*Charles La Trobe P-12 College takes a zero-tolerance approach to child abuse and is fully committed to ensuring that its strategies, policies, procedures and practices meet all* ***Child Safety Standards as specified in Ministerial Order No. 870 (2015).***

Rationale

* All children have the right to feel safe and well, and to know that they will be attended to with due care when in need of first aid.
* Staff at Charles La Trobe College will administer first aid, and provide adequate treatment for ill children in a competent and timely manner. Staff will attempt to eradicate or at least minimise injuries to children at school.

Purpose

* To ensure Charles La Trobe College discharges its duty of care towards Ill children.
* To ensure the school complies with DET policy and guidelines.
* To ensure the College has strategies in place to support the Child Safe Standards 1 & 2.

Implementation

* The safety and wellbeing of children is the highest priority for the College.
* All injuries to children or ill children must be attended to, no matter how apparently minor.

The school will:

* administer first aid to children when in need in a competent and timely manner
* communicate children’s health problems to parents when considered necessary
* provide supplies and facilities to cater for the administering of first aid
* maintain a sufficient number of staff members trained with a Level 2 First Aid Certificate.

A first aid room and first aid kits will be available for use at all times. A comprehensive supply of basic first aid materials including asthma kits will be provided.

* First aid kits will also be available in each wing of the school, as well as the staff room and administration offices as deemed appropriate.
* Supervision of the first aid room will form part of the daily yard duty roster. Any children in the first aid room will be supervised by a trained first aider at all times.
* All injuries or illnesses that occur during class time will be referred to the administration staff who will manage the incident. All injuries or illnesses that occur during recess or lunch breaks, will be referred to the first aider on duty.
* Minor injuries only will be treated by staff members on duty, while more serious injuries – including those requiring parents to be notified or possible treatment by a doctor - require a Level 2 First Aid trained staff member to provide first aid.
* A confidential up-to-date register (kept under lock and key) located in the first aid room will be kept of all injuries or illnesses experienced by children who require first aid.
* All staff will be provided with basic first aid management skills, including blood spills, and a supply of protective disposable gloves will be available for use by staff.
* Any children with injuries involving blood must have the wound covered at all times and will be treated in accordance with the school’s *Blood Spills/Bleeding Children Policy*.
* No medication including headache tablets will be administered to children without the express written permission of parents or carers.
* Parents/carers of all children who receive first aid will receive a completed form indicating the nature of the injury, any treatment given, and the name of the teacher providing the first aid. For more serious injuries/illnesses, the parents/carers will be contacted so that professional treatment may be organised. Any injuries to a child’s head, face, neck or back must be reported to parents/carers.
* Accidents will be investigated. This may result in modifications to a work or play area.
* Any student who is collected from school by parents/carers as a result of an injury, or who is administered treatment by a doctor/hospital or ambulance officer as a result of an injury, or has an injury to the head, face, neck or back, or where a teacher considers the injury to be greater than “minor” will be reported on Department of Education Accident/Injury form LE375, and entered onto CASES21.
* Parents/carers of ill children will be contacted to take the child home.
* Parents/carers who collect children from school for any reason (other than emergency) must sign the child out of the school in a register maintained in the school office.
* All teachers have the authority to call an ambulance immediately in an emergency. If the situation and time permit, a teacher may confer with others before deciding on an appropriate course of action.
* All school camps will have at least one Level 2 First Aid trained staff member at all times.
* A comprehensive first aid kit will accompany all camps, along with a mobile phone.
* All children attending camps or excursions will have provided a signed medical form providing medical detail and giving teachers permission to contact a doctor or ambulance should instances arise where their child requires treatment. Copies of the signed medical forms to be taken on camps and excursions, as well as kept at school.
* All children, especially those with a documented Asthma Management Plan, will have access to Ventolin and a spacer at all times.
* A member of staff is to be responsible for the purchase and maintenance of first aid supplies, first aid kits, ice packs and the general upkeep of the first aid room.
* At the commencement of each year, requests for updated first aid information will be sent home including requests for any asthma, diabetes and anaphylaxis management plans, high priority medical forms, and reminders to parents of the policies and practices used by the school to manage first aid, illnesses and medications throughout the year.
* General organisational matters relating to first aid will be communicated to staff at the beginning of each year. Revisions of recommended procedures for administering asthma, diabetes and anaphylaxis medication will also be given at that time.
* The Care Arrangements are to be read in conjunction with the school’s *First Aid Policy, Medication Policy, Medical Emergencies Policy, Anaphylaxis Management Policy, Asthma Management Policy*, *Diabetes Management Policy*, the *Health Care Needs Policy,* the *Bleeding Children*/*Blood Spills Policy,* the *Duty of Care Policy, Collection of Children Policy* and the *Communication Procedures & Schedule.*

Evaluation

This policy will be reviewed as part of the school’s three-year review cycle or if guidelines change (no specific A-Z Index reference but all policies referred to were updated by DET April & May 2017).

