



## Accident/first aid and dispensing medication

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### Related Policies

- [Medical Welfare of Students](#), Catholic Education Office

### Purpose

To provide guidelines for the provision of assistance at school to students who have health support needs, including:

- the provision of temporary care when students become unwell at school
- the administration of prescribed medications and health care procedures, and
- the development of individual health care plans for specific health conditions that can result in emergency situations and require specific management strategies

### Definitions

#### First Aid:

The initial administration of treatment in the case of illness or accidents that may need to be actioned prior to the involvement of a doctor or full medical care being obtained.

#### Anaphylaxis:

An acute multi-system severe Type 1 hypersensitivity allergic reaction and a severe, whole body allergic reaction. The most severe form of allergic reaction.

#### Cardiopulmonary Resuscitation (CPR):

The technique that combines expired air resuscitation and external chest compressions for a victim whose breathing and heart have stopped or are severely impeded.

#### First Aid Qualifications:

Qualifications for first aid gained as part of a nationally accredited course by a nationally accredited provider.

#### Asthma:

A chronic, inflammatory lung disease that inflames and narrows a person's airways making it difficult to breathe. This can be triggered by exposure to particular identified substances or conditions or the result of exertion.

#### Diabetes (Mellitus):

A condition in which there is too much glucose in the blood caused by the body not producing sufficient insulin to counteract it or the insulin is not working properly in controlling the glucose level in the blood.

#### Epilepsy:

A disruption in brain function that results in recurrent seizures. This does not affect the person's ability and intelligence to take part in typical activities of the school.

## Policy

The medical welfare of students is a part of the duty of care for students at St Benedict's school.

St Benedict's will have a designated First Aid Officer and every staff member will have *HLTCPR211A Perform CPR* and anaphylaxis training as a minimum qualification.

St Benedict's will have at least 2 staff members or 10% of the staff (whichever is the greater) who are current in *HLTFA311A Apply First Aid* qualification.

Under the provisions of Workplace Health and Safety legislation, the school will have and maintain first aid kits that are readily accessible. The first aid kits contents and locations will comply with these regulations. The First Aid Officer is appointed to be responsible for the kits.

The school will have procedures, including the use of the Catholic Church Insurance Accident Form, for recording injuries requiring First Aid or other medical treatment.

## Procedures

### First aid

St Benedict's is responsible for providing first aid at the school level. The designated First Aid Officer at St Benedict's is the Office Manager.

First aid facilities will be provided to the First Aid Officer and other first aid providers and must be adequate for the immediate treatment of injuries and illnesses that may arise at the school. The First Aid Officer will monitor the level of supplies and ensure that new supplies are ordered as required.

The school's first aid procedures must be prominently displayed for all staff.

Rigorous hygiene and infection control procedures will be followed. This will include as a minimum:

- gloves for attending wounds/grazes where saliva or blood is involved
- disposable cups for drinking water
- disposable containers for vomiting
- using handwashing soap and paper towels

Full first aid kits will be located in the First Aid Room and smaller, portable kits will be made available for teachers to take on excursions. Small first aid supplies (bandaids and gloves) will be provided in each classroom and in the duty bags.

First aid kits will be clearly identified and well maintained.

### Care of students who become unwell at school

Students who are injured or become unwell at school are best transferred to the care of a parent/guardian or caregiver. It is the school's responsibility to make them comfortable before appropriate medical attention is received.

The Office Manager is responsible for these sick/injured students. The procedures that are to be followed are displayed clearly in the First Aid Room. This role can also be carried out by other staff members authorised by the Principal.

The Principal is responsible for negotiating an appropriate arrangement for temporary care of students who are unwell or injured at school.

## Administration of prescribed medications and health care procedures

The administration of prescribed medications and health care procedures in school is carried out by the Office Manager. Any appropriate training will be provided.

The Principal or delegate is informed by a parent/guardian when students require medication during the school day.

No medication is given to a child without the written permission of a parent/guardian. Appendix 1 is generally used for obtaining permission to dispense most non Schedule 8 medications.

Parents are to supply the appropriate medical equipment for administration of these medications.

All medication is supplied to the school in the container in which it was dispensed. It must also be clearly labelled with:

- the child's name
- the drug's name
- the dosage and frequency to be given
- the prescribing doctor's name and phone number .

All medicine stored on the school premises is kept in an appropriately suitable locked cupboard.

Provision is made, where practical, for staff to work in teams so that drugs are administered in the presence of another adult.

A record of all medication dispensed must be maintained. This includes: the date, time, student, substance administered, dosage amount and name of person administering the medication. Supervision is to be arranged where a student self-administers medication.

Alternative arrangements may involve parents/guardians if suitable staff are not available to administer the medication.

## Guidelines for dispensing analgesic substances

Schools do not dispense analgesic substances for pain relief.

Aspirin or a medication containing aspirin may be harmful to the recipient and is administered only in cases when written authorisation by the student's doctor states that aspirin has been prescribed for a specific condition.

Parents complete Appendix 1: *Request to dispense medicine* form if the school is asked to administer analgesics to a student. Where it would be unreasonable to obtain written permission, oral permission may be obtained over the phone from a parent or guardian to administer paracetamol. A record is kept of any medication dispensed at school.

## Guidelines for the dispensing of prescribed medication other than schedule 8 drugs

Principals, in consultation with dispensing staff, ascertain which forms will be necessary to facilitate parental permission and adequate information regarding the condition to be medicated.

The Office Manager will ensure that students requiring prescribed medication attend at the appropriate time and place for their medication and will determine the most appropriate time for this to occur in consultation with parents. All medication in this category will be administered in the front office under the supervision of the Office Manager. Teachers will assist in developing strategies in the classroom that can remind the student to attend the front office for administration of the medication. When a student has missed a time for medication the Office Manager will, at the nearest available time, use the PA system to call the student to the front office. If they do not arrive then the Office Manager will go to the classroom to seek the student or check for absence.

