



# MEDICAL ACTION PLAN

## PROCEDURE FOR SUPPORTING STUDENTS WITH SPECIAL MEDICAL NEEDS

### Definitions

#### *Special Medical Needs:*

Acute and chronic medical conditions that demand emergency attention. Conditions may need daily medical intervention or instant intervention such as use of an EpiPen for anaphylaxis.

#### *Dependent:*

A child who needs an adult to administer medical treatment.

### PRINCIPLES

The current practice and routines for students with special medical needs within Liwara Catholic School is based on the following principles:

1. Liwara Catholic School does not have medical personnel on staff.
2. School staff have no medical qualification. They may offer assistance but it will be limited to their knowledge, skill and school resources.
3. Parents accepting staff assistance must assume full responsibility themselves.
4. Whilst the student is dependent, the parent or nominated family member/adult will administer any required daily medical procedure.
5. When the student is independent, he/she will self-administer medical procedures under the supervision of a willing staff member in a designated private contained area, according to a written plan authorised by a medical practitioner.
6. Parents will provide and maintain all medications and equipment required.

### PROCEDURE

1. An individual daily management and emergency action plan must to be established by the student's medical practitioner. The school cannot assume responsibility to provide support in the absence of an authorised plan.
2. Plan proforma with minimum details required must be completed. See appendix A.
3. A copy of this plan signed by the parent should be present in the classroom and office along with a photo of the child.
4. Parents must contact class teachers to update individual plans by Week 2 Term 1 each year.
5. The School will compile emergency procedure folders by Week 3 Term 1 and ensure all staff are aware of folder locations.

**APPENDIX A:**

**MEDICAL ACTION PLAN - ACUTE CONDITIONS**

**(photo)**

(Requiring ongoing daily treatment or immediate emergency response)

**STUDENT NAME:** \_\_\_\_\_

**CLASS:** \_\_\_\_\_

**CONDITION:** \_\_\_\_\_

Emergency Action Plan: (to be undertaken in life threatening situations)

**Step 1:** \_\_\_\_\_

\_\_\_\_\_

**Step 2:** \_\_\_\_\_

\_\_\_\_\_

**Step 3:** \_\_\_\_\_

\_\_\_\_\_

**Step 4:** \_\_\_\_\_

\_\_\_\_\_

**AUTHORISED BY:**

Medical Practitioner Name: \_\_\_\_\_

Qualification: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

**PARENT/GUARDIAN CONTACT DETAILS:**

Mother's Name: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Back up contact in case of being unable to contact parents:

Name: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

## DAILY/ON-GOING MANAGEMENT PLAN

(to be devised for each student's individual needs)

**Student is:** Dependent / Independent for daily treatment/management (see Guidelines)

**Daily/ On-going Treatment:** (eg finger prick tests)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Treatment to be carried out in:** (eg Sick Bay) \_\_\_\_\_

**Symptoms requiring supplementary treatment:** (eg drowsiness, swelling etc)

\_\_\_\_\_

\_\_\_\_\_

**Supplementary (Non-Emergency) Treatment** eg: sugar etc for diabetes:

*(Please attach clearly written/typed protocol stating at what stage Emergency Action Plan should commence)*

**Medication / Supplies for Treatment to be kept:** \_\_\_\_\_

\_\_\_\_\_

**Number of tablets/mls given to school:** \_\_\_\_\_

**Other specifications to be included in Action Plan** (eg parent to accompany child on excursions/camps if necessary etc)

\_\_\_\_\_

\_\_\_\_\_

### PARENT AGREEMENT:

- I have read the Liwara Procedure for Supporting Students with Special Medical Needs and accept the conditions.
- Whilst my child is dependent I, as the primary care giver will administer daily needs relevant to his/her medical condition.
- I understand supervision of treatment and emergency action will be undertaken by non medically qualified staff and within in the constraints of other duties.
- I undertake to check and maintain necessary equipment regularly and replace immediately after use.
- I give permission for my child's photograph (supplied by me) and details of their medical condition to be displayed in appropriate places for staff information.
- The Emergency and Supplementary Action Plan has been approved by my child's doctor.
- I undertake to keep all relevant medical information and contact details current.
- I will accept the costs of an ambulance if the school deems it necessary to call one.

**PARENT'S NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

THIS PLAN MUST BE UPDATED AT THE BEGINNING OF EACH SCHOOL YEAR

Note: The information collected on this document will be treated in accordance with our Privacy Policy. It will be confidential as far as possible, within the constraints of the need for staff access to the emergency procedures required. Copies of the student's photos and condition details will be displayed in the Staffroom. A Medical file will be kept in a prominent position in the Admin office and in the child's classroom.