



Illness, First Aid and Medication Policy

Aims

- A. To ensure the health, safety and welfare of students, staff and others present on school premises/activities through appropriate and effective management of illness and administration of first aid and medication.
- B. To ensure that the first aid and medication needs of students are met at school and all approved school activities.
- C. To ensure staff are appropriately trained and resourced to fulfil their duty of care in responding to illness and in the administration of first aid and medication.
- D. To ensure staff have access to up-to-date information and documentation for individual student medical requirements.

Scope and Application

This policy is available on the school website and is included in the staff induction manual.

This policy applies to:

- A. Employees.
- B. Students.
- C. Parents.
- D. Community members.
- E. Visitors to the school.
- F. Volunteers.

Definitions

- A. **Anaphylaxis** - a severe, rapidly progressive allergic reaction resulting in low blood pressure, swelling of tissues in the respiratory system, leading to difficulty breathing and possible death.
- B. **Asthma** - 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.

- C. **First Aid** - is the immediate treatment or care given to a person suffering from an injury or illness until more advanced care is provided or the person recovers.
- D. **First Aider** - is a person who has successfully completed a nationally accredited training course or an equivalent level of training that has given them the competencies required to administer first aid
- E. **First Aid Equipment** - includes first aid kits and other equipment used to treat injuries and illnesses.
- F. **First Aid Facilities** - include first aid room, clean water supplies and other facilities needed for administering first aid.
- G. **Illness** – poor health, sickness, relating to physical and mental health
- H. **Severe Allergy** – An allergy which could result in a life-threatening situation.
- I. **Critical Incident** - A critical incident is an incident in which there is a high likelihood of traumatic effects or evoking unusual or unexpectedly strong emotional reactions, which has the potential to interfere with the ability of the individual, group or school to function either at the time or later – *see Critical Incident Policy*.
- J. **Reportable Incident** – a subset of critical and emergency incidents that must be reported to the Director General of the Department of Education Services within 48 hours of the event occurring – *see Critical Incident Policy*.

Principles

- A. Staff will receive first aid training, including anaphylaxis management, under the provisions of the *Occupational Health & Safety Act 1984*. These qualifications will remain current.
- B. The school will develop plans for medical emergencies, which include processes to verify that if the Principal is not present, they are informed of all emergencies.
- C. Any medical emergency or event that evolves to a Critical Incident must be reported to the Chair of the Board and in the case of a ‘Reportable Incident’, the Director General of Educational Services must be informed within 48 hours of the event occurring – *see Critical Incident Policy*.
- D. Information pertaining to individual student’s health care needs and preferences will be gathered and documented during the enrolment process. The school will ensure this information is kept up to date when parents inform that school of any changes. The school will ask all families to check and update this information annually.
- E. Students with particular health care needs e.g. allergies or asthma, will have individual health care plans developed and communicated to all staff. Additional, specific guidance in relation to asthma and anaphylaxis is provided in dedicated KSCS policies (i.e. Asthma Care Policy and Anaphylaxis Policy).
- F. Staff will be aware, and considerate of, individual special requirements and family preferences to first aid and in school health care.

- G. Where a student requires medication during school hours, it will be administered, by trained staff, with parent consent, unless in the event of an emergency.
- H. The School will support students who experience extended absences due to illness by continuing to supply an alternative educational program.

Responsibilities

A. Board

1. Writing and updating this policy in consultation with relevant parties.
2. Reviewing this policy and its procedures.
3. Ensuring this policy is being implemented.
4. Maintaining a safe school environment.
5. Oversee reportable incident reporting to DES in conjunction with Principal and ensure that the Principal reports all reportable incidents to the Director General of DES within 48 hours.
6. Ensure all critical incident reports are provided by the Principal, and are tabled at a Board meeting and reflected in the minutes.

B. Principal

1. Ensuring all staff are aware of the requirements of this policy.
2. Notify the Director General of the Department of Education Services of any reportable incidents within 48 hours using the [Critical and emergency incident report form](#) – see *Critical Incident Policy*.
3. Inform the Board of all critical incidents. The Board must be provided with a report of the critical incident by the Principal, and receipt of the report needs to be documented in the Board minutes.
4. Overseeing the administration and safe handling of medication and first aid, including anaphylaxis.
5. Ensuring the School's compliance with the following:
 - i Maintaining current student health records.
 - ii Maintaining records of application of first aid.
 - iii Ensuring an emergency management plan is in place to minimise accidents and near misses.
 - iv Ensuring procedures for a medical emergency are understood by all staff and that staff are aware of their duty of care and legislative responsibilities at induction and regular intervals.
 - v Taking charge in a medical emergency if required.
 - vi Displaying individual and general first aid procedures.

