

Mary MacKillop Memorial School

First Aid & Medication Policies and Procedures



Developed by: Staff and School Board

Notes:

1. All references to 'Staff members' include Administration Staff, Support Teachers, Teachers and Temporary Relieving Teachers.
2. All references to 'Parents and Carers include Grandparents, Relatives, Friends and Volunteers.

Introduction:

This policy is to support First Aid in an educational environment and to the wider school community. It is provided in response to unpredictable illness or injury with the aim to:

- Preserve life
- Protect a person, particularly if the person is unconscious
- Prevent a condition worsening
- Promote recovery

First Aid incorporates basic life support. It comprises emergency procedures designed to:

- Recognise and manage a clear and open airway
- Restore breathing and/or circulation
- Monitor well-being, using techniques as described by approved First Aid training providers, until the person is transferred to the care of an ambulance officer, nurse or doctor

Scope:

This policy statement and procedures apply to all staff, students, volunteers and the broader community of Mary MacKillop Memorial School.

Aims:

This policy aims to:

- provide strategies for the management and delivery of First Aid to students, staff and the broader school community.
- focus on the safety and welfare of children and staff.
- support the development of a safe school environment for all members of the Mary MacKillop Memorial school community.
- set out clear management strategies and support services for all matters related to First Aid treatment.
- facilitate liaison between children, parents/carers, school staff and other interested parties on health promotion in our school community.

Statement

The duty of care owed by education and childcare personnel is that of a "reasonable professional". Administration staff, teachers and support workers have a special and primary duty to the students in their care.

All staff must be trained and prepared to provide at least basic First Aid while awaiting more expert assistance.

All schools must have at least one nominated/designated Senior First Aid Officer (hereafter referred to as Designated Senior First Aid Officer or Designated Basic First Aid Officer) and it is recommended that schools refer to the table below in determining the appropriate number of such officers.

Other personnel (volunteers and others working with students) must have appropriate First Aid training where a risk assessment indicated that it is an appropriate control.

Minimum requirements for Catholic Education

Number of employees & students at the school	Number of Designated First Aid Officers(DFA's) required
Less than 10 to 50	At least 1 Senior DFA
51 to 100	At least <ul style="list-style-type: none"> • 2 Senior DFA, or • 1 Senior DFA + 2 Basic DFA
100+	At least <ul style="list-style-type: none"> • 2 Senior DFA, or • 1 Senior DFA + 2 Basic DFA AND For every extra 100 employees/students (or part thereof) at least: <ul style="list-style-type: none"> • 1 extra Senior DFA or • 2 extra Basic DFA

(Adapted from table within the Safework SA – Approved Code of Practice for First Aid in the Workplace)

Training and Qualifications:

In South Australia, the basic First Aid procedures required by all staff are taught in the Provide Basic Emergency Life Support (BELS) course or equivalent. A Designated Senior First Aid Officer is an employee who holds a current recognised Senior First Aid Certificate or equivalent qualification that has been issued by a Registered Training Organisation and is designated as the person required by the employer to perform First Aid duties. A Basic First Aid Officer is an employee who holds a current recognised Basic First Aid Certificate or equivalent.

Duties of the Principal

The Principal must ensure that a system is in place for the provision of First Aid for the school community. The Principal should be familiar with the Approved Code of Practice for First Aid in the Workplace which provides practical guidance in this area. It is the responsibility of the Principal to assess whether the school is remote or high risk or low risk and not remote, in accordance with First Aid Policy Statement and Procedures for Catholic Education SA. Mary MacKillop is classified as 'low risk' and 'not remote'.

