



Student Health Care Policy and Procedure

VISION STATEMENT

Geraldton Grammar School will provide outstanding education and a strong sense of community, cultivating people of integrity, independence of mind and a love of learning.

VALUES

- Respect
- Responsibility
- Inclusivity
- Perseverance

Introduction	This statement outlines the Geraldton Grammar School policy on student health care.
Scope and application	The policy applies to all employees of Geraldton Grammar School.
Related legislation and guidelines	School Education Act 1999 (WA) School Education Regulations 2000 (WA) Disability Discrimination Act 1992 (Cth) Privacy Act 1988 (Cth) Medicines and Poisons Act 2014 (WA) Medicines and Poisons Regulations 2016 (WA) Health Act 1911 (WA) Australian Institute of Health and Welfare World Health Organisation Australian Red Cross WA Country Health
Related Policies	Duty of Care Policy, Emergency Management Policy, Attendance Policy, Enrolment Policy, Pandemic Policy, Work Health and Safety Policy, Sun Smart Policy, Excursions Policy, Camps Policy, Drug Policy, Wellbeing Policy
Evaluation	Annual

Date	Action (issue, reissue, amendment, replacement of pages, etc)	Initials
2015	Draft	AFY
23/04/16	Revised and amended	AFY
19/2/17	Revised and updated	AFY
28/02/18	Revised and amended	AFY/BLE
30/05/19	Revised and amended	NFT
10/08/21	Rewrite	JWN
07/07/22	Update to Reportable Incident Categories	MNN
27/11/23	Rewrite	MLE

STUDENT HEALTH CARE POLICY

POLICY STATEMENT

Geraldton Grammar School promotes student health, while supporting student health care needs. The School aims to identify and minimise health risks within the context of the Schools' resources, with many of the staff trained as First Aid responders, and with the assistance available from specialist services.

The School will, in accordance with the Student Health Care Policy:

- Obtain information from parents about their child's health care needs.
- Respond to the health care needs of Students.
- Develop plans for medical emergencies; and
- Develop and implement school procedure and practices to manage specific health issues.

DEFINITIONS:

Health Care Plan

Specifies the support required to cater for a student's health care needs while in the care of the School. If required, health care plans incorporate an emergency response plan.

Student Health Care Record

Provides a record of a student's health needs/conditions, planning requirements and emergency contact details.

Medical Alert Folder

Specifies the students who have a medical condition and an Action Plan or Management Plan associated with their enrolment.

Medical Management Plan

Is a document that has been prepared and signed by a doctor that describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition -this must be stored in the Student Medical Alert Folder

Medical Action Plan

This explains how to proceed if a student has a medical reaction/condition that may require additional attention or emergency response. Having an action plan in place for school students identified with a Medical Alert is vital in ensuring their health and safety. There are specific Action Plans depending on diagnosis. – this must be stored in the Student Medical Alert Folder

Medical Management Plan and Medical Action Plan are referred to as Medical Plans throughout this document.

The Asthma, Anaphylaxis, diabetes, and epilepsy associations have specific First Aid plans- these can be found in the Sick Bay in the Main Admin Building

Mental Health

Mental health is a state of wellbeing in which an individual realises their own abilities, can cope with the normal stresses of life, can work productively, and can contribute to their community. Poor mental health can impact on the potential of young people to live fulfilling and productive lives (WHO 2022).

First Aid

First aid covers the steps taken to help a person in the first minutes of an illness or injury. Staff who have been trained in first aid will administer first aid in accordance with their training. In an emergency, other staff may assist in the administration of first aid within their level of competence.

Traumatic Head Injuries

All Grade 2 and Grade 3 head injuries (refer to [Head Injuries Flow Chart](#)) and concussion injuries must be assessed by a GP or at the Hospital as soon as possible. A head injury is any trauma that leads to injury of the scalp, skull, or brain.

Scalp:	Minor bump on the head or a scalp wound that bleed
Skull:	A skull fracture is a break or crack in the bone that surrounds the brain
Brain:	Concussion, a contusion (bruising to brain tissue), or a haematoma (blood collection in an area of the brain from a broken blood vessel)

Concussion

A concussion injury is a temporary brain injury and occurs because of a direct or indirect blow to the head or body. The resulting reactive movement forces the body or head to suddenly stop and change direction, which in turn forces the brain to crash into the skull. A concussion injury can cause a change in behaviour, awareness and/or physical feeling in the student.

Allergies

When the immune system reacts to allergens in the environment which are usually harmless. Once an allergy has developed, exposure to the allergen can result in symptoms that vary from mild to life threatening.

Anaphylaxis

Is a severe, rapidly progressive allergic reaction that may occur unpredictably and is potentially life threatening. It should always be regarded as a medical emergency requiring immediate treatment with adrenaline.

Asthma

Asthma is a reversible narrowing of the airways in the lungs. Asthma symptoms include wheezing, coughing (particularly at night), chest tightness, difficulty in breathing and shortness of breath.

When an asthmatic is exposed to certain triggers their airways narrow, making it hard for them to breathe. Trigger factors that may lead to an asthma attack include colds/flu, exercise, pollens, changes in temperature, dust mites or cigarette smoke,

and these triggers vary from person to person. These triggers can be managed with an inhaler.

Diabetes

Diabetes is a disease in which the body's ability to produce or respond to the hormone insulin is impaired, resulting in abnormal metabolism of carbohydrates and elevated levels of glucose in the blood.

Type 1 diabetes is an auto-immune condition, and the cause is not fully understood, nor is it preventable or curable. It can affect a student's health, how they feel and their ability to cope at school. Students and their families do their best to maintain glucose levels within a certain range by taking insulin daily. This can be difficult as food, physical activity, stress, and illness all affect glucose levels.

Epilepsy

Seizures and epilepsy are not the same. A seizure is an event - a disruption of the normal electrochemical activity of the brain - and epilepsy is the disease characterised by tendency to have recurrent seizures.

Snake Bites

All snake bites must be treated as potentially life-threatening. The six major categories of Australian snakes are the brown snakes, black snakes, death adder, tiger snakes, sea snakes and the taipans. Snakebites are potentially lethal, but deaths are rare and are minimised with timely first aid, supportive care and antivenom in selected cases.

Choking

Severe difficulty when breathing due to a mild or severe obstruction of the airway due to a foreign body. Food is the most common cause of choking for all age groups, accounting for over half of all choking cases.

