



FIRST AID

PURPOSE:

To provide an excellent standard of First Aid care for students and staff at Mill Park Primary School.

GUIDELINES:

- The First Aid Coordinator will have current Level 2 First Aid qualifications.
- Only a Level 2 trained staff member can administer medication.
- A Level 2 First Aid trained staff member must attend all excursions and camps.

IMPLEMENTATION:

- The First Aid Coordinator will be on duty in the First Aid room every lunchtime and Level 2 trained staff members will be rostered every recess. If the First Aid Coordinator is away, another Level 2 trained staff member will be rostered to back-fill this role.
- All yard duty teachers who carry first aid kits will treat minor injuries in the schoolyard.
- Students who have received injuries in the yard which cannot be treated by the yard duty teacher will be sent into First Aid with a red square with the teacher's name on it.
- In the case of an anaphylactic reaction, the red triangle will be sent in with another student to alert the First Aid person on duty that an epipen is needed immediately. The student's anaphylaxis plan would then be put into action.
- Students who are feeling unwell during class will be told to rest in the classroom and if their condition deteriorates, the teacher is to send the student down with a pink slip to the First Aid room for treatment. The classroom teacher must ring through to the First Aid room or office to let them know they are sending a student to First Aid.
- The student must report to the front office before entering the First Aid room with a pink slip.
- All students who are tended to in the First Aid room will have their names, the details of their illness/injuries, and the treatment given, recorded in the First Aid notification book.
- The database for all entries to the First Aid Room will be continuously updated by the First Aid Coordinator and to CASES21. Reports will be given upon request from Leadership.
- Completed editions of the First Aid Register will be kept in the school office files. The First Aid Register is a legal document.
- A note will be sent home to parents of all children who receive treatment in the First Aid room. This note will indicate the nature of the illness/injury and the treatment given.
- Parents of students who are more seriously injured or who are too ill to stay at school, will be contacted and asked to collect them. If a parent is unavailable, emergency contacts, as listed in the child's information file in the office, will be phoned. Phone calls are noted in the notifications documents.
- Parents will be notified immediately of any severe injury sustained to the head, neck, face or groin region.
- An Injury Report will be completed by the attending First Aid Coordinator and signed by the Principal for more serious injuries. The incident will be entered onto the Accident Register on CASES21. The Injury Report is a legal document.
- The Department of Education and Training (DET) Emergency Service will be contacted if any person is injured at the school and is admitted to hospital - **Phone 9589 6266.**

- Children with asthma will need an Asthma Management plan completed by their parents and their GP. These plans are to be kept in the school office and a copy is to be kept in the First Aid Room cupboard.
- The identity of students with serious medical conditions will be made known to all staff. Emergency action required will be explained to staff by the First Aid Coordinator. Files on these students will be kept in the First Aid Room.
- Parents are to leave medication with the First Aid Coordinator if their child requires it to be administered during the day. A Level 2 trained staff member will administer medication and record details about the dosage and time of administration.
- The First Aid Coordinator will supply basic first aid materials at the beginning of the new school year that are to be kept in the bumbags, which are used for yard duty and in the classrooms. These contain bandaids, gloves, saline, cottonwool, tissues and red tickets.
- Teachers are to refill their own bumbags from the supplies provided in the First Aid Room.
- First aid kits will be available for camps, excursions and sporting events.
- The First Aid Coordinator is responsible for maintaining first aid supplies in the First Aid Room.
- An annual budget will be allocated to First Aid.
- The First Aid Staff are responsible for making up the daily ice packs.
- Anaphylaxis, Epilepsy, Diabetes, and other medical Action Plans are to be updated regularly and distributed to all classroom teachers by the First Aid Coordinator.
- Updated alert medical information will be placed in classroom rolls at the beginning of each year and uploaded to Compass.
- In the case of changes to a student's medical alert the parents/carers must notify the school so that the First Aid Coordinator and office staff are aware of the changes so records can be appropriately updated and communicated to relevant staff.
- The First Aid noticeboard in the staffroom will be updated regularly with information on students with special health considerations.
- First Aid Coordinator and Level 2 First Aid trained Teacher in Charge of the event will prepare all medications and bus kits for excursions and camps.
- A Level 2 First Aid refresher training will be offered to staff at the beginning of each school year.

