



Atlantis Beach Baptist College

Student Health Handbook



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Medical Emergency Plan

Introduction

The Medical Emergency Plan describes the actions to be taken in the event that a student experiences a sudden medical emergency. The following procedures provide guidelines for the care of the injured or ill student on and off the College grounds, during and out of College hours and takes into account the safety and welfare of bystanders. The plan identifies the roles and responsibilities of teaching and non-teaching staff who may be involved in the emergency medical care of a student.

A student who presents with the following medical emergency may need to be transported to hospital by ambulance:

- a suspected spinal injury
- a suspected leg fracture which requires immobilisation of the limb
- loss of consciousness for more than one minute or who has sustained a head or neck injury
- chest pain or breathing problems and who is not fit to travel via College or parent/guardian vehicle.

In the case of an immediate and life threatening emergency the College First Aid Officer or Teacher in Charge shall call an ambulance at the earliest possible time. If the situation is not life threatening but is serious, the First Aid Officer or Teacher-in-Charge shall discuss the emergency with the Principals and obtain authorisation before calling an ambulance.

Once in attendance, the First Aid Officer is to take care of the immediate medical care of the student. The teacher is responsible for the safety and supervision of all other students. Other students must be removed from the emergency location as soon as possible.

Medical emergency on the College grounds during school hours

Teacher

When a medical emergency occurs the teacher shall:

1. Provide immediate emergency first aid to the injured or ill student.
2. Instruct two student runners to Reception or to the First Aid Room with a Red code message. Instruct the students to:
 - a. give a brief description of the medical emergency, the student's name and the location of the student to the First Aid Officer. If the First Aid Officer is unavailable, the student runners shall inform the Attendance Officer.
 - b. return to the teacher and confirm that the Red code message was passed on, and that assistance will be provided.
3. Remove student bystanders from the immediate area and ensure the safety and wellbeing of all other students. The teachers may choose to send a student runner to the Learning Area office to request that another teacher attend to take over the supervision responsibility for other students in the class, allowing the classroom teacher to remain with the First Aid Officer and the injured or ill student.

After the emergency has passed the teacher shall:

1. Inform either the Principal of the names of students who have witnessed the medical emergency and who appear distressed.
2. Inform the relevant Coordinator
3. Complete a First Aid Incident Report.

First Aid Officer

On receiving notification of a medical emergency the First Aid Officer shall:

1. Inform the College Office
2. Take a first aid kit and mobile phone with them to the emergency site.
3. Assess the medical emergency.
4. Request the student's medical information from the College Office
5. Administer first aid as required.
6. Call for an ambulance and inform the emergency services of:
 - a. the details of the emergency, including the age of the student
 - b. details of existing medical conditions that are relevant to the emergency eg the student is diabetic and is unconscious
 - c. specify the entry point onto the College grounds, eg access road or staff car park off Breakwater Drive can be found on an Ambulance call out card in all of the College Excursion, Camps and Evacuation First Aid kits.
1. Request the assistance of a CMT if required.
2. Direct another staff member, if one is available, to begin documenting information about the medical emergency – symptoms, time of occurrence, place of occurrence, persons involved and witnesses.

After the student has been transported to hospital, the First Aid Officer shall:

1. Provide a briefing to the Principal upon request.
2. Write additional notes on the reverse of the Student's First Aid Incident Report form, providing details of the incident.

College Office Staff

On receiving notification of a first aid emergency the Primary Reception staff (Primary) or the Attendance Officer or another Administration Staff member (Secondary) shall:

1. Use a mobile phone to receive messages from the First Aid Officer at the emergency site.
2. Immediately check the medical information for the student on Teachers Assistant and inform the First Aid Officer. If confidentiality is a concern, the Attendance Officer can choose to ask for the assistance of another Administration staff member.
3. Contact the Facilities Manager to send out the Grounds staff to meet the ambulance.
4. First Grounds person to the designated entry point for the ambulance eg Service road off Breakwater drive.
5. Second Grounds person to the entrance to ensure that they are redirected to the correct entry point.
6. Inform the Principal that their assistance is required at the emergency site. (if requested by the First Aid Officer).
7. Contact the student's parent/legal guardian at the request of the First Aid Officer or the Reception staff.
8. Ensure that the College Principal is informed that an ambulance will be in attendance at the College.

After assistance has been provided to the First Aid Officer at the emergency site, the Receptionist shall:

1. Take responsibility for attending to students, parents and teachers who come to the Reception desk. This includes attending to students in the First Aid room. Request assistance from other CMT if required.

Facilities Manager or Principal

The Facilities Manger shall:

1. Send out two members of the Grounds staff to meet the ambulance.
2. First Grounds person to the designated entry point for the ambulance eg Service road off Breakwater drive.
3. Second Grounds person to the Primary Entrance to ensure that they are redirected to the correct entry point.
4. Inform the Grounds staff of the location of the emergency and ask that the ambulance officers are escorted quickly to the emergency site.

Grounds staff

The Grounds staff shall:

1. Meet the ambulance at the arranged entry points to the College.
2. Accompany the ambulance officers to the emergency site.
3. Remain with the student to assist the First Aid Officer and Primary Coordinator to assist with care of the student.
4. The escorting Grounds person is to remain at the emergency site to assist College staff and the ambulance officers.

Primary Coordinator

The Primary Coordinator,

1. Assist the teacher or First Aid Officer to administer emergency first aid as required.
2. Assist the teacher with removing bystander students if required.
3. Contact the student's parent/legal guardian at the request of the First Aid Officer or the Administration staff.
4. Contact the parents of students who have been, or may have been, distressed by a medical emergency on or off campus.
5. Meet with students who may have distressed by the medical emergency before they depart the College on the same day.
6. Liaise with the CMT regarding the follow up for students and teachers affected by the emergency.

Medical emergency at an excursion during College hours

The most senior member of staff or the teacher assigned as the First Aid Officer will have overall responsibility for the immediate medical care of a student who requires emergency first aid during an off-site College activity. Refer to the Excursions, Incursions and Camps Policy for additional information.

Teacher

The Teacher in Charge or designated First Aid Officer shall:

1. Provide immediate emergency first aid to the injured or ill student.
2. Remove students and bystanders from the immediate area.
3. Check the student's medical information on the Permission form.
4. Call for an ambulance and inform emergency services of:
 - a. the details of the emergency including the age of the student
 - b. details of existing medical conditions that are relevant to the emergency eg the student is diabetic and is unconscious
 - c. specify the nearest access road or landmark.
5. Inform the Principal that an ambulance is, or has been, in attendance.
6. In the case of a serious emergency the teacher may request assistance from one of the College Management Team.
7. Direct another staff member, if one is available, to begin documenting information about the medical emergency – symptoms, time of occurrence, place of occurrence, persons involved and witnesses.
8. Contact the student's parent/legal guardian and inform them of the emergency. The teacher may choose to ask another teacher or CMT member to contact parents.

On return to College the teacher shall:

1. Inform the College Principal of the name of the student/s who have been transported to hospital and the names of students who have witnessed the medical emergency and appear distressed.
2. Inform the Head of Learning Area.
3. Complete a First Aid Incident Report that needs to be given to First Aid Officer to be entered on TA/Synergetic.

Primary Coordinator

The Primary Coordinator shall:

1. Contact the student's parent/legal guardian at the request of the First Aid Officer.
2. Contact the parents of students who have been, or may have been distressed by a medical emergency on or off campus.
3. Liaise with the CMT regarding the follow up for students and teachers affected by the emergency.
4. Meet with students who may have been distressed by the medical emergency before they depart the College on the same day.

Medical emergency off campus after school hours

The most senior member of staff or the teacher assigned as the First Aid Officer will have overall responsibility for the immediate medical care of a student who requires emergency first aid during an off-site College activity.

Teacher

The teacher shall:

1. Provide immediate emergency first aid to the injured or ill student.
2. Remove student bystanders from the immediate area.
3. Check the student's medical information on the Excursion Incursion and Camps Permission Sporting form.
4. Call for an ambulance and inform emergency services of:
 - a. the details of the emergency including the age of the student
 - b. details of existing medical conditions that are relevant to the emergency eg the student is diabetic and is unconscious
 - c. specify the nearest access road or landmark.
5. Inform the Principal that an ambulance is, or has been, in attendance. If the Principal is unavailable, the CMT should be advised.
6. In the case of a serious emergency the teacher may request assistance from the CMT staff.
7. Direct another staff member, if one is available, to begin documenting information about the medical emergency – symptoms, time of occurrence, place of occurrence, persons involved and witnesses.
8. Contact the student's parent/legal guardian and inform them of the emergency. The teacher may choose to ask another teacher or CMT member to contact parents.