The Principal should consider such factors as:

- Identification, assessment and control of hazards and risk associated with individual needs and the work conducted at the site.
- The site's capacity for early reporting, intervention and treatment to minimise the severity of illness or injury
- Number of employees and students at the school who may require First Aid
- Availability of the Designated Senior First Aid Officer(s) to assist ill or injured persons during normal working hours and where necessary, after hours
- Accessibility to the Designated Senior First Aid Officer(s)
- The impact of sporting activities, excursions, camps, illness, injury or other factors on the provision of First Aid.
- The training needs of employees
- Voluntary disclosure by employees, parents/carers and students of predictable First Aid risks and health care needs, which may require additional duties from others at the school on a need to know basis: for example, seizures, Epilepsy, Asthma, fainting, allergies etc.

- Planning to manage First Aid risk
- Developing an appropriate care plan for all medications to be administered at school (See Medication Policy and Procedures)
- Local procedures related to the actual provision of the First Aid at the site
- Provision and maintenance of First Aid facilities, information and equipment in accordance with the Approved Code of Practice First in the Workplace, for example:
 - o Promote access to at least one or more Standard Workplace First Aid Kit and/or a Small First Aid Kit; and by any other additional First Aid modules or items required to appropriately treat all reasonably foreseeable injuries or illnesses that could occur as a result of being at the school or as a result of the work performed there
 - o First Aid Kits in appropriate locations, with appropriate signage
 - o Appropriately maintained First Aid Kits that are checked quarterly
 - o Information about the system to all employees, students, visitors, volunteers and contractors during induction and other times as required
 - o A First Aid room, rest area or similar
- Contingency plans for personnel who are working outside of normal hours
- The use of standard precautions to prevent transmission of infection due to exposure to blood, body fluids or illness where necessary
- Notification to the WHS Coordinator at Mary MacKillop Memorial School of an injury, incident or illness where necessary
- Arrangements for treating and transporting an injured person or student to expert help, for example, doctor or hospital
- Including the provision of First Aid as part of the Position Information Document when advertising for any employee

Duties of Staff, Volunteers, and others working with Students

All personnel within the scope of this policy must:

- Undertake training in accordance with the level of risk, SACCS policy, requirements of the Work Health & Safety Regulations 2012, Division 3 First Aid – Duty to provide First Aid
- Practice standard precautions
- Become familiar with local First Aid procedures
- Render First Aid in accordance with training as required
- Administer medications as agreed through a care plan (See Medication Policy and Procedures)
- Record details of any treatment as required
- Report First Aid treatment to school leadership or delegated authority
- Report First Aid risks

Records Management

Mary MacKillop Memorial School will retain all records relating to First Aid assistance provided in accordance with the following:

- Staff records – until the staff member is 76 years old or seven years after the last action, whichever is the later.
- Student records – until the student is 25 years of age. For further detailed information refer to the Department of Education & Child Development (DEDC)

Medication Policy & Procedures

Children & medication

Mary MacKillop Memorial School staff will store and supervise only medication that has been prescribed by a doctor for the individual student, for the period of time specified. This ensures the medication is medically warranted.

Analgesics and other medications which can be purchased over the counter without a prescription must be prescribed if staff members are to be asked to supervise their use. It should be noted that analgesics can mask symptoms of serious illness or injury and will not, therefore be used by Mary MacKillop Memorial School staff as a standard First Aid strategy.

Storage of Medication

Mary MacKillop Memorial School staff will accept and agree to supervise only medication required during their period of supervision or care for example: medication required three times a day is generally not required during a school day as it can be taken before and after school, and before bed. This minimises the quantity of medication held on site.

Medications must be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Some families supply thermal carry packs to maintain safe temperature storage while on excursions.

Storage should be secure with clear labelling and access limited only to the staff responsible for medication storage and supervision.

Supervision and Administration of Medication

Mary MacKillop Memorial School staff are generally trained to supervise oral and measured dose of inhaled medication. They are generally not trained, and so cannot be expected, to routinely administer medication taken by other routes, for example: eye or ear drops and ointments.

