



DIABETES MANAGEMENT PROCEDURE

This procedure must be read in conjunction and interpreted in line with the [First Aid Policy](#) and [First Aid General Procedure](#).

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1. OVERVIEW

- 1.1. This procedure describes the mandatory steps to be taken in directorate workplaces to assist with the management of type 1 diabetes and prevent and manage the risk of type 2 diabetes and any diabetes emergency.

2. RATIONALE

- 2.1. The directorate considers diabetes a serious medical risk that requires management in accordance with the [First Aid in the Workplace Code of Practice](#) in order to meet legislative requirements outlined in the [Work Health and Safety Act 2011](#), the [Children \(Education and Care Services\) National Law \(NSW\) No. 104a](#), and the [Work Health and Safety Regulation 2011](#) and [Education and Care Services National Regulations](#).
- 2.2. The [Education and Care Services National Regulations](#) outlines specific requirements for the development of a suite of plans in consultation with the parents and carers for any student with a diagnosed risk of diabetes. These plans include a *Medical Management Plan* (which replaces section D of the *Known Medical Condition Response Plan*, a *Risk Minimisation Plan* and a *Communications Plan*.

3. DEFINITIONS

- 3.1. **ACTPS** is the ACT Public Sector or Service.
- 3.2. **Diabetes** is a medical condition characterised by the excessive amount of glucose in the blood stream. The two common forms are type 1 and type 2.
- 3.3. **Executive** is a term that includes executives, school principals, managers and supervisors.

- 3.4. **Type 1 diabetes** is where the pancreas, a large gland behind the stomach, stops making insulin. Without insulin, the body's cells cannot turn glucose (sugar) into energy and burns its own fats as a substitute. Unless treated with daily insulin injections or continuous infusion of insulin via a pump, people with type 1 diabetes accumulate dangerous chemical substances in their blood from the burning of fat. This can cause a condition known as ketoacidosis. This condition is potentially life threatening if not treated.
- 3.5. **Type 2 diabetes** is the most common form of diabetes where the pancreas makes some insulin but it is not produced in the amounts the body needs to work effectively. The risk of type 2 diabetes is greatly increased by high blood pressure, being overweight or obese, or from insufficient physical activity and poor diet.
- 3.6. **Hypoglycaemia** (also called a hypo, low blood glucose or insulin reaction) is when the blood glucose level drops too low i.e. below 5 mmol/L, although this can vary. A hypo can present as behavioural disturbance, can cause fits, and is potentially life threatening. It is important to treat a hypo immediately to stop blood glucose levels from dropping lower. Further information on hypoglycaemia is available from Diabetes Australia Hypoglycaemia.
- 3.7. **Hyperglycaemia** is when the blood glucose level is too high. Many people do not experience the symptoms of hyperglycaemia until their blood sugar levels are extremely high. High blood sugar levels can cause inability to concentrate and leads to a need for frequent urination.
- 3.8. **Ketoacidosis** is a serious condition associated high blood glucose levels in type 1 diabetes. Without enough insulin, the body burn fat for energy, which leads to accumulation of dangerous chemical substances in the blood called ketones.
- 3.9. **Worker** includes directorate employees, volunteers, students gaining work experience and others including contractors and sub-contractors.

4. PROCEDURES

4.1. Roles and responsibilities

- 4.1.1. The responsibilities of the Director-General, executives including school principals, managers, supervisors and workers are set out in the [Work Health and Safety Act 2011](#) and articulated in the [Work Health and Safety Act 2011-Responsibilities WHS-03-2013](#) (ACTPS responsibilities).
- 4.1.2. Key responsibilities as they relate to diabetes management are outlined below and should be read in conjunction with the ACTPS responsibilities and the ACTPS and directorate first aid policies and procedures.
- 4.1.3. **Director-General**
- The Director-General will exercise due diligence to ensure that directorate work environments are safe and healthy for workers, students and others and that the directorate complies with the ACTPS policy [WHS-04-2013 First Aid in the workplace](#)
- 4.1.3.1. In the context of diabetes management, due diligence means taking all reasonable steps to ensure:

- a system of regular monitoring of safe practices, procedures and controls in relation to diabetes management is implemented
- systems are in place that facilitate consultation with workers when decisions are made about diabetes management requirements
- first aid facilities and equipment are available for all workers, students and others including those who work outside normal business hours e.g. cleaners and contractors
- sufficient numbers of qualified workers are available, in accordance with the site-based risk assessment and early childhood legislative requirements, to manage a diabetes emergency.

4.1.4. Executive

4.1.4.1. Executives will exercise due diligence in assisting the Director-General with their obligations including implementing the ACTPS and directorate first aid policies and procedures. In the context of diabetes management this includes:

- identification and adequate resourcing of the administration of diabetes management at their workplace
- implementing a system of regular monitoring through annual review of safe practices, procedures and controls in relation to diabetes management
- ensuring appropriately trained personnel administer first aid, ensuring that all workers are inducted in diabetes awareness
- ensuring that secure storage systems are in place for any medications associated with diabetes management or an emergency
- ensuring in-confidence record keeping of the administration of any diabetes medications
- in a school context:
 - known diabetes sufferers should be recorded in the [Schools and Office Risk Register](#)
 - undertaking consultation with workers and parents and carers regarding decisions about diabetes management and risk minimisation requirements
 - ensuring a *Risk Minimisation Plan* is developed using a risk matrix for the management of any student with diabetes
 - ensuring a *Communications Plan* is developed outlining the agreed process for communicating matters between parents and carers and the school such as the status of the child's blood sugar, administration of medication and required changes to the [Known Medical Condition Response Plan](#)
 - ensuring diabetes medications are administered in accordance with the [Known Medical Condition Response Plan](#) requirements set out in this procedure and the, inclusive of the relevant [Diabetes Management Plan](#) (optional template)
 - and associated *Action Plan* (which replaces section D of this form)
 - ensuring additional preparation and planning is undertaken to ensure a safe and effective learning environment for students with diabetes (see section 4. 3).

4.1.5. Workers

4.1.5.1. ACT Government workers have a responsibility to ensure that while at work they:

- take reasonable care for their own health and safety, including any diabetic condition that may adversely affect their health, or the health and safety of another person
- comply with the ACTPS and the directorate first aid policies and procedures. This includes taking all reasonable steps to:

- participate in consultation and risk management processes relating to diabetes management including the provision and administration of facilities, resources and training relating to diabetes management
- report any hazards
- undertake first aid induction, diabetes awareness training and additional diabetes support training provided by a clinical educator if providing direct support for a student with diabetes
- provide assistance with the management of diabetes when required, to the level of their competence, including calling on expert assistance when necessary.

4.1.6. Parent and carer responsibilities

4.1.6.1. Parents and carers are required to consult with any worker who supports diabetes management for their child. This includes decisions about diabetes management for their child, including risk minimisation and communication requirements and, in particular, the student's need to test blood glucose levels and self-administer insulin in accordance with the student's ability to manage their health needs.

4.1.6.2. Parents and carers are to ensure that:

- The [Known Medical Condition Response Plan](#) with the relevant Diabetes Management Plan and Action Plan (replacing section D of the form) have been completed and remain up to date
- diabetes medications and relevant resources are provided as outlined in the required plans.

4.2. Diabetes management

4.2.1. Schools have the legal and ethical responsibility to provide a learning environment with adequate adult supervision to ensure that students with diabetes are safe.