EVALUATION:

- The First Aid Coordinator will liaise with staff to indicate improvements to the first aid processes.
- Staff will make recommendations for improvements to the First Aid processes via Year Level Meetings, Leadership Meetings and Staff Meetings.
- The Accident Register will be analysed on an on-going basis to isolate injury trends that are occurring.
- The Annual Report will include the numbers and type of accidents that have occurred over the previous year.

ALLERGIES

RATIONALE

An Allergy occurs when a person's immune system reacts to substances in the environment that are harmless for most people. These substances are known as allergens and are found in foods, insects, some medicines, house dust mites, pets, and pollen. This policy applies to students with a diagnosed food, insect or medication allergy who has a mild to moderate allergic reaction to an allergen.

PURPOSE

- To provide a broad health education following the Implementation Guidelines as set down by the Department of Education and Early Childhood in 'The Management of Anaphylaxis and the use of an Epipen'.
- To provide professional development that will facilitate the implementation of broad health education.

- To engender non-discriminatory attitudes and practices.

GUIDELINES

- An Allergy Action Plan for the student will be developed in consultation with the student's parents/carers and medical practitioner.
- Strong communication between the school and parents of students with food allergies will be promoted.
- Prevention strategies will be addressed in the Healthy Eating Policy.
- Staff will be made aware of the placement of action plans and relevant medications.
- The First Aid Coordinator will make staff aware of children with allergies in their care and provide regular updates via the staff meeting.
- It is the parents/carers responsibility to notify the school of any changes to their child's condition so appropriate records can be updated

IMPLEMENTATION

- At the commencement of every year, all Allergy action plan forms will be updated by parents and First Aid Coordinator.
- Necessary medications will be provided by parents and these will be kept in the First Aid room.
- The First Aid Coordinator is responsible for informing parents when medication needs replacing.
- The school community will be kept informed of any new developments via the weekly Newsletter.
- The school won't ban certain types of foods (eg: nuts) as it is not practicable to do so, and is not a strategy recommended by DET or the Royal Children's Hospital. However, the school will request that parents do not send those items to school if at all possible; that the canteen eliminate or reduce the likelihood of such allergens, and the school will reinforce the rules about not sharing and/or not eating foods from other children provided from home.
- A letter will be sent home to inform parents of an allergy in the classroom.

EVALUATION

- The Principal will monitor overall implementation.
- The First Aid Coordinator will be responsible for review of the program every year.

ANAPHYLAXIS

RATIONALE

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. Therefore it is important for teachers to be aware of anaphylaxis, its symptoms and triggers and, most importantly, the management of anaphylaxis in the school environment.

PURPOSE

- To provide a broad health education following the Implementation Guidelines as set down by the Department of Education and Training in 'The Management of Anaphylaxis and the use of an EpiPen'.
- To provide professional development that will facilitate the implementation of broad health education.
- To foster non-discriminatory attitudes and practices.

GUIDELINES

- An Anaphylaxis Management Plan for the student will be developed in consultation with the student's parents/carers and medical practitioner.
- Strong communication between the school and parents of students with food allergies will be promoted.
- Prevention strategies will be addressed in the Healthy Eating Policy.

- Training will be provided annually for school staff in recognising and responding appropriately to an anaphylactic reaction including competent administration of an EpiPen.
- Staff will be made aware of the placement of EpiPens and action plans.
- The First Aid Coordinator will make staff aware of anaphylactic children in their care and provide regular updates via the staff meeting.

