CAMPS AND EXCURSION POLICY

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Reviewed: 2013
Due for Review: 2017

RATIONALE: At St Jude’s, excursions play a major role in enhancing learning programs organised by the school for which students are required to be away from the school. They are an integral part of our educational program. They provide opportunities for both the educational and faith development of our students and reflect Catholic principles and values. The students gain opportunities to experience life outside of the school in situations that they may not otherwise.

PRINCIPLES:

- School excursions shall be designed to enhance the educational program offered by the school.
- The duty of care exists at all times. The safety of all students is of utmost importance.
- The school excursion is to be regarded as an extension of the school. The same code of conduct expected during school hours is expected of all students, staff and supervisors for the duration of the excursion.
- Staff and volunteers on excursions shall ensure the highest standards of child safety are implemented. This includes and is not limited to familiarising themselves with the CECWA Child Protection Policy Statement and Procedures as well as any legal requirements of the jurisdiction(s) in which they are travelling. Appropriate training will be provided for any adult participants who require it.
- Behaviour Management, Bullying and Harassment, Child Protection and other school policies and processes shall continue to be applicable. Appropriate modifications shall be made to the consequences for unacceptable behaviour and staff, students and families shall be advised of these prior to the camp or excursion.
- The Principal shall consider the financial burden on families of sending students to camps or excursions. Provision shall be made by the school so that no student is prevented from attending camps or excursions, that are an integral part of the educational program, on financial grounds.
- Staff shall ensure that appropriate prayer/liturgical experiences form an integral part of the camp or excursion program.
PROCEDURES:

- Formal notice of class excursions must be given to the Principal for approval prior to the planned event.
- Students shall not be allowed to attend a school excursion unless written permission is granted by the parent/guardian. The permission note shall outline details such as the method of transport and the activities to be undertaken.
- School camps and excursions form part of the school’s curriculum program and therefore shall normally be attended by students. Where parents have any issues regarding the attendance of their child/children on school camps, or excursions, these issues shall be discussed with the Principal or the Principals delegate. Care should be taken to protect the right of parents to decide whether or not to send their children to school camps.
- Where a student does not attend a school camp or excursion the school shall provide an alternative education program.
- Staff attending camps and excursions have a duty of care to the students. No intoxicating substances may be consumed whilst on an excursion or camp.
- The student-adult ratio for the school excursion shall be determined according to the CECWA School Camps andExcursion Guidelines:
  - **Open water situations, such as beaches and dams = 1:8**
  - **Competitive swimming = 1:32**
  - **Swimming and water safety instruction (in term swimming lessons)= 1:16**
  - **Outdoor physical activities = 1:12**
  - **School excursions = 1:12**
- The above student-adult ratios are maximum limits. Other factors to consider are:
  - **The age of the student**
  - **Gender balance**
  - **Location of the excursion**
  - **If a child has specific needs.**
- At least one teacher/assisting adult/instructor supervising aquatic activity must hold one of the following accreditations:
The Royal Life Saving Society – Bronze Medallion and/or

- At least one staff member/volunteer attending a non-water based excursion or camp should hold a current basic first aid certificate.
- All supervisors and volunteers on an excursion or camp must have the appropriate CrimTrac 100 Point Check Police Clearance.
- The organising teacher must know each child’s individual medical needs and conditions. A copy of relevant Emergency Medical Plans and documentation to be taken on excursions and camps.
- Excursion file of children with severe medical conditions must be taken. Emergency contact number list to be on inside cover of excursion file.
- Class roll must be taken and checked off before and after each activity. List of children attending the excursion on the day must be given to the school secretary prior to departure.
- Children must travel together under supervision of the class teacher (No travelling in parents cars without signed parent permission and at the Principal’s discretion). Current Drivers’ licences must be checked by the Principal or the Principal’s delegate.
- Ensure that parent helpers are informed of excursion expectations.
- At the beginning of the camp or excursion, children should be made aware of an emergency location and evacuation procedures.
- At the conclusion of the camp, a detailed report shall be submitted by the camp supervisor to the Principal (Please see attached form). The report shall cover:
  - The adequacy of the camp site
  - Recommendations for the future use of the camp site
  - The overall management of the camp
  - Any injuries that occurred
  - The achievement or otherwise of the objectives of the camp
  - Other information relating to specific incidents on the camp
  - Any other information which may assist in the planning of future camps.
- When during the course of an excursion
  - A student suffered an injury or
Experienced ill health or Where an incident related to student discipline, safety, or any serious consequence occurred, a report shall be submitted to the Principal by the teacher in charge of the excursion. The school has appropriate School Insurance for incidences occurring on Camps and Excursions.