4.2.2. Students with diabetes can do everything that their peers can do when their glucose levels are normal. Additional preparation and planning is required to ensure a safe and effective learning environment. Specific examples include:

- special consideration on the effect of the activity on diabetes, especially a significant increase in normal physical activity levels or the introduction of a spontaneous, unplanned for physical activity
- extra supervision
- extra toilet privileges
- being able to eat at additional times, especially before or during sport or physical activity, and immediately if at any time hypoglycaemia is detected
- being given extra consideration if unwell or exhibiting out of character behaviour, and particularly when exhibiting or experiencing symptoms of hypoglycaemia
- special provisions for privacy and sharps management and disposal when testing blood glucose levels and injecting insulin at school.

4.2.3. Type 1 diabetes

4.2.3.1. Ketoacidosis and hypoglycaemia are both potentially life threatening conditions that may arise from type 1 diabetes. People with type 1 diabetes depend on insulin injections every day of their lives. They must test their blood glucose levels several times daily.

4.2.3.2. All students with type 1 diabetes have:

- two to four subcutaneous injections of insulin every day or receive continuous subcutaneous insulin via an insulin pump with extra bolus insulin via the pump for meals
- a regular pattern of snacks and meals.

4.2.3.3. Further information is available from [type 1 diabetes](#).

4.2.4. **Management of insulin levels**

4.2.4.1. The insulin dose may be adjusted according to blood glucose test results done several times a day. This adjustment is the responsibility of the parents and carers in consultation with the treating doctor and diabetes care team.

4.2.4.2. The timing of injections and food intake is most important. Carbohydrate containing foods are essential as they raise blood glucose levels, while insulin and exercise lower them. Maintaining a balance so that the level of glucose is neither too high nor too low is very important, although sometimes difficult to achieve.

4.2.5. **Type 2 diabetes**

4.2.5.1. Type 2 diabetes is initially managed with healthy eating and regular physical activity. However, over time most people with type 2 diabetes will also need tablets and many will need insulin. It is important to note that this is just the natural progression of the disease, and taking tablets or insulin as soon as they are required can result in fewer complications in the long-term. There is currently no cure for type 2 diabetes.

4.2.5.2. Most people with type 2 diabetes will require diabetes tablets to manage their condition, but many will eventually need insulin injections. Students with type 2 diabetes can usually manage it with lifestyle changes. These students are at increased risk of hypoglycaemia. Insulin is frequently required as oral diabetes medications are usually not recommended for younger students.

4.2.5.3. Further information is available from [type 2 diabetes](#).

4.2.6. **Exercise**

4.2.6.1. Diabetic students should be able to participate in all sports and exercise with additional care and planning. Where possible, provide advanced notice of exercise events to parents and carers as outlined in the *Communications Plan*.

4.2.6.2. Blood glucose levels may fall during, immediately after, or several hours after exercise due to increased glucose use from muscle exercise.

4.2.6.3. Any activities in which hypoglycaemia may cause risk to either the student or any people assisting must be carefully planned and strictly supervised. This planning includes testing blood glucose levels prior to participation. Activities include:

- active sports and any activities in remote locations, where staff need higher levels on diabetes awareness and must do additional preparation and planning well in advance
- water sports, which need careful planning and close supervision as hypoglycaemia increases the risk of drowning.

4.2.6.4. Workers supporting a student with diabetes during exercise can assist by:

- being aware of the student's [Known Medical Condition Response Plan](#) and Diabetes Medical Management Plan and Action Plan and commence action as outlined where required
- ensuring food and drinks for the treatment of hypoglycaemia are available on site
- giving extra carbohydrate food before sport i.e. a mixture of rapidly and slowly absorbed carbohydrates
- giving additional carbohydrate food for each half hour of exercise
- giving extra carbohydrate food after the sport as well if the sport has been particularly vigorous or lengthy
- providing more supervision during exercise
- watching for signs of hyperglycemia and hypoglycaemia, which must be treated as outlined on the student's plans, as soon as it is identified.

4.2.7. Examinations

4.2.7.1. Students with diabetes perform at their best when their diabetes is well managed and blood glucose levels are maintained within or close to the recommended target range. After a hypoglycaemic event, brain function may not return to normal for several hours and even then students may not do as well as expected in an examination.

4.2.7.2. Symptoms of anxiety related to exams can feel similar to hypoglycaemia and the student may need to test their glucose to help identify hypoglycaemia.

4.2.7.3. For reasons of both fairness and safety in examinations, special provisions for students with diabetes are permitted.

4.2.7.4. Examination arrangements

4.2.7.4.1. All students requiring special consideration when undertaking examinations should discuss their needs with the student welfare officer prior to undertaking the examination. Further information is available from the *Board of Senior Secondary Studies* [Equitable Assessment and Special Consideration in Assessment in Years 11 and 12](#) pamphlet or by ph: 6205 7181 or email: bsss.enquiries@act.gov.au.

4.2.7.4.2. Students should provide all of the following items when sitting an exam:

- a drink such as water, fruit juice, or cordial
- bite size carbohydrate food that can be opened without disturbing other students
- blood glucose meter and strips.

4.2.7.4.3. If a blood glucose meter is used, the result is to be noted by the presiding officer and recorded in the presiding officer diary.

4.2.7.4.4. Students should be seated at the side or back of the examination room, with easy access to the exit and toilets, and extra privileges to attend the toilet provided.

4.2.7.4.5. Additional examination time of three minutes is provided to undertake initial blood glucose test reading. If the blood glucose reading is less than five (5.0mmol/L) the student is allowed an extra 20 minutes to take remedial action (e.g. eat carbohydrate food) and retest the

blood glucose level. During this time the student will not have access to the exam paper. If after the second reading, the blood glucose level is still less than five (5.0 mmol/L) the student is considered medically ill.

4.2.8. **Camps**

- 4.2.8.1. Students are able to attend camps when they are reliably independent in the management of their diabetes or if not independent, when they are accompanied by a parent or carer.
- 4.2.8.2. During remote camps involving strenuous activity students will need extra supervision and assistance to manage their diabetes. A *Risk Management Minimisation Plan* for the event should be developed with additional controls implemented such as training of attending workers in diabetes management several weeks prior to the planned departure.
- 4.2.8.3. Parents and carers need to meet with the organisers prior to the camp to discuss:
 - the written [Known Medical Condition Response Plan](#), inclusive of the *Diabetes Medical Management Plan* and *Action Plan*
 - adequate supplies for insulin administration and blood glucose testing
 - details of insulin dosage
 - emergency contact details.

4.3. **Risk Minimisation Plan**

- 4.3.1. A *Risk Minimisation Plan* is a risk assessment document prepared on the [Hazard Risk Assessment](#) tool. This is developed in consultation with the student's parent or carer and the school delegate. It is developed to ensure that the risks relating to the student's diabetes care needs are assessed and minimised and, if relevant, to ensure that practices and procedures are developed and implemented:
 - workers can identify the student, the student's Emergency Treatment Plan, and the location of the student's medication
 - the safe handling, preparation, consumption and service of food
 - parents and carers are notified of any known allergens that pose a risk to a student, and strategies for minimising the risk
 - the student does not attend school without medication prescribed by the student's medical practitioner in relation to the asthma care need.