Head Lice

Head lice are tiny insect parasites that live on the human head, feeding on the scalp several times a day. Head lice reproduce by laying their eggs (nits) on the hair shaft close to the scalp. They are not dangerous, don't carry diseases and are not a sign of poor hygiene. They are however a communicable disease.

MANAGEMENT AND PROCEDURES

Identifying Student Health Care

At enrolment, Parents/Guardians are obligated to complete the Student Medical Details section of the Enrolment Form. As well as provide the student's Australian Immunisation Register (AIR) History Statement as evidence of the child's immunisation status.

The School will ensure:

- This information is recorded in the School database in line with the Schools Privacy Policy.
- The records are used to identify any high-risk students, their known triggers and to ensure that when staff are engaging in higher risk activities/events they can recognise symptoms.

It is the Parents/Guardians responsibility to inform the school of any change or update to their child's medical information. This information can be communicated to the Administration office via email.

Although confidentiality is vital, it is equally important that **ALL** teachers are aware of those students in their care who have severe allergies. Teachers need to have easy access to relevant medical records if a student requires emergency care.

Managing Student Health Care

For Students whose health care needs can be supported using the resources available, the School will:

- Request parents provide a Medical Management Plan from their child's medical practitioner.
- Request an updated student Medical Plan at least once a year, which will be maintained by Administration.
- Ensure updated copies of student Medical Plans are available on SEQTA and classrooms (where appropriate), including the Library and the Canteen.
- Ensure staff are aware of students with a Medical Alert through SEQTA.
- Create a "Students with a Medical Alert" folder, which has a photograph of each student and place it visibly in offices and staffrooms around the campus, classrooms (where appropriate), including the Library and the Canteen.
- Arrange the training necessary to enable staff to support student health care.
- Ensure procedures have been implemented for all teaching staff, and other staff, to be informed of all students who require the administration of medication, and to be fully aware of warning signs, triggers and emergency responses for health conditions requiring medication or other management as outlined in a student's Medical Plans.

Residential College Students

The School will establish appropriate protocols with parents and representatives of the Residential College for managing student health care and responding to health care emergencies while students are under the School's supervision.

Written agreement from parents must be given giving permission for residential staff to take responsibility for completing the Student Medication Request form for the short-term provision of prescribed and non-prescribed medication.

The School will Establish communication strategies to ensure that when a medical emergency occurs at school or the Residential College, all parties are informed (school, parents, Residential College).

Managing Student Health Care when Students are off-site.

The School recognises that students who require health care support may be at increased risk when engaged in off-site activities, such as excursions and camps. Student health care plans are to be reviewed within the context of the activity. Arrangements for adequate supervision and medical care should be considered for any excursions and camps.

Health Related Absences and Unwell Students

The school will arrange for the provision of an educational program for a student:

- who has extended absences due to illness (more than 10 days). A medical certificate may be requested from the parents.
- who has been diagnosed with a Chronic Illness and may not be able to attend full time school.

If an unwell child attends school:

- the school will contact the parent or emergency contact and ask for the child to be collected. A doctor's certificate may be requested by the School to confirm a child is fit to return to school.
- If a Student presents symptoms of vomiting, diarrhoea, or fever, they **must not** return to school until the symptoms have ceased for **48 hours** and normal patterns of eating and behaviour have resumed.
- Years 3-6 who present at the office unwell must have a Student Sick Pass completed and signed by the teacher requesting:
 - Parent/guardian be contacted to take the student home,
 - a 10-minute rest in sickbay or
 - Paracetamol is to be administered and the student is sent back to class.
- In Secondary, the teacher will send the student to sickbay. Another student may accompany them.
- Administration staff will record on SEQTA when a student has been admitted to sickbay or has gone home.

Accident or Injury

If a staff member has attended to a student who has had an accident resulting in injury, they must complete a Student Accident Form. This form is to be signed by the staff member making the report, a member of the Senior Leadership Team and the Principal.

The Principal is required, in respect of an actual injury, illness or trauma and the apparent medical prognosis at the time is that the incident is likely to result in longer term **physical** or **psychological impairment**, to complete a Reportable Incident Notification Form and submit it to the Non-Government School Regulation.

The School provides accident insurance to students who sustain an injury. The insurance does not cover any treatments that are fully or partially covered by Medicare. If treatment is a non-Medicare medical expense, any difference between the actual costs and the student's personal private health insurance may be claimed against the School's Student Accident Policy. Contact the Business Manager to make a claim.

Mental Health

Mental Health procedures are determined by the specific needs of the students, in instances where there are medical plans in place, these will form the basis of the response.

Key staff are trained in mental health first aid and key agencies will be included in creating an environment where students are cared for. Early intervention makes up a key element to the successful management of the mental health and wellbeing of students.

Medical Emergencies

In a medical emergency the School along with the First Responder will:

- Organise medical attention for the student.
- Make appropriate transport arrangements if required.
- Inform parents as soon as possible of actions taken.
- Inform the Principal and Senior Leadership Team as soon as possible.
- Promptly record all actions taken by completing the Student Accident report form in line with the Student Health Care Policy

Transporting Students in a Medical Emergency

When arranging transport in a medical emergency, the School will:

- Consider the nature of the emergency and local circumstances such as the availability of an ambulance service; and
- In a serious medical emergency, use an ambulance service if it is available within a reasonable timeframe.
- If the Parent requests that the ambulance be cancelled, they are to be advised of the school's duty of care and original arrangements should proceed.

- An ambulance can only be cancelled if the Parent is in attendance and the student is handed into the Parents care.
- Parents are expected to meet the cost of an ambulance, as agreed upon in the enrolment forms, and should be encouraged to have this covered in their health insurance.

If an ambulance is not available, the School will:

- Seek advice from the ambulance and/or medical service prior to providing transport in a private vehicle.
- Subject to agreement from the ambulance and/or medical service, transport the student to a health service or medical practitioner; and
- Whenever possible, arrange for at least two people to travel with the student, one to drive and the other(s) to monitor the health of the student.

Important Note

Medication required for medical emergencies, such as for anaphylaxis, diabetes, epilepsy, or asthma attack are to be always accessible. **Emergency medication should not be stored in a locked cabinet.** It should be stored in a safe, accessible place for emergency use wherever the student may be.

Schedule 8 medication, Such as Diazepam, Methylphenidate and Midazolam needs to be stored, and stored according to medical instructions on the packaging, in a double locked cabinet.

