Injury and illness management at Rissalah College

Parents normally have the role of and responsibility for protecting a student's health and safety. When students enroll at Rissalah College they are in the care of the school. Parents pass on to the principal and the teachers at the school a duty of care. The school has a duty to secure whatever medical attention is needed to ensure the immediate health and care of students. Staff at Rissalah College will endeavour to do what is reasonably necessary to make sure that basic first aid and medical are provided for our students. Staff at Rissalah College will take the same precautions and undertake the same level of intervention as where intervention is required in the school setting.

As part of their employment at Rissalah College staff will procure/provide necessary medical attention if a situation warrants it. The staff member should do what is reasonable in the circumstances with due consideration to their 'duty of care' specifically a duty to:

- supervise students so that they comply with rules and practices designed for their own safety and that of others,
- design and implement appropriate programs and procedures to ensure the safety of students,
- ensure that school buildings, equipment etc. are safe, or
- warn students about dangerous situations or practices.

The school’s the teacher’s duty of care to students at Rissalah College is greater than that of the ordinary citizen in that a teacher is obliged to protect a student from reasonably foreseeable harm or to assist an injured student. This duty of care applies during all activities and functions conducted or arranged by Rissalah College where students are in the care of employees.
Principles

1. All teachers owe a duty of care to the students at Rissalah College.
2. The more responsible our role in the school, the wider our responsibility for the welfare of the children. The community expects teachers to be vigilant in carrying out their duty.
3. As professionals at Rissalah College, teachers should be able to draw on their training and experience to help anticipate likely problems and counteract them wisely.
4. The level of care expected of teachers will vary with the circumstances. Some important factors to consider are:
   a. age of our students
   b. their ability levels
   c. the hazards involved in any exercise
   d. the previous history of the group

Responsibilities

It is the responsibility of every employee who works with students at Rissalah College to safeguard the well being of students, and when an injury or illness occurs, to take appropriate action. Rissalah College will endeavour to ensure that all classroom teachers are briefed on any relevant medical conditions that they should be aware of relating to the students in their class.
Definitions

Minor injuries/illnesses.
A minor injury can be considered an injury that can be treated;
- using the basic first aid resources available at the school, e.g., band aids, eye wash, cleansing etc, and or,
- requires a short period of recovery time, e.g., a minor bump to the head or body,
A minor illness can be considered an illness that can be treated;
- with a period of recovery time in the sick bay and causes only minor distress to the student, e.g., headache, nausea (without vomiting) etc.

Major injuries/illnesses.
A major injury can be considered an injury that cannot be treated using the basic first aid facilities at the school or with a short period of recovery time. A major injury or illness requires treatment by medical professionals. A major illness is any illness from which the student is unlikely to recover at school.
Indicators of major illness can include;
- Significant pain
- High body temperature
- Vomiting
- Change in skin colour
- Prolonged headache
- Allergic reactions
- Asthma attacks that have not responded to self administered medications such as Ventolin.
- Prolonged shortness of breath
- Loss of consciousness

In the event of a major injury or illness the school is responsible for providing basic first aid till additional medical support arrives or the parents or guardians take their child to the hospital or a doctor, e.g., fractures, significant lacerations, head injuries, injuries that cause pain and where the student is seriously distressed, continuing loss of blood etc.
Reporting and Recording

Minor injuries/illness
A record of minor injuries/illness will be maintained (See Appendix 1 Minor Injuries/Illness Log,) and periodically reviewed by the Principal to determine any patterns that may require further intervention (e.g. self harm, bullying, repeated injury etc).

Major injuries/illness
Illnesses or injuries considered major, i.e. those that require an ambulance or where parents/guardians have removed the student from the school for treatment by a doctor or at a hospital will be recorded in an Accident/Illness Investigation Report (Appendix 2).

