAY PROCEDURES

At the start of the day, the **designated Bus Driver**:

- Checks all buses for road-worthiness.

At the start of the day, the **Bus Drivers**:

- Check students' names off the Bus Checklist they maintain as students get on the bus
- If parents/ carers ask for messages to be given to Giant Steps Tasmania staff, ask the parents to call the school, use StoryPark or write in the Communication Book so that it will not be forgotten.
- Take, sign for and secure any medication given to them by parents/ carers.
- From the school phone, call the parents/ carers of any student who has not arrived at the pick-up point.
- Pass the school phone to a Bus Supervisor before starting the journey.

At the start of the day, the **Bus Supervisors**:

- Ensure one Bus Supervisor is on the bus and the other outside the bus to help students get on calmly and safely
- Ensure that all students have their seatbelts properly fastened, including any Buckle Guards or Harnesses as necessary (Please refer **Transportation: Buckle Guards and Harnesses Procedures**)
- Receive the school phone from the Bus Driver
- Ensure that all passengers are safely seated before the Bus Driver begins the journey
- Ensure that conversation is kept to a minimum and a calm atmosphere is maintained
- On reaching the school gates, ensure that one Bus Supervisor gets off before the students to assist them to get off the bus calmly and safely.

At the end of the day, the **Bus Drivers**:

- See Administration staff for any updates or instructions.
- Check students' names off the Bus Checklist they maintain as students get on the bus
- Checks that the person picking up the student is the designated parent/ carer or an employee of the respite/ Group Home the student is attending
- When the second Bus Supervisor has exited the bus, check that no-one is left on the bus.

At the end of the day, the **Bus Supervisors**:

- Ensure one Bus Supervisor is on the bus and the other outside the bus to help students get on calmly and safely
- Ensure that all students have their seatbelts properly fastened, including any Buckle Guards or Harnesses as necessary (Please refer **Transportation: Buckle Guards and Harnesses Procedures**)
- Ensure that all passengers are safely seated before the Bus Driver begins the journey
- Ensure that conversation is kept to a minimum and a calm atmosphere is maintained
- On reaching the designated drop-off location, ensure that one Bus Supervisor gets off before the students to assist them to get off the bus calmly and safely.

Addendum 2: BUS PROCEDURES FOR PARENTS/ CARERS

General Procedure

1. Bus times are:

LAUNCESTON

Launceston:

Door of Hope

Drop off: 8.00 am

Pick up: 3.45 pm

Carrick:

29 Meander Valley Road

Drop off: 8.25am

Pick up: 3.35pm

Launceston Bus Ph: 0419 389 605

DEVONPORT

Devonport:

Waterfront Cafe/Complex

Drop off: 8.00 am

Pick up: 3.50 pm

Latrobe:

65 Cotton Street

Drop off: 8.25 am

Pick up: 3.40 pm

Devonport Bus Ph: 0417 356 514

Parents/ Carers are asked to TEXT the bus if they are running late or will not coming.

Sometimes buses may not be slightly early in the afternoons, so parents/ carers are asked to be there a few minutes early.

2. Aim for a calm start to the day that follows a predictable pattern. (e.g. same getting up time, same leaving home time, same route etc.)
3. Be on time to the pick-up point, but do not arrive too early as waiting can be disruptive to a student. Buses **may** delay departure from the pick-up area for a maximum of 10 minutes, if a parent/ carer has texted the driver before the scheduled pick-up time to advise that they are running late (see below, ***Lateness***).
4. Park near the bus. Crossing a car park with vehicles arriving and departing is dangerous. Do not park too close to the buses and ensure you allow room for all students to access the bus safely and for the bus to manoeuvre easily.
5. Until students are safely seated on the bus they are the responsibility of the parent/ carer, so conversations with other parents/ carers should wait until all students are safely seated on the bus.
6. Students must not get on the bus until it is fully staffed (by the Bus Driver and all Bus Supervisors). **Do not get on the bus; the Bus Supervisors are there to assist your child.**
7. Do not become involved in the management of other students. There will be processes and plans around other students that you might not be aware of and your involvement might be unhelpful.
8. Give any medication to the Bus Driver. All prescription-only medication must be in a Webster Pack. Over-the-counter medication must be in the original, in-date packaging. Giant Steps Tasmania must have a drug chart for ALL medication.
9. Do not involve the Bus Supervisors in conversation. Their responsibility is getting the students safely onto the bus. If there is information the school should have, make sure it is written in the Communication Book, provided on StoryPark or that you call the school to pass on the information.
10. Once your student is safely seated on the bus, leave promptly. Some students can find the transition from home difficult and it helps them if parents/ carers do not linger.

Absence

If a student is going to be absent for any reason, please call the School **and** text the Bus Driver.

Lateness

In exceptional circumstances, if you know that you will be late getting the student to the pick-up point, text the Bus Driver before the designated pick-up time and the Bus Driver may wait for the student for no more than 10 minutes. If a student is regularly late, the Principal will contact you to discuss the situation. If the situation cannot be resolved, you may need to make alternative arrangements for getting the student to school.

Person Collecting

Notify the school if anyone other than the person(s) listed on the Enrolment Form will be meeting the student from the bus. Ensure that the person who meets the student carries photographic ID which they can show to the Bus Driver.

Health

Ensure that students are well enough to attend school and have not experienced diarrhoea or vomiting at any time during the preceding 48 hours.

Addendum 3: TRANSPORTATION: BUCKLE GUARD & HARNESS PROCEDURES

Buckle Guards and Harnesses can only be used with students who have been identified by a GP or Senior Practitioner as needing one to ensure their safety and/ or the safety of others and with the approval of their parent/ carer. The School must have written notification from a Medical Practitioner and written approval from the student's parent/ carer before they can be used.

Approval must also be given by the National Heavy Vehicle Regulator and Vehicle Standards before buckle guards and/ or harnesses may be used.

Buckle Guards and Harnesses are examples of **mechanical restrictive practices** and as such are used with the following in mind:

- That they reduce the risk of harm to the person with disability or to others;
- That they are the least restrictive response possible in the circumstances;
- That they be used as a last resort after the School, family and any Medical/ Allied Health professionals have explored and applied evidence-based, person-centred and proactive strategies;
- That they are proportionate to the potential negative consequences or risk of harm;
- That they be used for the shortest time possible;
- That they are part of the Student's Behaviour Support Plan and
- That there is a clear plan for reducing and eliminating the restrictive practice over time.

A Buckle Guard prevents a student from undoing a seatbelt. A Travel Harness can prevent a student exhibiting behaviours of concern.

