Health Support Policy

Rationale/ Purpose:
Our school is committed to supporting the health and well-being of all students. Teaching staff, Administration and Learning Support Officers are required to have a current Senior First Aid or BELS (Basic Emergency Life Support) First Aid Certificate. Staff also undergo additional training in both asthma and anaphylaxis on a two yearly cycle.

At St Jakobi we supply many levels of health care and subsequent communication to parents and caregivers, depending on the severity of the health issue or injury.

This document is to explain and make clear to both first aiders and parents the process of attending to, recording and reporting incidents/illnesses to parents/carers. It also sets out the responsibilities of staff and parents in health and first aid situations.

Definition:
The Health Support Policy covers a number of health care practices that may occur in the school environment.

Care Plan
- Written by a health care professional eg GP, surgeon, psychologist with medical instructions for health care.

Health Support Plan
- Procedures based on information contained in the Care plan where instructions are not made clear but left to the school’s professional judgement within this particular context eg in the case of severe anxiety, incontinence.

First Aid
- Treatment given to a child who becomes unexpectedly ill or injured

Diagnosed Health Issue and Personal Care Support
- When students require assistance with their routine health and/or personal care needs (eg asthma, toileting, female health support).
- Before staff can assist with routine health needs, parents/carers must provide written information/care plan from a medical professional which outlines specific care needs. Forms for care plans are available from the front office for a range of health conditions and needs, including, but not limited to:
  - Asthma
  - Diabetes
  - Anaphylaxis (severe allergy)
  - Medical information (for General health care or those without specific forms)
  - General health information (to be completed by a general practitioner, psychiatrist or psychologist). Please see the health document support index.

Head Lice Management
- Please refer to the Head Lice Policy
Medication Management

- As much as possible, we encourage students to take medication outside of school hours, e.g. Three times per day can be taken in the morning (before school), afternoon (straight after school) and bedtime. If medication needs to be taken at school, students will be supervised in managing this process themselves (where capable) or will be given the medication by front office staff.
- Any medication required under a Health Support Plan is to be provided to the school by the Parents/Caregivers, in its original packaging, with student name and dosage clearly marked on the outside.
- The expiry of student medication kept at the school is the sole responsibility of Parents/Caregivers to record and replace appropriately. However to assist parents in remembering the expiry date, the school will keep a record of the expiry dates and, as a backup only, will send reminder notes home in the form of email and/or hardcopy when the expiry date nears.
- Any expired medication will be returned home by the school for disposal by parents.
- Students with known health issues that have the potential to result in death including, but not limited to, asthma and anaphylaxis, will be excluded from school if medications which are part of their specific health care plan eg puffers and adrenaline pens, are out of date, until such a time as current medication is brought in to school. Please note that the school is LEGALLY NOT PERMITTED to use another student’s in-date medication, even in the event of a life threatening emergency.

Sun Safe Policy

- Staff understand the long-term dangers posed to children’s health by over exposure to the sun. Parents/carers are encouraged to apply long-lasting sunscreen daily to their children before school with opportunities in class to re-apply throughout the day with sunscreen supplied by the school. As part of our Uniform Policy, students are required to wear their hat in Terms 1 and 4, when learning or playing outside in the sun and during fitness time. In hot weather, staff will encourage children to drink water frequently. Staff will ensure that shady areas out of the sun are always available to children when playing outside. If the weather is exceptionally hot then the classrooms, Valley of Hope Centre and Library will be utilised, limiting the time of exposure to the sun.

Procedure:

**FIRST AID**

First aid from classroom:

- Teachers will administer basic first aid using supplies in their yard duty bum bags (eg bandaids). Any further treatment will be conducted in the first aid room.
- If additional first aid is needed the student will be sent to front office with a yellow card stating ‘This child requires First Aid’ and the teacher name upon it.
- Front Office staff will assess child, administer first aid as needed, record action in first aid log and contact parents if necessary. If parents/carers are contacted and the student is sent home, front office staff will ensure class teacher is informed.

