

Student Medical Management Policy

1. Introduction

IQRA College strives to be a community of faith, hope, and love where the health, wellbeing and interests of all students is foremost. It understands its responsibility to provide a safe work environment for all members of the school community and its duty of care for the safety of the students.

This policy will provide guidelines to ensure clear procedures exist to support the health, wellbeing and inclusion of all students enrolled at the School and that service practices support the enrolment of children and families with specific health care needs.

2. Scope

This policy applies to all staff at IQRA College, students, students on placement, volunteers, legal guardians (Parents) and others attending the programs and activities of IQRA College including during offsite excursions and activities.

3. Definitions

Health Care Needs - The requirement for medical, psychological, or social care that is necessary to maintain, improve, or manage an individual's health and well-being.

Mobility Support - The assistance and resources provided to individuals who have difficulty moving independently due to physical impairments, disabilities, or health conditions.

Complex Needs - Complex needs refer to a situation where an individual is grappling with multiple, interconnected challenges that significantly affect their overall well-being and societal functionality. Those with complex needs often require specialised care to effectively manage these multifaceted health and personal issues.

Medical Incident Form – This relates to the form that is completed on Daymap which provides an automatic SMS to parents.

Hypoglycemia - Hypoglycemia is a condition in which your blood sugar (glucose) level is lower than the standard range. Hypoglycemia is often related to diabetes treatment.

4. Managing and reporting medical incidents

Sick Bay

Students who require medical assistance will be sent down to the sick bay. Trained staff will be responsible for the initial care of ill or injured students/staff/third parties by administering first aid in accordance with their approved training. They will only administer or carry out duties that have been included in their training, except in the case of an emergency where it will be necessary to follow a student's medical health care plan from the medication agreement. Trained staff will ensure that students are closely supervised in the sick room and will record all treatments administered to students in the school's database.

Administering First Aid

First aid kit have been placed in key locations in the school for easy accessibility. The School will ensure that there are adequate numbers of trained first aid officers on site and during excursions to offer first aid assistance when necessary. Any and all first aid treatment given will be recorded through Daymap by the staff who administered it. Records are kept for further analysis and any necessary follow up – The WHS committee will follow up and review arrangements at the school in response to any particular incident.

Others Administering First Aid

If a trained staff is not immediately available to administer first aid during the course of an emergency, other staff members may provide first aid providing that:

- It is within their competence;
- They follow established policies and procedures; and
- They hand over as soon as the certified trained staff or medically qualified person is available.

First Aid Training

The School will ensure an adequate number of staff are trained in providing first aid and CPR. Trained staff will attend yearly training to refresh their first aid knowledge and skills and to confirm their competence to provide first aid. If a student at the School has disclosed a medical condition, the

School may require certain first aid officers to undertake additional training in order to respond to specific situations.

Health Support Agreement self

The Parent of the child who has a diagnosed health care need or relevant medical condition must provide the School with a Health Support Agreement (HSA) for the child. The HSA must be clarified with the practitioner if required and followed as documented. It must include advice on routine management and where necessary, specific advice in the event of an incident relating to the child's diagnosed health care need or relevant medical condition e.g., epilepsy where the seizure extends beyond identified time periods. Condition-specific plans (asthma, diabetes, epilepsy) are designed to identify support relevant to that condition and highlights contingencies and escalation procedures for emergency management. All HSAs must include specific advice from a treating medical/health practitioner which is documented (including being dated and signed).

Where required, the HSA should be reviewed annually, or when the parent notifies the school that the student's health needs have changed. It should otherwise be reviewed as needed. For example, the WHS Committee may instigate a review of the HSA at other times, such as in response to a particular incident.

Safety and Risk Management Plan

In addition to the HSA, a Safety and Risk Management Plan (SRMP) aligned to the medical advice may be developed by the school in consultation with the child's Parents and implemented so as to ensure if deemed necessary:

- that practices and procedures are in place to facilitate access and participation in education including health support, complex health support), personalised care and support, mobility support;
- that the risks relating to the child's diagnosed health care need, mobility support, or relevant medical conditions are assessed and minimised including provision of additional training for school staff where required;
- that all relevant staff members and volunteers can identify the child through the child's HSA
- if relevant and where attendance would otherwise pose a significant risk, that the child does not attend the school unless the child has their relevant medications or updated HSA available

at the school.

