



PARENT SIGNATURE

DATE

HEALTH POLICY

POLICY NO.	NO SPECIFIC CEWA POLICY RECORDED
POLICY NAME	HEALTH POLICY
RELEASED	2019
REVIEWED	2022

IMMUNISATION

The immunisation status of each child will be checked upon entry into Pre-Kindergarten, Kindergarten, Pre-Primary and Primary School.

MEDIC ALERT

The parent of any child with a serious medical condition requiring urgent medical attention needs to contact the school administration and fill out the necessary documentation. The Principal and class teacher need to also be notified.

MEDICATION

As a result of the increased number of children in schools being prescribed medications on a long and short-term basis, the educational, medical and legal authorities are continually updating their recommendations on practices and procedures for administration of medication in schools.

In line with the Catholic Education Office policy, all decisions regarding the storage and administration of medication will be the responsibility of the Principal.

1. **Non-Prescriptive Pain Suppressants (see Form 3)**

Non-prescriptive pain suppressants (Aspirin, Panadol- etc.) will **not** be administered by staff without the written permission of the student's parent/guardian. The parent/guardian is responsible for the supply of any medication.

2. **Prescribed Medication (see Form 1)**

The misuse of prescribed medication can place the user in a serious, and in some instances life-threatening, situation. Bulk quantities of medication will not be left on the school premises and all medication will be removed from the school premises at the end of the year. Parents/guardians must provide written authority for school staff to administer the prescribed medication. The authority form must be renewed at the beginning of each year and updated by the parent as required during the year.

- School staff will only administer medication in accordance with the medical practitioner's instructions. No medicine can be administered by staff unless taken from the labelled packet or medicine bottle issued by the medical practitioner.
- The Principal must ensure that a student's medical condition and the medication for that condition are brought to the attention of the relevant staff.

(Handbook for Catholic schools – 8.7)

3. **Storage of Medication**

The prescribed medication will be stored in the school office or in the case of Pre-Primary children, in the Pre-Primary. Access will be restricted to authorised personnel.

(Handbook for Catholic Schools –8.7)

It is the parents/guardian's responsibility to ensure sufficient quantities of medication are supplied and is not out of date. All medication sent to the school must be in the labelled packet, or medicine bottle issued by the medical practitioner. This must clearly show the:

- name of medication
- student's name
- dosage
- frequency of dosage

4. Students are **not** to carry medication around in their pockets or leave medication in their bags or desks because of the likelihood of other children having access to the medication.

COMMUNICABLE DISEASES

Parents are requested to inform the school if a child has had a communicable/infectious disease and is required to observe the exclusion from school period. Public Health Department recommendations for most common infectious diseases are listed below. The following is a useful reference for school cleaning and managing infectious diseases. It applies to the early childhood setting but is a useful reference for all schools.

<http://www.nhmrc.gov.au/guidelines-publications/ch55>

HEALTH CARE OF STUDENTS WITH SPECIAL NEEDS

For students with special health care requirements, the Principal should consult with the Students with Disabilities Team of CEWA to discuss the provision of the health care arrangements. Decisions can then be made regarding access to community health professionals or the provision of training for school staff members.

In the case of a student who has been identified as having a medical condition that requires day to day health care or emergency treatment the Principal should consult the parents/guardian and Students with Disabilities Team of CEWA to discuss and devise a plan to meet the specific health care needs of the student (Handbook for Catholic Schools 2017- 8.7.5)

SICK STUDENTS

Parents will be contacted if the child is unable to continue with schoolwork. Parent's emergency contact details need to be kept current in case their child is sick or injured at school. Please do not send children to school if they are unwell as this results in your child being upset and spreads the illness and infection to other students and staff.

EMERGENCIES

An emergency action plan (see Form 4) must be developed for students with medical and health care problems. The development of an emergency plan should be devised at the school level after consultation with the Principal, parents/guardians, student's medical practitioner, and associated school staff (Handbook for Catholic Schools 2017- 8.7.7)

The action plan should be developed with the following considerations in mind:

- written approval from the parents/guardians to implement the emergency plan;
- all key staff to be advised of students with medical conditions and the type of condition. A copy of the action plan is to be provided to the student's teacher(s) and be available in the classrooms
- all school activities, including excursions and camps, should make provisions for an emergency action plan, including attendance at excursion/camp of appropriately trained school staff member to care for students with specialist medical or health care needs;
- the predetermined level of treatment to be administered by school staff and the availability (e.g. proximity) of medical assistance in the case of a student with a medical condition requiring medication or provision of health care;
- all key school staff should be aware of the particular student's medical needs with due consideration to confidentiality and be aware of the emergency plan in place for the treatment of such student;
- revision and update of the plan, as required.

