



MANAGING MEDICAL CONDITIONS

POLICY STATEMENT

The Willunga Waldorf School will implement best practice risk minimisation strategies to ensure appropriate identification and management of any persons identified as at risk of a medical condition that has the potential to escalate to a medical emergency. This includes the provision of suitable first aid training and competencies to all staff to ensure a rapid response in the event of a person experiencing a medical condition that escalates to a medical emergency

The aim of this Policy is to:

- Minimise the potential risk that may arise from any medical condition, including anaphylaxis that could adversely affect the health, safety and wellbeing of any person enrolled or employed at the Willunga Waldorf School.
- Ensure the identification of at risk children upon enrolment including implementation of best practice risk minimisation strategies for any child identified as at risk of a medical condition that has the potential to escalate to a medical emergency.
- Ensure all school staff have adequate knowledge of allergies, anaphylaxis and emergency procedures to ensure the immediate response in the event of a person experiencing anaphylaxis or allergic reaction by initiating appropriate treatment, including administering an adrenaline auto-injection device (i.e. EpiPen® or Anapen®)
- Ensure the immediate response in the event of a person experiencing a medical condition that escalates to a medical emergency, by providing immediate first aid treatment and the administration of medication as and when required.
- Provide best practice training, information and guidance to raise awareness of medical conditions that present a risk to the health, safety and wellbeing of any person enrolled or employed at a the Willunga Waldorf School

The Willunga Waldorf School will ensure:

- A medical management plan is provided for any person enrolled or employed at the School with a specific health care need, allergy or relevant medical condition, which is to be followed in the event of an incident relating to the specific health care need, allergy or relevant medical condition. The medical management plan will also include a risk minimisation plan and communication plan
- The risk minimisation plan will outline the agreed risk minimisation strategies that will be adopted by school staff to ensure the best practice prevention and management of a person identified at risk of a medical condition that has the potential to escalate to a medical emergency. The risk minimisation plan will be developed in consultation with the family for children enrolled at the school
- The communication plan will ensure that all school staff (including contractors, volunteers and students) are informed about the medical management policy, medical management plan and risk minimisation plan for the child/person. The plan will also ensure that all school staff (including contractors, volunteers and students) can identify the child/person and the location of their medication
- The communication plan will ensure changes can be made to the medical management plan and risk minimisation plan for the child/person in writing at any time.



- All School staff (including contractors, volunteers), parents and guardians are provided this Policy to inform about how the School manages the risk of medical conditions that have the potential to escalate to a medical emergency, for at risk staff and/or children enrolled at the School.
- At least one school staff member on duty must have current approved first aid, asthma and anaphylaxis management training. All early childhood staff must hold an approved first aid, asthma and anaphylaxis management training.
- The agreed risk minimisation strategies are implemented to ensure the risk of exposure to known allergens, which may trigger an allergic reaction or response for a child/person identified as at risk of anaphylaxis, is minimised to as low as reasonably practicable.
- A child/person with a specific health care need, allergy or relevant medical condition does not attend the service without medication prescribed by their medical practitioner in relation to the specific health care need, allergy or relevant medical condition. For a child, all reasonable action will be taken to call the child's emergency contact to notify of an expired or missing medication and the need for this to be replaced immediately if the child is in attendance.
- Caregivers/Parents are to be made aware that children must not self-administer medication whilst in attendance at a Willunga Waldorf School, with the exception of Ventolin and or epipen in which a medical GP has deemed that the student is trained in self medication.
- The annual review of the medical management plans in accordance with best practice.

This policy is to be read in conjunction with associated policies, procedures and best practice guidelines.

