



Policy regarding Medical Treatment for Students

Korowal School has a duty of care regarding the health of its students. A sick bay is provided where children can be supervised, rest and/or wait to be collected by a parent or carer. Unless explicitly directed to do so by a parent/carers, either in written form or verbally, no medication will be administered.

Members of the Office staff as well as most teachers have up to date first aid training are able to provide first aid treatment.

Policy reviewed	July 2016
Next review	July 2018
Principal's signature: 	

Procedural Guidelines

Medication

All medication is to be kept under locked office supervision. A record will be kept of medication given, recording NAME, CLASS, TIME, TYPE and AMOUNT.

For children with conditions such as diabetes, asthma or allergies that could lead to anaphylaxis a photograph of the student, together with a description of medication plan is on display in the sick bay. A memo indicating appropriate treatment will be circulated to staff..

Staff administering medication will hold a current Senior First Aid Certificate (or equivalent).

General Medication Issues

Staff have a duty of care to administer prescribed medicines.

Prescribed medication must be available at all times (e.g. on excursions).

In cases involving transportation to hospital, an ambulance may be called at the discretion of the School. Note that the School has ambulance insurance.

Disinfectant will be used to clean blood stained surfaces.

Disposable gloves will be available when dealing with open cuts.

HIV positive children will not be excluded from School and parents are not obliged to advise the School of HIV positive children. They will, however, be encouraged to do so. Note that HIV positive children have increased risk of infection from common childhood diseases.

Staff are not obliged to advise the School of infection by the AIDS virus.

First Aid

The School has several well-stocked first aid kits to deal with accidents.

First Aid

Class teachers and office staff are expected to obtain and maintain a First Aid Certificate. Similar qualifications are recommended for all other staff members.

The School will meet costs from the in-service budget of the staff member (including costs associated with maintaining the qualification).

Note:

- It is mandatory that any camp be attended at all times by an accompanying adult (usually the organising teacher) holding such a qualification.
- Swimming at unsupervised surfing beaches is not permitted. Teachers organising trips to beaches must ensure that the beach is supervised by a member of the local Surf Life Saving organisation.

Information Sheet for AIS NSW Member Schools

1. *Schools have a duty to take reasonable steps to care for the health and wellbeing of students under their care.*
2. *Schools must ensure they are in a reasonable position to:*
 - a) *provide first aid (including emergency treatment, if required);*
 - b) *provide temporary care when students become unwell at School;*
 - c) *manage the administration of prescribed medications and health care procedures; and*
 - d) *deal with particular health care issues that arise in relation to individual students, including the development of individual health care plans if appropriate.*

General Comments

3. *Schools must provide reasonable first aid services and have adequately stocked first aid facilities.*
4. *Schools must ensure that they have an adequate number of staff members with current first aid qualifications. In larger Schools, you may need a number of staff qualified in first aid.*

5. *Schools should ensure that they have required parents/guardians to provide all relevant medical information, including information as to:*
 - a) *medical conditions or illnesses and the treatments for same;*
 - b) *medical history;*
 - c) *allergies (including food allergies) and possible reactions should exposure occur;*
 - d) *medications taken by the student (including possible reactions);*
 - e) *Medicare number and private health care arrangements (if any); and*
 - f) *health professional contact details.*
6. *It is the responsibility of School staff to:*
 - a) *take reasonable measures to protect students against risk of injury or harm which should reasonably have been foreseen;*
 - b) *take reasonable care for the health and safety of all persons in the workplace and to co-operate with the School to ensure the health and safety of others, including assisting in an emergency; and*
 - c) *where staff do not have first aid qualifications, provide reasonable assistance to ensure that a student receives medical attention including first aid.*
7. *Where medication must be taken by a student during School hours, the School should:*
 - a) *obtain information in relation to the administration of the medication, including dosage, time of administration, method of administration and possible reactions/side effects;*
 - b) *if the medication is prescription medication, it is advisable to require that the medication be provided to the School for storage and administration; and*
 - c) *ensure that it is provided to the child as and when required. The School should keep a record of the time and dosage each time medication is taken by a student.*
8. *Where possible, students should administer their own medication, under the supervision of an appropriate adult. The supervising adult should ensure that the medication is taken safely and in accordance with instructions. In some cases, a staff member may need to be trained by a medical professional prior to supervising or administering medication such as an insulin injection to a child with diabetes.*
9. *Where students attend off site excursions, Schools should ensure that at least one of the supervising teachers has relevant and current first aid experience and qualifications.*
10. *Where students suffer from an illness or injury at School, Schools should seek to contact the student's parents or guardian immediately and, if appropriate, arrange the transfer of the pupil to an appropriate health care professional.*
11. *Students should not be sent home without:*
 - a) *the permission of the parent/guardian; and*
 - b) *confirmation that the student will be sent home to the care of a parent/guardian.*
12. *Parents should be advised of the requirement to:*

- a) co-operate with the School in relation to the health of their child;
- b) inform the School of their child's health care needs;
- c) liaise with the School and the child's health care practitioner in relation to any medical issues the child may face and forward relevant information from the child's medical practitioner to the School;
- d) provide appropriate prescribed medication and instructions for use to the School;
- e) undertake to provide updated medical information to the School as it comes to hand; and
- f) prepare appropriate plans for dealing with specific conditions of the student, if appropriate.

13. If a student requires an individual health care plan, that plan should be communicated to all staff members who have dealings with/responsibility for that student.

Parental Consent to Medical Treatment

14. There will be occasions when a School is unable to contact a parent/guardian when a student is sick or injured.
15. Schools should seek a consent and authority from parents to obtain medical advice and treatment for students while under the supervision of the School. The consent and authority should deal with any special requirements in relation to the medical treatment to be administered.
16. In addition, parents/guardians could be required to undertake to reimburse the School for any hospital, medical or ambulance expenses incurred by the School on behalf their child.