If the incorrect dosage of medication or the incorrect medication has been administered to a student, the **Poisons Information Centre should be contacted immediately on 131 126** and the advice given followed. An incident report should be completed. For other medication errors (e.g., missed dose, dose refusal) the student's parent/guardian should be contacted and appropriate records maintained.

Staff are not to administer any over-the-counter medications (including paracetamol or similar medications) without authorisation from parents or medical practitioner.

Staff are **not** to administer paracetamol to any students from Junior Kindergarten to Year 2 **under any circumstances**. A parent/guardian, or the emergency contact when the child's parent is inaccessible, is to be contacted to collect an unwell child.

Health Care Records

For best practice management of students with a medical alert at school,

- A Student identified with a Medical Alert must have their management plan easily accessible on SEQTA and their student file. The name, address, and telephone number of an emergency contact, other than the parent/guardian, and the student's doctor must be on file.

- The parent of every student in the school with asthma must be asked to fill out a Student Asthma Record form and/or provide a written Medical Action Plan completed by the student's doctor.
- A list of known or suspected triggers for Anaphylaxis, Allergies and Asthma must be recorded on the student's Medical Plan.
- The Medical Plan needs to include information on the student's usual asthma medical procedure (medication taken on a regular basis when the student is 'well' or as premedication prior to exercise). The plan must provide details of the student's symptoms, triggers, and medication requirements, i.e., name of medication/s, method (e.g., puffer and spacer, turbuhaler, tablets, syrup, discs), when and how much to take.
- Any time an adrenaline auto injector (EpiPen) is used it must be recorded on SEQTA.
- In the case of diabetes a Medical Plan will usually be developed by the student's clinical treating team in collaboration with the student and parents/guardians. A student's Medical plan will outline their monitoring, insulin, and daily diabetes management needs while at school.
- The Medical plan relating to diabetes should provide the School with clear information about when a student requires supervision or support with key tasks, such as checking their blood glucose or taking their insulin at school.
- The Medical Alert Folder should include a Medical action plan as well as a Medical Management Plan– this is a tailored plan written by the student's clinical treating team for the urgent management of blood glucose highs and lows outside a student's target range.
- Students with Epilepsy must be included in the Student with a Medical Alert folder. With a copy of their specific Medical Plans.
- The Student with a Medical Alert folder must be easily accessible in the relevant classrooms, Administration office, Sick Bay, Canteen, and Library.

Areas of responsibility when administering medication:

Principal, Heads of School, or Administration:

- Ensure staff are aware of:
 - Guidelines for the administration of medication.
 - Protocols for safe administration of medication.
- Distribute 'Student Medication Request' form to parents/guardians:
 - On enrolment, or
 - When required (changed medication, newly prescribed medication)
 - When going on Camps or excursions
- Ensure parents/guardians are aware that they should notify the school about their child's health if there are any changes.
- Establish school-specific procedures for the administration of medications and ensure all relevant staff are familiar with these procedures.
- Identify staff members willing and able to receive training on administration of medication for health conditions.

- Seek support from appropriately qualified health professionals for assistance with student health issues and training in the administration of medication.
- Consult with parent/guardian and student/s regarding arrangements for the self-administration of medications and self-management of health conditions, including:
 - Consideration of whether the student is responsible enough to undertake self-administration of medication at school.
 - Agreement between the student, parent/guardian, and the School on where medication is stored; where and how it is administered, together with a written request from the parent/guardian stating guidelines and procedures from the medical practitioner.
- Approve student to be responsible for self-administration of medication and self-management of health conditions.
- If required, notify the parent/guardian when the medication quantity is low or approaching its expiry date.
- If advised by the parent/guardian that the medication is no longer required (i.e., change in medication order/dose) request that the parent/guardian visit the school for the medication to be returned to them in its original container (**not via the student**).
- Notify the parent/guardian if the student misses a dose of medication including if the student refuses to take the medication or if any other medication error occurs.
- In the case of stolen or misused medication, including Schedule 8 Drugs (drugs of dependence), or medication diverted from the person to whom it was originally prescribed:
 - Follow established procedures for missing property on school grounds.
 - Notify parents/guardians.
 - Contact police as required.
- Ensure emergency first aid procedures for potentially life-threatening situations resulting from asthma, anaphylaxis, epilepsy and diabetes or other identified conditions are given priority and follow best practice, i.e. The use of Medical Management or Emergency Action Plans.
- Ensure risk management planning includes medication administration across all school activities, including excursions and camps.
- Consider the number of students who have medical conditions requiring medication when determining adequate and appropriate first aid services for a school, including appropriately trained staff.
 - Make staff aware of students with a Medical Alert through SEQTA.
 - Create a “Students with a Medical Alert” folder, which has a photograph of each student and place it in offices, staffrooms, and classrooms (where appropriate), including the Library and the Canteen. Maintained by Administration.
 - Upload a copy of the “Students with a Medical Alert” folder on to SEQTA.
 - Ensure staff are trained in the mandated anaphylaxis, allergy, asthma and epilepsy qualifications.
 - Ensure “Students with a Medical Alert” folder are easily accessible to the teachers responsible for each student.
 - Provide staff education in the administration of medication and how to aid a student in an emergency.
 - Ensure that a staff member who has undergone this training is present at all school activities, including school sport’s days, excursions, and camps.

- Communicate with the school community regarding allergies e.g., nuts, eggs etc... – “Allergies and School” pamphlet.

School Staff Responsibilities:

Administration of medication:

- Participate in training provided by a qualified health practitioner addressing issues such as storage, dosage, and administration of medication. Specific to individual student requirements.
- Ensure parent/guardian permission has been received ‘**Student Medication Request**’.
- Follow the ‘**Guidelines for Administration of Medication**’ when administering medication.
- Administer medication directly from the original medication container, or Webster-pak provided by parent/guardian.
- Notify Principal, Deputy Principal of Students and Parents if student refuses their medication.
- If the information on the medication container contradicts the request of the parent/guardian, do not administer medication, and seek clarification.
- Record details of all medication administered to a student on SEQTA - Pastoral Care (medical). This is completed by the administration Staff who are authorised to administer the medication, immediately when the medication (routine and emergency) is administered. When students are on school outings, excursions, or camps, this needs to be recorded as soon as possible.
- In the case of stolen or misused medication, or medication diverted from the person to whom it was originally prescribed notify the Principal and follow established procedures for missing property on school grounds.
- Establish emergency response protocols that include:
 - A prerequisite number of trained and authorised school personnel
 - Emergency medication being readily accessible/close to the student and not stored in a locked cabinet.
 - Student medication information is easily accessible, including correct student, dosage, route, and specific medical practitioner’s instructions.
 - Appropriate levels of training are provided for school personnel in administering medication where necessary, or according to individual/emergency health plans.
 - An established process for contacting an ambulance, parent/guardian and medical practitioner is developed for instances when a student requires intervention that is not routine.
 - If an ambulance is called, the ambulance officer is advised of medication, if any, has been administered.
 - Details of the emergency are recorded on Student Accident/Incident Form.
 - Ensure Food Technology or activities involving food have an awareness of individual student’s allergies, and that all foods are correctly labelled listing any allergens.