- the response required from the school in relation to ongoing care and support and the emergence of symptoms, including:
 - any medication required to be administered either on a regular basis at school or in an emergency, overnight in the case of camps or excursions; and
 - the response required for an acute episode or if the child does not respond to initial treatment; and
 - the processes for accessing additional community support e.g., a community nurse, an ambulance for emergency assistance

Medication Agreement

Relevant requirements in respect of the administration of medication must be included in the HSA and the SRMP (if needed). The Medication Agreement must be updated when the medical advice regarding the medication or dosage changes. The Parents or a student over the age of 16 may complete the Medication Agreement authorising the School and staff to administer medication as instructed. All sections of the 'Authorisation' section must be checked to confirm authorisation to administer in the School by the Parents or the student. A treating health practitioner may assist the Parents or adult student to complete this form. A registered health practitioner must complete the 'Agreement' section for any Controlled Drug where oxygen or insulin is required to be administered in the School or where pain relievers (paracetamol or ibuprofen) are required to be administered regularly for more than 72 continuous hours.

The administration of medication by the school is approved by the School administration and the administration may be required to complete and sign an Authorisation to Administer Controlled Medicines. In most cases, medication must not be administered to a student unless authorised by a medical practitioner.

Multiple medication agreement

A Multiple Medication Agreement is similar to a Medication Agreement (see above) however, it is used to document multiple medications to be administered to a child. The Multiple Medication Agreement only needs to include medications to be administered in the school, not all medications currently prescribed for the child. *Note: If the above is not adhered to, staff will not administer any*

medication to any student under any circumstances.

Seizure management plan and Emergency Medication Management Plan

The Seizure Management Plan (SMP), if stipulated by the treating doctor, documents the student's seizure description and what to do in the event of a seizure, the impact of seizures on the student and the post-seizure support required. The SMP also identifies whether emergency medication has been prescribed and when to call 000. Parents of a student with epilepsy are required to work with their child's doctor/health practitioner to create the SMP, often in conjunction with a school nurse, where applicable. *Note: All relevant school staff will have ready access to the student's SMP. SMP's that are modified, overwritten or illegible will NOT be used.*

Where emergency medication has been prescribed for a student with epilepsy, the School will assign a trained staff member to administer the emergency medication in the event of a seizure. Parents of a student with epilepsy are required to work with their child's doctor to create the Emergency Medication Management Plan (EMMP), often in conjunction with a school nurse, where applicable.

Note: School staff are trained based on the individual requirements documented in this plan. EMMP's that are modified, overwritten or illegible will NOT be used.

All Medication Agreements are endorsed by the doctor/health practitioner prescribing the medication and should be updated respectively.

Self-Administration of Medication Form

The decision for a student to carry their own and/or self-administer medication is made by the principal (or nominated delegate) in consultation with their Parents. The decision will be based on the student's age and stage of development, providing they:

- are able to recognise their symptoms and seek support if required;
- have the correct technique to administer the medication; and
- understand and apply safe medication management practices.
- are students from year levels 7 and above.

Where the student has been given approval to carry and/or self-administer medication, the student, the student's parent and the principal or nominated delegate will be required to complete and sign the Self

Administration Medication Form.

Staff members will not expect a student experiencing a medical emergency to self-administer their own medication. They will always be prepared to administer emergency medication, where applicable, given that the student's condition declines. *Note: Controlled or restricted drugs can never be self-administered.*

Medication Advice

There may be instances where medication is not administered to a student for multiple of reasons, one of which the student refuses to take it. Trained staff will encourage students to take their required medication, but not use restrictive practices. Where the student refuses to take their medication, the Parents will be notified immediately, advising of any alternative arrangements (if any). The Parents may be required to attend the scene to administer medication to their child. Parents will be contacted in the event this occurs. This will be documented on Daymap.

External Activities

Students who require medical attention and have not completed an individual medical health care plan (IMHP), as required by the school, or have not updated the IMHP as requested by the School, will not be permitted to participate in offsite activities, such as Camps or excursions, even if the student has sought Parental consent – See Excursion and Camp Policy for more information.

