



Good Shepherd Catholic School

— Lockridge —

215 Morley Drive, Lockridge, W.A. 6054

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Website: www.gsl.wa.edu.au • ABN 86 853 294 544

MEDICAL PROCEDURES POLICY – PARENT COPY

BACKGROUND:

Good Shepherd School endeavours to maintain best practise in dealing with children with medical conditions, illness or needs. This policy aims to formalise medical procedures and practices established within the limitations of the staff training and expertise, and in the best interests of the student.

The school owes a duty of care to all students and as such, foreseeable risks need to be minimized.

This policy has been reviewed in line with the medical needs of the students enrolled at Good Shepherd Catholic School.

The ongoing education of the community in regards to the medical conditions and how the parents and children can support the school in offering the best environment possible for these students will be a priority.

PRINCIPLES:

1. Self management and self administration of medications is the preferred option however in a primary school environment this is not always possible.
2. Children should be medicated at home or self administered.
3. Good Shepherd Catholic School endeavours to:
 - a. Provide a safe environment for students with specific medical needs as directed by the appropriate authority.
 - b. To maintain best practise by establishing and regularly updating the students' Medical Plans.
4. The parents are responsible for providing:
 - a. The student with good practices for managing their medical condition, illness or needs.
 - b. A current and complete Medical Action Plan.
 - c. "In date" medication as described in the Medical Action Plan.
5. Where a parent is unable to attend to administer medication, then, by agreement between Principal and parent, the school staff may administer or supervise administration by students.

PROCEDURES:

1. Self medication or taking medication outside of school is the preferred option as the school staff will not, as a norm, be responsible for administering medications and it enables:
 - a. Parents to monitor their child/ren's reaction to the medication.
 - b. Parents can ensure that the medication is brought home each night.
 - c. Parents to discuss with the doctor alternative medications or timing for the medications.
 - d. Parents to administer medication during school time where possible.
2. Where medication is deemed by a Medical Practitioner to be carried at all times by student, the parent is responsible for providing and maintaining the medication on the student.
 - a. Parents are responsible for:
 - i. Providing 'in date' medication.
 - ii. Completing a student medication request form.
 - iii. Providing a completed student medical action plan if required.
3. School staff will not administer analgesics or non-prescription pain suppressants (eg. aspirin and paracetamol) which may have undesirable side effects without a medical practitioner's written instruction because of the possibility of the development of Reye Syndrome (a potentially fatal disease in childhood).

4. The parents/guardians of students who are required to self-administer prescribed medication are to notify the Principal of this requirement and all relevant details, e.g. reason for medication, what form the medication takes, dosage, side effects, symptoms of misuse and the prescribing doctor. (Appendix E).
5. 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. Treatment Plan
 - i. Medication name.
 - ii. Amount to be administered.
 - iii. Location of medication.
 - iv. Expiry Date.
 - v. Possible side-effects.
 - e. Parent/Caregiver contact details
 - f. Written approval from the parent/guardian to implement the Medical Action Plan signified by the parent/guardian's signature.
 - g. Medical Practitioner's signature as a sign of approval.
 - h. Review date.
6. The Medical Action Plans shall be received:
 - a. Upon advice from the parent or medical practitioner.
 - b. At least annually.
 - c. After each incident.
7. All school activities, including excursions and camps, should make provisions for an Emergency Action Plan. This will include attendance at excursion/camp of an appropriately trained school staff member in the case of student/s with specialist medical or health care needs.
8. A copy of the current Medical Action Plan for each child with the approval of the parents, will be:
 - a. Maintained in:
 - i. Each teaching area within the top draw of the teacher's desk.
 - ii. The Sickroom
 - iii. The Staffroom
 - iv. The Principal's Office
 - v. The Reception
 - vi. Music Room
 - vii. Computer Room
 - viii. Library
 - b. Be given to each relief staff person upon arrival.
 - c. A copy of the complete medical action plan will be on display in the child's primary teaching area, if approved by the parent.
9. The teacher in charge of an excursion or camp will:
 - a. Give consideration of the medical conditions of students within the class when choosing excursion venues.
 - b. Prior to leaving:
 - i. Ensure that the following First Aide kits are with the students at all times:
 1. Asthma kit.
 2. First aide kit.
 3. Three ice packs.
 4. The school first aid backpacks will be kept in the sickroom.
 - ii. Audit the first aid kits prior to leaving on the camp or excursion.
 - iii. Bring the Medical Action Plan file from the classroom.
 - iv. Endeavour to remind the child with specific medical needs to bring their medication, although this remains the responsibility of the student/parent.
 - v. Take the school phone.
 - c. Whilst on the excursion or camp:
 - i. Ensure that the first aide backpack remains with the student's group.

