



Fish Hoek Primary School

ESTABLISHED 1928

GRADES: Pre R - 7

FIRST AID POLICY

NB The issue of giving children any medication at school was dealt with in some detail in Undercurrents Vol 3, number 14, of 19 August 2013. It is recommended that a copy of that document be attached to this policy for reference purposes.

1 BASIC PREMISES

- 1.1 It is an unfortunate reality of life in our communities that there can be no guarantees around the safety of one's person: not at home, not on our streets: and our school is not immune to this reality.
- 1.2 In accepting the above, it is the belief of the school that the safety of human life at all times takes precedence over the safety of property, and this belief will underpin all interventions and initiatives relating to safety and first aid at the school.
- 1.3 The school accepts responsibility for the young people committed into its charge and care, and recognizes its responsibility to act in an emergency in such a way as to maximize the well-being and safety of the ill and/or injured. While adhering to this approach, the school will nevertheless make a real and reasonable effort to contact the parents of ill or injured pupils **before responding at a level which goes beyond the actions and measures described in 4.4, 4.5, 5.1 and 5.2.**

2 SPECIFIC PRIORITY AGREEMENTS

- 2.1 The undertaking given in 1.3 above notwithstanding, it is specifically agreed and accepted that, in the absence of the parent, and should no other reasonable and realistic alternative be available, the school and its employees have parental permission to:
 - 2.1.1 Allow trained medical, para-medical and first aid staff to treat the child should this be deemed necessary.
 - 2.1.2 Authorise his/her admission to hospital.
 - 2.1.3 Sign an authorization for an **emergency** operation or similar treatment if that is deemed to be in the child's best interests.
- 2.1 It is further specifically agreed that the family, and not the school, has sole responsibility to meet all costs of medication or treatment received in terms of this policy or the school's protocol on medication, with the exception of the costs of the first dose of the remedies referred to in clause 2.1.1, which costs shall be borne by the school and paid for from the school fund.

3 GENERAL PROVISIONS

- 3.1 In accord with relevant health and safety legislation the school will:
 - 3.1.1 Take such action and implement such precautionary measures as may reasonably and realistically be required to nullify the foreseeable hazards which are likely to arise at school or during school activities.
 - 3.1.2 Take all reasonable and practicable precautions needed to avoid illness or injury to pupils, employees or others occurring at school.
 - 3.1.3 Attempt to take reasonable steps to mitigate any hazard or potential hazard before it becomes a danger.

It's all about our kids

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- 3.1.4 Provide essential information to ensure that all employees, pupils, their parents and visitors to the school are aware of potential hazards at school and are aware of how they are to be responded to.
- 3.2 While doing its best to provide a safe environment, the school requires that the following realities of the schoolyard be recognised by all those entering the premises:
 - 3.2.1 Participation in any sporting or other activity at or through the school, including the use of transport arranged by the school, may entail risks, and it is a condition of participation in any activity or use of any facility (including the use of transport provided by or through the school), that such participation or use shall be at the risk of the user/participant and/or his/her parent/guardian.
 - 3.2.2 The staff of the school are educators or administrators, without formal medical or paramedical knowledge or experience.
 - 3.2.3 They are neither by qualification nor availability in a position to oversee any treatment of a pupil, employee or visitor to the school; nor accept any responsibility for ensuring that medicine is taken as directed; nor for the oversight of any exercise regimen which the child should be following.

4 **FIRST AID**

The First Aid Policy of the School is built around the following premises:

- 4.1 The School will put and keep in place such measures and safeguards as are regarded as necessary to protect the personal and physical well-being of our staff, pupils and visitors **as far as this is or may be reasonably practicable.**
- 4.2 The school will put in place both a programme to allow staff and learner volunteers to be trained in basic first aid; and a first aid group to provide basic first aid on the premises and at school activities/functions.
- 4.3 At the same time, the school expects everyone in the school to play their part in creating and maintaining a safe environment by being vigilant and taking all reasonable care in their interactions, one with another.
- 4.4 Whenever the school arranges, organizes or mounts an event, activity or function, a first aid facility appropriate to the activity taking place will be provided or arranged by the school.
- 4.5 Where low-level illness or injuries occur, the school will provide or obtain first-tier first aid for the ill or injured from its own resources.
- 4.6 Where more than the rudimentary response which falls within the scope of the school's resources is required, the school will refer those in need of more sophisticated treatment to a relevant outside medical agency, in which case any costs will be borne by the family of the 'patient'.