5. Procedures

The School has trained staff who provide basic first aid medical care and/or personal care and support to ensure the continuity of education for students with identified health care needs, mobility support requirements or manage predetermined health plan needs. Students enrolled at IQRA College who have a diagnosed health care need, a complex care need or a relevant medical condition must have the following in place:

- A **Health Support Agreement** prepared and approved by a treating medical practitioner and provided to the School by the Parents of the child outlining the required care and support and an escalation plan to be followed in the event of a related incident; and/or

- A **Medication Form or a Multiple Medication Form** for the administration of medication at school; and/or
- An optional **Safety and Risk Management Plan** developed between the school and the parents of the child to articulate implementation of required care, support and risk mitigation if the school deems it necessary.

Enrolment

Children with diagnosed health care needs, complex care needs or relevant medical conditions must meet additional requirements upon enrolment – to ensure continuity of education and that the child's safety, health and wellbeing is protected.

Where a student has a specific health care need, complex medical need or relevant medical condition diagnosed by a registered medical practitioner, the School is required to obtain a copy of a Health Support Agreement (HSA) from the students' Parents. The advice provided in the HSA is used in consultations between the School and the family to document a Safety and Risk Management Plan (SRMP) if deemed necessary.

The HSA must be in place prior to the student's attendance at the School, noting that in some cases there may (with Principal or delegate approval) be an interim HSA if the School is waiting for relevant medical or other information, and it would not be reasonable to delay the student's attendance in the circumstances. The HSA will be kept in the enrolment record for that student.

Following commencement at the School, the students' Parents will be regularly consulted regarding any changes to the diagnosed health care needs or relevant medical conditions the child may have developed since enrolment. It is the responsibility of the Parents however to provide this information to the School in a timely manner.

Parents agree to exclusively give consent for the school to share the information about the student's medical needs with any persons it deems necessary. All information shared will be in accordance with the Privacy Policy. If a parent breaches any aspect of this policy that risks the health and wellbeing of the student they may be contacted to have a meeting with a staff member or coordinator.

Injuries

The School recognises that students may have minor accidents that will require minimal first aid treatment. As part of the enrolment procedures, Parents consent to authorise for the staff to administer general first aid products as required. In the event of a major or critical injury or accident, Parents consent:

- And agree if an emergency occurs, staff may administer emergency first aid and call an ambulance without the permission of the Parent, given that the staff will notify the Parent as soon as practicable;
- To staff seeking or administering any medical treatment from a registered medical or dental practitioner, hospital, or ambulance service (including transport to a hospital) that is reasonably required should this happen.
- Any emergency will be assessed and based on four categories as shown in the below table:

Category Name	Category Description	Potential Examples (but not limited to)	Actions Taken
<i>Category 1</i>	Urgent medical treatment beyond first aid needed from an external provider for the student	Concussions; excessive bleeding, anaphylaxis, hypoglycemia, heat stroke, loss of consciousness, seizure, severe injury as per the discretion of the first aid officer.	Immediate 000 call will be made, and parents/guardians will be notified after; in the event the parents/guardians are uncontactable, emergency contacts will be notified.
<i>Category 2</i>	Medical Treatment beyond first aid needed from an external provider for the student where if the student is left untreated it may lead to a Category 1 scenario or adversely impact the student.	Excessive/non-stop vomiting, moderate injuries, suspected broken bones, dislocations, difficulty breathing which cannot be relieved with treatment, non-concussion head injuries with a visible wound and any other matter at the discretion of the first aid officer.	Parents contacted and given a window of time to pick up the child to take to urgent care; in the event the parents/guardians are uncontactable, emergency contacts will be notified. The window determined by the first aid officer depends will be based on the severity of the injury. If parents fail or can't meet the window deadline then an ambulance will be called for the student. Parents will be notified of this decision prior to it being taken or after if students situation deteriorates to category 1.
<i>Category 3</i>	Non-Urgent injuries/illnesses that require medical care outside of the school staff or facility capabilities. These matters are severe enough to require medical support or deal with a contagious/infectious disease.	A wound that needs stitches, viral flu symptoms, gastro, high fever (refer below under the heading high fever for more info).	The parent will be contacted to pick up their child. Student will not be allowed to go on the bus as there is a risk of their condition worsening.
<i>Category 4</i>	Injuries or sicknesses that require basic first aid and can be resolved in the school.	Any matters that require basic first aid.	The parent will be notified via Daymap.

