

First Aid & Medication Policies and Procedures

Developed by: Staff and School Board

Notes:

1. All references to 'Staff members' include Leadership, Administration Staff, Educational Support Officers, 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 All Saints Catholic Primary 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 All Saints Catholic Primary 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 of care 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	Minimum 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](#). All Saints Catholic Primary School 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:
 - 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.
 - First Aid Kits in appropriate locations, with appropriate signage.
 - Appropriately maintained First Aid Kits that are checked quarterly.
 - Information about the system to all employees, students, visitors, volunteers and contractors during induction and other times as required.
 - 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 All Saints Catholic Primary 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 Children

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 major First Aid incidents to school leadership or delegated authority & parents/carers as required e.g. broken bones, head trauma or bleeding
- report First Aid risks to Leadership and WHS Coordinator.

Records Management

All Saints 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 Procedures

Children & Medication

All Saints Catholic Primary 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 All Saints Catholic Primary School staff as a standard First Aid strategy.

Storage of Medication

All Saints Catholic Primary 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

All Saints Catholic Primary 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.

All Saints 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.
- All Saints Catholic Primary 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 a child is using a puffer to take their Asthma medication, they should **always** use a spacer as well, regardless of whether they are taking their daily preventer or using their 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.

Infectious Diseases

When a child has come into contact with an infectious disease or infestation there is a minimum exclusion period. A full list of infectious diseases that may require children and adults to stay home with recommended exclusion periods, can be found at the [SA Health](#) website.

If a parent/carer has been advised by a doctor that their child has an infectious disease or aware of an infestation, they must alert the front office immediately and seek appropriate treatment.

If a staff member suspects a child to have an infectious disease or infestation they must notify the front office. If warranted the front office staff will contact the child's parent/carer.

If an outbreak of an infectious disease or infestation occurs parent/carers will be sent information via the child's class communication channels.

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
- and if nothing found – the child will be able to return to class
- and If nits / lice are found:
 - The parent/carer will be contacted and requested to collect their child from school.
 - 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:
 - a request will be made to the parent/carer to supply written authority to be sent to the school the following day
 - the hair check will be performed.
- If permission is not given:
 - the parent/carer will be requested to collect the child from school
 - the parent/carer will be requested to have a doctor perform the hair check
 - 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:
 - a Front Office staff member will check for permission
 - if permission is on file, the child's hair will be checked
 - 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 All Saints Catholic Primary 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).
- to check their child/ren’s hair every day for 3 weeks from treatment
- to take steps to prevent re-infestation
- to 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

[First Aid & Medical Emergency, SA Government](#)

[Approved Code of Practice for First Aid in the Workplace](#)

[Work Health & Safety Regulations 2012, Division 3 First Aid – Duty to provide First Aid](#)

[Code of Practice for First Aid in the Workplace](#)

[Staff & Student Records \(CESA Online\)](#)

[SACCS Duty of Care Policy](#)

[Asthma Australia](#)

[Onkaparinga Council – head lice](#)

[SA Health](#)

Appendices

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Sign: _____ Date: _____
(Principal)

Sign: _____ Date: _____
(Chairperson on behalf of School Board)

Date to be reviewed: May 2021

Student Medication Authority - CONFIDENTIAL

for education, childcare and community support services*

To be completed by the AUTHORISED PRESCRIBER and the PARENT/GUARDIAN and/or ADULT STUDENT/CLIENT.
This information is confidential and will be available only to relevant staff and emergency medical personnel.

Name of child/student/client _____ Date of birth _____
Family name (please print) First name (please print)

MedicAlert Number (if relevant) _____ Date for next review _____

Allergies _____

Note: Medication authorities can be endorsed by the following: medical practitioners (GPs and/or specialists), dentists, ophthalmologists, nurse practitioners, pharmacists

Please:

- Complete all sections of this form. **This is a single-medication sheet.** Please use a separate form for each medication.
- This medication form is appropriate for both **long term and short term** medication e.g. Antibiotics
- Schedule medication outside care/school hours wherever possible
- Be specific: **As needed** is **not** sufficient direction for staff — they need to know exactly when medication is required
- Nominate the simplest method. **For example: Oral or 'puffer' medication is easier to arrange than a nebuliser.**

Please note that education and child/care and community services workers:

- accept only medication which has been ordered by an authorised prescriber and is provided in a fully labeled pharmacy container
- do not monitor the effects of medication as they have no training to do this
- are instructed to seek emergency medical assistance if concerned about a person's behavior following medication.

