



SAINT HELENA'S
CATHOLIC PRIMARY SCHOOL

Something Beautiful for God

Medical Procedure Policy

Policy Area: Inter-relationships

Date of Review: 2020

1. RATIONALE

St Helena's Catholic Primary School is committed to maintaining best practices in dealing with student's medical conditions, illnesses and ongoing needs. Staff will provide duty of care within the guidelines of a trained First Aid Officer, with careful consideration of the student's privacy and confidentiality where possible.

2. PRINCIPLES

St Helena's Catholic Primary School is committed to providing a safe environment for students.

Student Health Care Plans will be updated annually or when advised by the parent of any changes.

It is the parent's responsibility to keep the school informed of any changes which affect a student's health and wellbeing.

3. PROCEDURES

Training of Staff:

1. Staff will be provided with the opportunity to maintain Senior First Aid Certificates.
2. Each year, staff will be provided training on the administration of an Epi-pen.
3. Teachers with responsibility for students with a Medical Action Plan will receive a special briefing at the commencement of the school year or as a new Medical Action Plan is presented.
4. At the commencement of each term, staff will review their Medical Action Plans.
5. Staff will be trained to identify and enact student medical information from SEQTA.

Medical Emergency:

1. The Principal will develop a plan for medical emergencies including processes in place when the Principal is not present. The Principal should be informed of all emergencies.
2. In a medical emergency, the Principal will:
 - a. Ensure medical attention has been acted upon
 - b. Make a decision regarding the calling of an Ambulance
 - c. Inform parents ASAP and of actions taken
 - d. Record all actions taken
 - e. Debrief and review
 - f. Provide support for staff/students if required

Calling an Ambulance:

1. With permission of the Principal or their delegate, the person summoning the authorities will:
 - a. Ring 000 – speak to the appropriate service and provide them with the;
 - b. Caller's name
 - c. The school's telephone number: 08-9297 7500
 - d. Location: St Helena's Catholic Primary School
55 Fortescue Place, Ellenbrook
 - e. The nature of the crisis
 - f. Additional information may include:
 - Name of child
 - Date of Birth
 - Symptoms
 - First Aid administered to date
 - Medication if administered (eg Epi-pen)
2. An additional staff member will open the perimeter gate to allow access for the ambulance and wait on the kerb to direct the ambulance on its arrival.

Incident Report Forms:

1. All serious medical incidents will be recorded on an Incident Report Form by the person controlling the incident, and details transferred to SEQTA.
2. The Incident Report Form will contain:
 - a. Date
 - b. Description of the incident
 - c. Medication given
 - d. Witnesses
 - e. Persons notified
 - f. Whether child has left the school
3. The person making this report must also report the incident to a member of the school Leadership Team for follow-up.

Providing Basic First Aid:

1. Basic First Aid will be administered by a teacher or alternatively the child will be sent to the office.
2. Office staff will make an assessment on their arrival and basic first aid administered.
3. Office staff will contact parent/caregiver if necessary or allow the child to rest in the sick bay.
4. If any child presents with a head injury, parents must be contacted.

Communicable Disease Management:

1. If a student or staff member has a communicable disease, the Principal will take action in accordance with the advice provided by the Department of Health in managing communicable diseases.
2. If the communicable disease is notifiable, the Principal will:
 - Report the matter to the Department of Health and seek their advice before taking any action.
 - Act in accordance with advice provided by Department of Health staff.

Short/Long Term Administration of Medication:

1. At times parents may request short/long term medication to be administered by school staff during school hours.
2. No medication will be administered by staff unless a Student Medication Request Form has been completed and signed by the parent/guardian.
3. Parents are required to complete a Student Medication Request Form for short/long term medication which gives clear instructions. Where possible, student medication should be administered by the parent/guardian at home in times other than school hours. Medication is to be presented to the school office in its original packaging, clearly showing:
 - a. Name of the student
 - b. Name of the medication
 - c. Dosage
 - d. Frequency
4. During school hours, medication will be administered by office staff for students from Years 1-6. Medication for students from Pre Kindy to Pre Primary will be administered by the Teacher in Charge. For emergency cases involving Epi-pens, this will be administered by the nearest staff member available to the student. Staff who administer an Epi-pen without parent permission have explicit legal protection.
5. All medication will be stored in the office for students from Years 1-6, with the exception of Epi-pens, which will be kept in class with the teacher. Students will collect Epi-pens at the commencement of recess and lunch and carry them with them at all times.
6. Pre Kindy, Kindy & Pre Primary classes will store medication in the classroom in a locked area out of the reach of children.
7. Students are not permitted to carry medication or leave medication in their bags or desks due to the risk of other students having access to medication which may be harmful.
8. Self-administration of medication is encouraged where possible under the supervision of a staff member but if assistance is required, parents will need to inform the office that assistance will be necessary in the management of their child's medication. All medication must be supplied to the office.

