

Policy Number	Ratification Date	Reviewed	Review Date
23	2017	2017	2019



FIRST AID

Rationale

General Student Health- Action School Responsibility

- To respond to the needs of students, the school provides long and short term first aid planning, supervision for safety, routine health and personal care support, and occasional complex medical care support.
- A qualified nurse is employed by the school to advise on and treat minor injuries and illnesses
- Time is allocated for staff to discuss, practise and review health support planning
- Health support is anticipated, planned and managed
- To ensure staff are trained in basic first aid, and first aid which may be required for more complex medical needs such as anaphylaxis or asthma
- On enrolment or when a health care need is identified, clear plans and processes to support student's health care needs are developed and maintained

Parent Association and School Council Responsibility

- A designated First Aid volunteer, when out of school hours, will be present at all community and fundraising events where children are present.
- First Aid volunteers are required to have either a Level 2 First Aid certification, hold a paramedic qualification or be a health practitioner (registered nurse or medical doctor), registered by the Australian Health Practitioner Regulation Agency (AHPRA).
- The PA Executive will recommend to School Council as to whether an external First Aid provider is required for larger community events.
- First Aid volunteers will use the school's designated PA first aid bag for all school and community events.

Parent/ Guardian Responsibility

- Parents should have primary responsibility for the welfare of their children. When a child is unwell, parents/ guardians ensure the child is absented from school until recovered.
- Parents should communicate with the school regarding their child's health concerns, including absences.
- Parents should ensure changes to their child's health status are communicated to school

First Aid

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

Purpose

- To administer first aid, emergency and life support for students, staff and visitors when in need in a competent and timely manner
- To communicate children's health concerns to parents if the condition dictates
- To provide resources and training and facility for the administering of first aid
- To encourage preventative measures to minimise emergencies and promote the safety.

Action

School Responsibility

- The Principal will ensure that a sufficient number of staff who are first aid trained is visible on first aid room
- A qualified nurse is employed by the school to advise on and treat injuries and illnesses

Standard first aid procedures are followed at all times

- A first aid room is available for use during school hours, with a comprehensive supply of basic first aid materials stored securely. The school nurse is responsible for the purchase and maintenance of first aid supplies, first aid kits, ice packs, and the general amenity of the first aid room
- Children are supervised in the first aid room by the school nurse or a designated member of staff

- All injuries or illnesses that occur are referred to the nurse on duty and to the first aid trained office staff when the nurse is not on duty.
 - A confidential up to date register is maintained of all injuries or illnesses experienced by children who require first aid.
 - For more serious injury/illnesses, the parents/guardians are contacted so that professional treatment may be organised. Any injuries to a child's head or face, a bite that has broken the skin and / or transfer of body fluids must be reported to parents/ guardians. When an injury is deemed greater than minor, it is reported on the Department of Education and Training Accident Injury Form and entered on to CASES 21.
 - All staff have the authority to call an ambulance immediately in an emergency. If the situation and time permit, a teacher may confer with others before deciding on an appropriate course of action.
 - Any child with injuries involving blood must have the wound covered.
 - All staff are trained in basic first aid management for blood spills, in administering Epipens and asthma management. Students with Anaphylaxis will keep their Epipens in the classroom on designated Allergy hooks. Anaphylaxis & Allergy kits will accompany students to Specialist classes. Generic Epipens are also located in designated places throughout the school including School Office. Blue Asthma Kits containing Ventolin/spacer and instructions are situated in designated classrooms throughout the school
 - A comprehensive first aid kit will accompany all camps.
- All school camps will have at least one Level 2 First aid trained staff member
- Students with asthma should have an Asthma Plan which will be kept at school, and a copy taken on school camps
- A PA designated First aid bag is available for PA events. This has basic first aid items. It does not contain an epipen
 - The school will request medical information at the commencement of the school year or as health needs change
 - All accidents, injuries or illnesses that occur during class time are referred to the Nurse if on duty, otherwise, trained administration staff who will manage the incident. All injuries that occur during recess and lunchtime are referred to the teacher on yard duty and a Nurse pass to attend the first aid room is issued. Emergency Management is implemented in event of needing to call an ambulance.
 - Vomit kits containing vomit clean up, gloves, paper towel and band aids are available in every classroom

Parent/ Guardian Responsibility

- Parents/ guardians of ill children are contacted so that the child may be taken home.
- Parents who collect children from school for any reason must sign the child out of the school in the Sentral register maintained in the school office.
- It is recommended that all students have personal accident insurance and ambulance cover

Ambulance Attendance

At times of accidents or illness, the school may be required to call an ambulance to transport a staff member, student or community member to hospital. As the ambulance service is a potentially expensive option for families, and as the ambulance service is a vital community resource which should not be used in a frivolous manner, appropriate processes for requesting the attendance of the ambulance service must be followed.

Aim

To ensure that all members of the school community understands the schools position and processes regarding the attendance of the ambulance service.