Students who are injured or who become ill in classrooms or in the playground
When a student is injured or becomes ill in class the following guidelines will apply. In all instances the classroom teacher should carefully review the injury or illness and, where appropriate administer basic first aid treatment (i.e., start the breathing, stop the bleeding, treat for shock by keeping the patient reassured, warm and comfortable, etc.) and decide whether the injury/illness is (1) minor or (2) major and requires assistance from medical professionals.
Procedure for minor injuries/illness in the classroom

- Send the injured/ill student in the company of another student (or students) immediately to the office for further assessment and treatment.
  - Fill in Sick Bay / First Aid Advice form (see Appendix 6)
- If the injury/illness is slight but requires some recovery time place the student in the Sick Bay and ensure that they are regularly supervised by the principal or designate (the frequency of observation should not be less than once every five minutes for the first twenty minutes) and, after a reasonable time return the student to normal activity
  - Fill in the Injury/Illness Log at the earliest possible time
  - Fill in Sick Bay / First Aid Advice form (see Appendix 6)

- If the student is unable to resume normal activity within a reasonable time;
  - Immediately contact;
    1. Mrs Toefy, or, if not contactable,
    2. The Office Manager, or, if not contactable
    3. The Principal
  - The above staff will decide on the next course of action which could involve;
    - Contacting the parent/guardian in order that he/she is informed of the situation to ensure that they are involved in any decision respecting a course of action or treatment for the student.
    - Calling an ambulance. If an ambulance is called immediately consult the student’s records to provide information about the student’s medical history to ambulance officers.
- Ensure that the student is comfortable and supervised till the ambulance arrives.
- Complete Injury/Illness Investigation Report (see below) as soon as practically possible.
Procedure for major injuries/illness in the classroom that require further assistance from medical professionals

- Initiate basic first aid treatment (i.e., start the breathing, stop the bleeding, treat for shock by keeping the student warm and comfortable, etc.)
- Check to ensure that there is not a continuing danger or other potential danger to the student or other students and remove the danger or minimize risk of further injury.
- Immediately contact the School Office by Intercom or phone and inform them succinctly of:
  - Your Name and Class/room,
  - The nature of the injury/illness and whether the child is mobile,
  - The name of the child,
  - Whether you believe that an ambulance is required
  - What first aid you have administered or what actions you have taken.
  - Whether you need urgent assistance from another teacher to;
    - Assist with the supervision of your class, or,
    - To remove them from any potential risk or trauma.
- Continue to comfort the student and continue with first aid.
- If the student is mobile move them to the Sick Bay. Do not attempt to move the student:
  - if you believe that further injury or pain may result
  - if there is any possible injury to the neck or spine
- When the ambulance arrives provide them with a concise description of the injury or illness and what actions you have taken.
- Office staff should ensure that the student's medical details are available when the ambulance arrives.
- Where appropriate, organize for a teacher to accompany the student to hospital till parents/guardians arrive.
- Complete Major Injury Investigation Report (see Appendix 2) as soon as practically possible.
Procedure for Minor Injuries/illness in the playground

- Send the injured/ill student, in the company of another student (or students), immediately to the office for further assessment and treatment.
  - Fill in Sick Bay / First Aid Advice form (see Appendix 6)

- If the injury/ is slight but requires some recovery time place the student in the Sick Bay and ensure that they are regularly supervised by the principal or designate (the frequency of observation should not be less than once every five minutes for the first twenty minute) and, after a reasonable time return the student to normal activity.
  - Fill in the Injury/Illness Log at the earliest possible time
  - Fill in Sick Bay / First Aid Advice form (see Appendix 6)

- If the student is unable to resume normal activity within a reasonable time, one of the actions listed above should be taken;
  - Immediately contact;
    - Mrs Toefy, or, if not contactable,
    - The Office Manager , or, if not contactable
    - The Principal
  - The above staff will decide on the next course of action which could involve;
    - Contacting the parent/guardian in order that he/she may participate in any decision respecting a course of action or treatment for the student.
    - Calling an ambulance. If an ambulance is called immediately consult the student’s records to provide information about the student’s medical history.
Procedure for major Injuries or injuries in the playground that require further assistance from medical professionals

