

# ASSUMPTION CATHOLIC PRIMARY SCHOOL



## ACPS Health Care Procedure

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<b>FREQUENCY OF REVIEW:</b>	Every Two Years
<b>DATE FOR REVIEW:</b>	March 2025

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### **INTRODUCTION:**

Catholic Education promotes student and staff health, supports student and staff health care needs, and identifies and minimises health risks within the context of the schools' resources, and the assistance available from specialist services.

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### **ADMINISTRATION OF MEDICATION**

Medication can only be administered according to the Health Care Procedures, and as per parent's written instruction.

### **PROCEDURE FOR SAFE ADMINISTRATION OF MEDICATION**

Ensure reasonable care is taken to minimise harm to students when administering medications at school. The staff members responsible for administering medication is required to ensure that:

- a) the Infection Control Guidelines are followed i.e. hand washing, disposable cups used for administration of medication;
- b) a two-person check is undertaken at all times e.g. administration of insulin following blood glucose level reading;
- c) the Five Rights of Medication Administration are followed and they are aware of:
  - Pharmacy labels;
  - Common medication side effects (which may be identified on the medication container).

Five Rights of Medication Administration

1. Right Person
2. Right Drug
3. Right Dose
4. Right Time
5. Right Route

## **1. RIGHT PERSON**

Check the identity of the student i.e. use of a photograph, ask student their full name and/or their date of birth.

## **2. RIGHT DRUG**

Drugs have a trade and generic name which can cause confusion.

Check it is the right drug:

- when the drug is taken from the cupboard;
- before the drug is put into a medicine cup or similar receptacle prior to handing it to the student;
- again as the container is returned to the cupboard.

## **3. RIGHT DOSE**

- The dosage will be on the medication container and the Request to Administer Medication at School form. Ensure the drug dosages match.

## **4. RIGHT TIME**

- Medications are designed to be given with specific intervals between doses to ensure consistent therapeutic blood levels. If given at times different to those ordered, the drug may be less effective or may cause side effects.
- Often medication instructions are provided in medical terms. Seek clarification as to the time of day medication should be administered if this is not understood, and ensure it is administered at the prescribed times.

## **5. RIGHT ROUTE**

Medications have specific 'routes of administration'. Common routes of administration include:

- topical (apply to skin);
- oral (by mouth);
- injection (subcutaneous injection i.e. insulin injection under the skin);
- sublingual (under the tongue);
- gastric feeding tube;
- nasal (through the nose);
- inhalation i.e. asthma medication (puffer or spacer).

Check the instructions prior to administration, e.g. to be taken with food.

Ensure all oral medications have been swallowed.

## **MEDICATION FOR ONGOING CONDITIONS**

For children with ongoing/chronic medical conditions, parents are required to provide the school with medical information (if applicable) at the start of each school year, or throughout the year if there are any changes.

Parents are required to provide clearly labelled medication for each child i.e. a pharmacy label attached to the original container; and it is the parent's responsibility to be aware of the expiry date and replace when required.

If a child has a life-threatening condition (e.g. anaphylaxis or asthma) an emergency action plan from the treating physician is also required.

Administration staff record that medication has been administered on the medication form or on the daily calendar for daily medications.

## **DUTIES OF ADMINISTRATION STAFF PERTAINING TO ADMINISTRATION OF ONGOING MEDICAL CONDITIONS:**

At start of each school year, forms are sent out by Administration staff:

- Student Medical Plan form
- Student Medication Request form

As forms are returned, Administration staff update the medical notes in AOS and medical alerts are added to relevant children. Forms are saved in student's records. Copies are given to First Aid Officer to follow up on. Classroom and specialist staff are informed of children who have potentially severe conditions which may affect them during the school day (e.g. asthma, allergies).

A copy of the Student Medication Request form is stored with each child's medication which is securely stored in the office storeroom.

Administration staff check expiry dates on medication to ensure it is within date.

