St Francis Xavier Medical Management Communication Policy

St Francis Xavier School Frankston

1. Purpose and Scope

This policy establishes a unified, school-wide communication framework to ensure that all medical-related support needs of students at St Francis Xavier Catholic Primary School are identified, documented, shared, reviewed, and acted upon safely, consistently, and confidentially. It consolidates communication requirements across the school's *Medical Management Procedures*, *Medication Administration Procedures*, *Anaphylaxis Communication Policy*, *Personal Care Support Procedures*, and *First Aid Policy*.

This policy applies across all physical, virtual, and off-site school environments—including classrooms, playgrounds, specialist facilities, excursions, camps, sporting events and programs delivered by external providers. It governs all members of the school community, including directly employed teaching and non-teaching staff, Casual Relief Teachers (CRTs), volunteers, contractors, third-party providers, students, parents, and carers.

2. Informing Staff, Volunteers, CRTs, Contractors, and Third-Party Providers of Their Responsibilities

All individuals working in the school environment hold a non-delegable duty of care to take reasonable measures to support students with identified medical conditions safely and effectively. While the Principal retains overall accountability (including the non-delegable authority to approve medication administration), the Deputy Principal coordinates day-to-day medical communication across all personnel groups.

Induction, Briefing, and Information Access Protocols

Stakeholder Group	How Informed of Responsibilities	Access to Student Medical Information	Scope of Role & Supervision Safeguards
Leadership & Administration (Principal, Deputy Principal, Office Staff)	Formal role onboarding, MACS policy updates, and ongoing compliance reviews.	Full authorised access to nforma, the Master Medical Register, Individual Student Files on the Teacher Drive, and locked medication records.	Oversee plan collection/reviews, authorise medication administration, distribute the monthly Medical Register, and conduct daily reconciliation of

Stakeholder Group	How Informed of Responsibilities	Access to Student Medical Information	Scope of Role & Supervision Safeguards
			Schedule 8 medications.
Classroom & Specialist Teachers & Learning Support Officers (LSOs)	Annual staff induction, Staff Handbook, biannual medical/anaphylaxis briefings, and targeted Program Support Group (PSG) meetings.	Monthly Medical Register emailed on or around the 1st of each month; class alerts via **Seesaw**; digital plans via Teacher Drive > Learning Diversity > Individual Student Files > [Student Name].	Implement classroom risk minimisation, monitor student wellbeing, follow Student Health Support Plans (SHSPs) and action plans, and complete accredited specialist training (e.g., RCH Schoolcare) where nominated.
Casual Relief Teachers (CRTs)	Mandatory sign-in induction briefing by the Deputy Principal or delegate upon arrival, covering emergency escalation and plan locations.	Provided with class-specific medical alerts, yard duty quick-reference guides, and instructions on accessing emergency medications/plans in the First Aid Room and classrooms.	Maintain duty of care, follow emergency action plans, and escalate medical or medication needs to trained permanent staff; CRTs do not administer complex medical care.
Volunteers & Contractors	Mandatory child-related induction prior to	Need-to-know verbal or written briefings	Report any signs of student illness or distress

Stakeholder Group	How Informed of Responsibilities	Access to Student Medical Information	Scope of Role & Supervision Safeguards
	commencing duties, detailing duty of care, confidentiality, location of plans, and emergency escalation.	restricted to students directly under their activity supervision, authorised in line with privacy rules.	immediately to a supervising teacher; must not administer medication.
Third-Party Providers (Camps, Venues, Sporting & External Programs)	Pre-program consultation and written briefing led by the Organising Teacher and Deputy Principal prior to student participation.	Verified medical summaries, dietary plans, and emergency action plans shared strictly with parent/carer consent.	External providers attending school premises must operate under the direct line-of-sight supervision of a VIT-registered teacher at all times; off-site providers collaborate on emergency and risk management protocols.

Additional Workforce Safeguards

- **Conflict of Interest Boundaries:** Staff members or volunteers who are also parents/carers of an enrolled student must not be assigned to provide medical-related support care or administer medication to their own child, except in documented exceptional circumstances approved by the Principal with formal supervision safeguards.
- **Training Verification:** The Deputy Principal and administration team maintain a current Staff Medical Training Register tracking accredited qualifications (such as First Aid, Anaphylaxis, Asthma, Epilepsy, Diabetes, and Complex Care) to ensure continuity of care during staff absences.

3. Ongoing Communication with Parents and Carers

St Francis Xavier Catholic Primary School maintains open, accessible, and culturally safe communication with parents and carers throughout a student's enrolment. All medical records and parent updates are centrally managed through the **nforma platform**, supported by formal authorised templates and direct consultation.

