E. FIRST AID POLICY

BACKGROUND:

All children have the right to feel safe and well, and know that they will be attended to with due care when in need of first aid.

PURPOSE:

To administer first aid, and provide adequate treatment for children when in need in a competent and timely manner, whilst attempting to eradicate or at least minimise injuries to students at school.

IMPLEMENTATION:

1. All students presenting to sick bay must be attended to, no matter how apparently minor the injury or illness.
2. A first aid room and first aid kits will be available for use at all times. A comprehensive supply of basic first aid materials will be stored in a locked cupboard in the first aid room.
3. All full time staff, teaching and non teaching will be trained to a level 2 first aid certificate, have anaphylaxis training and with up-to-date CPR qualifications.
4. All preschool staff, full & part time will be trained to a level 2 first aid certificate, have anaphylaxis training and with up-to-date CPR qualifications.
5. A register of trained staff will be kept as part of this document, and displayed in the First Aid room.
6. Any children in the first aid room will be supervised by a staff member, trained to a level 2 first aid certificate, and with up-to-date CPR qualifications, at all times.
7. An up-to-date confidential register, in electronic format, will be kept of all level 3 to 4 injuries or illnesses. A paper register of minor injuries will be kept.
8. Initial management and assessment of injuries shall occur by a Level 2 First Aid trained staff member in the classroom, playground or activity setting in which the injury arises.
9. Continued injury assessment and management shall be carried out by the designated First Aid officer, who will also complete accident report documentation as outlined for Level 1-4 injuries.
10. Incident reports for Level 2- 4 injuries shall be lodged by the teacher in charge at the time of injury.
11. The school bursar shall notify the insurance company and the Governance Committee president in the instance of Level 3-4 injuries.
12. No medication including, homeopaths/ cell salts, band aides or headache tablets will be administered to children without the express written permission of parents or guardians, as indicated on enrolment form or elsewhere.
13. Committee of Management shall receive statistics of injuries at least once a term so that any trends can be further dealt with.
14. No First Aid trained person will give treatment beyond level 2 first aid training. Any other illness or accident will be referred on to parents and/or medical personnel.

PROCEDURES FOR INJURIES

LEVEL 1 INJURIES

1. Minor injuries – no discernable trauma
   a. Injuries not requiring medical treatment
   b. Assess student’s stated symptoms
   c. Give reassurance, perhaps minor placebo.
   d. Level 1 accident report to be filled in – paper only but keep on file.

LEVEL 2 INJURIES

1. Minor cuts or bruising
   a. Must be assessed and first aid given by Level 2 First Aid trained staff member
   b. Minor first aid treatment will be given with regard to item c).
   c. Any treatment must have parental or guardian permission, via enrollment form or other.
   d. Level 2 accident report to be filled in – paper only but keep on file.

LEVEL 3 INJURIES

1. Cuts requiring stitches, eye injuries, teeth injuries, suspected fractures, dislocations, head injuries
2. School personnel are first aid only – any further treatment to be performed by medical personnel.
3. Assessment must be done by First Aid trained person.
4. Any person with a suspected injury involving head, neck or back must not be moved unless authorised by trained First Aid person. If in doubt call an ambulance.
5. Administration /Office to inform parents of the accident.
6. Parents to pick up student if at all possible. If parents can’t attend, their instructions to be followed.
7. Class teacher to make follow-up phone call to family that night.
8. Accident report to be filled in and stored electronically. A copy sent to parents, insurance company and to Governance Committee president
9. Incident report to be completed. A copy sent to parents and tabled for Governance Committee President at next meeting. If an insurance claim is possible the insurance company needs to be informed as soon as possible.