4.4. **Communications Plan**

- 4.4.1. The development of the *Communications Plan* is required in schools regarding any specialist medical conditions including diabetes. This plan outlines the process by which the workplace ensures that:
 - relevant workers and volunteers are informed about the first aid policy and procedures, the [Known Medical Condition Response Plan](#) and *Risk Minimisation Plan* for the student with diabetes
 - a student's parent or carer communicates any changes to [Known Medical Condition Response Plan](#), inclusive of the *Diabetes Medical Management Plan* and *Action Plan*, and *Risk Minimisation Plan* for the student, setting out how that communication can occur
 - any changes to the student's diabetes or any health concerns can be communicated to the student's parent or carer

- the parent or carer can be informed of the administration of medication for the student.
- 4.4.2. Required communication for workers and others regarding specialist medical conditions may be implemented through first aid induction, as well as the distribution and review by relevant workers of the student's *Medical Information and Consent* form, and the [Known Medical Condition Response Plan](#). This communication must be undertaken in accordance with *Territory privacy principles* outlined in the [Information Privacy Act 2014](#).
- 4.5. **Emergency treatment**
- 4.5.1. The parent or carer should be contacted if a student with diabetes is unwell and exhibits the following symptoms:
- abdominal pain
 - drowsiness
 - extreme thirst
 - excessive urination
 - rapid laboured breathing
 - sweet acetone smell to the breath or vomiting.
- 4.5.2. If the child's parent or carer is unavailable, call an ambulance.
- 4.6. **Hypoglycaemia symptoms**
- 4.6.1. Students showing symptoms of Hypoglycemia must be treated immediately. No harm will come from giving a student with diabetes treatment for hypoglycaemia and providing treatment may save their life.
- 4.6.2. Hypoglycaemia is most likely to occur if there is a significant change in the student's routine such as a change in insulin dose, unexpected exercise, lack of food or insufficient carbohydrates. Hypoglycaemia may also occur for no apparent reason.
- 4.6.3. Hypoglycaemia occurs when the level of glucose in the blood drops low enough to cause certain signs and symptoms (below 4.0 mmol/L). Table 1 can be used to help recognise the level of severity of Hypoglycaemia.

Table 1: Hypoglycaemia symptom severity

Mild hypoglycaemia	Moderate hypoglycaemia	Severe hypoglycaemia
Makes poor decisions	Unable to help oneself	Unable to stand
Hunger, weakness	Unable to drink and swallow without much encouragement	Unable to drink and swallow food, danger of food inhalation
Changes in mood and behaviour such as crying, argumentative outbursts, aggressiveness	Lack of concentration or co-ordination, glazed expression, disorientation, apparent intoxication and aggression (eg. slurred speech)	Unable to respond to instructions, extreme disorientation, may be thrashing about
Sweating, paleness, trembling	Headache, abdominal pains or nausea , may be unsteady	Unconsciousness or seizures such as jerking or twitching of face, body or limbs

4.7. First aid for hypoglycaemia

4.7.1. For severe hypoglycaemia workers can:

- lie the person on their side and protect them from injury, ensuring to maintain Airway, Breathing, and Circulation (ABC)
- do not give anything by mouth
- if the person wears an insulin pump and the worker has received instruction or training in removal of the insulin pump by a clinical educator with support from parents and carers, the pump may be disconnected at the quick release
- call an ambulance and notify emergency contacts.

4.7.2. Supervise and remain with the student at all times to ensure physical safety and that they do not become distressed.

4.7.3. For mild to moderate hypoglycaemia:

- treatment must be initiated swiftly
- never send a student for first aid treatment unaccompanied
- always assume the student is hypoglycaemic if they say so.

4.7.4. Supervise and remain with the student at all times to ensure physical safety and that they do not become distressed.

4.7.5. Follow instructions in the student's [Known Medical Condition Response Plan](#), inclusive of *Diabetes Medical Management Plan* and *Action Plan* if available. If no plan is available, follow the standard hypoglycaemia first aid treatment.

4.7.6. Standard first aid for hypoglycaemia includes:

- raising blood sugar levels by giving the student one of the following:
 - four large or seven small jellybeans
 - 125-200 mLs soft drink or juice (non-diet)
 - 2-3 teaspoons of sugar, jam or honey (with a repetition of this treatment if symptoms persist)
- providing a slow-absorbed carbohydrate food such as a sandwich, biscuits, or fruit when recovery begins to occur
- completing a blood glucose test as soon as the student is able and their meter is available.

4.7.7. Parents and carers must be informed that the student has had hypoglycaemia immediately after the episode as it increases the risk of further hypoglycaemia that afternoon and especially over night and into the next day.

4.7.8. Treatment will vary for students according to their individual circumstances such as type of insulin administration and age.

4.8. First aid for hyperglycaemia

4.8.1. Hyperglycaemia (high blood glucose level) occurs from time to time and is not usually a problem in the short-term. During periods of hyperglycaemia the student may need to drink

extra water and go to the toilet more often. Students experiencing hyperglycaemia may find it difficult to concentrate and can be irritable.

- 4.8.2. Extreme hyperglycaemia can be serious. It is more likely to occur when the student is unwell for other reasons and may be accompanied by nausea or abdominal pain. The [Known Medical Condition Response Plan](#) inclusive of the *Diabetes Medical Management Plan* and *Action Plan* should contain information on the level of blood glucose at which the parents and carers should be contacted.

4.9. Training

- 4.9.1. It is mandatory for all school staff who are administering insulin to students to undertake the Healthcare Access At Schools (HAAS) program training, [HAAS information](#). HAAS Registered Nurses are able to provide general information sessions on diabetes and also specific training on the individual student's diabetes management including pumps, injections, blood glucose monitoring and continuous improvement glucose monitoring, as well as hypoglycaemia and hyperglycaemia management. The HAAS program also includes an Individual Careplan, buddying with school staff providing the health care task, competency assessment and ongoing support as needed.
- 4.9.2. Training may be provided by a Diabetes Nurse Educator through the Paediatric Diabetes Service at The Canberra Hospital. This training is available at various times through the school year. Phone 6174 7495 to request a booking.

- 4.9.3. The *Diabetes and School* training program, an awareness program for schools as well as diabetes management plan seminars are available from <http://as1diabetes.com.au/schools/teachers-and-schools-2/>

4.10. Further information and resources

- 4.10.1. Further information is available from:
- Healthcare Access At Schools ([HAAS](#))
 - Diabetes NSW/ACT by ph: 136 588 or 6288 9830,
 - [Diabetes NSW website](#) for children and carers
 - Paediatric Diabetes Service at The Canberra Hospital on ph: 6174 7495

4.11. Continuous improvement processes

- 4.11.1. Annual review of diabetes management should be undertaken with the Health and Safety Representative and leadership team as part of the annual review of the provision of first aid. In the event of any serious diabetes first aid emergency an immediate review should be undertaken. [The Schools and Office Risk Register](#) should be reviewed where required, with additional controls noted and changes to work practices implemented.

4.12. Records management

- 4.12.1. Records must be kept in accordance with the [Territory Records Act 2002](#) and *Territory privacy principles* outlined in the [Information Privacy Act 2014](#).
- 4.12.2. Further information about [records management](#) including registration, storage and disposal is available on Index.

4.13. Complaints

- 4.13.1. Where there are concerns regarding any first aid procedure or concerns about their application, people should:
- contact the school principal or People and Performance in the first instance
 - contact the directorate Liaison Unit
 - access the [Complaints Policy](#), which is available on the directorate's website.

5. PROCEDURE OWNER

- 5.1. Director, People and Performance
- 5.2. For support in relation to this procedure contact People and Performance on ph: 6205 9202.

6. RELATED DOCUMENTS

- 6.1. The following documents must be read in reference to the information provided in this procedure document:
- 6.2. ACTPS policy:
- [WHS-04-2013 First Aid in the workplace](#)
- 6.3. Directorate policy and procedures:
- [First Aid Policy 2014](#)
 - [First Aid General Procedure.](#)

By agreement with Diabetes Victoria:

[Diabetes Action and Management Plans](#)



FIRST AID GENERAL PROCEDURE

This procedure must be read in conjunction and interpreted in line with the [First Aid Policy 2016](#) and related procedures.