Action

School Responsibility

- Reminders encouraging all staff and families to become members of the ambulance service, are printed in the school newsletter annually
- Family ambulance membership details are recorded on enrolment forms, updated as required and staff membership details are recorded on their staff information sheets which are updated annually.
- At times of accident or illness, the School Nurse and /or first aid trained staff member/s in attendance confer and make a decision as to whether or not they should request the attendance of the ambulance service. In doing so, the health and safety of the patient will be the only determining factor. Ambulance membership, or potential costs to families will not be a point of consideration.
- Parents/ guardians (or next of kin for an adult) are always be contacted as soon as possible so that they may be in attendance when the ambulance arrives.
- Staff are responsible for contacting the ambulance service.
- A card containing school details and a script for ensuring that the correct details are given to the 000 operator is to be found by the key phones in the school administration area

- A safe entry point will be made available for the ambulance, a member of staff will stand in the street to ensure that the ambulance can find the nearest and best entry point and students will be kept away from any accident scene.
- The school's administrative staff will ensure a CASES 21 printout of a student's or staff member's details are available to ambulance officers upon arrival.
- If the child's parents/ guardians have not arrived at the school in time to accompany their child a staff member who is known to the child will accompany the child to the hospital provided the attending ambulance officers approve.
- The School Nurse ensures that parents/ guardians or next of kin are aware of the hospital to which the patient is being transported
- Office staff will ensure that the Principal or next most senior staff member is informed of the situation.
- The School Nurse is responsible for filling in an Injury Report and ensuring that any witness details are correct.
- The Principal or office staff are responsible for contacting Emergency Management and Worksafe (if appropriate) and logging an incident call after the immediate health needs of the injured person have been attended to.

Parent/ Guardian Responsibility

- All staff and families are encouraged to be members of the ambulance service.

Asthma

It is important that all staff members are aware of asthma, its symptoms and triggers, and the management of asthma in a school environment. Asthma attacks involve the narrowing of airways making it difficult to breathe. Symptoms commonly include difficulty breathing, wheezy breathing, dry and irritating cough, tightness in the chest and difficulty speaking. Children and adults with mild asthma rarely require medication; however severe asthma sufferers may require daily or additional medication (particularly after exercise).

Purpose

- To manage asthma and asthma sufferers as effectively and efficiently as possible at school and to ensure students feel safe and supported at school and to support their health care needs
- To provide an environment in which students with asthma can participate in all school activities to their full potential.

Action

School Responsibility

- All students with asthma must have an up-to-date written asthma management plan consistent with Asthma Victoria's requirements completed by their doctor or paediatrician, (completed annually).
- Asthma plans are retained by the School Nurse in the student medical folder. Copies of each plan are also kept in a medical folder in the class teacher's office. CRT 's are aware of students with asthma, information is listed in CRT folder
- The school will display the asthma First poster in the first aid room
- Professional development is provided for all staff on the nature, prevention and treatment of asthma attacks, in line with the recommendations of the asthma friendly schools program.
- The school provides, and has staff trained in the administering of, reliever puffers, (blue canister) such as Ventolin and spacer devices in all first-aid kits, including kits on excursions and camps Blue Asthma Kits found in designated areas throughout the school. Students with Asthma are listed in CRT folder. Clear written instructions on how to use these medications and devices is included in each first aid kit, along with steps to be taken to treat severe asthma attacks.
- The School Nurse is responsible for checking all reliever puffer expiry dates in the school first aid kits and blue emergency first aid kits
- A nebuliser pump will not be used by the school staff unless a student's asthma management plan recommends the use of such a device, and only then if the plan includes and complies with the Vic Government School's Reference Guide – Asthma Medication Delivery Devices
- Ventolin will be administered via the student's own spacer or administered via a "Lite Aire" single use spacer.
- Intervention must be provided immediately for any student who develops signs of an asthma attack
- Children suffering asthma attacks should be treated in accordance with their asthma plan
If no plan is available, children will be seated, reassured, administered 4 puffs of a shaken reliever puffer (blue canister) delivered via a spacer – inhaling 4 deep breaths per puff, wait 4 minutes, if necessary administer 4 more puffs and repeat the cycle. An ambulance must be called if there is no improvement after the second 4-minute wait period, or if it is the child's first known attack. Parents must be contacted whenever their child suffers an asthma attack

Parent / Guardian Responsibility

- Parents of children diagnosed with asthma are asked to provide to the School Nurse a copy of their child's asthma management plan on enrolment or when a plan has been prepared.
- Parents/guardians are responsible for ensuring their children have an adequate supply of appropriate asthma medication, (including a spacer) with them at school at all times.

Medication Distribution

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

Aim

The purpose of this policy is to ensure the medications are administered appropriately to students at school.