PROCEDURE:

ADMINISTERING MEDICATIONS PROCEDURE

1. Medication will be administered by trained staff in the front office only if written permission is provided by a registered practitioner or GP.
2. Medication must be handed to a staff member, NOT left in a child's bag.
3. Medications are stored in a locked cabinet away from student access.
4. Staff may only administer medication from its original packaging. In the case of prescription medicines, these may only be administered to the child for whom it has been prescribed, from a container bearing the child's name and with a current use-by date and accompanied by an Authority for Administration completed and signed by a Registered Medical Practitioner.
5. When a staff member prepares the medication for administering, the dosage must be double checked by a second worker.
6. Any child with an ongoing medical condition or allergy which requires specific care eg asthma, febrile convulsions, will be treated as per the medical action plan. The action plan will have been developed in conjunction with a medical practitioner and parents, covering signs and symptoms which may be displayed and appropriate treatment to be given. If medication is required as part of the treatment, the parents will provide the medication and a medical authority completed and signed by a registered medical practitioner and it will be administered as directed on the medical authority.

ALLERGY PROCEDURE

1. Staff must be notified of the child's allergies and how to treat them on enrolment.
2. A medical action plan is to be filled out by a registered medical practitioner.
3. If food based and the allergy is very severe (eg. touch based anaphylaxis reaction), families will be informed to ensure that no child brings the food in question to school.
4. For milder cases of allergic reactions, staff will work with parents to come to safe levels exposure.
5. Notices regarding the allergens for each classroom will be placed in the newsletter on a regular basis to inform parents of high risks allergens.
6. Temporary Relief Officers will be provided with a list of Students with Allergies prior to each engagement.
7. We discourage the sharing of food between children in kindergarten to lower primary.

ASTHMA PROCEDURE

1. Staff must be notified of the child's asthma condition and how to treat them on enrolment.
2. An asthma action plan and a Medication Form (where medications are required to be administered at school) are required to be filled out by a Registered Medical Practitioner prior to the administration of any medications.
3. Any medication supplied by the families are to be obtained and kept in the manner defined in the Medications Procedure
4. Puffers/ Relievers may be held by student in the Upper Primary and High school where the student is capable of self-administration. This is assessed by a medical practitioner and self-administration capabilities indicated on the Medical Authority.
5. Asthma plans are reviewed annually to ensure the most recent plans are active

RECORDING OF MEDICATION DOSAGE

The Medication Dosage is recorded in the School First Aid System immediately after dosage is administered:

- The name of the medication *The date, time and dosage administered
- The name and signature of the person who administered the medication and the person who checked the dosage.

HOMEOPATHIC

Homeopathic supplements or medications, including salts, medicinal grade vitamins or supplements are considered medications under this policy and procedures

The use of Homeopathic topical creams for first aid treatment are an exception - A blanket authority/consent for the use of limited homeopathic creams can be updated on the Medical Form annually. Please refer to First Aid Policy and Procedure for specific Homeopathic Treatments within in the school.

PANADOL AND IBUPROFEN (PAIN RELIEVERS)

Panadol and other pain relievers are considered a drug and as such the Medication Procedure applies. Students will not be issued Panadol unless for a specific medical condition and the administering of Panadol forms part of a Medical Treatment Plan endorsed by a Medical Practitioner.

A Medication Authority is required to be completed and signed by a Medical Practitioner and the appropriate pain reliever supplied in its original packaging before the school can administer. A phone call will be made to the parent or caregivers prior to the issue of pain relievers and a note detailing the date time and dosage will be sent home with the child.

RECORDING OF MEDICAL CONDITIONS AND MEDICATIONS

Medical Conditions and / or Medications are to be recorded in the school database for quick reference in administering first aid.

Parents and Caregivers will be sent a medical form to update annually. Administration staff will

1. Amend students medical status with any updates
2. Contact parent to ascertain any medical authorities and / or action plans where the medical condition disclosed are Asthma, Anaphylaxis's, Epilepsy, Diabetes or any other condition that requires monitoring or administering of medication whilst at school.
3. The disclosure of medication which is not required to be administered at school does not require a medical authority from a Registered Medical Practitioner. However if such medication is required at future dates a Medical Authority can be requested at the time.
4. Where a parent/caregiver refuses to provide a Medical Authority and/or Action Plan for a disclosed condition the school will be unable to provide first aid for the disclosed condition or administer medication.
5. Where an Action Plan for Asthma is not provided, emergency asthma first aid will be applied in emergency situations only.
6. Paper copies of updates, after being recorded in the school system, will be filed in a plastic sleeve in the student file for easy access, latest version on top with the date recorded in the school student system.

