

MEDICAL ISSUES

Reviewed 22.05.09 (Alan, Hine, Shirley)

Reviewed 19.09.11; Reviewed May 2014 (Tracy/Donal)

This covers a myriad of medical issues: Medical Room, Administering Medicines, Asthma, Communicable Diseases, Skin Infections, HIV Aids and Blood-born viruses, Blood and Body Fluid Precautions, Severe Acute Respiratory Syndrome and Life Threatening Illnesses or conditions.

ACTION

To ensure that all staff and students have the knowledge to deal with medical issues – be it immediate action or referral.

GUIDELINES

1. **Medical Room** – to administer basic first aid and to ensure children are cared for in cases when the parents/caregivers cannot be contacted.
 - a. The Medical Room will be supervised by the Office Manager during all break times and during class teaching hours the Receptionist/Administration assumes responsibility for the care of students who are sick.
 - b. All children will report to the office area before entering the First Aid Room.
 - c. First Aid supplies are regularly budgeted for, and safe storage practices for these supplies will be implemented. Parents of children with any conditions are encouraged to set up storage systems here for specific medical needs.
 - d. Each case will be recorded in the Medical folder. When a child is referred to a doctor or hospital, specific details are to also be written in here.
 - e. Gloves must be worn at all times when treating blood related injuries.
 - f. A supply of Ice packs is maintained at all times.
 - g. Linen will be washed on a regular basis.
 - h. Any serious injury or illness will be reported to the Principal.
 - i. A register of children with specific medical conditions will be kept, eg asthma, allergies.
 - j. The staff on duty are responsible for ensuring that all accidents / injuries in the playground are attended to.
 - k. If in the opinion of the duty staff member, an injury is sufficient to require closer examination by a Doctor, he/she will inform the Principal or DP who will ensure contact with parents/caregivers occurs immediately via themselves or Office Staff.
 - l. If the parent/caregiver cannot be contacted, the school will be responsible for taking the student to the Doctor or hospital. All injuries that require a parent/caregiver uplifting a student will be recorded.
 - m. If children are sick at school, parents/caregivers will be immediately contacted to take children home. Children are not to remain in the Medical Room for long periods of time.
 - n. If a child needs to be transported to emergency medical care, always attempt to contact the parents first. If they can't for any reason attend, someone with a full licence and a warranted and registered car should attend. More particularly not teaching staff if at all possible.
 - o. All accidents that involve a head injury need to be reported to the office manager and full notes made. Parents need to be notified.
2. **Administering Medicines** – staff administering medication to students need clear guidelines to protect themselves and the student.
 - a. School staff will not administer prescription medication at school unless there is written permission from the parents and it is agreed to by the Principal of the school. Exact dosage must be clearly written. Refer to Appendix 1.
 - b. No non-prescription drugs are to be sent to school – teachers will not administer these under any circumstances.
 - c. The school staff member will offer voluntarily to administer the prescription medication and will record all details of the administering ie: child's name, room, time, date etc. Whenever possible administering of medication will be witnessed by another adult and a record of administering initialled by both adults.

- d. Long term use of medication will require written notification from a General Practitioner or Specialist. This will need to be verified annually.
- e. All medication will be kept secure in the school First Aid Room.

3. Specific Conditions.

(i) **Asthma** – to maintain the safety of the child with asthma during school hours clear guidelines are needed.

a. Parents/caregivers should provide information about student's Asthma annually or:

- When newly diagnosed
- When enrolled at school
- When changes class and/or teacher

School should obtain information on Asthma if needed from appropriate sources, i.e. Auckland Asthma Society or Public Health Nurse.

b. Procedures for Students

- To know where their medication is kept
- To know quantity of medication to use
- To know who to report to for medication

For Staff

- To know who is responsible for administering medication
- To be aware of signs and symptoms of when further medical assistance is required

(ii) **Communicable Diseases** – to provide appropriate information to parents, staff and students and to ensure all members of the school community are protected as far as possible from infection.

- a. Information for Parents' is available through the school office is provided to parents upon enrolment (if child is 5 years old).
- b. The school will take opportunities to keep itself informed about communicable diseases.
- c. All staff will be made familiar with the procedures on handling infectious diseases.
- d. If a child's health is causing concern staff will notify the SENCO and Principal and where a communicable disease is suspected the Health Nurse will be notified.
- e. Staff must not directly approach a doctor.
- f. Known health information relating to individual students is documented and is subject to Privacy Act requirement.
- g. Protective clothing, including disposable gloves is made available to staff when handling any accident.
- h. The school reserves the right to exclude students who are known to be carrying a communicable disease.
- i. Confidentiality regarding infection status of all students and staff must be preserved.

