



**MOUNT HAWTHORN ESC**

## **Medical Policy**

**2021-2023**

**Consisting of the following sections:**

	Page
<b>1. General Medical</b>	<b>2</b>
<b>2. First Aid, Emergency Treatment</b>	<b>2</b>
<b>3. Medication</b>	<b>4</b>
<b>4. Anaphylaxis Management</b>	<b>5</b>
<b>5. Asthma management</b>	<b>8</b>
<b>6. Epilepsy Management</b>	<b>10</b>

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## *1. General Medical*

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### **Student Health Care Documentation**

The Department of Education in conjunction with Health Care Professionals have standardised the documentation used in schools to optimise the information recorded for health issues. If a child has a medical condition listed below the appropriate form must be completed and recorded on the student's enrolment details in the Office.

- Severe Allergy/Anaphylaxis
- Minor and Moderate Allergies
- Diabetes
- Seizures
- Asthma

### **Illness**

The school does not have adequate facilities for children who become ill during the day. The school must therefore have current information so that contacting parents is done quickly and efficiently. Parents will be asked to take their sick child home.

Close contact between children at school puts them at risk of contracting contagious diseases. During the enrolment process parents will be asked to show the child's immunization record as required by the Education Department. During a measles epidemic, the School Principal has the right to exclude non-immunised children from school for 14 days.

### **Lice Policy**

If a child at school is found to have head lice or nits, parents are informed and given a brochure outlining appropriate treatment and asked to apply it. All children in the class are issued with a Head Lice Prevention/Treatment Note to parents. There is no systematic checking of children's hair at our school as both the Health and Education Department regard this matter as a parent responsibility.

If any concerns are identified during the treatment course parents are notified. Appropriate action is then jointly decided and acted upon through arranging a visit to the family doctor, community & child health medical officer, child development team or other appropriate agency.

### **Dental therapy**

The Community Dental Service provides free general and preventive dental care for all enrolled students from Pre-Primary.

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## *2. First Aid, Emergency Treatment*

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Procedures established in this policy shall be followed during the school day, at school-sponsored activities, and while on a school bus or other school property.

The provisions of this policy are intended to meet student health needs during minor and major injuries or medical emergencies.

To ensure student safety, Mount Hawthorn ESC has adopted the position that parents and guardians shall administer medications at home whenever possible.

Mount Hawthorn ESC recognizes that accidents and medical emergencies can and do happen during school campus hours and during school-sponsored events; therefore, MHESC has adopted guidelines to prepare staff members to provide first aid and emergency care during these unexpected events.

### **First aid and emergency treatment**

#### **Accidents**

In the case of an accident occurring at school it is the responsibility of the teacher on duty to deal with the situation, make a judgement on moving the child and getting the child to a safe place.

In minor cases the child may be treated at school, and when recovered, return to class. If there is doubt in the mind of the duty teacher of the severity of the accident the administration will be informed with the intention of contacting the parents.

Where the accident is severe and parents or emergency numbers cannot be contacted, an ambulance will be called to take the child to hospital.

In all cases involving eye damage, the parents will be contacted immediately so that the child can be taken to the doctors.

If the accident is not severe but may require stitching, and parents or emergency numbers cannot be contacted, one of the administrative team will take the child to a doctor or to the nearest medical centre.

First aid shall be provided, when needed, to students, school staff, and campus visitors.

Any school staff member designated by the principal to render care shall complete training in First Aid and/or CPR provided by a nationally recognized training organization.

First aid supplies shall be kept clearly labelled, in central locations in the school, where they will remain clean, dry, and available to all personnel.

A person designated by the admin staff will check supplies in the First Aid kit regularly to ensure the kit is fully stocked.

Since students may have epileptic seizures and/or asthma attacks or other health conditions at school, teachers shall be made aware of appropriate procedures for handling these conditions and for calling 000. Each year, student's parents or guardians will be requested to update the Student Health Information Form (or other school form name) with the student's current health condition and any known major health conditions or allergies that may require school personnel to provide emergency care.