On return to College the teacher shall:

1. Brief the Principal.
2. Inform the Principal of the student/s name who was transported to hospital and the names of students who have witnessed the medical emergency and who appear distressed.
3. Inform the CMT
4. Complete a First Aid Incident Report form.

Principal

1. Assist the CMT staff to identify and meet the needs of students and teachers affected by the off campus medical emergency.
2. Speak with the parents of students who have been, or may have been, distressed by a medical emergency off campus.

Principal

1. Liaise with the Primary Coordinator regarding the support to be offered to staff and students.
2. Liaise with the CMT staff member who is rostered on duty that day.
3. Ensure that the required documentation has been completed and archived.
4. Arrange counselling for student bystanders where required.

General guidelines informing parents of the medical emergency

It is important to remain calm when informing a student's parent/legal guardian that their child has been involved in a medical emergency and an ambulance has been called.

Provide the following information to the parent/legal guardian

- your name and title
- the reason for your call

- a brief description of the signs and symptoms of the injury or illness. Do not attempt to diagnose the injury or illness, eg Samantha has broken her collar bone
- the location of the incident
- their son/daughter has received emergency medical first aid from the staff member/members present
- an ambulance has been called
- inform the parent/legal guardian that they will be advised of any changes in their child's condition and of the name the hospital that their son/daughter will be taken to as soon as it is known
- ask the parent if they are within 10 minutes travelling distance from the emergency site/College and do they wish to meet the ambulance at the emergency site/College.

"I am phoning because Samantha has been injured during her Physical Education class. Samantha was playing netball and fell heavily. She is in quite a bit of pain and we can see quite a large swelling half way down her left lower leg. The Physical Education teacher and the First Aid Officer are taking care of Samantha and are making her as comfortable as possible on the netball court. We have telephoned for an ambulance and expect it will arrive in the next 5 – 10 minutes. We will contact you immediately should Samantha's condition change and will let you know what hospital Samantha will be transported to as soon as we know. If you are within 10 minutes travel from the College you may wish to meet the ambulance at the College".

Assisting ambulance officers

On arrival at the emergency site the ambulance officers will have authority to take whatever action is necessary to protect the student and minimise further harm. The teacher or First Aid Officer is to give to provide the ambulance officers with information about the medical emergency eg symptoms, time of occurrence and place of occurrence and any existing medical conditions. The ambulance officers will then thoroughly assess the student and will decide on the treatment that is required. The ambulance officers will decide whether a student needs to be transported via ambulance to hospital or not.

Attending to bystanders

It is important that all student bystanders are removed from the area to protect them from further possible distress. Teachers are required to protect students from reasonable foreseeable harm and allowing students to remain in the location of an emergency in progress may amount to negligence.

The names of bystanders, in particular those who appear distressed, should be referred to the appropriate Principal as soon as practical so that appropriate support can be arranged.

After the emergency has passed, bystanders should be informed that a student has been transported to hospital for further medical treatment. Depending on the severity of the incident, the appropriate Principal may meet with the bystanders and friends of the student to provide information and offer reassurance. The parents of affected bystanders will be notified as soon as possible.

The Medical Emergency Plan is to be used in conjunction with the following College documents.

Emergency and Critical Incident Policy
Emergency and Critical Incident Manual
Excursion, Incursion and Camps Policy
Tours Policy
Student Health Policy

Student Health Plan

Principals will schedule a meeting with the student, parents and the First Aid Officer to develop a Student Health plan or in the case of Anaphylaxis an Anaphylaxis Management Plan. At times other College staff and community health care specialists may be required at the planning meeting.

Information to be discussed may include but is not confined to:

- recommended support and how it can be provided in the simplest manner, with minimal interruption to the education and care program
- who will provide the support
- staff training
- facilities issues
- how to provide support in a way that respects dignity, privacy, comfort and safety and enhances learning
- monitoring and review

Student Health Plans may include:

- personal care requirements, including assistance with personal hygiene, continence care
- instructions regarding the use of specialised health-related equipment
- relevant information about the student's medical condition
- likely signs and symptoms
- recommended emergency procedures
- routine health and personal care support requirements
- details about medication; dosage and frequency
- contact details
- information from a student's medical practitioner
- risk factors etc

Administration of Medication

The student's parent/legal guardian or adult/independent student may wish to supply medication to be administered at the school. To minimise the quantity of medication held at the school, it should be considered if the medication can be taken outside of the school day, for example medication required three times a day may be able to be taken before and after school, and before bed.

All medication to be administered at the school must be in the original medication package or container and clearly labelled including the name of the student, dosage and time to be administered.

All medication to be administered at the school should be accompanied by written advice providing directions for appropriate storage and administration

Administering Analgesics

The administration of analgesics to students is to be discouraged. A student must not be given analgesics, including Panadol and Nurofen, for any reason unless the First Aid Officer has read the medical notes on the Public Medical Alert tab of Seqta and has then obtained verbal or written permission from the parent, or a Student Health Plan allows for it.

A student who presents with a headache is to be given a glass of water and may rest for 15–20 minutes in the First Aid room. The First Aid Officer should conduct an assessment eg has the student received a blow to the head recently or has been ill and just returned to school etc. If there is no apparent reason for the headache and the student is not distressed, they should be returned to class where appropriate. The First Aid Officer may offer to call the student's parents to obtain permission for the administer medication. However, should the same student return to the First Aid room later still complaining of pain, the First Aid Officer should contact the parent to gain permission to administer a single dose (requested dose no more than two) of Panadol.

If a parent cannot be contacted, the First Aid Officer, with the approval of the Principal, may give a student Nurofen or similar medication. No more than two tables will be issued without verbal permission, a Student Health Plan, or written consent from a parent/guardian for ongoing issues.

Administering Medication to Students

Provision of Analgesics

1. Analgesics (such as paracetamol tablets) are a medication rather than a first aid item and must not be administered to students without the permission of parents.
2. The permission of parents should be checked and details of the last dose of analgesics ascertained. During a normal school day analgesics should be administered only from the First Aid room by the First Aid Officer.
3. In Primary, permission should be sought from parents by phone prior to administering analgesics.
4. One dose only of the prescribed dosage as per the package should be given. Analgesics are best given with fluids. If pain persists and/or analgesics are needed more than 3-4 hourly, a student or staff member should be sent home and seek advice from a medical practitioner.
5. First Aid Officers should ensure that where analgesics are kept they are stored in a secure location and that due care and control is maintained over their storage and administration.
6. First Aid Officers should record the time, date, dosage and reason for administering analgesics and sign each record.
7. If a parent/guardian cannot be contacted, the First Aid Officers or other College staff with the approval of the Principal may give a student no more than two Nurofen or similar medication.

Student requiring medication daily

1. The Principal will complete a Student Health Plan
2. The Principal will ensure that the parent signs an Authority to Administer Medication form

Student Health Handbook
Medications in the College
Student Health Plan

First Aid for Students

First Aid Procedures

All students that are sent from class to Student Reception with First Aid requirements are to be in possession of a pink *Out of Class slip* and accompanied by a buddy student.

If the Student Service Receptionist is at lunch or unavailable, students will need to see the Attendance Officer who will need to cover the same procedure.

Students arriving at the First Aid room before 10am and after 3pm each day

All students will be screened and those who are genuinely sick or injured at any time of the day will be attended to.

Generally we will not call parents for an analgesic medication authority after 2.45pm unless a student has after school commitments or the student has a written Student Health Plan on file with the College, eg migraines.

Filtering strategies

All students arriving at Student Reception for First Aid will be filtered and attended to depending on the nature of the First Aid required.

Headache	Water and 15 minutes rest and then back to class. If the student comes back later in the day then call a parent/guardian.
Vague not feeling well	Water, check they have eaten something through the day, 15 minutes rest then return to class. If the student comes back later in the day then call a parent.
Period pain	Hot pack and 15 minutes rest then return to class. If the student comes back later in the day then call a parent

Parents will not be called immediately unless the child is clearly ill and there is low probability that the child can return to class. The First Aid Officer will use their discretion in assessing the situation.

It is our responsibility to provide exceptional service but not to allow students to use the First Aid facilities as an avoidance strategy, eg they don't want to go to class or did not get organised before leaving home that morning.