A Buckle Guard or a Harness may only be put on a student by a Bus Supervisor if the necessary approvals have been given (from Medical Professional and Family).

A child restraint, or child safety harness can only be used if it complies with Australian/New Zealand Standard AS/NZS 1754, is marked in accordance with that Standard and has no visible defect.

When a student shows that s/ he can be relied upon to remain in his/ her seatbelt, a harness is no longer required.

Bus Supervisors check Buckle Guards and Harnesses daily for signs of wear and tear.

[This section has been informed by: NDIS Quality and Safeguards Commission (2022). Restrictive Practice Safe Transportation Guide. Penrith, Australia: NDIS Quality and Safeguards Commission.]

Addendum 4: TRANSPORTATION: ACCIDENT & EMERGENCY MANAGEMENT PROCEDURES

EMERGENCY PHONE NUMBERS

1. Ambulance/ Police/ Fire: 000
2. Principal: 0427 281 479
3. Giant Steps Tasmania (landline): 63 622 522
4. Launceston Minibus Hire: 6344 5031
5. Devonport Hertz: 6424 1013
6. Devonport Budget: 6427 0650
7. RACT: 13 11 11 (Membership Number: 520180)

Insurance details are on each bus

In the event of a Traffic Accident, the Bus Driver, or if they are not physically able to do so, a Bus Supervisor:

- Ascertains whether passengers are safe/ unharmed
- Contacts Emergency Services as required
- Contacts the School and requests additional personnel if required
- Decides whether passengers should be escorted off the bus
- If passengers are escorted off the bus, with the Bus Supervisors' assistance, ensures that they are well away from traffic and, whenever possible, sitting down
- If/ While the bus cannot be driven, puts a warning triangle 45-50 metres behind the bus to alert other road users
- Keeps interaction with any third party to a minimum (Giving and obtaining Name, Phone Number, Registration Number, Insurance details – not demanding or accepting liability)
- Calls the RACT if the vehicle is in need of repair, or is stuck or damaged
- If the vehicle cannot be driven, makes alternative arrangements to get students to school/ home
- If another Giant Steps Tasmania bus is not available, hires a bus from Launceston Minibus hire or, if in Devonport area, from Hertz or Budget
- If the accident occurs at the start of the day, the Bus Driver (or, if they are not physically able to do so, a Bus Supervisor) Principal. The Principal will then call parents/ carers and insurers.
- The Bus Driver (or, if they are not physically able to do so, a Bus Supervisor) collects as much information from the scene as possible, including details of witnesses, Police

Officers attending and any charges made or pending, details of injured persons and photographs (or a sketch) of the scene.

- If the vehicle can be driven and if the Bus Driver is capable of driving, they check all systems before continuing on the journey.
- On returning to school, completes a **Motor Vehicle Accident Report Form** (a copy of this form is attached, is available electronically on the shared drive and in hard copy in the staffroom)

In the event of a Medical Emergency, the Bus Supervisors:

- Request the Bus Driver pulls over
- Determine the severity of the emergency
- If appropriate, apply First Aid (If passenger is suitably recovered, the journey may continue)
- If appropriate, contact Ambulance Service
- Contact the School and requests additional personnel if required
- Contact parent/ carer/ emergency contact if Ambulance Service called
- Determine if other passengers should be escorted off bus
- If passengers are escorted off bus, with the Bus Driver's assistance, ensure they are well away from traffic and, whenever possible, sitting down
- Contact the school
- When Ambulance Service arrives, if the parent/ carer/ emergency contact is not available, one supervisor escorts the student to hospital
- Remaining Supervisor(s) and Bus Driver risk assess continuing journey with fewer staff. If they consider the risk unacceptable they call school to request additional personnel
- On returning to school, complete a **Medical Emergency/ Medication Incident Report Form**

In the event of a Behavioural Incident, the Bus Supervisors:

- Move themselves closer to the student experiencing difficulties
- Use calm talk/ distraction/ reminders to de-escalate the situation
- If it is necessary to move a student to ensure another student's safety, they request the Bus Driver pulls over before doing so
- Whenever possible they move a student who is not experiencing difficulties, rather than the one who is
- Ensure the journey continues as soon as it is safe to do so
- On returning to school, complete an **Incident Report Form**

Addendum 5: Motor Vehicle Accident Report Form, 2025

TO BE COMPLETED BY THE ADULT DRIVING THE VEHICLE INVOLVED IN THE ACCIDENT, OR THEIR NOMINATED REPRESENTATIVE

If the accident was not a result of a Road Traffic Accident, use Accident Report Form.

Details of person completing the form

Full Name:

Contact number:

Role: ☐ Teacher ☐ Aide ☐ Therapist ☐ Manager ☐ Contractor ☐ Volunteer ☐ Other

Giant Steps vehicle

Type/ Name/ Registration of vehicle

Persons in vehicle. Tick beside any person injured in accident. **(Please attach copy of bus seating plan)**

Name of driver

☐

Other staff on board

☐

.....

☐

.....

☐

Passengers on board

☐

.....

☐

.....

☐

.....

☐

.....

☐

.....

☐

.....

☐

.....

☐

.....