Administration Staff follows up with parents if forms are presented with no medication.

## **DUTIES OF FIRST AID OFFICER PERTAINING TO ONGOING MEDICAL CONDITIONS:**

First Aid Officer contacts parents if there are any questions arising as a result of the forms.

Medical Records Officer places details of children with severe medical conditions on staff noticeboards and notifies class teachers.

First Aid Officer checks that medication bags are present and accounted for prior to class excursions.

## **MEDICATION FOR TEMPORARY CONDITIONS**

Parents are to inform teacher at drop off that child needs medication and at what time.

Parents fill in Student Medication Request form and hand to Administration, with clearly labelled medication.

Administration staff save the form to student records and a copy is placed with the medication.

Medication is stored as per instruction (e.g. in the fridge).

Teacher is to send child to office at appropriate dosage time.

If child does not arrive at scheduled time, Administration staff call child to office to receive medication.

Administration staff record that medication has been administered.

## **EXCURSION/CAMPING MEDICATION**

Teaching staff are responsible for:

- informing parents of times, dates, etc. in written format and to gather information about any specific medical needs.
- taking all the medication related to individual Action Plans for students with medical needs.
- a basic first aid kit will be provided for each excursion, sporting event or camp to deal with minor accidents and illness.

Parents are responsible for:

- informing the school's Administration Officers of changes in medical condition or medication.

- providing all medication the student may need while on an excursion or away at camp.
- ensuring all medication is clearly labelled with all the previously mentioned information, including expiry date.

### **PRE-PRIMARY AND KINDERGARTEN STUDENTS**

Where needed, students in Pre-primary and Kindergarten will be administered their medication in their respective rooms. All medical forms will be completed as stated in this procedure and the staff record that medication has been administered.

### **WRITTEN RECORDS**

Medication records are deemed to be of a confidential nature and will be saved securely in the student's file.

Student medical information required for camp will be treated and stored in a manner that will not betray student confidentiality.

### **PRIOR TO ADMINISTRATION OF MEDICATION**

- Ensure a written request has been received from the parent/carer in the form of receipt of the Student Medication Request form. (Attachment 1)
- Ensure medication to be administered has medical authorisation e.g. a pharmacy label attached to the original container with information;
- Check the instructions on the pharmacy label prior to administration and follow specific instructions e.g. to be taken with food;
- Obtain information from parent/carer about potential side effects of medication if possible;
- Be aware of potential medication errors and follow Procedure for Safe Administration of Medication to minimise errors; and
- If the information on the medication container contradicts the Student Medication Request form, do not administer medication and seek clarification from the parent.

Pharmacy labels will include

- name, strength and description of the medication;
- the dose and route of administration (may include duration of therapy);
- correct storage information, expiry date and batch number;
- initials / logo of the pharmacist taking responsibility;
- time the medication is to be given;
- any other relevant directions for use e.g. whether the medication is to be taken with food;
- logo of the pharmacy dispensing the medication.

### **ADMINISTRATION OF MEDICATION**

- Follow the Procedure for Safe Administration of Medication;
- Administer medication directly from the original medication container;
- Notify the classroom teacher and parent/carer if the student refuses their medication;
- Notify the parent if the student misses a dose of medication including if the student refuses to take the medication or if any other medication error occurs;

## **MEDICATION ERRORS**

- i. Notify the student's parent/carer, Principal and a senior first aid staff member of any medication errors (e.g. incorrect dose given, incorrect medication, missed dose or refused dose).
- ii. If the incorrect dosage of medication or the incorrect medication has been administered to a student, immediately: - **phone 000** if the student has collapsed or is not breathing and follow the advice given; or - phone the **POISONS INFORMATION CENTRE** on **13 11 26** if there is no immediate adverse reaction and follow the advice given.