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1 OVERVIEW

- 1.1 This document describes the standard of first aid provision and first aid facilities for workers, students and others visiting directorate workplaces. [The Administration of Student Medication and Complex Health Care Procedures](#) should be referred to where significant levels of ongoing care and assistance are required.
- 1.2 Specific advice on significant medical conditions such as anaphylaxis, asthma, diabetes and epilepsy, as well as operational tasks such as infection control and maintenance of facilities is available in the relevant first aid procedures.

2 RATIONALE

- 2.1 The directorate manages first aid safety risks and hazards in accordance with the [First Aid in the Workplace Code of Practice](#) in order to meet legislative requirements outlined in the [Work Health and Safety Act 2011](#), the [Children \(Education and Care Services\) National Law \(NSW\) No. 104a](#) and the associated regulations; the [Work Health and Safety Regulation 2011](#) and [Education and Care Services National Regulations](#).
- 2.2 The *First Aid General Procedures* and *First Aid Procedures 1-11* provides guidance on the mandatory steps necessary to meet specific legislative requirements for the management of first aid through a first aid system. This includes taking a risk management approach for the provision of, and access to, first aid facilities and resources, numbers of trained first aiders, and the management of first aid emergencies.

3 DEFINITIONS

- 3.1 **ACTPS** is the ACT Public Sector or Service.
- 3.2 **Executive** is a term that includes executives, school principals, managers and supervisors.
- 3.3 **First aid** is the immediate treatment or care given to a person suffering from an injury or illness until more advanced care is provided or the person recovers.
- 3.4 **First aid equipment** includes first aid kits and other equipment used to treat injuries and illnesses.
- 3.5 **First aid facilities** include first aid rooms, clean water supplies and other facilities needed for administering first aid.
- 3.6 **First aid officers** are designated workers who have been appointed on the basis of their qualifications and availability to perform the duties of a first aid officer.
- 3.7 **Worker** includes directorate employees, volunteers, students gaining work experience and others including contractors and sub-contractors.
- 3.8 Additional first aid definitions are provided in the [First Aid Policy 2016](#) and *First Aid Procedures*.

4 PROCEDURES

- 4.1 **First aid responsibilities**
- 4.1.1 The responsibilities of the Director-General, executives including school principals, managers, supervisors and workers are set out in the [Work Safety Act 2011](#) and articulated in the [ACTPS policy Work Health and Safety Act 2011-Responsibilities WHS-03-2013](#).
- 4.1.2 Key responsibilities as they relate to first aid are outlined below and should be read in conjunction with the ACTPS responsibilities, and the directorate [First Aid Policy 2016](#).
- 4.1.3 **Director-General**
- 4.1.3.1 The Director-General will exercise due diligence to ensure that directorate work environments are safe and health for workers, students and others and that the directorate complies with the ACTPS policy [2013 WHS 04 First Aid Policy](#) Director-General due diligence responsibilities are outlined in the [First Aid 2014 policy](#).
- 4.1.4 **Executive**

4.1.4.1 Executives will exercise due diligence in assisting the Director-General with their obligations including implementing the ACTPS and directorate first aid policies and procedures by ensuring, so far as is reasonably practicable, that:

- collaboration, consultation, co-operation and co-ordination is undertaken in relation to the provision of first aid
- a risk management approach is used to identify and adequately resource the administration and training of relevant workers in first aid at their workplace
- workers, students and others undertake first aid awareness training as part of induction to the workplace
- regular monitoring of safe practices, procedures and controls in relation to first aid administration is implemented
- workers and others confidentially disclose any medical conditions that may be potentially life threatening (e.g. anaphylaxis), or may potentially place the health of other persons at risk
- a school and work climate is established that:
 - promotes normalisation and inclusion of students and workers with health conditions
 - actively discourages discrimination against persons requiring medication or with a health condition
 - supports (where appropriate) students capable of self-administering medication
 - informs parents and carers of students with potentially life threatening conditions of the requirement for an [Known Medical Condition Response Plan](#) for first aid provision.

4.1.5 Workers

4.1.5.1 ACT Government workers have a responsibility to ensure that while at work they:

- take reasonable care for their own health and safety, including disclosing any medical condition that may be potentially life threatening or may adversely affect the health and safety of another person
- comply with the ACTPS and directorate first aid policies and procedures. This includes taking all reasonable steps to:
 - participate in consultation and risk management processes relating to first aid including the provision of first aid and administration of first aid facilities, resources and training
 - report any hazards
 - undertake first aid induction and training as required
 - provide first aid assistance when required, to the level of their competence, including calling on expert assistance when necessary
 - in a school context:
 - read and become familiar with relevant procedures for specialist health conditions for any student in their care, including the student's [Known Medical Condition Response Plan](#)
 - implement the relevant student Known Medical Condition Response Plan in the event of an emergency

- if undertaking an emergency assistance role (as outlined on the Known Medical Condition Response Plan), complete the relevant training in the management of students with a specialist medical condition.

4.1.6 First aid officers

- 4.1.6.1 In addition to the responsibilities of workers, the responsibilities of the first aid officer includes taking all reasonable steps to:
- seek professional medical advice when unsure of appropriate treatment for any injury (Health Direct 1800 022 222)
 - request ambulance attendance for any serious event and electrical shock
 - maintain first aid records confidentially.

4.1.7 Health and Safety Representatives

- 4.1.7.1 In the context of first aid, Health and Safety Representatives represent the interests of a particular work group in relation to any health and safety matter arising in relation to the local provision, management and monitoring of the first aid system. Their roles and responsibilities are governed by the [Work Health and Safety Act 2011](#).

4.1.8 Parents and carers

- 4.1.8.1 In the school context the parent or carer will take all reasonable steps to, on enrolment of the student or on diagnosis of a specialist medical condition to ensure:
- nominated emergency contacts are provided that are accessible for advice and directions in first aid care
 - consent to contact qualified health professionals about the management of the student in a first aid emergency is provided
 - the principal or delegate is informed of any specialist medical condition and advised of the medical requirements for its management
 - they participate and consult with the school regarding [Known Medical Condition Response Plan](#) and risk management procedures for any specialist medical condition where support from workers (first aid officer, teachers, support staff) is required
 - provide and manage any supporting equipment and consumables required for any specialist medical condition, including medication and food, as set out in the [Known Medical Condition Response Plan](#).

4.2 First aid system

4.2.1 All workplaces must establish a system for delivering first aid services. This system should include the following five elements:

1. First aid facilities and resources

- access to trained first aiders and relief first aiders, including on excursions and at all outdoor adventure activities and sporting activities where first aid is desirable
- first aid kits and portable first aid kits for offsite use (including excursions and playground use)
- first aid kit maintenance procedures
- first aid rooms where risk assessment indicates this requirement
- listing and emergency signage of designated first aid officers and their location.

2. Provision of first aid

- standard procedures for infection control
- procedures for the administration of analgesics
- procedures for the management of biohazards and contaminated waste.

3. First aid training and induction

- provision of appropriate training for first aid officers.

4. Reporting

- procedures for reporting exposures to blood or body fluids
- procedures for reporting potential exposure to notifiable diseases
- procedures for reporting accidents, incidents and notifiable events.

5. Record keeping

- procedures for recording medical information, parental permission for emergency treatment, and emergency first aid plans for students with a specialist medical condition
- procedures for recording all treatments administered.

4.2.2 First aid facilities and resources

4.2.2.1 Directorate first aid facilities are to be made available and maintained in accordance with the [Code of Practice for First Aid in the Workplace](#) and [First Aid Facilities Procedure](#)

4.2.2.2 The scope of any additional facilities will be determined through a risk assessment process and documented in the site-based risk register.