(iii) **Skin Infections** – to protect the rights of a child with a skin infection to attend school while protecting others from risk of infection.

- a. A staff member who observes that a child has infected sores is to inform the SENCO. She/he will contact the parents/caregivers and ask them to contact a doctor if it is necessary or go straight to the Public Health Nurse.
- b. A child with a skin infection is able to attend the school as long as the lesions are covered with a clean dressing or gauze.
- c. A teacher is to discuss with the student how easily the infection is passed on without making the child feel ashamed. The child's co-operation is sought.
- d. A child with a skin infection is not permitted to swim in the school pool or play in the sandpit or to be involved in contact sports until the sores are healed.
- e. If it appears that the child is not receiving appropriate treatment, a teacher is to refer the child again to the health professional.

Information

Skin infections are caused by bacteria. Impetigo (school sores) and boils are examples of skin infections.

- Impetigo – the germs enter the body where there is an opening on the skin caused by cut, scratch, insect bite, scabies or burn.

- Boils – the germs enter through broken skin or down a hair follicle. Boils are often found on the back of the neck, armpits or the buttocks. A carbuncle is a collection of boils.

Not every child with a skin infection will feel unwell. Skin infections can spread to other parts of the body if left untreated. Skin infections are contagious. They can spread easily from an infected person to others they are in contact with. Many young children have cuts and scratches which explains why they get skin infections so easily. They spread more easily in hot humid weather. The end of summer is when you are most likely to see them.

Recommended Procedure for Staff

If you see that a student has infected sores or boils:

- Send her/him to the medical room for the sores to be covered
- **DO NOT** put any lotion or cream on them
- If you are concerned, make a referral to the SENCO. They will contact the parents/caregivers about treatment, and send a letter home informing parents of the referral.
- The child may still attend school but ensure that all open sores and boils are covered

To prevent skin infections spreading in the school situation

- Encourage children to wash and dry their hands after going to the toilet and before eating food
- Encourage children to have short, clean nails
- Try to ensure that any child who has sores or boils has these covered at all times
- Any child with skin infections must not swim or play contact sport until the sores are healed
- Discourage children from sharing clothes or towels

(iv) **HIV/Aids and Blood-Borne Viruses** – to manage the rights of students and staff living with HIV/Aids and to be actively responsible for providing a safe school environment.

- a. A child's health status should not affect their right to an education
- b. Children with a blood-borne virus should be supported so that they can live as normal lives as possible
- c. Children with a blood-borne virus should be able to participate in all activities at school as their health permits. Special assistance may be necessary if health deteriorates
- d. The school will keep parents of HIV-positive children informed if and when there are outbreaks of other infections in the school
- e. Children with infectious diseases will be expected to follow the school's behavioural expectation guidelines
- f. The school will treat all children with injury as if they are infectious, wear gloves, and dispose of the gloves after ensuring all areas are cleaned after any treatment is administered
- g. Children have a right to privacy
 - The school will collect information as they 'need to know' so as to best advocate for the children and other children in the school's care.
- h. Disclosure is allowed where a child's welfare or safety is clearly defined, and where safety is affected
- i. The school will not disclose to parents of the school any other child's health status
- j. An educating policy will be implemented where a need is established
- k. If a child's health status does become known Fruitvale School will;
 - Invite health professionals to work with the school community
 - Provide opportunities for open discussion
 - Talk to the students
 - Develop a strategy for dealing with publicity
- l. A staff member will be appointed to monitor the effective implementation of safe injury nursing
- m. All staff will be issued with disposable gloves and will discuss guidelines for infection control of HIV/AIDS and other blood-borne viruses each calendar year
- n. Staff will be advised of correct disposal procedures for contaminated wastes
- o. If a complaint is lodged in relation to this policy it will follow the guidelines outlined in the Parent Concerns/Complaints Policy

(v) **Blood and Body Fluid Precautions** – to protect staff from potentially harmful organisms when coming into contact with various body fluids eg. urine, faeces, sweat, blood, pus, vomit.