Everyone supervising and administering medication needs to ensure that:

- It is for the correct child
- It is the correct medication
- It is the correct dose
- It is given by the right route (oral or inhaled)
- It is given at the correct time
- A record is kept as to when it has been given

Mary MacKillop Memorial School staff will ask for a Student Medication Plan to be provided by the prescribing doctor to assist them with safe supervision of medication. This can be requested for over the counter medication as well as

prescription-only medication. If a Student Medication Plan is not provided, staff must have written instructions from a parent/carer. In all cases the instructions must match those on the pharmacy label.

A child should not take his or her first dose of a new medication at school: the student should be supervised by the family or health professional in case of an allergic reaction.

- Parents/carers ensure that the medical practitioner who has treated the student must provide written authorisation and information for administering the medication prescribed on the form provided by the school.
- The above information must be updated if dosage or type of medication is altered at the beginning of each new calendar year and if regime is restarted following the conclusion date of the instructions from the medical practitioner.
- Parents/carers must fill out a written request on the form provided by the school for school staff to administer prescription medications.
- Documentation is mandatory for all medications including allergy medication.
- The medication must be in a container labelled by a pharmacist showing the name of the drug, the 'use by' date, the name of the child's Medical Practitioner and of the child, the dosage and the frequency of administration.
- Oral medication such as analgesics and over-the-counter medication that have not been authorised by the child's Medical Practitioner must not be administered by teachers or other persons on the school staff. Children must not have any medication (including homeopathic remedies/medications) in their possession apart from Asthma medication.
- School staff are not able to administer Panadol, cough mixture, motion sickness medication and the like without prior consent from a parent/carer with instructions from a medical practitioner. Documentation is now also mandatory.

Asthma Policy & Medication Procedure

Students with Asthma are required to provide the school with an Asthma Care Plan when they require regular interventions (eg. Ventolin prior to sports), or a personalised First Aid response. If a student is routinely using medication and/or taking other steps in relation to their Asthma care (e.g. avoiding outdoor activity in the colder months) then teachers and support staff should know about this. Teachers should also be made aware whenever a student uses Asthma medication to manage an Asthma event. In the event of a serious Asthma attack a Designated Senior First Aid Officer will be called to assist the student.

Students who are not currently on an Asthma Care Plan with a health professional and do not require regular interventions by staff do not need an Asthma Care Plan or medication at school.

If a child has a history of Asthma, but no care plan and no medication is currently required, staff duty of care is covered by Asthma emergency training and the availability of Asthma Emergency Kits. If a child has no history of Asthma, an ambulance should be called in the event of a suspected Asthma attack.

Children and Asthma Self-Management

If a student is able to self-manage their Asthma it needs to be confirmed by the parent/carer and doctor on the Asthma Care Plan.

Self-management means they are able to:

- recognise when they need their puffer
- use their puffer appropriately
- recognise when they need assistance
- report to the teacher so that they know the child has self-medicated

This is different to self-medicating routinely, for example: an older student who knows they need two puffs of their reliever medication before physical activity and self manages this. They also need to be seen to be responsible enough to keep their medication safe and not share it.

A student self-managing their Asthma does not absolve the school from responsibility. If a student is routinely using medication and/or taking other steps in relation to their Asthma care (e.g. avoiding outdoor activity in the colder months) then staff should know about this. Staff should also definitely know whenever a student uses Asthma medication to manage an Asthma event – this constitutes First Aid and should be recorded in the First Aid log.

Storage of Asthma Puffers and Spacers

Asthma medication should be clearly labelled by the pharmacist and be stored with a copy of the child's Asthma Care Plan.

If a child is able to self-manage their Asthma (confirmed by a parent and doctor on the Asthma Care Plan) then their medication is able to be stored in their bags or carried in their pockets (as long as the medication is accessible and kept reasonably cool).

If a child needs support in managing their Asthma then the puffer should be stored in a locked cabinet or drawer in the child's classroom, so it is easily accessible in case of an emergency.

