



Department of  
**Education**

## STUDENT HEALTH CARE

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## 1 POLICY STATEMENT

The Department of Education (the Department) promotes student health, manages student health care needs and identifies and minimises health risks, within the context of the schools' resources and the assistance available from specialist services.

## 2 BACKGROUND

The provision of health care is necessary to promote and maintain the health and wellbeing of all students. Health care provision includes:

- promoting the health, safety and welfare of all students;
- managing the health care needs of students who require health care support while under the school's supervision;
- informing and preparing staff to manage student health care needs, and respond to health emergencies; and
- providing staff with access to advice, resources and training when planning to meet the health care needs of students

## 3 SCOPE

This policy applies to principals, teaching staff and non-teaching staff.

## 4 PROCEDURES

### 4.1 IDENTIFYING STUDENT HEALTH CARE NEEDS

At enrolment, principals or their nominees will:

- provide parents with the Student Health Care: Parent Information Brochure;
- provide parents with the Student Health Care Summary form to complete; and
- request parents to provide a record of their child's immunisation history.

#### **Guidelines**

*The Parent Information Brochure and Student Health Care Summary form are available from the Behaviour and Wellbeing, Student Health Care website.*

### 4.2 MANAGING STUDENT HEALTH CARE

For students whose health care can be managed with the resources available within the school and/or with assistance from specialist services, principals or their nominee will:

- if support is required, request parents to complete one or more of the Department's health care plan/s or provide an alternative plan from their child's medical practitioner;
- advise staff of their student health care responsibilities;

- arrange training for staff to manage the health care conditions or needs of students; and
- implement student health care plans.

For students whose health care needs cannot be met by the school using the resources available, principals or their nominees will refer the matter to their Regional Executive Director (see Appendix C: Managing Health Care for Students with High Risk Health Conditions).

### **Guidelines**

See Appendix A: Specialist Health Services.

See Appendix B: Flowchart for Student Health Care Planning Process.

The following health care plans are available from the [Behaviour and Wellbeing, Student Health Care website](#).

- Severe Allergy/Anaphylaxis Management Plan and Emergency Response Plan;
- Minor and Moderate Allergies Management Plan and Emergency Response Plan;
- Diabetes Management and Emergency Response Plan;
- Seizure Management and Emergency Response Plan;
- Asthma Management and Emergency Response Plan;
- Personal Plan for Activities of Daily Living Plan;
- Administration of Medication Plan; and a
- Generic Health Care Management and Emergency Response Plan

Parents should be provided with the generic plan, if their child's condition does not match any of the plans listed above.

Principals should communicate to students the school's processes and practices for promoting positive health outcomes.

### **Staff rights and responsibilities**

Teaching staff are expected to support the implementation of student health care plans. However, they may decline to conduct medical procedures and or undergo training to provide health care support.

### **Parent cooperation/partnerships**

Principals should inform parents of their shared responsibility for managing student health care. Developing a health care plan for each student is dependent upon the cooperation of parents and their willingness to provide relevant and current medical information to the school. If a parent does not cooperate, principals may:

- in the case of students of sufficient maturity (independent minor), be able to deal directly with the student who can make his/her own health care decisions; and
- in serious cases where a parent is uncooperative and where the school becomes aware that a student has a complex or potentially life threatening condition, seek advice from the school/community nurse, Legal Services and/or refer the matter to the Department for Child Protection.

### **Attendance of students who are unwell**

If a parent insists that their child attend school and the principal believes that the child is not well enough to attend, the principal can request the parent to provide a medical certificate to confirm that the child is fit to attend school (Section 27, School Education Act 1999).

### **Health related absences from school**

Principals are expected to:

- arrange provision of an educational program for students who are absent for more than ten school days due to illness; and
- maintain engagement and participation of chronically ill students in an appropriate educational program.

#### 4.2.1 STUDENTS UNDER NOTICES OF ARRANGEMENT OR UNDERTAKING ALTERNATIVE COURSES

If students enrolled at their local school are attending alternative education and training courses under specific notices of arrangement, principals will establish with course providers the joint responsibilities and cooperative arrangements for the provision of health care support.