- vii Maintaining first aid supplies.
- viii Monitoring the school environment to minimise risk to students' health
- ix Ensuring staff are trained in first aid.
- x Updating and maintaining records of staff first aid qualifications and ongoing training.
- xi Ensuring that sufficient staff have current first aid and anaphylaxis management qualifications.
- xii Ensuring staff are aware of needs of individual students and staff and are aware of procedure.
- xiii Ensuring staff are able to act appropriately in a medical emergency.
- xiv Informing members of the school community of any serious potential health risks to individual students.
- xv Assessing incident reports and recommending changes to procedure or policy to Board.

C. Teachers and staff

1. Ensuring they are competent in the first aid procedures that may be required for individual students.
2. Ensuring they are aware of the needs of individual students and staff and are able to act appropriately in an emergency.
3. Completing First Aid training as required.
4. Following first aid procedures.
5. Informing guardians of incidents and injury to students.
6. Completing incident report forms or first aid records as required.

D. Administration staff

1. Maintaining records, including student medication requirements and first aid preferences.
2. Producing lists of students' medical alerts and making these available to teachers.
3. Liaising with parents regarding students' medical conditions and medications/treatments required to be kept by the school.
4. Reviewing and updating administration of medication records annually.
5. Entering medical conditions into *Easyschool* system.

E. Parents

1. Providing the school with any known health information needed to keep their child safe at school, including any individual emergency response plans.
2. Accurately completing Administration of Medication Agreement and Ongoing Administration of Medication Agreement forms, available from the office.

3. Meeting with the Principal to develop an emergency response plan if required.
4. Providing the school with in-date emergency medication such as antihistamines, adrenaline tablets or EpiPen as required by the Principal.
5. Providing the school with emergency contact numbers on their enrolment form.
6. Notifying the school as soon as they are aware their child has a communicable disease and keeping their children away from school until recovered.

F. Students

1. Being aware of their health needs and taking care of themselves. E.g. If allergic to bee's, stay away from sighted bee etc.

More Information

- A. ACECQA - [First Aid Qualifications and Training](#)

Related Legislation

- A. School Education Act, 1999 (WA)
- B. School Education Regulations 2000 (WA)
- C. Occupational Health and Safety Act 1984
- D. Occupational Safety and Health Regulations 1996
- E. Privacy Act 1988

Related Kerry Street Documentation

- A. Procedures and forms, including:
 1. Provision of First Aid procedure.
 2. Administration of Medication Procedure
 3. Administration of Medication Agreement
 4. Administration of Medication Agreement – Ongoing Arrangement
 5. First Aid Kit Checklist
- B. Policies including:
 1. Anaphylaxis Policy
 2. Asthma Care Policy
 3. Communicable Diseases Policy
 4. Emergency Response Procedures Policy
 5. Critical Incident Policy
 6. Duty of Care Policy
 7. Child Safety and Well-Being Policy

- 8. Records Management Policy
- 9. Privacy Policy
- 10. Enrolment Policy
- 11. Attendance, Illness and Truancy Policy
- 12. Excursion and Camp Policy
- 13. Food and Nutrition Policy
- C. Student Health Records
- D. Enrolment Forms
- E. Incident Reports

Contact Person

Any enquiries relating to this policy should be directed to the School Principal.

Breaches of this Policy

Any breach of this policy may result in disciplinary action up to and including termination.

Attachments

Authorisation and Review

- A. This policy was read, discussed, modified and endorsed by the staff on 1 December 2004
- B. It was authorised by the Kerry Street Community School Council on 8 February 2005
- C. Reviewed on 13 January 2006 by meeting of staff and council
- D. Reviewed 29 June 2011
- E. This policy was reviewed September 2012
- F. Reviewed September 2013
- G. Reviewed and accepted by council and coordinator June 2016
- H. To be reviewed June 2021
- I. Reviewed May 2020.
- J. To be reviewed S1 2023

Revision History

Date	Revision	Detail
June 2016	V.1.1	Reviewed

June 2020	V.2	Amalgamation of Illness and First Aid Policy and the Administration of Medication Policy into the Illness, First Aid and Medication Policy. Inclusion of Critical Incident requirements. Procedure updated.