☐

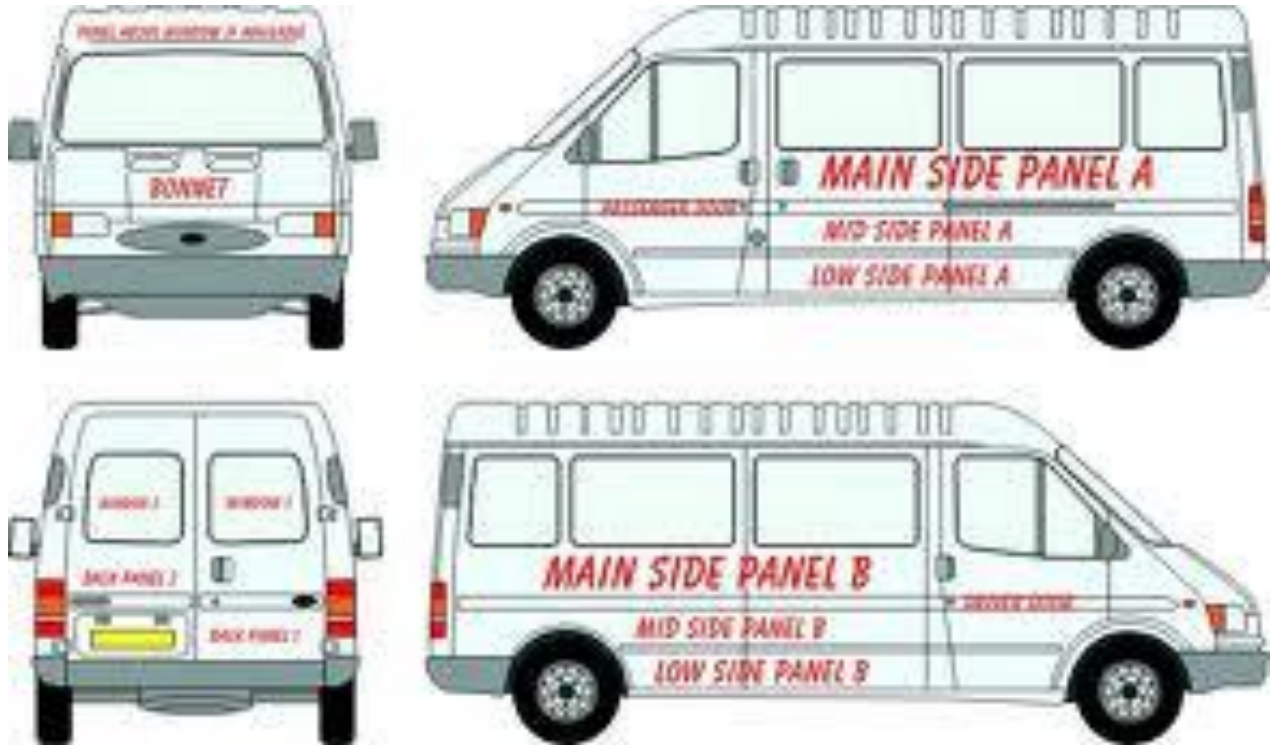
Details of the accident

Location:

Date:	Time:
am/pm	
Description of the accident	
Traffic conditions (e.g. heavy, moderate, light)	
Weather conditions (e.g. raining, fog, clear, etc.).....	
Estimated speed of vehicles involved:	
Giant Steps vehicle	Other vehicle
.....	
.....	
What happened?	
.....	
.....	
.....	
.....	
.....	
.....	
.....	
.....	
.....	
.....	
Sketch of accident showing vehicles, road names, traffic control signals or signs. If a photo of the accident is available, also attach this.	

Signature of person completing form: _____

Damage to Giant Steps Tasmania vehicle – mark on diagram:



Description of damage to Giant Steps Tasmania vehicle:

.....
 ...

 ...

 ...

Other vehicle (if applicable):

Make Model

Body type Colour

Registration number

Insurance Details:

Insurance Company

Contact Details

Policy Number

Driver's name

Driver's address

Driver's contact phone number

Number of in other vehicle:

Were any of these persons injured? (tick)

YES



NO



Were the police involved

YES



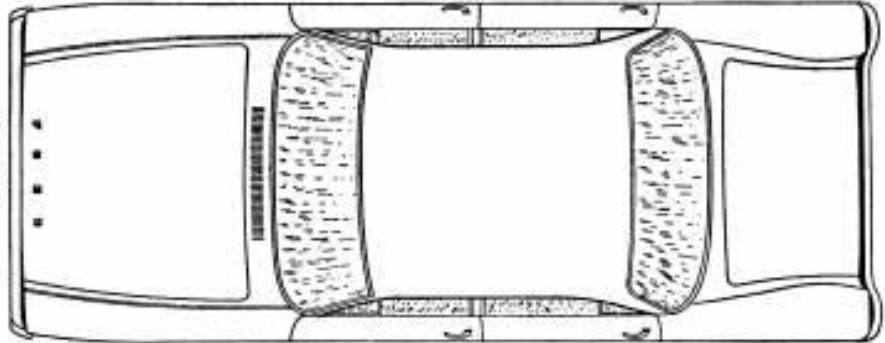
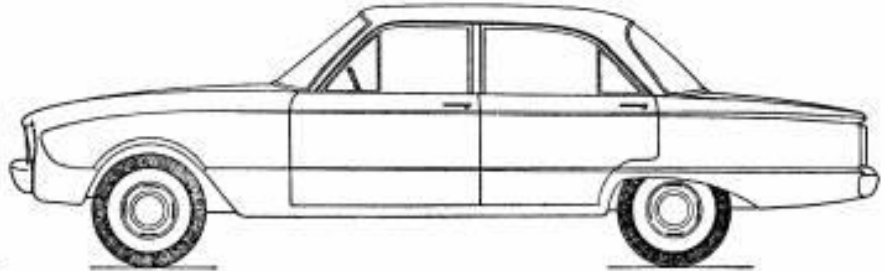
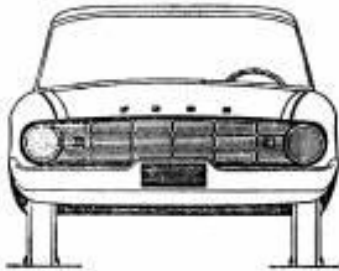
NO



Full Name(s)

Police ID No(s).

Damage to other vehicle – mark on diagram:



Description of damage to other vehicle:

.....

....

.....

....

.....

....

.....

....

Particulars of any independent witnesses:

Name

.....

Address

Contact phone number

Viewed accident from

Name

Address

Contact phone number

Viewed accident from

Name

Address

Contact phone number

Viewed accident from

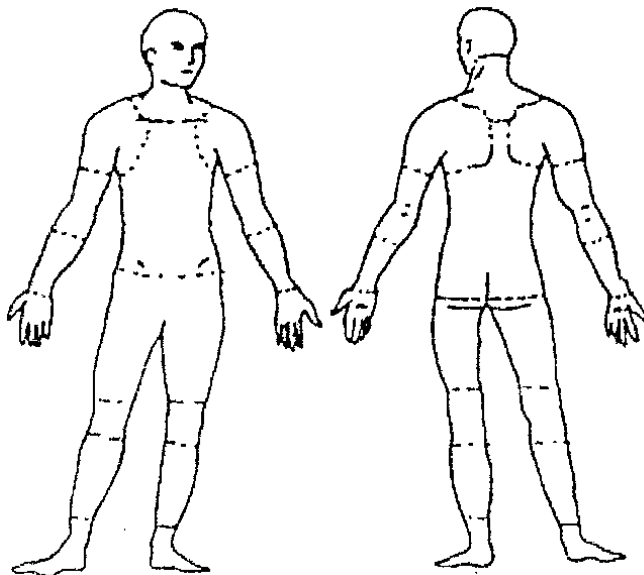
DETAILS OF ALL INJURIES (copy the following page as required)

Description of injury # _____

Full Name of person injured: _____

Role: ☐ Staff ☐ Student ☐ Visitor ☐ Contractor ☐ Volunteer ☐ Other

Part of Body Injured (mark diagram with X as appropriate)



The nature of the injury (tick as many as apply):

- ☐ abrasion/bruise ☐ puncture
☐ fracture/ dislocation ☐ other _____
☐ concussion
☐ cut/laceration

Treatment required at the time (tick as many as apply):

☐ **Not required**

☐ **First Aid** Name of person who supplied treatment: _____

Details of treatment: _____

☐ **GP Visit** Name of GP/ Practice: _____

☐ **Ambulance called** Details of paramedic treatment: _____

☐ **Hospitalisation** Name of hospital: _____

☐ **Parent/ Carer/ Emergency contact called** By: _____ Time: _____

TO BE COMPLETED BY THE PRINCIPAL IN CONSULTATION WITH ANOTHER APPROPRIATE STAFF MEMBER

Give details of any follow up resulting from this accident:

.....