#### 4.2.2 RESIDENTIAL COLLEGE STUDENTS

Principals will establish appropriate protocols with parents and representatives of the residential college for managing student health care while students are under the school's supervision.

##### **Guidelines**

*Appropriate protocols may include:*

- *promoting consultation between the residential college and parents when parents complete the Student Health Care Summary and relevant health care plans for residential students who require health care support while in the care of the school;*
- *clarification of if, and when, authority regarding student health care can be transferred to residential college staff, for example, the completion of the Administration of Medication form for the provision of prescribed and non-prescribed medication;*
- *communication with the residential college staff regarding the school's processes for responding to a medical emergency;*
- *processes for regularly reviewing student health care needs; and*
- *gaining informed consent from the parent to share student health care information between the school and residential college staff.*

#### 4.3 MANAGING STUDENT HEALTH CARE RECORDS

Principals or their nominees will:

- maintain student health records in accordance with the Department's *Records Management* policy;
- upload information from the *Student Health Care Summary* and health care plans into the medical details section of the School Information System (SIS), unless the parent or student specifies that the information is not to be shared;
- retain signed, hard copies of all documentation on the student's school file;
- review all student health care records annually or when the student's health needs change; and
- manage confidentiality of student health care information.

##### **Guidelines**

*Students' health information is confidential. Principals may share student health care information only if:*

- *parents provide consent to share the information;*
- *students who are independent minors provide consent themselves;*
- *there is an imminent threat to the student, for example, potential suicide; or*
- *there is a legislative requirement to share the information, for example, mandatory reporting of child sexual abuse.*

*Principals and staff are required to report information relating to child sexual abuse under the Children and Community Services Act 2004. For further information, see the Department's Child Protection policy.*

*For more information on health care documentation, see:*

- *SIS Medical Details Release Notes; and*
- *FAQ's Electronic Records (Integris- SIS)*

#### 4.4 MEDICAL EMERGENCIES

Principals will develop plans for medical emergencies as a part of the school's risk management strategy.

In a medical emergency, principals will:

- organise medical attention for the student; and
- make appropriate transport arrangements.

Staff providing assistance during a medical emergency, will:

- promptly record all actions taken; and
- inform parents and the principal of the actions taken.

##### **Guidelines**

*The absence of parental consent does not prevent a principal seeking medical attention in an emergency.*

##### **Duty of care - principals**

*The principal has the ultimate duty of care responsibility for students and should administer first aid or health care procedures within their level of experience in the absence of any trained staff.*

##### **Duty of care - all school staff**

*In accordance with the Department's Duty of Care for Students policy, all school staff owe a duty of care for the safety and welfare of students. In the absence of the principal or other trained staff, in an emergency, school staff should administer first aid or health care support within their level of experience until medical assistance can be provided.*

*Principals should verify that staff have made reasonable efforts to inform parents of actions taken in a medical emergency within a reasonable timeframe.*

##### **Risk management**

*Principals should address all known contingencies in their medical emergency plans and include the identification of staff responsible for taking any necessary actions and administering first aid or health care procedures. For further information, see the Department's Risk and Business Continuity Management policy and the Emergency and Critical Incident Management policy.*

##### **Transport arrangements**

*In a medical emergency, students may need to be transported in order to access medical assistance. The transport arrangements should take into account the nature of the emergency and local circumstances such as the availability of an ambulance service. Where available in a reasonable timeframe, an ambulance should be used in a serious medical emergency. If an ambulance is not available, principals or their nominees should:*

- *seek advice from the ambulance or medical service prior to providing transport in a private vehicle;*
- *subject to this advice, arrange for a staff member to transport the student to a health service or medical practitioner; and*
- *whenever possible, arrange for two people to travel with the student, one to drive and the other to monitor the health of the student.*

*Parents are advised at enrolment that they are expected to meet the cost of an ambulance in an emergency. Please refer to the Department's Enrolment policy.*

*School Health Service staff (school nurses) are not permitted by a Department of Health directive to transport students in a private or government vehicle but may accompany a student in a vehicle driven by a Department of Education staff member in order to manage and monitor the health of the student.*

#### **Students Who Frequently Require an Emergency Response**

*Principals or their nominees should use the Emergency Response Plan for a Student with Special Needs form available from the Behaviour and Wellbeing, Student Health Care website for students with health conditions which cause frequent medical emergencies to assist in providing information to ambulance or hospital staff.*

## 4.5 ADMINISTRATION OF MEDICATION

Principals or their nominees will:

- request parents to provide relevant information regarding long-term administration of medication in the student's health care plan or complete the relevant form for short-term administration of medication;
- maintain a record of all medication administered at school; and
- store all medication appropriately.