Ratification

This policy was ratified by the School College on 15th February, 2018.

References

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**College Specific Procedures**

Policy Statement

At any one time, a student can have a health condition or care need that could impact on their attendance and participation within school. This can require short or long-term first aid planning, supervision for safety, routine health and personal care support and occasionally complex medical care needs.

Charles La Trobe College has a responsibility to provide equitable access to education and respond to diverse student needs, including health care needs.

This policy has been developed to assist supporting student health within a school environment in a pro-active manner

Guidelines

Generally, schools are unable to provide for ill and recuperating students. Teachers require students to have relatively stable health and clear care plans. For example, teachers can generally safely supervise a child with a chronic health condition such as asthma or diabetes where the individual’s health is relatively stable and predictable and care recommendations have been documented and agreed to by the school.

If, however, a student has recently contracted an illness, is infectious and/or needs rest and recuperation, his or her care generally should be the responsibility of the family.

The Charles La Trobe College Sub-school Principal will ensure that families understand and follow the school’s health support procedures.

At the initial meeting with families, prior to acceptance of enrolment, the enrolment officer will specifically ask whether a child or student has any individual emergency or routine health and personal care support needs, for example: predictable emergency first aid associated with, for example, anaphylaxis (severe, life threatening allergy), seizure management or diabetes routine supervision for health care safety, such as supervision of Medication personal care, including assistance with personal hygiene, continence care, eating and drinking transfers and positioning, and use of health related equipment.

Parents/carers are primarily responsible for the health and wellbeing of their children.

The Campus Principal will ensure that allocation of staff duties anticipates predictable short and long-term health support needs of children and students in their care.

First Aid support in the school will be provided in response to unpredictable illness or injury.

Program

The Collegehas procedures for supporting student health for students with identified health needs and will provide a basic first aid response to ill or injured students due to unforeseen circumstances and requiring emergency assistance.

The first-aider to seek will seek emergency assistance in situations where his or her training is not sufficient to keep the student safe. First Aid trained staff do not have to wait for parent/carer approval to take this emergency action. Delays could compromise safety. The first-aider must, however, notify the child’s or student’s emergency contact person as a matter of priority to inform him or her of the action taken. School procedures should ensure parents/carers are aware of, and accept, this policy with its associated obligation for payment by families for ambulance and other emergency services.

It is the sub-school or campus principal’s responsibility to:

* alert families to the need for health care plans if children or students need individual support
* develop, monitor and review the school’s health support procedures
* manage health support planning
* involve relevant teachers in health support planning
* manage confidentiality
* ensure staff training requirements are fulfilled
* ensure delegated staff responsibilities reflect duty statements
* ensure facility standards are met
* be aware of health care services which visit the school
* manage archives of documented information

If there is an indication that individual health care may be needed by a student, the parent/carer should be asked to provide a health care plan, written by a relevant health professional. The care plan should document recommended emergency and routine health and personal care support for the child or student. Information about medical conditions (such as asthma, epilepsy and incontinence) must be provided by a doctor or, in some cases, a clinical nurse consultant working under the direction of a doctor. A therapist (for example, a physiotherapist or a speech pathologist) will usually document information about therapeutic such as transfers and positioning, and mealtime assistance.

Some students will have a health care need identified after enrolment. The same steps should be followed. An interim health support plan might be needed.

It is the responsibility of parents/carers to:

* provide relevant health care information to the school
* liaise with health professionals to provide care plans which create minimum disruption to learning programs
* assist children or students for whom they are responsible to self-manage, as much as is safe and practical, their health and personal care needs.

It is reasonable to expect that the school will:

* administer first aid for unpredictable illness or injury
* coordinate provision of first aid, including monitoring of equipment and facilities
* administer additional, individual first aid support as negotiated (for example, administration of adrenalin via Epi-Pen for anaphylaxis).

Note: Invasive emergency care (such as administration of rectal diazepam for seizure management) is not a standard first aid procedure and so requires the involvement of a registered nurse.

The College will have an appropriate number of teachers and Educational Support staff trained in first aid able to treat unpredictable illness or injury.

One member of staff will be delegated the task of coordinating first aid procedures, supervising the first aid facility and maintaining and securing the contents of the school’s first aid kit. A relief staff member will be nominated in the event of the absence of the first aid coordinator. Other staff with first aid qualifications will be identified and available to assist.