If student has a minor cut or graze:

- Apply band aid (check for allergies on Synergetic)
- Ask them where and how they received cut or graze
- Ask if another student is involved in accident – any possible bullying issues needs to be followed up by the Principal
- Document the accident on the First Aid room record sheet, the treatment given by College staff, the date and the name of the staff member/s who attended to the child
- Stamp the student's Organiser to show that they have visited First Aid

If student is complaining of an injury, complete a First Aid Incident Report form, completing all details thoroughly:

1. Administer necessary first aid ie stop bleeding, apply ice pack
2. If bleeding is not stopping, contact the Principal for advice. Contact the parent if it serious or the child is unduly distressed. Inform the appropriate Principal
3. If Head injury – immediately contact parents. Inform the appropriate Principal. Contact Principal and call for an Ambulance.

4. If other severe injury – profuse bleeding, painful injury, suspected broken bone, spinal injury – immediately call Principal and an Ambulance.
5. Check the Student Medical Plan File (kept with the student files) for further information about the student and read medical information on Seqta
6. Describe exactly how the accident occurred.
7. List all the symptoms of the injury.
8. List all students involved in the accident - possible bullying needs to be followed up by Principal
9. If the injury was caused by another child, inform the Principal to investigate.
10. List the witnesses.
11. Record where the accident occurred.
12. Complete the details of First Aid given.
13. Document the accident on the First Aid room record sheet, the treatment given by College staff, the date and the name of the staff member/s who attended to the child.
14. Give First Aid Incident Report Form to Principal for signing.
15. Accident details entered on Seqta by Student Services admin staff and filed in student's file.

If a student complains of feeling unwell obtain as much information as possible:

1. Ask the student to explain all signs and symptoms ie if complains of a sore head, ask student where it hurts, how long their head has been hurting, did they tell their parents that it was hurting before school, have they hit or injured their head recently, do they feel hot or feel like they have a temperature, do they feel unwell in any other way
2. Check the information about the student and read medical information on Synergetic.
3. Document illness on the First Aid room record sheet, the treatment given by College staff, the date and the name of the staff member/s who attended to the child.
4. After thoroughly assessing student ring parents to inform if unwell and unable to return to class.
5. If the student requires a Panadol or Claratyne – contact parent to obtain verbal permission. Administer the dosage as documented on the package. Record on the First Aid room record sheet.

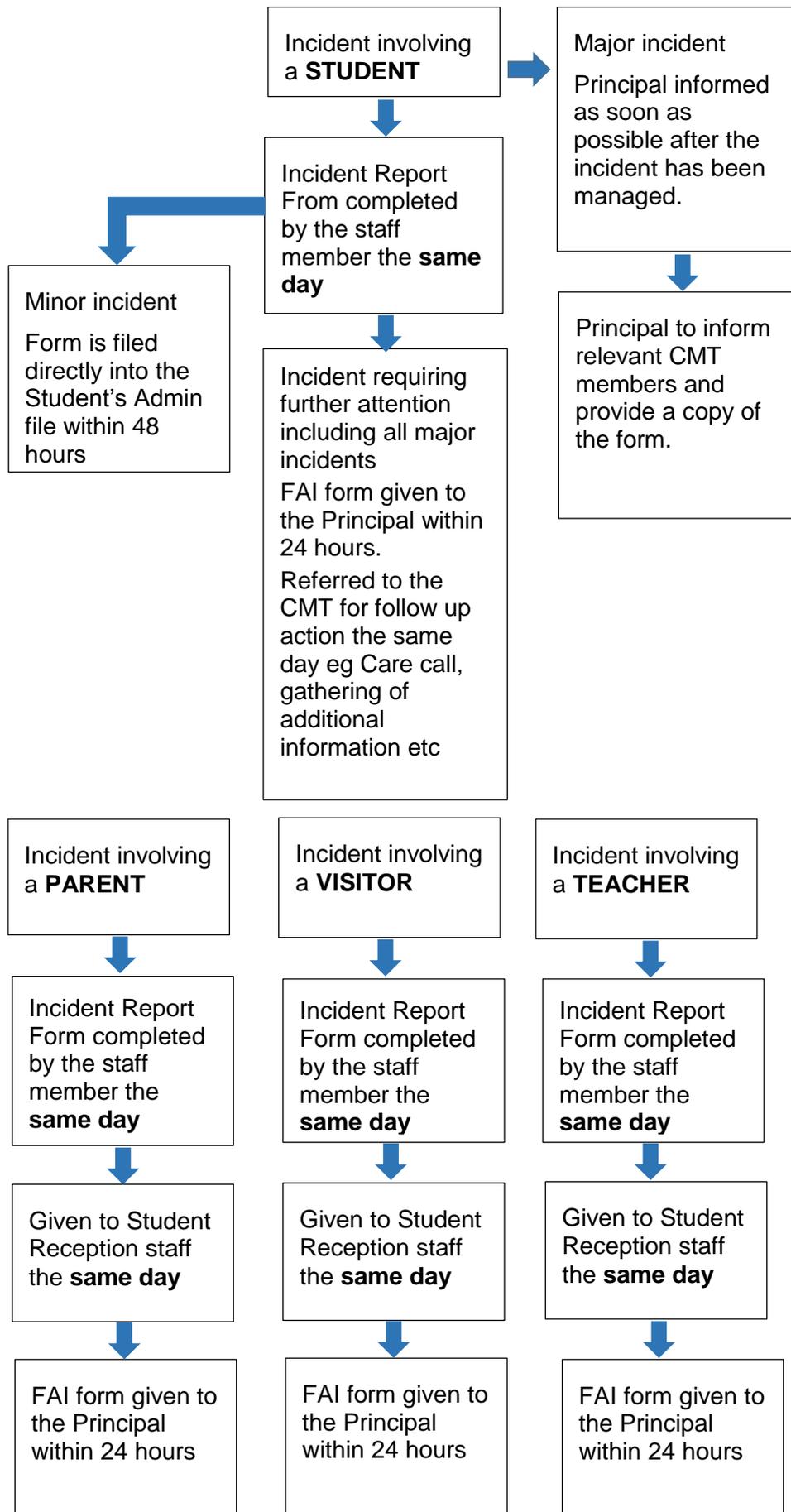
If a student arrives at Student reception with non-medical related issues the student is to be referred to their Principal. If no Principals are available the CMT is to be consulted. All Emergency procedures are to be referred to the Principal.

If a student is too unwell or injured to go to the First Aid room a runner is to be sent to Reception as soon as possible. When the emergency information ie student's name, year group, symptoms experiencing or injury that occurred and location of the student is received at Student Reception, the First Aid Officer, the Administration officer will inform the appropriate Principal.

Principal assistance is required when:

- an emergency exists to help you manage students
- students are disrespectful to you or resistant to your instructions
- a student arrives at the First Aid room as soon as they arrive at school and should not have come at all
- A student frequently attends the First Aid room requesting analgesics
- students have a pattern of arriving at the end of recess or lunchtime and who have not gone to class first. Unless it is an emergency ask them to go to class and return with a Permission slip.

First Aid Incident Reporting flow chart



First Aid Incident Report Forms

A First Aid Incident Report form must be completed for every student who sustains an injury while at College, travelling to and from College or whilst engaged in a College sanctioned activity.

If a member of the College staff, was present when the student was injured and/or administered first aid to the student then that person is required to complete the First Aid Incident Report form. The First Aid Incident Report form should be placed in the First Aid Incident Report document folder on the desk of the First Aid office. This should be done on the same day as the student received first aid.

If a teacher was not present at the time the student was injured, the First Aid Officer, or the teacher who administered the first aid, will complete the First Aid Incident Report form and place it in the First Aid Incident Reports document folder on the desk of the First Aid office.

The First Aid Officer on duty each day shall:

- ensure that all First Aid Incident Report forms have been completed and, when appropriate, signed; if a teacher has omitted signing the First Aid Incident Report form, an email should be sent requesting that it be signed by 3.30pm; the Principal should be notified if the teacher does not arrive by that time
- enter a note on Seqta; the entry should include the time of the incident, nature of the incident eg fell over another student's bag, code/name of the person who administered the first aid, location of additional information eg First Aid Incident Report Form on student's administration file"

Highly confidential information eg self-inflicted injury, is not entered on Teachers Assistant (TA) in the same manner. In each case, the First Aid Officer should consult the Principal.

If the First Aid Officer believes the student was injured because of a physical altercation, was bullied or that the injury could have been prevented, further investigation will be required. A photo copy of the First Aid Incident Report form should immediately be handed to the Principal. The Principal will investigate the circumstances leading up to an accident and report to the CMT. If required, a copy of the First Aid Incident Report form will be sent to the Principal for possible insurance implications.