First aid from yard:

- Teachers will administer basic first aid using supplies in their yard duty bum bags (Band-Aid). Any further treatment will be conducted in the first aid room.
- As part of duty of care teachers will carry an emergency asthma bag when on yard duty and during fitness, to administer in the case of an emergency only.
- If additional first aid is needed the student will be sent to front office with a yellow card stating ‘This child requires First Aid’ and the teacher name upon it.
- Front office staff will administer first aid, record action in first aid log and contact parents if necessary. If parents/carers are contacted and the student is sent home, front office staff will notify class teacher.
- If there is a first aid or other emergency in the yard, yard duty staff will send a yellow card stating ‘This child requires First Aid’ and the teacher name upon it to the front office and/or staff room and begin to administer first aid until a staff member with a senior first aid certificate arrives at the scene to administer appropriate first aid for the child’s medical needs.
- Staff will not remove splinters. The area will be washed and covered with a bandaid. Student’s parent will be informed via a first aid note.
If students require first aid off site (e.g. Excursions, camps, buses), staff will:

- Administer basic first aid.
- Call an ambulance if needed and continue to administer basic first aid.
- Inform parent/carer (or emergency contact) if first aid might need follow-up at home or with a doctor.

If a student becomes significantly ill or injured, staff will:

- Administer basic first aid.
- Contact the front office.
- Front office staff will call an ambulance if needed and continue to administer basic first aid. Parents will be contacted ASAP.
- Inform parent/carer (or emergency contact) if first aid might need follow-up at home or with a doctor. (e.g. Head injury, excessive nose bleed, or other agreed circumstances.)

All head incidents including head bumps will be reported to parents/guardian by phone or written note.

Please see the attached appendixes
Child feels unwell
Minor Injury
Suspected major injury

It is imperative that students notify an on-site adult as soon as they are feeling unwell so that care and supervision can commence immediately.

Under no circumstance should children contact parents or caregivers directly via mobile devices or any other means to notify they are ill and ask to be collected from school. This has the potential to give rise to an emergency situation, of which the school would be unaware of health needs and therefore possibly unable to render emergency support.

ROUTINE HEALTH AND PERSONAL CARE SUPPORT

The purpose of the “Care Plan” is to ensure that the school has information from the treating health professional relevant to the student’s health, well-being, attendance, learning and care at school. If any of the following conditions and needs are applicable, or as deemed necessary by the school for other health issues, a care plan will be required for the student:

- Asthma
- Diabetes
- Anaphylaxis (severe allergy)
- Medical information (for General health care or those without specific forms)
- General health information (to be completed by a general practitioner, psychiatrist or psychologist)

It is the responsibility of the parent/carer to:

- request these forms
- ensure all appropriate forms are completed and signed by the doctor
- sign all appropriate forms as parent / guardian
- return all forms to the front office staff
- update all medical information on the appropriate forms as necessary.
Health Support Plans are written using the written information from the treating health professional, with discussion between school staff and the parents/carers.

**Asthma**
Students with asthma (even if only ‘mild’ or ‘occasional’) need an asthma care plan completed and signed by the treating doctor and given to front office staff. These plans need to be updated by the student’s doctor annually. Staff will remind students to take their preventative asthma medication prior to physical activity if this is part of the asthma care plan. Staff are also trained to administer reliever medication in the event of an asthma attack. The school has reliever medication (kept in the locked cabinet in the sick room) for use in emergency situations only. It is the parent/carer’s responsibility to ensure asthma medication is not out of date.

**MEDICATION MANAGEMENT**
As much as possible, we encourage students to take medication outside of school hours, eg. Three/ Four times per day can be taken in the morning (when first awake) (before school), afternoon (straight after school) and bedtime.

If medication needs to be taken at school, students will be supervised in managing this process themselves (where capable), under supervision, or will be given the medication by front office staff.

