



FIRST AID AND MEDICAL POLICY AND PROCEDURES

FIRST AID AND MEDICAL POLICY

Drafted By:	Education Manager& First Aid Admin	Status:	CURRENT
Responsibility:	Management Team	Scheduled review Date:	April 2017
Updated by:	Education Manager and First Aid Administrator	Changes made:	
		Inclusion of request for Immunisation information	

1.0 INTRODUCTION

Mumbulla School recognises that it has a duty to take reasonable steps to care for the health and wellbeing of students under our care.

2.0 PURPOSE

The purpose of this policy is to outline how the school will:

- a) provide first aid (including emergency treatment, if required);
- b) provide temporary care when students become unwell at school;
- c) manage the administration of oral and prescribed medications and health care procedures; and
- d) deal with particular health care issues that arise in relation to individual students, including the development of individual health care plans if appropriate.

3.0 POLICY

3.1 GENERAL

Under the Public Health Act 2010 and the Public Health Regulation 2012, primary schools must request and record the immunisation status of each enrolled child. A parent can refuse to provide a History Statement to a primary school, but their child will be classified as not immunised and may be excluded from school if there is an outbreak of a vaccine-preventable disease in the school.

Mumbulla School undertakes that it will do the following:

- a) Provide reasonable first aid services and have adequately stocked first aid facilities.
- b) Ensure that all staff members have a current first aid qualification and that there is a designated First Aid Administrator.
- c) Ensure that parents/carers provide all relevant medical information, including:
 - medical conditions or illnesses and their treatments;
 - medical history;

- allergies (including food allergies) and possible reactions should exposure occur;
 - medications taken by the student (including possible reactions);
 - Medicare number and private health care arrangements (if any); and
 - health professional contact details.
- d) Ensure that school staff:
- take reasonable measures to protect students against risk of injury or harm which should reasonably have been foreseen;
 - take reasonable care for the health and safety of all persons in the workplace and to cooperate with the school to ensure the health and safety of others, including assisting in an emergency; and
- e) Where medication must be taken orally by a student during school hours, the school will:
- request the medication be provided along with an *Administering Prescribed Medication* form that clearly states dosage, time of administration, method of administration and possible reactions/side effects from the parent/carer.
 - ensure that it is provided to the child as and when required. The school will keep a record of the time and dosage each time medication is taken by a student.
 - Where possible, permit students to administer their own medication, under the supervision of an appropriate adult. The supervising adult should ensure that the medication is taken safely and in accordance with instructions. In some cases, a staff member may need to be trained by a medical professional prior to supervising or administering medication such as an insulin injection to a child with diabetes.
- f) Where students attend off site excursions, ensure that at least one of the supervising teachers has relevant and current first aid experience and qualifications.
- g) Where students suffer from an illness or injury at school, seek to contact the student's parents or carer immediately and, if appropriate, arrange the transfer of the pupil to an appropriate healthcare professional.
- h) Students will not be sent home unless they are collected by a parent/carer or nominated emergency contact person.
- i) If a student requires an individual health care plan, communicate that plan to all staff members who have dealings with/responsibility for that student.

3.2 PARENTAL CONSENT TO MEDICAL TREATMENT

- a) There will be occasions when the school is unable to contact a parent/carer when a student is sick or injured.
- b) The school will seek a consent and authority from parents to obtain medical advice and treatment for students while under the supervision of the school. The consent and authority should deal with any special requirements in relation to the medical treatment to be administered.

3.3 STUDENTS WHO ARE ANAPHYLACTIC

The school takes special precautions in relation to students with anaphylaxis in accordance with '*Anaphylaxis Guidelines for Schools – Second Edition 2006*'.