4.2.3 Designated first aid officers

4.2.3.1 The designation of first aid officers ensures that, should an injury or illness occur at a workplace or excursion venue, workers, students and others have access to qualified first aid assistance.

- 4.2.3.2 Regardless of first aid officer designation, all workers have a duty of care to students and others to provide assistance when required, to the level of their competence, including calling on expert assistance when necessary, as set out in this procedure.

4.2.4 First aid training and induction

- 4.2.4.1 All employees, students and others should be inducted on available first aid facilities and first aid officers at the commencement of attendance at the workplace.
- 4.2.4.2 Adequate numbers of first aid officers and first aiders should be trained in accordance with a nationally recognised first aid qualification. More information is available from [First Aid Training Procedure](#).

4.2.5 Provision of first aid

- 4.2.5.1 First aid and first aid emergency assistance is a means of supporting student and staff health and safety while awaiting professional medical assistance.
- 4.2.5.2 First aid should be administered in accordance with the first aid procedures *Provision of Analgesics, Standard Infection Control Precautions and Safe Work Practice, Anaphylaxis Management, Asthma Management, Diabetes Management, Epilepsy Management, Managing Hepatitis and Sharps and Biohazardous Waste Procedure*.

4.2.6 Ambulance and professional medical attention

- 4.2.6.1 A first aid officer should call an ambulance if they believe a patient requires one.
- 4.2.6.2 A first aid officer should arrange for ambulance attendance for any serious event (including electrical shock) unless alternative immediate professional medical attention has been arranged by those with a duty of care for the injured person.

4.2.7 Management of medical conditions

First aiders should not be involved in the general management of medical conditions unless a special arrangement is made by written agreement (refer to the [Administration of Student Medication and Complex Health Care Procedure](#)).

- 4.2.7.1 An *Emergency Treatment Plan* is required for any known specialist medical condition that may require emergency first aid.
- 4.2.7.2 To assist minimize risks to workers and others, any person entering the workplace with a significant medical condition that may require emergency assistance is encouraged to disclose this information on induction. This disclosure is made to the executive (including principal), manager, supervisor or their delegate and the first aid officer.

4.2.8 Management of first aid emergencies

- 4.2.8.1 Directorate workplaces require a [Known Medical Condition Response Plan](#) from a doctor for any student with a significant medical condition including diabetes, anaphylaxis, asthma or other medical condition such as epilepsy.
- 4.2.8.2 If no emergency treatment plan is provided, only first aid treatment should be administered for all medical conditions with the exception of an anaphylaxis and asthma emergency.

4.2.9 Reporting

- 4.2.9.1 Student accidents must be reported to the Audit and Assurance section in accordance with the [Responding to Student Accident and Incident Guidelines](#) policy and procedures. For further information ph: 6205 9151.
- 4.2.9.2 Notifiable and serious events must be notified immediately. Further information is available on [Work Injury Reporting](#).
- 4.2.9.3 All accidents relating to workers and others must be reported within 48 hours on the ACT [Government Accident/Incident Report form](#) available online via RiskMan.
- 4.2.9.4 Any potential exposure to a transmissible infectious disease or vaccine preventable disease that occurs while administering first aid must be reported as outlined in the [Infectious Diseases Policy](#).

4.2.10 Records management

- 4.2.10.1 Records must be kept in accordance with the [Territory Records Act 2002](#) and *Territory privacy principles* outlined in the [Information Privacy Act 2014](#).
- 4.2.10.2 Further information about [records management](#) procedures including registration, storage and disposal is available on Index.

4.3 Complaints

- 4.3.1 Where there are concerns regarding the application of this procedure or the procedure itself, people should:
- contact the school principal or People and Performance on ph: 6205 9202 in the first instance
 - contact the directorate Liaison Unit on ph: 6205 5429 or ETD.Liaison@act.gov.au
 - access the Complaints Policy, which is available on the directorate's website.

5 PROCEDURE OWNER

- 5.1 Director, People and Performance

- 5.2 For support in relation to this procedure contact People and Performance on ph: 6205 9202.

6 RELATED DOCUMENTS

- 6.1 The following policies and procedures should be read in conjunction with this procedure.
- 6.2 Policies located on the Chief Minister and Treasury and Economic Development Directorate website:
- [ACT Public Service First Aid Policy Statement](#)
 - [ACTPS policy Work Health and Safety Act 2011-Responsibilities WHS-03-2013.](#)
- 6.3 The following policies and procedures are located on the directorate website:
- [First Aid Policy 2016](#)
 - [Infectious Diseases Policy.](#)
 - First aid procedures:
 - [Administration of Analgesics Procedure](#)
 - [Anaphylaxis Management Procedure](#)
 - [Diabetes Management Procedure](#)
 - [Epilepsy Management Procedure](#)
 - [First Aid Training Procedure](#)
 - [First Aid Facilities Procedure](#)
 - [First Aid Record Management Procedure](#)
 - [Managing Hepatitis Procedure](#)
 - [Sharps and Biohazardous Waste Procedure](#)
 - [Standard Precautions for Infection Control and Safe Work Practice Procedure](#)



ADMINISTRATION OF STUDENT MEDICATION AND COMPLEX HEALTH CARE PROCEDURES

This procedure must be read in conjunction and interpreted in line with the and interpreted in line with the [First Aid Policy](#), [First Aid General Procedure](#), [Administration of Analgesics Procedure](#), [First Aid Facilities Procedure](#), [First Aid Record Management Procedure](#), [First Aid Training Procedure](#).

Publication Date: May 2019

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1. Overview

- 1.1. This procedure outlines the requirements and responsibilities for the administration of medication and complex health care procedures in ACT Government schools and directorate workplaces including venues where school activities take place, office buildings, storage units and excursion venues. The procedure applies to all directorate supervisors/managers and authorised persons undertaking these duties.

2. Rationale

- 2.1. The directorate manages the administration of medication and complex health care procedures in order to meet legislative requirements outlined in the [Work Health and Safety Act 2011](#) (WHS Act), [Education and Care Services National Law \(Act\) ACT 2011](#) and the associated regulations; [Work Health and Safety Regulations 2011](#) and [Education and Care Services National Regulations](#).

3. Procedures

- 3.1. Roles and responsibilities

- 3.1.1. The responsibilities of the Director-General, executives including school principals, managers, supervisors and workers are set out in the [WHS Act](#), and articulated in the ACTPS policy [Work Health and Safety Act 2011-Responsibilities WHS-03-2013](#) (ACTPS Responsibilities).

- 3.1.2. Key responsibilities as they relate to the administration of medication and complex health care procedures are outlined below and should be read in conjunction with the [ACTPS Responsibilities](#) and the [First Aid Policy](#) and relevant first aid procedures.

3.2. Director-General

3.2.1. The Director-General will exercise due diligence to ensure that directorate work environments are safe and health for workers, students and others and that the directorate complies with the ACTPS policy [Work Health and Safety Risk Management WHS-05-2013](#). In the context of administration of medication and complex health care procedures, due diligence means taking reasonable steps to ensure:

- a risk management approach is used to identify and adequately resource the administration of medication and health care procedures in workplaces;
- a system of regular monitoring of safe practices, procedures and controls in relation to administration of medication and complex health care procedures in workplaces;
- systems are in place that facilitate consultation with workers when decisions are made about requirements regarding administration of medication and health care procedures;
- appropriate facilities and equipment are available for all workers, students and others;
- first aid officers and/or trained staff to administer medication are available where reasonably practicable.