.....

.....

.....

.....

.....

Signature of Principal Date:

Name of other staff member Role:

Signature: Date:

Reviewed by WHS Representative

Name: Signature: Date:

OFFICE USE ONLY

Workers Compensation Claim: ☐ Yes ☐ No ☐ Unknown

Is the incident Notifiable : ☐ Yes ☐ No ☐ Unknown

Incident type (refer to Section 38 of the Work Health & Safety Act 2012 for full details of when to notify):

Worksafe TAS Notified __ / __ / __

Method of Notification:

Insurance Claim: ☐ Yes ☐ No ☐ Unknown

Principal's Signature

Date __ / __ / __

Addendum 6: RECOGNISING & RESPONDING TO CONTAGIOUS CONDITIONS

The purpose of this document is to help parents/ carers and staff recognise and respond to some of the more common illnesses that students (and staff and parent/carers) at Giant Steps Tasmania may contract. It should not be used to attempt a diagnosis. Only a qualified medical practitioner can do this.

Some of the times given for when a student may return to Giant Steps Tasmania may be longer than is the case at some other schools/ workplaces. This is because many of our students have underlying conditions that put them more at risk of infection.

Not all illnesses are covered here and parents/ carers and staff are asked to use their discretion when considering whether a sick child should be at school. Parents/ Carers and staff who are unwell themselves are also asked to consider the health of students and other staff when deciding whether they should be on the school premises.

The school has a duty of care to report outbreaks (more than 2 instances) of Gastroenteritis (or similar) to the Department of Health and to conduct risk assessments if there are outbreaks of other contagious diseases and to contact the Department of Health for further advice.

A student, staff member or parent/ carer must **not** be in school if they have experienced diarrhoea or vomiting before the start of school, even if a diagnosis of gastroenteritis (or similar) has not been given. They may come in to school 48 hours after the last bout of diarrhoea or vomiting.



If any of the conditions described in this guide are discovered at school, with the exception of Fifth Disease once a rash has developed, the student will not be able to use the Swimming Pool until either treatment has begun or the student returns to school, depending on the condition and the required response to it.

Please note that a fever is defined as a temperature of 37.8°C (100°F) or higher.

QUICK REFERENCE GUIDE FOR PARENTS/ CARERS

CONDITION	RESPONSE
Chickenpox	Remain at home until all blisters have dried. This is usually at least 5 days after the spots appear.
Cold Sores	Remain at home until the cold sore stops weeping. Cover cold sores with dressing if possible.
Conjunctivitis	Remain at home until the discharge from the eyes has stopped.
COVID-19	Remain at home for at least 7 days after first testing positive.
Diarrhoea and Vomiting (Gastro)	Remain at home until there has not been a loose bowel movement and/ or vomiting for 48 hours
Ear Infection	Remain at home until the doctor says they can return.
Fifth Disease (slapped cheek)	May need to remain at home prior to rash developing as likely to have cold/ flu symptoms. No need to remain at home once rash shows, as no longer infectious.
Hand, Foot and Mouth Disease	Remain at home until all blisters have dried.
Head lice	No need to return home immediately, but treatment needs to begin before the next day of school.
Hydatid disease	Remain at home until doctor says they can return.
Impetigo	Remain at home until antibiotic treatment has begun. Sores on exposed parts of the body must be covered with a water-tight dressing.
Influenza	Remain at home until nasal discharge is no longer green.
Measles	Remain at home until 6 days after the rash begins.
Mumps	Remain at home for 9 days after the start of the swelling.
Ringworm/ tinea	Remain at home until the day after treatment has started.
Roseola	Remain at home until the fever goes down.
Rubella (German measles)	Remain at home until fully recovered (at least 4 days after rash has started)
Scabies	Remain at home until the day after treatment has started.
Scarlet Fever	Remain at home until they have had antibiotics for 24 hours and feel well.
Whooping Cough (pertussis)	Remain at home until 5 days after antibiotic treatment has begun, or for 21 days from the start of coughing.

On the following pages a traffic light system is used for severity with green being the lowest and red the highest.

FIFTH DISEASE



Fifth Disease (sometimes called Slapped Cheek) is a viral infection.

It is common and usually affects children between the ages of four and 10 years, but can happen at any age.

Most children who get slapped cheek do not have any symptoms, and if they do the symptoms are usually very mild. A common symptom is cheeks that look like they have been slapped, which is where the virus gets its name.

Symptoms

It may take between four and 14 days after your child is exposed to the virus for any symptoms to show. These symptoms can vary and are often so mild that many parents won't realise that their child has had the virus.

- The first symptoms can include fever, headache, stomach upsets, aches and pains.
- After a few days of being unwell, a bright red rash may appear on the cheeks.
- Your child may also have a different rash on their chest, back, arms and legs, which looks like a pink lace pattern on the skin.
- The rashes can come and go for several weeks, or even months, especially if the skin is exposed to sunlight or after exercise.

Response

Most children do not need any treatment, except for rest to allow the body to fight the infection. Because slapped cheek is caused by a virus, antibiotics are not prescribed. You can give your child paracetamol or ibuprofen to help them feel more comfortable.

Children do not have to be kept at home once the rash has developed as at this stage they are no longer infectious.

Prevention/ Limitation

As Fifth Disease is spread by touching or breathing in the coughed or sneezed fluid drops from an infected person, cough/ sneeze hygiene is very important. Often parents won't know their child has the virus. However, if your child is unwell with a fever, keeping them at home will help prevent them spreading the illness to others.

HEAD LICE

A magnified picture of an adult head louse. They are 2-3mm long.



Nits (the eggs of the louse) look like dandruff but cannot be easily removed.

The head louse is a tiny insect that lives among human hairs and feeds on blood from the scalp. Lice are a very common problem, especially for children. They're highly contagious and are caught by direct head-to-head contact. Lice cannot fly or jump. They do not spread diseases.