Asthma

Students with Asthma need to inform the School and must complete the Asthma Action Plan, HSA, Medication Agreement (is applicable) and SRMP (if needed). Students are supported to self-manage their Asthma in line with their age and stage of development and are required to bring all medication and equipment (spacer, mask etc.) to treat their Asthma. All medication must be clearly labelled with the students' name, dose required and frequency of dose. Parents are required to alert the admin office of any changes in their child's Asthma management.

In the event where a student is suffering an Asthma attack, staff will administer emergency first aid and call an ambulance – they may do so without the permission of the Parent or without the presence of a Medical Health Care Plan – Parents bear the expenses incurred by the School. An medical incident report will be completed and the parents will be contacted as soon as possible.

Allergies, signs, and symptoms

If a person is experiencing an allergic reaction, trained staff will:

- Administer prescribed medication (as indicated in the HSA and Medication Agreement. If not indicated, then Parents or emergency contacts will be contacted to seek further instructions;
- If the incident is critical, call emergency services (regardless of whether the parent has consented or not) - Parents bear the expenses incurred by the School;
- Complete a medical incident form.

Minimising Risks to Food Allergies

The School take food allergies seriously. To minimise the risk of an allergic reaction to a food item, everyone at the School is encouraged to:

- Wash their hands before and after eating (soap alternatives have to be provided by families for those students who have skin irritations);
- Food is not given as a reward/treat unless prior consent from Parents has been obtained;
- Students do not share or swap food, unless pre-arranged in writing;
- Food will not be shared with students at risk of anaphylaxis. It will be assumed that any product may have traces of nuts or other ingredients that may cause a severe anaphylactic reaction;

Any food prepared must follow the appropriate food standards and precautions put into place to prevent cross contamination; Parents will be informed of any food products that may be consumed on an incursion or excursion and will be given the option to supply their child/ren with their own food.

Management of Type 1 and Type 2 Diabetes

Type 1 Diabetes is managed by replacing the insulin the body can no longer make by an injection or an insulin pump. A hypo kit is required, and the school recommends that Parents use zip-lock bags to ensure glucose tablets or jellybeans for instance can be quickly given to a student if they are having a hypoglycemia. Students who need to monitor their blood glucose levels during school hours are required to complete a HSA, Medication Agreement (if applicable) and a Diabetes Management Plan (DMP).

Exercise can affect blood glucose levels in students with Type 1 Diabetes. Students will be asked to monitor their glucose levels before, during and after any physical activity. Type 2 Diabetes can be managed through lifestyle modifications and medications. In the event of an incident with a student who has diabetes Type 2 Diabetes, the HSA plan will be followed.

Epilepsy

Any epileptic conditions including any historical/resolved conditions must be notified to the school. A student may have an increase in seizure if he/she misses a dose of their medication. A student on antiepileptic medication may experience difficulty with their short-term memory and may be at risk of injury as a result of their seizure. When the School is assessing epilepsy related risks, it will work with parents and the student's medical practitioners to implement appropriate and practical strategies in managing the risk and ensure an accurate understanding of the person's condition. Students will need to fill out a HSA, Medication Agreement (if applicable) and Epilepsy Management Plan.

Gastroenteritis

Viral gastro is an intestinal infection that includes signs and symptoms such as vomiting, watery diarrhoea, nausea, fever, abdominal pain, headache, muscle aches or dehydration (from diarrhoea and vomiting). Students experiencing any of these symptoms must remain at home and not return to school for at least three days – if they come to school, they will be sent home; Due to the infectious

nature of this sickness the student will not be able to return back to class.

If an administrative staff member suspects that a student may have gastroenteritis, parents will be promptly notified to arrange for the student's pickup. Considering the contagious nature of this illness, the student cannot change clothes or be cleaned on school premises to mitigate the risk of transmission. It is imperative that parents collect the student in a timely manner, as this pertains to the duty of care for the child. The student will remain under observation in the sick bay until parental arrival, with administrative staff monitoring. Failure by parents to retrieve the student within a reasonable timeframe may necessitate a meeting with the relevant sub-school coordinator or delegate to address concerns regarding duty of care.