MEDICATION INSTRUCTIONS <i>(please print clearly)</i>		TIME <i>please tick administration time(s)</i>
Medication name <i>(include generic name)</i>		<input type="checkbox"/> 07 – 08.30 am <input type="checkbox"/> 09 – 10.30 am <input type="checkbox"/> 11 – 12.30 am <input type="checkbox"/> 01 – 02.30 pm <input type="checkbox"/> 03 – 04.30 pm <input type="checkbox"/> 05 – 06.30 pm <input type="checkbox"/> 07 – 08.30 pm <input type="checkbox"/> Overnight <input type="checkbox"/> Other <i>(if medically necessary)</i> <i>Please specify:</i>
Form <i>(eg liquid, tablet, capsule, cream)</i>	Route <i>(eg oral, inhaled, topical)</i>	
Strength	Dose	
Other instructions for administration		
Start/finish date <i>(if appropriate)</i> ___ from ___ to ___		

The flexibility in times allows planning around activities

Please note:

- Young children *(eg junior primary age)* are generally supervised when they take their oral/puffer medication
- Wherever possible, safe self-management is encouraged.

Please advise if this person's condition creates any difficulties with self-management; for example, difficulty remembering to take medication at a specified time or difficulties coordinating equipment (eg puffer and spacer).

This plan has been developed for the following services/settings: *

<input type="checkbox"/> School/education	<input type="checkbox"/> Outings/camps/holidays/aquatics
<input type="checkbox"/> Child/care	<input type="checkbox"/> Work
<input type="checkbox"/> Respite/accommodation	<input type="checkbox"/> Home
<input type="checkbox"/> Transport	<input type="checkbox"/> Other <i>(please specify)</i>

AUTHORISATION AND RELEASE

Authorised prescriber _____ Professional role _____

Address _____ Telephone _____

Signature _____ Date _____

*I have read, understood and agreed with this plan and any attachments indicated above.
I approve the release of this information to supervising staff and emergency medical personnel.*

Parent/guardian or adult student/client _____

Signature _____ Date _____
Family name (please print) First name (please print)

Asthma care plan for education and care services

Photo of student (optional)

Plan date
 ___/___/201__

Review date
 ___/___/201__

CONFIDENTIAL: Staff are trained in asthma first aid (see overleaf) and can provide routine asthma medication as authorised in this care plan by the treating doctor. Please advise staff in writing of any changes to this plan.

To be completed by the treating doctor and parent/guardian, for supervising staff and emergency medical personnel.

PLEASE PRINT CLEARLY

Student's name _____ Date of birth _____

Managing an asthma attack

Staff are trained in asthma first aid (see overleaf). Please write down anything different this student might need if they have an asthma attack:

Daily asthma management

This student's usual asthma signs

- Cough
- Wheeze
- Difficulty breathing
- Other (please describe)

Frequency and severity

- Daily/most days
- Frequently (more than 5 x per year)
- Occasionally (less than 5 x per year)
- Other (please describe)

Known triggers for this student's asthma (eg exercise, colds/flu, smoke) — please detail:*

- Does this student usually tell an adult if s/he is having trouble breathing? Yes No
- Does this student need help to take asthma medication? Yes No
- Does this student use a mask with a spacer? Yes No
- *Does this student need a blue reliever puffer medication before exercise? Yes No

Medication plan

If this student needs asthma medication, please detail below and make sure the medication and spacer/mask are supplied to staff.

Name of medication and colour	Dose/number of puffs	Time required

Doctor

Name of doctor _____

Address _____

Phone _____

Signature _____ Date _____

Parent/Guardian

I have read, understood and agreed with this care plan and any attachments listed. I approve the release of this information to staff and emergency medical personnel. I will notify the staff in writing if there are any changes to these instructions. I understand staff will seek emergency medical help as needed and that I am responsible for payment of any emergency medical costs.

Signature _____ Date _____

Name _____

Emergency contact information

Contact name _____

Phone _____

Mobile _____

Email _____

Date of approval: December 2016 | Approved by: CEO/Asthma Australia | Date of review: July 2018 | AA-CPE2016 Care Plan for Ed-Care-Serv-A4.indd | 07 March 2017