When the data from the First Aid Incident Report form has been entered on Seqta, the First Aid Officer on duty will place the First Aid Incident Report form in the document folder and place it on the Principal desk. After all First Aid Incident Report forms have been checked, the document folder will be returned to the First Aid Officer who will scan and attach through Seqta, then file the reports on the student's personal administration file.

First Aid Incident Report Forms for College staff.

First Aid Incident Report forms for staff should be sent directly to the Principal after being entered on Seqta.

Confidentiality

As the First Aid Incident Report forms may contain confidential information it is essential that it is not left on the desk where it may be visible to others.

First Aid Supplies

Ensure all stock is maintained and in date. Check against stock list kept in Secondary First Aid room cupboard. Order supplies regularly. Allow three to five days for supplies to arrive.

Check First Aid Kits used by staff for excursions/camps – supplies used will need to be replenished.

Hygiene and cleanliness

Ensure the First Aid room is in a clean state at all times. Wipe plastic mattress cover and pillows with cleaning solution weekly. All linen changed weekly or if soiled. First Aid toilet is to be closed for use if there is a possibility of contamination. Usually a parent assists with the washing.

Infection Control

First Aid Officers and other staff involved in the delivery of First Aid to students should implement rigorous hygiene and infection control procedures. Standard precautions for infection control and safe work practices are relevant to all First Aid situations and should be applied universally.

Improving Hand Hygiene among staff and students is currently the single most effective intervention to reduce the risk infections in schools. Find and implement best practise preventative health and hygiene procedures and processes for the school.

Regular Hygiene Practices

- On entering the FA room students are asked to wash their hands at the desk with an alcohol based hand wash before staff attend to them (unless in the case of an emergency).
- Staff should always wash their hands before putting gloves on and after the removal of gloves.
- By ensuring that materials needed for hand and respiratory hygiene are readily available in the workplace (eg tissues and receptacles for their disposal, soap and hand washing facilities and/or alcohol-based hand sanitisers).
- conveniently located dispensers of alcohol-based hand rub
- soap and disposable towels for hand washing near sinks.
- hand washing posters around College.

Hand hygiene

Hand hygiene is essential in the reduction of transmission of infectious agents. Hand hygiene includes washing hands with soap and water or cleaning hands with alcohol based products (gels, rinses and foams) that can be used without water.

If your hands are visibly dirty with respiratory secretions (phlegm, spit), you need to wash them with soap and warm water, scrubbing your wrists, palms, fingers and nails for 15-20 seconds, and then dry with a clean dry towel or paper towel.

If there is no visible dirt, you could use an alcohol-based hand rub. Alcohol based preparations have two distinct advantages over soap and water:

- they kill many more germs
- they are less drying to your skin
- have a 'no touch' bin available for tissue disposal (eg open)

While alcohol based preparations reduce the germs on your hands, they cannot remove visible soil or contamination. It is always important to WASH hands with soap and water any time they are visibly dirty. Adults and children should wash their hands:

- when hands are visibly dirty
- before you eat
- before you prepare food items
- after touching raw meats like chicken or beef
- after contact with any body fluids like blood, urine or vomit
- after changing infant or adult nappies
- after touching animals or pets
- after blowing your nose or sneezing
- after going to the toilet.

Cough, sneeze and respiratory hygiene etiquette

If you cough or sneeze, you should:

- cover your nose and mouth with a disposable tissue rather than your hands.
- if there are no tissues available, cover your nose and mouth with your upper arm rather than your hands. Wash your upper arm (or sleeve) as soon as practical if you have sneezed or coughed into it. Dispose of used tissues in the nearest bin. have a 'no touch' bin available for tissue disposal (eg open)
- wash your hands afterwards or after touching used tissues.

Standard Precautions for infection control

The following Standard Precautions for infection control and safe work practices are relevant to many diseases and should be applied generally.

1. Standard Precautions include good hygiene practices, particularly washing and drying hands before and after patient/student contact, the use of protective barriers that may include the wearing of gloves, plastic aprons, goggles, and the appropriate handling and disposal of contaminated waste. Standard Precautions for infection control also apply to dried blood and other body substances including saliva.
2. All blood spills should be treated as if the blood is potentially infectious.
3. In the case of a blood spill that arises from sporting, playground or classroom activities, teachers must ensure that:
 - a student who is bleeding leaves the activity area until the bleeding has stopped, all body parts contaminated by blood are cleaned and the wound securely covered with waterproof bandages or dressings
 - where appropriate, bystanders in the immediate vicinity are removed from the area until the area is cleaned
 - procedures for attending to spills of blood and other body substances are followed when cleaning a spill.
 - contaminated clothes are changed for clean ones once the wound has been treated. Contaminated clothes should be handled with surgical gloves and stored in leak-proof double plastic bags until they can be washed.

Needle disposal

Under no circumstances should students be asked or encouraged to pick up needles/syringes. The College has approved disposal containers for discarded needles in both the Science and First Aid areas. Approved disposal containers must be stored out of reach of staff, student and visitors, eg on a shelf above eye and hand reach of students.

The equipment for the safe disposal of discarded needles and syringes are:

- single-use gloves
- plastic bags
- if an approved disposal container is not available then use a hard-walled container. Do not use glass bottles as they can break.

The procedures for the safe disposal of discarded needles and syringes are:

- put on single-use gloves
- never recap the needle even if the cap is also discarded
- place the disposal container on the ground next to the syringe
- pick up the syringe from the middle
- keep the sharp end away from you at all times
- place the syringe, needle point down, in the disposal container and screw the lid back on firmly
- if there is more than one syringe pick them up individually and repeat the procedure to pick up all syringes
- long metal tongs can be used to reach syringes/needles in more inaccessible places
- remove gloves and place in plastic bag
- seal and dispose of the plastic bag
- wash hands in warm, soapy water.

Disposal containers or syringes must not be put in normal waste disposal bins. Information about appropriate disposal of disposal containers can be obtained by:

- telephoning the Syringe Disposal Helpline on 1800 552 355 for advice about handling syringes and the location of the nearest local council syringe program or public disposal bin
- contacting the local general practitioner
- contacting the local hospital.

If the needle and syringe cannot be retrieved, mark the area so that others are not at risk and contact the Syringe Disposal Helpline on 1800 552 355.

Needle stick injuries

In a case of a 'sharps' or an exposure 'needle stick injury' the following procedures should be observed:

- flush the injured area with flowing water
- wash the affected part with warm, soapy water and pat dry
- cover the wound with a waterproof dressing
- report the injury to the principal
- refer to a doctor as soon as possible for an assessment of the risk of infection and appropriate treatment.

Research has indicated that the risk of infection from needle stick injury is low and should not cause alarm.

Use of ice packs above the shoulders

First Aid advice regarding using ice packs as first aid for injuries or conditions above the shoulders.

In the case of a minor injury such as a bump or bruise to the head, neck or shoulder area, appropriate first aid procedures can include the application of an ice pack or refrigerated gel pack. The normal precautions for using any ice pack would apply.

These include:

- do not apply directly to skin
- remove if pain or discomfort occurs.

A cold compress (towel/cloth rinsed in cold water) can be used as an alternative to an ice pack in certain circumstances.

In the case of nose bleeds, ice should not be applied to the nose. However, a cold compress may be used. Certain signs or symptoms would exclude using an ice pack or cold compress and indicate the need to seek medical help, usually by calling an ambulance. The symptoms that exclude using ice packs or cold compresses include the following:

- any loss of consciousness, even if only brief
- a less than alert conscious state
- any suspicion of a fracture
- any suspicion of a spinal injury
- any injury to eyes or ears
- any penetrating injury
- any open wounds.

Use of thermometers in first aid

Thermometers are not necessary for first aid, as they are specific instruments and are not required as part of a first aid kit. If a student becomes unwell at school, the school should assess a range of signs and symptoms including feeling the skin to assess if a student is warm/hot, assessing if the student looks pale but has flushed cheeks, or even the student may indicate that they feel hot. The specific temperature of the student is not the main indicator. Action should be taken based on the summary of signs and symptoms.

An elevated temperature on its own would not immediately require medical or ambulance attention. If there is any doubt about the student's condition, or a sense that the student's condition is deteriorating, the school should immediately seek emergency assistance.

Cleaning of FA room procedures

Please remember to use the pink solution to give a thorough wipe down of the bench, sink, and taps and spout after you have attended to any student re: blood etc. You should clean visibly soiled surfaces immediately and regularly clean frequently touched surfaces, such as handrails, desks, doorknobs, computer keyboards etc.

You can use the paper towels to do this or the chux that are kept in the drawers. We have a pump bottle of the pink solution kept on the sink and a spray bottle in the cupboard beneath it.