When an emergency exists, school staff members will implement appropriate emergency procedures which are:

- Move patient to suitable quiet place
  - Obtain First Aid kit and treat patient
- or*
- Call for ambulance 000 and communicate to the Ambulance company exactly what has happened
  - Notify parents by phone
  - Notify admin

Any staff member can contact 000 and communicate to the Ambulance company exactly what has happened.

Sufficient staff members will be trained to administer emergency procedures needed in life-threatening situations so that every student is adequately catered for at all times.

### **Excursions**

For excursions that are considered an extension of the school's program:

- arrangements for management of injury and medical emergencies shall be provided in accordance with the procedures described in this policy
- first aid supplies shall be carried by a duty teacher at all times and available on all school buses during excursion.
- at least one school staff person shall be trained in first aid and age-appropriate CPR, including adult CPR
- duty teacher will carry at all times full lists of all parent contacts in case of emergency
- in a medical emergency the duty teacher or education assistant will call 000 and call for an ambulance and then call parents/carers and then call school admin
- trained personnel (duty teacher or education assistant) will administer appropriate First Aid treatment at the scene of the emergency

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### *3. Medication*

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The Department of Education has a Student Health Care policy regarding the administration of medication to students while in the care of the school. Medication can

only be administered by staff if appropriate documentation has been completed by parents/carers.

### **Short term use of medication (up to two weeks)**

For short term use of medication, such as a course of antibiotics, our school requires the completion of an Administration of Medication form. These forms can be obtained from the school office and can be emailed on request.

Note: the medication must be clearly labelled with the child's name and provided in the pharmacy or manufacturer labelled packaging. The form must be signed and dated by a parent or carer and provided to the school with the medication. Instructions for administration, dose etc, must be provided by parents. A Medication Administration Form must be kept with time, date and dose of each medication given, initialled by the teacher.

### **Long term use of medication**

If parents/carers require the school to administer medication to their child for a period of more than two weeks they need to complete a Student Health Care Summary for the child. They may also need to complete an additional Health Care Management/Emergency Response Plan for a child's particular health need. This documentation should be completed when the child is enrolled or as part of the school's process for updating student health care records.

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## *4. Anaphylaxis Management*

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Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life-threatening. The most common allergens in school-aged children are peanuts, eggs, tree nuts (cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens) and prevention of exposure to those triggers. Partnership between school and parents is important in ensuring that certain foods or items are kept away from the student while at school.

Adrenaline administered through an Epipen or its equivalent, to the muscle of the outer thigh is the most effective first aid treatment of anaphylaxis.

Our aim is to:

- provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of schooling
- engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and the management strategies for the student
- ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

### Individual anaphylaxis management plans

The Principal will ensure that parents of students, who have been diagnosed by a medical practitioner as being at risk of anaphylaxis, understand that their medical practitioner must provide an up-to-date individual anaphylaxis management plan to the school as early as possible. The individual anaphylaxis management plan will be in place as soon as practicable after the student enrolls, and if possible, prior to the student starting school. The individual anaphylaxis management plan will set out the following:

- information about the diagnosis, including the type of allergy or allergies a student has (based on a diagnosis from a medical practitioner)
- strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including camps and excursions
- information on where the student's medication will be stored with contact details for the student
- the procedure for managing an emergency which is provided by the parent
- each student's individual management plan will be reviewed, in consultation with parents/carers annually and as applicable if the student's condition changes or immediately after a student has an anaphylactic reaction at school

It is the responsibility of the parent to:

- provide the emergency procedure plan to the school
- inform the school if their child's medical condition changes
- if relevant, provide an updated emergency procedure plan
- provide an up-to-date photo for the emergency procedure plan when the plan is provided to the school and when it is reviewed.

All staff will be briefed once a year by registered trainers with up-to-date anaphylaxis management.

