

STUDENT HEALTH CARE MANAGEMENT PROCEDURES

Updated: 2020
Review: 2024

Purpose

The Student Health Care Management Procedure has been implemented to improve recognition, treatment and prevention of medical emergencies, particularly for students with identified medical needs. This document outlines duty of care responsibilities for staff and parents/guardians, the use of Health Care Management Plans for students with health conditions that require support from school staff, Parent/Guardian Permission Forms for School Activities (that includes medical information for all students), roles of staff and parents/guardians, needs and risk assessments, staff training, emergency response, communication and review.

College Duty of Care

The College will develop, maintain and review systems which will allow staff to recognise, treat and prevent medical emergencies. These systems will provide for data collection, storage and retrieval and will occur at enrolment, annually or opportunistically. Parents/Guardians are required to complete a Student Health Care Summary annually for each child who attends the College. This form will assist staff to identify students with High Risk medical conditions who may require support or an emergency response. Student Health Care Management Plans will be completed for all students who have a High-Risk medical condition (see Attachment A – H for examples), these will be renewed every 12 months.

Duty of Care for Staff and Parents/Guardians

The meaning of 'duty of care' for teachers and non-teaching staff:

- Teaching staff owe a duty to take reasonable care for the safety and welfare of students whilst students are involved in school activities or are present for the purposes of a school activity. An activity is one that is organised or managed by a member of the teaching staff or non-teaching staff as part of his or her duties. The duty requires staff to take such measures as are reasonable in all circumstances to protect students from risks of harm that reasonably ought to be foreseen. This includes protection from known hazards and protection from harm that could foreseeably arise and against which preventative measures can be taken.
- When non-teaching staff, volunteers and external providers agree to perform tasks that require them personally to care for students (in the absence of a member of the teaching staff) they will also owe a duty of care to take such measures as are reasonable in all circumstances to protect students from risks of harm that reasonably ought to be foreseen.


The meaning of duty of care for parents/guardians is to:

- Provide the College with current medical information about their child: (1) at enrolment, (2) when medical information changes and (3) on excursion forms as required.

Roles of Staff

The roles of staff are to: (1) recognise, (2) respond to and (3) where possible, prevent medical emergencies.

Staff should be:

- familiar with the medical needs of students for whom they have a duty of care,
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- be able to recognise student behaviours that may indicate a medical concern,
- be able to respond appropriately as a teacher or other responsible adult to the medical concern and take measures to prevent a medical emergency for a student.

Determining Medical Needs

The College will contact the parents/guardians of students identified with a High-Risk medical need. Parents/guardians must contact the College if medical needs change. Student Health Care Management Plans are completed by parents/guardians and in some cases medical professionals. These Plans provide identifying information and a management plan for the medical need, including emergency contact. Specific kinds of Health Care Management Plans are used for some medical conditions such as anaphylaxis, asthma (See attachments) while others have a High-Risk Healthcare Management Plan.

Risk Assessment

The College's Crisis Management Plan outlines the way in which risk is managed including managing a medical emergency. Risk assessment involves identifying hazards, applying controls, reviewing effects and assessing risks in an ongoing process. Staff responsible for activities will complete a risk assessment of the activity prior to the activity, taking into account the medical conditions of participating students. Plans will be developed to reduce the risk of harm, to identify a medical emergency and to respond to a medical emergency. In relation to risk reduction (based on the anaphylaxis guidelines) it is reasonable to assume that teenagers and young adults are the most at risk group (of fatal anaphylaxis). Older, more independent students should be encouraged to take greater responsibility for managing their health (allergies) and minimising their risk factors. In the case of anaphylaxis as an example, it is important to remember that the level of responsibility given to the student must be determined by their level of maturity and not simply their age. Older, more independent students should be encouraged to take greater responsibility for:

- Communicating their allergies to friends and teachers
- Minimising allergen exposure (e.g. checking food labels, avoiding insects)
- Knowing the signs and symptoms of an allergic reaction
- Being familiar with the use of an adrenaline auto-injector
- Ensuring their adrenaline auto-injector has not expired
- Managing other health conditions (e.g. asthma)

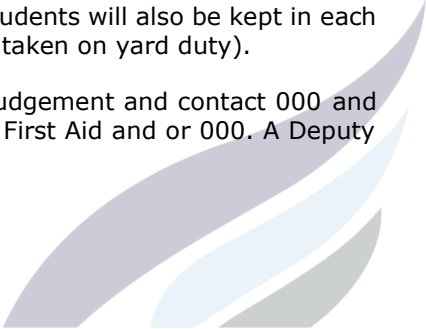
Staff Training

Staff will be provided with opportunities to undertake First Aid training.

