



Accident, Illness and Administering Medicine Procedures

1. Details of all significant injuries or accidents are to be written in the accident register, dated and signed by the staff member treating the child. A parent/caregiver will receive the white copy of the Injury Record and will be contacted in cases of serious injury or if it is considered appropriate.
2. A folder of the children with on-going health problems will be kept in the office. The office staff will update this. In extreme medical cases (usually demanding an immediate response) a photo of the child will be placed on the office wall.
3. All medication and instructions for use, will be kept and administered by the office staff. A medication logbook will be dated and signed each time medication is administered. All medicine should be clearly named.
4. All prescribed medicine should be stored in the rear lockable storeroom off the office, unless it requires refrigeration.
5. Parents will be contacted when previously authorised 'rapid response' medication (e.g. adrenaline injection) is administered.
6. If an injury is related to possible equipment design or failure this is to be recorded in the hazards' register.
7. In the case of a head injury or incidents involving hypodermic syringes parents/caregivers are to be notified immediately.
8. If serious injury or illness occurs and parents/caregivers cannot be contacted a staff member will take the child to the Pukekohe A&E department.
9. If a child becomes unwell or injured during the day, the parent/caregiver will be requested to take the child home.
10. The classroom teacher will be informed of any child taken to the medical room or sent home, by the staff member who dealt with the incident.
11. A staff member will make regular checks of any child in the medical room.
12. Where the injury involves blood, steps should be taken to minimise the contact with other children/staff. Staff treating such injuries should wear protective gloves.
13. A student who is not clean enough to keep attending school or who may have a communicable disease may be precluded from school. The Principal must tell the Board, the student's parents and the Medical Officer of Health that the student has been precluded and why.

14. All parents/caregivers will be informed of these procedures on enrolment, annually thereafter through Thursday Noticeboard and in the case of head lice through TNB on a more regular basis. This information will also be available on the school website.

15. In keeping with generally accepted first-aid practice, no creams will be administered, unless prescribed. In most cases, ice-packs and water are considered all that is required.

16. First aid kits will be regularly checked for adequate levels of contents and expiry dates.

HEAD LICE

- Regular parent education during head lice outbreaks.
- When a nit outbreak is noticed in a class, children in that class will be sent home with a note advising parents.
- If infestation is not controlled, children may be required to comb their hair daily at the end of the school day, thereby removing any adult lice.

ASTHMA

- Parents of children who suffer from asthma will be encouraged to send along their child with an Asthma action plan developed either by the asthma educator/ family doctor (in extreme of new cases) or the parent/caregiver (in seasonal or mild cases).
- A copy of this plan will be held at school.
- The action plan will be followed by staff in the event of this being necessary.
- All children who suffer from asthma will be encouraged to have a named 'puffer' held at school for them. (As per Asthma plan)

SERIOUS INJURIES: (including head, fractures and soft tissue injuries)

- Children will be encouraged to tell teachers of any knocks to the head.
- The school will err on the side of caution.
- When a possible head injury or fracture/ break is suspected the caregiver/ emergency contact will be phoned and asked to take their child to the doctor.
- In the event of the school not being able to get hold of the parent, the school will take the child to Pukekohe A&E for a check up. The cost of this will be borne by the child's family. If the child is required to stay at the doctors or is taken to the hospital, someone will remain with the child until the caregiver is able to join them. (Any break, call for ambulance)
- Caregivers will be informed promptly of any incidents involving blood transmission (hyper dermic needles, bites etc).