DISCLOSURE OF MEDICAL CONDITIONS AND MEDICATIONS

Student Medical conditions and medications remain confidential and are only disclosed to persons who are responsible for the duty of care of your child during the day or for specific activities (where the medical condition is deemed necessary to be disclosed)

Paper copies of medical records are held in locked filing cabinets. Electronic records are protected by secure logins and only accessed by personnel who have the responsibility to attend to your child's medical needs.

In the event of an Emergency. Paramedics will be provided with the students medical files to ensure that they are treating the student with all the relevant information at hand.

The School is not responsible for any outcomes of treatment relating to a medical condition where the parent / guardian has not disclosed appropriate or relevant information on a Student Medical Health Form.



RELATED POLICIES AND DOCUMENTS

<ul style="list-style-type: none"> • Child Protection Policy • Critical Incident Policy and Procedure • Child Safe Environments Policy • Work Health Safety Policy • Administration of First Aid (including EC) 	<ul style="list-style-type: none"> • Enrolment and Orientation Policy (kindergarten Only) • HEALTH & SAFETY – Dealing with infectious diseases (kindergarten only) •
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POLICY LOCATIONS

<ul style="list-style-type: none"> • Staff Policy Manuals – Early Childhood • Staff Induction Policy Manuals (EC and School) • School Stream Parent App • Staff Portal 	
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Publication Date	2010
Responsibility	Head of School
Review Date	05/2017
Next Review Date	05/2018
Related Legislation and Regulatory Requirements	<ul style="list-style-type: none"> • The Environment Protection Act 1993 • Work Health and Safety Act 2012 (SA) • UN Conventions of the Rights of the Child • Children’s Protection Act 1993 (SA) <p>Early Childhood – National Laws and Regulations</p> <ul style="list-style-type: none"> • Education and Early Childhood Services (Registrations and Standards) Act 2011 <ul style="list-style-type: none"> • Part 6, 167: Offence relating to protection of children from harm and hazards. • Education and Care Services National Regulations 2011 <ul style="list-style-type: none"> • Part 4.2, Division 1, 77: Health , hygiene and safe food practices • Part 4.2, Division 3, 90-91: Medical conditions policy • Part 4.2, Division 4, 92-96: Administration of medication • Part 4.4, Division 6, 136: First aid qualifications • Part 4.7, Division 1, 162: Health information to be kept in enrolment record • Part 4.7, Division 2, 168: Education and care services must have policies and procedures • Part 4.7, Division 3, 177: Prescribed enrolment and other documents to be kept by approved provider. • Part 4.7, Division 3, 181-184: Confidentiality and storage of records. <p>National Quality Standards</p> <ul style="list-style-type: none"> • QA2 Children’s health and safety <ul style="list-style-type: none"> • 2.1.2 Health practices and procedures. Effective illness and injury management and hygiene practices are promoted and implemented. • QA6 Collaborative partnerships with families and communities <ul style="list-style-type: none"> • 6.1.1 Engagement with the service. Families are supported from enrolment to be involved in the service and contribute to service decisions. • QA7 Leadership and Service Management <ul style="list-style-type: none"> • 7.1.2 Management systems. Systems are in place to manage



	risk and enable the effective management and operation of a quality service.
Cross sector Guidelines (SA)	<ul style="list-style-type: none">• DHS – National Principles for Child Safe Organisations• Protective Practices for staff in their interactions with children and young people• Guide to the National Quality Framework (ACEQA 2018)• Guide to the Educational and Care Services National Law and the Educational and Care Services National Regulations 2011 (ACEQA 2017)• National Immunisation Program (NIP) Schedule, Australia
Amendments	<ul style="list-style-type: none">• 08/09/2015 – Amended from kindergarten policy for Primary and High School use – S Lloyd• 02/08/2016 – amended to reflect completion of medical authority and action plans by Registered Practitioner• 23/05/2017 – update minor wording and review of relevance. No policy or procedure change made Ensure that EC and School Combine relevance• 27/06/2022 – Rachel Ashford Updated NOS to 2018 version Updated National Law and Regulations to current versions