#### **Guidelines**

*All forms for the administration of medication and student health care plans are available from the Behaviour and Wellbeing, Student Health Care website.*

*The Administration of Medication (Form 3) is completed for the administration of short-term medication.*

*The Record of Health Care Support/Administration of Medication (Form 12) is used for recording the administration of medication.*

*Principals should manage student self-administration of medication.*

*For more information on the administration of medication, see Appendix D.*

## 4.6 MANAGING SPECIFIC HEALTH ISSUES

### 4.6.1 STUDENT IMMUNISATION

Principals or their nominees will:

- collect and record information on specified vaccine preventable diseases on the School Information System (SIS); and
- provide information regarding the immunisation record of any student to the Department of Health on request.

#### **Guidelines**

*Principals should, where possible, collect immunisation information from parents using the Australian Childhood Immunisation Register (ACIR) history statement. For more information, see the Department's Immunisation Best Practice Guidelines available from the Behaviour and Wellbeing, Student Health Care website.*

#### 4.6.2 PREVENTION OF INFECTION

Principals will develop and implement school procedures and practices to promote effective hygiene to help reduce the spread of infection.

**Guidelines**

*School procedures and practices should address the following:*

- *the provision of products, facilities and explicit instructions for effective hand washing;*
- *standard precautions for the control of infection used by school staff as a matter of routine;*
- *the provision of information to students about reducing the spread of infection by avoiding the sharing of eating and drinking utensils; and*
- *the regular cleaning of environmental surfaces to reduce the risk of contamination.*

*Hand hygiene is crucial in reducing the transmission of infections and can also reduce the risk of exposure to common allergens such as peanuts for those in the school community who are anaphylactic. For further information refer to the Department's [Hand Washing and the Provision of Soap in Schools Best Practice Guidelines](#) available from the Behaviour and Wellbeing, Student Health Care website.*

#### 4.6.3 COMMUNICABLE DISEASE MANAGEMENT

If a student or staff member has a communicable disease, principals will take action in accordance with the advice provided by the Department of Health in managing communicable diseases.

If the communicable disease is notifiable, principals will:

- report the matter to the local Public Health Unit and seek their advice before taking any further action; and
- act in accordance with advice provided by the local Public Health Unit staff.

**Guidelines**

*See the Department of Health's [Communicable Disease Guidelines](#) which provides information regarding the incubation and exclusion criteria for diseases, and advice on when the Department of Health is to be notified.*

*For contact numbers see Appendix E: Department of Health: Metropolitan and Regional Public Health Units.*

#### 4.6.4 ANAPHYLAXIS

Principals or their nominees will:

- request parents to provide an Australasian Society of Clinical Immunology and Allergy (ASCI) *Action Plan for Anaphylaxis* that has been completed by the student's medical practitioner;
- arrange for the staff responsible for first aid and any additional staff who are willing to be trained, to participate in the certified *Anaphylaxis Training Program* delivered by school/community health nurses;
- verify that all students diagnosed with anaphylaxis have their prescribed adrenaline auto-injector available at all times;
- arrange for an adrenaline auto-injector for emergency use to be included in the first aid kit when staff have completed certified anaphylaxis training with a school nurse;
- establish the processes for an appropriate emergency response in an anaphylaxis emergency;

- report any anaphylactic response as a medical emergency through the Department's online incident reporting system; and
- establish a process for reviewing anaphylaxis events to identify if there are strategies that could be implemented to reduce the likelihood of future adverse events; and
- implement school processes to:
  - minimise the risk of exposure to known allergens for those students identified as being at risk; and
  - inform staff and all other persons having contact with students about the students at risk.