Parents/Guardians Responsibilities:

- Notify the School in writing of any requests and/or guidelines provided by the students' prescribing health practitioner concerning medication administration.
- Submit a '**Student Medication Request**' form, which can be obtained from the front administration office. This form is to be returned to the Principal (or delegated representative) for the administration of medication that must occur during school or an extended school activity such as a camp or excursion.
 - On enrolment, or
 - When medication is prescribed at other times throughout the year.
- Where possible ask the prescribing health practitioner if the required medication is available in a form which minimises or eliminates the need to administer medication at school.
- Discuss the option with the dispensing pharmacist to supply the medication in a multi-dose pack with clear administration directions (particularly when multiple medications are prescribed).
- Provide the medication in person or via delegated adult in a safe manner to the school and in the original container – Medication may not be brought in by the student or removed from the school by a student.
- Provide a Medical Plan when medication is prescribed to manage emergency health conditions/situations.
- Ensure the medication supplied has not expired and is adequate for the agreed time period and replenished as required.
- Notify the school in writing (with an accompanying letter from the prescribing health practitioner) when changes occur to the student's routine or emergency medication.
- Obtain in writing advice from the prescribing health practitioner if the dose is to be varied in response to specific criteria (e.g., Blood glucose level, behaviour).
- Advise school, in writing, and collect medication when it is no longer required at school.
- Notify the school in advance (in writing) if medication is being transported with the student for purposes other than administration at school (respite, shared parental arrangement).
- Schedule 8 drugs may not be transported by any Student. The Parent/Guardian must sign all schedule 8 drugs into the Office or out of the Office.
 - advising the School of the student's Anaphylactic, Asthma condition and/or Any Allergies.
 - for working with the School to ensure the School meets the student's health care needs.
 - reviewing and updating their "Family Details" and providing the school with an update of their child's Emergency Action Plan from his/her doctor. This action plan will be stored on SEQTA and made available to all staff.
 - ensuring their child has an adequate supply of appropriate medication and that the medication is current and correctly labelled.
 - give appropriate consent to enable school staff to provide students with the support and assistance required to effectively implement a diabetes management plan. This consent gives authorisation for school staff, including the designated staff members, to provide the physical support necessary to carry out key tasks in supporting a student's diabetes management which may

include monitoring blood glucose levels and administering insulin where necessary.

- help make this happen by taking responsibility for communicating with designated staff and providing them with up-to-date and accurate information for the safe and effective management of the child's diabetes.
- communicate and work with the doctors and health professionals in the clinical treating team to develop a diabetes management plan for their child.
- communicate and work with the school principal and/or designated staff to agree on a plan for how the school can implement the diabetes management plan.
- work with the school principal and/or designated staff to agree upon the adjustments required to support their child's participation and engagement in school and educational activities.
- give consent to health professionals and designated staff to communicate with each other and other relevant agencies about their child's diabetes needs, so far as is necessary to allow the school to provide support to manage the student's diabetes.
- keep the school updated about any changes to the diabetes management plan, including changes to the student's condition or treatment needs and provide a copy of the updated plan to the school when this occurs.
- ensure that their child is provided with the necessary supplies to manage their diabetes during school times, including insulin, blood glucose testing equipment, food, and drinks.

Guidelines For Administration of Medication

Administration of all medication (routine, emergency, over the counter)

- Receive '**Student Medication Request**' form from the student's parent/guardian for medical conditions requiring the administration of medication at school.
- Ensure prescribed medication is provided in the original container with an attached prescription pharmacy label which constitutes a medical authority, and includes:
 - Student name
 - Dose, form and strength
 - Time the medication is to be taken.
 - Correct storage information, expiry dates and batch numbered.
 - Initials/Logo of the pharmacist taking responsibility.
 - Any other relevant directions for use e.g. Whether medication is to be taken with food.
- Ensure the administration of medication is recorded on SEQTA
- Ensure prescription Medication is recorded on the 'Prescription Medication Administration Form' when administered and signed by two members of staff.
- Ensure the expiry date is always checked to ensure that the medication being administered is not out of date.
- Ensure medications administered at an external school activity, such as a school camp or excursion, are administered under the same conditions as at school.
- Return unused doses of any medications to the **parent/guardian**.
 - when the student no longer requires the medication
 - at the conclusion of the external school activity

- at the end of the school year, or
- if the parent/guardian does not want the unused medication, take the medication to any pharmacy for safe disposal.

Administration of Emergency Medications (i.e., Anaphylaxis, diabetes, asthma, and epilepsy)

- The emergency medication and the equipment needed for the medication to be administered are supplied by the student's parent/guardian, is entered directly into SEQTA after every administration.
- Written instructions received from the prescribing health practitioner detailing the correct course of action.
- A Medical Plan is developed and signed by the prescribing health professional. Standardised Action Plans for Anaphylaxis and Asthma are recommended. The Medical Plan must include the details of the emergency medication prescription and provide instructions for appropriate administration.
- In the case of Epilepsy- Midazolam can only be administered as an emergency medication if specifically prescribed.
- Staff must check the name on the midazolam box and midazolam administration order before administering the midazolam. **NOT** all students are prescribed midazolam.
 - If the seizure lasts longer than the time allocated on the Medical Plan and Midazolam is prescribed an ambulance must be called as close to administering Midazolam as possible (preferably just before administration if possible)
 - If the seizure lasts longer than the time allocated on the Medical Plan and Midazolam is not prescribed, an ambulance must be called immediately.
 - Administration and Principal must be advised if an ambulance is called.
 - Staff member wait at reception for ambulance.
 - Administration to contact parents.
 - Document the incident, Staff members involved in an emergency response are to receive debriefing as soon as possible.