## **SIDE EFFECTS FROM MEDICATION**

- i. All medications have the potential for side effects, where possible, obtain information about specific side effects;
- ii. Contact the Poisons Information Centre - **telephone 13 11 26**

## **RESPONSE TO SIDE EFFECTS FOLLOWING ADMINISTRATION OF MEDICATION**

- i. If the student has collapsed or is not breathing after receiving medication, immediately **phone 000** and follow the advice given and phone the parent/carer and the Principal and record the incident on the Incident Report Form – Students;
- ii. Call **Ambulance 000** if concerned about the student and their presentation.
- iii. Report unusual symptoms or behaviours to parent, and complete Incident Report form - Student, if student presents with side effect and consider need to contact the prescribing medical practitioner;
- iv. If the student presents with mild side effects (unusual or abnormal symptoms or behaviours that are not life threatening), phone the parent/carer and record the incident on the Incident Report Form – Students.

## **1. AFTER ADMINISTRATION**

- i. If required, notify the parent/carer when the medication quantity is low or approaching its expiry date.
- ii. Administration staff record that medication has been administered (including when students are on school excursions and camps).

## **2. STORAGE OF MEDICATION**

- i. Ensure safe storage of medication in a non-portable, 'locked' space such as cupboard/cabinet reserved for medications only, in a secure fridge if required with authorised access only, or as directed in the student's Medical Plan.
- ii. Establish storage of emergency medication ie. adrenaline auto injector, e.g. EpiPen or an asthma reliever, e.g. Ventolin puffer is in a safe, 'unlocked' location where it is easily accessible to the authorised student and staff at all times in the event of an emergency;

## **3. DISPOSAL OF MEDICATION**

- i. Ensure safe disposal of sharps in accordance with Safe Handling and Disposal of Needles and Syringes.
- ii. Dispose of unused and unclaimed medication by: - advising the parent / carer to collect the medication from the school, or - returning medications to any pharmacy to be disposed of through the Returning unwanted medicines project at <http://www.returnmed.com.au/>.

## **MANAGEMENT OF ILLNESS AND INJURIES**

### GENERAL CONSIDERATIONS

Parents are advised that if their child is unwell, they should stay home and rest.

Where possible, parents should administer medication at home. If parents do medicate students at home, they should advise staff of type of medication, its purpose and any effects it may have on the child.

### **BASIC FIRST AID APPLIED WITH DRSABCD**

- Danger — always check for any danger to you, any bystanders and then the injured student. Staff should not put themselves in danger when assisting an injured or sick student
- Response — check if the student is conscious by seeing if they will respond when you talk to them, touch their hand or squeeze their shoulder
- Send for help — **call 000**
- Airway — check the student's airway is clear and they are breathing
- Breathing — check for breathing (look for chest movements, listen for air coming through the student's mouth or nose or feel for breathing by placing a hand on the lower part of the student's chest)
- CPR by trained staff — if the student is unconscious and not breathing, apply CPR (cardiopulmonary resuscitation)
- Defibrillator — if the student is unconscious and not breathing, apply an automated external defibrillator (AED) located in First Aid Room cupboard, if trained to do so. Some AEDs are not suitable for children so ensure the device is checked for suitability.

*Important note: Staff must only apply first aid in line with their skills and level of training. A staff member with senior first aid training should be called for all emergencies and serious medical issues.*

**Further information is available on the First aid basics and DRSABCD website (Better Health Channel).**

### **MANAGEMENT OF STUDENTS WITH ILLNESS**

Unwell students should not attend school. If a child feels unwell at school, School staff must contact the student's family (ensure emergency contact details are up to date) and/or seek medical assistance.

If a student requires medical attention to an area of their body which requires the movement of clothing, ensure two staff members are present before administering first aid.

Below is a guideline for when a teacher is made aware of a student feeling ill. There are a range of illnesses that affect the body and not all can be treated the same. Teachers are the best judge of their students so we our trust in our staff to make the decision with the information they have.