#### **Guidelines**

*Anaphylaxis is a severe, allergic reaction which can be life threatening. It is to be treated as a medical emergency requiring an immediate response.*

*The ASCIA Action Plan for Anaphylaxis is available from the [Australasian Society of Clinical Immunology and Allergy website](#).*

*Refer to Appendix D: Administration of Medication for information regarding the emergency administration of a non prescribed adrenaline auto-injector.*

*A comprehensive resource kit to assist principals to implement a whole school approach to preventing and managing anaphylaxis has been provided to schools by the Department of Health. Additional information is available from the Department of Health website at: <http://www.health.wa.gov.au/anaphylaxis/about/index.cfm>*

*or*

*<http://www.det.wa.edu.au/studentsupport/behaviourandwellbeing/detcms/navigation/wellbeing/student-health-care/>*

*For access to the Department's or the Australasian Society of Clinical Immunology and Allergy Best Practice Guidelines and plans go to either:*

*<http://www.det.wa.edu.au/studentsupport/behaviourandwellbeing/detcms/navigation/wellbeing/student-health-care/>*

*or <http://www.allergy.org.au>*

*Principals should be aware that non-routine and off-site activities such as camps, pose additional risks for students with anaphylaxis. In these circumstances, strategies should be implemented to avoid exposure of students at risk to known triggers and confirm these students have ready access to their prescribed adrenaline auto injector.*

*Principals should make particular effort to inform relief staff about students at risk of anaphylaxis. The absence of a student's regular teacher(s) has been identified as posing a potential additional risk by Anaphylaxis Australia which represents parents of children with anaphylaxis.*

#### 4.6.5 HEAD LICE (PEDICULOUS)

Principals in consultation with parents and staff will develop agreed management, communication and education strategies to reduce the impact of head lice infestation.

#### **Guidelines**

- *The principal may authorise a member of staff to examine the head of any student to ascertain whether head lice are present.*

- *If head lice are found, students may be given tasks which do not involve close group work but do not necessarily need to be excluded from school. However, the principal has discretion under the School Education Act 1999 to require that a student does not attend or participate in an educational program until parents confirm that a recommended treatment is being undertaken and all head lice have been removed.*

*For further information refer to the Department's [Head Lice Best Practice Guidelines](#) available from the Behaviour and Wellbeing, Student Health Care website.*

#### 4.6.6 SUNCARE

Principals will:

- consult with parents, staff and where appropriate students, to develop agreed procedures for promoting effective sun protection; and
- modify teaching and learning programs to suit weather conditions.

##### **Guidelines**

##### **Periods of Prolonged High Temperature**

- *Schools are not closed during periods of prolonged high temperature.*
- *Parents may keep their child at home and provide an explanation of absence to the school.*
- *Parents may also withdraw students from the school program in negotiation with school staff.*

*For further information refer to the Department's [Sun Care Best Practice Guidelines](#) available from the Behaviour and Wellbeing, Student Health Care website.*

## 5 RELATED DOCUMENTS

### 5.1 RELEVANT LEGISLATION OR AUTHORITY

*Disability Discrimination Act 1992 (Cwlth)*

*Disability Discrimination Act Standards for Education 2004 (Cwlth)*

*Equal Opportunity Act 1984 (WA)*

*Health Act 1911 (WA)*

*Poisons Act 1964 (WA)*

*Privacy Act 1988 (Cwlth)*

*Public Sector Management Act 1994 (WA)*

*School Education Act 1999 (WA)*

*School Education Regulations 2000 (WA)*

*State Records Act 2000 (WA)*

### 5.2 RELATED DEPARTMENT POLICIES

*Duty of Care for Students*

*Duty of Care – VET for School Students (VSS) Attending TAFEWA Colleges*

*Emergency and Critical Incident Management*

*Enrolment*

*Excursions: Off School Site Activities*

*First Aid for Sickness and Accidents in Schools*

*Occupational Safety and Health*

*Records Management*

*Risk and Business Continuity Management*

### 5.3 OTHER DOCUMENTS

*Records Management Manual for School, College and Campus Records*  
*Working with Youth: A Legal Resource for Community Based Health Workers*  
*Memorandum of Understanding between the Department of Education and Training and the Department of Health for the Provision of School Health Services for School Students Attending Government Schools 2010 -2013*

## 6 DEFINITION

### **EMPLOYEE**

A person who is currently employed under the *School Education Act 1999* or the *Public Sector Management Act 1994*.

