



## HEALTH & SAFETY

### FIRST AID POLICY

#### RATIONALE

Students who appear sick, or who injure themselves in the classroom/playground, are to be provided with immediate First Aid.

#### OUTCOMES:

To outline the procedures that are to be followed when students are injured or sick. The underlying principles of this policy ensure that:

- Injured and sick students need to be handled in a sensitive, caring manner.
- Appropriate and prompt first aid can lessen the degree of injury.

#### IMPLEMENTATION

##### Executive - Roles and Responsibilities

Members of the Executive will:

- Ensure first aid procedures are implemented.
- Identify each year a member of staff as the designated First Aid Officer. This person is to hold an accredited First Aid Certificate.
- Call the ambulance when specialist first aid is needed. (This duty may be delegated to the School Administration Manager)
- Identify students with known first aid requirements. Reference is drawn to:
  - a **Student Gallery** in staffroom that details students with more serious medical conditions who require immediate first aid/medical treatment.
  - b **Student Medical Awareness** booklet which summaries known medical needs of all students.

##### Staff - Roles and Responsibilities

Teachers and SAS staff will:

- Ascertain the nature of the injury and administer first aid.
- Use gloves when treating blood/fluids.
- Participate in Emergency Care Training every three years.
- Update CPR training every year.
- a Attend to **minor** injuries at the scene. Basic first aid supplies are located in the playground bag.

- b Send students with injuries requiring more specific treatment to sick bay OR in the case of a serious injury, send an emergency card for assistance from a Senior Executive and/or Senior First Aid officer.
- c Assign a reliable student to accompany the injured child to the office. Person providing treatment to record details of injury/treatment.
- d Once first aid has been provided to the child, a decision will then be made (by Senior Administration Manager) as to whether the child's parent/care giver should be notified of the injury. Advice should be sought from a member of the school's Executive Team if the responsible teacher/ SAS staff member is unsure as to whether this is necessary.
- e **Injuries requiring immediate notification** to the parent include head/ neck injuries, deep/ bleeding wounds and other injuries where professional medical attention may subsequently be required. *However this is not an exhaustive list and other factors to take into account might include the age and distress level of the child in question.'*
- f Report **serious** injuries to a member of the senior executive. These injuries will generally require medical intervention or could lead to a claim against the Department of Education and Communities. As a starting point:
  - assess the injury and provide reassurance to the student.
  - assign a reliable student to report the accident to the school executive (do not leave the patient unattended.)
  - if possible find out details of the injury and cause of the injury.
  - encourage other students to move away from the accident scene.
  - Complete an "Accident Report" and if necessary executive to complete a "serious injury" report within 24 hours of injury. The serious injury report is to be faxed to the Injury Report Hotline, with the hard copy being filed in the office.
  - written statements from teacher on duty, witnesses, injured student. Younger students may provide a dictated statement.
  - statements should contain a description by the writer of the background and circumstances leading to the accident itself and any action they then took to assist the victim.
  - all statements should be signed and dated.
  - attach to the "Accident Report" a copy of the duty roster for the day, a map of the playground showing teacher location at the time of the accident and a copy of the school rules.
- g If doubts exist as to the nature of the injury, the student should not be moved. An ambulance officer will render first aid at the site of the accident. Senior School Assistant to provide a printout with student's allergies, medication, previous illness. Ambulance officers will also require time of last meal and events leading up to the accident. The principal is to be made aware at the time of the incident. An accident report and serious injury report is to be completed within 24 hours of the incident and sent to the Injury Report Hotline by the teacher and senior executive member.
- h Any parental claims or legal queries should in the first instance be directed to the Principal.

### Student - Roles and Responsibilities

Students will:

- Report injury/illness to teacher on duty.

### Parent - Roles and Responsibilities

Parents will:

- Inform the school of any change to their child/ren's medical profile.
- Collect students when illness/sickness cannot be managed by school practice.

## Managing Student Illness and Accidents

### PURPOSE

To ensure that every effort is made to manage student illness and minimize accidents to students, and that an appropriate action is in place should any accident occur.

### RATIONALE

A safe learning environment is fundamental to students' intellectual, social and emotional development.