Conjunctivitis

Conjunctivitis is a common condition where the white part of the eye becomes pink or red. It can be caused by bacterial or viral infection, allergy, or irritants such as dust or chemicals. Signs and symptoms of conjunctivitis include redness in one or both eyes, itchiness in one or both eyes, a gritty feeling in one or both eyes, a discharge in one or both eyes that forms a crust during the night that may prevent eye or eyes from opening in the morning, tearing, or sensitivity to light. Students experiencing any of these symptoms must remain at home and not return to school for at least three days – if they come to school, they will be sent home. Due to the infectious nature of the sickness the student will not be able to return back to class.

High Fever

A high fever, also known as hyperpyrexia, is a condition where the body's temperature significantly exceeds its normal range. It is a common symptom indicating that the body is fighting an infection or illness. Fever is the body's natural response to pathogens such as viruses, bacteria, and other foreign invaders. The actions taken by the first aid officer will be based on the above-mentioned categories. Category 2 – student's fever is between 38.5 C and above; Category 3 – 37.5 – 38.5 parent contacted, and it is recommended for parents to pick up the student at this stage.

6. Key Information Regarding Medication

First dose

Students should not be given a first dose of a new medication at IQRA College. Due to the dangers of

an adverse reaction, the first dose must be supervised by a parent, guardian or health professional. *An exception to this is emergency medications, including Ventolin or adrenaline, and midazolam (where this has already been prescribed).*

Route of administration

Trained staff will only administer medication aurally, orally, inhaled or topically. Complex medication administration including subcutaneous injections, administration through a gastrostomy tube or rectal administration will not be administered by the School's staff, unless the staff member has approved training and authority by the principal (or nominated delegate), the parent and the health practitioner otherwise.

General use of emergency response medicines

Where deemed appropriate, the School can administer the following general use medications for an emergency response:

- adrenaline autoinjector (EpiPen® or EpiPen® Jr or Anapen®) for emergency treatment of anaphylaxis; and
- reliever puffer for emergency treatment of asthma (Salbutamol (Ventolin® for example)

Adrenaline autoinjector (EpiPen® or Anapen®) and asthma reliever inhaler (Ventolin®)

Adrenaline autoinjectors and asthma reliever puffers can be given as a first aid response to any child, young person, staff or visitor having anaphylaxis or an asthma attack. Where a child or young person has been prescribed an adrenaline autoinjector (EpiPen®) or reliever puffer for emergency medication, this should be administered in line with their ACSIA action plan or asthma care plan.

7. Access to prescription medications

Parents are responsible in providing and re-stocking all medication and administration equipment for their child who has a diagnosed health care need, complex care need or relevant medical condition.

All medications must be provided in an original pharmacy container and have a pharmacy label with the:

- Child's full name;
- Date of dispensing;
- Name of medication;

- Strength of medication;
- Dosage and Frequency of intake;
- Other administration instructions (e.g., to be taken with specific food); and
- Expiry date (where there is no expiry date, the medication must have been dispensed within the last 6 months).

8. Disposal of unwanted, used, and expired medication

Storage of unwanted, used, and expired medicines in the School can be dangerous, and unsafe disposal of unwanted medicines can lead to environmental harm. Unwanted prescribed medication should be returned to the student's Parent. If the Parent is unable to be contacted or does not claim the medication, it should be placed directly in the disposal bin, if applicable, or taken to a local pharmacy for a safe and convenient way of disposal. Parent's will be notified in writing if the medication is no longer wanted, expired and/or returned to a pharmacy.

The shelf-life of most medications is around 2-3 years from the date of manufacture. If stored correctly, the integrity of the medication should remain intact. The School will regularly check medications stored at the school for integrity and expiry.

When a student's prescribed medication expiry date is near or the integrity of the medication is in doubt, the school will contact the Parent to replace the medication or discuss alternative methods for medication, where advised by the health practitioner.

9. Related Policies

- Privacy Policy
- Anaphylaxis Policy
- Food Policy
- Child Protection Policy
- Child Safe Environments Policy