### **HEALTH CARE PLAN**

Specifies the support required to cater for a student's health care needs while in the care of the school.

### **HEALTH PROFESSIONAL**

Provides advice and recommends appropriate strategies for managing a student's health care needs and may include medical practitioners, pharmacists, nurses and allied health care workers.

### **INDEPENDENT MINOR**

Students under 18 years of age living independently whom the principal decides (under Regulation 147 of the *School Education Act 1999*) may sign their own consent forms.

### **NON-TEACHING STAFF**

Employees of the Department of Education who are employed at the premises of a public school but who are not members of the teaching staff.

### **PARENT**

In relation to a child, means a person who at law has responsibility for the long-term care, welfare and development of the child; or the day-to-day care, welfare and development of the child.

### **STUDENT HEALTH CARE SUMMARY**

Provides an overview of a student's health needs, planning requirements and emergency contacts.

### **TEACHING STAFF**

Persons appointed by the Director General pursuant to section 236(2) of the *School Education Act 1999* and consisting of the following classes:

- school administrators (principals and those as listed in regulation 127 of the *School Education Regulations 2000*);
- teachers other than school administrators; and
- any other class as prescribed in Regulation 127A of the *School Education Regulations 2000*.

7 CONTACT INFORMATION

Student Services Programs – Behaviour and Wellbeing  
Department of Education  
151 Royal Street  
East Perth WA 6004  
T: (08) 9264 4455  
F: (08) 9264 4015  
W: <http://det.wa.edu.au/studentsupport/detcms/portal/>

SchoolsPlus  
Student Services Programs – Disabilities  
Department of Education  
151 Royal Street  
East Perth WA 6004  
T: (08) 9264 5598  
F: (08) 9264 4177  
W: <http://det.wa.edu.au/studentsupport/detcms/portal/>

E-mail: [SchoolsPlus@det.wa.edu.au](mailto:SchoolsPlus@det.wa.edu.au)

## APPENDIX A SPECIALIST HEALTH SERVICES

For the majority of students, health care can be managed with the support available within the school. Principals can seek assistance from School Health Services, State-wide Specialist Services and SchoolsPlus.

### **School Health Services**

Department of Health school/community health nurses provide services to schools as described in the Memorandum of Understanding (MOU) between the Department of Education and the Department of Health for the Delivery of School Health Services 2010–2013. Principals can seek advice from school/community health nurses when developing health care plans for students with complex health care needs. The MOU can be located at:

[Behaviour and Wellbeing, Student Health Care website](#)

### **State-wide Specialist Services**

State-wide Specialist Services are provided to schools through the Centre for Inclusive Schooling (CIS), Vision Education Service (VES), the WA Institute for Deaf Education (WAIDE) and Hospital School Services (HSS). State-wide Specialist Services:

- provide advice and support to assist school staff to meet the needs of identified students;
- contribute to educational planning for identified students; and
- facilitate staff training where this is appropriate.

Hospital School Services (HSS) can assist by:

- providing educational support for students whose physical or mental health present difficulties in accessing their usual education program; and
- facilitating for these students their entry or return to a program that meets their ongoing needs.

If a student requires support from HSS, relevant procedures are outlined in section 5.4.2 of the Department's *Enrolment* policy. Further information is available on the [Hospital School Services website](#).