- a) The guidelines require that:
- i. if written information provided by the parent confirms that their child has been assessed as being at risk of anaphylaxis, **an individual health care plan must be formulated by the school in consultation with the parent and staff**. The individual health care plan must incorporate an emergency response plan and

- a plan for the avoidance of known allergens, based on advice from the student's parent and medical practitioner.
- ii. The plan should be reviewed annually, as and when the student's medical condition changes or after the student suffers an anaphylactic reaction at school. The plan should outline:
 - information about the student's diagnosis;
 - strategies that the school should take to minimise risk (and the person responsible for implementing these);
 - the location of the student's medication; and
 - emergency contact details and an emergency response plan signed by the student's doctor (specifically an Australasian Society of Clinical Immunology and Allergy Anaphylaxis Action Plan).
 - iii. A school should educate a student's peers about anaphylaxis.
 - iv. A school should provide relevant and regular training to staff (preferably before the student enrolls, and including 'hands on' experience of administering an auto-injector) and notify staff of the students at risk.
 - v. A school should correctly store auto-injectors, including those provided by parents, in an easily accessible location on school grounds. The auto-injectors should be stored with the student's emergency response plan, any other medication, and a recent photograph of the student. The school should regularly check the expiry date on auto-injectors and give parents at least one month's notice when the student's auto-injector is due to expire.
 - vi. No child who has been prescribed an Epi Pen is permitted to attend school or related projects without this device.

For details of requirements in relation to Anaphylaxis please refer to Anaphylaxis Procedure document.

4.0 RESPONSIBILITIES

- The Management Team is responsible for ensuring that this policy is communicated to staff and adhered to throughout the school.
- The Management Team is responsible for providing appropriate First Aid Training.
- The Management Team is responsible for ensuring the implementation of this policy and associated procedures.
- The First Aid Administrator is responsible for ensuring that the requirements of this policy are met in the care and first aid treatment of students.
- All staff are responsible for adhering to this policy within the school.

5.0 RELATED DOCUMENTS

- **Anaphylaxis Guidelines for Schools – Second Edition 2006**
- **Anaphylaxis Procedure (pg.10 of this document)**
- **Individual Health Care Plan Form**
- **Emergency Contact and Medical Information Form**
- **Administering Prescribed Medication Form**

6.0 AUTHORISATION

On behalf of The Management Team

Name:

Signature:

Date:

FIRST AID AND MEDICAL PROCEDURES

Drafted By:	Education Manager& First Aid Admin	Status:	CURRENT
Responsibility:	Management Team	Scheduled review Date:	April 2017

1.0 INTRODUCTION

Mumbulla School is equipped to provide only basic first aid in case of need. The duty First Aid Officer (who must hold a current First Aid certificate) should be called to attend accidents and serious illnesses. **Any form of medical diagnosis and treatment cannot be provided by the school.** Only temporary procedures can be put in place until medical help or a parent arrives.

2.0 PURPOSE

The purpose of this document is to describe the procedures to be followed by staff in the case of illness, accident or injury.

3.0 PROCEDURES

3.1 STUDENT'S MEDICAL FORMS

- a) An *Emergency Contact and Medical Information* form (refer attachment) must be completed by the parents/carer of a student seeking enrolment.
- b) Upon enrolment this form will be kept on the students file.
- c) Relevant medical details will be added to the student database by enrolments/admin staff.
- d) A copy of the form will be given to the relevant Class Teacher whose responsibility it is to inform the class specialist teachers of any health concerns or medical conditions that may affect learning or behaviour (such as epilepsy, asthma, visual impairment, etc).
- e) In addition, all staff will be familiarised with the medical needs of individual students listed on the most current Student Medical Poster at the first College of Teachers Meeting at the commencement of each new term.
- f) Any health concerns pertaining to an individual student must be recorded on the Student Medical Poster (including the student database) with which all teachers must be familiar.
- g) The class copy of the medical form will be kept in the blue class roll folder in the classroom. Please be aware that some students may require confidentiality with regard to their condition.

3.2 ACCIDENTS

Refer to separate Accident Procedure Document, pg.8.