While a student is under the care or supervision of the school, including excursions, recess/lunch and special event days, the principal will ensure that there is a sufficient number of staff present who have up-to-date training in an anaphylaxis management.

### General

Auto adrenaline injecting devices are located in each classroom and in the First Aid cupboard in the Conference Room. Those in the classroom are to be labelled with the student's name and instructions for use.

The school will ensure that:

- each student's Emergency Plan is located on the wall of the kitchen and in the classroom and readily accessible
- a photo of each individual student at risk is displayed throughout the school- each classroom has a record of anaphylactic children

- the classroom teacher is responsible for checking the expiry dates of the auto adrenaline injecting devices and will notify parents prior to expiry
- each student's action plan is updated annually by the student's medical practitioner
- each classroom has a copy of information of each student at risk of anaphylaxis which can be found easily by relief staff
- each yard duty first-aid pack contains a photo about students at risk of anaphylaxis
- in the event of a suspected anaphylactic emergency, an ambulance will be called by the teacher on duty
- the school will liaise with parents/carers about food related activities
- on school excursions and sporting events, the auto adrenaline injecting device will remain close to the student. Consideration is given in planning ahead for food and meals for students at risk of anaphylaxis
- staff are routinely briefed about students at risk of anaphylaxis.
- parents/carers of anaphylactic students will be contacted each year to ensure the most up-to-date anaphylactic management plan is available.

### Emergency management

Anaphylactic episode in a classroom, teacher in charge should:

- identify the student and verify they have an individual anaphylactic management plan
- move child to a quiet area if possible
- undertake emergency response management
- ring 000 for emergency medical assistance
- communicate to the Ambulance company exactly what has happened

In the school playground:

- during recess/lunch duty, teacher in charge in the playground will carry the duty teacher bag which contains an EpiPen and a mobile phone.
- when teachers or EAs take a student known to have a risk of anaphylaxis for walks around the campus, they should take an EpiPen with them.
- identify the student and verify they have an individual anaphylactic management plan
- duty teacher (or admin staff if notified) will call 000 for ambulance/emergency advice and communicate to the Ambulance company exactly what has happened
- contact the office immediately and if feasible take the child to a safe place in school and locate the management plan
- if the child cannot be moved from the playground, send for the EpiPen or equivalent and administer treatment there whilst contacting 000 by a mobile phone for emergency medical assistance
- clearly explain that this child is suffering a suspected anaphylactic reaction

At excursions/sports:

- the auto adrenaline injecting device will accompany students at risk of anaphylaxis to all excursions or sports events
- the injecting device will be kept within close proximity of the student

- in the event of an anaphylactic episode, the supervising teacher or education assistant will administer the auto adrenaline injection
- the supervising teacher will ring 000 for medical assistance and communicate to the Ambulance company exactly what has happened
- if the episode takes place at another school or establishment, first aid assistance will be sought

### Minimising exposure

Teachers and education assistants at Mount Hawthorn ESC will:

- reinforce no sharing food for all students and hand washing for all students after eating
- ensure that, to minimise exposure, all children in classrooms sit at their own table and do not move around whilst eating
- promote regular communication with parents via the newsletter and notes sent home reminding them that nuts are not banned however, they should exercise caution when preparing lunches and snacks
- reminded parents that they are free to pack the foods of their choice for their children to eat at school, but should be that we may have children (and teachers) who are anaphylactic, a condition that can cause death
- take all precautions to minimise risk where it is known that students have brought nut products to school and there is an anaphylactic student in the classroom
- remind parents that they can help us maintain a safe environment by ensuring nut products are placed in a sealed container or sealed plastic bag
- not use food as treats or rewards although food such as cakes may be sent to school to celebrate birthdays so long as a full list of ingredients is provided
- ensure that a safe environment is maintained for all students on special occasions when food is freely available
- discuss the individual needs of students at risk with parents prior to commencing units of work that involve cooking
- urge parents who have concerns or require clarification to speak to the classroom teacher for further information

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## 5. Asthma Management

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Mount Hawthorn ESC recognises that asthma is a widespread, serious but controllable condition and the school welcomes all students with asthma. We ensure that students with asthma can and do participate fully in all aspects of school life.