IMPLEMENTATION

- At the commencement of every year, all EpiPen plan forms will be updated by parents and First Aid Coordinator.
- EpiPens will be provided by parents and these will be clearly labelled and kept in the First Aid Room.
- The First Aid Coordinator is responsible for informing parents when EpiPens need replacing.
- The school community will be kept informed of any new developments via the weekly Newsletter.
- The school won't ban certain types of foods (eg: nuts) as it is not practicable to do so, and is not a strategy recommended by DET or the Royal Children's Hospital. However, the school will request that parents do not send those items to school if at all possible; that the canteen eliminate or reduce the likelihood of such allergens, and the school will reinforce the rules about not sharing and/or not eating foods from other children provided from home.
- A letter will be sent home to inform parents of an allergy in the classroom.
- The First Aid noticeboard in the staffroom will be updated regularly with information on students at risk of Anaphylaxis.

EVALUATION

- The Principal will monitor overall implementation.
- The First Aid Coordinator will be responsible for review of the program every year.

ASTHMA

RATIONALE:

As asthma affects up to one in four primary age children, one in seven teenagers and one in seven adults, it is important for teachers to be aware of asthma, its symptoms and triggers and, most importantly, the management of asthma in the school environment.

PURPOSE:

- To provide a broad health education following the Implementation Guidelines as set down by the Office of Schools Administration in the Asthma Awareness document.
- To provide professional development that will facilitate the implementation of broad health education.
- To foster non-discriminatory attitudes and practices.

GUIDELINES:

- Asthma management at the school will provide appropriate care for students with asthma which in turn will facilitate their learning.
- Strong communication between the school and parents of students with asthma will be promoted.

IMPLEMENTATION:

- At the commencement of every year all Asthma Action Plan forms and medication will be updated by parents and the First Aid Coordinator.
- A comprehensive health education and community awareness program will be implemented throughout the school.
- Asthma education is given during health sessions annually.

- The First Aid Coordinator will ensure that the appropriate resources are available.
- Any spacers provided by the school will be cleaned after use according to the Asthma Awareness document.
- Self-administered medication will be stored by the school in an easily accessible location, unless instructed differently by a student's medical practitioner.
- The school community will be kept informed of any new developments via the Newsletter.
- The First Aid Coordinator will ensure appropriate Asthma medication will be taken on excursions and camps.
- The First Aid noticeboard in the staffroom will be updated regularly with information on students who have asthma.
- If parents/carers have indicated that the student has asthma it is their responsibility to provide the required medication to the school's First Aid Coordinator, if alternative arrangements are needed they should speak to the First Aid Coordinator.

EVALUATION

- The Principal will monitor overall implementation.
- The First Aid Coordinator will be responsible for regular review of the program.

DIABETES

RATIONALE:

Type 1 diabetes occurs due to severe deficiency of insulin. Treatment for type 1 diabetes involves insulin, blood glucose monitoring and food management.

PURPOSE:

Diabetes is a diagnosis that has a significant impact on families. Children and their families will need support from staff at school to assist in the management of their condition. It is important to establish a culture of inclusion and to support young people with diabetes so that they can participate fully and safely at school. Mill Park Primary School will:

- Provide a broad health education following the Implementation Guidelines as set down by the Office of Schools Administration in the Diabetes Awareness document.
- Provide professional development that will facilitate the implementation of broad health education.
- Foster non-discriminatory attitudes and practices.

GUIDELINES:

- A Diabetes Management Plan will be developed in consultation with the student's parents/carers and medical practitioner and First Aid Coordinator.
- Strong communication between the school and parents of students with diabetes will be promoted.
- Staff will be made aware of students with diabetes, their management plans and placement of emergency medications.
- Staff workshops will be provided by First Aid Coordinator for school staff, as required in recognising and responding appropriately to diabetic symptoms.
- Students with diabetes may need special consideration when planning sport, excursions, camps and other activities. They may need extra toilet provisions, consideration when unwell, some individual supervision, to eat at additional times especially when involved with sport or physical activities. They may also need special provisions for privacy if testing for blood glucose levels and injecting insulin.

