



MEDICAL CARE POLICY

PREAMBLE

The College has the duty of care for all students in all matters when they are at school or attending school related activities. This includes the role of ensuring that all aspects of medical care are provided for, as required.

It is the role of the College to ensure that students receive the correct care, that staff feel confident in providing that care and that medications are stored safely and correctly.

RESPONSIBILITIES

College Responsibilities

- The College stores an in-date Epipen at all times, as well as Ventolin and glucose lollies. For emergencies, eg anaphylaxis, diabetes and asthma, students are expected to carry their own emergency medication. For diabetes, the student's Glycogen (clearly labelled) can be stored in the fridge in sick bay.
- Fully equipped first aid kits are kept in the sick bay and kept in other strategic locations throughout the College, including the PDHPE storerooms, the Science laboratories and the TAS store areas. These are maintained regularly to ensure they are fully equipped.
- First aid kits are taken on all excursions where such activities may require on the spot medical attention. The first aid kits in the sick bay available for excursions will contain Ventolin bronchodilator inhaler devices (puffers). These will be administered at the discretion of the sick bay officer or the teacher in charge, whether or not the student is known to have a pre-existing asthmatic condition, while awaiting medical assistance.
- The College provides ambulance insurance for all students when at school or attending school related activities. In the event of a serious illness or injury and the inability to contact parents, the student will be conveyed to Campbelltown Hospital by ambulance. A member of staff will accompany the student in this instance.

Staff Responsibilities

- In the event of illness or injury, a staff member of the College will seek appropriate medical treatment for the student, in the event that the parent or carer cannot be contacted.
- All staff hold current first aid certificates and are familiar with procedures and are trained in the use of Epipens, Ventolin and spacers.

Parent Responsibilities

- Parents are to disclose as much information as possible of their daughter's medical condition to the College whenever it becomes apparent.
- Parents are required to read and sign that they are in agreement with College policy and responsibilities in terms of medical care at the time of enrolment.



