

**MEDICATION & INFECTION**

**PROCEDURE**

**GUIDELINES**

1. ***Students who require regular medication:***

Students who take regular medication at school are required to have written and signed instructions from parent/ caregivers and their doctor on the form provided by the school.

Completed forms are to be kept on file in the Office/Sick Bay.

1. ***Students who require occasional medication:***

Students who take occasional medication at school are required to have written and signed instructions from parent/ caregivers on the form provided by the school.

Completed forms are to be kept on file in the Office/ Sick Bay.

Paracetamol will only be given with the parent/caregivers prior consent.

1. ***General:***

Wherever practical the medication is to be administered by the OM and a record kept in the Medication Log Book located in the Office/Sick Bay.

**INFECTION CONTROL GUIDELINES**

These procedures need to be applied because of the probability of unknown infections.

* Always wash hands before preparing food, before eating, after using the toilet and before and after giving first aid.
* Always cover open cuts, sores, grazes and broken skin areas.
* Wear disposable gloves when giving first aid or dealing with any body fluids or solids. Gloves should be disposed of after one use.
* For blood or body fluid spills, wear disposable gloves and mop up the spills with paper towels, soak the soiled area for at least 30 minutes with a solution of diluted bleach (1 part bleach to 9 parts cold water) and mop up the bleach solution with paper towels and complete cleaning the surface.
* For soiled instruments, wear disposable gloves and remove blood and any organic material by thorough cleaning, soak instruments in diluted bleach solution for at least 30 minutes and rinse and dry instruments.
* Used gloves, paper towels, soiled dressings etc should be wrapped in plastic bags and kept out of reach of children until the bags can be disposed of by the caretaker.
* Blood stained or soiled clothing and linen should be placed in plastic bags until washed.
* During sport, blood from any injury must be cleaned up immediately and the injury covered/bandaged to stop blood flow before the player is allowed to resume play.

**CONTACT WITH BLOOD OR OTHER BODY FLUIDS**

**INTRODUCTION:**

* As diseases such as HIV/Aids and Hepatitis can be contracted from infected blood, a set of hygiene procedures are required to address the health and safety issues of all staff and children; also to supports those children/staff with a blood-borne virus.
* Any person in the school with an infectious disease is encouraged to notify the school to ensure health and safety of other people in the school.

**PURPOSE:**

1. To provide a clear, effective set of hygiene procedures in dealing with injury for all staff, adults and children to use when in contact with blood or other body fluids at school. All blood is treated as if infectious.
2. To ensure the equipment needed in order to give effect to these procedures is readily available within the school.
3. To ensure all staff are fully aware of procedures.
4. To identify people who need to be informed of children/staff with infectious diseases.
5. To provide a supportive environment, prevent unfair treatment of and ensure privacy for children/staff with blood-borne viruses.
6. To ensure staff are aware of the need to pay added attention to their own cuts or broken skin, protecting them from direct contact with body fluids, i.e., any fresh cut (less than 24 hours old) should be covered by an impermeable dressing.
7. To ensure the school and health programmes educate pupils, staff, parents and caregivers in safety issues regarding contact with blood and body fluids.

**GUIDELINES:**

1. Parents/caregivers or staff members are encouraged to notify the school of known transmittable diseases they or their child (ren) carry. Any disclosure remains confidential to school staff.
2. All regular school staff treating injuries in the school are notified of students/staff with transmittable diseases as an extra safety precaution, however all blood/body fluid incidents are treated according to procedures outlined.
3. A ‘Blood Spill Kit’ containing gloves, paper towels, disposable nappy, plastic bags and plasters is located in every room
4. A First Aid bag is carried by staff on duty and First Aid bags are taken on all school trips. In First Aid bags there are gloves, paper towels and plastic bags for contaminated waste
5. Relievers, College of Education students and parents helping in school are told of and given a copy of the school’s procedures for dealing with blood related injuries
6. Students are encouraged to follow safety procedures as part of health programmes and health/safety at school.
7. Parents accompanying students on school trips are advised of precautions to take/follow. They are given a sheet each time they accompany a school trip - see attached procedures. A copy of this procedure is made available to helpers within the school.
8. At the beginning of each teaching year, staff are encouraged to check their own Hepatitis B immunity. The Board covers the cost for those requiring vaccination.
9. A copy of "Hygiene Safety Procedures" is on display in the medical room and in each block.
10. All staff or adult/student helper who has gone to the assistance of a student with cut or broken skin follow these outlined procedures to protect themselves and others from blood/fluid transmitted diseases.
    * Avoid contact with blood if your hands or lower arms have open cuts or unhealed wounds. Before treating an injury, cover any cuts or abrasions you have with waterproof dressing.
    * Use disposable gloves for all procedures and wash thoroughly with disinfectant soap and water after removal of gloves. If disposable gloves are unavailable at the time, wash your hands and lower arms and any other bodily parts in contact with or splashed by blood thoroughly, with water and soap after handling blood.
    * **Under any circumstances,** do not delay treatment of a student who is bleeding, because gloves are not immediately available. Use an absorbent barrier such as a towel, paper towel, handkerchief etc., for an actively bleeding child.
    * Dispose of any cotton wool, gauze, gloves or tissues that have had contact with blood in the biohazard bin in the first aid area, ready for safe disposal.
    * Wipe down the benches or other bloodied areas with cold or tepid tap water and then sterilize with household bleach, e.g., "Janola", freshly diluted 1 to 9 with water. Wash carpeted areas with water and soap.
    * Soak surfaces with bleach solution for 20 minutes and then wipe dry. Prepare a fresh solution immediately before you want to use it.
    * Wash hands thoroughly at end of all procedures.
    * Ensure first aid kits contain disposable gloves, disposable wipes, nappies or towels, plastic bags for contaminated waste, a skin disinfectant and bleach solution (1. - 9.) with instructions for use.