- Students will be given medication in accordance with the plan filled out by a doctor and the parent/carer (even for Panadol) and given to Admin staff.
- Medication will be given in accordance with the Pharmacists directions on the label.
- The student’s name must be on the original label.
- Out of date medication will not be given.
- Medication will be stored safely; it therefore needs to be taken to the front office and given to a front office staff member for storage in the secure locked cupboard in the sick room. Epi Pens will be stored in the Staff room for after hour’s accessibility due to OSHC, After School Sports, private tuition and music lessons. Medication should be handed from adult to adult.
- Medication must NOT be kept in children’s school bags.
- A maximum of a week’s supply is to be provided at any time (except asthma medication).
- Students and parents are encouraged to discuss health care needs with the class teacher, front office staff and/or principal.

Appendix:
- Procedure if a Child feels unwell
- Procedure in the event of a Minor injury
- In the event of a suspected Major Incident Procedure for major accident, incident or illness.
- Accident Illness Notification Form
- Accident/ Incident Report

Other policies applicable to this policy:
- Headlice Policy

Date Implemented:
Date of Review:
PROCEDURE IF CHILDREN ARE UNWELL

If a child becomes ill in school, the following procedures will be followed:

Child feels unwell

Teacher will monitor, ruling out common reasons eg. hot, needs hydration

Teacher will decide if the child requires assistance/ monitoring from the front office

First Aider consulted and student sent to the sickroom.

First Aider will apply appropriate first aid and child will be returned to class if health improves.

No improvement in child’s health

Parent/ Caregiver contacted if no contact emergency contact will be tried.

Vomiting and Diarrhoea

First Aider consulted and student sent to the sickroom.

Office will call home and advise parents/ caregiver of 48 hours ruling.

Child made comfortable in first aid room

Parent/ Caregiver contacted

If no contact with parents – emergency contact will be tried

Still no contact – child made comfortable and monitored

Note sent home notifying parents of the child’s visit to the sickroom.

If the child’s health deteriorates further and an ambulance is required, a staff member will accompany the child and act on behalf of the parent under their duty of care. School will continue to attempt to make contact with Parent/ Caregiver or emergency contact.
PROCEDURE IN THE EVENT OF A MINOR INJURY
When a child reports an injury or an injury is witnessed (either by staff or student), the following procedures will be followed:

Minor Injury

First Aid administered once checks for ongoing medical issues/allergies have been identified and/or ruled out.

If allergic reaction is identified or suspected. Major Incident Procedure will be followed.

Other injury
eg. splinter

First aid administered by Teacher/First Aider as appropriate.

Incident recorded in first aid book.

Cuts and grazes
eg. playground, garden, kitchen, yard

First aid administered by First Aider.

Incident recorded in first aid book.

Cuts and grazes requiring significant cleaning and dressing

Head/neck/face injury

Incident recorded in first aid book.

An Accident Illness Notification Form will be sent home to parents notifying them of circumstances surrounding the injury, treatment and outcome. Note to be signed by parent’s acknowledging the notification and return it the school for filing.
PROCEDURE IN THE EVENT OF A SUSPECTED ACCIDENT, INCIDENT OR ILLNESS

The following procedures will be followed:

**Major Incident Procedure**  
Child involved in major Accident/Incident/Anaphylactic Reaction/snake bite

First Aider to access situation at site as required

- Child requires hospital treatment
  - Ambulance called
  - First aider apply appropriate first aid or as guided by 000 staff
    - Parent/caregiver contacted
      - If no contact with parents – emergency contact will be tried
        - If still no contact made, a member of staff will accompany the child and act on behalf of the parent under their duty of care.

- Accident/Incident Report completed at earliest convenience.

- Child needs to go home
  - First Aid administered by by First Aider as appropriate
  - Parent/caregiver contacted
  - Child made comfortable in sickroom or where appropriate
    - If no contact with parents – emergency contact will be tried

Investigations will take place in accordance with the Accident/Incident Report and its full procedure as outlined. Report made to Safe Work SA as required.
HEALTH SUPPORT DOCUMENT INDEX

This index is a guide to the health support documents which may need to be completed by parents/caregivers and health care professionals outlining specific instructions for a child's medical needs which may include medication.