LEVEL 4 INJURIES

1. Suspected spinal injuries, severe fractures, loss of consciousness, major bleeding
2. Ring ambulance
3. School personnel are first aid only – any further treatment to be performed by medical personnel.
4. Assessment must be done by First Aid trained person.
5. Any person with a suspected injury involving head, neck or back must not be moved until ambulance arrives.
6. Administration/Office to inform parents of the accident.
7. Class teacher to make follow-up phone call to family that night.
8. Accident report to be filled in and stored electronically. A copy sent to parents, insurance company and to GC president.
9. Incident report to be completed. A copy sent to parents, insurance company and to GC president.

**MEDICATION POLICY & PROCEDURE**

**RATIONALE:**

Teachers and schools are often asked by parents to administer medication for their children while at school. It is important that that such requests are managed in a manner that is appropriate, ensures the safety of students, and fulfills the duty of care of staff.

**AIMS:**

To ensure the medications are administered appropriately to students in our care.

**IMPLEMENTATION:**

1. Children who are unwell should not attend school.
2. The First Aid officer will be responsible for administering prescribed medications to children.
3. All parent requests to administer prescribed medications to their child must be in writing on the form provided and must be supported by specific written instruction from the medical practitioner or pharmacist’s including the name of the student, dosage and time to be administered (original medications bottle or container should provide this information).
4. All student medications must be in the original containers, must be labeled, must have the quantity of tablets confirmed and documented, and must be stored in either the locked office first aid cabinet or office refrigerator, whichever is most appropriate.
5. Consistent with our Asthma policy, students who provide the School with written parent permission may carry an asthma inhaler with them.
6. Teachers will be informed by the First Aid Officer of prescribed medications for students in their charge, and classroom teachers will release students at prescribed times so that they may visit the school office and receive their medications.
7. All completed Medication Request Forms and details relating to students, their prescribed medication, dosage quantities and times of administering will be kept and recorded in a confidential official loose-leaf medications register located in the school office by the First Aid officer in the presence of, and confirmed by, a second staff member.
8. Students involved in school camps or excursions will be discreetly administered prescribed medications by the ‘Teacher in Charge’ in a manner consistent with the above procedures, with all details recorded on loose-leaf pages from the official medications register. Completed.
pages will be returned to the official medications register on return of the excursion to school.
9. Parents/carers of students that may require injections are required to meet with the Administrator to discuss the matter.

ANAPHYLAXIS MANAGEMENT

BACKGROUND

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow’s milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school.

Adrenaline given through an EpiPen® auto injector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

The principal is responsible to ensure the correct implementation of this policy.

PURPOSE:

1. To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student’s schooling.
2. To raise awareness about anaphylaxis and the school’s anaphylaxis management policy in the school community
3. To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
4. To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school’s policy and procedures in responding to an anaphylactic reaction.

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

1. Upon being informed about or enrolling any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis, School administration will ensure that an individual management plan is obtained, developed by the medical practitioner in consultation with the student’s parents.
2. School administration will inform the principal of the situation, and will ensure other relevant teachers and other staff members are informed.
3. The individual anaphylaxis management plan will be in place as soon as practicable after the student enrols and where possible before their first day of school.
4. The individual anaphylaxis management plan will set out the following:
a. Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner).

b. Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including camps and excursions.

c. The name of the person/s responsible for implementing the strategies.

d. Information on where the student’s medication will be stored.

e. The student’s emergency contact details.

f. An emergency procedures plan (ASCIA Action Plan), provided by the parent, that:
   i. sets out the emergency procedures to be taken in the event of an allergic reaction;
   ii. is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan; and
   iii. includes an up to date photograph of the student.

5. The student’s individual management plan will be reviewed, in consultation with the student’s parents/ carers annually, and as applicable, if the student’s condition changes, or immediately after a student has an anaphylactic reaction at school.

6. It is the responsibility of the parent to:
   a. Provide the emergency procedures plan (ASCIA Action Plan).
   b. Inform the school if their child’s medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan).
   c. Provide an up to date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed.

COMMUNICATION PLAN

1. The principal will be responsible for this communication plan.

2. The purpose of this plan is to provide information to all staff, students and parents about anaphylaxis and the school’s anaphylaxis management policy.