Contact Information:

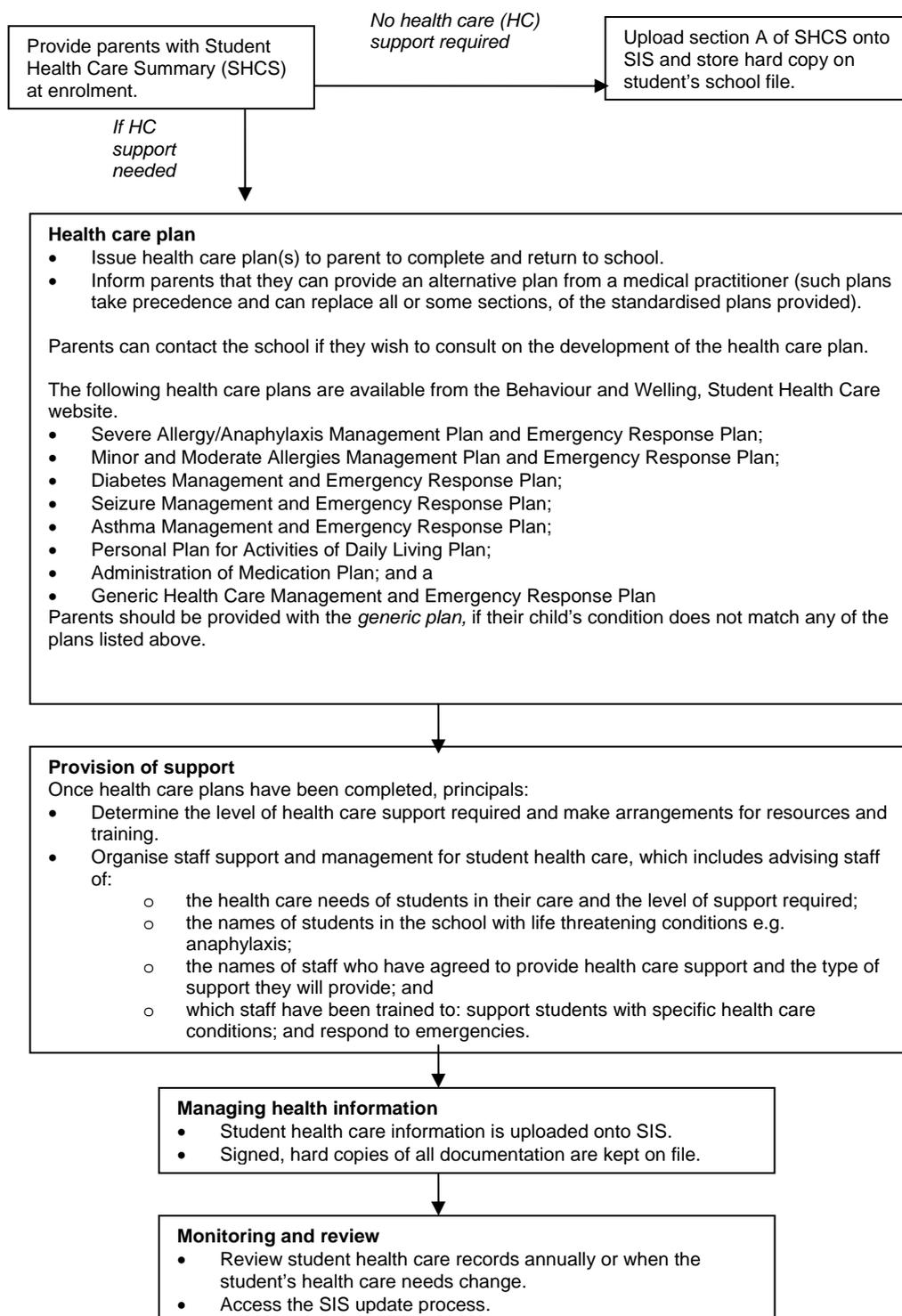
CIS - Tel: 9426 7111

VES - Tel: 9426 7122

WAIDE - Tel: 9286 7000

HSS – Tel: 9340 8529

## APPENDIX B FLOWCHART FOR STUDENT HEALTH CARE PLANNING PROCESS



The release notes - **Administration Manager Medical Details** for data entry procedures are available at: <http://www.det.wa.edu.au/intranet/stims/redirect?oid=com.arsdigita.cms.contenttypes.FileStorageItem-id-10931123>  
 SIS will automatically generate a review date one year from data entry.  
 Frequently asked questions for office administrators are also available from [Behaviour and Wellbeing website](#).