When changing linen as required and on Friday afternoon please place linen in blue bag in long cupboard. Please wipe down bed, pillow and plastic bag containing vomit bag with pink solution.

The person who is in charge of FA for the day is to give a final clean using the pink solution to wipe down the bench, sink, taps, spout, keyboard, phone, hutch, desk and all the door handles before they go home. Please pay attention to doing this properly.

Medical Conditions Information

Anaphylaxis

Information from the ASCIA website February 2010

Action Plans

Action Plans should be reviewed when patients are reassessed by their doctor, and each time they obtain a new adrenaline auto injector prescription. If there are no changes in diagnosis or management the medical information on the Action Plan may not need to be updated. If the patient is a child, the photo should be updated at least every two years, so they can be easily identified.

Storage expiry and disposal

Adrenaline auto injectors (EpiPen or Anapen) should be stored in a cool dark place (such as an insulated wallet) at room temperature - but NOT refrigerated. Whilst they should be kept out of the reach of small children, adrenaline auto injectors must be readily available when needed and not in a locked cupboard.

The shelf life of adrenaline auto injectors is normally around 20 months from the date of manufacture and the expiry date needs to be marked on a calendar and replaced prior to this date. Expired adrenaline auto injectors are not as effective when used for treating allergic reactions. However, an expired adrenaline auto injector should be used in preference to not using one. There is a clear window near the tip where you can check the colour of the drug – if it is clear (not brown or cloudy or containing sediment) it is safe to use.

Adrenaline auto injectors cannot be reused even if some adrenaline remains inside the device. Used adrenaline auto injectors should be placed in a rigid sharps disposal unit, or another rigid container if a sharps container is not available.

Reference: ASCIA Anaphylaxis training resources for educators and allied health professionals, see link www.allergy.org.au/health-professionals/anaphylaxis-resources.

EpiPen dose

Australasian allergy specialists have recommended that **EpiPen Junior (150ug)** be given to a 10-20 kg child. **EpiPen (300ug)** is given when weight exceeds 20 kg. For children who weigh less than 10 kg appropriate management needs to be discussed with that child's allergy specialist. Occasionally, anaphylactic symptoms may return after an EpiPen is given. If this occurs it may be necessary to give an additional EpiPen (if available) after 5-10 minutes if needed. In hospital treatment or treatment by paramedics may involve additional doses of adrenaline if symptoms of anaphylaxis are ongoing.

EpiPen storage

The EpiPen should be stored in a cool dark place at room temperature - but **NOT** refrigerated. The EpiPen should be readily available when needed and not in a locked cupboard. It should be kept out of the reach of small children.

EpiPen expiry

The shelf life of EpiPen is normally 12-18 months from the date of manufacture. The expiry date needs to be marked on a calendar and replaced prior to this date. Expired EpiPens are not as effective when used for treating allergic reactions. However, an expired EpiPen should be used in preference to not using an EpiPen at all. The EpiPen has a clear window near the tip where you can check the colour of the drug – if it is clear (not brown or cloudy or containing sediment) it is safe to use.

Disposal of EpiPen after use

After the EpiPen has 'fired', the needle is exposed and could cause injury.

After use, continue to handle the EpiPen safely and with care, even if you think the EpiPen has not worked properly. The EpiPen cannot be reused even though some adrenaline remains inside the device. The used EpiPen should be placed in a rigid sharps disposal unit, or another rigid container if a sharps container is not available.

Asthma

If you are concerned about a student having even slight difficulty breathing, or wheezing, please send them immediately to Reception with a friend. If the symptoms are more pronounced and the student has significant difficulty breathing, please send a student to Reception for First Aid assistance.

If a student has difficulty breathing as a result of asthma:

1. The student is to remain in a sitting position, resting.
2. The student should self-administer their medication – usually this is via a puffer such as Ventolin. In many instances this may be all that is required, though students may need some time to rest and recover.
3. If the student does not recover, or if they feel it has not been adequate, please send the student with a buddy to Reception immediately. If the student is not in a fit state to come to Reception, please send a runner to alert the receptionist.

In cases where asthma continues past initial treatment, two staff members will accompany the student to a medical facility rather than an ambulance being called as the response time is too slow. Nebulizers will not be administered within the College.

Diabetes

Please note a diabetic is usually aware of their symptoms and know what is best to treat themselves. Please do not override their advice.

If the student asks to go to sick bay send them with another student. Never allow the student with diabetes to go alone.

There are two sets of symptoms that occur as a result of diabetes. For first aid purposes it is not necessary to distinguish between the two.

A “Hypo” occurs when the blood sugar level drops too low or drops rapidly. A “Hypo” can occur when:

- one takes too much insulin
- too little carbohydrate is eaten or a meal or snack is over half an hour late
- energetic exercise is undertaken without extra carbohydrate.

Symptoms of hypoglycaemia include:

- hunger (ravenous)
- pale skin
- sweating and cold clammy skin
- dizziness
- irritability/ill temper
- headache/nausea
- confusion, poor concentration, unusual behaviour
- drowsiness.

Early symptoms of hyperglycemia include:

- very tired and sleepy
- weakness
- great thirst
- frequent urination
- dry skin and tongue
- leg cramps

Treatment

If you are even slightly concerned about the 'condition' of the student, send them immediately with their buddy to Reception. If a student has become dizzy and disoriented, please send a Code Red to Reception.

All staff must be aware of diabetics in their class and allow them to access food and drink when they require it. Staff should also be vigilant in recognition of symptoms as students, for a variety of reasons, do not request to take food when it is required.

If a student exhibits symptoms you should:

1. Immediately give sugar of some sort such as 4 glucose tablets; 150ml of lemonade; Coke or fruit juice (not diet); or 2 heaped teaspoons of sugar or honey.
2. Follow up with a snack containing carbohydrate, such as a sandwich or a piece of fruit, or 2-3 biscuits, or a muesli bar or some bread
3. If a meal is nearly due and the hypo warning signs are mild, give that food immediately.
4. If a meal or snack is not due then give an extra snack as described above. This is in addition to normal snacks.
5. The child should rest for a few minutes. If he does not feel better, more sugar should be given.

Diabetics displaying symptoms must be treated immediately as failure to do so can cause a loss of consciousness or a convulsion.

Epilepsy

Epilepsy is a disruption of the normal electrical activity of the brain that results in seizures. Under certain circumstances anyone can have a seizure. It is only when there is a tendency to have recurrent seizures that epilepsy is diagnosed.

Epilepsy occurs when there are recurrent seizures due to a discharge of abnormal electrical activity in the brain cells.

Not all seizures are convulsive. Non-convulsive seizures are more difficult to recognise and are frequently misinterpreted. Daydreaming and unresponsiveness, confused or inappropriate behaviour and/or temporary speech impairment, may all be signs of seizures.

Triggers

Common triggers for seizures are:

- lack of sleep
- missed medication(s)
- extreme fatigue or physical exhaustion/stress
- emotional stress (conflict, death, fear & anxiety, emotional upsets, money concerns)
- hormonal fluctuations during the menstrual cycle
- drug toxicity (too much antiepileptic medication)
- boredom, lack of activity or interest
- consumption of alcohol or drug abuse
- fever associated with colds and infections.

If seizure occurs while seated in a wheelchair, car, stroller, support their head and leave safely strapped in seat until jerking stops. If there is food, water or vomit in their mouth, remove the person from their seat and roll onto their side immediately.

First aid for seizures

- Stay calm and remove hazards or anything that may cause injury.
- Only move the person if they are in danger.
- Check the time at the onset of the seizure and record how long the seizure lasts.
- DO NOT try to restrain the person during a tonic clonic seizure.
- Gently guide them away from obstacles if they are having a complex partial seizure.
- DO NOT put anything in the person's mouth.
- For a tonic clonic seizure, put something soft under the person's head or support their head with your hands, and when the jerking stops, gently roll the person onto their side with their top leg bent at the knee (recovery) position).
- Stay with, and comfort the person as they regain consciousness. Ask them a few questions so that you know the person has actually regained consciousness.

When to call an ambulance:

- you are in any doubt
- the seizure occurs in water
- you arrive after the seizure has started
- injury has occurred
- food, drink or vomit in mouth during seizure
- the jerking lasts longer than 5 minutes or longer than normal for that person
- another seizure follows quickly
- a complex partial seizure lasts longer than 15 minutes
- the person has breathing difficulties after the jerking stops
- the person has diabetes
- the person is pregnant and is having tonic clonic seizure
- it is the first known seizure.

www.epilepsy.org.au

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.

What are the signs of head lice?