3.3 ILLNESS

In the case of a child feeling ill, the Class Teacher should assess the situation to decide whether the child should be sent to the First Aid Officer. A note should accompany the child stating the symptoms and the First Aid Officer will determine whether the child should:

- a) Lie down in the Sick Bay for a short recovery period for no longer than thirty (30) minutes, after which time, the parent/carer will be informed by the First Aid Officer and asked to collect their child. The First Aid Officer is responsible for making regular checks on the condition of students using the Sick Bay.
- b) Parent/carer will be informed immediately by the First Aid Officer and asked to collect their child immediately if it is apparent that the student is suffering any form of stress which would not be resolved by a thirty minute (30) rest.
- c) If the child is in distress, one child only may accompany him/her to the Sick Bay and must return to class at the direction of the First Aid Officer.
- d) Record of Sick Children: the First Aid Officer is to enter first aid treatment administered to sick and injured children into the student database (name, class, date, etc) in the School Office. This should be done on every occasion.

3.4 THE SICK BAY

Due to limited space in the sick bay the procedure for the use of the bed is as follows:

- a) Any child lying down in the sick bay should have been referred to do so by a teacher or a First Aid Officer.
- b) The First Aid Officer and the Class Teacher/Carer will monitor when it is appropriate for the child to return to their classroom, or after consultation with the parent/carer.
- c) Should they decide the child is too unwell to return to the classroom, arrangements will be made for the child to be collected by a parent/carer or nominated emergency contact person as soon as possible.
- d) "Visitors" are not permitted to visit a sick friend in the sick room as it is inappropriate for other students to be exposed to the risk, however slight, of contracting an illness.

3.5 SENDING CHILDREN HOME

If the Class Teacher/First Aid Officer deems it necessary that a child be sent home, the parent/carer or nominated contact person is to be contacted and asked to collect the child as soon as possible.

- a) Where a parent/carer or nominated emergency contact person cannot be contacted, then the child will remain at school, either in the sick room or class room, until the end of the school day.
- b) Every effort will be made by the duty First Aid Officer to make contact with a parent/carer or nominated emergency contact person so that arrangements can be made for the sick student to go home.

3.6 KEEPING CHILDREN HOME

- a) Parents are required to keep their child at home if they are ill or are suspected of having a contagious disease such as impetigo or conjunctivitis.
- b) A child should not return to school until they have fully recovered, which is at least 48 hours from the last sign of illness, as recommended by the NSW Public Health Unit. For information regarding the length of time a child is required to stay home from school after an infectious disease, the following website can be visited <http://www.health.nsw.gov.au/infectious/pages/default.aspx>.
- c) Parents are requested to notify the school immediately by phone or email if their child has, or is suspected of having, any communicable diseases.
- d) An absence note, accompanied by a doctor's certificate, should always be brought by the pupil on his or her return to school for absences longer than two consecutive days (see Attendance Policy for further information).

3.7 REMEDIES AND NON PRESCRIPTION MEDICINES

The First Aid Officer will only provide oral medication to a student if an ***Administering Prescribed Medication*** form has been completed by a parent or carer. Any medication administered to a student will be documented with the time and dosage on the student database.

3.8 REGULAR MEDICATION

Where medication must be taken by a student during school hours, the school will:

- a) obtain information in relation to the administration of the medication, including dosage, time of administration, method of administration and possible reactions/side effects;
- b) all medication will be provided to the First Aid Officer for storage and administration (where necessary medication is to be stored in the first aid fridge);
- c) ensure that it is administered to the child as and when required. The school will keep a record of the time and dosage each time medication is taken by a student on the school database;
- d) where possible, permit students to administer their own medication, under the supervision of an appropriate adult. The supervising adult should ensure that the medication is taken safely and in accordance with instructions;
- e) in some cases, a staff member may need to be trained by a medical professional prior to supervising or administering medication such as an insulin injection to a child with diabetes.
- f) a Register will be kept of all medication in the care of the First Aid Officer. The names of the students for whom the medicine is prescribed, dates and times of the administering of any medication will be entered into the student database.