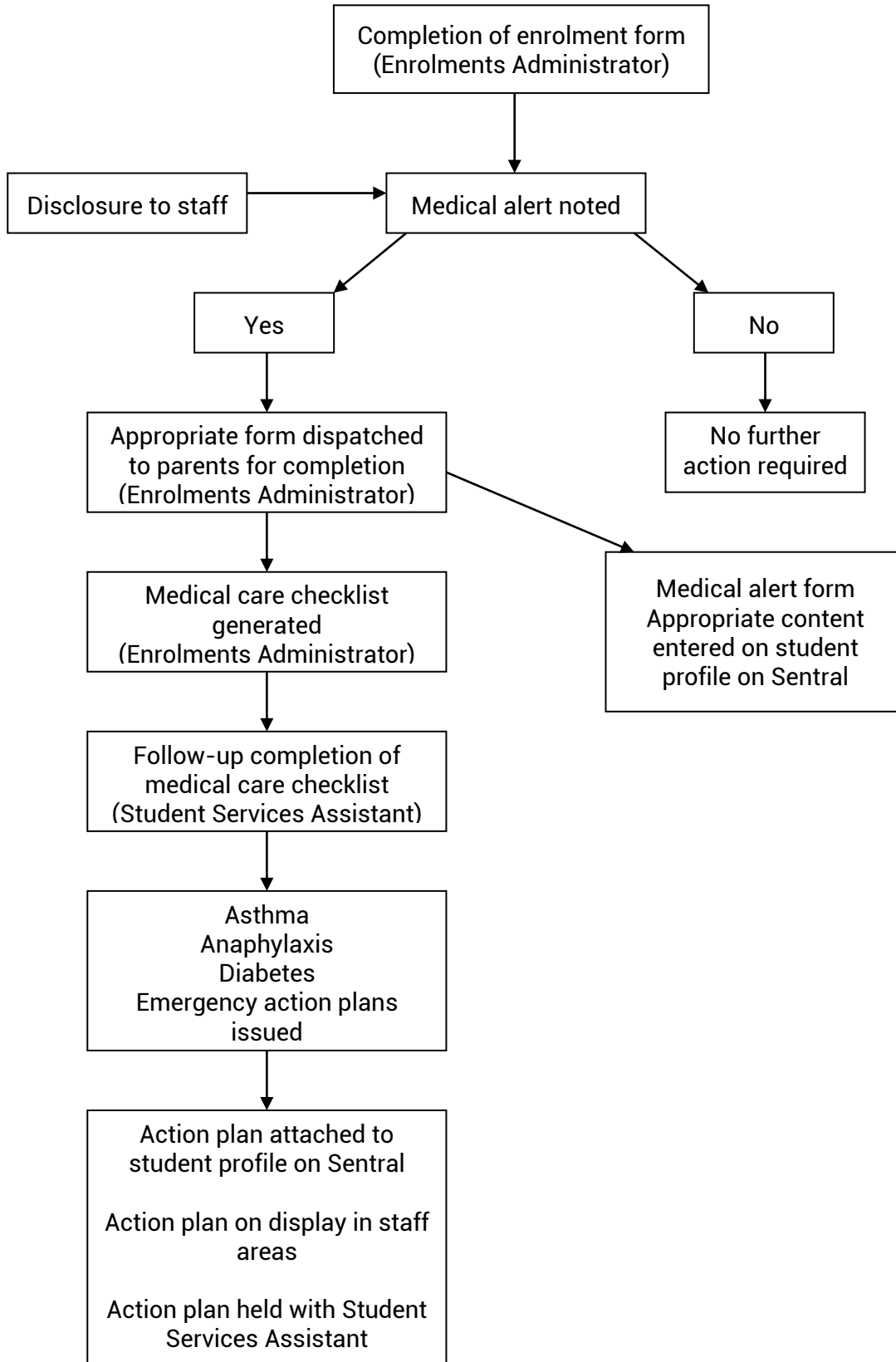
- Parents are required to provide medical details of illnesses, disabilities and immunisation records, known/current at the time of enrolment. The College also requires Medicare details and the name and contact number of the family doctor on the enrolment application.
- Parents are required to notify the College if there is any change to a student's existing health status, as detailed in the enrolment application, the College must be notified in writing, so that medical records can be updated.
- Parents must complete a separate medical alert form if their daughter has a particular condition that needs a care plan. There are also specific forms for the following conditions – asthma, anaphylaxis and diabetes – which should be completed and returned to the office – this will then be recorded and information will be made available to staff.
- Parents must label any medication with the student's full name, in the full packaging and in a labelled plastic sleeve. It will be held by staff in a secure space, separate to the student area. Students will come to sick bay to self-administer in the presence of a staff member.

Student Responsibilities

- Where possible, students are encouraged to take prescribed medications outside of school hours, eg before or after school. Where this is not possible, medication must be stored at school in the sick bay (not in the student's bag or locker) except for asthmatic, anaphylaxis, diabetes and potentially acute conditions requiring immediate intervention.
- Students are to collect and parents are to complete a consent to dispense medicines at school form from the College administration office. This will be stored with the medication.
- Students who are not well enough to attend class will present to sick bay and may remain there for a period of time, with the permission of the Year Coordinator or Assistant Principal Students. In cases where the student is unable to return to class, the parents will be contacted to collect the student.



FLOWCHART





MEDICAL CARE CHECKLIST FOR STUDENTS ON HEALTH PLAN

Student name:..... **Homeroom:**.....

Medical condition/s:

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ACTION	DATE ACTIONED	SIGNATURE OF COMPLETION
Form sent		
Form returned		
Information noted on Sentral		
Information displayed in staff areas		
Copy kept with Student Services Assistant		

Additional comments:

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DATE SUBMITTED:

ST PATRICK'S COLLEGE MEDICAL ALERT FORM			
Medical Alert Form		Homeroom:	
Last Name:	Photo ID		
First Name:			
Birthdate:			
Homeroom:			
Medicare Number			
Contact Name and Phone Numbers			
Mother/Guardian		Father/Guardian	
Mother/Guardian Mobile Number		Father/Guardian Mobile Number	
Home Phone	Work		Other
Doctor's Name		Phone Number	
Describe what medical condition this student has that may require emergency care at school:			
Describe the potential problem (include symptoms that might be observed): Time Frame- how quickly are these symptoms likely to occur? How many episodes of this condition has your daughter had previously? Severity of these?			



