

**Sylvania Heights First-Aid/Sick-Bay Procedures 2008**  
**SYLVANIA HEIGHTS PUBLIC SCHOOL**  
**First aid and Sick Bay Procedures**

**First Aid Policy**

**Rationale:**

All children have the right to feel safe and well, and know that they will be attended to with due care when in need of first aid or when feeling unwell. School staff are, however, not health professionals and are not expected to identify the nature and cause of all incidents, nor are they expected to take on this professional role. All staff are to be made aware of their duty of care.

**Aims:**

- To administer first aid to children in need, in a caring, competent and timely manner.
- To communicate children's health problems to parents when considered necessary.
- School to provide supplies and facilities to cater for the administering of first aid.
- To ensure all staff are aware of students with critical health needs. (Individual Health Plan and Medical Conditions Register)
- To ensure health needs of students are considered in school planning eg excursions
- To maintain a sufficient number of staff members trained with appropriate levels of care and meet DET's requirements in emergency care and CPR.

**Implementation:**

**Sick Bay**

- A first aid room will be available for use at all times. A comprehensive supply of basic first aid materials will be stored in a secure cupboard in the first aid room.
- A member of staff is to be responsible for the purchase and maintenance of first aid supplies, first aid kits, ice packs and the general upkeep of the first aid room.
- General organisational matters relating to first aid will be communicated to staff at the beginning of each year.
- Supervision of the sick bay will form part of the daily role. Any children in the sick bay will be monitored by a staff member.
- All injuries or illnesses that occur during class time will be referred to the office who will manage the incident, all injuries or illnesses that occur during recess or lunch breaks, will be referred to the staff member on the duty roster in the sick bay.
- Medical bags for playground will be collected and replenished by an allocated staff member at the beginning of each semester.

**Class Room/ Playground Minor Injuries**

- Students sent to the sick bay are to have with a yellow Sick Bay Form (classroom) or yellow card from playground. They are to be accompanied by another student.
- Minor injuries occurring in classrooms and on the playground will be cared for by staff using the classroom/playground first aid bags. Teachers should ensure they have appropriate supplies.
- Students attending sick bay from class will have sick bay advice slip advising of the condition and intended outcome.
- An up-to-date carbon impression log book located in the sick bay will be kept of all injuries or illnesses experienced by children that require first aid. This should record the action taken and the advice slip should be given to the student for the parent's information.
- All staff will be provided with basic first aid management skills, including blood spills, and a supply of protective disposable gloves will be available for use by staff.
- Minor injuries only will be treated by staff members on duty, while more serious injuries, require parents to be notified or treated by a doctor.
- Any injuries to a child's head, face, neck or back must be reported to parents/guardian. Parents will be notified of injuries/illnesses which are deemed more than minor but not requiring professional treatment. See note on head injuries.
- Students sent by specialist teachers to the sick bay need to inform class teacher
- An executive is to be available at bell times to attend to illness /injuries.

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### **Major injuries, Serious Incidents and Conditions**

- For serious injuries/illnesses, or conditions which require full supervision, the parents/guardians must be contacted by the school so that professional treatment may be organised.
- A red card is to be sent to the office when a staff member considers that the injury is major or has the potential to be major incident. Staff will remain with the student until another teacher/ executive arrive to assess the situation.
- Parents of ill children will be contacted to take the children home.
- Parents who collect children from school for any reason (other than emergency) must sign the child out of the school in a register maintained in the school office.
- Any children with injuries involving blood must have the wound covered at all times. Staff will wear disposable gloves.
- Any injuries to a child's head, face, neck or back must be reported to parents/guardian. Parents will be notified of injuries/illnesses which are deemed more than minor but not requiring professional treatment. See note on head injuries.
- Staff will be trained in emergency care as specified by the DET.
- Any student who is collected from school by parents/guardians as a result of an injury, or who is administered treatment by a doctor/hospital or ambulance officer as a result of an injury, or has a serious injury to the head, face, neck or back, or where a teacher considers the injury to be greater than "minor" will be reported on DET Accident/Injury form, and entered onto the school file.

### **PSSA, CAMPS AND EXCURSIONS**

- All overnight school camps will have at least 1 first aid trained staff member at all times.
- Teachers are to ensure appropriate safety instructions are given to students before activities.
- A comprehensive first aid kit will accompany all PSSA sports activities, excursions and camps, along with access to a mobile phone. The school and parent are to be contacted for what is deemed a substantial injury. If supervision is a concern the teacher should communicate the situation to the school and it will contact parent and ambulance.
- Parents attending sporting events/fixtures are to be requested not to contact the parent of an injured student. Parents offering to do this are to be informed that it is necessary that all communications go through the school. When supervision and transport are a concern, the school is to be contacted. The assistance of attending parents may only be sought after agreement from the principal or if the teacher finds they are in isolated circumstances and need to make a decision regarding the welfare of students.
- All teachers 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. If possible a teacher will accompany the student in the ambulance. In all events of significant injury the school must be notified and informed of the nature of the injury and action taken. The parent is to be notified as a soon as possible by the school or teacher on duty.
- Any injuries or treatment occurring at PSSA should be noted on return in the register.
- All children attending camps or overnight excursions will have provided a signed medical form providing medical detail and giving teachers permission to contact a doctor or ambulance should instances arise where their child requires treatment. Copies of the signed medical forms to be taken on camps and excursions, with contact numbers, as well as kept at school.
- Teachers are to consult the medical plans, and the schools medical record book to ascertain potential risk to students who attend out of school ground activities. Appropriate medical supplies are to be taken. Eg epi-pen for students who have severe reaction to insect bites.
- Attending staff are to have appropriate training in CPR and emergency care as specified in DET Guidelines.