3.9 ASTHMATIC CHILDREN

Where a child has been diagnosed with Asthma the school will:

- a) request an Asthma Action Plan signed by a health care professional from the parent/ carer;
- b) record the child's medical details on the student database;
- c) record the child's Asthma Action Plan on the Student Medical Poster;
- d) ensure that all staff have reasonable access to the Student Medical Poster;
- e) ensure that spacers are used each time a child uses a puffer, where reasonable;
- f) keep a record of each time a child uses their puffer;
- g) call the parent/carers to collect their child if they require their puffer more than three times in a day;
- h) call an ambulance if a child is not responding to their Asthma Action Plan or if their symptoms are getting worse.

3.10 URGENT MEDICAL ATTENTION

When urgent medical attention is required, the school will either:

1. Call an ambulance; or
2. Call the parent to take the child to a hospital or medical centre.

3.11 ACCIDENT PROCEDURE FOR MUMBULLA SCHOOL

Refer to separate accident procedure document, pg. 8.

4.0 RESPONSIBILITY

- All staff are responsible for ensuring they are aware of First Aid Procedures and comply with them.
- All staff are responsible for ensuring they are aware of the children and their medical condition listed on the Student Medical Poster
- The First Aid Officers and Teachers with current First Aid certification are responsible for providing First Aid in accordance with these procedures as necessary.
- The First Aid Administrator is responsible for ensuring that incident/hazard reports are correctly filled out.
- WHS Co-ordinator is responsible for ensuring that hazards identified through incident/hazard reports are followed up and acted on.
- The Education Manager and Business Manager are responsible for signing off on all incident/hazard reports before being taken for review by the WHS Committee.

5.0 RELATED DOCUMENTS

Anaphylaxis Procedure

Accident Procedure

Emergency Contact and Medical Information Form

Administering Prescribed Medication

Student Medical Poster

6.0 AUTHORISATION

On behalf of The Management Team

Name:

Signature:

Date:

ACCIDENT PROCEDURE

Drafted By:	Education Manager& First Aid Admin	Status:	CURRENT
Responsibility:	Management Team	Scheduled review Date:	April 2017

1.0 INTRODUCTION

The school is equipped to provide only basic first aid in case of need. The duty First Aid Officer (who must hold a current First Aid certificate) should be called to attend accidents and serious illnesses. **Any form of medical diagnosis and treatment cannot be provided by the school.** Only temporary procedures can be put in place until medical help or a parent arrives.

2.0 PURPOSE

The purpose of this document is to describe the procedures to be followed by staff in the case of an accident or injury to students, staff members or visitors to the school.

3.0 PROCEDURES

3.1 REPORTING INJURIES

- 3.1.1 All **serious accidents/injuries** are to be reported **immediately** to the Front Office and the First Aid Officer is to be summoned.
- 3.1.2 Serious accidents are:
- a) all head injuries
 - b) all back injuries
 - c) all injuries when a child cannot move a limb
 - d) lacerations likely to require sutures
 - e) all snake or spider bites
 - f) all burns
 - g) any accident that results in loss of consciousness

3.2 FIRST AID ADVICE

- 3.2.1 Do not move anyone with a serious injury.

3.3 CONTACTING PARENTS/AMBULANCE

- 3.3.1 If the First Aid Officer requires an ambulance and/or a student's parents to be called, a message will be sent to the office requesting the necessary phone calls. **Parents are to be called immediately in the case of all serious accidents to students.**
- 3.3.2 In the event of contacting an ambulance a member of staff should go to the school gate to guide the ambulance to the accident site upon arrival.

3.3.3 Where possible a print out from the student database of the student's medical information should be provided to the ambulance paramedics.