MAJOR EMERGENCIES:
- Assemble all children immediately in a safe location and complete a roll call.
- Contact emergency services
- Ring school and advise the Principal of the situation and provide all necessary information.

EQUIPMENT NEEDED
- Whistle
- Witches hats to define boundaries (if required)
- First aid box (this must be maintained and stocked prior to excursion)
- Mobile phone
- Excursion file
- Checklists
- Sunscreen
- Drink container with water

AQUATIC EXCURSIONS
Teachers are to be familiar with the requirements as outlined in the “School Camps and Excursions: Guidelines for Catholic Schools” file located in the front office before any excursion is undertaken.

Prior to entry of water:
- At least one adult holding a current bronze medallion must supervise no more than one class at a time while an aquatic activity is being undertaken. The appropriate adult:student ratio must also be adhered to. This person is responsible for any rescue. This person is also in charge of deeming the body of water safe and suitable for children to enter. The teacher is in charge of the class at all times.
- Boundaries must be set prior to children entering the water.
- Children that are to be entering the water need to know where to meet (away from the water) in case of an emergency.
In case of an emergency, where multiple classes are present at the one excursion, all children must be aware of their emergency home-room location where they must be checked off their classroom register by the teacher in charge of that room.

Children must be made aware of water safety signals i.e.

- 3 sharp whistle blows means to exit the water immediately.
- Children must wave a closed fist above their head if they are in trouble.
- 1 whistle blow means to stop look and listen.

Teachers must be located at the appropriate depth according to the children’s skill level.

Children must be marked off a class list prior to entry and exit of the water.

ADDITIONAL EQUIPMENT NEEDED

- Flags to mark swimming boundaries.
- Flotation device e.g. boogie board.
- Megaphone
APPENDIX A
DUTY OF CARE

It is CEO policy that teachers have a responsibility to take reasonable care of those students under their control and supervision.

Under common law, the High Court has ruled that a duty of care is owed by a teacher to students by virtue of the teacher-student relationship itself. This duty is to take reasonable care for the safety of the students while they are under the teacher’s control and supervision. Reasonable care means that a teacher must respond to all elements of foreseeable risk and take reasonable steps to ensure that a student does not risk injury and that the wellbeing of the student is not put at risk. This duty is said to spring from the student-teacher relationship itself and is owed to all students whether pre-primary, compulsory or post-compulsory.

However, no matter how careful a teacher may be, accidents will happen. Where an accident occurs, the question of liability will always rest upon the particular facts of the case.

Through an understanding of the general principles of duty of care, and examples of the application of those principles during out-of-school activities, it is intended that the following information will equip principals and teachers with the knowledge to provide an adequate level of care for each supervisory situation.

GENERAL PRINCIPLES:

Teachers:
Teachers owe to each of their students under their control and supervision a duty to take reasonable care for the safety of those students. This duty includes the responsibility to provide safe grounds and equipment and the responsibility to take reasonable action to prevent students from suffering injury from equipment or the actions of other students using equipment.

It is not a duty to ensure that no harm will ever occur but a duty to take reasonable care to avoid harm being suffered.

Teachers, in carrying out their duty of care responsibility, need to consider how to achieve a balance between the meticulous supervision of students and the desirable objective of encouraging students’ independence.

Non-Teaching Staff:
Although there is no duty of care owed to students by non-teaching staff (such as registrars, teacher aides, library assistants, student teachers, cleaners and gardeners, etc) arising from the very nature of their relationship to students, a duty of care can exist which is referable to their conduct.
Parents and Volunteers:
As previously stated, the teacher-student relationship, giving rise to a duty of care, exists when a teacher is charged with the responsibility for supervising or providing for the supervision of a student. This responsibility cannot be delegated to parents, volunteers or other non-teaching staff who assist a teacher in the supervision of students.

A teacher, when deciding whether a person might assist in the supervision of students, should be satisfied that that person is suitable for the tasks to be assigned.

Factors which may be taken into consideration are:
- The number of students involved;
- The age of the students
- The ability of the proposed supervisor; and
- The venue.

They should prepare persons chosen to assist with supervision by carrying out preliminary briefings and must monitor the supervisors and intervene whenever necessary.

All parents and volunteers taking part in excursions are to complete a Confidential Declaration attesting to their probity.

