



POLICY: FIRST AID AND MEDICATIONS

1. Rationale:

Many students attending school need medication to control illnesses such as asthma and epilepsy, and conditions causing hyperactive behaviour. The student's continued attendance at school and benefit from education is dependent on this therapy. It is necessary that the school, as part of its duty of care, assist students where it is appropriate to take their medication. To assist students in the administration of their medication the following procedures have been developed at Chilwell PS.

(Department of Education and Early Childhood Development School Policy & Advisory Guide – Medication)

2. Procedure:

Guidelines for Administration of On-going Medication to Students

- 2.1 Where long term medical or allergic conditions requiring medication exist an individual written management plan should be provided by the students parents and doctor and should contain details of:
 - 2.1.1 The usual medical treatment needed by the student at school or on school activities.
 - 2.1.2 The medical treatment and action needed if the students condition deteriorates.
 - 2.1.3 The name, address and telephone numbers for an emergency contact and students doctor.
 - 2.1.4 Parent authorisation for a staff member to administer medication.
- 2.2 All on-going medications will be stored in the First Aid Room in a locked cupboard. Secretary, Business Manager, Principal and First Aid Officer will have keys. Medications will be administered by a staff member each day at a set time:
 - 2.2.1 Where students have been authorised by parents to administer their own medication only, that day's dose should be brought to school. Any larger quantities should be locked in First Aid cupboard.
 - 2.2.2 Emergency numbers and procedures need to be current and parents are responsible for this process.
 - 2.2.3 Parents/guardians should supply medication in a container that gives the name of the student, the dose and the time it is to be given. The name of the medication should be clearly marked on the container. It is recommended that a dosette box with all medication in tableted form be used. A medication log or register should be used to record all doses.
 - 2.2.4 Asthma: Every student with asthma requires an Asthma management plan to be formulated by a doctor in consultation with the student's parents and furnished to the school. Asthmatic sprays (eg: Ventolin, Respolin etc) may be kept by children trained in their use. This practice must have the parent's stipulation.
 - 2.2.5 Anaphylaxis. Anaphylaxis action & management plans are to be kept for all affected students – see Anaphylaxis Policy.

Short term illness

- 2.3.1 Short term illnesses requiring medication eg: Panadol or antibiotics need parental written approval to be administered by classroom teacher. Authorisation forms for parents to complete will be available at office/classroom (see attached examples).
- 2.3.2 Changes to medication require a new Authorisation form to be completed by the parent.
- 2.3.3 Analgesics are to be treated at school in the same way as prescription drugs.
- 2.3.4 Cough mixtures may only be brought under parents advice tendered in writing.

Warnings.

- School should not store or administer analgesics such as aspirin and paracetamol as a standard first aid strategy as they can mask signs and symptoms of serious illness or injury.
- Allow the use of medication by anyone other than the prescribed student.

DISPENSING OF MEDICATIONS POLICY SUMMARY

1. REGULAR DAILY MEDICATION

Parental written permission must be given, using proforma letter kept in general office.

Medication dosage and regularity must be clearly marked on bottle or package.

Medication, unless otherwise arranged will be dispensed by nominated staff member.

Any variations to medication dosage must be given in writing by parent.

Students will be reminded to go to the office for their medication by the class room teacher, unless other arrangements have been made.

2. IRREGULAR MEDICATION

Parental written permission must be given.

Dosage and regularity clearly marked on bottle or package.

Medication, unless otherwise arranged, will be dispensed by the classroom teacher

FIRST AID

1. ADMINISTRATION OF FIRST AID

- * One member of staff should be allocated responsibility for the overall organisation of all first aid and the maintenance of the first aid cupboards and kits. This staff member should have first aid qualifications of current Level 2 or above.
Supervision of sick bay will be shared between office staff, and first aid co-ordinator.
- * Staff with current first aid qualifications should be listed with the specific type and level of first aid training in the first aid room.
- * All visits to the first aid room are to be recorded in First Aid Record book. All serious accidents and injuries are to be recorded on the injury management system on CASES.
- * First aid cupboards should contain the relevant supplies as recommended in DET guidelines. Any medications such as paracetamol and those supplied by parents/guardians should be stored separately in a locked cupboard.
- * Small first aid kits containing gloves, bandaids and tissues are to be carried by yard duty teachers to treat minor injuries in the yard. These kits are to be maintained and checked by the First Aid Officer.
- * In the case of serious injury eg. Requiring doctor, hospital or both the DET and Worksafe will be notified on required documents. (Refer to DET requirements or Principal).

2. FIRST AID TREATMENT

Where possible only staff with first aid qualifications should provide first aid. However, in an emergency other staff may be required to do so.

First aid kits are carried on all out of school excursions.

3. STAFF TRAINING

All staff are to be aware which staff members have current first aid training.

- * Staff wishing to undertake a first aid course will be given this opportunity.
- * It may be appropriate for a local doctor to address staff each year to refresh staff on first aid issues, discuss a particular condition etc.

Ratified:

This policy has been ratified by School Council – October 2016.

Review: Annually