## APPENDIX C MANAGING HEALTH CARE FOR STUDENTS WITH HIGH RISK HEALTH CONDITIONS

If a parent applies to enrol a student with a complex or high risk to life health condition and the principal believes the school may not be able to provide the level of health care support required for the child to sustain health or life, the principal informs the parents that:

- the school may not have sufficient resources to provide the level of health care support needed for their child;
- a review process will need to be undertaken to determine if their child's health care needs can be resourced at the preferred school and that they will be consulted as part of the review process; and
- at the end of the review process, if their child's needs can not be met at the preferred school, the Regional Executive Director in the Regional Office will recommend the most appropriate educational program(s) for their child, based on the availability of resources.

The principal refers the matter to the Regional Executive Director who, acting as delegate for the Chief Executive Officer, decides whether an educational program at the preferred school is available or is appropriate for the student.

In determining whether an educational program is available or is appropriate, the Regional Executive Director is to take into account:

- a) the nature of the benefit or detriment likely to accrue to, or be suffered by, the child and all other persons concerned;
- b) any additional cost involved in providing the program for the child; and
- c) the effect of the child's:
  - i) behaviour; or
  - ii) disability or other condition, if any, on the child's participation in the program.

In order to decide whether the student's health care needs can be met at the preferred school the Regional Executive Director can seek information from and meet with any person s/he considers relevant including:

- The school principal and other school staff;
- State-wide Specialist Services;
- SchoolsPlus;
- School psychologist;
- Regional Education Office representative(s);
- School Health Services (school/community health nurse and regional Nurse Manager); and
- Other relevant stakeholders, e.g. medical specialists from Princess Margaret Hospital.

Before deciding whether an educational program at a school is available or appropriate for a child with a disability, the Regional Executive Director consults with the child's parents and takes into account the wishes of the child's parents.

Once the Regional Executive Director makes a decision, s/he advises the parents in writing of the decision for the child to stay at the current school or go to another which s/he indicates, including the reasons for the decision and of their right to have the decision reviewed by the Chief Executive Officer; and advises the Chief Executive Officer in writing.

#### RIGHT OF REVIEW FOR PARENTS

The parent has a right of review of the decision under the *School Education Act 1999* Section 86 (4).

If a parent seeks a review, the Regional Executive Director:

- describes the process to the parent/carer of the child; and/or if the child is an independent minor, to the child; and
- facilitates a process for convening and conducting a Disability Advisory Panel in accordance with Sections 86/87 of the School Education Act (Disability Advisory Panels).

#### OUTCOME OF THE DISABILITY ADVISORY PANEL

The Regional Executive Director:

- provides the Chief Executive Officer with the panel's recommendations;
- obtains the Chief Executive Officer's final decision in writing;
- verifies that the Chief Executive Officer's decision is communicated in writing to the parents and the principal who lodged the referral;
- negotiates a placement for the student in an appropriate education program; and
- advises all parties of agreed arrangements.

## APPENDIX D ADMINISTRATION OF MEDICATION

### D.1 LONG-TERM ADMINISTRATION OF MEDICATION

Long-term medication is prescribed or non-prescribed medication that a student is required to take during school hours in response to a long-term or ongoing medical condition. Instructions and authorisation for the administration of long-term medication will be recorded in the student's health care plan.

### D.2 SHORT-TERM ADMINISTRATION OF MEDICATION

Parents may request school staff to administer prescribed or non-prescribed medication to students for a short period of time when their child has a condition that does not require a long-term health care plan. For short-term administration of medication, parents are required to complete:

- an Administration of Medication form; or
- the Letter to Parents – Short Term Medication.

### D.3 EMERGENCY ADMINISTRATION OF AN ADRENALINE AUTO-INJECTOR

The majority of students with anaphylaxis will have been diagnosed by the time they reach school and should have their own prescribed adrenaline auto-injector available to them at all times.

A small number of students who have not been diagnosed previously and who therefore do not have a prescribed adrenaline auto-injector available may experience their first anaphylactic episode at school.