1. Teacher to observe the student to judge whether the student is feeling unwell or is severely unwell and the child needs to go home for rest and to stop the transfer of illness.
2. If the child is feeling unwell or the teacher is unsure.

- a. If unsure, teacher to continue monitoring the student in the class. If the student starts to feel better, the child will remain at school and the teacher will observe. For younger years, teachers will communicate to parents that the child was feeling unwell where needed. If the student gets worse, teachers will treat the child as severely ill and follow step 3.
  - b. If the child is experiencing a mild discomfort from conditions such as toothaches, or soreness, teachers should make a professional judgement whether the student is able to stay at school for the remainder of the day and notify parents.
3. If the child is severely unwell and needs care from an adult:
- a. teachers will send the student to the office with a medical slip explaining (Alternatively teachers can send a more detailed message on Teams and advise on slip). Junior students may need a staff member to take them to the office and explain what has happened.
  - b. Office admin will call parents to notify them of the child being unwell and give a description of student illness.
  - c. Once notified, parents may decide to:
    - i. Collect the student from school to seek further attention.
    - ii. Provide verbal instructions on managing the illness.
    - iii. Decide to come to the school to provide medication. If so, refer to Administration of Medication Policy.

### **COMMUNICABLE DISEASES**

If we are notified that a child has a confirmed communicable disease, Department of Health guidelines from the Department of Health's Control of Communicable Diseases Manual, the link can be found here: [The Control of Communicable Diseases Manual](#) are consulted and acted upon.

If notifiable, Department of Health guidelines from the Department of Health's Control of Communicable Diseases Manual will be acted upon.

If disease is highly contagious but not notifiable, class teachers inform parents.

If outbreak was severe and across several classes, school community will be informed via SEQTA or the newsletter, after consultation with the Principal.

### **MANAGEMENT OF STUDENTS WITH A MINOR INJURY**

Below is a guideline for when a teacher is made aware a student is injured. Teachers aim to make the best decision they have with the information they have (ie. from what they observe and what they are told).

1. Teacher attends to injured child and makes a professional judgement i.e. the student needs reassurance, rest or needs further attention
2. If the child needs further attention, staff member fills out the medical slip and sends the student to the office.
3. At the office, staff will administer appropriate first aid (for example clean a cut, apply Stingose) and send the student back to play or class.
  - a. If the student requires an icepack during breaks, they need to remain in sick bay. If it is during class time, students may return to class.
4. If the student arrives at the office and staff feel the injury is major, they will call a First Aid Officer and follow MANAGEMENT OF STUDENTS WITH A SEVERE INJURY.

### **Use of Ice Packs**

When using an ice pack to treat a minor injury for staff or students, such as a bump or bruise do not apply the ice pack directly to skin and remove it if pain



or discomfort occurs. Use a cold compress (towel or cloth rinsed in cold water) as an alternative.

Do not use an ice pack when an injury causes a nose bleed, a cold compress can be used instead.

Do not use an ice pack and (or) cold compress in the following circumstances, seek medical help or call an ambulance:

- loss of consciousness, even if only briefly
- a less than alert conscious state
- suspicion of a fracture
- suspicion of a spinal injury
- damage to eyes or ears
- penetration of the skin
- deep open wounds

### **MANAGEMENT OF STUDENTS WITH A SEVERE INJURY**

1. Teacher attends to injured student. If they feel it is a major injury
  - a. the staff member will use their phone to call the office and notify them of the serious injury and location. The office will then call for a first aid officer to meet at the office or where the student is located
  - b. the staff member will walk the student to the office and a First Aid Officer will be called
2. The First Aid Officer applies appropriate first aid to the student and advises the office if an ambulance is required. Office will call if needed.
3. Parents are notified of the incident and injury.
  - a. If an ambulance is called, parents can choose to meet student at school or at the hospital
  - b. If an ambulance is not required, parents may pick up the child and take them for further medical attention
4. The staff member who was first on scene will complete an incident form. (Attachment II)
5. The parents of ALL children who have received a blow to the head or face will be contacted by telephone and advised as to the child's condition. Even if the child appears to be unaffected at school, parents are nevertheless advised to be vigilant for symptoms of concussion at home.

### **WHERE THERE IS AN IDENTIFIED HEALTH CARE NEED**

First aid for students with identified health care needs must be explained in their Student Medical Plan, Anaphylaxis Management Plan or Asthma Care Plan, or relevant health care plan. Refer to health care needs outlined in student plans displayed in sick bay.

When students have a not-for-resuscitation order (NFR) as part of their palliative care to manage a deteriorating and life-threatening condition, the first aid response must be documented on the student record in AOS and with a photo of the student on the severe medical conditions display.

It is not the role of the school and staff to make a decision about medical prognosis or to determine whether the point of the not-for-resuscitation order has been reached.

Where there is a head injury and suspected concussion:

Parents should be notified of all knocks to the head.

Following a head injury or knock to the head, children and adolescents may be more susceptible to concussion and take longer to recover. The [Concussion Recognition Tool 5](#) (that should be available in the first aid kit) can be used to assist identification of suspected concussion. It is not designed to diagnose concussion.



## **RED FLAGS — CALL AN AMBULANCE**

If there is concern after a head injury and if any of the following signs are observed or reported, first aid must be administered and an ambulance should be called for urgent medical assessment:

- neck pain or tenderness
- double vision
- weakness or tingling/burning in arms or legs
- severe or increasing headache
- seizure or convulsion
- loss of consciousness
- deteriorating conscious state
- vomiting
- increasingly restless, agitated or combative

Observable signs — take appropriate action

If there are no red flags but signs and symptoms suggest concussion as listed in the Concussion Recognition Tool 5 (that should be available in the first aid kit):

- the student must be immediately removed from play or sport and not engage in further activity (for example, returning to a sporting game)
- make contact with parents or carers as per below

## **MAKE CONTACT WITH PARENTS AND CARERS**

Whenever the Concussion Recognition Tool 5 is used to assist with the identification of a suspected concussion, parents and carers must always be contacted and the following actions taken:

- if concussion is suspected:  
the school must contact the parent or carer and ask the parent or carer to collect the student from school and recommend a medical assessment, even if the symptoms resolve.
- if concussion is not suspected:  
the parent or carer should be contacted and informed of the injury and told that a concussion is not suspected based on use of the Concussion Recognition Tool 5.  
The parent or carer may wish to collect the student from school.

Following a confirmed concussion, schools may need to make reasonable adjustments, guided by the student's treating team, including:

- return to learning and return to sport plans,
- modifying school programs to include more regular breaks, rests and increased time to complete tasks.

## **RECORDING OF INCIDENTS AND NEAR MISSES**

### **INCIDENTS/ACCIDENTS**

- If a teacher sends a student to the office for first aid treatment or sickness, a Front Office First Aid note is sent with the student.
- Administration staff will record on the First Aid note the following:
  - o The staff member who administered first aid – recording what first aid treatment was administered.

- o The staff member who contacted the student's family including the time and outcome.
- If an accident or injury requires senior first aid treatment then a School Incident/Accident Report is to be completed and saved in the Accident Report File and student record.

ATTACHMENT I



**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, should the Principal approve school staff to administer prescribed medication 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 Principal and should be stored in a container clearly showing the name of the student, the name of the medication, amount supplied, the dosage and frequency.

I ..... being the parent/guardian of student  
..... request that Assumption Catholic Primary

School administer the following medication as prescribed by Dr

.....

For the purpose of treating

.....

(condition)

Name of medication:

.....

Dose: ..... Time to be taken: .....

Amount of Medication supplied:

.....

Specific requirements for administering medication:

.....

.....

Signature: ..... Date: .....

Parent/Guardian

Staff Member Administering Medication:

..... Date: .....

..... Date: .....

Principal