- ii. Administer first aide or medical action plans as required.
 - d. Upon return:
 - i. Notify the Principal of any incidents and complete an Incident Report, if required.
 - ii. Notify the school Administrative Officer of any first aide medications or equipment used so that it can be replaced.
 - iii. Return the school first aide backpack, asthma kit and first aid kit to the sickroom.
 - iv. Return the ice packs to the sickroom freezer.
- 10. All medication coming onto the Good Shepherd Catholic School site must be:
 - a. Recorded in the medication journal maintained by the School Administrative Officer.
 - b. Held in the locked cupboards in each classroom or in the sickroom refrigerator or on the student's person.
- 11. Training of the staff:
 - a. Senior, office and specialist staff will be provided with the opportunity to maintain Senior First Aid Certificates.
 - b. Each year the School/Community Health Nurse will be asked to provide special training on the administration of an EpiPen to the staff.
 - c. Teachers with responsibility for students with Medical Action Plans will receive special briefings at the commencement of the school year or as a new Medical Action Plan is presented.
 - d. At the commencement of each term the staff will review the Medical Action Plans at consecutive cluster meetings.
- 12. Relief staff upon arrival will receive:
 - a. A Medical Action Plan File.
 - b. An Information and Notification Sheet (Appendix F).
 - c. These documents will be returned to the School Administrative Officer and the conclusion of the day.
- 13. The School Administrative Officer will develop and maintain a current Medical Alert List of children requiring Medical Action Plans. A copy of this list will be displayed on:
 - a. The Receptionist desk.
 - b. The Financial Officer's desk
 - c. The Principal's desk.
 - d. The Sickroom's bench.
- 14. The Canteen Manageress and the Assistant Principal for Administration will:
 - a. At the commencement each term audit the canteen.
 - b. Meet to review any changes to the canteen menu to ensure allergens are eliminated or minimised.
- 15. A School Medication Journal will be maintained by the School's Administrative Officer. The School Medical Journal will include:
 - a. The date on which the medication commenced.
 - b. The name of the medication.
 - c. The dosage.
 - d. The time at which the medication is to be given.
 - e. The condition being treated.
 - f. The location where the medication will be kept.
 - g. Student Medication Request/Record Form number.
 - h. The date on which the medication is to be ceased or the expiry date of the medication.
- 16. Incident Report Forms: (recorded within this is the C.C.I. booklet held by the School Administrative Officer.)
 - a. All serious medical incidents will be recorded on an Incident Report Forms by the person controlling the incident.
 - b. Incident Report Form will contain:
 - i. The date.
 - ii. A description of the incident.
 - iii. Medication given.

- iv. Witnesses.
 - v. Person notified.
 - vi. Whether the child left the school.
 - vii. A record of who has been asked to replace medication use.
- c. The School Administrative Officer will:
- i. Maintain the Incident Report Forms file.
 - ii. Ensure that the medication is replaced by the parents within an appropriate timeline.
17. Good Shepherd Catholic School will maintain Asthma and First Aid Kits in the following locations:
- a. Sickroom
 - b. Reception.
 - c. Pre-primary B.
 - d. With the Physical Education Teacher.
 - e. 2 excursion sets will be maintained in Sickroom. (In excursion backpacks).
18. Calling an Ambulance.
- a. The person summoning the authorities will:
- i. **ring 000, speak to the appropriate service and provide them with the:**
 - 1. **Callers name**
 - 2. **The school's telephone numbers – 08 6278 9500**
 - 3. **Location.**
The address is:
Good Shepherd Catholic School
215 Morley Dr. Kiara (Lockridge).
Western Australia
The nearest corner to the school is:
Altone Road and Morley Drive, Kiara.
 - 4. **The nature of the crisis.**
 - 5. **Additional information may include:**
 - a. **Victim's/casualties:**
 - i. **Name.**
 - ii. **Age.**
 - iii. **Symptoms.**
 - iv. **First aid administered to date.**
 - v. **Medication if administered. (Especially the EpiPen).**
 - 6. **Ring the Principal on the school mobile 041 904 9977 and inform the principal of the expected time of arrival of the service.**
 - 7. **Bring an emergency action plan to the Principal.**
19. Sick children in the classroom
- a. Children who are unwell should be sent to the office with a peer and a note.
 - b. The child should not be told they will be going home.
 - c. The office staff will determine the best course of action after dealing with the child.

Plan: Allergen Response

Background:

Many products contain hidden allergens and therefore, banning one product or a range of products may not totally eliminate the risk, thereby creating a false sense of security.

