

Emergency First Aid, Medication and Immunisation Guidelines

Parent information

Background and intent

Emergency

Emergency management is based on the First Aid principles of **DRSABC** (**D**anger assessment, **R**esponse of casualty, **S**end for help, **A**irway management, **B**reathing assessment and response, **C**ompression if pulse not evident (at this stage there is no Defibrillation unit on-site and **CPR** (Cardio-Pulmonary Resuscitation) is applied until emergency personnel arrive with more equipment).

- The school recognises some students have medical conditions that may require emergency intervention and may include medication. Students with **Anaphylactic allergic reactions, Diabetes, Asthma and Epilepsy** are recognised as having critical response times.
- In order to reduce risks of breakdown in procedures, our operational plan is for emergencies to be dealt with under a similar sequence of events. Response is based on **RACE: Report** to school administration, **Administer** First Aid Intervention (this may include contact to Emergency services), **Contact** with caregivers, and **Evacuate** student to emergency services care. Follow up as necessary. Procedures are based around a central medication store, various methods of communication to cover possible difficulties in connecting between first response and a school response.
- Information on students with special medical needs are noted in class records and playground duty clipboards, as well as Specialist teaching staff work records and Tuckshop, with locations of items such as epipens for treating anaphylactic shock (provided by parents) and asthma inhalers provided to staff and held at school administration or location designated (e.g. epipens at Prep or SEP) Where special medical interventions are needed, ensuring staff are trained in appropriate procedures is a shared responsibility between school and parents.
- Students with identified special needs who are sent to Admin for medical attention should be either escorted or Admin notified of the situation and actions, or both, as appropriate.
- Correct use of an epipen and inhaler is part of staff induction procedures. Other special response procedures are instigated on a needs basis.

Playground and controlling exposure to allergens

- Staff should have a fluorescent vest (for ease of location and identification in grounds) and complete playground supervisor clipboard with emergency and special consideration information, whistle for 3 emergency blasts, personal mobile telephone (if available).
- Staff should have readily available emergency contact numbers for calling school administration in the event of an emergency. If telephone contact is not available, three blasts on a whistle should alert all staff to respond to the source of the whistle blast and to contact admin as per RACE.

Medication

Should medication prescribed by the student's medical practitioner be required to be administered while the student is at school or involved in school approved activities, the following is required:

- The parent / caregiver must make a written request to the Principal.
- The pharmacist or the doctor must write instructions on the medicine container.

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- All medication is to be retained at the Office with the exception of Asthma inhalers, which may be carried by students who administer their own medication . A written request is still required for Asthma sprays. Exceptions are also made with Prep epi-pens which will be kept in the child's Prep room and the epi-pens of SEP students which may also be kept at the SEP by arrangement. Such exceptions will be clearly identified on the school emergency and consideration information. The office will still retain copies of such student's Emergency Health Plans.
- Non-prescribed medication should not be brought to school.
- School staff are generally not permitted to administer non-prescribed medication, especially pain-masking medication, such as Panadol etc. As such, this medication is generally not available in school resources.

Administration of special medication

- Medication is generally administered through Admin as a central point of contact.
- Medication is stored in clearly labelled containers where it is secure from students yet readily available for emergency response.
- Where treatment is specifically needed for particular day-by-day administration (eg diabetes requiring specialised health procedures), an **Individual Health Plan** written in consultation with parents and EQ health staff should be in place for such operations and take account that a variation to the general school procedures increases the possibility of an error in an emergency due to unfamiliarity of staff with a particular intervention plan.
- Students with an **Individual Health Plan** may also have an **Emergency Health Plan** (again written in consultation with parents and EQ health staff). Where possible, this should conform with centralised administration and standard response sequences. In any event, any plan should be readily available centrally in the event of an incident.
- Any staff carrying out a medical procedure (ed. Delivering insulin) should be trained and signed off by EQ health staff. In the event such accredited staff are not available, parents should be contacted for appropriate response.
- Where parents request a variation to emergency routine, the school position is that the plans as outlined in this policy are considered optimal risk management. Parents wanting to vary standard practices should sign-off on their informed understanding that in varying the standard approach the potential for error and reduced effectiveness of response is compounded.

First Aid

- First aid is provided by staff as needed under health and safety considerations.
- Students may be treated directly using first aid supplies located around the school with staff, or referred to school administration and into the 'health room'.
- The 'health room' has a number of first aid supplies.
- During breaks, staff are rostered to First Aid duty. At other times, administration staff are available to perform first aid.
- Students reporting with minor injuries or symptoms may be treated and returned to class with incidences noted chronologically in school records.
- Where students display symptoms of more serious concern, head injuries, or are taking longer than a session (1-5 to 2 hours) to present as well enough to return to class, parents are notified and following actions determined. Parents or the persons listed as emergency contacts may be required to attend the school and take their child for medical attention.

- Incidents requiring further medical attention are recorded as a Workplace health and safety incident and entered into the school electronic management system. Parents may be asked to provide further information after medical attention.
- Information on students with special medical needs are noted in class records and playground duty clipboards, with locations of items such as epipens for treating anaphalaxis shock (provided by parents) and asthma inhalers provided to staff. Correct use of an epipen and inhaler is part of staff induction procedures.
- If deemed necessary, the school will contact emergency medical services and arrange for para-medical attention such as ambulance personnel to treat the child. While parent contact is attempted, non-contact will not prevent the school calling for emergency assistance. Details on student records may be provided to such medical personnel.

Immunisation

- While immunisation is recommended by health professionals as being important in preventing ongoing disease transmission in the community and schools in particular, it is not a requirement that the school generally keep records of immunisation.
- Students attending camps may be required to provide immunisation details for medical situations where an immunity issue is being considered (eg tetnus injection, or unknown skin spotting)

Parent Procedures

1. Parent should ensure their address and contact details are up-to-date in school records
2. Parents should ensure their children's medical needs are up-to-date in school records and any medication provided with the correct packaging and pharmaceutical advice
3. Parents should inform their emergency contact persons of any issues needed for them to make a reasonable decision based on parental expectations.
4. Parents should follow up any medical treatment resulting from a school notification by informing the school of any treatment and requirements for school records or subsequent follow up actions
5. Parent should seek medical advice regarding any need for absence or exclusion as a result of injury or illness, and advise the school of such advice for any follow up actions.