



SOPHIA
MUNDI

The Inner City Steiner School P-12

Student Health Care Policy

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1. Introduction

1.1 Background

1.1.1 Principles

Providing quality health care for students is a shared community responsibility. Schools have a part to play in universal health promotion thereby enabling individuals, and groups to improve their personal health through attitudinal, behavioural, social and environmental changes. Universal health promotion is an integral component of the school's teaching and learning program.

This policy is aimed at meeting acceptable standards of health care and relevant legislative provisions:

- The health, safety and welfare of students and staff are of paramount concern.
- Sophia Mundi Steiner School staff members are well informed and well prepared to manage ongoing health needs and respond to health emergencies.
- Sophia Mundi Steiner School staff members are able to access advice, resources and training from parents and health professionals when planning to meet the health care needs of students.

1.1.2 Other Relevant Policies

- Head Lice Policy
- Anaphylaxis Policy

1.2 Definitions

1.2.1 Health Care Authorisation

An agreed management plan developed by parents, the Principal and relevant staff members for a student who has a medical condition or health care needs. It contains relevant medical information and describes the assistance or health care procedures that may be required whilst a student is at school.

1.2.2 Health Care Procedure

Health care procedures may include:

- Provision or supervision of first aid;
- Administration of medication;
- Monitoring the health status of a student; or
- Taking action in response to a medical emergency.

1.2.3 Health Professional

A health professional provides advice and recommends appropriate management of a student's health care needs. Health professionals may include doctors, medical practitioners, natural therapists, pharmacists, nurses and allied health workers.

1.2.4 Parents

Includes guardians and carers and refers to a person who at law has responsibility for the care, welfare and development of a student.

1.2.5 Staff Members

Staff members are defined as persons employed by Sophia Mundi Steiner School.

1.3 Relevant Legislation or Authority

- *Disability Discrimination Act 1992*
- *Disability Discrimination Amendment (Education Standards) 2005*
- *Education and Training Reform Act 2006*
- *Education and Training Reform Regulations 2007*
- *Health Act 1958* (to be replaced by the *Public Health and Wellbeing Act 2008* from 1 January 2010)
- *Health (Infectious Diseases) Regulations 2001*
- *Health Records Act 2001*
- *Information Privacy Act 2000*
- *Occupational Health and Safety Act 2004*
- *Occupational Health and Safety Regulations 2007*

2. Policy and Procedures

- Sophia Mundi Steiner School will provide students with access to health care whilst attending school or school-based activities.
- Planned health care will be administered in accordance with Healthcare Authorisations.
- Unplanned or emergency healthcare will be addressed within the school's sickbay
- Health care arrangements for off-site activities need to be planned on a case-by-case basis and approved by faculty prior to commencement of the activity

The key elements of the school's healthcare policy are:

- A First Aid Officer (FAO) with level 2 First Aid training to administer the on site sick bay located within the admin building to cater for unforeseen medical emergencies
- All Prep and Primary school class teachers to be level 2 First Aid and Anaphylaxis trained
- Prep and Primary school class teachers to administer healthcare procedures to students in their classes
- FAO to administer on-site healthcare procedures to classes 7 and above and to Prep and Primary students when referred to sick bay
- Off-site Health Care arrangements to be made on a case-by-case basis
- Student medications only allowed on site or on school based activities if supported by an appropriate Healthcare Authorisation and administered only in accordance with the Healthcare Authorisation
- The FAO may keep non-prescription medications such as Panadol within the first aid kit located in the School Office and may administer to students from time to time if deemed necessary. Parental approval **must** be sought for each usage and a record kept in the First Aid Register.

Sophia Mundi Steiner School will aim to meet health care standards, minimise identified health risks and promote good personal and environmental health practices.

2.1 Responsibilities

2.1.1 *The Principal is responsible for:*

- Implementing school policies and procedures that promote good health outcomes both on and off-site
- Ensuring staff members are aware of their responsibilities when providing health care to students
- Ensuring appropriate training, equipment and resources are available for provision of health care
- Acting in accordance with advice provided by the Department of Human Services in managing communicable diseases
- Implementing enrolment procedures to gather immunisation and health information about students from parents at the point of enrolment
- Safe and confidential storage of students' health care records

2.1.2 *The First Aid Co-ordinator is responsible for:*

- Ensuring first aid supplies are kept stocked, up to date and readily available
- Ensuring first aid room/sickbay equipment is maintained
- Ensuring a written report of every injury occurring at the school or on an excursion/camp is registered.