3. Volunteers and casual relief staff of students at risk of anaphylaxis will be informed about students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care.

4. During the first Monday of each term School administration and first aid officer will remind staff about this policy including:
   a. The school’s anaphylaxis management policy
   b. The causes, symptoms and treatment of anaphylaxis
   c. The identities of students diagnosed at risk of anaphylaxis and where their medication is located
   d. How to use an auto-adrenaline injecting device
   e. The school’s first aid and emergency response procedures

5. Any mid term changes in status of any student or the arrival of a new student at risk will be communicated at the weekly staff meeting.
STAFF TRAINING AND EMERGENCY RESPONSE

1. Teachers and other school staff who conduct classes which students at risk of anaphylaxis attend, or give instruction to students at risk of anaphylaxis must have up to date training in an anaphylaxis management training course, – 10313NAT.

2. At other times while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the School must ensure that there is a sufficient number of staff members present who have up to date training in an anaphylaxis management training course.

3. The School will identify staff to be trained based on a risk assessment. Training – 10313NAT - will be provided to these staff, as well as being offered to all staff, on a regular basis, ensuring certification is always up to date.

4. Notwithstanding any of the above, All staff in the preschool will have up to date anaphylaxis training.

5. A register of staff will be kept giving expiry dates of certified training, which will be reviewed annually to ensure up to date.

6. The school’s first aid procedures and student’s emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.

ASTHMA MANAGEMENT

BACKGROUND

Asthma is a chronic health condition affecting approximately 15% of children. It is one of the most common reasons for childhood admission to hospital. While an average of two people die in Victoria each week from asthma, many of these deaths are thought to be preventable. Community education and correct management will assist in minimising the impact of asthma.

PURPOSE

1. Raising awareness about asthma among the Committee, staff, parents/guardians of children attending the school.

2. Providing a safe and healthy environment for all children enrolled at the School.

3. Providing an environment in which all children with asthma can participate creatively and effectively.

4. Providing a clear set of guidelines and expectations to be followed with regard to the management of asthma.

5. For all children with asthma enrolled at the kindergarten to receive appropriate attention as required.

6. To respond to the needs of children who have not been diagnosed with asthma and who have an asthma attack at School.

ASTHMA MANAGEMENT PLANS
The School will ensure that an individual management plan is developed, in consultation with the student’s parents, for any student who has been diagnosed by a medical practitioner as being at risk of serious asthma attack.

The individual asthma management plan will be in place as soon as practicable after the student enrols, and where possible before their first day of school.

The individual asthma management plan will set out the following:

1. Information about the diagnosis, including the type of allergy or event which commonly triggers an attack.
2. Strategies to minimise the risk of exposure to risks while the student is under the care or supervision of school staff, for in-school and out of school settings including camps and excursions.
3. The name of the person/s responsible for implementing the strategies.
4. Information on where the student’s medication will be stored.
5. The student’s emergency contact details.
6. An emergency procedures plan (ASCIA Action Plan), provided by the parent, that:
   7. sets out the emergency procedures to be taken in the event of an asthma attack;
   8. is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan; and
   9. includes an up to date photograph of the student.

**STAFF TRAINING AND EMERGENCY RESPONSE**

1. Emergency Asthma Management training will be made available for all staff.
2. Provide asthma reliever medication and a spacer device for the First Aid room, as required.
3. Regularly maintain all asthma components of the First Aid Room, to ensure all medications are current and any asthma devices are clean and ready for use.
4. Ensure that asthma components are included in the First Aid Kit taken on any activities outside the School.
5. Identify and, where possible, minimise asthma triggers as defined in the definition section of the policy or in children’s Asthma Action Plans.
6. Where necessary, modify activities for the child with asthma in accordance with their current needs and abilities.
7. For any child experiencing an asthma attack follow any specific procedure set out in the child’s individual Management plan, or if there is none, the 4 step plan set out in the first Aid Room.