Symptoms

- an itchy scalp which may be worse behind the ears or on the back of the neck.
- nits (the eggs of the lice) stuck to the hairs. This may look like dandruff, but it cannot be removed by brushing or shaking

Response

- If discovered at school, the school will contact the parent/ carer with a request for the parent/ carer to treat the condition with a suitable treatment such as:
 - insecticide products approved for use in Australia by the Therapeutic Goods Administration
 - wet combing, also known as the comb and conditioner method. This is removing lice with the regular use of a fine-toothed comb (teeth must be 0.2 to 0.3mm apart). A 20 to 30 minutes combing through of the entire head of hair every two or three days for at least two weeks. This must be repeated until there have been three consecutive sessions without seeing any lice.
- If discovered at home, the parent/ carer should report the condition to the school.
- The student may return to school as soon as treatment has started. (It is not necessary to take a student with head lice to a Doctor.)

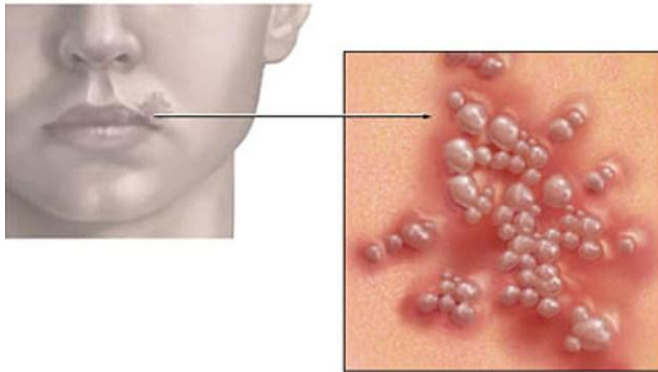
The following methods do not work and the school will not consider that treatment has started if these are used:

- the application of butter, margarine, tea tree oil, or rosemary
- shaving the head

Prevention/ Limitation

- avoiding head to head contact with others
- keeping long hair tied back, especially at school
- not sharing brushes, combs, or pillows
- using the wet combing method to regularly check for lice and nits

COLD SORES



Cold sores are blisters around the mouth and nose, caused by a virus. They are highly contagious.

Symptoms

- high temperature and a headache
- swollen and painful gums (gingivitis)
- blisters inside the mouth (stomatitis).

Repeat outbreaks usually start with a tingling sensation, redness and swelling around the lip. This is followed by small, fluid-filled blisters, which break open and develop a yellow crust (scab). The scab usually falls off around seven days later.

Response

- If discovered at school, the school will contact the parent/ carer with a request for the parent/ carer to treat the student with an over-the-counter preparation, or to take the student to a doctor, if the parent/ carer would prefer.
- If discovered at home, the parent/ carer should begin treatment of the cold sore with an over-the-counter preparation, or prescribed medication as soon as possible.
- Parent/ carers are advised to try to keep cold sores covered to prevent students from touching them and transferring the virus to other areas of the body.
- The student may return to school after the cold sore has stopped weeping.

Prevention/ Limitation

- using sun block or a lip balm with an appropriate sun protection factor (SPF 15 or higher) on lips to stop overexposure to sunlight
- not kissing someone who has a cold sore.
- not sharing creams, medicines, make-up or any object, which may have come into contact with an infected area.
- having good hand hygiene to stop the infection spreading to other areas of the body.

CONJUNCTIVITIS



Conjunctivitis is a common eye infection.

Symptoms

- Eye irritation and redness
- Excessive tears in the eyes
- A discharge with pus
- Swelling of the eyelids
- Photophobia (cannot tolerate looking into sunlight)

Response

- If discovered at school, the school will contact the parent/ carer with a request to pick the student up and take him/ her to a doctor
- If discovered at home, the parent/ carer should take the student to the doctor and, if a diagnosis of conjunctivitis is made, report the condition to the school
- If a diagnosis of conjunctivitis is made, the student may return to school after the discharge has stopped

Prevention/ Limitation

- Washing hands often with soap and warm water.
- Avoiding touching or rubbing eyes
- Washing any discharge from around the eyes several times a day
- Washing hands after applying eye drops or ointment.
- Not using the same eye drop dispenser/bottle for infected and non-infected eyes
- Washing pillowcases, sheets, washcloths, and towels in hot water and detergent
- Not sharing articles like towels, blankets, and pillowcases
- Cleaning eyeglasses
- Not sharing eye makeup, face make-up, make-up brushes, contact lenses and containers, or eyeglasses.

EAR INFECTIONS



Any part of the ear can become infected by bacteria, fungi or viruses. Children are particularly prone to middle ear infections. While some ear infections are not dangerous, some are and so it is important to get medical advice if a student experiences any of the following symptoms.

Symptoms

The symptoms of an ear infection depend on the type, but may include:

- earache
- mild deafness or the sensation that sound is muffled
- yellow or white fluid draining from the ear
- unpleasant smell coming from the ear
- itchiness of the outer ear
- blisters on the outer ear or along the ear canal
- noises in the ear – such as buzzing or humming
- vertigo (loss of balance)

Response

- If discovered at school, the school will contact the parent/ carer with a request to pick the student up and take him/ her to a doctor.
- If discovered at home, the parent/ carer should take the student to the doctor.
- The student may return to school when the doctor decides it is appropriate.

Prevention/ Limitation

- Not sharing toys or other items that might be put in mouths
- Keeping children away from others with colds, flu, or sore throats
- Teaching children to cough or sneeze into a tissue
- Washing hands often
- Making sure that children drink plenty of fluids and get enough rest
- Avoiding secondhand smoke (Children who are exposed to cigarette smoke get more ear infections)

The pneumococcal vaccine, Prevnar, prevents bacterial meningitis, but also guards against seven strains of ear infection-causing bacteria.

IMPETIGO



Impetigo is a highly contagious skin condition. It usually occurs on the face, neck, and hands of young children and infants.

Symptoms

- red sores that pop easily and leave a yellow crust
- fluid-filled blisters
- itchy rash
- skin lesions
- swollen lymph nodes

Response

- If discovered at school, the school will contact the parent/ carer with a request to pick the student up and take him/ her to a doctor
- If a diagnosis of impetigo is given, the student may return to school 24 hours after treatment has started
- If discovered at home, the parent/ carer should report the condition to the school.