Self-administration or Assisted Administration of Medications

- Parent/guardian provides a written or verbal request, with guidelines and procedures from the medical practitioner for the student to be responsible for administering their own medication. This must be recorded in SEQTA and the Medial Alert File.
- Principal or delegate determines if it is appropriate for the student to assume this responsibility at school.
- If appropriate, the Principal or delegate approves student's self-medication on receipt of information and written authorisation from the parent/guardian and medical practitioner.
- Student, parent/guardian, and the School agree on where medication is stored, and where and how it is administered.
- Staff expected to supervise self-administration by injection or pump are provided with appropriate training by the appropriately qualified health practitioner.

Storage and Disposal of Medication

- Establish and monitor procedures for safe and appropriate storage of medication according to the manufacturer's instructions and special instructions from the pharmacist or prescribing health practitioner (including medication which needs to be stored below 25°C).
- Store medication, in original containers with original labels and instructions, in a non-portable, locked space such as cupboard/cabinet reserved for medications only.
- All Schedule 8 medication needs to be kept in a double lock cabinet.
- Access to all stored medication is limited to the authorised persons.
- Discuss arrangements with the School if medication is to be carried by the student and the student will not be travelling directly home from school, ensuring the medication is stored in a secure area while the student is at school. Schedule 8 medication needs to be collected by the Parent/Guardian or nominated Adult and may **not be collected by a Student**.
- Ensure safe disposal of sharps.
- Dispose of unused and unclaimed medication by:
 - Advising the parent/guardian to collect the medication from the school, or
 - Returning medications to any pharmacy.
- **Emergency Contacts:** Adverse Medicines Events (AME) Line telephone 1300 134 237
- Poisons Information Centre, Sir Charles Gairdner Hospital, Hospital Avenue Nedlands WA 6009, Australia, 131 126
- Call Ambulance 000 if concerned about the student and their presentation.

Staff Training

Staff members at the School will be required to complete the following training:

- All new teachers and Education Assistants complete the Level 1 and Level 2 training through National Diabetes Services Scheme (NDSS) annually. Staff members that are directly involved with assisting a student daily, taking a student off campus for excursion or on camps will be required to complete the Level 3 training available through NDSS.
- An anaphylactic/ asthma education session is conducted for all staff every Two years or sooner if required. Staff can also complete the online course.
- All teachers will be provided with the opportunity to be trained and updated with a Provider of First Aid qualification. This level of qualification is most important for staff attending excursions and camps.
- Training will be provided to staff as soon as practical after the student enrolls or is diagnosed. Wherever possible, training will take place before the student's first day at school. Where this is not possible, an interim plan will be developed in consultation with the student's parents/guardians and noted in the 'Student Medical Alert Folder'.

Anaphylaxis, Allergies, and Asthma Procedure

It is essential that the school identifies any student with an Anaphylactic reaction, Allergy, and/or Asthma and that a health care procedure is in place to deal with an emergency.

For students with known anaphylactic, allergic reactions, asthma, and epilepsy:

Staff procedure in the event of an Anaphylaxis, Allergy or Asthma Emergency:

- spare adrenaline auto injectors (EpiPen) are available in an unlocked drawer at reception in the administration block and the primary school. All staff must be aware of the location of auto injectors. Auto Injectors use by dates must be checked annually and replaced as necessary.
- If a Student in Primary has been identified as having anaphylaxis to allergens, then the responsible teacher will always carry an adrenaline auto injector.
- Secondary students must always have their adrenaline auto injector (EpiPen) with them.
- Call 000 for an ambulance if an adrenaline auto injector (EpiPen) has been used.
- Inform a parent/guardian or emergency contact if the adrenaline auto injector (EpiPen) has been used.
- Record on SEQTA if the student's adrenaline auto injector (EpiPen) has been used.
- Carry a reliever puffer and spacer device in Asthma Emergency Kits or general First Aid Kits when on excursions and camps.
- Students should be encouraged to carry their Reliever medication (Ventolin, Airomir, Asmol, Bricanyl or Doctor recommended reliever medication) and to take this medication immediately should symptoms develop.
- A First Aid treatment for Anaphylaxis, Allergies and Asthma guide sheet is included in the "Students with a Medical Alert" folder and is held in each staff room as well as the Library and Food Technology Room.

Sports Days, Excursions and Camps

Outdoor activities, including sports days, camps and excursions present a potential risk for students with an anaphylactic, allergic reaction and/or asthma.

It's the Schools responsibility to:

- Ensure at least one staff member has current first aid training and can manage an anaphylactic, allergic reaction, asthma and/or epileptic seizures.
- Follow the instructions on the Medical Plan or first aid treatment sheet, should a student present with symptoms.
- Notify parents/guardians that it is their responsibility to ensure that their child has adequate supply of appropriate medication.
- Carry a spare adrenaline auto injector (EpiPen) and a copy of the anaphylaxis, allergy, and asthma First Aid Treatment in the school's First Aid Kit/Emergency Kit.

- Carry necessary Epilepsy medication – appropriately stored.
- Carry a spacer, blue Reliever puffer and a copy of the Asthma First Aid Plan in the school's First Aid Kit/Asthma Emergency Kit.
- Ensure medical records are up to date (parents are asked to provide an update before camp).
- Provide catering staff with a record of those students who are known to have food allergies.
- Ensure any foods that contain allergens are clearly labelled.
- If a student has asthma symptoms, follow the instructions on the student's written Medical Plan for handling exercise induced asthma.
- Encourage students to continue taking their usual asthma medications and to always carry their Reliever or Doctor recommended medication.
- Record first aid required by the student on SEQTA.

Nut Products

The School will not knowingly permit the presence of any product known to contain nuts of any form in the ingredients to be used on school camps, in the school canteen, Food Technology class or in school prepared meals.

That is, all foods that have nut or nut extract included in the ingredients or suspected of having nuts material in the ingredients may not be processed in those areas or provided for consumption anywhere in the school.

All families are asked to take particular care that should they include nut-based products in their students' lunches or food supplies they should remind those students of the need to carefully wash their hands when they have finished eating.

This exclusion of nut-based product does not extend to products such as packet biscuits that warn that the product may have come into contact with nut-based products during manufacture.

It is acknowledged that the school cannot completely ban such products from the school environment, but parents are asked for their support and vigilance.

Diabetes Procedure

Parents/Guardians and the School must work together and agree on what diabetes support an individual student needs during school times. Often the level of support that may be provided to help manage a student's diabetes at home cannot be reasonably provided in the school environment because of the responsibility that school staff has for all students under their care.