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*Forms will be sent home at the end of each year with the data base check and other relevant information. The individual health support document/s much be returned on the first day of school in the new year.
*If the child’s medical condition changes an updated health support document must be completed immediately and forward to the front office.
Injury or Illness Home Report

Parent/ Caregivers Names: ............................................................... Date: .........................

Child’s Name: ..................................................................................... Class : .........................

Your child was sent to the first aid room today where care and attention were given because of:

☐ Injury  ☐ Illness

Problem Observed:
......................................................................................................................................................
......................................................................................................................................................
......................................................................................................................................................

First aid care given:
......................................................................................................................................................
......................................................................................................................................................
......................................................................................................................................................

Comment:
......................................................................................................................................................
......................................................................................................................................................

Your child received First Aid from:
......................................................................................................................... Date: .........................

(First Aid Officer)

To acknowledge you have received and understood the above, please sign, date and return the form to the front office.
.........................................................................................................................
.........................................................................................................................
.........................................................................................................................

(First aid agencies advise that, in the case of a minor head injury, a doctor should be contacted if a person:

● Complains of a headache
● Becomes dizzy or faints
● Develops loss of coordination

If the casualty appears well and does not develop any of the above symptoms or signs, it is unlikely that any serious injury has occurred. However, it is always wise to seek medical advice.)

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A Caring School for the Future
ACCIDENT/INCIDENT REPORT

INJURED PERSON

☐ Student     Year Level: _____     ☐ Guest
☐ Volunteer   ☐ Staff     ☐ Other: ______________________________

Name: ________________________________

Date of Birth: _____/_____/_________ Phone: (___)_____________________

Address: __________________________________________________________________

Occupation: __________________________________________________________________

THE INCIDENT

Date of Incident: _____/_____/_________ Time: ____________ am/pm

Place: __________________________________________________________

Circumstances (how did it occur): ____________________________________

_________________________________________________________________

_________________________________________________________________

Nature/extent of injury/incident: _____________________________________

_________________________________________________________________

_________________________________________________________________

Describe Treatment: ________________________________________________

_________________________________________________________________

_________________________________________________________________

Attended by: _____________________________________________________________________ Signature: __________________________

Using the diagrams on the right please indicate with a cross where on the body the injury occurred.

WITNESSES

1. Name: ________________________________ Phone: (___)___________

Address: ___________________________________________________________________

____________________________________________________________________________ Postcode: __________

Statement completed ☐ Yes ☐ No Statement Attached ☐ Yes ☐ No

2. Name: ________________________________ Phone: (___)_____________

Address: ___________________________________________________________________

Postcode: __________ Statement completed ☐ Yes ☐ No
Statement Attached □ Yes □ No

OTHER PARTIES NOTIFIED/CONSULTED

❑ Parent/Carer ❑ Spouse ☐ Workplace ☐ Doctor
❑ Hospital ☐ Ambulance ☐ Police ☐ Other: __________________________

1. Name: _______________________________ Phone: (___) __________
Address: ____________________________________________________________
________________________________________________ Postcode: ______________

2. Name: _______________________________ Phone: (___) __________
Address: ____________________________________________________________
________________________________________________ Postcode: ______________

RISK MANAGEMENT & FURTHER CONSIDERATIONS

1. Action taken to avoid a further accident/incident: __________________________
_______________________________________________________________________
By Whom: __________________________ Date Completed: ____________________

2. To the best of your knowledge, do you believe this injury/incident could result in a Worker’s Compensation
Claim? □ Yes □ No

PARENT/CARER ACKNOWLEDGEMENT (if student involved)

I _________________________________ have sighted this form and I am aware of its contents.

Signature: _______________________________ Date: _____/_____/_______

Sighted by Principal: _______________________________

Signature: _______________________________ Date: _____/_____/_______

COMMENTS

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

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