3.3. Executive

3.3.1. Executives will exercise due diligence in assisting the Director-General with their obligations including implementing the ACTPS policy [Work Health and Safety Risk Management WHS-05-2013](#) and directorate [Administration of Student Medication and Complex Health Care Procedure Final](#).

3.3.2. Executives must ensure that:

- before a trained worker accepts responsibility as an authorised person that:
 - a [Medical Information and Consent Form](#) and [Known Medical Condition Response Form](#) is completed by the student's parent/carer and specifically outlines:
 - the required steps in the event a response to a health issue is needed; and
 - necessary directions and precautions for administering medication provided by the student's qualified health professional
 - a [Medication Authorisation and Administration Record](#) is developed in consultation with the student's parent/carer and authorised person
 - the authorised person understands the correct procedure for administering and storage of medication
- sufficient numbers of staff undertake relevant training in the administration of medication and complex health care procedures to ensure appropriate coverage in the event that an authorised person is absent or unavailable
- referral to the Health Access At School (HAAS) Program team is implemented, with parental consent, for any student requiring a complex health procedure at school or who has complex health issues identified in a preliminary assessment, and
 - a *HAAS Individual Careplan* is in place for all students requiring health care support under the HAAS program

- the training of authorised persons is relevant to the care outlined in the *HAAS Individual Careplan*.

3.4. Workers

3.4.1. ACT Government workers have a responsibility to ensure that while at work they:

- take reasonable care for their own health and safety, including disclosure of any medical condition that may be potentially life threatening or may adversely affect the health and safety of another person;
- comply with the ACTPS and directorate Workplace Health and Safety policies, and procedures. In the context of the Administration of Medication and Complex Health Care Procedure, this includes taking all reasonable steps to:
 - participate in consultation and risk management processes relating to Administration of Medication and Complex Health Care Procedures;
 - report any hazards;
 - undertake induction, first aid and other relevant training as required;
 - provide assistance for the implementation of procedures when required, in line with the written agreement, to the level of their competence, including calling on expert assistance when necessary;
 - read and become familiar with relevant procedures for specialist health conditions for any student in their care, including the student's [Medical Information and Consent Form](#), [Medication Authorisation and Administration Record](#), [Known Medical Condition Response Plan](#) and/or *HAAS Individual Careplan*;
 - implement written procedures documented in the relevant student *Medical Information and Consent Form*, *Known Medical Condition Response Plan* and/or *HAAS Individual Careplan*.

3.5. First Aid Officers

3.5.1. First aid officers are designated employees responsible for providing first aid to workers, students and others in accordance with their qualification and the [First Aid Policy](#) and [First Aid General Procedures](#).

3.5.2. First aid officers in schools with the Provide First Aid (HLTAID003) or Provide First Aid Response in an Education and Care Setting (HLTAID004) qualification are responsible for administering procedures or assisting trained staff with implementing treatment for all students who have an unexpected injury or suspected illness. The first aid officer will follow the written procedure in the student [Medical Information and Consent Form](#) and [Known Medical Condition Response Plan](#) if available and otherwise provide first aid to their level of experience and training.

3.6. Authorised Persons

3.6.1. An authorised person, who is an approved, trained worker may administer medication or perform procedures in line with a student [Medical Information and Consent Form](#),

[Medication Authorisation Administration Record](#) and/or [Known Medical Condition Response Plan](#).

3.6.2. Further information is available in the [First Aid Training Procedure](#).

3.7. HAAS Workers

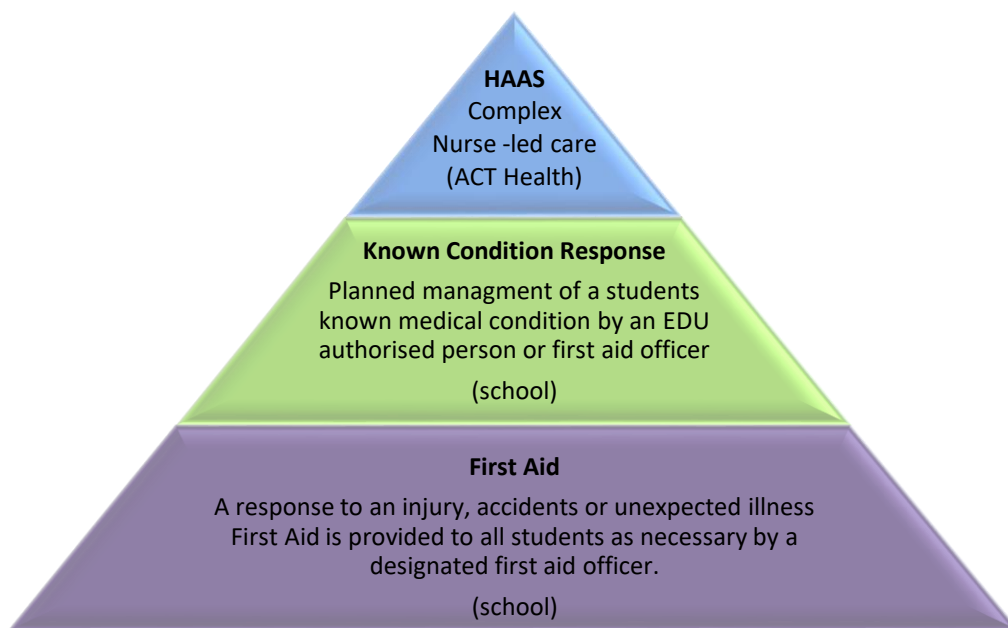
3.7.1. A HAAS Worker, usually a Learning Support Assistant (LSA), is an authorised person who has completed first aid training and individualised training and competency assessment by the HAAS RN relating to the support needs of a student with a HAAS Individual Careplan. HAAS Workers are the only workers authorised to provide HAAS support.

3.8. HAAS Registered Nurses (RNs)

3.8.1. RNs engaged by the ACT Health, Women Youth & Children Community Health Programs are authorised persons in relation to the HAAS Program. The role of a HAAS RN is to:

- consult with the school regarding new HAAS referrals
- assess HAAS referrals for eligibility for the HAAS Program
- provide health information or recommend a provider to provide health information for school staff about a student's medical condition/health needs.
- participate in a health needs assessment with the parent and ensure the parent is involved in and approves of the development of a *HAAS Individual Careplan* for use at school
- participate in the HAAS intake meeting with the HAAS consultant paediatrician to ensure a safe level of care is assigned to the HAAS student
- consult with other health care professionals to ensure identified health care is supported by specialist advice and is evidence based
- develop and manage the student's *HAAS Individual Careplan*
- complete an environmental assessment to ensure a safe school environment for the HAAS student and school staff
- provide advice on operational and resource requirements for students on the HAAS Program including the level of health care support required
- provide training and competency assessment for HAAS Workers
- provide ongoing support to the HAAS Workers, school staff and families
- be available for School staff if they have questions or concerns regarding the [Known Medical Condition Response Plan](#) and wish to discuss this with the RN
- be available for Specialist School parents/carers or students, who may not be on the HAAS Program, if they wish to discuss the health needs of their child while they are at school
- participate in regular evaluation of *HAAS Individual Careplans*.

3.8.2. Three Tiered Approach to Health Care in ACT Government Schools



3.8.3. Medical information and Consent Form

3.8.3.1. Each school year, all parents/carers of ACT Government school students are required to complete a [Medical Information and Consent Form](#) in relation to their child/ren. This form requests general medical information and provides for parents/carers to consent to first aid treatment for their child/children in line with the [First Aid Policy](#) and [First Aid General Procedures](#) and the administration of authorised medications; salbutamol (ventolin) and adrenaline in the event of a life threatening asthma or anaphylaxis emergency.