It's the School's Responsibility to:

- make reasonable adjustments working together with parents/guardians to make the school experience safe, positive, and rewarding for students with diabetes.

- Ensure these reasonable adjustments will be informed by the treatment regime outlined in the student's Medical Plan and will be different for each student with diabetes.
- ensure that students with diabetes can best manage their condition and do not miss school opportunities.
- support the use of continuous glucose monitors in the school setting including allowing students to use mobile devices to sync with their continuous glucose monitors.
- allow students to access food during class or other activities.
- allow students access to their medical equipment during class time.
- provide additional breaks to allow students to check their blood glucose levels and for the administration of insulin.
- allow the student to have extra toilet breaks when necessary.
- provide an appropriate area that the student can use to check their blood sugar and/or administer their insulin.
- give extra time or special consideration on exams and assignments in line with the students Medical plan.

Sports Days, Excursions and Camps

- The School will ensure that a minimum of one staff member has completed the Level 3 training available from NDSS and is capable of assisting with the management of any diabetic student on any sports day, excursion, or camp.
- Parents need to ensure that the student has the appropriate amount of food, water, and insulin for the duration of the activity.

Staff will ensure records are up to date during the organisation of a sports day, excursion, or camp. A meeting can be scheduled between the staff organising a camp and the parent/guardian, if the staff feel they need additional information to assist the student with their management while on a camp.

EPILEPSY AND SEIZURE POLICY

Seizure Management Plan

It is essential that the school identifies any student with Epilepsy and that a health care procedure is in place to deal with an emergency.

This Emergency Action Plan is to be signed by the parents/guardians and medical practitioner and recorded in the 'Student with a Medical Alert Folder'.

The student's Emergency Action Plan will be reviewed, in consultation with the student's parents/guardians:

- Annually or as applicable
- If the student's condition changes
- Immediately after the student has a seizure.

It is the responsibility of the parents/guardians to:

- Inform the school if their child's medical condition changes, and if relevant, provide an updated Emergency Action Plan

- Provide written permission annually for the school to display a student's Emergency Action Plan

The Principal will be responsible for the provision of information to all staff, students and parents/guardians about epilepsy, seizures and development of the school's epilepsy and seizure management strategies. Volunteers and casual relief staff will be informed on arrival at the school if they are caring for a student with epilepsy or those at risk of seizures and their role in responding to a seizure.

First Aid Procedure

All students and staff have the right to know they will be attended to with due care when in need of first aid.

The Early Learning Hub has its own first aid policy and procedures for students.

The *Code of Practice – First Aid Facilities and Services* 2002 developed by WorkSafe WA provides information on first aid in the workplace.

Guidelines for First Aid

- General assistance should be sought from the nearest or most appropriate staff member.
- First aid should be administered in a competent and timely manner.
- First aid kits and supplies are maintained by the Front Administration Office . These will be checked for expiry dates on contents and replenished each semester or when advised contents used and require replacing.
- A suitable sick bay area is maintained with 2 beds and adequate resources.
- Crutches and a wheelchair are available from sick bay.
- First aid kits are to accompany all off site activities such as sports carnivals, excursions, and camps. These should be checked prior to the activity to ensure they are adequately stocked.
- A Medical Alert Folder Listing all students with particular medical considerations that may require immediate first aid response will be available and displayed as appropriate.
- A list of staff qualified in first aid is available. This is accessible on the 'O' Drive.
- A documented management plan for CPR, asthma, anaphylaxis, diabetes, epilepsy, and head injury are available and displayed in the Sick Bay.

Procedures

- The school has nominated first aid officers, the Deputy Principal of Students, and the Assistant administrator, who are responsible for first aid administration.
- If either of these persons are unavailable, then another trained and willing staff member should be called upon to assist.
- All students requiring first aid should report to the office.
- An informal risk assessment should always be carried out prior to administering first aid. This should include establishing if any hazard present, considering any associated risks, evaluating the number of people involved.

- All injuries and illness should be recorded on SEQTA and submitted to the office.
- All injuries and illness should be communicated to a parent/guardian as soon as practicable.

Minor Injuries

- If an accident is of a **minor** nature, teachers should try to deal with the matter themselves or refer to a qualified first aider.
- A student may rest in sick bay for a short period. If suitably recovered the student will return to class. If necessary, a parent will be contacted at the earliest opportunity to collect their child.
- Supervision of sick bay will form part of the duties of the admin staff.
- The teacher in charge of an excursion or camp, or the appointed first aider, will manage any injuries or illness that occur during the activity.
- Standard precautions for blood or body fluid injuries consist of hand hygiene and use of personal protective equipment along with safe disposal of waste products.

Major Injuries

- Establish the nature of the injury or illness.
- Only minor injuries will be treated at school. Any condition that requires treatment beyond this will be managed with care and parents will be contacted immediately and asked to take responsibility for their child.
- Ensure that the parent has been advised of the facts, as you know them, as soon as is practicable and make arrangements for handover of student into parent care as soon as possible.
- In any situation involving serious student injury, and that student can be moved, then staff must accompany the injured student to the first aid room at the office. Other students should not be used to accompany or deliver an injured student. Alternately send for adult assistance.
- If an emergency evacuation is required, then ring 000 for an ambulance and inform the parents. Office support can be requested for these calls.
- The office must be aware if you call an ambulance. Ensure you have a person who can direct the ambulance when it arrives on the school grounds.
- Any injuries involving blood must have the wound covered, where appropriate, and protective precautions taken.
- If a student is taken by ambulance and a parent has not been able to be contacted or does not arrive at school prior to the ambulance departing, then a member of staff must accompany the student and wait until handover can occur.
- Due to our regional status, there may be an occasion when a staff member may need to take the student directly to the Geraldton Regional Hospital Emergency Department, unless the parents indicate otherwise.
- Staff members must keep the school informed.
- If staff are on an excursion, then they must phone an ambulance then contact the school so a teacher can be sent to supervise students at the venue. The school will then contact a parent.

- The staff member assumes full responsibility for the injured student and stays with them until someone else takes over that responsibility. Admin staff are not responsible for either monitoring the students or administering first aid in such cases.
- The Principal must be advised of details if an ambulance is called.

NOTE:

An accident report form must be completed and signed by the attending staff member as soon as possible after the accident. A reportable incident form must be submitted to non-government schools' regulation by the Principal.

Location of First Aid Stations

First aid stations and sick bay are located:

- in the main Administration building.