MANAGEMENT OF ANAPHYLAXIS

Anaphylaxis is the most severe form of allergic reaction affecting around one in every two hundred students. Reaction usually occurs very soon after exposure to the “trigger” (eg bee venom, nuts, shellfish, penicillin) and can be life threatening where breathing and the heart are affected.

All school staff (including canteen and sports personnel) must be fully informed of the student’s triggers and be aware of the Emergency Medical Plan if they suspect exposure to the triggers.

The Plan adopted will depend on the age and maturity of the student, the triggers and the circumstances of the environment. The Plan should include steps which the school will take to avoid exposure to the triggers (eg wearing shoes for bee venom anaphylaxis, avoiding experiments with specific foods, discouraging food sharing, using an agreed peer support system, using medic alert bracelets).

Adrenalin is the natural antidote for anaphylaxis. Its benefits far outweigh the risks. It can only be given by injection or by Epipen, a device that can be used by trained lay persons. An Emergency Medical Plan involving the use of an Epipen cannot depend on self-administration (in a severe reaction the student may be unable to trigger the device). All staff should be trained in anaphylaxis prevention, recognition and management. At least two available personnel should be trained in the use of an “Epipen” if this is part of the emergency agreement.
If the trigger has occurred, staff will:

- Look for signs of anaphylaxis (usually rash or swelling of face, sudden asthma, fainting)
- Follow the Emergency Medical Plan and
- Follow emergency medical procedure.

**Signs of Anaphylaxis**

<table>
<thead>
<tr>
<th>Skin/Blood Vessels</th>
<th>Airways and Lungs</th>
<th>Stomach</th>
</tr>
</thead>
<tbody>
<tr>
<td>A rash which is red, raised and/or itchy</td>
<td>Continuous cough</td>
<td>Pain</td>
</tr>
<tr>
<td>Swelling of the face, especially eyelids</td>
<td>difficulty swallowing, talking</td>
<td>Vomiting</td>
</tr>
<tr>
<td>Swelling of the body, especially hands</td>
<td>noisy, difficult breathing</td>
<td>Urge to</td>
</tr>
<tr>
<td>Fainting</td>
<td>hoarse voice</td>
<td>pass stool</td>
</tr>
<tr>
<td></td>
<td>blue lips or tongue</td>
<td></td>
</tr>
</tbody>
</table>

**THREE STEP FIRST AID MANAGEMENT OF ANAPHYLAXIS**

1. **Treat the Symptom**
   - **Insect Venom**
     If the student is stung by a bee, the stinger should be scraped out using a hard object (piece of paper, fingernail, credit card). For all stings, apply a cold compress. Elevate the limb, if that is the site of the sting.
   - **Food**
     Rinse the mouth and any part of the face involved if possible. Do not induce vomiting. Oral antihistamines will not reverse severe effects of anaphylaxis.

2. **Give Emergency Medical Procedure**
   - If the Emergency Medical Plan indicates the use of an Epipen*, the Epipen should be discharged by trained staff according to the terms of the Plan.
   - Maintain Airway, Breathing and Circulation.

3. **Contact Medical Assistance**
   - Call an ambulance

*The Epipen is discharged into the outer aspect of the upper thigh after being held in place for 10 seconds. If it is dislodged before 10 seconds, no attempt should be made to reinsert. The Epipen can be given through clothing, although this is not the preferred method, and no swabbing of the skin is required. Care should be taken to check the expiry date before use, and afterwards, to store the Epipen safely until handing to ambulance officers on their arrival. Storage – where the circumstances allow, the child may carry around the Epipen (with instructions in a plastic bag in a “bumbag”) or it may be stored in an easily accessible, set location away from heat and light.

(Based on *The Recognition, Management and Prevention of Anaphylaxis in Children, Pre-school and School*, South Australian Department of Education Training and Employment, 1998)
ST JUDE’S SCHOOL, LANGFORD : POLICY STATEMENT

MANAGEMENT OF ASTHMA

People with asthma have sensitive airways in their lungs. When they are exposed to certain triggers, their airways narrow, making it harder for them to breathe. Trigger factors that may lead to an asthma attack include colds/flu, exercise, pollens, changes in temperature, dust mites or cigarette smoke, and these triggers vary from person to person. The main symptoms of asthma are shortness of breath/rapid breathing, wheezing, coughing, and tightness in the chest.

Asthma Medication
School staff need to be aware of the appropriate medication to be administered in the event of an asthma attack.