#### D.3.1 ADRENALINE AUTO-INJECTOR FOR EMERGENCY USE

On completion of certified anaphylaxis training with a school/community health nurse, the Department of Health provides schools with an adrenaline auto-injector device for inclusion in the first aid kit (1 per 300 students). It can be used:

- when a student who has not been previously diagnosed, is experiencing an anaphylactic reaction for the first time as they will not have a prescribed adrenaline auto-injector available;
- when a student with a prescribed adrenaline auto-injector requires a second dose; and
- in an emergency, when a student with a prescribed adrenaline auto-injector does not have their medication available.

**Note:**

- The adrenaline auto-injector for general use is not intended to replace a prescribed adrenaline auto-injector for a student who has been previously diagnosed.
- Access to the adrenaline auto injectors for general use is managed at the local level with priority given to high risk situations where there may be limited access to medical support for example, school camps.
- It is acknowledged that schools may not have sufficient resources to have an adrenaline auto-injector for general use available at every off-site event.

- Adrenaline auto injectors have a maximum shelf life of 18 months and expiry dates should be checked regularly.

#### D.4 DOSAGE

Dosage is in accordance with the pharmacy label. However, the principal or their nominee can request advice from a medical practitioner where they believe a student's prescribed dosage may need to be adjusted. A medical practitioner may nominate the range of prescribed dosage.

#### D.5 STORAGE OF MEDICATION

Medications should be stored safely in accordance with the pharmacy label.

Where appropriate, medication should be stored in a refrigerator or locked cupboard. However, some medications may be required on an immediate basis, (for example an adrenaline auto injector pen or an asthma reliever) and storage arrangements should take this into account.

Under the *Poisons Act 1964*, Schedule 8 medications such as Ritalin and Dexamphetamine are controlled drugs. Controlled drugs are to be stored in a locked cupboard separately from all other non-Schedule 8 drugs.

#### D.6 SELF-ADMINISTRATION OF PRESCRIBED MEDICATION BY STUDENTS

The common law duty of care does not extend to administering prescribed medication to students who are reasonably able to self-administer. However, the principal should take reasonable steps to manage those students who self-administer medication so that they do so safely.

The manner in which a principal manages student self administration of medication will vary in accordance with the specific student's health care plan or needs. Local issues within the school community may also influence how the school will manage self-administration of medication.

Principals may request parents of students who self administer medication at school to complete an *Administration of Medication* form and provide the school with the medication.

Principals should check that students self-administering medication:

- have parental consent to self-administer their medication;
- dispense the medication from the original pharmacy-labelled container;
- limit the amount brought to school to the daily dose;
- are aware that staff can ask to see the container and speak to parents if necessary;
- store their medication appropriately to protect the safety of the individual and other students; and
- receive supervision to self-administer if deemed age appropriate or necessary because of the nature of the medication involved.

## APPENDIX E DEPARTMENT OF HEALTH: METROPOLITAN AND REGIONAL PUBLIC HEALTH UNITS

### Contact Telephone Numbers for Public Health Units

Location	Town	Telephone
Great Southern	Albany	(08) 9842 7525
Kimberley	Broome	(08) 9194 1630
South West	Bunbury	(08) 9781 2350
Midwest/Gascoyne	Geraldton	(08) 9956 1985
North Metropolitan	Perth	(08) 9380 7700
Goldfields	Kalgoorlie	(08) 9080 8200
Wheatbelt	Northam	(08) 9622 4320
Pilbara	South Hedland	(08) 9172 8333
South Metropolitan	Fremantle	(08) 9431 0200

Contact the school nurse or the local Public Health Unit for information and advice regarding communicable diseases (including notifiable diseases), immunisation and infection control issues.

Further information is available from the Communicable Disease Control Directorate:

T: (08) 9388 4852 or

W: [http://www.public.health.wa.gov.au/3/282/3/procedure\\_for\\_notification\\_of\\_communicable\\_disease.pm#how](http://www.public.health.wa.gov.au/3/282/3/procedure_for_notification_of_communicable_disease.pm#how)