The scalp may itch as the skin reacts to the saliva of the head lice. Itchiness can take weeks to develop. If you have had head lice more than once, the skin may become desensitised and there may be little or no itch.

Crawling head lice may be seen in the hair, but they can move at 30cm per minute and can be difficult to spot. Head lice can quickly run and hide from searching hands. Adult lice are usually dark brown and about 2 to 3mm long. Hatchlings (young lice) are often a lighter brown and about 1 to 2 mm long.

Eggs (nits) may be seen attached to the hair shaft but they may be very tiny and hard to see, especially newly-laid eggs close to the scalp. They are grey-white and about the size of a grain of salt.

Exclusion from school

Under the School Education Act 1999, a Principal may exclude a child with head lice from school until treatment has commenced. The Department of Health recommends exclusion at the end of the school day. The child may return to school when all live head lice have been

removed. A few remaining eggs are not a reason for continued exclusion. However, the parent must continue treatment over the following 10 days to ensure that all eggs and hatchlings have been removed.

Parents are to be informed of Head lice at the College so that steps can be taken where required. Newsletter articles are also posted to keep the College community informed.

Contact the Communicable Disease Control Directorate of the Department of Health, Western Australia on 9388 4999, or e-mail your enquiry to headlice@health.wa.gov.au.

This fact sheet is available at www.health.wa.gov.au/headlice.

Meningococcal disease

Meningococcal disease is a rare but serious illness that usually affects babies and young children, adolescents and young adults. People with the disease can become extremely unwell very quickly. Winter and spring are the peak seasons for Meningococcal disease.

Signs and symptoms of Meningococcal disease:

- sudden onset of fever
- pin-prick rash changing to large red-purple blotches
- cold hands and feet
- sore joints and muscles
- nausea and vomiting
- headache
- neck stiffness
- dislike of bright lights
- tiredness

A rash does not always appear and not all of the symptoms of Meningococcal disease may be present at once. If these signs or symptoms occur, immediate medical care should be sought.

First Aid kits

First Aid kits are to be ordered by the teacher in charge of an excursion, the Camp Director or the Tour Organiser.

A Seqta Report is to be printed for all students attending an excursion, camp or tour. The report is to be cross checked against Student Health Plans and the required medication placed in the kit to accompany the students.

First Aid room staff must ensure that:

- first aid kits are kept stocked in accordance with required articles for the event
 - first aid kit contents are replenished as soon as practicable after use
 - the contents of the kit have not deteriorated
 - the use by date of contents has not expired
 - first aid officers are familiar with the contents of the kit and the books accompanying the kit
 - First Aid Officers make available the first aid kits to teachers who require them for camps and excursions
1. The first aid kit must be readily accessible in case of emergency and the location signed so as to be clearly visible to all concerned.
 2. Additional first aid kits should be located in the Science, Technology, and Food Science, Art and/or Physical Education areas of the College.
 3. Co-curricular Sport First Aid kits are collated by the HPE Department.

First Aid Kit contents

Mini First Aid bag

Dressings

Supply the following:

2 x 10cm bandages
1 x 7.5cm bandages
1 x 5cm bandages
5 x 10cm non adherent dressings
5 x 7.5cm non adherent dressings
6 x assorted sizes of gauze
2xTriangular bandage
10 x Bandaids
1 x sheet Steristrips
50mm tape and dispenser

Emergency supplies

Emergency blanket x 14
Face shields x 2
Disposable gloves x 6
Instant ice packs x 2
Instant heat packs x 1
Vomit bags x 4
Tissues x 2 small packs
Sanitary pads x 4
Tampons x 1 small box
Skin Preps x 10

Digital thermometer x 1
Eye wash cup x 1
Splinter removers x 2
Scissors x 1
Tweezers x 1

Lotions

Antiseptic cream x 1
Antiseptic hand rub x 1
Sunscreen x 1
Stingose x 1
Burnaide x1
Saline x 2 packets

Medications

Asmol x 2
General EpiPen
Antihistamine
4 x glucose tablets
Panadol

Other

Photocopy of Anaphylaxis info
Photocopy of Asthma info
Hi Vis Vest x 1

Camp First Aid Kit

Dressings

Supply the following:

4 x 10cm bandages
4 x 7.5cm bandages
6 x 5cm bandages
10 of 5x7.5 non adherent dressings
10 of 7.5x7.5cm non adherent dressings
10 of 10 x 7.5cm non adherent dressings
15 x assorted sizes of gauze
Fixamol x 30cm – optional
6 x assorted Primapore dressing
Triangular bandage x 2
Bandaids x 1box
Steristrips x 1 sheets
1 x 50mm tape and dispenser

Emergency supplies

Emergency blanket x 2
Face shields x 3
Disposable gloves x 10
Vomit bags x 6
Instant ice packs x 4
Instant heat packs x 2
Tissues x 3 small packets
Sanitary pads x 1 packet
Tampons with applicators x 2 large boxes
Cotton buds x 1 packet
Skin Preps x 20

Eye wash cup x 1
Eye patch
Digital thermometer x 1
Safety pins x 1 box
Splinter removers x 4
Scissors x 1
Tweezers x 1

Medications

Nurofen x 1 box of 25
Panadol x 1 box of 50
Panadol Soluble x 50
Ventolin x 2 & Spacer x 1
Anti-histamine x 1 packet
Either zyrtec, claratyne or polaramine
Gastrolyte x 4 satchets
Glucose tablets x4
Overseas Camp only
Immodium x 1 packet
Travel Calm x 2 packets

Lotions

Antiseptic cream x 1
Antiseptic hand rub x 2
Sunscreen x 1
Stingose x 1
Betadine x 1 small bottle
Burn aide sachet x1
Saline x 5 packets

Other

Plastic zip lock bags x 3
Photocopy on Anaphylaxis info
Photocopy on Asthma info
Pen x 1
Note pad x 1
Visy vest x 1

Evacuation Bag

Dressings

Supply the following:

2 x 10cm bandages
1 x 7.5cm bandages
1 x 5cm bandages
5 x 10cm non adherent dressings
5 x 7.5cm non adherent dressings
6 x assorted sizes of gauze
2xTriangular bandage
10 x Band-aids
1 x sheet SteriStrips
50mm tape and dispenser

Emergency supplies

Emergency blanket x 14
Face shields x 2
Disposable gloves x 6
Instant ice packs x 2
Instant heat packs x 1
Vomit bags x 4
Tissues x 2 small packs
Sanitary pads x 4
Tampons x 1 small box
Skin Preps x 10

Digital thermometer x 1
Eye wash cup x 1
Splinter removers x 2
Scissors x 1
Tweezers x 1

Lotions

Antiseptic cream x 1
Antiseptic hand rub x 1
Sunscreen x 1
Stingose x 1
Burnaide x1
Saline x 5 packets

Medications

Asmol x 2
EpiPen
4 x glucose tablets

Other

Photocopy of Anaphylaxis info
Photocopy of Asthma info
Visy Vest x 1

Return of First Aid kits

If a teacher fails to return a first aid kit by 4pm, please check it the following morning. If it has still not been returned by 8.30am, email the teacher concerned and cc the Principal.

Sign in and out sheets

New sign in and out sheets for hot packs, cold packs, EpiPens and first aid kits that are now kept in the green document folder on the First Aid desk.

The template for these sheets can be found in the M: First Aid/Sign In and Sign Out sheets

The Please check all of the sign in and sign out sheets at the end of every day.

- contaminated items are to be disposed of safely
- A sharps container is to be kept in the First Aid room
- soiled linen is laundered promptly.

EpiPens

If a teacher fails to return an EpiPen, check to see that the excursion/camp/carnival has returned. If the teacher and students have not returned to College, check again first thing the next morning. If it has been not been returned, email the teacher concerned and asking that it be returned immediately cc Principal.

Hot and cold packs

If a student fails to return a hot or cold pack, write a note for the College Principal asking that the student be sent to you during recess period. If the pack is not returned by the following day please email the Principal who will follow up with the student.

Parents and community

Letter Templates

Communicable disease notification

Dear Parent/Legal Guardian

The parent of a child in Pre Primary has reported that a rash, which appeared on Friday 7 May, has been confirmed by a doctor as being in the same 'family' as German Measles (Rubella). German Measles is infectious from seven days before and four days after the onset of the rash. The child has not attended school this week.

If you are concerned over or your child's health please seek medical advice.

Yours sincerely

Allergy Friendly School letter template

Dear Parent/Legal Guardian

At Atlantis Beach Baptist College we seek to be an 'Allergy Friendly' school. The Junior Primary classes have a number of students with food and other allergies. These range from mild allergies to nuts and eggs to severe allergies to these and other products or substances. As such, can we please ask you to be considerate of those students with allergies when preparing your child's school lunch?