3.4 INCIDENT/HAZARD REPORTS

3.4.1 An incident and/or hazard report will be completed immediately after dealing with a serious injury or potentially dangerous situation. Report forms are available from the Front Office. Incident and hazard reports must be completed by the first teacher/staff member to be made aware of the accident/injury.

4.0 RESPONSIBILITY

- All staff are responsible for ensuring they are aware of accident procedures and comply with them.
- The First Aid Officer and Teachers with current First Aid training are responsible for providing First Aid in accordance with these procedures as necessary.
- The First Aid Administrator is responsible for ensuring that incident and hazard reports are correctly filled out.
- WHS Co-ordinator is responsible for ensuring that hazards identified through incident and/ or hazard reports are followed up and acted on.
- The Education Manager and Business Manager are responsible for signing off on all incident and hazard reports before being taken for review by the WHS Committee.

5.0 RELATED DOCUMENTS

Staff Incident Report Form

Student Incident Report Form

Hazard Report Form

Student Ambulance Form

6.0 AUTHORISATION

On behalf of The Management Team

Name:

Signature:

Date:

ANAPHYLAXIS PROCEDURE

Drafted By:	Education Manager& First Aid Admin	Status:	CURRENT
Responsibility:	Management Team	Scheduled review Date:	April 2017

1.0 INTRODUCTION

The school takes special precautions in relation to students with anaphylaxis in accordance with '*Anaphylaxis Guidelines for Schools – Second Edition 2006*'.

2.0 PURPOSE

The purpose of this document is to outline the steps to be taken in the case of students with anaphylaxis.

3.0 PROCEDURE

This document should be read in conjunction with '*Anaphylaxis Guidelines for Schools – Second Edition 2006*' and *Attachment* Specifically relating to Mumbulla School's '*Anaphylaxis Risk Minimisation Plan*'.

3.1 EMERGENCY

In an emergency, first aid procedures and the student's emergency action plan will be followed.

3.2 RISK MANAGEMENT

The school will:

- i. seek information from the parent about allergies that affect their child as part of health information at enrolment or as part of regular health updates;
- ii. where the information from the parent indicates that their child has allergies, provide a copy of the form, at **Appendix 1 of the guidelines**, to the parent/carer for completion in consultation with their child's medical practitioner;
- iii. determine whether the information provided by the parent on the form (Appendix 1) indicates the need for further discussion with the parent. If the form indicates the student has an allergy/s or has either been hospitalised or prescribed an EpiPen, a meeting should be organised with the parent. If not, add the form to the student's records;
- iv. meet with the parent(s)/carer(s) and:
- v. provide the parent(s)/carer(s) with the sheet 'Information for Parents and Carers' (**Appendix 2 of the guidelines**) and 'Emergency Response Plan' (**Appendix 7 of the guidelines and Attachment B, Anaphylaxis Risk Management Plan**);
- vi. seek written permission to contact the medical practitioner and to share information about the student's condition with staff (**Appendix 3 of the guidelines**);
- viii. distribute written information to all staff (Appendix 5 of the guidelines) and the Mumbulla School community. Provide staff and the Mumbulla School community with information about the individual student's severe allergy as agreed with the parent;