- Administer basic first aid treatment (i.e., start the breathing, stop the bleeding, treat for shock by keeping the student warm and comfortable, etc.)
- Check to ensure that there is not a continuing danger or further danger to the student or other students and remove danger or minimize risk of further injury.
- **If the student is mobile:**
  - move them to the Sick Bay. Do not attempt to move the student:
    - if you believe that further injury or pain may result
    - if there is any possible injury to the neck or spine
- **If the student is not mobile** immediately seek assistance from another staff member on duty and, or, send a responsible student or students to the School Office (with a note if possible) to:
  - Inform the office of your location,
  - The name of the child and the injury,
  - That a student has been injured or is ill and unable to move.
- With the other staff member decide whether you believe that an ambulance is required or that the student is likely to recover mobility within a short period of time and immediately contact;
  - Mrs Toefy, or, if not contactable,
  - The Office Manager, or, if not contactable
  - The Principal
- One of the above staff will then call for an ambulance and subsequently inform the parent/s or guardians.
- Make arrangements for the playground to be supervised while the injured student is being attended to.
- Continue to comfort the student and continue with first aid if necessary.
- When the ambulance arrives provide them with a concise description of the injury or illness and what actions you have taken.
- Office staff should ensure that the student’s medical details are available.
- Where appropriate, organize for a teacher to accompany the student to hospital till parents/guardians arrive.
• Complete Major Injury/Illness Investigation Report (see Appendix 2) as soon as practicably possible.

**Procedure for students who are injured or who become ill on excursions**

Prior to any excursion teachers need to check the school's Child Protection Policy, particularly the sections relating to Excursions and Overnight Stays.

Teachers need to:

• Undertake a risk assessment on:
  - The excursion venue
  - The mode/s of transport
  - Activities undertaken at the venue

• Check to determine whether all students appear to be in good health.

• Check to ensure that students who are on medication have their medication with them, that it is not out of date and the student, or the teacher, understands how the medication is administered and how much should be administered.

• Ensure that they have a charged mobile phone with the phone numbers of:
  - Mrs Toefy,
  - The Office Manager,
  - The Principal

• Ensure that the office has the current mobile phone numbers of all teachers on the excursion.

• Provide the office with the exact address of the excursion venue/s.

• Check that a basic first aid kit is available and adequately stocked.

• Review the mode of travel to the excursion venue and the venue site itself for any potential risks etc.
When a student is injured or becomes ill on an excursion the following guidelines will apply:

**Procedure for minor injuries/illness on an excursion**

- Assist and comfort the student.
- Locate and place the student in a safe and comfortable place and ensure that they are regularly supervised and observed at least once every five minutes for the first twenty minutes, and, after a reasonable time check the student to determine whether they can return to the normal activity of the excursion.
- If the student is unable to resume normal activity within a reasonable time, immediately contact:
  - Mrs Toefy, or, if not contactable,
  - The Office Manager, or, if not contactable
  - The Principal
  - The above staff will decide on the next course of action which could involve;
    - Contacting the parent/guardian in order that he/she may participate in any decision respecting a course of action or treatment for the student.
- If the student is unable to participate in the excursion and further treatment is considered the situation should be considered as for a major illness or injury.
Procedure for major injuries or illness on excursions that require further assistance from medical professionals

- Administer basic first aid treatment (i.e., start the breathing, stop the bleeding, treat for shock by keeping the patient warm and comfortable, etc.)
- Check to ensure that there is not a continuing danger or further danger to the student, other students or bystanders and remove danger or minimize risk of further injury.
- If the student is mobile:
  - move the student to a safe and comfortable location. Do not attempt to move the student if:
    - you believe that further injury or pain may result
    - there is any possible injury to the neck or spine
- If the student is not mobile immediately call an ambulance and:
  - Inform them of your location,
  - Respond to the questions the operator for the ambulance service may ask clearly and succinctly.
- After calling the ambulance, immediately contact;
  - The school office on 97580808 and ask for the Deputy Principal, Mrs Toefy, or, if not contactable,
  - The Office Manager, or, if not contactable
  - The Principal
- One of the above will then inform the parent/s or guardians.
- Make arrangements for someone to guide the ambulance personnel to where the injured/ill student is.
- Ensure that the other students on the excursion are safe and supervised.
- Stay with the student at all times and continue comforting the student and continue with first aid if necessary.
- When the ambulance arrives provide them with a concise description of the injury/illness and what actions you have taken.
- Where appropriate, organize for a teacher to accompany the student to hospital till parents/guardians arrive.
Administering prescribed medication at Rissalah College

The administration of medication forms part the school’s common law duty of care to take reasonable steps to keep students safe while they attend Rissalah College.

