



**ST MARY'S COLLEGE**  
*Established 1869*

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# **ST MARY'S COLLEGE HEALTH SAFETY AND HEALTH MANAGEMENT POLICY**

## **1. INTRODUCTION**

Human wellbeing involves complex and dynamic interactions within the human body, between human beings and between human beings and their environments.

The St Mary's College Health Safety and Health Management Policy aims to:

- affirm and support lifestyle choices that promote good health
- identify psychological health as essential to our understanding of wellbeing
- establish practices that ensure protection from injury and infection
- offer processes that ensure the care and management of illness.

## **2. GENERAL PRINCIPLES**

### **DUTY OF CARE**

Teachers and Education Support Officers have a special and primary duty to the students in their care. This duty of care requires them to refrain from doing things that might lead to a child or student being injured. It also requires them to take positive steps towards maintaining health and safety. An employee could be found to be negligent if assistance was not provided to an ill or injured student. The duty of care owed by staff of St Mary's College is that of a 'reasonable professional' and will be governed by factors that include:

- the age of the student
- the student's individual capabilities, including intellectual and physical impairment
- potential dangers
- the degree to which injury, or unwellness due to illness, is predictable.

### **WORKPLACE HEALTH AND SAFETY**

All staff must take reasonable care to protect their own health and safety and that of others while acting as an employee of the College. In providing first aid to students they must therefore:

- become familiar with policies and procedures that guide work performance;
- follow instructions related to health and safety;
- accept responsibility for safe working conditions within their control. This includes the responsibility to notify the Principal should their own health, including their infection status, pose risk to others;
- safeguard the privacy of health information, using privacy principles;
- use equipment provided for health and safety purposes;
- assist with the maintenance of clean and safe equipment and premises;
- apply standard precautions against transmission of infections;
- perform tasks in line with training received.

## **NON-DISCRIMINATORY PRACTICE**

Commonwealth disability discrimination legislation, and state equal opportunity legislation, make it unlawful to discriminate against a person on the basis of medical impairment. In relation to first aid, this means that:

- a student should not be denied first aid assistance. This should be provided in line with the training of staff.
- where a student has a known, predictable first aid need, planning should occur to ensure reasonable, fair and safe access to assistance when needed.

## **3. HEALTH AND WELLBEING**

St Mary's College looks at all aspects of a person's wellbeing, including wellbeing and psychological health. This is evident through the policies and practices such as Restorative Justice and the Development of Personal Responsibility Policy, as well as providing student counseling and referrals to outside agencies, if needed.

## **4. HEALTH PROMOTION**

St Mary's College, through its policies, practices, curriculum and pastoral care of students seeks every opportunity to highlight choices that are consistent with a healthy lifestyle. These include:

- Healthy eating
- Sun protection
- Sexual health
- Human activity
- Counselling services.

## **5. HEALTH SAFETY**

### **FIRST AID AND PRACTICES**

Standard precautions and practices for the basic level of infection control are to be used at all times. They include:

- good hygiene practices, particularly washing and drying hands before and after contact
- the use of protective barriers; for example, gloves and masks
- safe handling of 'sharps' (for example, a syringe used by a visiting nurse, or contaminated broken glass) and other contaminated or infectious waste
- use of sterile techniques.

### **INFECTIOUS DISEASE CONTROL**

Every situation should be managed as if there were a risk of transmission of infection. Standard precautions should be used in the handling of blood, all other body fluids, secretions and excretions (excluding sweat), dried blood and other body substances. This means:

- students should never be asked to undertake a procedure that could expose them to another person's blood or body fluids. This is the responsibility of the adult in charge

- care should be taken to avoid contact with blood
- wherever possible, first aid equipment should be obtained before commencing treatment
- always wear gloves
- after treatment, double bag (ie seal within two plastic bags) any soiled material, with the gloves, and burn or dispose of in general waste
- wash hands again.

## 5. HEALTH CARE & SUPPORT

### ADMINISTERING FIRST AID

The first staff member at the scene of a student collapsing has a primary responsibility to ensure the provision of first aid. The procedures followed must ensure that:

- the casualty receives immediate first aid
- the first aid is provided in a manner which respects the privacy, dignity and safety of the student
- there is immediate access to the student's health support plan, if they have one
- other students are properly supervised.

If the staff member administering first aid is in any doubt about the safety and wellbeing of the student, then they must:

- **Call an ambulance on 000**
  - *Then*
- **Inform emergency contacts**

### ASSISTED SUPPORT FOR A HEALTH CONDITION

Some students have a predictable first aid need. This is often associated with a diagnosed health condition for which standard first aid is adequate. For example, some students have a history of asthma or mild allergic reaction that can be managed via a standard, basic first aid response. A few students will have a predictable first aid need that falls outside the scope of basic first aid training; for example, administration of adrenalin in the management of anaphylaxis, or administration of rectal diazepam as part of seizure management. In these circumstances, it is the responsibility of the Principal or Deputy Principal: Student WellBeing to:

- request that the parent or guardian obtain a first aid plan written by a medical practitioner within an educational setting;
- request that the parent or guardian obtain a first aid plan written by a medical practitioner for excursions/camps;
- use the information from the doctor to document, with the family or student, a health support plan. In developing the health support plan, the following questions should be asked.....

<p><i>Is the first aid plan provided by the doctor <b>the safest and most relevant procedure</b> for a care and education setting?</i></p>	<p><i>Is the first aid procedure <b>as simple and easy as possible</b>, for the child or student and the staff?</i></p>
<p>Sometimes a first aid plan developed for the family is not the most effective strategy for a</p>	<p>For example, it is much easier to manage medication for asthma via a puffer and</p>

<p>care and education service. For example, after discussion about the training and safety implications of the setting, it might be negotiated to call an ambulance instead of undertaking a complex or invasive first aid response.</p>	<p>spacer rather than a nebuliser. It allows independence and far less disruption to routine, so is generally preferable, so long as safety is not compromised.</p>
<p><b>What training is needed to provide the required first aid?</b></p> <p>If the procedure identified in the first aid action plan is taught in standard first aid, then staff members are likely to be well-prepared to undertake the duties required—or they might identify the need for refresher training. If the procedure is not taught in basic first aid, but is available as standard first aid training from an approved first aid training provider, they can contact their local first aid training agency to arrange training. Examples of procedures of this nature are administration of adrenalin via Epi-Pen (not syringe) or first aid administration of oxygen. If the procedure is not standard first aid, they should consult their relevant support services. Some complex and invasive procedures, such as ventilator support or rectal administration of medication, require training and support from a registered nurse. In South Australia, district education support services can make a referral to the Child and Youth Health Access Assistant Program to arrange a trained access assistant to provide complex and/or invasive first aid.</p>	<p><b>How will the health support plan be monitored and reviewed?</b></p> <p>For example: What records will be kept and shared of first aid interventions? How will staff maintain necessary skill levels, especially if they are rarely required to enact the plan? How will the family and staff monitor their confidence to act as agreed via the health support plan? Monitoring strategies can include arrangements to meet regularly (for example, every three or six months) to exchange written records of first aid interventions (for example, seizure log to be sent home weekly); or to meet after any first aid intervention (for example, administration of adrenalin for an anaphylactic event).</p>
<p><b>How can the first aid support be planned to respect the child's or student's dignity, privacy, safety and learning?</b></p> <p>For example, if a child or student has seizures and is sometimes incontinent, this should be anticipated and plans made to handle the situation in a way which maximises the child's or student's privacy, dignity and safety.</p>	