Describe the necessary action or intervention to appropriately treat this medical condition:	
Step 1	
Step 2	
Step 3	
Step 4	
Is medication needed? (please circle) YES / NO	
If yes, what medication?	
Prescribing Doctor's Name:	
Parents must complete a Consent to Dispense Medicines at School form if their child needs medication at school. NOTE: No medication will be administered until this form is completed. Parents need to ensure that this medication does not expire and it is the obligation of the parents to keep a sufficient supply of any required medication at the College	

*For the medical conditions of **asthma, anaphylaxis or diabetes** an emergency action plan document will need to be completed – this will be provided to you – and then kept with this form.*

I have read and verified that the above information is correct.

Parent/Guardian Surname	Parent/Guardian First Name	Date

Review Date:



ANAPHYLAXIS EMERGENCY ACTION PLAN							
STUDENT NAME:				HOMEROOM:			
My daughter's triggers are:							
Peanuts	Nuts	Milk	All Dairy	Eggs	Shellfish	Fish	Other.....
Food additives (list)							
Insect Stings (list)							
Medication (list)							
Others (list)							

My daughter's anaphylaxis symptoms are usually:		
Swelling(eyes, lips, face, tongue)	Nausea or vomiting	Others (list below)
Difficulty breathing or swallowing	Coughing or choking	
Hives	Stomach cramps, diarrhoea	
Fainting or loss of consciousness	Dizziness, confusion	

My child's emergency treatment is:

- 1. Give EpiPen** (student should have their own EpiPen with them)
Emergency EpiPen kept in the College office
- 2. Call 000 and tell them that a child is having an anaphylactic episode**
- 3. Call the parent, guardian or emergency contact person.**

NB: STUDENT NOT TO BE LEFT ALONE AT ANY TIME

I have read and verified that the above information is correct and I wish for this action plan to be put in place for my daughter, should the need arise.

Parent/Guardian Surname	Parent/Guardian First Name	Date



ASTHMA EMERGENCY ACTION PLAN

STUDENT NAME: _____ **HOMEROOM:** _____

My daughter's triggers are:
 Pollen Allergens Dust Aerosols Exercise Change of Weather Other.....

My daughter's symptoms are usually:

Wheezing	Tight chest	Others (list below)
Difficulty breathing or swallowing	Coughing or choking	

Asthma Medication Requirements (including relievers, preventers, symptom controllers, combination)

Name of Medication (eg Ventolin, Flixotide)	Method (eg puffer and spacer, turbuhaler)	When and how much? (eg 1 puff in morning and night, before exercise)

TREATMENT:

- Step 1** Sit the person upright
Be calm and reassuring
Do not leave them alone
- Step 2** Give medication
Shake the blue reliever puffer
Use a spacer if you have one
Give 4 separate puffs into a spacer
Take 4 breaths from the spacer after each puff
*You can use a Bricanyl Turbuhaler if you do not have access to a puffer and spacer
Giving blue reliever medication to someone who doesn't have asthma is unlikely to harm them
- Step 3** Wait 4 minutes
If there is no improvement, repeat steps 2
- Step 4** If there is still no improvement call emergency assistance (DIAL 000).
Tell the operator the person is having an asthma attack
Keep giving 4 puffs every 4 minutes while you wait for emergency assistance
Call emergency assistance immediately (dial 000) if the person's asthma suddenly becomes worse

I have read and verified that the above information is correct and I wish for this action plan to be put in place for my daughter, should the need arise.