Prevention/ Limitation

- washing hands regularly
- bathing or showering regularly
- cleaning and covering any injuries to the skin

To limit the spread of impetigo to other areas of the body and to other individuals:

- use antibacterial soap to wash hands
- use a clean towel or fresh paper towel to dry the body or hands
- wash linens and clothes in hot water
- clean surface areas in the home with antibacterial products
- keep fingernails short
- do not share personal hygiene items

RINGWORM/ TINEA



Ringworm is a highly contagious fungal skin infection (not caused by a worm). It affects the scalp, the body, the feet or nails. It is spread by contact with someone who has ringworm, or by touching an object which contains the fungus (e.g. brushes, showers or towels). It can also be passed from household pets and farm animals to people.

Symptoms

- red, itchy, scaly, or raised patches
- patches that develop blisters or begin to ooze
- patches that may be redder on the outside edges or resemble a ring
- patches with edges that are defined and raised

Response

- If discovered at school, the school will contact the parent/ carer with a request to pick the student up and take him/ her to a doctor
- If a diagnosis of ringworm is given, the student may return to school 24 hours after treatment has started
- If discovered at home, the parent/ carer should report the condition to the school.

Prevention/ Limitation

- avoiding clothing that irritates the infected area
- washing bedding and clothes daily during an infection
- cleaning and drying skin regularly
- washing hands after playing with/ looking after an animal/ pet
- showering and shampooing hair regularly
- wearing shoes if showering in a communal area
- avoiding sharing personal items such as clothing or hairbrushes

ROSEOLA



Roseola is a common, but usually mild, viral illness that affects young children. Children with the disease usually have pink, flat, or slightly raised bumps around 2 to 3 mm in diameter on their skin. The major problem that may occur with roseola is a risk of convulsions.

Symptoms

- fever (a high temperature)
- a red rash that appears first on the body and neck, and later on the face, arms and legs when the temperature goes down

Response

- If discovered at school, the school will contact the parent/ carer with a request to pick the student up and take him/ her to a doctor
- If discovered at home, the parent/ carer should report the condition to the school.
- If a diagnosis of Roseola is made, the student may return to school after the fever has gone down

Prevention/ Limitation

- avoiding exposing a child to an infected child
- keeping an infected child home and away from other children until their fever has broken.

SCABIES



Scabies is an infestation of the skin caused by a parasite called the scabies mite. The mite is very tiny, 0.2 mm to 0.4 mm long, and cannot be seen without magnification. Scabies is usually transmitted by direct skin-to-skin contact and is highly contagious.

Symptoms

- a skin rash composed of small red bumps and blisters affecting specific areas of the body
- the rash may appear between the fingers, on the wrists and the backs of the elbows, the knees, around the waist, the areas around the nipples, the sides and backs of the feet, the genital area, and the buttocks
- the rash often appears on the head, face, neck, palms, and soles of the feet in infants and very young children but usually not in adults and older children
- tiny red, brown or grey burrows on the skin
- severe itching which gets steadily worse

Response

- If discovered at school, the school will contact the parent/ carer with a request to pick the student up and take him/ her to a doctor
- If a diagnosis of scabies is given, the student may return to school 24 hours after treatment has started
- If discovered at home, the parent/ carer should report the condition to the school.

Prevention/ Limitation

- treating all people in the same household at the same time, even if no itching or other symptoms are present (By the time scabies is diagnosed in one person, many other people may have been infested)
- using a hot wash cycle to launder underwear, clothing, towels, bed linen and personal effects such as slippers, bed jackets, dressing gowns and knee rugs used by the affected person in the 72 hours prior to treatment
- placing items that cannot be laundered in a sealed plastic bag and leaving them for 72 hours before airing and reusing
- vacuuming or ironing mattresses and upholstered furniture

SCARLET FEVER



Scarlet fever is an infection of the throat caused by bacteria. It usually starts with a throat infection or tonsillitis, followed by the development of a skin rash. It is not very contagious and is easily treated with antibiotics.

Symptoms

- sore throat, fever (high temperature) and swollen tonsils and neck glands
- headaches, nausea (feeling sick) and vomiting, not feeling hungry, and feeling generally unwell
- a very red tongue (known as 'strawberry tongue')
- a fine red (scarlet) rash appearing 12 to 48 hours after other symptoms begin (The rash appears on the body and limbs and looks like sunburn and feels like sandpaper. It lasts 2 to 5 days.)

During recovery, the skin may peel off the fingers and toes

Response

- If discovered at school, the school will contact the parent/ carer with a request to pick the student up and take him/ her to a doctor
- If a diagnosis of Scarlet Fever is given, the student may return to school 24 hours after antibiotic treatment has started
- If discovered at home, the parent/ carer should report the condition to the school.

Prevention/ Limitation

- covering the mouth and nose with a tissue when coughing or sneezing
- throwing tissues in the bin after using them
- washing hands often with soap and water, especially after coughing or sneezing
- washing hands before preparing food.
- seeing a doctor if experiencing sore throat and fever

CHICKENPOX



Chickenpox is a highly contagious viral infection.

Symptoms

- low-grade fever
- general discomfort
- intensely itchy skin rash – appears as small blisters surrounded by irregularly-shaped patches of inflamed skin known as ‘dew drop on a rose petal’ (blisters first form on the body and later on the head and limbs and the blisters usually burst and develop crusts after about five days)
- ulcers may develop in certain areas, including the mouth and genitals

Response

- If discovered at school, the school will contact the parent/ carer with a request to pick the student up and take him/ her to a doctor
- If suspected at home, the parent/ carer should take the student to a doctor and if a diagnosis of chickenpox is made, report the condition to the school
- If a diagnosis of chickenpox is made, the student may return to school when all the blisters have dried

Prevention/ Limitation

Immunisation against chickenpox is recommended by medical professionals.

- covering mouth and nose with tissues when coughing or sneezing
- hand-washing regularly
- not sharing eating utensils or drinking cups

COVID-19



COVID-19 can cause respiratory symptoms that can feel similar to a cold, the flu, or pneumonia. Other parts of your body can also be affected by the disease. Many people with COVID-19 have mild symptoms, but some people – particularly those with underlying health issues – become severely ill.

Symptoms

The most common symptoms people experience are cough, fever, chills, and shortness of breath. However, not all these symptoms happen in every person. The disease is quite variable, and everyone is different.

Response

- Remain at home for at least 7 days after first testing positive.

Prevention/ Limitation

Immunisation against COVID-19 is recommended by medical professionals.

- covering mouth and nose with tissues when coughing or sneezing
- hand-washing regularly
- wearing a mask if infectious
- avoiding contact with un-vaccinated people and those at high risk of complications should they become infected (e.g. the elderly and those with underlying health conditions)

DIARRHOEA/ VOMITING/ GASTROENTERITIS



Gastroenteritis, also called 'gastro', is a common illness that can cause vomiting and diarrhoea. It is very contagious.