DEFINITION: (ANAPHALAXIS)

Anaphylaxis is an acute allergic reaction to such things as egg, peanuts, shellfish, bee stings and many other allergens. Anaphylaxis can be life threatening with rapid onset and evolution of symptoms occurring soon after exposure to the allergen. Exposure can be via direct contact or indirect contact through cross-contamination. In rare cases reactions can result from the breath of a person who has consumed peanuts or other specific allergens. The symptoms of this type of allergic reaction include shortness of breath, rash, wheezing and upper airway obstruction. An anaphylactic reaction is treated with an immediate injection of adrenaline.

Further explanation refer to Appendix C

Common Triggers see Appendix D

PRINCIPLES:

1. The parent is responsible for providing the school with all relevant information about a student's allergies and shall be collected at enrolment or upon diagnosis.
 - a. All students who suffer from serious allergic reactions and any other articulated chronic medical condition will have a Medical Action Plan provided to the school by a medical practitioner explaining triggers, expected symptoms and recommended action in the event of accidental exposure to a trigger; (See Appendix A)
All staff shall receive training in anaphylactic awareness, recognition and management;
2. Specific personnel should receive training by qualified personnel to administer an *Epipen* (for example by the school or community nurse);
3. After the use of an *Epipen* the student will be transferred to hospital by ambulance;
4. Awareness education of anaphylaxis will be on-going and may include:
 - a. Providing information sessions to parents
 - b. Newsletter items
 - c. Staff meeting agenda item
 - d. Professional development for staff
 - e. 'Allergen-free zone' posters displayed in classrooms, library, administration areas, staff room, canteen, computer lab and music room;
 - f. Request not to send food products that are anaphylactic triggers to school.



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RE: Student Medical Action Plan

I _____ being the Parent/Guardian of
 _____ (Student's Name) request that the staff of
 Good Shepherd Catholic School follow the attached Medical Action Plan as developed by
 Dr _____ for the purpose of treating my child's medical condition
 namely _____.

Insert photo here

Additional Comments:

Medical Action Plan Review Date: _____

 Parent's Signature

 Date

 Doctor's Signature

 Date

Notes:

1. The approved Medical Action Plan should be attached.
2. The child's Medical Action Plan should be signed and dated by the Doctor.
3. Any additional relevant information should be attached.
4. The doctor prescribing medication is to be aware that school staff will administer or supervise the administering of medication to students.
5. The doctor is to provide in writing any additional information to staff regarding special requirements that may exist for the administration of the medication.
6. The doctor should provide in writing all information of any side effects of medication and consequences of providing medication when it is not necessary.

APPENDIX B



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Student Medication Request/Record

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

1. The doctor prescribing the medication is to be aware that school staff will administer or supervise the administering of medication to students.
2. The doctor is to provide in writing any additional information to staff regarding special requirements that may exist for the administration of the medication.
3. The doctor should provide in writing all information of any side effects of medication and consequences of providing medication when it is not necessary.

Prescribed student medication is to be presented to the Principal 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/Guardian of _____ (Student's Name) request that the staff of Good Shepherd Catholic School administer the following medication as prescribed by Dr _____ for the purpose of treating

_____ (Condition/ Illness).

Name of medication _____

Dose: _____

Time to be taken: _____

Comment: _____

Parent's Signature

Date

Notes:

1. The Doctor's written information should be attached.
2. Any additional relevant information should be attached.

Insert photo here

APPENDIX C:

What is Anaphylaxis?

Signs and Symptoms

Diagnosis

Allergic reactions are common and occur in response to many substances (triggers) in our environment. Most reactions produce mild symptoms that are seldom serious.

The most serious and sudden form of allergic reaction is called anaphylaxis. Anaphylaxis is a generalized allergic reaction involving two or more body systems simultaneously (eg skin, respiratory, gastrointestinal, and cardiovascular)

The signs and symptoms of anaphylaxis may occur almost immediately after exposure to the trigger or more commonly within the first fifteen minutes. Rapid onset and development of potentially life threatening symptoms are characteristic markers of anaphylaxis.

Symptoms often indicate the reaction involves two or more body systems (eg Rash with cough - indicates Skin & Respiratory System involvement).

The first priority for food allergy patients should be to obtain a referral to an Allergy Specialist for correct diagnosis, advice on preventative treatment and an emergency action plan.

Food allergic students with a history of eczema and/or asthma are at higher risk of anaphylaxis. Parents should seek Specialist advice to ascertain whether a previous diagnosis of asthma is conclusive. An anaphylactic reaction usually occurs within minutes of exposure to a trigger and can be life-threatening.

Approximately 1 in 200 students will experience an anaphylactic reaction at some time.