This is achieved through:

- ensuring that children have access to their own asthma inhalers (provided by parents) to be kept in the classroom and clearly labelled, when needed as determined by parents
- a generic, emergency inhaler and spacer, provided by the school, are kept in the Conference Room in the First Aid cupboard, which is clearly labelled and available to anyone in need
- keeping a record of all students with asthma and the medicines they take

- making sure that all staff who come into contact with students with asthma know what to do in the event of an asthma attack, regular professional learning will be provided to all staff

### **Asthma medicines**

Immediate access to reliever medicines is essential. The reliever inhalers of children are kept in the appropriate classroom in a carry box – this box is carried out to the playground in the event of fire and on excursions.

Teachers and education assistants will help students to administer asthma medicines to students as required by their individual asthma plans provided by students' parents/doctors.

### **Policy goal**

All students at the school who are known to have asthma are supported via Asthma Friendly policies and procedures and all students, staff and visitors can access Asthma First Aid in an emergency.

### **Policy commitment**

We are committed to being an Asthma Friendly school as outlined by Asthma Australia. This means:

- the majority of staff have current training in Asthma First Aid and routine management, conducted or approved by the local Asthma Foundation.
- asthma emergency kits (AEKs) are accessible to staff and include in-date reliever medication, single person use spacers (with masks for under 5 year olds if required)
- Asthma First Aid posters are on display and information is available for staff and parents
- Policies are Asthma Friendly

### **Roles and responsibilities**

Students:

- are supported to self-manage their asthma in line with their age and stage of development: we explain asthma and asthma care to the students and provide care with, not just to, them

Parents/carers:

- provide an Asthma Care Plan, signed by the treating doctor
- provide their child's medication, clearly dated and in the original labelled container
- a spacer, and mask as required, should also be supplied
- alert staff to any changes in their child's asthma management

Staff:

- document any asthma attack and advise parents/carers as a matter of priority
- have a spacer – and mask – replacement policy: name and give a spacer/mask used from the AEK to the student who used them for their own use in the future – otherwise they need to be disposed of thoughtfully
- review documentation regularly to ensure compliance with procedures

- minimise exposure to known triggers

### Management

- meet all legal, regulatory and policy requirements related to health care planning and asthma management within the service
- maintain a central record of students' health care needs, including asthma, and review regularly
- induct new staff in asthma policies and procedures including asthma training and information for all staff
- review policies and practices

### Monitoring and review

- This policy will be reviewed annually and earlier should a need arise to do so.

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## *6. Epilepsy Management*

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### Supporting Students with Epilepsy

Mount Hawthorn Education Support Centre is committed to meeting fully the needs of students who have epilepsy, keeping them safe, ensuring they achieve their full potential, and are fully included in school life.

We will do this by:

- keeping careful records of changes in behaviour and levels of achievement to identify students who are not achieving to their full potential
- tackling any problems early
- ensuring that all students with epilepsy are fully included in school life, activities and excursions and are not isolated or stigmatised
- liaising fully with parents and health professionals (with the parent's permission) to share information about the student's education, healthcare, medication and any affects this has on their school life (for example epilepsy medication and seizures can affect a person's ability to concentrate). This will be an ongoing process
- ensuring that staff are epilepsy aware and know what to do if a student has a seizure, regular professional learning will be provided to all staff
- ensuring there will be a trained member of staff available at all times to deliver emergency medication
- ensuring that every student with epilepsy will have an Individual Health Care Plan in place which will include information on the student's seizures, medication, and emergency protocols.
- Ensuring that Health Care Information will be available on the wall in the kitchen as well as on the wall in the classroom in a place easily found by relief staff