Students who are anaphylactic

17. A School should take special precautions in relation to students with anaphylaxis. The 'Anaphylaxis Guidelines for Schools – Second Edition 2006' has been released in New South Wales for the management by Schools of anaphylactic students.

See: <http://www.allergyfacts.org.au/PDF/AnaphylaxisGuidelinesFinal.pdf>

18. The guidelines provide:

- a) if written information provided by the parent confirms that their child has been assessed as being at risk of anaphylaxis, **an individual health care plan must be formulated by the principal in consultation with the parent and staff**. The individual health care plan must incorporate an emergency response plan and a plan for the avoidance of known allergens, based on advice from the student's parent and medical practitioner.
- b) The plan should be reviewed annually, as and when the student's medical condition changes or after the student suffers an anaphylactic reaction at School. The plan should outline:
 - i. information about the student's diagnosis;
 - ii. strategies that the School should take to minimise risk (and the person responsible for implementing these);
 - iii. the location of the student's medication; and
 - iv. emergency contact details and an emergency response plan signed by the student's doctor (specifically an Australasian Society of Clinical Immunology and Allergy Anaphylaxis Action Plan).
- c) A School should educate a student's peers about anaphylaxis.

- d) A School should provide relevant and regular training to staff (preferably before the student enrolls, and including 'hands on' experience of administering an auto-injector) and notify staff of the students at risk.
- e) A School should correctly store auto-injectors provided by parents in an easily accessible location on School grounds. The auto-injectors should be stored with the student's emergency response plan, any other medication, and a recent photograph of the student. The School should regularly check the expiry date on auto-injectors and give parents at least one month's notice when the student's auto-injector is due to expire.
- f) In an emergency, a School should follow first aid procedures and the student's emergency response plan.

19.2 The guidelines set out the following action steps for principals:

- a) seek information from the parent about allergies that affect their child as part of health information at enrolment or as part of regular health updates;
- b) where the information from the parent indicates that their child has allergies, provide a copy of the form at **Appendix 1 of the guidelines** to the parent for completion in consultation with their child's medical practitioner;
- c) determine whether the information provided by the parent on the form (Appendix 1) indicates the need for further discussion with the parent. If the form indicates the student has an allergy/s or has either been hospitalised or prescribed an EpiPen, a meeting should be organised with the parent. If not, add the form to the student's records;
 - i. meet with the parent and;
 - ii. provide the parent with the sheet 'Information for Parents and Carers' (**Appendix 2 of the guidelines**) and 'Emergency Response Plan' (**Appendix 7 of the guidelines**);
 - iii. seek written permission to contact the medical practitioner and to share information about the student's condition with staff (**Appendix 3 of the guidelines**);
 - iv. request that the parent arrange for the completion and return of the 'Dear doctor' letter (**Appendix 4 of the guidelines**);
- d) distribute written information to all staff (Appendix 5 of the guidelines). Provide staff with information about the individual student's severe allergy as agreed with the parent;
- e) develop an interim plan (which in rare cases where a student is seeking enrolment, may include delaying the student's enrolment until consultations have occurred with staff and satisfactory arrangements have been made);
- f) conduct an assessment of potential exposure to allergens in the student's routine and of issues to be addressed in implementing an emergency response plan. Consider:
 - i. routine classroom activities, including lessons in other locations around the School;
 - ii. non-routine classroom activities;
 - iii. non-routine School activities;
 - iv. before School, recess, lunchtime, other break or play times;
 - v. sport or other programmed out of School activities; and
 - vi. excursions, including overnight excursions and School camps;
- g) develop an individual health care plan in consultation with relevant staff, the parent and student (**Appendices 6 and 7 of the guidelines**) to incorporate:
 - i. strategies for avoiding the student's exposure to allergens (**Appendix 8 of the guidelines**);

- ii. *medical information provided by the child's medical practitioner; and*
- iii. *emergency contacts;*
- h) *develop an implementation strategy that addresses the training needs of staff, including casual teachers and School canteen managers, and communication strategies for relevant aspects of the individual health care plan, including with other parents and students;*
- i) *implement the strategy;*
- j) *review the individual health care plan annually at a specified time (e.g. beginning of the School year) and at any other time where there are changes in:*
 - i. *the student's health needs;*
 - ii. *staff, particularly class teacher, year coordinator or adviser or any staff member who has a specific role in the plan;*
 - iii. *other factors that affect the plan, for example, when an allergic reaction or anaphylactic event occurs;*
- k) *in the event that the student enrolls in another School, provide the parent with a copy of the current individual health care plan and encourage them to provide a copy to the new principal. This will assist the process of health care planning in that School.*

19.3 *Where a School is financially able to do so, the School should consider purchasing a School 'backup' auto-injector, which is clearly labelled as such, and which may be administered to a student where the student's own auto-injector is inaccessible (in keeping with the instructions on the auto-injector and the student's emergency plan). In an emergency, staff should not substitute an auto-injector prescribed to another student (there is a risk that the other student will have the same sensitivities and experience an anaphylactic reaction at the same time).*

19.4 *Even where a School has not identified any students suffering from anaphylaxis, a School should develop a management policy which states that the principal is responsible for developing individual management plans, and a communication plan which details:*

- a) *the steps to respond to a student's anaphylactic reaction; and*
- b) *procedures for informing students and staff of students at risk (including briefing staff at the beginning of the year, and again, during the year regarding the Schools' anaphylactic management policy, causes, symptoms and treatment of anaphylaxis, identities of students at risk, how to use an auto-injector and the School's first aid and emergency response procedures).*