First aid stations:

- Art, B block primary office and PE office,
- C block quadrangle, C7, D block prep area,
- F block HaSS office, F block foyer,
- I block photocopy room, Library,
- D&T, Canteen, Staff room, Gardeners shed and
- Shed on the main oval.

Asthma kits are located:

- the front office,
- B block primary office and PE office,
- D block prep area,
- F block HaSS office,
- Epipens are located in the front office in a labelled, unlocked desk drawer.

Defibrillator is located:

- sick bay in the main Administration building.

Primary class (B and C block) have a small supply of band aids.

Health and PE Department have their own portable first aid kits.

Minor first aid administered to students must be recorded by staff on SEQTA. For more serious accidents or injuries to students, staff must fill a Student Accident Report Form.

Replenishing of First Aid Kits

First aid kits are to be checked and replenished at the start of each semester and is the responsibility of Head of Departments in secondary school, Head of Primary and Head of Early Learning. A list of recommended items is in each kit to assist with replenishing. Email the front office with a list of items required and they will be ordered, and kits restocked.

Front office staff will maintain supplies in the sick bay.
Health and PE Department maintain their own kits.

First Aid Kits Excursion/Camp

First aid kits are to accompany all off site activities such as sports carnivals, excursions, and camps. A first aid kit and asthma puffer are to be signed out at the front office and should be checked prior to the activity to ensure they are adequately stocked.

The teacher responsible for the excursion/camp needs to identify students with particular medical considerations such as asthma and anaphylaxis and ensure that medication such as ventolin and epipens are carried with the student.

Any first aid administered whilst off campus must be recorded on the sheet supplied in first aid kits, or Directly into SEQTA by the First Aid Officer. When returning first aid kits to the front office please advise front office staff which items will need replenishing.

When a camp is being hosted by an external provider, like Outward bound. The external provider takes responsibility for the First Aid, completes a form as below.

First Aid Administered Off Campus form.

Date	Time	Student	First Aid Administered	Teacher Sign	Admin Log SEQTA

Snakebite Management

Snakebite management with signs of envenomation should occur in conjunction with advice from Emergency Services. All snakebites are assumed to be potentially lethal and require hospital admission for evaluation.

Snake Venom Effects

Snake Venom can directly produce several different syndromes:

- neurotoxicity leading to a descending paralysis.
- defibrinating coagulopathy (Venom induced consumptive coagulopathy - VICC)
- anticoagulant coagulopathy

- myolysis (major elevations in Creatinine Kinase –CK – may lead to renal failure).

Fewer than 10% of people presenting with suspected snakebite are envenomed.

Complications from envenoming may be:

- bleeding
- ventilatory failure (from progressive paralysis)
- renal impairment / failure
- haemolysis and thrombocytopenia (thombotic microangiopathic anaemia).

First Aid for Snake Bites:

Pressure Bandage Immobilisation (PBI)

- Elasticated compression bandage (or crepe if unavailable) wound over the bite site and up and down the whole limb. Apply the same amount of pressure as one would for a sprained ankle.
- Do not occlude the circulation.
- Immobilise the limb and the patient. Splint the limb for optimal immobilisation.
- If the PBI applied prior to arrival is inadequate additional bandages should be applied.
- Following administration of first aid (pressure bandage immobilisation), the patient should be stabilised then transported to a hospital or health service with access to a doctor.

Choking

Some of the main causes of choking are:

- food (causes up to 2/3 of choking cases) that hasn't been chewed properly.
- toys, toy parts, batteries, coins, buttons, magnets
- liquids

Some choking first aid tips:

What NOT To Do For Choking First Aid

- Don't ask them if they're ok – if they're struggling to breathe, they are not ok.
- Instead ask them if they are choking, as they may be suffering from something else (e.g., asthma), and you will then be able to provide them the best type of First Aid assistance.
- The way they respond will let you know if it is a partial obstruction (they can speak) or full obstruction (they will not be able to speak at all – will shake their head).
- Don't attempt to perform the Heimlich manoeuvre (i.e., a big thrust to the abdominal area) as it can break ribs and damage internal organs.
- Don't put your fingers in their mouth – they may bite you accidentally and it could further lodge the object in the trachea.
- Don't start CPR by giving breaths if they become unconscious – pushing on the chest with compressions first may push the object out as muscles relax when a casualty becomes unconscious.
- Don't pick up the child and turn them upside down.

What To Do For Choking First Aid On Adults Or Children Over 1

- Encourage the adult or child to cough to remove the object.
- Call Triple Zero (000) if coughing does not remove the blockage.
- Bend the patient forwards and give up to 5 sharp back blows with the heel of one hand between the shoulder blades, checking if the object is relieved after each back blow.
- If this is unsuccessful, give up to 5 chest thrusts by placing one hand in the middle of patient's back for support and heel of other hand in the CPR compression position, checking if the object is relieved after each chest thrust.
- If blockage does not clear continue alternating 5 back blows with 5 chest thrusts until medical aid arrives.
- Do CPR if they become unconscious.

Head Injuries and Concussion Procedure

Geraldton Grammar School follows the guidelines established by Sports Medicine Australia in the management of concussion and return to play post-concussion and recommends that Group 2/ Group 3 head and concussion injuries be assessed by a GP or at the Hospital as soon as possible.

Management of Head Injury

The student **MUST** be assessed immediately by the designated first aider, and/or teacher in charge of the activity.

On-field/side-line evaluation and management (Day of Incident)

Any student with a knock to the head should be:

- Immediately removed from competition
- Reviewed by the teacher on duty or first aider at the venue.
- Assessed using standard emergency first aid principles (airway, breathing and heart function) with particular attention to excluding cervical spine injury.
- supervised by an adult at all times, and never left alone. The teacher in Primary and/or fellow student in secondary, should escort the student to the first aid room in administration. A handover should be completed, explaining how the incident occurred. If this is not possible, the designated first aider in Administration should meet the injured student on the oval and escort them to the first aid room. Teacher to arrange this by mobile phone: 9965 7800 (Reception)
- .
- If concussion is suspected, the student should be continually observed, and arrangements made with parents/guardians or emergency contact, informing them of the incident.
- all students with suspected major head injuries(Group 2/Group3) are to be examined by a GP or by the Hospital as soon as possible.
- Rested from physical activity for 48 hours (as per GGS Head Injury Instruction Sheet) see below.
- Teacher in charge to complete an accident report form as soon as possible.
- Parents/guardians or emergency contact given instructions for head and concussion injuries.