Requesting and Updating Medical Information

1. **Enrolment and New Diagnoses:** Prior to attendance or upon notification of a new condition, parents/carers must submit written medical advice signed and/or authorised by a health practitioner registered with the Australian Health Practitioner Regulation Agency (Ahpra). Acceptable documentation includes a condition-specific action plan (ASCIA Anaphylaxis/Allergy, Asthma, Epilepsy, Diabetes), a specialist letter/diagnostic report, or a completed **Medical Advice Template (MAT)**.
2. **Medication Authorisation & First-Dose Rule:** Any prescription or non-prescription medication requiring administration at school requires a completed **Medication Authority Form (MAF)** authorised by the prescribing Ahpra-registered practitioner and approved by the Principal. Parents/carers are explicitly advised that staff cannot administer the first dose of any new medication at school; confirmation must be provided that an initial dose was administered outside school without adverse effects.
3. **Cultural Safety and Accessibility:** During enrolment and plan development, staff check and record on the MAT whether an interpreter is required for meetings and whether cultural safety or cultural support measures should be offered.
4. **Interim Support Arrangements:** Where a student awaits formal practitioner documentation or staff training, the Principal may approve a time-limited **interim SHSP or MAT** in consultation with parents/carers, supported by a documented risk mitigation plan.
5. **Scheduled Reviews and Proactive Updates:**
    - Parents/carers are required to keep nforma current and immediately notify the school in writing of any changes to diagnoses, symptoms, triggers, emergency contacts, or medication dosages.
    - Medical plans (SHSP, MAT, MAF, PCAT) are reviewed **at least annually** via Program Support Group (PSG) meetings or earlier following any medical incident.
    - Discontinuing medical support or medication at school requires written confirmation from a registered health practitioner.

Five-Step Follow-Up and Escalation Process for Missing or Expired Information

When medical plans, action plans, or medications are missing, incomplete, or approaching expiry, the school executes a structured follow-up and escalation workflow:

1. **Initial Written Notification & Reminder:** Parents/carers receive written notice via nforma, email, or formal letter specifying required updates, clear submission deadlines, and external support resources where helpful (e.g., RCH Anaphylaxis Advisory Line on 1300 725 911).
2. **Second Accessible Reminder:** If deadlines pass without response, a second reminder is sent via the family's preferred communication channel in an accessible, culturally appropriate format.
3. **Direct Formal Phone Call:** A nominated leadership or medical staff member contacts the parent/carer by phone to explain the specific health and safety risks to the student if current plans or medications are not in place.
4. **In-Person Support Meeting:** If non-response continues, an in-person meeting (with interpreter support if needed) is arranged to resolve barriers and assist the family in obtaining practitioner authorisation.
5. **Participation Impact & Leadership/PROTECT Escalation:** Parents/carers are formally advised of any restrictions on the student's safe participation in routine activities, excursions, or camps while documentation or medication remains absent. Persistent non-compliance is escalated to the Senior Manager, School Leadership. Where staff form a reasonable belief that a parent/carer's failure to act on a diagnosis, provide essential medical information, or supply life-preserving care places the student at risk of significant harm, staff must follow **PROTECT protocols** and make a mandatory report to Child Protection (or refer to *The Orange Door* where wellbeing concerns do not reach the threshold of significant harm).

School-Initiated Notifications to Parents and Carers

The school proactively notifies parents and carers whenever:

- Their child is scheduled to participate in off-site activities, camps, travel, or programs delivered by third-party providers.
- Medications held at school are approaching their expiry date or require replenishment.
- Adjustments to care procedures, specialised equipment, or Personal Emergency Evacuation Plans (PEEPs) are required due to emerging safety risks.
- Staff are unable to follow medication instructions (including student refusal/non-compliance).

- A student experiences a medical incident, suspected allergic reaction, adverse medication reaction, or medication error—in which case staff immediately provide first aid, contact the **Victorian Poisons Centre (13 11 26)** and/or **000** as directed, contact parents/carers immediately, and log an Incident Report on **MACS Guard**.

4. Reviewing Medical Information for Off-Site Activities

All off-site activities—including local excursions, sporting events, overnight camps, and undergo a mandatory multi-stage medical review prior to departure.

Pre-Event Verification and Planning Workflow

- **4 to 6 Weeks Prior (Register Check & Risk Assessment):**
    - The **Organising Teacher / Teacher in Charge** checks the Master Medical Register and nforma to identify all participating students with medical conditions and embeds their needs into the Off-Site Risk Management Plan.
    - Automated or written prompts are issued to parents/carers via nforma requiring confirmation or updates of medical conditions, dietary needs, and emergency contacts.
- **2 to 4 Weeks Prior (Clinical Verification, Travel Conditions & Time Zones):**
    - The **Designated School Medical Staff Member** audits all condition-specific action plans (verifying signature within the past 12 months), SHSPs, MATs, and MAFs against physical medications supplied by families.
    - **Activity-Specific Verification:** Excursions require verification of daily emergency contacts, standard action plans, and day-of consent. Camps and extended travel additionally require verified MAFs, dietary management plans, nighttime care/supervision routines, and secondary emergency contacts.
    - **Assessment of Travel Conditions:** The Organising Teacher and Deputy Principal evaluate transit duration, mode of transport, physical exertion, climate/heat or cold exposure, remoteness/ambulance response times, and temperature-regulation requirements for heat- or cold-sensitive medications (such as adrenaline autoinjectors, insulin, or glucagon).
- **1 to 2 Weeks Prior (Executive Sign-Off & Third-Party Disclosure):**
    - The **Principal / Approving Delegate** formally approves the final Risk Management Plan and Excursion Register only after confirming that the Teacher in Charge has verified all medical records.