Symptoms

- vomiting
- diarrhoea
- nausea (feeling sick)
- stomach pains
- high temperature (fever)
- headaches
- no appetite

Response

- If discovered at school, the school will contact the parent/ carer with a request to pick the student up and take him/ her to a doctor
- If discovered at home, the parent/ carer should take the student to a doctor and, if a diagnosis of gastroenteritis (or similar) is given, report the condition to the school.
- If a diagnosis of gastroenteritis (or similar) is given, the student may return to school 48 hours after the last bout of diarrhoea or vomiting.
- A student should **never** be sent to school if they have experienced diarrhoea or vomiting before the start of school, even if a diagnosis of gastroenteritis (or similar) has not been given. The student may return to school 48 hours after the last bout of diarrhoea or vomiting.

Prevention/ Limitation

- washing and drying hands thoroughly after going to the toilet and before eating or drinking.
- avoiding preparing or handling food for other people until symptoms have gone.
- immediately removing and washing any clothes or bedding contaminated with vomit or diarrhoea using detergent and hot water.
- cleaning contaminated surfaces after an episode of diarrhoea or vomiting using detergent and hot water followed by disinfectant.
- avoiding contact with people who have gastroenteritis symptoms.
- keeping raw foods separate from cooked and ready-to-eat foods to prevent cross-contamination

HAND, FOOT and MOUTH DISEASE



Hand, foot and mouth disease (HFMD) is a viral infection. It is generally only a mild disease that lasts seven to ten days. HFMD is more common during warmer weather and tends to spread easily between children.

There is no connection between this disease and the foot and mouth disease that affects animals.

Symptoms

- high temperature (fever)
- sore throat
- small, blisters on the inside of the mouth, sides of the tongue, palms of the hands, fingers, soles of the feet and genital area
- irritability, tiredness, and lack of appetite

Response

- If discovered at school, the school will contact the parent/ carer with a request to pick the student up and take him/ her to a doctor
- If a diagnosis of HFMD is given, the student may return to school after all of the blisters have dried
- If discovered at home, the parent/ carer should report the condition to the school.

Prevention/ Limitation

- Washing hands carefully with soap and water after contact with the blister-like lesions, after handling nose and throat discharges, and after contact with faeces
- Using separate eating and drinking utensils.
- Avoiding sharing items of personal hygiene (e.g. towels, washers and toothbrushes) and clothing (particularly shoes and socks).
- Thoroughly washing and cleaning any soiled clothing and surfaces or toys that may have been contaminated.
- Teaching children about cough and sneeze etiquette, immediate disposal of tissues, and to wash hands afterwards

HYDATID DISEASE



Hydatid disease is when cysts form in vital organs. It is a very serious disease. It is caused by contact with dog faeces that are infected with tapeworm eggs.

Symptoms

- stomach upset
- diarrhoea
- unexplained weight loss
- swollen abdomen
- anaemia
- weakness and fatigue
- cough
- blood or the fluid from a ruptured cyst – may be coughed up
- jaundice – pressure from an enlarging cyst may cause jaundice.

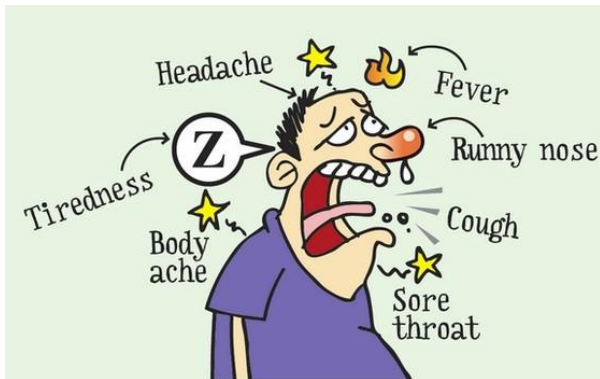
Response

- If discovered at school, the school will contact the parent/ carer with a request to pick the student up and take him/ her to a doctor
- If suspected at home, the parent/ carer should take the student to a doctor and if a diagnosis of hydatid disease is made, report the condition to the school
- If a diagnosis of hydatid disease is given, the student may return to school when the doctor says they can

Prevention/ Limitation

- thorough hand washing after contact with dogs, or objects that may be contaminated with dog faeces (for example, garden soil)
- not letting dogs lick a child's (or your own) face
- worming of pets and working dogs regularly with a treatment that covers hydatid tapeworm (make sure it contains praziquantel, or ask your vet)
- not feeding dogs raw offal

INFLUENZA



Influenza (the flu) is caused by a highly contagious virus that is spread by contact with fluids produced during coughing and sneezing.

The flu is more severe than a bad cold because:

- Colds last from two to a few days, but the flu can last up to a week.
- The flu causes a high fever, but a cold

does not.

- Muscular pains and shivering occurs with the flu, but not with a cold.
- Colds cause a runny nose, but the flu usually starts with a dry sensation.
- Flu symptoms come on quickly, but colds develop more gradually

Older people, pregnant women and those with an existing medical condition are more likely to develop serious complications e.g. pneumonia and inflammation of the brain and heart.

Symptoms

- high fever, chills and sweating
- sore throat
- runny or stuffed nose
- weakness
- headache
- general muscle and joint pains (in the legs and back)
- a dry cough that later becomes more severe and sputum or mucous is coughed up

Response

- If discovered at school, the school will contact the parent/ carer with a request to pick the student up and take him/ her to a doctor
- If suspected at home, the parent/ carer should take the student to a doctor and if a diagnosis of influenza is made, report the condition to the school
- If a diagnosis of influenza is made, the student may return to school 24 hours after their fever is gone (without the use of fever-reducing medicine)

Prevention/ Limitation

Immunisation against influenza is recommended by medical professionals.

The spread of influenza can be limited by:

- covering the nose and mouth with a tissue when coughing or sneezing
- throwing tissues in a rubbish bin after use
- washing hands with soap and water after coughing or sneezing
- avoiding touching eyes, nose or mouth

MEASLES



Measles is a very contagious viral illness that causes a skin rash and fever.

Symptoms

- fever
- general discomfort
- runny nose
- dry cough
- sore and red eyes (conjunctivitis)
- red and bluish spots inside the mouth (Koplik's spots)
- red and blotchy skin rash that appears first on the face and hairline, and then spreads to the body

Response

- If discovered at school, the school will contact the parent/ carer with a request to pick the student up and take him/ her to a doctor
- If suspected at home, the parent/ carer should take the student to a doctor and if a diagnosis of measles is made, report the condition to the school
- If a diagnosis of measles is made, the student may return to school when medical professionals say they can (usually 4 days after the rash appears)

Prevention/ Limitation

Immunisation against measles is recommended by medical professionals.

