

Glamorgan School

Medication and Injury Policy

Rationale:

To ensure the safety of students and staff in terms of administering medication and treating injuries.

Purposes:

1. To give clear directions to parents, staff and students re administration of medication.
2. To establish procedures for the treatment and referral of injured students.
3. To ensure that updated lists of emergency contacts and existing medical conditions are available for every student.
4. To provide regular first aid training to nominated staff members.

Guidelines:

1. *Obtaining and Storing Student Information and Medication*
 - a. Essential information relating to student health will be obtained on enrolment, and will be regularly updated.
 - b. This information will be stored so that it is accessible to all staff who treat injured students.
 - c. All medication held in the school, with the exception of asthma inhalers, will be kept in a secure cupboard.
2. *Recording Injuries to Students*
 - a. The accident register is kept in the First Aid Room and is completed for each student who requires treatment for an injury (other than minor injuries, e.g. grazed knees).
 - b. In the event of an injury and the school has been unable to contact the family then written notification is sent home detailing the injury.
3. *Treating Injuries, Illness or life threatening conditions*
 - a. The first priority of the school will always be to ensure that the student receives prompt first aid.
 - b. At least two staff members will hold current St John's First Aid Certificates.
 - c. Responsibility for the maintenance of first aid supplies will rest with the front office staff.
 - d. In the first instance a child will, during class time, approach their classroom teacher, or during breaks, approach the teacher on duty prior to coming to the school office for further assistance.
 - e. Teachers on duty are responsible for ensuring that all accidents/injuries in the playground are attended to.
 - f. Parents will be called if a child is too unwell to stay at school or if an injury is serious enough to require further treatment.
 - g. Parents are informed in the case of any head injury.
 - h. If the parent or emergency contact is unable to be contacted, the Principal will make the decision as to the next medical care.
 - i. For major life threatening conditions, a current action plan is kept in the folder in the First Aid Room and in Duty Teachers bags.
4. *Emergency Situations - On site*
 - a. Should a child require urgent medical attention by an outside provider, one of the staff members with a current First Aid Certificate will accompany the child driven by either the Principal, Acting Principal or one of the Deputy Principals. Mobile phone details of one of the staff members will be left with the school.
 - b. The school will contact the parent or caregiver and notify them of the situation.
 - c. The driver and the First Aider will remain with the child until the parent or caregiver arrives.
 - d. If a child is transported by Ambulance, an appropriate adult will travel in the Ambulance and the Principal, Acting Principal or one of the Deputy Principals will follow by car (only if parent or caregiver is not present).

5. Emergency Situations – Off site

- a. In the case of a child having to go to hospital or emergency clinic a teacher other than the Teacher In Charge (TIC) must accompany the child, unless the parent of the child is present to do so.
- b. The school will be informed immediately of any child taken to a medical facility.
- c. The school office staff will contact the parents/caregivers.
- d. If the adult requiring medical care is the TIC then the deputy TIC will assume full control of the situation.
- e. Any adult accompanying a child or adult to hospital/emergency clinic must have a cellphone, and leave a number in order for others to make any necessary contact.
- f. After necessary emergency services have been contacted the TIC needs to contact school ASAP.
- g. If ratios are in jeopardy the TIC must consider modifying the outdoor experience or event / and or returning early.
- h. In the case of serious behaviour issues contact the school for advice.
- i. When making a serious decision the TIC should seek any reliable advice available to them (e.g., from colleagues, Deputy Principal, Principal, expert staff at the event) before making an informed and sensible decision.
- j. If the emergency services are involved e.g., a road accident, then staff will follow recommendations or instructions from the service personnel.

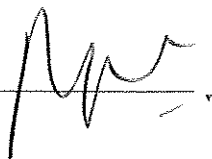
6. *Administration of Medicines*

- a. The school discourages prescription medication at school e.g. antibiotics, unless it is for a serious condition e.g. anaphylactic shock.
- b. School staff will not administer prescription medication at school unless there is written permission from the parents and the Principal agrees to it.
- c. Any medication must be left at the school office and not kept in school bags or the classroom (with the exception of asthma inhalers, which may be kept in a secure place within the classroom).
- d. A Personal Plan and an Administering Form, as required, will be completed for children with asthma.
- e. An Administering Form will be completed for children requiring medication such as Ritalin or possible administration of an epipen.
- f. An Action Plan will be completed for children with serious conditions e.g. epilepsy, anaphylactic shock.
- g. A record will be kept of medication administered.
- h. The school cannot be responsible for a child failing to take medication or for medication that has expired.
- i. Non-prescription drugs e.g. panadol, paracetamol, aspirin, pamol, will not be administered to children at school.

7. *Notifiable Diseases*

- a. Parents are to notify the school of any notifiable diseases.
- b. Teachers are to inform the school office of any contagious diseases, which may be apparent in their class e.g. chickenpox, rubella, mumps etc.
- c. In the event of an outbreak of a notifiable disease within the school, the Principal will notify the community as soon as possible.

Signed: _____



Date: 31st July 2019

Review Date: July 2022