

## **Related Policies**

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Management of Infectious Diseases in Schools

## **Rationale/Purpose**

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All Canberra Goulburn Archdiocesan Staff have a duty of care to provide a secure and safe environment for all students.

This policy requires schools to assist students who have health support needs that include the provision of first aid (including emergency care), the provision of temporary care when students become unwell at school, the administration of prescribed medications and health care procedures as outlined in the Medical Welfare of Students policy, and the development of individual health care plans for diabetes, anaphylaxis, epilepsy, and asthma.

## **Definitions**

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### **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**

Anaphylaxis is an acute multi-system severe type I hypersensitivity allergic reaction and is a severe, whole-body allergic reaction. The most severe form of allergic reaction.

### **Cardiopulmonary Resuscitation (CPR)**

The technique which 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 gained as part of a certified course in First Aid run by a recognised provider such as Red Cross or St John's Ambulance.

### **Asthma**

Asthma is a chronic inflammatory lung disease that inflames and narrows the person's airways making it hard for them to breathe. This can be triggered by exposure to such substances as dust, pollens, animals, tobacco smoke and exercise.

### **Diabetes**

Diabetes(mellitus) is a condition in which there is too much glucose in the blood caused by the body not being able to make enough insulin to counteract it, or the insulin the body makes does not work properly in controlling the glucose level in the blood.

### **Epilepsy**

Epilepsy is a disruption in brain function that results in recurrent seizures or fits. This does not affect the person's ability and intelligence to take part in normal activities.

## Policy

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Every school is required to have a designated First Aid officer and every staff member is required to have CPR and anaphylaxis training. Every school is required to have at least 2 staff members or ten percent of their staff (whichever is the greater) who are first aid trained and this must be kept current. CPR and anaphylaxis training must be conducted annually and First Aid training is completed every three years.

Under the provisions of the Occupational Health and Safety (First Aid) Regulations 2001, all places of work are required to have and maintain First Aid kits that are readily accessible. The Regulations specify what the First Aid kits are to contain and where they are to be located. A member of the staff is appointed to be in charge of the kit.

Schools develop procedures, including the use of the Catholic Church Insurance Accident Book, for recording injuries requiring First Aid or other medical treatment.

## Procedures

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### **1. First Aid**

Schools are responsible for providing first aid at a local level. First aid facilities, must be provided to the First Aid personnel and must be adequate for the immediate treatment of injuries and illnesses that may arise at the school.

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

Schools will also implement rigorous hygiene and infection control procedures.

The number and location of First Aid kits is determined by the size and layout of the school and the types of programs delivered.

First aid kits should be clearly identified and well maintained.

For more information:

- [http://www.cecnsw.catholic.edu.au/dbpage.php?pg=More\\_Health](http://www.cecnsw.catholic.edu.au/dbpage.php?pg=More_Health)
- [http://www.det.act.gov.au/\\_data/assets/pdf\\_file/0017/18332/firstaid.pdf](http://www.det.act.gov.au/_data/assets/pdf_file/0017/18332/firstaid.pdf)

### **2. 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/caregiver. It is the school's responsibility to make them comfortable before appropriate medical attention is received.

Each school identifies the staff member(s) who is responsible for these sick/injured students and also displays the procedures that are to be followed. This role can be carried out by 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.

### **3. Administration of Prescribed Medications and Health Care Procedures**

The administration of prescribed medications and health care procedures in schools is carried out by staff members who are designated to undertake these duties and who are trained.

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

No medication is given to a child without the written permission of a parent/guardian. [Form 1](#) is generally used for obtaining permission to dispense most non Schedule 8 medications.

Parents supply the appropriate medical equipment for administration of these duties.

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.

#### **4. Guidelines for the Dispensing of 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 a 'Form 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.

#### **5. Guidelines for the Dispensing 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 school has a written procedure to ensure that students requiring prescribed medication attend at the appropriate time and place for their medication.

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.

In primary schools, it is the responsibility of designated staff and the class teacher to ensure that all students attend at the appropriate time and place for their medication. In secondary schools it is reasonable to expect most students to present themselves at the appropriate time and place for their medication but this must be monitored.

The school procedures 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 and letters to parents are provided as appendices.

### **6. Guidelines for 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. (<http://www.asthmafoundation.org.au/>)

Staff should allow students with asthma to have their medication on their person.

Staff should encourage students to be educated in their use of asthma medication.

A bronchodilator puffer must be carried in the school's first aid kit. Schools must maintain a register of students with asthma.

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

### **7. Medication Forms and 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.

Form 5 is used to authorise a change to the medication regimen.

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.

### **8. 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:

- 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

## References

- Health NSW CEC: [http://www.cecsw.catholic.edu.au/dbpage.php?pg=More\\_Health](http://www.cecsw.catholic.edu.au/dbpage.php?pg=More_Health)
- Health ACTDET: [http://www.det.act.gov.au/\\_\\_data/assets/pdf\\_file/0017/18332/firstaid.pdf](http://www.det.act.gov.au/__data/assets/pdf_file/0017/18332/firstaid.pdf)
- Asthma: <http://www.schools.nsw.edu.au/studentsupport/studenthealth/conditions/asthma/index.php>
- Anaphylaxis :  
<http://www.schools.nsw.edu.au/studentsupport/studenthealth/conditions/anaphylaxis/index.php>
- Diabetes: <http://www.schools.nsw.edu.au/studentsupport/studenthealth/conditions/asthma/index.php>
- Epilepsy:: <http://www.schools.nsw.edu.au/studentsupport/studenthealth/conditions/epilepsy/index.php>
- OHS Regulation:  
<http://www.legislation.nsw.gov.au/fragview/inforce/subordleg+648+2001+ch.2-sec.20+0+N?tocnav=y>

## Forms

Forms 1 through 5:

1. Request to Dispense Medicine
2. Notification and Request by Parent/Guardian for the Administration of Medication During School Hours
3. Deed of Indemnity
4. Medical Advice to School
5. Notification of Change to Medication

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