Emergency Response

Emergency response relates to (1) students with a High-Risk medical condition and (2) students who do not have a High-Risk medical condition. In relation to students with a High-Risk medical condition: staff must be familiar with where the High-Risk Management and Emergency Response Plans are located and what to do for a student to recognise treat and prevent an emergency. Information about students is confidential. Information is of two types: (1) a copy of the High-Risk Management and Emergency Response Plans for each student with a High-Risk medical condition is uploaded to SEQTA (shows as a red heart), the details are entered in MAZE and tick "Severity High" allocated. A copy of these documents is kept in a folder in the Reception Area; (2) a single laminated sheet with High-Risk students will also be kept in each staff area – showing name, a photo and need as a quick reference (can be taken on yard duty).

In relation to other emergencies, staff should act immediately, use their judgement and contact 000 and inform Reception staff. Reception staff and or other staff will respond with First Aid and or 000. A Deputy Principal will be informed.



A list of staff with First Aid and/or other related qualifications is maintained by the Principal's Assistant. Appropriately qualified staff are encouraged to register.

All student accidents and medical emergencies are documented on a Student – Personal Accident Report Form and details logged on the Student Incident Register. Each medical emergency will be reviewed in order to improve responsiveness (see Review).

Head Injuries/Loss of Consciousness

The College has a specific procedure for students who sustain a head injury or experience a loss of consciousness. All staff are provided training on this procedure. All students who have had an accident are specifically asked if they have sustained a knock to the head. Where a student has sustained a knock to the head, the relevant Head of Year or a Director will be notified, and parents will be contacted as a precautionary measure.

Refer to Appendix A – Head Injury/Loss of Consciousness Procedure

Ambulance/000 Calls

In the event an ambulance is called to transport a student to the Accident and Emergency Department, the costs associated with this are payable by the parents/guardian of the student. The College encourages families to take out Country Ambulance Cover for St Johns Ambulance transport or ensure their health care fund covers the cost of an ambulance to minimise out of pocket expenses.

Sick Bay

The College has a sick bay located in the Reception Area where staff provide basic first aid, in accordance with their training.


Staff will not attempt to diagnose what may be ailing a student. If a parent asks for advice about their sick child, staff will advise parents that they are not medical practitioners and encourage them to see a Doctor. Staff are able to provide first aid for minor cuts, scratches, bruising, for bodily injury, for those who become unwell during the school day as well as more serious illnesses or injuries until such time as the St Johns Ambulance Service arrives.

Students who are not seriously ill will be encouraged to return to class as soon as they feel able. Students are not permitted to remain in sick bay for more than 2 periods unless they are waiting for a parent to collect them.

Communication

Parents and guardians of students with medical needs will be contacted and requested to complete a High-Risk Management and Emergency Response Plan. The High-Risk Management and Emergency Response Plan will be made available to parents and guardians and staff. For example, information will be provided on the College website about the High-Risk Management and Emergency Response Plans. Staff will be informed routinely of the location of High-Risk Management and Emergency Response Plans and their potential use, availability of medical information on class lists and on the staff shared drive. Staff will be encouraged to make recommendations to improve the High-Risk Management and Emergency Response Plans and communication of medical information in confidential and efficient ways.

Information provided to the College in High-Risk Management and Emergency Response Plans is given with the consent of parents/guardians on the understanding that the information will be used to respond to emergencies and treated with respect and confidentiality. Staff are required to maintain the confidentiality of sensitive student information. Information must only be shared with staff and medical personnel in the interests of ensuring student safety.



Notification of Communicable Disease

The College is committed to ensuring a safe and healthy environment for all staff and students. In order to do this all students, parents and staff are requested to notify the College of any communicable disease they have been diagnosed with so the College can promptly notify students, parents and staff. Individual details will be kept strictly confidential and the only information shared will be the details of the communicable disease. Notifications will be sent via email and SMS. Parents and guardians of any students listed on the High-Risk Medical Register will also be phoned (as required).

Communicable diseases include the following notifiable diseases as listed in the Western Australian Health Department Communicable Disease Guidelines: Chicken Pox, Influenza (Flu) and Influenza type B, Hepatitis A, Meningococcal disease, Mumps, Pertussis (Whooping Cough), Pneumococcal disease (Streptococcus pneumoniae), Rubella (measles), Shingles (Varicella zoster), Tetanus, Tuberculosis, Typhoid/Paratyphoid.

In all cases the College will seek direction from the local public health unit.

Medications

For every occasion medication is administered to students' staff will record this in SEQTA Health Centre and send an email to parents. This will occur regardless of what type of medication is administered.