### PRINCIPLES

The underlying principles of this policy are that:

- Processes exist to ensure student illness is managed effectively.
- Students need to work and play in a safe manner and follow school expectations.
- The risk to accidents can be minimized when effective and consistent school action occurs.

### IMPLEMENTATION

#### Executive - Roles and Responsibilities

Member of the executive will:

- Ensure there are updated records of students with medical conditions and that staff are informed of the student's needs.
- List all students with special medical needs prominently in staffroom. Such students may require immediate medical support and the ambulance will be called as the first point in meeting their needs eg asthmatics.
- Report the matter as a Serious Incident if warranted.

#### Staff - Roles and Responsibilities

Teachers and SAS staff will:

- In the case where a student with a high risk is unwell, refer to first steps outlined in duty bag
- Refer students who present with an illness to the Office.
- Assign a reliable student to accompany the injured child to the office. Person providing treatment to record details of injury/treatment.
- Once first aid has been provided to the child, a decision will then be made (by Senior Administration Manager) as to whether the child's parent/care giver should be notified of the illness. Advice should be sought from a member of the school's Executive Team if the responsible teacher/ SAS-staff member is unsure as to whether this is necessary.
- Redirect students who are not working/playing in a safe manner.
- Monitor notes from parents concerning student health problems and in serious instances pass on information to executive.

#### Student - Roles and Responsibilities

Students will:

- Notify a staff member when they are feeling unwell.
- Work and play in a safe manner.
- Follow school and class expectations: **Be safe, Be Respectful & Be a Learner**

## Parent - Roles and Responsibilities

Parents will:

- Inform the school of any change to their child/ren's medical profile.
- Provide accurate and up to date contact details.

# Managing Anaphylaxis

## PURPOSE:

It is important that the school and community look after all students in its care. Whilst an allergy to peanuts is still a relatively uncommon occurrence, we do have a growing number of students presenting with this affliction. As a school, we would like to provide responsible support for children who have such allergies and suffer severe anaphylactic reactions that may be life-threatening.

Sherwood Ridge Staff seek the school community's co-operation in supporting the safety of all students at the school.

## OUTCOMES:

- Students with anaphylaxis will be safer and less likely to encounter substances that could initiate a reaction.
- Teachers, students & parents will be more aware of the dangers for some students in relation to their allergy.
- A supportive and caring approach by the school community is evident.
- Ideally, the incidence of anaphylactic reactions is minimised and averted altogether.

## WHAT IS ANAPHYLAXIS?

Anaphylaxis is a severe and sudden allergic reaction. It occurs when a person is exposed to an allergen (such as a food or an insect bite). Reactions usually begin within minutes of exposure and can progress rapidly over a period of up to two hours or more. Anaphylaxis is potentially life threatening and always requires an emergency response. Fortunately, anaphylactic reactions are uncommon and usually preventable.

*(Reference: Anaphylaxis – Guidelines for Schools)*

## IMPLEMENTATION:

- Student and General use Epipens will be kept in the school's Sick Bay
- Playground general use epipens will be kept in duty bags located in the school's Administration block
- Teachers will be required to collect an additional duty bag, containing a **general use Epipen** from the school's Administration block for the appropriate playground area **PRIOR** to beginning duty.
- During extreme weather duties the teacher on duty will collect a **general use Epipen duty bag** from the school's Administration block, for the appropriate playground area (Asphalt) **PRIOR** to beginning duty.
- Duty Bags are to be returned to the school's Office staff at the end of each break.
- Excursion & PSSA first aid bags have epipens. These are provided to coaches at the beginning of the season and recorded on ERN. PSSA first aid bags to be collected at the end of the season and ERN updated.
- On enrolment, parents should supply the school with as much information as possible regarding their child's condition. For students at risk of severe anaphylaxis, this should include a current

anaphylaxis action plan supplied by a doctor. Parents should also notify the teacher on first meeting them.

