

# HEALTH CARE

## POLICY



**Effective:  
March 2019**



## HEALTH CARE POLICY

### POLICY STATEMENT

1. Freshwater Bay Staff will make every effort to be aware of all students on a medical plan.
2. Staff is responsible for resolving minor injuries and sickness at a local level.
3. Principal is responsible for establishing and maintaining processes for managing students with injuries, sickness or health care plans to align with the Departments policy

### POLICY RULES

- To ensure that students are safe and processes for managing students with injuries, sickness or health care plans align with the Departments policy.
- To ensure the highest standard of professionalism and confidentiality in dealing with all students.

### RESPONSIBILITY FOR IMPLEMENTATION

#### The Principal is responsible for:

- Promotion of good health outcomes.
- Managing identified health care needs of students.

#### Staff are responsible for:

- Promotion of good health outcomes.
- Managing identified health care needs of students.

#### Parents or guardians share responsibility with the school to:

- Ensure the provision of appropriate health care for their child.

### SCOPE

- This policy applies to all Freshwater Bay PS staff.

### DEFINITIONS

#### ACCIDENTS

- Minor accidents and sickness should be dealt with by Duty Teacher/Teacher and if necessary referred to the office for treatment or notification of parent.
- Serious accidents which involve suspected fracture limbs and head injuries are to be treated with extreme caution. The duty teacher, or teacher present, **must** notify the Principal or Deputy Principal as soon as possible. In such cases, movement of the student should be avoided until medical help arrives. Critical Incident Forms need to be completed.

## **SICKNESS**

- Where possible students should not attend class if unwell.
- If a student becomes ill during class time, all efforts will be made to notify parents or guardians and send home.
- At present, facilities are limited in the handling of ill students, and in such cases the parents or guardians of the ill students will be notified, and student returned to sit in the Medical Room.
- No student is to be sent home without the Principal's or Deputy Principal's prior knowledge.

## **EMERGENCY SITUATIONS**

- The School has action plans in place for:
  - Asthma
  - Anaphylaxis
  - Diabetes
- In these cases, the emergency action plan is to be followed.
  - Notify Principal / Key Teacher / Deputy
  - Refer to student Information – Re Allergies, Treatment
  - Phone Ambulance
  - Contact nominated Medical Practitioner
- In other areas, it is the parents or guardians responsibility to provide the school with adequate information regarding student medical conditions.
- Parents or guardians are responsible for payment of all medical costs relating to the ambulance and/or Medical Practitioner.

## **PRINCIPLES UNDERLYING THE POLICY**

- In all matters, the safety and educational well-being of students is the first priority.
- To create a school culture where all students, staff and parents or guardians are reliant of the student health care provided.

## **BROAD GUIDELINES**

- Issues can be raised verbally or in writing.
- Major accidents, sickness or emergency situation will be reported to parents or guardians.
- Members of staff will maintain confidentiality and impartiality when dealing with each matter.

## **VERSION HISTORY**

<b>Version</b>	<b>Approved By</b>	<b>Approval Date</b>	<b>Review Date</b>	<b>Sections Modified</b>	<b>Owner</b>	<b>Implementation Officer</b>
1.0	SCHOOL BOARD	26/03/2019	26/03/2020	New Policy	Principal	Principal

### FORM 3 - ADMINISTRATION OF MEDICATION

**This form is to be used when a parent/carer requests school staff to administer medication to their child on a short term basis.**

Note: Long term administration of medication should be incorporated in a health care plan.

School: \_\_\_\_\_ Year: \_\_\_\_\_ Form: \_\_\_\_\_

Students Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Family Contact Details Address: \_\_\_\_\_ Gender: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Section A: Medication Instructions – To be completed by parent/carer** (Note: Medication must be provided by parents/carers)

	Medication 1		Medication 2	
Name of medication				
Expiry date				
Dose/frequency – (may be as per the pharmacist's label)				
Duration (dates)	From : To:		From : To:	
Route of administration				
Administration Tick appropriate box	By self Requires assistance	<input type="checkbox"/> <input type="checkbox"/>	By self Requires assistance	<input type="checkbox"/> <input type="checkbox"/>
Storage instructions Tick appropriate box(es)	Stored at school	<input type="checkbox"/>	Stored at school	<input type="checkbox"/>
	Kept and managed by self	<input type="checkbox"/>	Kept and managed by self	<input type="checkbox"/>
	Refrigerate	<input type="checkbox"/>	Refrigerate	<input type="checkbox"/>
	Keep out of sunlight	<input type="checkbox"/>	Keep out of sunlight	<input type="checkbox"/>
	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>

Will staff need to be trained to administer your child's medication? Yes  No  If yes, describe the type of training the staff would require: \_\_\_\_\_

**Section B – Authority to Act**

This administration of medication form authorises school staff to follow my/our advice and/or that of our medical practitioner. It is valid for the specified time period as noted above.

Parent/Carer: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Date received: \_\_\_\_\_

Is specific staff training required? Yes  No : \_\_\_\_\_ Type of training: \_\_\_\_\_

Training service provider: \_\_\_\_\_ Name of person/s to be trained: \_\_\_\_\_

Date of training: \_\_\_\_\_

When this course of medication concludes, please retain this form in the student's school file.