- keeping non-immunized people away from an infected person

MUMPS



Mumps is a **contagious viral infection** that used to be common in children before the availability of the MMR vaccine.

Symptoms

- Discomfort in the salivary glands (in the front of the neck) or the parotid glands (immediately in front of the ears). Either of these glands may become swollen and tender
- Difficulty chewing
- Pain and tenderness of the testicles
- Fever
- Headache
- Muscle aches
- Tiredness
- Loss of appetite

Response

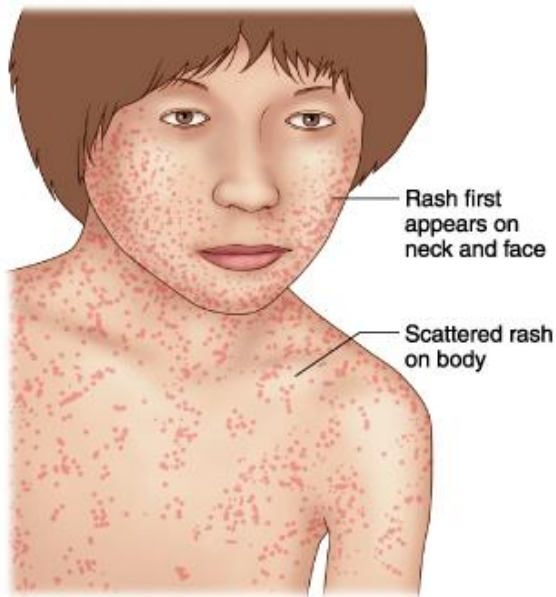
- If discovered at school, the school will contact the parent/ carer with a request to pick the student up and take him/ her to a doctor
- If suspected at home, the parent/ carer should take the student to a doctor and if a diagnosis of mumps is made, report the condition to the school
- There is currently no cure for mumps, but the infection should pass within 1 or 2 weeks. Treatment is used to relieve symptoms and includes: getting plenty of bed rest and fluids; using painkillers, such as ibuprofen and paracetamol
- A child can usually return to school 5 days after symptoms develop

Prevention/ Limitation

Immunisation against mumps is recommended by medical professionals.

- keeping non-immunized people away from an infected person

RUBELLA



Rubella (German Measles) is a viral illness that causes a skin rash and joint pain. It is highly contagious. If a pregnant woman gets rubella, her baby is at risk of birth defects or death.

Symptoms

- mild fever
- headache
- runny nose
- sore eyes
- skin rash
- swollen lymph nodes
- joint pain

Response

- If discovered at school, the school will contact the parent/ carer with a request to pick the student up and take him/ her to a doctor
- If suspected at home, the parent/ carer should take the student to a doctor and if a diagnosis of measles is made, report the condition to the school
- If a diagnosis of measles is made, the student may return to school 4 days after the rash first appeared

Prevention/ Limitation

Immunisation against Rubella is recommended by medical professionals.

- keeping a child off school for four days after the rash appears
- avoiding contact with pregnant women for at least four days from the start of the rash

WHOOPING COUGH



Whooping cough is a serious, bacterial infection. It is contagious. The disease starts like a cold and then a characteristic cough develops. This cough may last up to three months, even after antibiotic treatment is completed and the person is no longer infectious.

Symptoms

- severe cough occurring in bouts
- 'whooping' sound when breathing in after coughing
- vomiting at the end of a bout of coughing
- apnoea – stopping breathing for periods of time
- poor appetite, fatigue and dehydration

Response

- If discovered at school, the school will contact the parent/ carer with a request to pick the student up and take him/ her to a doctor
- If suspected at home, the parent/ carer should take the student to a doctor and if a diagnosis of whooping cough is made, report the condition to the school
- If a diagnosis of whooping cough is given, the student may return to school 5 days after antibiotic treatment has started

Prevention/ Limitation

Immunisation against Whooping Cough is recommended by medical professionals.

- washing hands after touching nasal secretions
- covering the nose and mouth when coughing or sneezing

Addendum 7: CODE OF CONDUCT (Bus Drivers)

Code of Conduct: Bus Drivers

This Code of Conduct covers driver conduct, vehicle maintenance, and passenger interactions, ensuring that Giant Steps Tasmania operates safe and professional bus services. Bus Drivers are required to agree to the terms of this Code of Conduct, in addition to the general Code of Conduct which covers all Giant Steps Tasmania staff members, in order to drive the buses belonging to Giant Steps Tasmania.

Full Name	
Date of Birth	
Mobile No.	
Driving Licence No./ Expiry	
Types of vehicles covered	
WWVP Card No./ Expiry	
Date of last police check	
Emergency Contact No.	
As a representative of Giant Steps, I will show respect towards passengers, their parents/ carers, colleagues, members of the public and other road users.	
I will operate the vehicles safely adhering, to the best of my ability, to timetables and routes, following all road rules and the directions of authorised personnel.	
I will ensure all my accreditations are up-to-date.	
I will have zero blood alcohol/ drug content when I am driving a school bus.	
I will ensure that the bus I am driving is equipped with: • A fully charged mobile phone and charger • A fire extinguisher, window smasher, seatbelt cutter and elastic luggage strap • A list of students, their parents and Group/ Respite homes • Tissues, Kylies, towels, safety vests • Glass cleaning cloths, de-frost spray, windscreen water and glass cleaning spray • Paperwork as follows: ○ Student Action Plans ○ A copy of the school's <i>Transportation: Accident and Emergency Procedures</i> ○ Insurance details ○ Emergency Numbers ○ Bus information (including the manual for the bus) ○ Student profiles/ Behaviour support plans • A First Aid Kit • A lockable container for students' Medication • A container for pump bottles • A Spill Kit	
I will ensure that the Transport Commission's Accreditation Certificate is visible at the front of the bus.	
I will ensure that the "School Bus" signs are clearly visible at the front and back of the bus.	
I will not move a bus while doors are open or subject passengers to the risk of any injury.	
I will not smoke within 10 metres of a bus, or eat or drink while passengers are present.	
I ensure the bus interior and exterior are clean and presentable.	
I will ensure that the bus is roadworthy before I begin a journey.	
I do not interact with students. If I have concerns about student behaviour I speak to a Bus Supervisor.	
I accept medication from parents/ carers, record it and pass it to Administration staff at school.	
I notify the Principal of any alleged offenses or incidents in which I am involved.	
By signing this document, I agree to the above:	
Signature	