IMPLEMENTATION:

- At the commencement of every year all Diabetic Management plans and medications will be updated by parents and the First Aid Coordinator.

EPILEPSY AND SEIZURES

RATIONALE:

Epileptic seizures are caused by a sudden burst of excess electrical activity in the brain resulting in a temporary disruption in the normal messages passing between brain cells. Seizures can involve loss of consciousness, a range of unusual movements, odd feelings and sensations or changed behaviour. Most seizures are spontaneous, brief and self-limited. However multiple seizures known as seizure clusters can occur over a 24 hour period.

Non-epileptic seizures (NES), also known as 'dissociative seizures'. There are two types of non-epileptic seizures:

- organic NES which have a physical cause
- psychogenic NES which are caused by mental or emotional processes.

Seizure triggers is a term used to describe known circumstances where the individual may have an increased likelihood of having a seizure. Seizure triggers are unique to the person and are not always known. Common seizure triggers can include stress, lack of sleep, heat, illness or missed medication.

PURPOSE:

- To provide professional development that will facilitate the implementation of broad health education.
- To engender non-discriminatory attitudes and practices.

GUIDELINES:

- An Epilepsy or seizure plan for the student will be developed in consultation with the student's parents/carers and medical practitioner.
- Strong communication between the school and parents of students with epilepsy or seizures will be promoted.
- Staff will be made aware of the placement of action plans and relevant medications.
- First Aid Coordinator will make staff aware of children with epilepsy or seizures in their care and provide regular updates via the staff meeting.
- It is the parents/carers responsibility to notify the school of any changes to their child's condition so appropriate records can be updated

IMPLEMENTATION:

- At the commencement of every year, all Epilepsy and seizure action plan forms will be updated by parents and the First Aid Coordinator.
- It is the parents' or guardians' responsibility to notify the school if their child suffers from epilepsy or another condition that involves seizures. Full details are required including the severity of the condition and the name and dosage of medication prescribed.
- Necessary medications will be provided by parents and these will be kept in the First Aid room.
- The First Aid coordinator is responsible for informing parents when medication needs replacing.
- The school community will be kept informed of any new developments via the weekly Newsletter.
- School staff with a direct teaching role or other staff as directed by the principal who have a duty of care responsibility for a student living with epilepsy are required to receive training in:
Epilepsy: An Introduction to Understanding and Managing Epilepsy

EVALUATION

- The Principal will monitor overall implementation.
- The First Aid Coordinator will be responsible for review of the program every year.

AIDS/HIV/HEPATITIS B & C

PURPOSE:

Acquired Immune Deficiency Syndrome (AIDS) and Hepatitis B & C have become increasingly worrying public health issues. A strong emphasis on understanding and prevention is therefore the only effective response. Schools clearly have a role to play in educating the school community so that they have the knowledge and skills to understand and avoid these infections.

- To provide a broad health education following the Implementation Guidelines as set down by the Office of Schools Administration in the AIDS/HIV and Hepatitis policy handbooks.
- To protect students, employees and members of the school community from infection through appropriate hygiene and safety practices.
- To provide professional development that will facilitate the implementation of broad health education.
- To foster non-discriminatory attitudes and practices.
- To provide a blood spill kit located in the First Aid room and notify all staff of location.
- To provide safe practices with a biological waste procedure.

GUIDELINES:

- At the commencement of each school year children, teachers and voluntary helpers will be informed of appropriate safety and hygiene practices.
- A comprehensive health education and community awareness program will be implemented throughout the school.
- The First Aid Coordinator will ensure that the appropriate resources are available.
- The school community will be kept informed of any new developments via the Newsletter.
- The Principal will monitor overall implementation.
- The First Aid Coordinator will monitor hygiene and safety practices to assess the level of compliance and the need to modify the program.
- The First Aid Coordinator will be responsible for regular review of the program.
- Children will be required to wear gloves when required to pick up rubbish.

As part of the annual program audit this policy will be reviewed by the First Aid Coordinator every year.