



Student Health Support Policy

INTRODUCTION

Holy Family Catholic School recognises that it has a duty to take reasonable steps to care for the health and wellbeing of students under our care.

FIRST AID

Holy Family Catholic School has a First Aid room which provides for basic first aid requirements and short-term care until the child is able to return to class, or if needed, when a parent or caregiver is able to collect their child. Where students suffer from an illness or serious injury at school, seek to contact the student's emergency contacts immediately and, if appropriate, arrange the transfer of the student to an appropriate health care professional.

Students will not be sent home without:

- the permission of the parent or nominated emergency contact; and
- confirmation that the student will be sent home to the care of a responsible adult.

HEALTH CARE, ACTION AND MANAGEMENT PLANS

It is a requirement that the school has a current Health Care Plan for all students who need individual health care and support, whether multifaceted, long or short term.

A Plan, signed by the parent/guardian and a health professional must be completed if a child has:

- Asthma
- Diabetes
- Epilepsy or Seizures
- Allergies: Severe (Anaphylaxis) and Mild
- Mental Health Issues
- Personal Care Support (e.g. assistance with continence care, eating and drinking or transfer and positioning)
- Special Aid or Equipment
- Any other conditions requiring health care or medication during school hours

Health Care Plans are available from the Front Office. Completed forms must be submitted to the Front Office. Health care plans should be reviewed regularly and updated with the school as required.

ALLERGIES

Some students may have a severe nut or food allergy which can result in anaphylaxis and can be life threatening. Nuts and some foods can be highly hazardous for some people. For further information please see Holy Family Catholic School's Nut and Allergens Awareness Policy.

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MEDICATION IN EDUCATION AND CARE SERVICES

What is medication?

In Education and care services, the term 'medication' includes all prescribed, non-prescribed, over the counter and alternative therapies (vitamins, minerals and supplements) that are required to be administered in education and care services. 'Medication' in education and care does not include sunscreen, nappy rash cream, moisturising lip balm, lubricating eye drops or moisturiser (emollient) where they are un-prescribed.

Administration routes

Education and care services can only administer medication aurally (ear drops), orally (via the mouth), inhaled (through the mouth or nose) or topically (on the skin). Education and care staff cannot administer any medication that is injected or administered rectally. Where the child has alternative or complex medication requirements, they may be eligible to be supported by the Access Assistant Program or the RN Delegation of Care Program.

3x per day administration

Generally, medication that requires administration three times per day can be administered from home outside of school hours (in the morning, after school and in the evening) and does not require administration in an education service.

First dose of a new medication

Children cannot be administered a first dose of a new medication at an education or care service. Due to the dangers of an adverse reaction the first dose should be supervised by the parent or a health professional. An exception to this is where emergency medications are prescribed (ie midazolam or adrenaline).

Authority to administer

Medication cannot be administered in an education or care service without written advice on a Medication Agreement. The Medication Agreement must be authorised by a health professional if the medicine is insulin, oxygen, a controlled drug or pain relief that needs to be taken regularly or more than 3x in a week.

Medication Agreement forms are available from the school office or on the school website at www.holyfamily.catholic.edu.au/parent-resources

Education and care staff **cannot** administer medication where

- a medication agreement is not in place,
- a medication agreement has been modified, overwritten or is illegible,
- any of the 'medication rights' are in doubt
- medications are injected or administered rectally

Where a completed Medication Agreement is not available, arrangements will be made for the parent to attend the school and administer the medication to the child.

Parent responsibilities

It is the parent's responsibility to provide the education or care service with medication and any administration equipment. Where possible the parent should provide and collect the child's medication in person. Where this is not possible safe methods of transport and transfer should be discussed and agreed with the education or care service.

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All medication must be provided in an original pharmacy container and have a clear pharmacy label with:

- the child's name
- date of dispensing
- name of medication
- strength of medication
- dose (how much to give)
- when it should be given
- length of treatment or end date (where appropriate)
- any other administration instructions (ie to be taken with food)
- expiry date (where there is no expiry date the medication must have been dispensed within the last 6 months)

Medication that is labelled *PRN, to be taken as directed* or similar does not provide sufficient information and cannot be administered in the education or care service.

Site responsibilities

The education and care service has a duty of care to take reasonable precautions while the child is in their care. In this instance reasonable precautions would be ensuring the child is presenting for their medication administration and that the medication is administered as directed by the health professional or pharmacist.

Leaders must ensure staff are available and appropriately trained to administer medication to the child during attendance at the education or care service and during school related activities.

The *Medication Log* must be completed each time medication is administered or when medication was required but could not be administered.

Medication advice form

A *Medication Advice Form* will be completed and forwarded to the parent when:

- medication has not been administered; this may include when the child has refused to take the medication, or when any of the medication rights are in doubt
- a medication incident has occurred; including a medication error or near miss
- post administration observations are required to be documented and communicated to the parent or a health professional

In all of these instances the parent will be notified immediately to determine if alternative arrangements are required.

HEAD LICE

It is recommended that hair is checked regularly for head lice. Checking and treating children's hair is a parent's responsibility. If a case of head lice is suspected

- Front Office staff will notify the parent/caregiver to be treated as soon as possible
- If a student is found to have head lice, they will be withdrawn from close contact or activities that include hair/head to head contact.
- When head lice are detected in a class, a note explaining eradication procedures is sent home to all students in that class, so checks/treatment may occur.

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INFECTIOUS DISEASES

Sometimes students in our school have ongoing medical conditions which may not be generally known by the wider school community. In some circumstances contact with children with less serious health issues can be quite catastrophic. Consequently, families should be encouraged to advise the school if their child contracts the more common medical conditions. The school can then warn other families who may need to know of the presence of such risks. Notifiable diseases are to be reported to SA Health by the treating medical practitioner. Further information can be obtained at SA Health.

Exclusion Periods

The spread of certain infectious diseases can be reduced by excluding a person, known to be infectious, from contact with others who are at risk of catching the infection.

Disease or condition	Exclusion
Chickenpox	Exclude until all blisters have dried (usually 5 days). Other children with an immune deficiency eg leukaemia or receiving chemotherapy should be excluded for their own protection
Common cold	Exclusion is not necessary but a person with a cold should stay home until he or she feels well
Conjunctivitis	Exclude until discharge from eyes has stopped (unless a doctor has diagnosed non-infectious conjunctivitis)
Diarrhoea (no organism identified)	Exclude until no diarrhoea for 24 hours
Gastroenteritis	Exclude until no vomiting or diarrhoea for 24 hours
Hand, foot and mouth disease	Exclude until all blisters are dry
Head lice	Exclude until appropriate treatment has commenced
Hepatitis A	Exclude until medical certificate of recovery is received, and until at least 7 days after onset of jaundice or illness
Influenza	Exclude until well
Measles	Exclude until 4 days after the onset of the rash
Meningococcal infection	Exclude until appropriate antibiotic treatment completed and until well
Mumps	Exclude for 5 days after onset of swelling
Ringworm/tinea	Exclude until the day after appropriate treatment has commenced
Rubella (German measles)	Exclude until fully recovered or for at least 4 days after the onset of the rash
School sores/impetigo	Exclude until appropriate treatment has commenced. Any sores on exposed surfaces should be completely covered with a dressing
Whooping cough	Exclude until 5 days after starting antibiotic treatment, or for 21 days from the start of any cough

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