- Where necessary, parents will supply all medication and prescribed “Auto injector” to be kept at the school. This remains in the secure area of the office.
- Teachers and office staff will be fully aware of students who have severe allergies. Action plans will be visibly displayed for office staff to refer to in an emergency.
- A laminated Anaphylaxis sign will be displayed in all classrooms and key areas of the school as a reminder for staff, parents and students.
- Staff will be trained in the use of an “Auto injector”
- Emergency procedures (refer to First Aid Policy) are in place for teachers requiring assistance.
- Classes, with anaphylactic students in them, will be encouraged to discuss, with sensitivity, Anaphylaxis with students and be alert for potential problems.
- Parents will be asked **NOT** to supply their children with peanut butter sandwiches and other nut products in an effort to minimise the chance of anaphylactic children coming into contact with an allergen. A child who comes to school with a nut sandwich will be offered an alternative from the canteen. Staff are discouraged from eating nut products around students.
- At all times, the sharing of food is to be discouraged, especially at lunch and recess.
- Teachers will remain with their students for the initial lunch eating time and be conscious of the need to remain vigilant to this issue.
- Notices will be published regularly in newsletters to remind families of the commitment to minimise nut products entering the school and be supportive of others.
- The canteen has also made a commitment to provide nut-free products.
- Birthday treats supplied for the class by a parent should be nut-free.
- Parents of anaphylactic students should be encouraged to provide alternative treats for the teacher to have on hand so that their child does not continually miss out on special occasions.
- All cakes made for cake stalls should be clearly labelled as to their ingredients.
- **MOST IMPORTANTLY:** Parents must be responsible for educating their children about their risk of anaphylaxis. Students who are at risk of anaphylaxis should follow very strict rules in regards to their eating habits as stipulated and instilled by the doctor and parents.

## EMERGENCY CARE

Schools do not generally supply or administer medications in an emergency unless they have been provided by parents as part of an individual health care plan for a specific student.

In an emergency which has not been anticipated in the emergency/response care section of an individual health care plan, staff will provide a general emergency response (for example, call an ambulance). Where an emergency response requires the immediate administration of medication to prevent serious illness or injury, staff should administer the required medication.

## LEGAL LIABILITY

Should a student be injured or made ill as a result of the administration of prescribed medication or health care procedures by a member of staff, the staff member is protected by the legal principle of vicarious liability in relation to personal injury proceedings.

This means that unless the staff member has deliberately injured the student, or behaved with reckless disregard for the student's safety, the department will be liable for any injury caused by the negligence of the staff member.

#### DISPOSAL OF EXPIRED OR USED EPIPEN:

- If an EpiPen adrenaline auto injector has been used in an event, an ambulance should be called immediately to take the individual to hospital, so they can be given further treatment as necessary. In such cases the used EpiPen should be placed in a container, labelled clearly with the time it was given and then **handed over to the ambulance officer.**
- If an EpiPen adrenaline auto injector is past the labelled expiry date **do not take the EpiPen out of the protective plastic container** and dispose of the EpiPen in an Australian Standard sharps container.
- In the unlikely event of an accidental activation of an EpiPen auto injector the pen should be disposed of in a sharps container.
- It is important to note that the EpiPen cannot be re-used after being activated, that is the needle remains sheathed by the device.

#### SUPPORTING DOCUMENTS:

- Memorandum 4 December 2012
- Safety Alert 40
- Safety Alert 41
- Safety Alert 42
- Safety Alert 67
- Anaphylaxis: Procedures for schools 2012
- Action Plan for Anaphylaxis
- First Aid procedures (PROC0003-V2)
- Allergy and Anaphylaxis Management within the curriculum P-12 2014

#### REFERENCE:

- Care and Supervision of Students: Memorandum 1997
- Reporting School Accidents - DEC 2002
- Legal Issues Bulletin No 21 (12 December 2002) - Preparation and Use of Accident Reports in School and TAFE NSW.
- Workplace Health and Injury Management Policy - DEC 2005
- Excursion Policy - MAY 2009
- Sport and Physical Activity Safety Policy for Schools – DEC 1999
- <https://education.nsw.gov.au/student-wellbeing/health-and-physical-care/health-care-procedures/administering-medication#Emergency1>

#### REVIEW:

The review of the Sherwood Ridge Public School's First Aid Policy will assess how effective this policy has been, and will ensure that it remains relevant to the needs of students, staff, parents and the school.

The First Aid Policy will be reviewed in September 2019.

**DISTRIBUTION**

Copy is provided to staff and made available to P & C and parents upon request.