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 HLTCP211A 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:

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.

<table>
<thead>
<tr>
<th>Approved by:</th>
<th>School Leadership Team, 2013</th>
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<tbody>
<tr>
<td>To be ratified by School Board:</td>
<td>Term 1, 2014</td>
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<tr>
<td>Implementation Date:</td>
<td>Term 2, 2013</td>
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<td>Review Date:</td>
<td>Term 3, 2015</td>
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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

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 ________________

Nurturing personal and academic growth. A journey from Kindergarten to Year 6.
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@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:

__________________________________________________________

(Full Name of Student)

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

__________________________________________________________

(Full name of Prescribing Doctor)

__________________________________________________________

Address and phone number of Prescribing Doctor

The medication has been prescribed for the following reason:

__________________________________________________________

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 ____________

Nurturing personal and academic growth. A journey from Kindergarten to Year 6.
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:

______________________________________________________

(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:

_________________________________________  ____________________________

Parent/Guardian  Date

In the presence of:

_________________________________________  ____________________________

Signature of Witness  Date
ST BENEDICT'S PRIMARY SCHOOL
STUDENT ASTHMA RECORD

This record is to be completed by parents/carers in consultation with their child's doctor (general practitioner). Parents/carers should inform the school immediately if there is any change in the management plan. Please tick the appropriate box, and print your answers clearly in the blank spaces where indicated.

PERSONAL DETAILS

Student’s Name: ..........................................................  Gender:  M ☐  F ☐
(Surname)  (First Name)
Date of Birth: ........../........../........  Class:....................

Emergency Contact (e.g. parent, carer):

(a) Name........................................... Relationship ..................................................

Telephone No........................................ (Home) ..................................................
(b) Name........................................... Relationship ..................................................

Telephone No........................................ (Work) ..................................................

Doctor: ............................................................ Telephone No ........................................

USUAL ASTHMA MANAGEMENT PLAN

Child’s symptoms (e.g. cough): ..................................................................................
Triggers (e.g. exercise, pollens): ..........................................................................

MEDICATION REQUIREMENTS

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Method (e.g. Puffer &amp; spacer, turbohaler)</th>
<th>When, and how much</th>
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In an emergency follow the Plan below that has been ticked.

☐ Standard Asthma First Aid Plan. Please tick the preferred box

Step 1  Sit student upright, remain calm and provide reassurance. Do not leave student alone
Step 2  Give 4 puffs of a blue reliever puffer (Aironir, Asmol, Bricanyl or Ventolin) one puff at a time, preferably through a spacer device*. Ask student to take 4 breaths from the spacer after each puff
Step 3  Wait 4 minutes
Step 4  If there is little or no improvement, repeat steps 2 and 3
        If there is still little or no improvement, call an ambulance immediately (Dial 000)
        Continue to repeat steps 2 and 3 while waiting for the ambulance
* Use a blue reliever puffer (Aironir, Asmol, Bricanyl or Ventolin) on its own if no spacer is available

OR

☐ My Child’s Asthma First Aid Plan (attached)

Additional Comments: ..........................................................................................

I authorise school staff to follow the preferred Asthma First Aid Plan & assist my child with taking asthma medications should they require help. I will notify you in writing if there are any changes to these instructions. Please contact me if my child requires emergency treatment or regularly has asthma symptoms at school.

Signature of Parent/Carer: .......................................................... Date: ........../........../........

I verify that I have read the preferred Asthma First Aid Plan and agree with its implementation.

Signature of Doctor: .......................................................... Date: ........../........../........
ST BENEDICT’S PRIMARY SCHOOL

STUDENT MEDICAL RECORD

This record is to be completed by parents/carers in consultation with their child’s doctor (general practitioner). Parents/carers should inform the school immediately if there is any change in the MANAGEMENT PLAN for the administration of medication plan. Please tick the appropriate box, and print your answers clearly in the blank spaces where indicated.

PERSONAL DETAILS

Student’s Name: ................................................................. Gender: M ☐ F ☐
(Surname) (First Name)

Date of Birth: ......./....../........ Form/Class: .................

Emergency Contact (e.g. parent, carer):
(a) Name........................................... Relationship ...........................................................

Telephone No:.............................. (Hm) ............................................................(Wk)

(b) Name........................................... Relationship ...........................................................

Telephone No:.............................. (Hm) ............................................................(Wk)

Doctor: ................................................ Telephone No ..................................................

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I authorise school staff to follow the MANAGEMENT PLAN and assist my child with taking medications should they require help. I will notify you in writing if there are any changes to these instructions.

Please contact me if my child requires emergency treatment.

Signature of Parent/Carer: .................................................. Date: ......./....../.....