MANAGEMENT OF ASTHMA

It is essential that the school has knowledge of all children in the school with asthma and health care procedures in place to deal with an asthma attack (see Form 2)

(Handbook for Catholic Schools 2017- 8.7.8)

MANAGEMENT OF ANAPHYLAXIS

Schools should be familiar with Medical Action Plans for personal and general use of the EpiPen and Anapen, developed by the Australasian Society of Clinical Immunology and Allergy (ASCIA).

- providing, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of their schooling;
- Raising awareness about allergies and anaphylaxis in the school community;
- Actively involving the parents/guardians of each student at risk of anaphylaxis in assessing risks, developing risk minimisation and management strategies for the student; and
- Ensuring that an adequate number of staff members have understanding of the causes, signs and symptoms of anaphylaxis and of their role in the school's emergency response procedures.

Policies, procedures and strategies need to be reviewed each year as well as after a child has experienced a severe reaction while in the school's care. (Handbook for Catholic Schools 2017- 8.7.5)

RECORDS

School staff must ensure that the administration of medication to students is recorded showing the time, date, the medication given and by whom the medication was administered. By undertaking these procedures, school staff will be able to clearly establish that the agreed action plan was followed should any concerns arise.

It is the Principal's responsibility to ensure that all documentation pertaining to the administration of medication or medical procedures in school to students, be retained and stored in a secure place.

The documentation should include, the agreement reached between parents/guardians, Principal and associated teachers, recordings of administration of medication and any incident reports that may have arisen.

(Handbook for Catholic Schools 2017- 8.7.10)

SCHOOL CHILDREN INSURANCE

All children attending Notre Dame Catholic Primary School are covered by a 365-day, 24-hour, Accident Insurance Scheme (CCI). This cost is included in the annual school fees. Please contact the School Office during school hours for further information.

Notre Dame Catholic Primary School

FORM 2 Asthma Medication/Record

This record is to be completed by parents/carers in consultation with their child's medical practitioner. Parents/carers should inform the school immediately if there are any changes to this record. Please tick (✓) the appropriate box or print clearly your responses in the blank spaces where indicated. For some questions you may need to tick more than one box.

Student's name _____ Sex: M F
(Family Name) (First Name)

Date of Birth _____ Class _____ Teacher _____

Emergency contact (e.g. parent, carer):

(a) Name _____ Relationship _____

Telephone No's: Home: _____ Work: _____ Mobile: _____

(b) Name _____ Relationship _____

Telephone No's: Home: _____ Work: _____ Mobile: _____

General Practitioner: _____ Telephone No: _____

Specialist (if applicable): _____ Telephone No: _____

Asthma Questionnaire

1. How often does your child have asthma symptoms?
- Infrequently (less than 5 times per year) Frequently (more than 5 times per year)
- Most days/daily Usually when exercising

2. How will the school staff recognize that your child is having an asthma attack?

- Wheeze (whistling noise from chest) Cough Tightness in chest
- Difficulty with breathing Other _____

How will they recognize if your child's asthma is worsening?

3. What are your child's allergies / triggers for asthma?
- _____

4. Does your child take any asthma medication *before exercise* Yes No

Medication	Method used e.g. puffer with spacer, turbuhaler	How much and how often?
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Form 2 (1/2)

5. Does your child require asthma medication *every day at school* Yes No

Medication	Method used e.g. puffer with spacer, turbuhaler	How much and how often?

6. What reliever medication does your child take for asthma symptoms at school?

Medication	Method used e.g. puffer with spacer, turbuhaler	How much?

6. Does your child *initiate the* use of their asthma medication? Yes No

7. Does your child need *assistance* to take asthma medication? Yes No

8. If my child has an asthma attack at school, please follow to the best of your ability the steps outlined below in the EMERGENCY ACTION PLAN.

Step 1	Sit the student comfortably in an upright position. Be calm and reassuring. Do not leave the student alone
Step 2	Give 4 puffs of blue RELIEVER puffer (Aiomir, Asmol, Bricanyl or Ventolin, one puff at a time, preferably through a spacer. Ask the student to take 4 breaths from the spacer after each puff.
Step 3	Wait 4 minutes
Step 4	If there is little or no improvement, repeat steps 2 and 3. If there is still little or no improvement, call an ambulance (000). Continue to repeat Steps 2 to 3 while waiting for the ambulance.

Note: If your child requires a different Emergency Action Plan please attach a copy.

I agree with this Emergency Action Plan and authorize school staff to assist my child with taking asthma medication should they require help. I will notify you in writing if there are any changes to these instructions. Please contact me if my child requires emergency treatment or if my child **regularly has asthma symptoms** at school.