3.8.4. Known medical condition

3.8.4.1. In addition to the [Medical Information and Consent Form](#) a [Known Medical Condition Response Plan](#) is required for any student with a known medical condition, short or long term, that:

- requires intervention i.e. administration of medication or other support; and/or
- could lead to a medical emergency.

3.8.4.2. The *Known Medical Condition Response Plan* is developed by the student's qualified health professional and student's parents/carers. The Plan is to be used in conjunction with the *Medical Information and Consent Form*. The implementation of this Plan is by written agreement with the school executive and authorised persons.

3.8.4.3. Where the treatment/management of a known medical condition requires the administration of medication for a period of more than one school week a [Medication](#)

[Authorisation Administration Record](#) must also be completed by the student's parent/carer and submitted with the [Known Medical Condition Response Plan](#).

- 3.8.4.4. All *Known Medical Condition Response Plans* must include provision for alternate arrangements for support in the event of the absence of an authorised person.
- 3.8.4.5. An individual student may have a *Known Medical Condition Response Plan* for a known medical condition as well as a *HAAS Individual Careplan* (see below) for a component of their care that requires a more complex/invasive health care procedure/task.
- 3.8.5. Referral to HAAS
- 3.8.5.1. Students with complex health care support needs may be identified for referral to the HAAS team by the school executive through preliminary risk assessment. Referral to the HAAS team is actioned using the [Health care Access at School Referral Form](#). Students may also be referred to the HAAS team by their qualified health professional or directly by the family
- 3.8.5.2. Families may not wish to engage with the HAAS program. In these instances, the parents need to manage their child's invasive and/or complex healthcare tasks during the school day or a comprehensive medical plan must be in place that can be reasonably administered by the school. Among other things, the decision what can be reasonably administered will have regard to availability of suitably trained resources to administer the medical plan. This will need to be an arrangement between the school and the family. A referral to HAAS can be re-initiated at any time in the future.
- 3.8.5.3. The HAAS team provides a *HAAS Individual Care Plan* for any student who has been assessed and admitted to the HAAS Program.
- 3.8.5.4. To ensure the student is able to safely attend school while the HAAS team is conducting the initial health needs assessment and developing the *HAAS Individual Careplan*, interim support arrangements need to be agreed with the family.
- 3.8.5.5. If the student's healthcare needs cannot be safely met as a First Aid response or through a *Known Medical Condition Response Plan*, the family are required to meet the student's additional care needs in school or the parent can choose to keep the child at home until the *HAAS Individual Careplan* has been developed and staff have been appropriately trained to deliver the *HAAS Individual Careplan*.
- 3.8.5.6. HAAS Individual Careplans comprise a suite of documents that can include:
- a Healthcare support Plan – an overarching document with student's details and a list of documents included in the plan package
 - a communication pathway – a flowchart, with contact details, for all parties to follow for lines of communication regarding the student's health needs at school

- an individual care plan – the step by step process and procedure for management of the student's health care needs at school
- a [Known Medical Condition Response Plan](#)
- other relevant documents

- 3.8.5.7. An individual student may have a *HAAS Individual Careplan* and a [Known Medical Condition Response Plan](#) (see above) for a component of their care that requires less complex health care support.
- 3.8.5.8. For students with a *HAAS Individual Careplan* developed and administered under the HAAS program, the RN will ensure:
- the *HAAS Individual Careplan* is developed in consultation with the parent/carer to determine support requirements
 - school executive are provided with a copy of the *HAAS Individual Careplan*, which is to be kept on file by the school.
- 3.8.5.9. If the family does not consent to the *HAAS Individual Careplan* and agreement cannot be reached between the HAAS team and the family on an alternative *HAAS Individual Careplan*, implementation of the *HAAS Individual Careplan* cannot proceed.
- 3.8.5.10. If the student's healthcare needs cannot be safely managed as a First Aid response or through a *Known Medical Condition Response Plan*, the family will be required to manage their child's invasive and/or complex healthcare tasks during the school day.
- 3.8.5.11. The principal will ensure:
- identification of school staff to participate in the HAAS program
 - an appropriate number of staff are trained in a student's HAAS. It is recommended that a minimum of three full time school staff are trained in a student's HAAS procedures to cover any leave or absences.
 - a [HAAS Program School Agreement](#) is developed by the school executive that documents the trained staff i.e. the identified HAAS Workers
 - the [HAAS Program School Agreement](#) should include a statement regarding alternate arrangements the school will take should the HAAS Workers be absent or unavailable
 - in the event that the HAAS Worker is unavailable for the long term, a new HAAS Worker is to be identified by the principal and a new [HAAS Program School Agreement](#) is to be completed to include the new HAAS Worker.
- 3.8.6. Administration of Prescribed Medication as outlined in a [Known Medical Condition Response Plan](#) and/or *HAAS Individual Careplan*
- 3.8.6.1. Wherever possible, medication should be given to students outside of school hours and/or should be administered for the first time away from the school environment and the student observed for 24 hours before return to school.
- 3.8.7. Authorisation

- 3.8.7.1. In circumstance where the administration of prescribed medication is to occur during school hours, written agreement must be obtained prior to the administration of medication via the [Medical Information and Consent Form](#).
- 3.8.7.2. The administration of prescribed medication for a short term, non-ongoing medical issue e.g. antibiotics for a period of 10 days, must be authorised by written agreement from the student's parent/carer, via the [Medication Authorisation and Administration Record](#), and qualified health professional (a medical prescription is adequate).
- 3.8.7.3. The administration of prescribed medication on a long term, ongoing basis is to be undertaken in accordance with the individual student's [Medical Information and Consent Form](#), [Known Medical Condition Response Plan](#), [Medication Authorisation and Administration Record](#) and/or *HAAS Individual Careplan* where relevant.
- 3.8.8. Administration
- 3.8.8.1. Administration of medication should be in accordance with the requirements of the directorate's [Standard Precautions for Infection Control and Safe Work Practice Procedure](#), [Sharps and Biohazardous Waste Procedure](#) and if relevant, the [Administration of Analgesics Procedure](#).
- 3.8.8.2. The administration of all medication requires a two person 'five rights' check. This comprises checking:
- Right student – check student identity
 - Right drug – check drug label
 - Right dose – check medication authority
 - Right route – check whether medication is to be swallowed, applied to skin, injected, via gastrostomy, eye drop etc)
 - Right time – check medical prescription/Medication Authorisation and Administration Record
- 3.8.8.3. The administration of medication must be reviewed to ensure it is in line with the [Medication Authorisation and Administration Record](#) and must be signed or initialled by both persons administering the drug.
- 3.8.8.4. Prescribed medication should generally be administered from a central location and should not be available without the supervision of a first aid officer or authorised person trained in administration of this medication. For some students, having their medication with them or in the classroom, is best practice. For example an epipen for a child with anaphylaxis, salbutamol for a child with frequent episodes of asthma, midazolam for children who have frequent seizures, and insulin for children to manage their diabetes routinely and discretely in class.

