



FIRST AID POLICY

STATEMENT OF PURPOSE:

At any one time a student can have a health condition or care need that could impact on their attendance and participation within school. This can require short or long term first aid planning, supervision for safety, routine health and personal care support, and occasionally complex medical care needs.

AIMS:

- To administer first aid to children when in need in a competent and timely manner.
- To communicate children's health problems to parents/carers when considered necessary.
- To provide supplies and facilities to cater for the administering of first aid.
- To maintain a sufficient number of staff members trained with a Level 2 First Aid Certificate.

IMPLEMENTATION:

- All staff will be deemed capable of rendering basic first aid: basic first aid principles, including blood spills, and asthma and anaphylaxis management.
- Maintain a sufficient number of Level 2 first aid qualified staff to meet the requirements of the workplace..
- Additional training may be required to manage students with chronic health issues such as diabetes and epilepsy.
- The school maintains a registry of all staff members who have completed first aid training, listing their qualifications and renewal date.
- Designated areas of the school will have displayed Management Plans for students with asthma, anaphylaxis and chronic illnesses.
- First aid kits and 2-way radios will be available for use during yard duty. First aid kits will be available for excursions and camps and an agreed communication process will be in place.
- A ready supply of protective disposable gloves will be available for use by staff.
- Ventolin for students without an asthma plan will be readily available.
- Adrenaline Autoinjectors for General Use will be readily available in an emergency.
- A dedicated first aid room will be available. A comprehensive, approved supply of basic first aid materials will be available at all times.
- Supervision of the first aid room will be the responsibility of the office staff. Any children in the first aid room will be monitored by a staff member at all times.
- A member of staff is to be responsible for the purchase and maintenance of first aid supplies, first aid kits, ice packs and the general upkeep of the first aid room.
- All injuries or illnesses that occur during class time will be referred to the office staff who will manage the incident.
- Minor injuries only will be treated by staff members on yard duty, while more serious injuries require a level 2 first aid trained staff member to provide first aid.
- For more serious injuries/illnesses, the parents/carers must be contacted immediately by the office staff so that professional treatment may be organised.
- Any injuries to a child's head, face, neck or back must be reported to parents/carers.
- Any children with injuries involving blood must have the wound covered at all times.
- No medication including headache tablets will be administered to children without the express written permission of parents/carers.
- An up-to-date register, located in the first aid room, will be kept of all injuries or illnesses experienced by children that require first aid.

- Any student who is collected from school by parents/carers as a result of an injury, or who is administered treatment by a doctor/hospital or ambulance officer as a result of an injury, or has an injury to the head, face, neck or back, or where a teacher considers the injury to be greater than “minor” will be reported on Department of Education Accident/Injury form LE375, and entered onto CASES..
- If any student falls or presents ill at school, parents/carers or emergency contacts will be contacted requiring the student to be collected, as it is inappropriate for a school to provide for ill and recuperating students. Students must be signed out of the school in a register maintained in the school office.
- All staff have the authority to call an ambulance immediately in an emergency. Office staff must be informed. If the situation and time permits, a staff member may confer with others before deciding on an appropriate course of action.
- At the commencement of each year, parents/carers are responsible for providing the school with current asthma, anaphylaxis management or chronic illness plans.
- Regular requests for updated medical information will be sent home throughout the school year.
- Records of all students with specific health needs are communicated to all staff.
- General organisational matters relating to first aid will be communicated to staff at the beginning of each year. New staff, as part of the Induction Program, will also be updated.
- Parent/carers will be advised to consider personal accident insurance and ambulance cover for their children as DEECD does not insure or cover.

Administering Medication:

- Office staff are responsible for the appropriate storage and administration of prescribed and non-prescribed medications to students.
- When a staff member is authorised to administer specific medications to students, the following information should be provided to the school:
 - *Name of student requiring medication listed on the container – written by pharmacist*
 - *Parental authorisation*
 - *Medical practitioner’s instructions*
 - *Specific dosage to be administered to student*
 - *Time medication to be taken by student*
 - *Route medication to be taken e.g. oral, inhalation, injection, etc.*
- All medication administered, must be recorded by the first aid officer on the school’s student database or on the **Medication Administration Record**.
- No medication, including headache tablets, will be administered to children without the express written permission of parents or guardians.

Anaphylaxis Management:

- See Anaphylaxis Management Policy.

Asthma Management

If the student has an Asthma Action Plan, staff will follow the first aid procedures immediately.

If no Asthma Action Plan is available, staff will follow the following steps:

- **Step 1** – Sit the student down in as quiet an atmosphere as possible. Breathing is easier in a seated position rather than lying down. Be calm and reassuring. Do not leave the patient alone.
- **Step 2** – Without delay give 4 separate puffs of a **blue** reliever medication. The medication is best given one puff at a time via a spacer device. If a spacer device is not available, simply use the puffer on its own. Ask the student to take 4 breaths from the spacer after each puff of medication.
- **Step 3** – Wait 4 minutes. If there is little or no improvement, repeat Steps 2 and 3.
- **Step 4** – If there is still little or no improvement; call an ambulance immediately, (dial 000).
- State clearly that a student is having breathing difficulties. Continuously repeat Steps 2 and 3 while waiting for the ambulance.

Management of First Aid at Camps and Excursions

- All school camps will have at least one Level 2 first aid trained staff member and CPR trained (in the last 12 months) at all times. If students are divided into groups for different activities at different locations there must be a Level 2 first aid trained staff member with each group.
- Comprehensive first aid kits will accompany all camps, along with a mobile phone.
- Parents/carers of all children attending camps or excursions will have provided a signed medical form providing medical detail and giving teachers permission to contact a doctor or ambulance should instances arise where their child requires treatment.
- Copies of the signed medical forms to be taken on camps and excursions, as well as kept at school.
- Copies of students' Asthma or Anaphylaxis Management Plans and associated medication to be taken on all camps and excursions.
- Student medications will be the responsibility of the designated first aid officer attending camps and excursions. A record of administering medications is also the responsibility of the designated first aid officer.

EVALUATION:

- This policy will be reviewed as part of the school's three year review cycle, or at any time that DEECD policy changes influence reporting practices in schools.

Ratified at School Council Meeting held May 12th, 2014.