Signature of Parent/Carer: _____ Date: _____

I verify that I have read this school-based Emergency Action Plan and agree with its implementation

Signature of Doctor: _____ Date: _____

Notre Dame Catholic Primary School

FORM 3 Analgesics

Administration of Analgesics/non prescribed medications for the relief of Temporary Conditions. E.g. Panadol

I _____ (Parent/Guardian of Student)

advise that I require my child (name) _____ (Class) _____ to self-administer

the following analgesic for the temporary condition of _____

Name of Medication: _____

Dose child is to take: _____

Time child is to take the medication: _____

I understand that this medication will be stored in the administration office in a lockable cupboard and that my child will report to the Assistant Principal at the required time (as above)

Signature of Parent/Carer

Date _____

Signature of Principal

Date _____

Notre Dame Catholic Primary School

FORM 1 Prescribed Medication/s

This information will be confidentially stored until the student is 25 years of age; this document will be destroyed in the year 20.

Note: Where possible students medication should be self-administered by the student or be administered by parents at home at times other than during school hours. If the Principal of the school is to give approval for school staff to administer or supervise the administration of medication to a student, then the following requirements must be met.

The doctor prescribing the medication **MUST** be aware that the school will supervise or carry out administration of medication on the instructions provided. It is therefore desirable that the doctor provides instructions as per **page 2. These instructions are a mandatory requirement, if the school staff is to administer the medication or monitor the student after drug administration.**

Drugs for administration should be delivered to the school administration team. A designated staff member will prepare a student medication record and store the medication in a locked cupboard. All medication should be in **clearly labeled** containers showing:

- Name of drug
- Name and class of the student
- Appropriate dose and frequency

Unlabelled medication will **not** be administered.

I _____ parent/guardian of:

Student (name) _____ (class) _____ request **Notre Dame Catholic Primary School Staff** to administer to my child, the following medication as prescribed by Dr _____ for the purpose of treating _____ (Condition)

Details of prescribing doctor

Phone: _____

Address _____

Name of drug _____

Dose to be given _____

Replacement date of medication (if applicable) _____

Comments:

Note: Please attach additional information if necessary.

Signature of Parent/Guardian _____ Date: _____
Signature of Principal _____ Date: _____
Form 1 (1/2)

Medication Instructions from Prescribing Doctor

Prescribing Doctor to Complete

To be confidentially stored until the student is 25 years of age; this document will be destroyed in the year 20.

These instructions are required in order for the school to maintain its 'duty of care', administering prescribed drugs to a student whose condition would otherwise preclude attendance at school.

Dr _____

Address: _____

Telephone: _____

I have prescribed the drug _____ for _____
(Name of Student)
to treat the condition of _____.
(Condition)

This drug needs to be administered _____
(Dose) (Frequency/Time)

Are special arrangements necessary to administer the drug or monitor the student after drug administration? Yes () No ()

If so, please provide details below:

Signature of Prescribing Doctor Date: _____

Principal's Signature Date: _____

Notre Dame Catholic Primary School

FORM 4 Medical Condition Emergency Action Plan

This record is to be completed by parents/carers in consultation with their child's medical practitioner. Parents/carers should inform the school immediately if there are any changes to this record. Please tick (✓) the appropriate box or print clearly your responses in the blank spaces where indicated. For some questions you may need to tick more than one box.

Student's name _____ Sex: M F

(Family Name) (First Name)

Date of Birth _____ Class _____ Teacher _____

Emergency contact (e.g. parent, carer):

(a) Name _____ Relationship _____

Telephone No's: Home: _____ Work: _____ Mobile: _____

(b) Name _____ Relationship _____

Telephone No's: Home: _____ Work: _____ Mobile: _____

General Practitioner: _____ Telephone No: _____

Specialist (if applicable): _____ Telephone No: _____

Name of the Medical Condition: -

Signs and Symptoms of this Condition

Triggers for this condition (if applicable)

Signs of the condition worsening

Will your child require medication *at school* in response to this condition? Yes No

Medication	Method e.g. tablet, EpiPen etc.	How much and when?

If your child requires medication, please attach either the *Prescribed Medications* (Form 1) or the *Analgesics Form* (Form 3)

If my child suffers this condition at school, please follow, to the best of your ability, the steps outlined below in the EMERGENCY ACTION PLAN.

Step 1	
Step 2	
Step 3	
Step 4	
Step 5	

Note: If your child requires a different Emergency Action Plan please attach a copy.

I agree with this Emergency Action Plan and authorize school staff to assist my child with taking medication should they require help. I will notify you in writing if there are any changes to these instructions. Please contact me if my child requires emergency treatment at school.

Signature of Parent/Carer: _____ Date: _____

I verify that I have read this Emergency Action Plan and agree with its implementation

Signature of Doctor: _____

Date: _____