- 3.8.8.5. Where there are a large number of students with medication and/or where medication needs to be administered at the students' location, such as in specialist school environments, locked cupboards located in or close to classrooms may be used.
- 3.8.8.6. The medication must be administered in accordance with any instructions attached to the medication, or any written or verbal instructions provided by a qualified health professional.
- 3.8.8.7. Students may self administer medication by written agreement under the supervision of an authorised person.
- 3.8.9. Injections
- 3.8.10. Giving medication via a subcutaneous or intramuscular injection is a procedure that staff require training in prior to administration:
- If the injection is required as part of the [Known Medical Condition Response Plan](#) (tier 2) appropriate providers for training should be sought e.g. first aid training for epi-pens. Approval for the administration of the injection by school staff should be obtained from the student's prescribing qualified health professional.
 - If the injection is part of the daily routine and the student is not able to give it to themselves or requires supervision, the student is referred to the HAAS Program (tier 3).
- 3.8.11. Storage/Security
- 3.8.11.1. Wherever possible, regular medication should be in a pharmacy prepared dosette (Webster pack). Short term medication, liquid and topical prescribed medication must be administered from its original container, bearing the original label and instructions, and before the expiry or use by date.
- 3.8.11.2. Any medication, health care related equipment held by the school must be kept in a secure place in accordance with the requirements of [First Aid Policy](#), [First Aid Facilities Procedure](#) and manufacturer's instructions. Where there are a large number of students with medication, such as in specialist school environments, locked cupboards located close to or in classrooms may be in use.
- 3.8.11.3. Access to medications, health care related equipment is to be provided for the authorised person and first aid officers only. First aid officers should ensure that where prescribed medications are kept, they are stored in a location other than in the first aid kit and that due care and control is maintained over their storage and administration.
- 3.8.12. Training

- 3.8.12.1. All directorate authorised persons must have current First Aid qualifications. Further information is available from the [First Aid Training Procedure](#).
- 3.8.12.2. Individualised training and competency assessment by a HAAS RN is required for any HAAS Worker implementing a *HAAS Individual Careplan*.
- 3.8.12.3. Specialist training can be provided by relevant associations as outlined in the [First Aid Training Procedure](#). These include:
- ACT Health specialists
 - ASCIA Anaphylaxis e-training for Schools and Childcare
 - Asthma Foundation ACT
 - Diabetes ACT
 - Epilepsy Australia
- 3.8.13. Records Management
- 3.8.13.1. Records of administration of prescribed medicines must be in accordance with the [First Aid Records Management Procedure](#) and [First Aid General Procedure](#).
- 3.8.13.2. A copy of the [Medical Information and Consent Form](#), [Known Medical Condition Response Plan](#) and [Medication Authorisation and Administration Record](#) and/or *HAAS Individual Careplan* to be securely stored on confidential student files.
- 3.8.14. Legal Liability
- 3.8.14.1. Authorised persons administer medications and injections in accordance with the instructions of the treating health practitioner as outlined in the [Medication Authorisation and Administration Record](#) and [Known Medical Condition Response Plan](#) in so far as reasonably practicable. Authorised persons must not administer medication beyond the level of their qualification and training.
- 3.8.14.2. The directorate has the duty as an employer to safeguard the welfare of authorised persons. Therefore, a claim against an authorised person would be deemed to be a claim against the directorate or the ACT Government. The directorate would be liable and would bear the cost of a legal action brought against the authorised person.

4. Contact

- 4.1. The Director, People and Performance Branch is responsible for this procedure.
- 4.2. For support contact People and Performance Branch on (02) 620 5 9202.

5. Complaints

- 5.1. Any concerns about the application of this procedure or the procedure itself, should be raised with:

- the school principal in the first instance;
- the Directorate's Liaison Unit on (02) 6205 5429;
- online at http://www.det.act.gov.au/contact_us;
- see also the [Complaints Policy](#) on the Directorate's website.

6. References

6.1. Definitions

- **ACTPS** is the ACT Public Sector or Service.
- **Authorised persons** fall into two categories:
 - RNs and/or other qualified health professionals/practitioners;
 - An approved, trained worker who is authorised on behalf of the directorate to administer medication/s, or perform procedures by written agreement and in negotiation with the principal/supervisor/manager, parent/carer and qualified health professional.
- **Complex health need** a student's health care need or issue requiring a health procedure in order for the student to safely attend school; or a health issue/s of medium or high risk that cannot be managed safely through an EDU [Known Medical Condition Response Plan](#).
- **Complex/invasive health care procedure/task** is a procedure/task that is required by a student as a part of their normal activities of daily living and that is required in order for them to safely attend school, including but not limited to: passing of catheters, percutaneous endoscopic gastrostomy (PEG) feeds, naso-gastric (NG) tube feeds, regular wound dressings, oxygen saturation measurement and tracheostomy tube management.
- **Duty of care** is the duty to take reasonable measures to protect students against risks of injury which could reasonably have been foreseen. The duty is not to ensure there is no injury but to take reasonable care to prevent injury which could reasonably have been foreseen.
- **Executive** means executive officers, school principals, managers and supervisors.
- **First aid** is the immediate treatment or care given to a person suffering from an injury or illness until more advanced care is provided or the person recovers.
- **First aid equipment/facilities** includes first aid rooms, first aid kits, clean water supplies and other equipment used to treat injuries and illnesses and to administer first aid.
- **First aid officers** are designated directorate workers who have been appointed on the basis of their qualifications and availability to perform the duties of a first aid officer.

- **HAAS** is the Healthcare Access At School program. The HAAS RN works with families and school communities to support students with complex healthcare need/s to attend school by developing a *HAAS Individual Careplan*, training school staff members to undertake the identified health care procedures/tasks and providing ongoing support to school and family.
- **Injection** (for the purposes of this procedure) is the administration of medication either under the skin (sub-cutaneous) or into the muscle (intra-muscular).
- **Medication** is a pharmaceutical drug that may be purchased over the counter. This includes ointments, creams, laxatives and natural therapies.
- **Medical prescription** is a form with information about the required medication, including its name, form strength, dose, quantity to be dispensed, how long you need to take it for and any other instructions for use. It must include the student name and date.
- **Others** includes clients, volunteers, visitors and workers, as defined by the WHS Act, that are not on the directorate payroll.
- **Parent** is a person who has parental responsibility for a child or young person under the [Children and Young People Act 2008](#), including a carer under that Act.
- **Parental responsibility** in relation to a child, means all the duties, powers, responsibilities and authority that, by law, parents have in relation to children. Parental responsibility for child protection matters may be granted to the Director-General of the Community Services Directorate or other persons.
- **Prescribed medication** is a pharmaceutical drug that legally requires a medical prescription to be dispensed.
- **Qualified health professional** is a health professional with the skills and knowledge to assess, plan and evaluate care. This can be the student's medical practitioner, specialist doctor or allied health professional.
- **Reasonably practicable** as defined by the [WHS Act](#), in relation to a duty to ensure health and safety, means that which is, or was at a particular time, reasonable.
- **Worker** as defined by the [WHS Act](#) includes directorate employees, contractors and sub-contractors, employees of contractors or subcontractors, an employee of a labour hire company assigned to work in a directorate workplace, an outworker, an apprentice or trainee, a student gaining work experience, a volunteer or a person of a prescribed class.

6.2. Related Policies and Documents

- ### 6.2.1. The following documents must be read in reference to the information provided in this procedure document:

ACTPS policy:

- [Workplace Health and Safety Policy Statement WHS-01-2012](#)
- [Workplace Health and Safety Act 2011-Responsibilities WHS-03-2013](#)
- [Workplace Health and Safety Risk Management WHS-05-2013](#)

Directorate policy and procedures:

- [First Aid Policy](#)
- [First Aid General Procedure](#)
- [Administration of Analgesics Procedure](#)
- [Anaphylaxis Management Procedure](#)
- [Diabetes Management Procedure](#)
- [Epilepsy Management Procedure](#)
- [First Aid Facilities Procedure](#)
- [First Aid Training Procedure](#)
- [First Aid Records Management Procedure](#)