2.1.3 *Staff Members are responsible for:*

- Promoting health practices that maintain good health for all students in the school environment
- Providing health care for a student in an emergency situation within their level of first aid training
- Implementing a *Health Care Procedures* in accordance with the *Health Care Authorisation*
- Participating in agreed training for the provision of health care or medical procedures, including first aid and emergency procedures

2.1.4 *Parent are responsible for:*

- Providing accurate and relevant information about their child's health history, any medical condition or health care needs at the time of enrolment and throughout their child's attendance at the school;
- Advising staff if their child is bringing any medication to school and completing a *Health Care Authorisation*
- Providing written permission to the School to be able to directly contact a health professional
- Assisting the school to develop a *Health Care Authorisation* for health care needs or medical conditions.

2.1.5 *Student are responsible for:*

- Following school policies, procedures and practices to promote good health outcomes and maintain safety
- Undertaking health care or first aid procedures with the supervision and assistance of staff as required
- Administering medication and/or health care procedures if deemed appropriate by a health professional

2.2 Off-Site Activities

Off-site activities should include a Health Care plan, which must be approved by Faculty prior to the activity.

Off-site activities should involve at least two staff, one of which is trained to level 2 first Aid.

Staff leading off-site excursions should take with them copies of Health Care authorisations, medication and a First Aid kit and contact details for parents and the appropriate health care professional.

2.3 Enrolment Information Regarding Health

In the *Enrolment Policy* parents are asked to ensure that any medical conditions or health care needs are identified on the *Enrolment Application Form*. At the time of enrolment parents need to provide accurate information regarding their child's health history and any existing medical conditions or health care needs.

Where the parent has indicated that their child has a medical condition or health care needs the Principal will seek further information in order to determine what school assistance may be required for school management of the condition and the maintenance of good health.

At the time of enrolment, the Enrolment Officer and class teacher or guardian in collaboration with parents and, where required, health professionals will undertake planning to ensure that appropriate preventative and health management practices are identified so that agreed health care procedures can be put in place to maintain good health. *Health Care Authorisations* need to be developed in readiness for the student commencing at the school.

Information regarding each student's immunisation record identified medical condition or health care needs must be entered onto the school contacts database.

2.4 Prevention of Infection

In promoting good hygiene practices and reducing the spread of infection Sophia Mundi Steiner School needs to establish agreed procedures that will address the following practices:

- hand washing immediately after toileting and before eating;
- preventing contact with blood or body fluids by providing equipment, such as gloves, to reduce the risk of contact or exposure;
- regularly cleaning skin or environmental surfaces to reduce the risks of contamination or transmission of infectious disease;
- avoiding the sharing of eating and drinking utensils; and
- informing parents about how to support the school in promoting good health practices and reducing transmission of infectious diseases.

2.5 Health Care Authorisation

2.5.1 General Information

Where a parent indicates that their child has a medical condition or health care needs the Principal will determine the nature of care that may be required at school. This includes identifying the health care practices or procedures that it is reasonable for parents to expect and for staff members to provide. Health care practices include preventative approaches to minimise risk factors and promote understanding and acceptance of a medical condition by staff members and students.

A *Health Care Authorisation* is required for all students with identified health care needs. It is developed to assist the school to manage the following health needs of students:

- short-term responses to particular medical conditions or illnesses;
- mental health problems and mental disorders; or
- medical emergencies or unpredictable health care needs.

A *Health Care Authorisation* and associated documentation must include written information from the student's parents and, whenever possible, health professionals which:

- identifies the medical condition, physical and/or mental health care needs;
- describes possible management implications at school and during excursions or off-site activities;
- identifies the responsibilities and actions of staff members in:
 - implementing agreed health care procedures, including the administration of medication;

- responding to identified student needs;
- supporting a student to independently manage their condition or conduct health care procedures to the extent possible;
- responding to emergency situations; and
- recording the health care procedures provided for the student.

The Principal may seek advice from a health professional in addition to the information provided by parents when developing a *Health Care Authorisation*.

A *Health Care Authorisation* must be agreed to by the parents, the Principal and other staff members and if relevant health professionals. It is only current for one school year.

For a student with a long-term or chronic medical condition the school review of the *Health Care Authorisation* may coincide with regular medical reviews by health professionals even if this is not at the commencement of the school year.

The Principal must ensure that relevant staff members are informed about a *Health Care Authorisation* for a student with a long-term or chronic medical condition at the start of each school year.

Copies of the *Health Care Authorisation* must be provided to parents and, where appropriate, to students. As a student becomes able to accept responsibility for maintaining their own health and independently conducting health care procedures they should also be made aware of the content of the *Health Care Authorisation*.

Relevant information from the *Health Care Authorisation* for students, who may need emergency assistance, must be made available to all staff that may have responsibility for the student. This will include staff on duty during school breaks or those responsible for excursions or off-school site activities.

