

ACCIDENTS AND SICKNESS AT SCHOOL / DURING SCHOOL ACTIVITIES PROCEDURES

RATIONALE:

Sickness and injuries are major community health problems. Many injuries to young people occur at school. This procedure outlines the obligations that our school community has accepted with regard to the safety of its students.

PURPOSES:

- To ensure that updated lists of emergency contacts and existing medical conditions are available for every student.
- To establish procedures for the treatment and referral of injured and ill students.
- To keep records of injuries, and to use this information to evaluate injury prevention strategies.
- To identify and modify hazardous environments and activities so as to reduce the frequency and severity of injuries.
- To assist with the rehabilitation of injured students.

GUIDELINES:

1. OBTAINING AND STORING STUDENT INFORMATION

Essential information relating to student health will be obtained on enrolment, and will be requested regularly. It is a parental responsibility to keep the school informed of changing or new medical needs. The information will be stored in the medical room and e tap, so that it is accessible to all staff who treat children.

2. PARENTAL CONTACT

Every effort will be made to contact parents in the event of any possible sprains, breaks, head or facial injuries, major cuts requiring stitches or outside medical attention and situations of injury or illness that cause concern.

However, the first priority of the school will always be to ensure that the student receives prompt and effective medical care.

3. RECORDING INJURIES TO STUDENTS

An injury report form will be completed for each student who requires treatment, except for minor cuts and grazes where the discretion of the staff will be used. The form will be completed by the staff member who attends the injured/ill student and a notification slip sent home with the child. In case of illness, parents/caregivers will be contacted.

4. TREATING INJURIES

Staff with LEOTC responsibilities will receive basic first aid training.
The school has a designated First Aid Officer. (Jenny Nightingale)

Appropriate medical and safety equipment will be available for treatment and use by the staff.

Responsibility for the maintenance of first aid kits will rest with the First Aid Officer.

Recommended hygiene procedures for dealing with blood which might be infected, will be followed. The school reserves the right to contact parents if there is a risk of infection from open sores or cuts.

Recommended procedures for treating head injuries, fractures and severe bleeding will be displayed in the medical room and all staff will be expected to follow these procedures in an emergency.

No child will be sent home without the knowledge of the Principal and/or the School Secretary, and their parent or guardian.

5. **TREATING ILLNESS**

If the office is not staffed, any child who is sick will not be left on their own in the sick bay.

Children with chronic allergies requiring immediate attention are listed together in the sickbay and staffroom with the action required. All staff members are to receive this information.

Parents with asthmatic children will be asked to fill in an Asthma Action Plan on enrolment. Copies of these plans will be given to the class teacher. The originals will be held on file in the Medical Room cabinet.

6. **ADMINISTRATION of MEDICINES**

Parents are asked to fill in the health details of their children on entry to school. A register of allergies and health problems is updated each year. Parents are to sign a statement allowing staff to administer basic medication where appropriate.

Staff should not administer medications unless they have sighted the statement (above) and should inform parents of any medication administered (e.g. mild pain killers) as soon as possible after the event.

Parents will be informed that students should not carry medication to school with them in their bags or (except in exceptional circumstances) to self-administer prescribed (or other) medications while at school.

Children who are sick should be kept at home until they are well enough to attend school. Doses of medication should be timed to be administered at home before or after school where practicable.

Where a child has a permanent, serious condition which may require regular or emergency medication, all staff should be informed of the situation and all staff should receive training in dealing with an emergency. A protocol is drawn up between the parents and medical staff, which includes details of the actual medication and any specific instructions about its administration.

Emergency medication for students with permanent conditions should be supplied to the school to be kept in the medicine cabinet and available to all staff should the need arise. The staff member in charge of any school outing involving the child concerned should make sure that medication is available during the outing.

Children with permanent conditions which require regular medication are to be permitted to self-administer their medication where this is appropriate and staff have been made aware of the conditions.

“Medication” refers to prescription drugs, pain killers, homeopathic remedies, or any other substances taken for medical conditions. All medications are to be stored in a secure place which is not readily accessible to students.

7. **HEADLICE ON A CHILD**

If any child is seen to have, or suspected of having head lice, a letter informing the parents / caregivers is sent home to every child in that class. An information leaflet on head lice is always available in the school office.

The parent / caregiver of the child identified or suspected of having head lice is informed by a phone call and a letter, with an attached statement to be returned to school, is sent home.

The parent / caregiver must sign and return the attached statement to say that they have treated the child's head lice appropriately.

If the caregiver fails to return this statement by the following day, a reminder either in writing or verbally is actioned

In the following circumstances the Health Nurse may be contacted to either inspect the child's hair and contact the child's parents / caregivers:

- if, following a reminder the parent / caregiver failed to action the school's letter
- if the parent / caregiver fails to treat the child's hair
- if, following 10 days of the initial treatment the child is suspected or is seen to still have head lice
- if a child is seen or suspected to have broken skin on their scalp (this could be indicative of a secondary infection - impetigo)
- if a child is having recurrent infections of head lice

PORT AHURIRI SCHOOL

Control of Head Lice

This form has been sent to you because your child has been identified as having head lice.

To help prevent the spread of head lice through the school we have ask that you treat your child's hair before he / she returns to school.

Suggested treatments are:

- by a lotion we have for sale at the school office. This is recommended by Community Health and a natural product made up by Balmoral Pharmacy. The cost is \$7.50 per bottle
- Robi Comb - this is an electronic Lice-Comb available from a Chemist.
- LiceMeister which is a metal comb with 1½ inch teeth which pass through more hair. Can be purchased from a Chemist.

Please ensure you do treat your child's hair, sign the form below and return to school with your child.

I have treated my son / daughter's hair with _____

CHILD'S NAME: _____ DATE: _____

SIGNATURE: _____