When a medical practitioner has prescribed medication that must be administered during the school day, parents are responsible for:

- bringing the need for medication to the attention of the school.
- ensuring that information relevant to the medication and the medical condition that it has been prescribed for is updated if it changes.
- supplying the medication and any 'consumables' necessary for its administration in a timely way.
- collaborating with the school in working out arrangements for the supply and administration of the prescribed medication.

The administration of prescribed medication in schools is carried out by staff (teaching or administrative) who volunteer and who are trained.

Important Steps:

- Parents of children who require prescribed medication to be administered at school must complete a written request (See ‘Request for administering prescribed medication to a student at Rissalah College’ Appendix 3)
- The principal will ensure that parents are have completed with the Student Medication and Health Care Form (Appendix 4).
- The principal will confirm arrangements for administering medication in writing to parents (See Appendix 5)
- Students must not carry medications unless there is a written agreement between the school and the student's parents that this is a planned part of the student's health care support. The student’s name and class must be written clearly on the medication
- It is the principal's responsibility to fully inform relevant staff (including casual teachers) of the management implications of students requiring the administration of prescribed medication. Each classroom should have a readily accessible register that provides succinct details of medication and treatment options for the students in the class.
• Except in an emergency, only individual staff members who have volunteered and been trained, will administer prescribed medication to students.

• The principal will oversight implementation of the course of action determined necessary for the support of individual student's health needs.

• The principal will ensure that all copies of the written medical advice and any other relevant documentation are regularly updated and stored in a secure and confidential manner.

• Where medication is administered by staff all efforts must be made to ensure that medications are kept in a safe and secure space to avoid loss, theft, contamination or other misuse.

• All medication administered by staff must be recorded (see Medication Log Appendix 5).

• All prescribed medicines must be clearly labeled with the name of the student, the dosage and the schedule for administering the medication.

• Medications that are not clearly labeled should not be administered to students.

Administering Medication at Rissalah College

Check list for administering medication

☐ parents have been provided Medication and Health Care Form (Appendix 4) and Request for administering prescribed medications form (appendix 3).

☐ a place is specified for the administering medication which is as private and easily accessible as possible for students and relevant staff

☐ the administration occurs at a time when privacy is easier to ensure and there is minimal disruption to school routine

☐ the administration occurs, as far as possible, at the times indicated.

☐ the student's identification, prescribed medication, dosage and route of administration can be verified, and where possible, checked by a second person

☐ one person who has volunteered and is trained, is responsible for administering the prescribed medication

☐ alternative arrangements agreed to with parents can be implemented in case of staff absence

☐ a record is kept of the administration of prescribed medication (see Medication Log Appendix 5).

☐ safe hygiene practices are carried out
non-compliance by the student is addressed as soon as possible with the parent

prescribed medications can be administered when variations in school routine such as excursions occur

that staff know to raise any concerns about prescribed medication or consumables that have not been supplied as agreed or unexpected side effects, with the principal so that they can be discussed with the parent.

Self administration of prescribed medication by students

As students increase in age they can become more responsible for their own actions and are reasonably able to self administer medication. However, if a student self administers prescribed medication Rissalah College has a duty to take reasonable steps to ensure that the self administration is carried out safely, e.g. students with type 1 diabetes may need to withdraw to a safe and clean environment, students with asthma may need to be withdrawn to use their inhaler/puffer.

Medication and Emergency Care

Rissalah College does not generally supply or administer medications in an emergency unless the medications have been provided by parents as part of the negotiated individual health care plan for a specific student.