If you are using a puffer to take your Asthma medication, you should always use a spacer as well, regardless of whether you are taking your daily preventer or using your blue reliever during an emergency.

The recommendation from the Asthma Foundation for spacer use is as follows:

- More medication gets into your lungs than if you use a puffer on its own.
- They reduce the local side effects of inhaled steroids in preventer medications, because less of the medication sticks in your mouth and throat
- You don't need to coordinate pressing your puffer and breathing in at the same time
- Reliever medication via a spacer is at least as effective as via a nebuliser in an Asthma attack situation, and you can take the medication faster and in a lower dose than with a nebuliser. This is because the spacer delivers the medication more effectively. This lower dose reduces the risk of side effects such as fast heart rate and tremor which can be caused by the reliever
- All children must have a spacer along with their Asthma medication. The school has disposable spacers available in the Asthma Emergency Kits.

Head Lice Policy

Through this school's prompt and consistent response to a detected or suspected case of head lice the school will endeavor to support public health measures, i.e.: the support, control and prevention of transmission of public health pests.

When a child is suspected of having nits (eggs) / head lice:

- The child will be requested to go to the Front Office
- An office staff member will check their hair
- If nothing found – the child will be able to return to class
- If nits / lice found:
 - o The parent/carer will be contacted and requested to collect their child from school
 - o The parent/carer will appropriately treat the child's hair including combing out of all nits (eggs), prior to the child returning to school

When head lice is reported in one case a Head lice Alert Notice asking all parents/carers to check / treat child's hair immediately, will go home to that class. In the case of multiple instances and reports of head lice, the school community will be advised via email, newsletter or text message and asked to check their child's hair for infestation. When infestation occurs a child MUST be treated before returning to school.

When a major head lice infestation occurs throughout the school:

The local Council Environmental Health Officers will be requested to come into the school to do a whole school hair check.

- Parents/carers will be notified ahead of time of this date and permission slips will be required to be completed and returned to school Front Office
- If permission is given verbally:
 - o A request will be made to the parent/carer to supply written authority to be sent to the school the following day
 - o The hair check will be performed
- If permission is not given:
 - o The parent/carer will be requested to collect the child from school
 - o The parent/carer will be requested to have a doctor perform the hair check
 - o The parent/carer will be requested to supply a doctor's certificate to the Front Office before returning to their class
- If a child is absent from school on that day, on their return to school:
 - o A Front Office staff member will check for permission
 - o If permission is on file, the child's hair will be checked
 - o If no permission is on file the above steps listed under "If permission is not given" will apply

Treatment for head lice should include the following:

- Check all members of the household at the same time and only treat those with head lice
- Use an effective head lice chemical treatment or use the wet combing technique to ensure all lice are dead or removed
- Wash bed linen, hats, hair ties, brushes etc. in hot water
- Check all household members daily for 3 weeks and treat anyone found who have head lice
- Repeat chemical treatment in 7 days after initial treatment, or 2-3 times per week for 3 weeks if using the wet combing method.

As per the Mary MacKillop Memorial School Uniform Dress Code Policy – "Hair longer than shoulder length should be tied back at all times." This will assist in limiting the transmission of head lice from head to head. Students should not share hats with one another.

Parents obligations:

- To check their child/ren's hair every week for head lice
- To immediately notify the school if live eggs or lice are found in their child/ren's hair
- To promptly treat the hair with the appropriate preparation – including combing out nits (eggs)
- Check their child/ren's hair every day for 3 weeks from treatment
- Take steps to prevent re-infestation
- Re-treat hair in 7 days from first treatment and again 14 days from the first treatment to kill any eggs that may have survived and hatched

References

<https://www.sa.gov.au/topics/education-and-learning/health-wellbeing-and-special-needs/first-aid-and-medical-emergency>

<https://www.safework.sa.gov.au/resources/first-aid-workplace>

<https://www.asthmaaustralia.org.au/>

Ratified by School Board 20th March, 2019

Review date: 2021