If you can avoid sending peanut paste items and peanut products, it would be greatly appreciated. If you do send these products, staff will encourage children to wash their hands and mouths straight after recess and lunch. In this case we may seat your child away from a child with an allergy.

Your cooperation in this matter is appreciated.

Yours sincerely

Swine Influenza letter template

Dear Parent/Legal Guardian

Swine Influenza

You will be aware of the recent media attention to the outbreak of Swine Influenza in Mexico.

Please read the information provided by the Government of Western Australia on the reverse of this letter.

If you have any concerns or require additional information, please access the Government website at <www.public.health.wa.gov.au>

Yours sincerely

Pandemic communication with parents

Impact on parents and communication issues

- Weekly newsletter.
- From AISWA's information, letters/memos/signage/telephone message were prepared in the College's format to draft stage a week earlier, in the likelihood the incidence of H1N1 amongst school communities might escalate. The College is

grateful to AISWA for providing information to schools (including templates of letters etc).

- Letters/memos/signage/telephone message finalised (parents and staff were advised in the letter/memo to access for latest updates)
- Email sent to all parents and staff advising them to access College website for information re H1N1
- Hard copy of letter printed/enveloped and taken to the Mail Centre at Perth Airport for delivery the next day.

Signage placed appropriately around the campus and traffic wardens handed out duplicates of this signage.

Pandemic procedures and guidelines

- Isolate student or staff (by at least one metre) if they become sick with an acute respiratory illness at school (they should be sent home).
- Suspected cases should be given a surgical mask to wear
- All staff in FA should implement protective measures including a P2 face-mask, goggles, gowns and gloves, with attention to frequent hand hygiene.
- Put sign up on FA door
- Avoid touching face, Contacts may be infected with influenza by touching a surface that is contaminated by the influenza virus and then transferring the organisms to his/her mouth, eyes, and nose.
- Advice should be given to staff, visitor's parents and children that a case has been identified and that they should be vigilant for the emergence of influenza-like illness (ILI) in others.

Ensure visitors to the school also take precautions when visiting

School policies continue to be important in the PROTECT phase, however, regional or widespread closure of schools is not considered a proportionate nor appropriate intervention for pandemic (H1N1) 2009 where disease is 'mild in most'.
In the PROTECT phase: Closure of educational facilities, in general, is not recommended.

- Teachers and child carers should be alert for any staff or children who exhibit symptoms and refer them to their health care provider in the first instance.
- Parents do not need to stay away from educational facilities, centres unless they develop influenza-like illness (ILI).
- Siblings of ill children can still attend the facility.
- Staff do not need to stay away from educational facilities, boarding schools and childcare centres unless they develop influenza-like illness.

Clean surfaces with disinfectant and implement best hygiene practices

- Daily - clean with a neutral detergent. The room can be used immediately following cleaning.
- Management of laundry and utensils should be performed in accordance with procedures followed for seasonal influenza.

Waste

- Treat waste as general medical waste. Gloves, tissues and other waste generated in the care of a pandemic influenza patient should be bagged and placed in another container for disposal with other household waste.

Monitor staff and Student Health and absenteeism

Health care workers should be monitored for illness and those who develop influenza-like illness (ILI) should be instructed not to report to work, or if at work, should cease work and notify the Dean of Students and infection control personnel.

Reasons not to come to work

Do not come to work if you have:

- chills, shivering & a fever (temperature >38.0c)
- muscle aches and joint pains
- sore throat
- stuffy or runny nose
- sneezing
- dry cough
- tiredness
- difficulty breathing

Increased staff absences may occur for a variety of reasons, including personal illness, fear of contamination, provision of care and support to ill family or household members, isolation or quarantine requirements, the need to care for children unable to attend schools or child care centres during closures, or revised transport arrangements.

There may also be possible higher personal stress and people undertaking different roles in the workplace due to other staff absences.

Issue communications on advice on keeping safe and healthy and encourage staff to heed advice from Dean of Administration and Dean of Students.

During the PROTECT phase, the College will focus on:

- Promoting good hand, etiquette and other infection control practices. Promotional material and advice to reduce the spread of influenza is available at the *The Flu and You* website:
<http://www.health.gov.au/internet/panflu/publishing.nsf/Content/fluandyou-broch-1>
- Promote and provide annual seasonal influenza vaccination to employees
- Where possible, discourage employees from using other employees' phones, desks, and equipment. Adopt a 'cleared desk' policy to enhance cleaning of work surfaces; office equipment and other frequently touched objects
- Provide resources promoting hygiene practises

In the Newsletter

- Develop and distribute articles to parents and students on the flu eg hygiene articles
- Prepare written advice and materials for teachers to use with students or parents.
- Distribute advice and material to parents via students.

Information for community regarding Period of Communicability

Duration of precautions

Based on current epidemiology of influenza the period of communicability will be assumed to be approximately seven days from the onset of symptoms for those older than 12 years, 14 days for school aged children 5 to 12 years and 21 days for pre-school aged children (10, 11, and 12). Individuals may be infectious from 24 hours before the onset of symptoms. The risk is greatest during the period that the patient is symptomatic (eg, coughing and sneezing) These periods will need to be reviewed in the light of information that becomes available regarding any new influenza sub-type.

Isolation precautions may also be discontinued when patient has had 72 hours of influenza antiviral treatment provided they have no fever for 24 hours in the absence of antipyretics.

What can I do to prevent catching pandemic (H1N1) 2009?

You can prevent getting infected by avoiding close contact with people who show influenza-like symptoms (trying to maintain a distance of about 1 metre or more, if possible) and taking the following measures:

- avoid touching your mouth and nose;
- clean hands thoroughly with soap and water, or clean hands with an alcohol based hand rub on a regular basis;
- do not visit people who have the flu unless it is absolutely necessary;
- when someone in the house has flu it is important that they clean their hands regularly, the virus can survive on hard surfaces for up to 48 hours after the surface was contaminated
- the patient should be separated from other persons in the school.
- the first aid room is regularly cleaned;
- the person with illness stays home and avoids contact with others; and the person with illness wears a surgical mask or other appropriate face coverings, if possible, when others are in the room, and stays at least 1 metre distant from others.

Transmission

Pandemic (H1N1) 2009 is spread through three main ways:

- **Droplet transmission:** droplets may be spread by coughing, sneezing, or talking.
- **Direct contact transmission:** this occurs during skin-to-skin or oral contact.
- **Indirect contact transmission:** takes place when a person has contact with a contaminated object, such as bedding, furniture or utensils, which has previously been contaminated by an infectious person.

Surgical masks for patient and carer

If possible, the patient should wear a surgical mask when others are present in the same room (If the patient is a child wearing a mask may not be tolerated). Persons in contact with the patient should also wear a surgical mask.

Surgical masks should fit snugly around the face and should not be touched or handled during use. Masks should be changed when they become moist or wet and should not be reused. If masks are unavailable or are in short supply, attention to respiratory hygiene/cough etiquette will be even more crucial.

Because any barrier placed over the nose and mouth is likely to reduce the amount of droplets being released into the environment, or provide a barrier that prevents the wearer from touching his/her nose/mouth, if surgical masks are unavailable, consideration should be given to wearing cloth masks which could be reasonably effective. These should be laundered when moist or soiled.

Gloves and other protective equipment

Use of disposable gloves should be considered for any direct contact with the body fluids of a patient with possible or confirmed pandemic influenza. However, gloves are not intended to replace proper hand hygiene. Immediately after gloves are removed, they should be discarded and hand hygiene should be performed. Gloves must never be reused or washed.

Laundry (eg bedding, towels and clothing)

Towels and bedding should not be shared between the patient and other household members. Laundry may be washed in a standard washing machine with warm water and detergent. Care should be taken when handling soiled laundry to avoid direct contact of skin and/or clothing with contaminated material.

Soiled laundry should not be shaken or otherwise handled in a manner that may aerosolize infectious particles. After laundry has been cleaned in this manner it may be used by others.

Dishes and other eating utensils

Objects used for eating should not be shared, but separation of eating utensils for use by the pandemic influenza patient is not necessary. Soiled dishes and eating utensils should be washed either in a dishwasher or by hand with warm water and soap. After the eating utensils have been washed in this manner, they may be used by others.

Cleaning and disinfection of environmental surfaces

Environmental surfaces that are frequently touched by the patient or are soiled with body fluids should be cleaned with warm water and detergent and then wiped down with a household disinfectant (eg, diluted bleach). The bathroom used by the patient should be cleaned daily, if possible. Household utility gloves should be worn during the cleaning process.