Return to Training or Competition

Students who wish to return to school sport and physical education, following a concussion injury, must be asymptomatic and require medical clearance from their GP.

The Following Instructions for Head and Concussion Injuries should be clearly communicated to the Parent/Guardian when the student is handed over to their Care.

Careful observation is required over the next 24 hours:

The individual should be easily roused at all times.

Seek medical attention IMMEDIATELY if any of the following develop:

- Increased drowsiness, difficulty in rousing or loss of consciousness
- Becomes confused, irritable, delirious, or slow to answer questions.
- Exhibits unusual behaviour.
- Dizziness, lack of co-ordination or weakness anywhere in the body
- Any fit / seizure / convulsion / spasm of the face or limbs
- Complains of persistent headache or neck stiffness
- Visual disturbance
- Unequal pupil size
- Vomiting
- Blood or clear fluid discharge from ear or nose

Avoid any medication not prescribed by a GP. **Do not** drive a vehicle. **Rest** quietly.

NO PHYSICAL ACTIVITY FOR 48 HOURS FOLLOWING ANY HEAD INJURY

Return to School Sport

Current evidence supports a gradual return to sport following a head injury, with a stepwise return to play.



A Student should have a period of physical and mental rest (“brain rest”). This includes avoiding sporting activities but also includes activities that require mental concentration including computer use, television, mobile phones, or gaming devices. The student has been symptom free for 48 hours and feels back to normal, they can commence a gradual return to sporting activities as shown below.

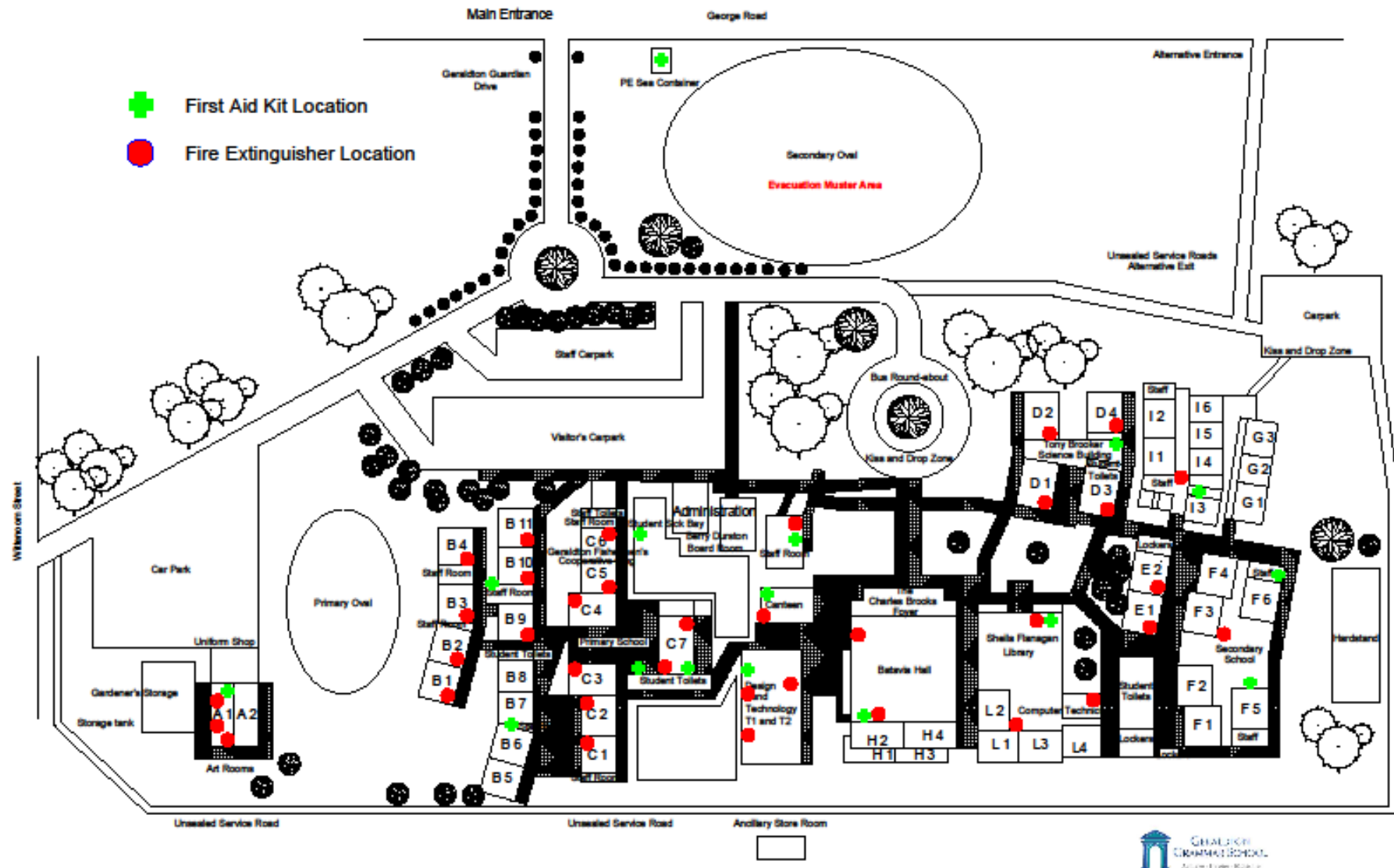
STAGE	ACTIVITY	AIM OF STAGE
STAGE 1: No activity <i>For first 48 hours after injury</i>	Complete physical rest and mental rest	Recovery
STAGE 2:	Walking, swimming, Stationary cycling	Gentle increase in heart rate

Light aerobic exercise		
STAGE 3: Sport-specific exercise	Running drills at football codes, cricket, basketball, hockey	Adds movement
STAGE 4: Non-contact training drills	Passing drills at football codes, cricket, basketball, hockey	Adds co-ordination and exercise
STAGE 5: Full contact practice	Participate in normal training activities	Restores confidence and allows coaching staff to assess progress
STAGE 6: Return to play	Normal game play	

Each stage should last 24-48 hours.



-  First Aid Kit Location
-  Fire Extinguisher Location



Note! Reference Map Only (Not to Scale)

HEAD INJURIES FLOWCHART

A concussion is defined as a head-trauma-induced alteration in mental status that may or may not involve loss of consciousness. Concussions are graded in three categories. Definitions and treatment recommendations for each category are presented below.