Relievers: These medications provide relief from asthma symptoms and are used to relieve an asthma attack. Common brands include Ventolin, Airomir, Asmol or Bricanyl (usually in a blue container). They should be easily accessible to the student at all times. All students with asthma should be encouraged to take their reliever medication when they develop symptoms at school.

Students with moderate to severe asthma may need to take different coloured medications daily, but these are usually taken at home.

Asthma medications are generally taken via a hand-held inhaler device such as a “puffer” (metered dose inhaler) or dry powder inhaler (Turbuhaler, Accuhaler, Aerolizer, which are prescription only products). The local pharmacist can provide information about the appropriate products to purchase over the counter.

It is recommended that a puffer be used in conjunction with a ‘spacer’ to assist with fast and more effective delivery of the medication. A reliever puffer, spacer and asthma first aid instructions should be included in every school first aid kit. The spacer in the first aid kit should be labelled clearly to indicate that it must be cleaned after each use: it must be separated into two parts, washed in warm water containing dilute detergent and, when dry, reassembled ready for the next use.

Note: This procedure is necessary to ensure the drug particles are available to treat the asthma attack rather than sticking to the surface of the spacer.

Student Asthma Records
The parent of every student in the school with asthma should be asked to fill out an Emergency Medical Plan for students with intensive needs. Parents need to be informed that teachers will be notified of the students in their care with asthma and that Emergency Medical Plans will be easily accessible to these teachers. The school should send out plans to parents so they can be updated at the beginning of each school year. Parents are responsible for updating this plan if their child’s asthma changes significantly and should ensure their child has an adequate supply of the appropriate asthma medication at school.

The Emergency Medical Plan needs to include information on the student’s usual asthma medical procedure (medication taken on a regular basis when the student is
well’ or as premedication prior to exercise). The plan should provide details of the student’s symptoms, triggers and medication requirements, ie name of medication(s), method (eg puffer and spacer, turbuhaler, tablets, syrup, discs), when and how much to take.

**Emergency Procedure of an Attack**
The severity of an asthma attack can be determined by symptoms which may involve:

- **Mild:** Coughing, soft wheeze, minor difficulty in breathing and no difficulty speaking in sentences.
- **Moderate:** Persistent cough, loud wheeze, obvious difficulty in breathing and able to speak in short sentences only.
- **Severe:** Distress and anxiousness, gasping for breath, unable to speak more than a few words, pale and sweaty and may have blue lips.

All students judged to be having a severe attack require emergency medical assistance. Regardless of whether an attack of asthma has been assessed as mild, moderate or severe, emergency procedures must commence immediately.

**ASTHMA FIRST AID PLAN**

In the event of an attack, the student’s Emergency Medical Plan should be followed. If no Plan is available, the steps below should be taken immediately. Should the student’s own reliever puffer not be readily available, a reliever puffer should be obtained from a first aid kit, or borrowed from another student/staff member and given without delay. It does not matter if a different brand of reliever puffer is used.

**Step 1** Sit the student upright, remain calm and provide reassurance. Do not leave the student alone.

**Step 2** Give four (4) puffs of a blue reliever puffer (Airomir, Asmol, Bircanyl or Ventolin), one puff at a time, preferably through a “spacer”. Use a blue reliever puffer (Airomir, Asmol, Bircanyl or Ventolin) on its own if no spacer is available. If spacer is used, see earlier comments about preparation for use the next time. Ask the student to take four (4) breaths from the spacer after each puff.

**Step 3** Wait four (4) minutes.

**Step 4** If there is little or no improvement, repeat Steps 2 and 3. If there is little or no improvement, call an ambulance immediately (Dial 000). Continue to repeat steps 2 and 3 while waiting for the ambulance. If the attack is severe, the student’s parents and doctor should be contacted.

Reliever puffers are safe. An overdose cannot be given by following the instructions outlined. However, it is important to note the student may experience harmless side effects of shakiness, tremor or a racing heart.

**What if it is the First Attack of Asthma?**

If a student has difficulty breathing, follow the Asthma First Aid Plan immediately whether or not the student is known to have asthma. No harm is likely to result from giving a blue reliever puffer to someone without asthma.
St Jude’s School Camp Report

Location of Camp:

Date of Camp:

Adults supervising the camp:
Teachers:
Volunteers:

The Adequacy of the camp site:

Recommendations for the future use of the camp:

The overall management of the camp:

Any injuries that occurred:

The achievement or otherwise of the objectives of the camp:

Other information relating to specific incidents on the camp:

Any other information which may assist in the planning of future camps:

Name of Person completing the form:
Role: