



# **MAMRE ANGLICAN SCHOOL**

## **MEDICAL TREATMENT FOR STUDENTS POLICY & PROCEDURES**

*Reviewed 2019*



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## **MEDICAL TREATMENT FOR STUDENTS**

1. Mamre Anglican School (MAS) has a duty to take reasonable steps to care for the health and wellbeing of students under their care.
2. MAS must:
  - a. provide first aid (including emergency treatment, if required) when students/staff sustain an injury;
  - b. provide temporary care when students become unwell at MAS;
  - 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. MAS must provide reasonable first aid services and have adequately stocked first aid facilities and first aid backpacks for excursions.
4. MAS must have an adequate number of staff members with current first aid qualifications. In particular, Student Reception staff, Office staff, PDHPE staff and Maintenance staff.
5. MAS 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.

This is achieved by:

- Parents completing the 'General Medical Consent' section of the 'Medical History Conditions and Consent Form' when enrolling their child
- Parents providing updated medical information through the Parent Portal in Edumate
- Parents providing medical action plans for Asthma, Epilepsy and Anaphylaxis

6. It is the responsibility of MAS 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 cooperate 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, MAS 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 MAS for storage and administration;
  - c. the parent must complete the 'Medication Authority Form' and return to Student Reception staff (Please see Appendix 1); and
  - d. ensure that it is provided to the child as and when required. MAS 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, MAS should ensure that at least one of the supervising teachers has relevant and current first aid experience and qualifications and have access to information regarding student medical conditions and how to manage them.
  10. Where students suffer from an illness or injury at school, MAS 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 are advised annually to:
    - a. cooperate with MAS in relation to the health of their child;
    - b. inform MAS Student Reception staff of their child's health care needs;
    - c. liaise with MAS Student Reception staff 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 MAS;
    - d. if appropriate, provide appropriate prescribed medication and instructions for use to MAS;
    - e. undertake to provide updated medical information to MAS 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.

#### **Procedure for Administering Medication at MAS**

- i. Parent notifies Student Reception of the need for the child to take medication during school hours
- ii. Parent delivers medication, with dosage instructions to Student Reception staff
- iii. Medication is locked in the medicine cabinet or fridge in Student Reception
- iv. Student Reception staff administer the medication at the appropriate time
- v. Student Reception staff notify parents when ongoing medication supply is low/finished

#### **Parental Consent to Medical Treatment**

14. There will be occasions when MAS is unable to contact a parent/guardian when a student is sick or injured.
15. MAS should seek a consent and authority from parents to obtain medical advice and treatment for students while under the supervision of MAS. The consent and authority should deal with any special requirements in relation to the medical treatment to be administered.

16. See 'General Medical Consent' below:

#### General Medical Consent

In the event of accident or illness requiring urgent medical treatment and I/we cannot be contacted in a reasonable time, I/we [parent/guardian], being parent/guardian/carer of [name of student] consent to staff of Mamre Anglican School obtaining medical treatment for the accident or illness for the child named above.

#### **Students who are anaphylactic**

17. MAS takes special precautions in relation to students with anaphylaxis. The *Anaphylaxis procedures for schools 2012* has been released in New South Wales for the management by schools of anaphylactic students.

See: <https://education.nsw.gov.au/student-wellbeing/health-and-physical-care/media/documents/managing-anaphylaxis.pdf> (Please see Appendix 2)

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 provided by the parent. 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. It must also include an Anaphylaxis Action Plan (Please see Appendix 3) and parents must also fill in a 'Students with Allergies Form' (Please see Appendix 4).
- 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. MAS staff should educate a student's peers about anaphylaxis.
- d. MAS 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. MAS staff 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. MAS staff 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, MAS staff should follow first aid procedures and the student's emergency response plan.

18. The following action steps should be followed when enrolling a child with anaphylaxis:

- 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;
- d. meet with the parent and:
  - i. 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);
  - ii. seek written permission to contact the medical practitioner and to share information about the student's condition with staff (Appendix 3 of the guidelines);
  - iii. request that the parent arrange for the completion and return of the 'Dear doctor' letter (Appendix 4 of the guidelines);
- e. 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;
- f. 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);
- g. 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;
- h. 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;
- i. 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;
- j. implement the strategy;
- k. 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;

- I. 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. MAS has purchased a school 'backup' auto-injector, which is clearly labelled as such, and 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).
20. If MAS has not identified any students suffering from anaphylaxis, the principal delegates responsibility to Student Reception staff to develop 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 MAS anaphylactic management policy, causes, symptoms and treatment of anaphylaxis, identities of students at risk, how to use an auto-injector and the MAS first aid and emergency response procedures).