- With parent/carer consent, relevant medical summaries, action plans, and dietary requirements are securely shared with camp operators, transport providers, or external venues.

- **Day of Departure (Final Protocol):**
  - **Pre-Departure Staff Briefing:** All attending staff, CRTs, and volunteers attend a mandatory briefing covering student medical needs, emergency procedures, and medication/autoinjector administration.
  - **Manifest Reconciliation:** The Organising Teacher conducts a final roster check on the morning of departure to capture any last-minute student absences or overnight health updates.
  - **Pack and Access:** The designated **Teacher in Charge of Student Medical Support** packs and carries physical and digital copies of verified emergency contacts, SHSPs/MATs/Action Plans, MAFs, and temperature-regulated mobile first aid kits containing individual student medications and backup general-use supplies (adrenaline autoinjectors and reliever inhalers).

5. Guidance Across On-Site and Off-Site School Environments

Staff are provided with clear, environment-specific guidance so student medical care needs are supported seamlessly across every setting:

School Environment	Communication & Guidance Mechanisms	Operational Care, Storage & Emergency Protocols
On-Site: Classrooms & Specialist Rooms	• Teachers receive classroom-specific medical alerts the Medical Register. • Full SHSPs, MATs, and action plans are accessible on Teacher Drive > Learning Diversity > Individual Student Files. • Authorised ASCIA/condition action plans are displayed discreetly in relevant classrooms and staff rooms.	• Teachers implement risk minimisation strategies (e.g., no food sharing, handwashing routines, activity adjustments). • Teachers are notified when a student must leave class to attend the First Aid Room for scheduled medication.

School Environment	Communication & Guidance Mechanisms	Operational Care, Storage & Emergency Protocols
On-Site: First Aid Room & Medication Storage	• Each student's MAF and reconciliation sheet are stored directly inside their individual medication container. • Administration officers maintain the live Medication Administration Log and Schedule 8 register.	• Medications in the First Aid Room cupboard or refrigerator. • Emergency adrenaline autoinjectors, asthma relievers, and approved self-carried medications remain unlocked and immediately accessible. • Two staff supervise Schedule 8 administration with daily reconciliation.
On-Site: Playgrounds, Yard Duty & Outdoor Grounds	• Yard duty bags contain laminated quick-reference student medical alert cards and emergency first aid instructions. • All yard duty staff carry school-issued mobile phones or two-way communication devices.	• Yard duty staff actively monitor at-risk students and immediately initiate first aid and call the First Aid Room / **000** if symptoms emerge.
On-Site: Shared Facilities (Hall, Gym, Eating Areas) & Evacuations	• Students requiring evacuation assistance have a **Personal Emergency Evacuation Plan (PEEP)** communicated via the Emergency Planning Committee (EPC).	• General-use emergency kits are positioned in accessible central locations known to all staff. • Nominated staff execute PEEP procedures during drills and actual evacuations as part of the Emergency Management Plan (EMP).

School Environment	Communication & Guidance Mechanisms	Operational Care, Storage & Emergency Protocols
Off-Site: Day Excursions & Sporting Events	• Mandatory pre-departure briefing for all supervising staff and volunteers. • Verification of mobile network coverage, venue emergency contacts, and digital access to nforma / medical summaries prior to departure.	• Designated medical staff member carries the mobile first aid kit, individual medications, MAFs, and backup emergency devices at all times alongside the student group.
Off-Site: Camps, Overnight Stays & Extended Travel	• Comprehensive camp medical briefing covering 24/7 care, nighttime routines. • Local hospital and ambulance access details mapped into the camp risk assessment.	• Secure, temperature-regulated storage maintained for all overnight and Schedule 8 medications, with two-staff verification protocols preserved.
Off-Site & On-Site: External Venues & Third-Party Providers	• Written medical summaries and emergency plans provided to third-party coordinators before attendance (with parent/carer consent). • Clear briefing on roles between venue instructors and school staff.	• School staff retain primary responsibility for medication administration and emergency response; external providers on campus remain under continuous VIT-registered teacher line-of-sight supervision.

6. Privacy, Record Keeping, and Policy Accessibility

All medical information is collected, stored, used, and disclosed strictly in accordance with the MACS *Privacy Policy*, and *Privacy Collection Notice – Students and Parents*. Circulation of any student's MAT, SHSP, or MAF is logged (including in Section 1.2 of the MAT) and restricted to personnel with an authorised operational need to know.

To maintain school-wide awareness, this policy is embedded into annual staff inductions, published on the St Francis Xavier Catholic Primary School website and Staff Handbook, discussed at biannual staff briefings and parent information sessions, and highlighted regularly in school newsletters.