Notifications

Suspect (clinical) cases should be notified promptly to:

- Communicable Disease Control Directorate (ph 9388 4830 during office hours, or 9328 0553 after hours) – preferably before tests are undertaken. Discussion with disease control staff will inform the decision as to whether laboratory testing is required. Notification is also essential to facilitate surveillance and community contact management.
- Australia (CDNA). Public Health staff will coordinate identification of close contacts and provision of antiviral prophylaxis
- Public Health staff will maintain contact with suspect or confirmed cases in home isolation, and with contacts in home quarantine.

Keep informed of current developments

Monitor communications about pandemic influenza and ensure employees have access to this information. Regularly review the following websites:

- WA Government pandemic influenza website: www.pandemicflu.wa.gov.au
- Commonwealth Department of Health & Ageing: <http://www.health.gov.au/pandemic>

Preparing for a human influenza pandemic

Notes on preparing Community information

- Community information should be transparent, accurate (ie evidence based), authoritative and coordinated. It should acknowledge uncertainties about the threat and possible severity of the situation where appropriate.
- The aim of any public information campaign is to ensure public health and safety is the highest priority, to alleviate panic and anxiety, to provide a realistic expectation of the capability of authorities to manage a pandemic and its impacts, and to build community resilience.

- Public messages or statements should consider the following four principles as the basis for effective, transparent communication:
 - this is what we know
 - this is what we don't know
 - this is what we are doing
 - this is what we want you to do.
- Public messages should be timely and appropriately targeted. Communications officers should consider the following questions when developing and distributing any public information:
 - WHY should this information be distributed?
 - To WHOM is this message intended (i.e. target audience)?
 - WHEN is the most appropriate time to distribute this message?
 - HOW should the information be presented or distributed?
 - WHO ELSE may need to be consulted on this information?
 - Key messages should be developed and repeated regularly. Repetition of information is the best way to ensure messages are well received and understood.
 - Messages should be accurate and supported by clear facts. Avoid speculation or generalisation.
 - Avoid using technical jargon. Be as clear as possible, using simple language that is not overly scientific or specialised.
 - Advice or instructions should be simple and practical, using checklists or clearly described steps where possible.
 - Relevant information specialists should be identified early. Possible spokespeople include political leaders, subject experts and "on-the-ground" response representatives.
 - A record of all community information is to be kept.

Phase 4 ICT

- Establish arrangements for alternative type of tuition for essential ICT within the school.
- Review ICT priority allocations to determine if adjustment is required for pandemic management.
- Develop agreement on the process of publishing critical school based information on the school's website. These procedures will be conveyed to all school staff, students and parents.
- Review and test alternative telecommunications mechanisms.
- Provide on-line training and support to staff accessing the school's on-line services.

Security

- Ensure that security providers take precautions when visiting the school, if recommended by Department of Health (DoH).
- Prepare procedures on what security needs to do when securing or repairing closed facilities.

Hygiene

- Implement pandemic cleaning regime
- All operational cleaning staff to wear PPE if instructed by DoH
- Increase cleaning hours, where required, to facilitate meeting additional hygiene requirements
- Ensure that there is adequate supply of surgical masks, PPE, approved chemicals and materials/equipment to perform disinfecting tasks effectively

- Disinfect all designated areas such as bench surfaces, door handles, stair handrails etc
- Clean all drain outlets daily with approved chemical
- Increase bathroom cleaning frequency using approved chemicals
- Add appropriate chemical agents to flushing systems
- Disinfect entry carpets, door-mats and/or disinfection 'dip-trays' at entry points to buildings
- Maintain records of cleaning activities

Staffing

- Identify teachers for the provision of flexible/distance learning of educational programs
- These teachers must have the ability to teach from home
- In collaboration with ICT, test the communication and processes for accessing and sending learning materials for use at school and at home
- Identify year levels or subjects for which additional outside support may be required
- Encourage teachers to develop course plans that students can continue with if the school is closed
- Each teacher should provide students with home programs. At the simplest level, contact between teacher and student online
- Source digital learning materials
- Provide details of the expectations and ability of teachers to continue teaching duties if the school is closed Liaise with AISWA regarding changing the duties of teachers.

Payroll

- Maintain systems for payments of invoices and staff salaries
- Implement protocols for managing workloads with 30% absenteeism
- Implement ICT remote access if required
- Move people from low priority to high priority jobs
- Maintain payroll continuity
- Seek agreement with bank for backup mechanism with off school site access
- Identify and establish protocols for decentralisation away from school if needed as a means of social distancing
- Waive medical certificate requirements
- Determine what is required regarding sick leave

Employee support

- Continue to monitor DoH website
- Implement trauma counselling procedures if required

Students

Staff and students based overseas and international students in transit to Australia:

- Liaise with AISWA regarding areas of infection around the world and consider withdrawing staff and students from those areas
- Be aware of quarantine measures that may be implemented at international borders that impact on school staff and students
- Consider students who have received Confirmation of Enrolment (CoE) and have a student visa
- Advise that international students from affected areas not be issued CoE.

- Maintain links to important websites eg Smart Traveller, DFAT

Staff and students from overseas currently enrolled and working or studying in Australia:

- On notification of a DFAT warning for a particular country, advise students and staff from overseas that returning home at holiday periods may result in their inability to return to Australia for the new term should there be an increased pandemic phase alert

Questions and concerns expressed by potential and arriving students, parents and agents:

- Liaise with AISWA to ensure the message is consistent
- Maintain links to important websites eg SmartTraveller, DFAT

International students onshore in Australia

In the event of border closures or mass quarantine measures in Australia, consideration will need to be given to:

- ensure that bridging visas are issued to students to cover them if their visa runs out during a quarantine period
- Continued access to health care
- Income support to those students where the home country is affected by a pandemic outbreak
- Accommodation for students where leases have expired
- Seeking ruling from Department of Immigration and Cultural Affairs (DIMA) on visa status
- Approach DIMA to grant permission for students to work longer than 20 hours per week
- Assist in maintaining communication with families offshore
- Where students are required to return home consider alternative study delivery methods eg on-line learning.

Phase 4

- Be aware of quarantine measures that may be implemented at state borders that impact on school staff and students
- Continued access to health care
- Assist with accommodation for students who cannot return home
- Assist in maintaining communication with families
- Where students are required to return home consider alternative study delivery methods eg on-line learning

More Information

- Australian Government Department of Health and Aging.
- Information for Schools and Childcare, general Pandemic information, fact sheets and posters informing the public about personal protection, infection control and actions they should take to limit their exposure, treatment, anti-viral and medication.

Impact on parents and communication issues

- Weekly newsletter
- From AISWA's information, letters/memos/signage/telephone message were prepared in the College's format to draft stage a week earlier, in the likelihood the incidence of H1N1 amongst school communities might escalate. The College is grateful to AISWA for providing information to schools (including templates of letters etc).

- Letters/memos/signage/telephone message finalised (parents and staff were advised in the letter/memo to access for latest updates).
- Email sent to all parents and staff advising them to access College website for information re H1N1.
- Hard copy of letter printed/enveloped and taken to the Mail Centre at Perth Airport for delivery the next day.

Signage placed appropriately around the campus and traffic wardens handed out duplicates of this signage.

Resources

- <http://www.health.gov.au/>
- <http://www.healthemergency.gov.au/internet/healthemergency/publishing.nsf/Content/schools-and-childcare>
- <http://www.health.gov.au/internet/main/publishing.nsf/Content/portal-Pandemic>
- Hotline 1800 004 599
- World Health Organisation Regional Office for the Western Pacific
- Information on Current Pandemics and preparedness
- http://www.wpro.who.int/health_topics

Smarttraveller

- The latest overseas travel advisory information
- <http://www.smartraveller.gov.au>.

Western Australian Government Human Influenza Pandemic Plan

- <http://www.ossec.dpc.wa.gov.au/documents/planHumanInfluenzaPandemicWAGov.pdf>

Australian Government - Department of the Prime Minister and Cabinet

National Action Plan for Human Influenza Pandemic

- <http://www.dpmc.gov.au/publications/pandemic/>

OHS preparedness for an Influenza Pandemic: A guide for employers

- http://www.comcare.gov.au/forms_and_publications/publications/safety_and_prevention/?a=41305

Government of Western Australia – Department of Health

Information and current status of a pandemic

- http://www.public.health.wa.gov.au/1/422/2/pandemic_influenza.pm

Emergency Management in Australia

- <http://www.ema.gov.au/>