5 **ACTIONS BY THE SCHOOL**

- 5.1 Against the background described above, it is agreed and accepted that the school and/or its staff or delegates will accept normal *in loco parentis* obligations. Further to the foregoing, staff of the school may, at their sole discretion:
 - 5.1.1 Administer the most common and innocuous of generic over-the-counter remedies (e.g. pain relievers, cough lozenges, cough syrup, disinfectant ointments and the like). The younger the pupil involved, the greater the care which is necessary: The law seems to preclude staff from giving any medication to learners of 12 years or younger, and to accommodate the law our experts recommend that staff telephone the parent and ask what the parent would like them to do when a child complains of headaches, etc. They will provide medication only if approved by the parent (by having filled in the consent form in the diary). The type and amount of medication that was administered will be noted and signed for in the diary.
 - 5.1.2 Take any further steps they deem reasonable in the event of the applicant becoming ill, being injured, or for any reason requiring medical attention while at school or at a school activity or function.
- 5.2 Furthermore, where practicable, and in order to cover against more serious illness or injury, an arrangement with a nearby pharmacy, medical and dental practice, as well as an ambulance

service and the nearest hospital, will be sought for the provision of a standby service, so that in an emergency responsible officials will know or be able to ascertain expeditiously, who to call, secure in the knowledge that the school has built a sound relationship with them and has a basic agreement in place. (CMR)

5.3 Relevant telephone numbers for emergency services will be readily available.

6 PUPILS ON MEDICATION

Where a child is on medication other than that administered in terms of clause 2.1.1 above:

- 6.1 The parents will inform the school that the child is on medication.
- 6.2 They will provide any medication which may be required.
- 6.3 They will enter into an agreement with the school (see protocol and agreement in respect of medication) to manage the medication regimen.
- 6.4 It is further understood, recognised and accepted by the parent and child that, while the school will take every precaution to ensure that medication is stored safely, neither the school nor the staff can assume responsibility for the safekeeping of medicines or medical equipment, nor for any consequences of medicines or medical equipment falling into the hands of other learners.

7 STAFF MEMBERS

The above policy applies mutatis mutandis to members of staff employed by the school, with adaptations necessitated by the context. Examples of such adaptations would include, but not necessarily be limited to the following: The parent of an adult will not be telephoned in the event of injury to the adult, though it may well be relevant to advise, contact or get permission from a spouse or next of kin. It is specifically agreed that the essence of points 5.1.1, 5.1.2 and 5.2 are applicable to staff (with the meaning adjusted to fit the context.)

ADDENDUM

On the basis thereof that the school believes that rugby is generally the school activity in which the severest risk of pupil trauma exists, the following, based on recommendations from BOKSMART, a South African Rugby Union-sponsored initiative, are regarded by the school as an adequate benchmark for the facilities, measures and undertakings which it should have in place at school and in a school sports environment:

The play or playing environment (this includes the field of play and immediate surrounding area for sport, and the general play area used by the pupils for recreation and relaxation):

- Advertising hoardings, poles, pylons and barriers will, where practicable, be 5m from the touchline/boundary or edge of the field or court if 'robust' play is to take place (rugby, soccer, hockey, netball, volleyball, basketball, etc. are regarded as examples of sports where 'robust play' occurs: racquet and indoor sports and water sports can take their cue from this, but obviously have unique environments and own sets of rules.).
- If one or more of the abovementioned obstacles are to be found within the play area as defined above, they will either be removed (where this is practicable) or will be suitably covered so as to provide maximum protection to the players.
- If areas of the playing surface for contact and robust sports comprise or are immediately adjacent to an asphalt or tartan track, the latter should be suitably covered.
- The playing surface should be grass, artificial grass, sand or clay.
- It must be firm and free of hazards, including stones and glass.
- If there is surface water sufficient to realistically raise the risk of drowning, formal sport should not commence.
- Even if the area concerned is not used for sport, but for general play, pupils should be kept away from it until the surface is dry and firm enough no longer to constitute a hazard.
- Where the environment is cold enough to warrant it, the surface must be checked before allowing sport or play to commence, to ensure that it is free from ground ice.

- When it comes to a decision to start a game where groundwater is present, common sense should prevail.

A first-aid case or bag should contain the following, and be available on the premises:

- adhesive dressings (e.g. Opsite)
- adhesive skin closures, (e.g. Band Aid)
- adhesive tape
- antiseptic ointment / spray (e.g. Bethadine, Savlon compression bandages (5cm, 7.5cm, 10cm)
- elastic adhesive bandages (2.5cm, 5cm)
- gauze swabs
- ice
- ice pack
- irrigation solution (sterile eyewash)
- melolin
- nasal pack
- petroleum jelly
- scissors (blunt ended)
- skin care pad (e.g. Second Skin)
- sterile gauze bandage
- surgical gloves
- tincture of benzoin
- towel
- triangular bandages
- water bottle

For serious contact sporting activity: the following should be available in addition to the first-aid kit:

- Spinal board and harness
- Cervical collar and head blocks
- A concussion guide
- SCAT tool

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