All permission notes, deeds of indemnities and any other relevant written records are maintained by the school for as long as the school maintains the student's records.

The procedures will make provision for changes occurring in the administration of medication when students are working outside the usual classroom situation.

To facilitate written permission for the dispensing of prescribed medication, forms will be made available from the school website.

### **Guidelines for the dispensing of asthma medication**

All staff must be made aware of the information available from the Asthma Foundation on the management of asthma in schools.

Parents will provide their child's medication, clearly dated and in the original labelled container. A spacer, and mask as required, should also be supplied. A bronchodilator puffer and spacer will be carried in all first aid kits and in duty bags.

Staff will allow students with asthma, and who require it, to have their medication on their person and are supported to self-manage their asthma in line with their age and stage of development: we explain asthma and asthma care to the students and provide care with, not just to, them.

Staff will encourage students to be educated in their use of asthma medication and minimise the exposure to known triggers.

The school will maintain a register of students with asthma and alert staff of any changes to a student's asthma management plan.

The school will seek a separate Action Plan devised and documented by a student's doctor for those students who may require emergency assistance.

### **Individual health care plans**

An individual health care plan is developed for any student:

- diagnosed with severe asthma, type 1 diabetes, epilepsy or anaphylaxis
- diagnosed as being at risk of an emergency
- who requires the administration of health care procedures.

Relevant staff are consulted in the development of individual health care plans and in any case where their assistance in administration of prescribed medication and/or health care procedures may be called upon. It is particularly important that they are consulted regarding students diagnosed with a condition that might require an emergency response.

The individual health care plan will:

- contain a current photo of the student
- specify the student's specific health care needs
- describe agreed actions to meet these needs
- include emergency phone numbers for ambulance, the parent and an emergency contact
- include the phone number of the student's medical practitioner(s)
- include attachments as relevant such as:
  - an emergency care/response plan
  - a statement of the agreed responsibilities of different people involved in support
  - a schedule for the administration of prescribed medication
  - a schedule for the administration of health care procedures
  - an authorisation to contact the medical practitioner

## Guidelines for dispensing a schedule 8 drug

Forms 1 and 2 must be used to facilitate parental permission regarding the dispensing of Schedule 8 drugs.

Form 3 Deed of Indemnity.

Form 4 is used where it is desirable to obtain further information from the prescribing doctor.

Staff involved in administering Schedule 8 drugs need to be informed by the child's doctor in writing of what to do if a dose is missed.

## References:

Asthma Foundation: <http://www.asthmafoundation.org.au/For-schools.aspx>

[Medical Welfare of Students Policy](#), Catholic Education Office

## Forms:

The forms contained in the appendices are available from the school website and the school intranet page.

Approved by:	School Leadership Team, 2013
To be ratified by School Board:	Term 1, 2014
Implementation Date:	Term 2, 2013
Review Date:	Term 3, 2015

## Appendices

### Appendix 1: Request to dispense medication form



# St Benedict's Primary School

P.O.Box 59, Tallara Parkway  
NARRABUNDAH, ACT, 2904

Ph: 02 6295 8027, Fax: 02 6295 8147  
Email: [Office.StBenedicts@cg.catholic.edu.au](mailto:Office.StBenedicts@cg.catholic.edu.au)

## FORM 1

### Request to dispense medication

To be completed by parent or guardian only.

I request that my child:

\_\_\_\_\_ (Full Name of Student)

be given / allowed to take/receive

\_\_\_\_\_ (Name of Medication)

at \_\_\_\_\_ in dosages of \_\_\_\_\_

(times)

(ml or tablets)

For the medical condition:

\_\_\_\_\_

Any other relevant comments:

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Appendix 2: Notification and request by parent/guardian for the administration of medication during school hours



# St Benedict's Primary School

P.O.Box 59, Tallara Parkway  
NARRABUNDAH, ACT, 2904

Ph: 02 6295 8027, Fax: 02 6295 8147  
Email: [Office.StBenedicts@cg.catholic.edu.au](mailto:Office.StBenedicts@cg.catholic.edu.au)

## FORM 2

### Notification and request by parent/guardian for the administration of medication during school hours

To be completed by parent or guardian only.

I request that my child:

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*(Full Name of Student)*

be allowed to take medication at school according to instructions from:

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*(Full name of Prescribing Doctor)*

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*Address and phone number of Prescribing Doctor*

The medication has been prescribed for the following reason:

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I hereby give permission to the Principal to obtain relevant information from the Prescribing Doctor.

I accept and agree to observe the conditions imposed by the school and understand and agree that it is my responsibility to inform the Principal of any changes involving the administration of the medicine. I agree to indemnify the School and related parties on the terms of the attached Deed of Indemnity.

Signed:

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



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## FORM 3

### Deed of indemnity

In consideration of the members of staff of

**ST BENEDICT'S PRIMARY SCHOOL, Narrabundah, ACT**

at my request administering medication to my son/daughter:

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*(Full Name of Student)*

I hereby indemnify and agree to keep indemnified the Catholic Education/Schools Office and its employees and agents, and

**ST BENEDICT'S PRIMARY SCHOOL, Narrabundah, ACT**

and its employees and agents, including the teachers and other staff of the school, from and against all actions, suits, claims, demands, complaints and causes of action (including for or in respect of death, personal injury or any alleged infringement of the rights of any person) and the costs thereof in respect of or arising directly or indirectly out of such administration of medication.

Signed, sealed and delivered by the said:

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*Parent/Guardian*

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*Date*

In the presence of:

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*Signature of Witness*

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*Date*