Staff are not to wash or clean up soiled children, however if under exceptional circumstances ie. parents/caregivers are unable to be contacted (after for example one hour of trying to) to collect the child or to come to school to take them home, then the following guidelines are to be strictly followed (Also refer to Health and Safety Policy):

- a. *Cover your own cuts and abrasions*
 - Hands and forearms should be covered with occlusive tape which should be impervious to moisture and replaced when no longer effective
 - Wear gloves always when in contact with another person's body substances, non-intact skin or mucous membranes (especially if you have non-intact skin)
- b. *Wash your Hands*
 - After dealing with children's/adult's body fluids, mucous membranes or non-intact skin
 - Immediately, if soiled with blood or body fluids
 - When gloves are removed
- c. *Masks/Eye Protection*
 - Eyes and mucous membranes should be protected when splashing from body fluids could occur
- d. *Disposal*
 - All soiled dressings etc to be placed into a container lined with a plastic bag
 - Remove the entire bag – fasten the top of the bag to seal off contents – place in normal rubbish

Remember – always ask yourself – “Am I keeping myself safe”

(vi) **Severe Acute Respiratory Syndrome (SARS)** – to endeavour to protect staff, children and visitors to the school by having procedures in place if anyone at risk at school displays flu like symptoms.

- a. If any child reports to the sickbay with flu like symptoms enquiries will immediately be made to ascertain whether they are considered to be an “at risk student”
- b. Make sure anyone with flu like symptoms is kept away from school
- c. Make sure anyone who has been in contact with a SARS case observes the 10 day incubation period
- d. A student or staff member will be considered at risk if they, or their immediate family have travelled from an at risk country (as determined by the Ministry of Health) or have come into contact with an infected person.

(vii) **Life Threatening Illnesses or Conditions** – there are children who have a range of health needs that are potentially life threatening. These may include – diabetes, epilepsy, high risk allergies, heart and brain conditions etc.

Each of these children has a diagnosis from qualified professionals identifying the risks and providing a plan of action in the case of the risk being realised.

- a. On enrolment details of the condition, the diagnosis and the action plan are provided to the school by the parents. At this point the parents are the most informed about the child and their needs and a process of education for the school is entered into. A positive relationship between the school and the home is vital and it is expected that some extra time will need to be given to ensuring that the education process for personnel involved and the setting up of systems to support and provide a safe environment at school for the particular needs of the child occurs. It is imperative that the parents are able to trust that provisions made will provide the highest possible levels of safety achievable, in the school environment, for the child and allow time for this to occur, but before Day 1 of attendance.
- b. The Principal / DP taking the new enrolment organises a meeting with the Staff and the parents before the child starts school. From that meeting a plan of action is developed and implemented by the SENCO in conjunction with the other relevant health professionals (the organisation of parents and any necessary personnel is done by the SENCO).
- c. The plan of action could include:

- Education of teachers, Learning Assistants and office staff on the condition and the plans for action, (eg medication, monitoring) and may use the services of the Public Health Nurse to assist in this
 - Assessment of the environment by parents or qualified people to highlight risks and provide plans of action and ways to minimise or alleviate those risks
 - Provision of medication and containers, along with copies of the action plans, by parents
 - Educational material for use in the class rooms
 - Setting up routines for managing the condition eg. administration of medication, testing etc
 - Meeting with the parents and necessary personnel about concerns and progress
- d. It is recognised that whilst school, for these children especially, can be an environment full of potential risks there are ways these risks can be minimised and managed. The school will do this and parents/caregivers need to understand time is needed for this to happen. The school is not held responsible for any injury, attack or fatality if correct procedures and systems have been followed.
- e. A register of children with high health needs will be kept in the medical room and is updated regularly by the SENCO. Transition from year to year is supervised by the SENCO and any education for relevant personnel is organised through the SENCO. Any incidents that affect the child are recorded in the medical book and the parents are notified about this.

Administration of Medicines at School

Child's Name _____ Room _____

Date of Birth _____ Parent/Caregiver Name _____

Daytime Contact Number _____ or _____

My child requires the following prescription medication at school;

It needs to be taken at _____ (time) or when needs dictate (please circle)

Start Date _____ Finish Date _____

My child will administer his/her own medication YES / NO

My child needs supervision with taking his/her medication YES / NO

My child requires an adult to give the medication YES / NO

My child is taking this medication because h/she has;

I accept full responsibility for maintaining supplies, having my child's name, the name of the drug and the correct dose on the container, and that the supplies will not have passed the expiry date. I have given permission for a member of the school staff to administer the medication according to my child's needs as indicated above and accept that this may not be the same staff member each time. I accept that the school will take due care with the administration of this medication but I release the school and the school's staff from any responsibility associated with it. Like wise I understand that the school cannot be held responsible for any injury or fatality if correct procedures and systems have been followed.

Full Name _____

Signature _____ *Date* _____

Phone _____ *Emergency Phone* _____

Approved by Principal:

Signed _____ *Date* _____