9. Non-prescriptive pain suppressants (paracetamol, antihistamine etc) will not be administered to students by staff without the direct permission of the student's parent/guardian.
10. In the event of a student being sent to the office unwell, parents will be contacted and advised of their child's symptoms. It is expected that the child is collected in a timely manner if required due to limited resources.

Ongoing Medical Conditions (Medical Action Plans):

1. When parents advise the school of an ongoing medical condition such as Asthma but not limited to, they are required to complete a Medical Action Plan. It is the parent's responsibility to keep the school up to date of any medication/medical changes and to be aware of the medication expiry date of any medication.
2. The student's Medical Action Plan will contain:
 - a. The student's photograph
 - b. A description and/or name of the illness
 - c. Symptoms
 - d. Action Plan
 - e. Parent/Caregiver contact details
 - f. Written approval from the parent/caregiver to implement the Medical Action Plan signified by the parent/caregiver signature.
3. The school will endeavor to keep parents informed of the expiry dates of medication where possible and prompt parents to renew Medical Action Plans annually.
4. Select staff will undertake First Aid Training that provides them with the necessary skills and knowledge to confidently administer basic First Aid.
5. School Administration will provide class teachers with a copy of all students who have been identified as having a medical condition by the parent/caregiver. All staff are encouraged to contact the office if they are not aware of a medical condition or require further clarification. A copy of all Medical Action Plans with a current student photo will be supplied to teachers with emphasis on anaphylactic students for the safekeeping of Epi-pens.
6. It is the teacher's responsibility to ensure that they have their students' medication when attending off-site activities eg Camps/Excursions. Teachers will need to obtain any required medication from the office and a copy of students' Medical Action Plans before departing.
7. Teachers are expected to support the implementation of a student's Medical Action Plan and be aware of their students' medical needs via office staff or parents.

APPENDIX A



SAINT HELENA'S
Catholic Primary School

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Student Medical Action Plan

(To be completed in conjunction with ASCIA Form)

Review Date:

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I, _____ being the Parent/Guardian of
(name of Parent/Guardian)

_____ request that the staff of St Helena's Catholic Primary
(Name of Student)

School follow the attached Medical Action Plan as developed by Dr _____
(Name of Practitioner)

For the purpose of treating my child's medical condition namely: _____

Additional Information:

Notes:

- The approved Medical Action Plan is attached.
- The child's Medical Action Plan is signed and dated by the Medical Practitioner.
- Any additional relevant information is attached.
- The Doctor prescribing the medication is aware that school staff will be administering or supervising the administering of the student's medication.
- The Doctor has provided in writing any additional information to staff regarding special requirements that may exist for the administration of the student's medication.
- The Doctor has provided in writing all information of any side effects of the medication and consequences of providing medication when it is not necessary.

(Parent's Signature)

(Date)

(Medical Practitioner's Signature)

(Date)

APPENDIX B



SAINT HELENA'S
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Student Medication

Request/Record Form

Where possible, student medication should be administered by the student or be administered by the parent/caregiver at home in times other than school hours. As this is not possible in all instances, should the Principal approve school staff to administer prescribed medications to students, the following requirements are to be met:

- The Doctor prescribing the medication is to be aware that school staff will administer or supervise the administering of medication to students. The Doctor is to provide any additional information to staff regarding special requirements that may exist for the administration of the medication.
- Prescribed student medication is to be presented to the front office/Teacher in Charge and should be stored in a container clearly showing the name of the student, the name of the medication, the dosage and frequency.

I, _____ being the parent/caregiver of student
(Name of Parent/Guardian)

_____ Class _____
(Name of Student)

request that **St Helena's Catholic Primary School** administer the following medication as prescribed:

Name of Doctor	
Treatment For	
Name of Medication	
Dosage	
Time of Medication	
Comments	

(Parent's Signature)

(Date)

(Staff Member's Signature)

(Date)

NOTE: Any additional information should be attached