Parent/Guardian Surname	Parent/Guardian First Name	Date



DIABETIC ACTION PLAN

STUDENT NAME: _____ **HOMEROOM:** _____

My daughter's information is: (Please circle)
 *Diagnosed with diabetes in _____
 *Needs supervision – at recess/lunch OR Blood sugar monitoring
 *Recognises symptoms and is capable of treating low blood sugar
 *Wears medic alert (eg bracelet)
Insulin administration is the responsibility of the child / parent

Low blood sugar is often brought on by more than usual exercise, delay in having meal, smaller than usual meal or change in insulin.
 When your daughter becomes sick at school, parents will be notified immediately. Vomiting and inability to retain food are serious situations. If parent cannot be contacted, a 000 call will be made.

LOW BLOOD SUGAR SYMPTOMS. My daughter's symptoms of a LOW blood sugar reaction are usually: (Please tick which are applicable)

Trembling	Cold clammy skin	Excessive Hunger
Headache	Sweating	Blurred Vision
Irritability	Nausea	Dizziness / Staggering
Fatigue	Behaviour Change	Shakiness, loss of coordination

Other symptoms: _____

Low Blood Sugar Treatment- My child's treatment for low blood sugar symptoms is:
 1. Give sugar immediately – jelly beans, soft drink...
 2. Wait 10 – 15 minutes. If there is no improvement, repeat the above treatment
 3. If conditions improve give a snack – e.g. cheese and crackers
 4. Monitor for 30 mins
 5. Call parents if condition does not improve – if cannot contact call 000
NB: STUDENT NOT TO BE LEFT ALONE AT ANY TIME

HIGH BLOOD SUGAR SYMPTOMS. My child's symptoms of HIGH blood sugar reaction are usually (please tick which are applicable):

Headache	Frequent urge to urinate	Excessive thirst
Drowsiness	Nausea / stomach pain	Dry mouth
Behaviour change		

Other (please explain) _____

HIGH BLOOD SUGAR TREATMENT is
 If blood sugar is over _____ notify parent
 If unable to contact parent, call 000

I have read and verified that the above information is correct and I wish for this action plan to be put in place for my daughter, should the need arise

Parent/Guardian Surname	Parent/Guardian First Name	Date



CONSENT TO DISPENSE MEDICINES AT SCHOOL

STUDENT NAME:		HOMEROOM:			
<i>(Medication MUST be prescribed to and labelled with the student's name)</i>					
MEDICATION TO BE TAKEN FROM THE FOLLOWING DATES:					
FROM:		TO:			
HOME ADDRESS & PHONE		Tel:			
MEDICAL CONDITION/S		Please list the medical condition/s of your daughter that require regular treatment:			
MEDICATION DETAILS & PARENT/GUARDIAN REQUEST TO DISPENSE MEDICATIONS					
I, (parent/guardian) request that my daughter (named above) be given the following medication/s as stated below:					
Condition Name	Medication Name	Dosage	Times of Administration	Special Instructions	Self Admin Y/N
The medication/s must be supplied in a container, clearly labelled with the name of the student requiring the medication, the name of the medication , the appropriate dosage and the time/s of administration .					
EMERGENCY CONTACTS		I can be contacted in an emergency as follows: Home phone number: Work phone number: Mobile number: Alternate emergency contact name: Home phone number: Work phone number: Mobile number:			
MEDICARE NUMBER		Current Medicare Number:.....			
DOCTOR'S CONTACT DETAILS		In an emergency requiring medical attention, I authorise the school to contact the below named Doctor AND/OR convey my daughter to the local hospital by appropriate transport which may be by ambulance: Name of Doctor:..... Address of Doctor:..... Phone Number of Doctor:.....			
PARENT / GUARDIAN CONSENT & SIGNATURE		I give permission for my daughter to be given the medication/s stated above at the times and dosages shown. Parent/Guardian Signature: Date:			

Privacy Note: This information is required to allow the school to achieve educational outcomes in the management of the health of your child. If the information is not provided, the school will not be able to dispense medications to your daughter. This form may be accessed at the school on request to the Principal.