- ix. develop an interim plan (which in rare cases where a student is seeking enrolment, may include delaying the student's enrolment until consultations have occurred with staff and satisfactory arrangements have been made);
- x. conduct an assessment of potential exposure to allergens in the student's routine and of issues to be addressed in implementing an emergency response plan. Observance will be given to 'Attachment B' when considering the following:
 - routine classroom activities, including lessons in other locations around the school;
 - non-routine classroom activities;
 - non-routine school activities;
 - before school, recess, lunchtime, other break or play times;
 - sport or other programmed out of school activities; and
 - excursions, including overnight excursions and school camps;
- i. develop an individual health care plan in consultation with relevant staff, the parent and student (**Appendices 6 and 7 of the guidelines**) to incorporate:
 - strategies for avoiding the student's exposure to allergens (**Attachment B and Appendix 8 of the guidelines**);
 - medical information provided by the child's medical practitioner; and
 - emergency contacts;
- ii. develop an implementation strategy that addresses the training needs of staff, including casual teachers and school canteen managers, and communication strategies for relevant aspects of the individual health care plan, including with other parents and students;
- iii. implement the strategy;
- iv. review the individual health care plan annually at a specified time (e.g. beginning of the school year) and at any other time where there are changes in:
 - the student's health needs;
 - staff, particularly class teacher, year coordinator or adviser or any staff member who has a specific role in the plan;
 - other factors that affect the plan, for example, when an allergic reaction or
 - anaphylactic event occurs;
 - in the event that the student enrolls in another school, provide the parent with a copy of the current Individual Health Care Plan and encourage them to provide a copy to the new principal. This will assist the process of health care planning in that school.
- c) The school will provide 'backup 'auto-injector(s), which are clearly labelled, and which may be administered to a student where the student's own auto-injector is inaccessible or a second dose of adrenalin is required. **In an emergency, staff should not substitute an auto-injector prescribed to another student.**
- d) In the event of a previously diagnosed or undiagnosed student suffering from anaphylaxis, the school will implement its Anaphylaxis Emergency Procedure (Attachment A).

4.0 RESPONSIBILITY

- The Management Team is responsible for ensuring that staff receive First Aid and Anaphylaxis Training.
- The First Aid Administrator is responsible for ensuring individual health care plans are prepared for all children with anaphylaxis.
- All staff are responsible for ensuring they are aware of Anaphylaxis Procedures and comply with them.

- The First Aid Officers and Teachers with current First Aid training are responsible for providing FirstAid in the case of an event.

5.0 RELATED DOCUMENTS

Anaphylaxis Guidelines for Schools – Second Edition 2006

Attachment A (Anaphylaxis Emergency Response Plan)

Attachment B (Anaphylaxis Risk Minimisation Plan)

Individual Health Care Plan Form

Student Medical Poster

6.0 AUTHORISATION

On behalf of The ManagementTeam

Name:

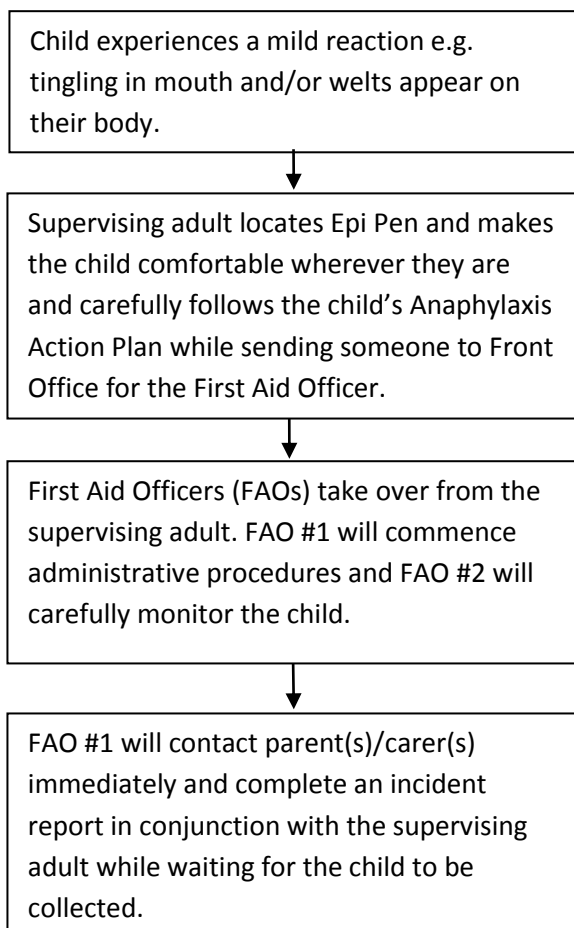
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Date:

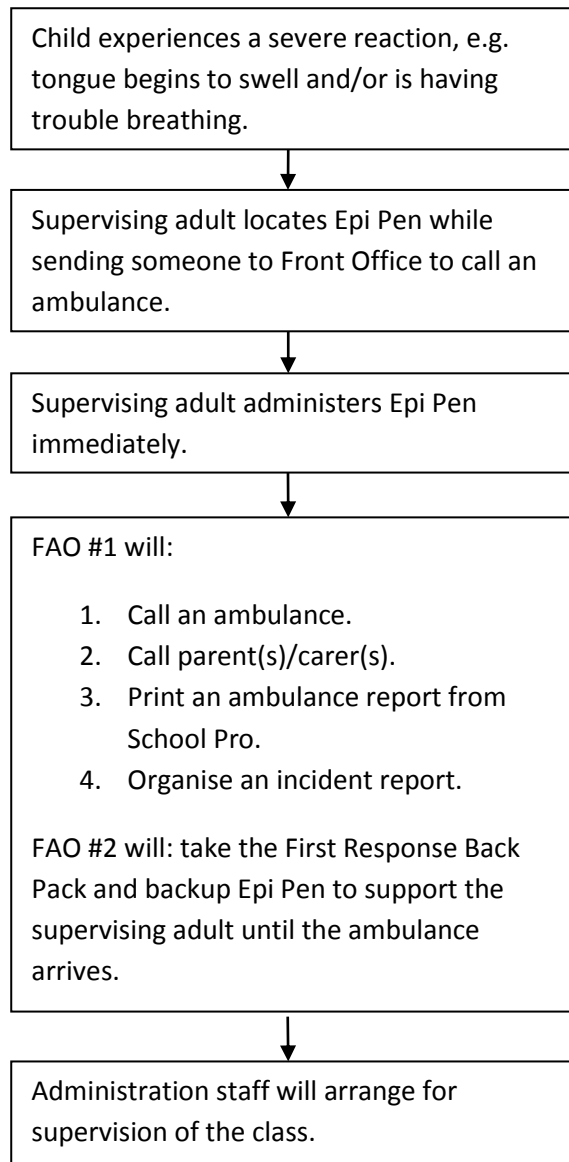
ATTACHMENT A

Anaphylaxis Emergency Response Plan

Mild Reaction



Severe Reaction



ATTACHMENT B

Anaphylaxis Risk Minimisation Plan

1. Mumbulla School is an allergy aware school and will:
 - a) **Ensure**, to the best of its knowledge, that **shared food, PREPARED (OR DIRECTED) BY A TEACHER** during class activities that **are part of the curriculum, be free from known allergens** e.g. cooking activities, gardening, shared fruit, and camp meals.
 - b) **Ask parents to avoid using known allergens** and to **label all ingredients** for the purpose of **shared food events that are part of the curriculum with food PREPARED BY FAMILIES** e.g. Jewish Sabbath meal, supper after plays/festivals, class picnics. All parents will be reminded of the severe allergies in the class and asked to help ensure the safety of all students.
 - c) **Ensure that all children are educated about the known allergens** in their classroom and are involved in regular discussion around **not sharing food from their lunchboxes**. As lunchboxes must not be a shared food and are not part of the curriculum, there is no restriction imposed by the school.
 - d) **Inform all families** that **allergens will be avoided but cannot be guaranteed** against cross contamination and/or human error.
 - e) **Manage the Hot Lunch program** and ensure all food is prepared in an allergy aware environment and is **free of known allergens**, to the best of the school's knowledge.
 - f) **Inform parents** that all **questions or concerns** relating to anaphylaxis or Mumbulla School's policy regarding anaphylaxis; **be directed to the First Aid Administrator** in the Front Office.
2. **Birthday cakes are not to be included** in class birthday celebrations in Kindergarten to Class 6.