Action

School Responsibility

- The School Nurse is the designated staff member responsible for administering prescribed medications to children while children are on the school site.
- All parent requests for the School Nurse to administer prescribed and non-prescribed medications to their child are on a Medication Request Form and must be supported by specific written instruction from the medical practitioner or pharmacist including the name of the student, dosage and time to be administered, (original medications bottle or container must provide this information).
- All student medications must be in the original containers, be labelled, have the quantity of tablets confirmed and documented, and be stored in either the locked office first aid cabinet or staff room refrigerator, whichever is most appropriate.
- Consistent with the Asthma Policy students may carry with them their appropriate asthma medication at all times.
- Classroom teachers are informed by the School Nurse of prescribed medications for students in their charge, and classroom teachers release students at prescribed times to visit the First Aid Centre to receive medication from the School Nurse.
- All completed Medication Request Forms and details relating to students, their prescribed medication, dosage quantities and times of administering are kept and recorded in a confidential loose-leaf Medications Register located in the school office by the School Nurse in the presence of, and confirmed by, a second staff member.
- Students involved in school camps or excursions are 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 Medications Register. Completed pages will be returned to the Medications Register on return of the excursion to school.

Parent / Guardian Responsibility

- Parents/ guardians of students that may require injections (e.g. Insulin) are required to meet with the School Nurse to discuss the matter. In these situations, a management program will be put in place.

Head Lice

Head lice (pediculosis) are tiny insects that live on the human scalp where they feed and breed. Probably between 2-3% of primary school children are infested at any one time. While they do not carry or transmit disease, they are a cause of head itch and scratching, which may lead to infection and swollen lymph glands; therefore, they need to be controlled. Anyone can catch head lice. Head lice cannot fly, hop or jump. They spread from person to person by head to head contact, and may also be spread by the sharing of personal items such as combs, brushes and hats. Head lice are recognised as a community issue, with no stigma attached. Constant monitoring is required.

Purpose

The purpose of this policy is to ensure reports of head lice are responded to quickly and effectively, that processes for treating head lice are well known and consistently followed, and that parents and guardians are well informed about head lice and their treatment.

Action

School Responsibility

- While it is parents/ guardians who have the primary responsibility for the detection and treatment of head lice on their children, the School Nurse assists by offering up-to-date information, by offering a screening process, and by alerting parents of lice when detected.
- Upon enrolment, parents/ guardians are asked to provide consent for lice inspections by the School Nurse for the duration of their attendance at Elsternwick Primary School. Only children whose parents have given consent, will be inspected, however, all students may be visually checked.
- All children inspected are provided with a confidential report indicating to parents the results of the inspection
- Consistent with Health (Infectious Diseases) Regulations 2001, the School Nurse ensures that the parents/ guardians of any child found to have live lice are informed that their child is to be excluded from attending school until the appropriate treatment has been commenced.
- The School Nurse provides parents of children found to have live lice with information about head lice treatment and prevention.
- The School Nurse ensures that information relating to the prevention and eradication of head lice appears throughout the year in the school newsletter, particularly at times of heavy infestations.

Parent / Guardian Responsibility

- Parents/ guardians have the primary responsibility for ensuring their children do not attend school with lice, and for the detection and treatment of head lice on their children.
- When alerted by the School Nurse that live lice have been detected, the parent/ guardian is responsible for excluding the child from school until the lice have been treated
- Parents should conduct periodic checks of their children's' hair to ensure the incidence of children attending school with undetected head lice is kept at a minimum

Sharps Disposal

Sharps such as used or discarded hypodermic needles present a potential health and safety risk to everybody, particularly students. The school will make every attempt to ensure sharps are safely managed but needle stick injuries remain possible.

The purpose of this policy is to minimise the possibility of needle stick injuries, and to ensure needle stick injuries are managed correctly and confidently.

Action

School Responsibility

- Staff are provided with professional development as to the correct process for the collection and/or disposal of sharps/syringes, as well as how to respond to needle stick injuries.
- Students or staff members who use sharps for proper purposes, (such as diabetics) must have an individual sharps management plan, approved by the School Nurse.
- The school makes available safe and practical storage facilities for sharps in the First Aid Centre.
- Staff members on yard duty who find or are alerted to the presence of a discarded syringe are provided with a disposable sharps container, non-porous gloves and tongs. Staff should always go to the sharp rather than the sharp being taken to staff.
- Any and all needle stick injuries are managed in the following manner:

Protocol for managing needle stick injuries

1. Reassure the injured person.
2. Contact the School Nurse, who will contact a hospital for advice.
4. Wash the area with running water and soap, and pat dry and apply a waterproof band-aid.
5. If the injured person is a student, contact parents immediately.
6. Complete all usual Injury Report forms etc.
7. Maintain confidentiality as required.
8. Ensure the needle is correctly disposed.
9. School Nurse may contact Syringe Disposal Help Line 1800 552 355 for sharps disposal

Evaluation

Policies will be evaluated in August 2017 according to a two year cyclic review calendar.