**COMMUNICATION**

1. Encourage open communication between parents/guardians and staff regarding the status and impact of a child’s asthma.
2. Consult with the parent/guardians of children with asthma, in relation to the health and safety of their child and the supervised management of the child’s asthma.
3. Promptly communicate any concerns to parents if it is considered that a child’s asthma is limiting his/her ability to participate fully in all activities.
4. Administer all regular prescribed asthma medication in accordance with the Medication Book.
5. Discuss with the parent/guardian the requirements of the Medication Book and what is needed for their child.

Parents/guardians of a child with asthma will

1. Inform staff, either on enrolment or on initial diagnosis, that their child has a history of asthma.
2. Provide all relevant information regarding the child’s asthma via the Asthma Action Plan.
3. Notify the staff, in writing, of any changes to the information they entered on the Asthma Action Plan during the year, if this occurs.
4. Provide an adequate supply of appropriate asthma medication and equipment (e.g. blue reliever medication and spacer) for their child at all times.
5. Enter the required information in the Medication Book at the beginning of each term or when necessary.
6. Communicate all relevant information and concerns to staff as the need arises (e.g. if asthma symptoms were present the previous night).
7. Consult with the staff, in relation to the health and safety of their child and the supervised management of the child’s asthma.

COMMUNICABLE DISEASES

The following infections are highly communicable, if any children are found to be infected we will contact parents immediately and request that the children be kept out of school until the condition has been cleared up.

1. Worms
2. Head Lice
3. Herpes – Cold Sores
4. School Sores

NOTIFIABLE DISEASES

The following is a list of notifiable infectious diseases. If a student has one of these, he/she must not attend school.

1. Conjunctivitis (Ophthalmia)
2. Diphtheria
3. Impetigo (Scabby Sores)
4. Chicken Pox
5. Mumps
6. Ring Worms
7. Scarlet Fever
8. Measles
9. Poliomyelitis
10. Whooping Cough
11. German Measles
12. Hepatitis

INJURIES & ILLNESS TO STAFF

BACKGROUND:

Staff members are a school’s greatest resources. Staff members injured at work deserve quick and effective treatment, efficiently managed rehabilitation, and compassionate management of their return to work.
AIMS:

To minimise injuries to staff, and effectively and compassionately manage injuries that do occur.

IMPLEMENTATION:

1. The appointment of a trained Occupational Health & Safety (OHS) representative, regular OHS safety checks, appropriate follow-up, clear communication of potential hazards and staff professional development regarding health and safety will minimise or eliminate staff injuries.

2. The ‘If You are Injured’ poster will be prominently displayed.

3. Any injuries to staff must result in immediate first-aid and assistance including medical support, reassurance, assistance with personal comfort, and counseling for the injured staff member and/or colleagues where necessary.

4. Administration to be notified immediately, OHS subcommittee and SLT representative to be notified of the incident. Governance Committee president and the insurance company to be notified if serious. Next-of-kin contacted by Administration if necessary. Staff injuries to be reported to Governance Committee at the following meeting.

5. The accident needs to be investigated and documented by the Administration, OHS representative to determine the cause and whether or not the circumstances of the incident amount to a WorkCover claim for which liability should be accepted.

6. It is important that the circumstances of the accident are fully understood and documented (including an injuries register) to avoid accidents of that nature in the future. This will be recorded in computer based management system.

7. Action arising from the accident investigation could include modifications to a work area, or appropriate modifications to organisational arrangements, or specific action to be taken once the injured employee has returned to work to prevent a recurrence of the injury.

8. Administration to keep in contact with the employee during their rehabilitation to offer reassurance and to assist where appropriate.

9. Any specific measures relating to the employee’s return to work should be included in the employee’s return to work plan when it is prepared (see Return to Work Coordinator policy).

10. An Incident Report Form may be required to be sent to the School insurance brokers, along with a WorkCover claim form as per the WorkCover management Kit process.