Ongoing Administration of Medication

Ongoing medication is prescribed medication that a student is required to take during school hours in response to an ongoing medical condition. Instructions and authorisation for the administration of ongoing medication will be recorded in the Student Health Care Management and Emergency Response Plan. Parents of students who are required to self-administer or who require staff assistance to administer ongoing term medications are required to complete a High-Risk Student Health Care Management Plan.

Short Term Administration of Medication (1-2 Weeks Duration)

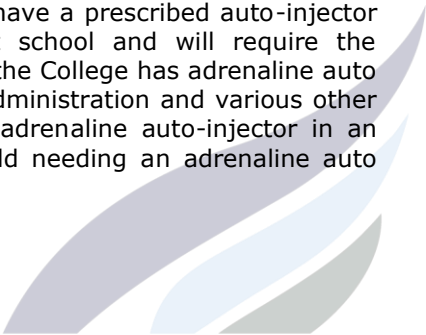
Parents may request school staff administer prescribed or non-prescribed medication to students for a short period of time when their child has a condition that does not require a Health Care Management Plan in the following circumstances:

- The parent completes a Short term/Medication Administration at School form.
- The parent has provided either a diagnosis or reason for why the medication is to be administered.
- The student is on camp.
- The student has been deemed incapable of self-administering medication.
- The staff, Director of Student Wellbeing or Vice Principal has agreed to the College administering the medications as per the parent's request.

Emergency Medications

As these medications (adrenaline auto-injector or asthma reliever) are required on an immediate basis they should always be carried by the student.

Most students with anaphylaxis will have been diagnosed by the time they reach Year 7 and the child should therefore have their own prescribed auto-injector available with them at all times. A small number of students who have not been diagnosed previously, and therefore do not have a prescribed auto-injector available, may experience their first anaphylactic reaction episode at school and will require the administration of an emergency adrenaline auto-injector. For this reason, the College has adrenaline auto injectors available for use in emergency situations. They are located in Administration and various other departments around the College. Staff are permitted to administer an adrenaline auto-injector in an anaphylaxis emergency without parent permission. In the case of a child needing an adrenaline auto





injector to be administered, an ambulance will be called, auto injector will be kept, and time recorded to give to the paramedic.

The College does:

- administer analgesics such as aspirin or paracetamol with parent consent. Such medications can mask signs and symptoms of serious illness, injury or other underlying medical or psychological conditions requiring professional assistance. For this reason, the College requires parental consent prior to use on each occasion.
- not allow students to take their first dose of a new medication at school in case of an allergic reaction. This should be done under the supervision of the family or health care practitioner.
- not allow the use of medication by anyone other than the prescribed student.
- is not responsible for interpreting behaviour in relation to a medical condition or monitor the effects of a medication.

Schedule 4 and Schedule 8 Medications

Under the Poisons Act 1964, Schedule 4 drugs (often used in seizure management) and Schedule 8 medications such as some used for ADHD are restricted drugs. Restricted drugs are to be stored in a locked cupboard. Documentation for the administration of these medications is required to be provided by the parent and must be signed by the prescribing Medical Practitioner. Staff are to record the date and amount provided by the parents; the amount, dates and times it is administered at school and the amount returned to parents (if any). The inventory is kept in the Medication Folder and should be checked on a weekly basis.

Provision of Medication

If parents require medication to be administered to their child, they must provide that medication to the College in original packaging which indicates the name of the medication, use by date, student's name and required dosage.

Review

This procedure will be reviewed and improved as required. Staff and parents/guardians are encouraged to inform the Principal about possible improvements.

Related Documents

- [Western Australian Health Department Communicable Disease Guidelines](#)

Appendices

Appendix A - Head Injury/Loss of Consciousness Procedures





Appendix A – Head Injury/Loss of Consciousness Procedure

	ASSESSMENT	
	Specifically ask if student sustained a knock to the head. Specifically ask if there was any loss of consciousness.	
	MINOR INJURY	SERIOUS INJURY
RENDER FIRST AID	Render immediate First Aid as required. Relocate student to Sick Bay. Student is monitored. Student remains in Sick Bay. Parent/Guardian advises their preferred course of action.	Render immediate First Aid as required. Call an ambulance. Student to remain immobile. Student is transported to hospital immediately by ambulance.
NOTIFICATION	Contact Parent ASAP Where a parent cannot be reached, emergency contact should be contacted.	Call parents immediately. Where a parent cannot be reached, emergency contact should be contacted. Advise hospital and follow up. Notify the Principal.
DOCUMENTATION	Complete an Accident/Incident Report. Notes recorded in SEQTA If applicable, follow Behaviour Management processes. Head of Year to make follow up contact with parent/guardian 1-2 days after incident	Complete an Accident/Incident Report. Notes recorded in SEQTA If applicable, follow Behaviour Management processes. Head of Year to make follow up contact with parent/guardian 1-2 days after incident