In an emergency which has not been anticipated in the emergency/response care section of an individual health care plan, staff at Rissalah College will respond as outlined in the Injury/Illness Policy detailed above. Where an emergency response requires the immediate administration of medication to prevent serious illness or injury, staff should administer the medication e.g. Ventolin for an asthma attack.

Severe Allergic Reactions

From time to time students may be enrolled Rissalah College who have serious allergic reactions with involvement of the breathing passages. These students should have an EpiPen® or other adrenaline auto injector if there is the possibility that re-exposure to the allergen can occur. An EpiPen® is used to treat severe allergic reactions (anaphylaxis).

Where a student has a known history of severe allergic reactions they should have their Anaphylaxis Action Plan clearly displayed in the staff room (See Anaphylaxis Action Plan below).
Non-prescribed medications
In general, Rissalah College will not administer medication which has not been specifically requested by a medical practitioner for an individual student for a specific condition. In some cases the medical practitioner may not write 'a prescription' for such medication because it may be available 'over the counter'. In such cases the school will follow the same procedures for such medications as for 'prescribed medications'.
### Rissalah College Injury/Illness Log 2014

<table>
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<th>Date</th>
<th>Time in</th>
<th>Injured student</th>
<th>Nature of injury/illness</th>
<th>Treatment</th>
<th>Parent</th>
<th>Call Time</th>
<th>Dismissal comment</th>
<th>Time out</th>
<th>Initial</th>
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N/R = Not required  
RTC = Returned to class
Appendix 2
Rissalah College
Accident/Illness Investigation Report

This Accident/Illness Investigation Report should be completed as soon as practicably possible after an accident/injury deemed to be a ‘major’ injury or accident in the school’s policy.
The purpose of this document is to identify what occurred, what steps were taken and what may need to be changed to prevent the accident of injury occurring in future.

Date of Completing this report: ______________________ / /
1. Is the matter being reported an Illness □, an injury □ or both □?
2. Injured person’s details:
   Surname: ___________________ Given Name: ___________________
   Address: ___________________ Date of Birth: ______ / ___ / ___
   Was the person injured a: □ Student. □ Member of Staff. □ Parent. □ Other.
3. Details of the person completing this report:
   Surname: ___________________ Given Name: ___________________
   Address: ___________________
   Is the person completing this report a: □ Student. □ Member of Staff. □ Parent. □ Other.
4. Details of the injury/illness:
   Date of the Injury/Illness: ___ / ___ / ___ Time of the Injury/Illness: ___am/pm
   Details of the injury or illness: ________________________________________________________________
   ________________________________________________________________
   Location of the injury or illness: ________________________________________________________________
   ________________________________________________________________
   What was the injured or ill person doing at the time? ________________________________________________
   ________________________________________________________________
   In the case of an injury, how was the injury sustained? ________________________________________________
   ________________________________________________________________
5. Details action taken:
   Who was the first person to notice the injury or illness? ________________________________________________
   ________________________________
   Describe what action was taken: _________________________________________________________________
   ________________________________________________________________
Was an ambulance called?  □ Yes  □ No. Who called the ambulance? ______________________________________

Was the injured or ill person taken to hospital or other medical service?  □ Yes  □ No

Was the parents or guardians called?  □ Yes  □ No. Who called the parents or guardians

Name of Hospital or other medical service: ________________________________________________

6. Details of treatment and outcomes:
What treatment did the injured or ill person receive after leaving the school? ______________________

________________________________________

Have they recovered from the injury or illness?  □ Yes  □ No. If No, what is the current nature of their illness and injury: ________________________________________________________________

________________________________________

Are they continuing to receive medical treatment?  □ Yes  □ No. If Yes what treatment are they receiving? ________________________________________________________________

________________________________________

7. Assessment of cause of injury or illness
Illness
In the case of an illness, did the person arrive at school with the illness?  □ Yes  □ No

Injury
In your opinion was the person injured by:
□ a student □ faulty equipment/facilities □ their own actions

Is there a continuing risk of injury from:
□ a student □ faulty equipment/facilities □ their own actions

What actions have been taken to minimize the risk of continuing injury?________________________________________

________________________________________
8. Witnesses

Were there any witnesses to the illness or accident other than the person completing this report? ☐ Yes

☐ No (If yes please complete below)

Surname of Witness 1: ___________________________ Given Name of Witness 1: ___________________________
Surname of Witness 2: ___________________________ Given Name of Witness 2: ___________________________
Surname of Witness 3: ___________________________ Given Name of Witness 3: ___________________________

Have witness statements been collected and appended to this report? ☐ Yes ☐

9. Report

The information contained in this report true and correct.