### **Students who have ongoing medical conditions.**

- Parents are expected to inform the classroom teacher and the school so an appropriate plan can be formed; other appropriate staff are to be informed about the response to the medical condition.

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- In addition to specific Health Care plans the school will maintain a medical health register outlining parent nominated health issues. This will be updated every year. Individual health care plans will be updated yearly and in response to need and parent notification. The Principal must approve health care or emergency plans.
- Students who have serious conditions will also have a risk analysis and emergency health care plan.
- Parents are to keep the staff and school updated. Staff who become aware of a medical condition are to inform the Principal.
- The school will be informed of all medication brought to school and a management plan will be formulated. Students are not to keep medication in their bag with the exception of puffer for asthma. Asthma Puffers in bags must be approved by that student's asthma plan.
- Students are expected to take increasing responsibility for their medical treatment. Where the child cannot do this and the response requires medical intervention then the parent is responsible – Eg. Blood tests etc.
- When the classroom teacher is absent the replacing teacher will be informed of any children who have on going medical conditions and told to refer them to the Sick Bay if a medical response is required.

### **Health Care Plans**

- Students with Anaphylactic reactions, Asthma plans or other serious conditions will have emergency response action plans with their photograph. Photographs are displayed in the Canteen, and Staff room. Photos of students with serious medical conditions are also carried with playground kits.
- At the commencement of each year, requests for updated first aid information will be sent home including requests for any asthma management plans, high priority medical forms, and reminders to parents of the policies and practices used by the school to manage first aid, illnesses and medications throughout the year.
- Health care plans are kept in office file and an electronic copy on the server. An emergency/critical incident plan and risk analysis will be made for students with serious conditions. I.e. (Potential to be life threatening)
- Staff are to be kept up to date with anaphylaxis, asthma and diabetes training and other recognised medical concerns within the school community.
- Students with Health care plans will also be documented in the class casual folder.

### **Medication.**

- Parents are expected to write full instructions and seek the permission of the school for any medication brought into the school.
- No medication will be administered to children by staff without the express written permission of parents or guardians.
- Medication must be delivered by the parent with clear written instructions; the package is to be unopened. Directions should be supplied by a medical practitioner. The Principal is to be consulted in all cases before medication is brought to the school. A student is not to be in possession of any medication at school unless given permission by the principal e.g. Students on an asthma plan who may have permission for access to a puffer.
- The teacher will remind the child when to take the medication and the child will be expected to self-medicate if appropriate. Medication will be stored safely in the Clinic office. Parents are expected to medicate their child where possible. If the child is unable to self-medicate parents are to make arrangements with the principal who will decide if the school can assist on an individual case basis.
- Medication is to be handed to the principal or a member of the executive. Medication may need to be administered by class teacher on excursions/camps. Requirements for Medication must follow the guidelines as set out in the school policy.

### **Asthma Plans**

- All children, especially those with a documented asthma management plan, are expected to carry their own Ventolin or equivalent. Ventolin and a spacer are available from the sick bay at all times.

## **Sylvania Heights First-Aid/Sick-Bay Procedures 2008**

All children, especially those with a documented asthma management plan, will have access to Ventolin and a spacer at all times.

### **SPECIFIC RESPONSES TO INCIDENTS**

- All teachers 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. The parent/caregiver is to be notified. If appropriate, a staff member will accompany the student to the hospital.

### **NOTE ON HEAD INJURIES**

Most head traumas are minor injuries that do not involve hospitalisation. Symptoms can be delayed **and it is the school's policy that any child who has had any significant blow to the head, face or injury that affects the eyes or teeth that parents are contacted.**

**Any symptoms occurring below will require immediate medical assistance.**

*Severe head or facial bleeding, Bleeding from the nose or ears, Severe headache, Change in level of consciousness for more than a few seconds, Disorientation or dizziness, Black-and-blue discoloration below the eyes or behind the ears, Cessation of breathing, Confusion Loss of balance, Weakness or an inability to use an arm or leg, Unequal pupil size, Repeated vomiting, Slurred speech, Seizures.*

#### **Vomit**

Vomit in classrooms is to be covered using vomit kit. The general assistant is to be informed to remove vomit. Cleaners also are to be notified. Clean up Team to be notified.

#### **Teeth**

No action on dislodged or bumped teeth is to be taken without instructions from the parent. If possible the dislodged tooth is to be retrieved and kept under the instructions of the parent for future treatment. Tooth should be picked up by the crown and wrapped in plastic to stop it drying out.

#### **Suspected Breaks neck or back injuries.**

Students are not to be moved, a red card is to be sent to the office in the case of these or similar emergencies. An Ambulance is to be called, parent notified, and a staff member to accompany the student if the parent is not available.

#### **Evaluation:**

This policy will be reviewed as part of the school's three year review cycle. The principal has the right to evaluate each case and decide on an appropriate management plan.