A *Health Care Authorisation* may contain the following sections:

- SECTION 1: Student's personal details.
- SECTION 2: Administration of medication for any student including dose, timing, method of ingestion, administration records.
- SECTION 3: Healthcare procedures (other than administration of medication) for a student with a long or short-term medical condition.
- SECTION 4: Medical Emergency Plan.
- SECTION 5: Agreement between the school, the parent and staff member/s about the student's *Health Care Authorisation*.
- SECTION 6: Treating medical practitioner or health professional information regarding school management of medical conditions.

2.6 Administering of Medication

2.6.1 General Information

All medication to be administered at the school must be in the original medication bottle or container and must be clearly labelled including the student's name, dosage, method of administration and time to be administered. Incorrectly labelled or out of date medication or medical equipment that is not in good working order must not be accepted for use by staff members.

Analgesics can mask signs and symptoms of serious illness or injury and should not, therefore be administered by the school as a standard first aid strategy. Therefore analgesics such as aspirin and paracetamol should not be included in the school's general first aid kits and **only** administered within the parameters of this policy and with the specific permission of the parent.

2.6.2 Non-Prescription Medication

Administration of non-prescription medication may be authorised by a health practitioner or requested by parents as part of a health care treatment or management plan. In such circumstances a *Health Care Authorisation* must be completed. The FAO or Principal must then manage the administration of non-prescription medication as if it were a prescribed medication.

2.6.3 Storage of Medication

As part of a *Health Care Authorisation* it may be agreed that an amount of medication will be stored by the school. The agreed amount of medication will be handed for storage, by the parent or student, to the class teacher for Primary students or the FAO for class years 7 and above.

Medication will be stored in the first aid kit unless it needs to be refrigerated or must be immediately available to a student.

Medications that are required to be refrigerated must be stored in a secure labelled container under the care of the staff member who is responsible for the student. Alternative arrangements for storing medication must be made when it is necessary for a student to have the medication immediately available.

2.7 Student Health Care or Medical Records

Student health care and medical records described in this policy and procedures, including *Health Care Authorisations* and records of the administration of health care procedures and medication, are deemed to be confidential.

Personal health information must not be disclosed nor made available for purposes other than those specified when it was collected, except with the consent of the person to whom it relates or by the authority of law.

Healthcare information will be contained within the school contacts database.

Direct communication with a health professional who provides care for a student only occurs with the written permission of the parent.

2.8 Medical Emergencies and Duty of Care

2.8.1 Unpredictable Medical Emergencies

In a medical emergency the Principal is required to seek medical attention for a student. The absence of parental instruction or consent to emergency action or a lack of instructions from a doctor will not prevent a Principal seeking medical attention for a student.

A number of steps must be followed in handling a school medical emergency. The assisting person/s must:

- ensure their own safety, and that of others, prior to attending to the injured person;
- send for help if the person responsible for first aid is not already in attendance or assistance is required to deal with the situation;
- ensure that in all cases of suspected serious injury or ill health, an ambulance is called for immediately;
- administer first aid within their level of experience or training;
- assess whether the injured person should be taken to a doctor's surgery or an ambulance called;
- notify the Principal as soon as possible; and
- notify the parents of an injured student at the earliest possible time, and remain with the student until the parents arrive. If the parents cannot be contacted the student's school records must be checked for any information that may assist.

In a medical emergency staff members must provide a student with assistance within their level of experience in order to prevent or reduce harm and failure to do so may breach their duty of care. This applies when the staff

member is reasonably aware that certain action is needed which could prevent or reduce harm being done to a student and where the staff member is able to take that action.

2.8.2 Reporting Injuries

Any staff member who attended the incident can complete the injury report. Where possible, the written report is to indicate the following information (as applicable):

- name and class of the student involved (or in the case of a staff member or visitor, name and address);
- date and time of the accident /incident;
- exact location of where the accident/incident occurred;
- how the accident/incident occurred;
- names and addresses of any witnesses;
- nature of the injuries/illness;
- subsequent action and treatment involved;
- date of notification of the accident/incident; and
- signature and address of the staff member making the report.

2.8.3 Informing Parents about a Medical Emergency

In an emergency the Principal must make every effort to contact a student's parents for advice about the action that they wish to have taken. However, medical assistance will be sought prior to advising parents if the student's medical condition is serious or life is threatened. This may include providing immediate assistance, calling an ambulance or seeking medical attention from a medical practitioner

If transport of a student by ambulance is not available, the Principal is obliged to arrange for a staff member to transport a student to a health service or medical practitioner. Two people must travel with the student, one to drive and the other to monitor the health of the student.

The student needs to be accompanied by a staff member who will stay with them at the medical facility until the parents arrive to take responsibility for their child.

2.9 Managing Communicable Diseases

2.9.1 General Information

The Department of Human Services provides procedures for excluding students with communicable diseases or school contacts of these students in the School Exclusion Table (see Appendix A).