Surname: ___________________________ Given Name: ___________________________
Signature: ___________________________ Date: _____ / ____ / _____
Appendix 3

Request for administering prescribed medication to a student at Rissalah College

Information
Name of child: ................................................................. Class: .................................................. 
(Note: if your child is to take more than one prescribed medication, please attach a separate request for each medication.)

Name of prescribed medication: ..............................................................................................................

Prescribed for (name of medical condition): ..............................................................................................

Prescribed dosage: ....................................................................................................................................

What are you requesting the school to do? .................................................................................................
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Special storage requirements if any e.g. in refrigerator: ............................................................................

Special instructions for administering the prescribed medication/s eg must be taken with food or with a glass of water ...................................................................................................................

Through information you have obtained from your doctor or acquired yourself, are you aware of any likely side effects from the prescribed medication?

Yes ☐ No ☐ If Yes, Please provide more information:
........................................................................................................................................................................

If your child administers his or her own medication at home, do you request that he or she self administers this medication at school?

Yes ☐ No ☐ 

(Note: The Principal needs to approve a decision for a student to self administer).
If your child self administers the medication at home, what level of support do you, as the parent/caregiver/guardian provide? (Please describe): .................................................................
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Name of person who will carry the medication to school: .................................................................
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Parent/guardian signature:................................................................. Date: ........................................

Privacy notice
The information requested on the form is essential for assisting Rissalah College to plan for the support of your child’s health needs. It will be used by the school for the development of arrangements with you to support your child’s health needs. Provision of this information is voluntary. If you do not provide all or any of this information, the school’s capacity to support your child’s health needs could be impaired. This information will be stored securely. You may correct any personal information provided at any time by contacting the Principal.
Appendix 4

Rissalah College Student Medication and Health Care Form

Information
Name of child: ................................................................. DOB: ..................................................

Class: .......................... Child's Medicare Number: ..........................

DOB: ................................ Expiry Date: .........................

Parent/Guardian Contact Details
Parent/guardian information (1)

Name: .................................................................

Relationship to child: .................................................................

Address: .................................................................

Home phone: ....................................................... Work phone: .................................................................

Mobile phone: .................................................................

Parent/guardian information (2)

Name: .................................................................

Relationship to child: .................................................................

Home phone: ....................................................... Work phone: .................................................................

Mobile phone: .................................................................

Medical practitioner contact

Name: .................................................................

Address: .................................................................

Phone: .................................................................
Health/medical condition
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................

Previous medical emergencies
Has your child experienced an emergency arising from this medical condition in the past two years?

☐ Yes (please provide details).
........................................................................................................................................................................
........................................................................................................................................................................

☐ No

Allergies
Does your child have an allergy to anything: (eg, peanuts, penicillin, bee stings)

☐ Yes (If yes please ensure that the Emergency Management Plan and the Anaphylaxis management Plan are completed.

☐ No

Prescribed Medications
If your child is taking prescribed medications please provide details of the medication and the reasons why the child is taking the medication.
........................................................................................................................................................................
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If your child has a health/medical condition please provide a letter from your doctor explaining what should be done in the event of an emergency.

Other Comments
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........................................................................................................................................................................
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Appendix 5

Letter to parents confirming arrangements to meet their request for administration of prescribed medication

Dear_________________________________________________________

This letter is to advise you that the school has agreed to administer __________________________________________ (prescribed medication) to_____________________________________________________________ (student’s name) ________ (year/class) at these times ____________________ (times of administration).

The school will make every endeavour to provide the medication at the times requested although some variations may be unavoidable on occasions.