- Ensuring that in the case of a major seizure, the Emergency Plan for the student will be followed, the teacher on duty will call 000 and communicate to the Ambulance company exactly what has happened

In the event of an unexpected major seizure or a major seizure in a student for whom an Epilepsy Action Plan is not provided by parents, the school will (in addition to notifying the parents) follow the guidelines of Epilepsy Australia -

Call an ambulance - 000 - if:

- the seizure activity lasts 5 or more minutes or a second seizure quickly follows.
- the person remains non-responsive for more than 5 minutes after the seizure stops.
- the person is having a greater number of seizures than is usual for them.
- the person is injured, goes blue in the face or has swallowed water.
- the person is pregnant.
- you know, or believe it to be, the person's first seizure.
- you feel uncomfortable dealing with the seizure at the time.

NB: Prolonged, continuous, or repetitive tonic clonic seizures require urgent medical attention.

Mount Hawthorn ESC will liaise fully with parents and health professionals by:

- letting parents know what is going on in school
- asking for information about a student's healthcare, so that we can fully meet their medical needs
- asking for information about if or how the student's epilepsy and medication affect their concentration and ability to learn
- informing parents and health professionals (with the parent's permission) of changes to the student's achievement, concentration, behaviour and seizure patterns.

## Communication

### With Parents

When a student who has epilepsy joins Mount Hawthorn ESC or an existing student is diagnosed with epilepsy, a meeting will be arranged with the parents to:

- discuss the student's medical needs, including the type of epilepsy he or she has
- discuss if and how the student's epilepsy and medication affect his or her ability to concentrate and learn, and how the student can be supported with this
- discuss any potential barriers to the student taking part in all activities and school life, including excursions, and how these barriers can be overcome
- discuss with parents and the student the arrangements for ensuring that all relevant staff are trained and other students are epilepsy aware
- ensure that both medical prescription and parental consent are in place for staff to administer any necessary medication
- initiate the completion of an Individual Healthcare Plan or Epilepsy Action Plan, including types of seizures, symptoms, possible triggers, procedures before and after a seizure and medicines to be administered

- discuss how the school, parents and student can best share information about the student's progress in school and any changes to his or her epilepsy and medication
- after the initial meeting, the school will continue to share information with the student's parents and to involve the parents in any decision making process. Where appropriate the student will also be involved in this process

### With Health Professionals

Mount Hawthorn ESC recognises that information held by the school, such as changes to the student's seizure patterns and changes to the student's behaviour, may be extremely useful to the student's healthcare team. Where appropriate and with the parents' permission Mount Hawthorn ESC will share this information, either via the parents, or directly, with the student's healthcare team. Mount Hawthorn ESC will also encourage information sharing between health and education, for example changes in medication or seizure patterns.

### With School Staff

All appropriate staff, including teachers, education assistants and office staff will:

- be told which children in the school have epilepsy, and what type of epilepsy they have
- receive basic epilepsy awareness training, including what to do if a child has a seizure.
- receive this information as part of their induction if new
- be given information about epilepsy, including what to do if a child has a seizure, before they begin working in the school, including relief staff
- attend a meeting at the beginning of the academic year or immediately following the student's diagnosis, and receive a copy of the student's Individual Health Plan

### Medical Needs

The student's Individual Healthcare Plan will be kept in the office and the classroom. The student's teacher will be responsible for reviewing the plan at least once a term and will advise other appropriate staff of any changes.

All staff (including education assistants) will be trained in first aid appropriate for the student's seizure type. The first aid procedure will be prominently displayed in the classroom and on the wall in the kitchen.

If appropriate, a record will be kept of the student's seizures, so that any changes to seizure patterns can be identified and so that this information can be shared with the student's parents and healthcare team.

There will be a trained member of staff available at all times to deliver emergency medication. We will ensure that enough staff are trained and available, so that even if the person who usually administers emergency medication is unexpectedly absent, there will still be a trained member of staff available to administer the emergency medication.