Guidelines

The School Exclusion Table is available from the Infectious Diseases, Epidemiology & Surveillance (IDEAS) section Department of Human Services website (www.health.vic.gov.au/ideas/regulations/id_regs).

The Principal should not take action in relation to communicable diseases until advice has been sought from the Communicable Disease Prevention and Control Section of the Department of Human Services on 1300 651 160. Advice may include proformas for communication with staff members and parents and management strategies to be implemented by the school.

The Principal may require a student not to attend school if a registered medical practitioner advises that the student is suffering from a medical condition that is infectious, contagious or otherwise harmful to the health of persons at the school. A student may be required to provide a medical certificate to determine readiness to recommence school.

2.10 Staff Training

First Aid and Anaphylaxis training will be made available to all staff annually.

Appendix A Communicable Diseases

Minimum period of exclusion from schools and children's services centres for infectious diseases cases and contacts

The following table indicates the minimum period of exclusion from schools and children's service centres required for infectious diseases cases and contacts as prescribed under Regulations 13 and 14 of the Health (Infectious Diseases) Regulations 2001 – Schedule 6. In this Schedule 'medical certificate' means a certificate of a registered medical practitioner.

Conditions	Exclusion of cases	Exclusion of contacts
Amoebiasis (<i>Entamoeba histolytica</i>)	Exclude until diarrhoea has ceased	Not excluded
Campylobacter	Exclude until diarrhoea has ceased	Not excluded
Chicken pox	Exclude until fully recovered or for at least 5 days after the eruption first appears. Note that some remaining sores are not a reason for continued exclusion	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded
Conjunctivitis	Exclude until discharge from eyes has ceased	Not excluded
Diarrhoea	Exclude until diarrhoea has ceased or until medical certificate of recovery is produced	Not excluded
Diphtheria	Exclude until medical certificate of recovery is received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later	Exclude family/household contacts until cleared to return by the Secretary
Haemophilus type b (Hib)	Exclude until medical certificate of recovery is received	Not excluded
Hand, Foot and Mouth disease	Until all blisters have dried	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness	Not excluded
Herpes ('cold sores')	Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions to be covered by dressing, where possible	Not excluded
Human immuno-deficiency virus infection (HIV/AIDS)	Exclusion is not necessary unless the child has a secondary infection	Not excluded
Impetigo	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing	Not excluded
Influenza and influenza like illnesses	Exclude until well	Not excluded unless considered necessary by the Secretary
Leprosy	Exclude until approval to return has been given by the Secretary	Not excluded
Measles	Exclude for at least 4 days after onset of rash	Immunised contacts not excluded. Unimmunised contacts should be excluded until 14 days after the first day of appearance of rash in the last case. If unimmunised contacts are vaccinated within 72 hours of their first contact with the first case they may return to school
Meningitis (bacteria)	Exclude until well	Not excluded
Meningococcal infection	Exclude until adequate carrier eradication therapy has been completed	Not excluded if receiving carrier eradication therapy
Mumps	Exclude for 9 days or until swelling goes down (whichever is sooner)	Not excluded
Poliomyelitis	Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery	Not excluded
Ringworm, scabies, pediculosis (head lice)	Re-admit the day after appropriate treatment has commenced	Not excluded
Rubella (german measles)	Exclude until fully recovered or for at least four days after the onset of rash	Not excluded
Salmonella, Shigella	Exclude until diarrhoea ceases	Not excluded
Severe Acute Respiratory Syndrome (SARS)	Exclude until medical certificate of recovery is produced	Not excluded unless considered necessary by the Secretary
Streptococcal infection (including scarlet fever)	Exclude until the child has received antibiotic treatment for at least 24 hours and the child feels well	Not excluded
Trachoma	Re-admit the day after appropriate treatment has commenced	Not excluded
Tuberculosis	Exclude until receipt of a medical certificate from the treating physician stating that the child is not considered to be infectious	Not excluded
Typhoid fever (including paratyphoid fever)	Exclude until approval to return has been given by the Secretary	Not excluded unless considered necessary by the Secretary
Verotoxin producing <i>Escherichia coli</i> (VTEC)	Exclude if required by the Secretary and only for the period specified by the Secretary	Not excluded
Whooping cough	Exclude the child for 5 days after starting antibiotic treatment	Exclude unimmunised household contacts aged less than 7 years and close child care contacts for 14 days after the last exposure to infection or until they have taken 5 days of a 10 day course of antibiotics
Worms (Intestinal)	Exclude if diarrhoea present	Not excluded

Exclusion of cases and contacts is NOT required for Cytomegalovirus Infection, Glandular fever (mononucleosis), Hepatitis B or C, Hookworm, Cytomegalovirus Infection, Molluscum contagiosum, or, Parvovirus (erythema infectiosum fifth disease).

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