The school has agreed with you that the prescribed medication will be delivered to school by ______________________________________________(Name of person delegated to supervise medication). The prescribed medication must be clearly labeled with:

• the child’s name,
• the name of the medication and
• the prescribed dosage.

You will need to provide the prescribed medication and any associated equipment to the school as required.

School staff who have volunteered will support your child’s health care needs at school. This arrangement will be reviewed periodically or when there is a change in your child’s health needs or if the situation arises where this plan cannot be implemented.

If for any reason, there are any changes in your child’s health care needs, please inform the school immediately. Please contact the school at any time if you have any concerns or questions about these arrangements.

INCLUDE THE FOLLOWING PARAGRAPH ONLY IF THE PARENT/GUARDIAN REQUESTED THAT THE CHILD SELF ADMINISTER MEDICATION.

Your request for your child to self administer prescribed medication is ______________________ (supported or not-supported.) (If ‘supported’ insert the following statement: ‘The school will continue to work with you to support your child in managing the administration of this medication.)

If the situation arises where this plan cannot be implemented we will contact you on the telephone numbers provided.

Yours sincerely

........................................................................

Principal Rissalah College

Date.....................
Appendix 6

Sick Bay / First Aid Advice

When a student is injured or becomes ill and attends the Sick Bay a record should be kept and parents will be notified of their attendance.

**Sick Bay / First Aid Advice Notice to Parents**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Student Name:</th>
<th>Class:</th>
<th>Treatment:</th>
<th>Time Out:</th>
<th>Attended By: (Print name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time in:</td>
<td>Reason</td>
<td></td>
<td></td>
<td>Returned to Class</td>
<td>Taken Home</td>
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<td>Attended By: (Signature)</td>
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</tbody>
</table>

Dear Parent,

This is to advise that your child attended the Sick Bay or required First Aid as recorded above.

Should you require further information please call the school office or the person in attendance shown above shown above.

Please sign and return this form.

Parent signature:..............................................................................................................................................

Date: ........../........./........
## Rissalah College Administration of Medication Log 2014

<table>
<thead>
<tr>
<th>Date</th>
<th>Time in</th>
<th>Class</th>
<th>Student name</th>
<th>Medication</th>
<th>Amount Administered</th>
<th>Administered By</th>
<th>Comments</th>
<th>Time out</th>
<th>Sign</th>
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</table>
Rissalah College

Emergency Care/Response Plan for Individual Students

Name of Student: ____________________________

Class: ____________________________

Health Condition: ____________________________

Prescribed Medication: ____________________________

Signs or Symptoms to be watched for: ____________________________

Action or steps to be followed: ____________________________

Emergency Contacts:

Name: ____________________________ Name: ____________________________

Relationship to child: ____________________________ Relationship to child: ____________________________

Home Phone: ____________________________ Home Phone: ____________________________

Work Phone: ____________________________ Work Phone: ____________________________

Mobile Phone: ____________________________ Mobile Phone: ____________________________

Medical Practitioner: ____________________________

Address: ____________________________

Phone: ____________________________

Attach or insert Photo of Student
Rissalah College
Anaphylaxis Action Plan for Individual Students

Name of Student: __________________________
Class: __________ Date of Birth: __________

Mild to Moderate Allergic Reaction

Signs or Symptoms
- swelling of lips, face, eyes
- hives or welts
- abdominal pain, vomiting

Action
- stay with child and call for help
- give medications (if prescribed)
- contact parent/carer

Watch for signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)
- difficulty/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- loss of consciousness and/or collapse
- pale and floppy (young children)

Action
1. Give EpiPen® or EpiPen® Jr
2. Call ambulance. Telephone 000
3. Contact parent/guardian

If in doubt, give EpiPen® or EpiPen® Jr

Additional Instructions: ______

Emergency Contacts:
Name: __________________________
Home Phone: __________________________
Work Phone: __________________________
Mobile Phone: __________________________
Medical Practitioner: __________________________
Phone: __________________________
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<th><strong>2011</strong></th>
<th><strong>Comments</strong></th>
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<td>26/6/2014</td>
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