**PRIVACY AND CONFIDENTIALITY OF**

**PERSONAL INFORMATION FOR PEOPLE WITH BLOOD BORNE DISEASES**

1. Clear directions are provided regarding privacy and confidentiality of personal information for people with blood-borne diseases and reviewed at the beginning of each year.
2. All regular school staff members maintain confidentiality of any personal or sensitive information.
3. In the event of a possible spread of infection, the school contacts parents/caregivers of the carrier to take the appropriate action.
4. Information about carriers of blood-borne diseases is not recorded on school records.

HEADLICE

# Guidelines

# To keep parents fully informed about the problem through the school newsletter and information pamphlets and personal contact.

* Encourage parents/caregivers to contact the school should they discover headlice and to feel comfortable about doing this.
* Contact the home should a case be discovered while the child is at school and have immediate corrective measures implemented.
* The corrective procedures may mean the withdrawal of the child from school until the treatment has been completed.

**Review Responsibility: *Office Manager,DP & Principal***

**Date Confirmed: 14 February 2017**

**Principal: …………………………………………………………………**



**OCCASIONAL MEDICATION**

**AUTHORITY FORM**

**PARENT / CAREGIVER TO COMPLETE FORM**

**Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room No.: \_\_\_\_\_**

**Prescribing Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of medicine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please note:**

• Whenever possible, medication will be administered by the Office Manager. The person administering medication may not have medical experience.

• The school will take every care to ensure the student receives the prescribed medicine. However, we cannot guarantee this will happen and will accept no responsibility for doses missed or wrongly administered.

• Medicine must be sent to school in the original container with the pharmacy name, medication and dosage frequency details on the container.

• A record will be kept of all doses administered at school.

• Any changes in dosage or frequency of administration must be notified to the school in writing.

• The school reserves the right to decline or discontinue administering medication at any time. Parents will be advised first in the likelihood of this decision being made.

**I UNDERSTAND AND AGREE TO THE ABOVE CONDITIONS**

**Parent / Caregiver:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**REGULAR MEDICATION**

**AUTHORITY FORM**

**PARENT / CAREGIVER TO COMPLETE FORM**

**Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room No.: \_\_\_\_\_**

**Prescribing doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of medicine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please note:**

• In the case of regular administration of some medicines, eg asthma, your child may be independent and able to manage their own medicine administration.

**Please tick if this is the case. ☞……**

• Whenever possible, medication will be administered by the Office Manager. The person administering medication may not have medical experience.

• The school will take every care to ensure the student receives the prescribed medicine. However, we cannot guarantee this will happen and will accept no responsibility for doses missed or wrongly administered.

• **Medicine must be sent to school in the** **original container with the pharmacy name, medication and dosage frequency details on the container.**

• A record will be kept of all doses administered at school.

• Any changes in dosage or frequency of administration must be notified to the school in writing.

• The school reserves the right to decline or discontinue administering medication at any time. Parents will be advised first in the likelihood of this decision being made.

**I UNDERSTAND AND AGREE TO THE CONDITIONS OUTLINED ON THE FORM**

**Parent / Caregiver:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Print Name)**

**Signature: ………………………………………………………………………**



**DOCTOR**

**REGULAR MEDICATION**

**AUTHORITY FORM**

**PRESCRIBING DOCTOR TO COMPLETE**

Child/Patient Name: ………………………………………………………………………………………

Medical condition requiring the administration of medicine by school staff:

Name of medicine(s) to be administered:

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Dosage: Please state the exact amount to be administered and the frequency of administration:

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Any other information that may be useful to the school regarding the student’s medication eg side effects or cautions:

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Doctor’s Name **(Please Print)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_

Doctor’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_