

### FIRST AID POLICY

#### **1. Rationale:**

- 1.1 All children have the right to be attended to with due care when feeling unwell, and know that they will be attended to with due care when in need of first aid.

#### **2. Aims:**

- 2.1 To administer first aid to children when in need in a competent and timely manner.
- 2.2 To communicate children's health problems to parents / guardians when considered necessary.
- 2.3 To provide supplies and facilities to cater for the administering of first aid.
- 2.4 To maintain a sufficient number of staff members trained with a level 2 first aid certificate.

#### **3. Implementation:**

- 3.1 A sufficient number of staff (including at least 1 administration staff member) to be trained to a level 2 first aid certificate, and with up-to-date CPR qualifications.
- 3.2 A comprehensive supply of basic first aid materials will be stored in a cupboard in the staff room foyer.
- 3.3 Basic first aid supplies will be available in classrooms and specialist areas.
- 3.5 All major injuries or illnesses that occur during class time will be referred to the administration staff who will manage the incident, all injuries or illnesses that occur during recess or lunch breaks, will be referred to the teacher on first aid duty.
- 3.6 A confidential up-to-date register located in the staffroom will be kept of all injuries or illnesses experienced by children that require first aid.
- 3.7 All staff will be provided with basic first aid management skills, including blood spills, and a supply of protective disposable gloves will be available for use by staff.
- 3.8 Minor injuries only will be treated by staff members on duty, while more serious injuries-including those requiring parents to be notified or suspected treatment by a doctor - require a level 2 first aid trained staff member to provide first aid.
- 3.9 Any children with injuries involving blood must have the wound covered at all times.
- 3.10 No medication including headache tablets will be administered to children without the express written permission of parents or guardians.
- 3.11 Parents of all children who receive first aid will receive a completed form indicating the nature of the injury, any treatment given. For more serious injuries/illnesses, the parents/guardians must be contacted by the administration staff so that professional treatment may be organised. Any injuries to a child's head, face, neck or back must be reported to parents/guardian. The staff member on first aid duty will contact parents by phone.

- 3.12 Any student who is collected from school by parents/guardians 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 DET Accident/Injury form LE375, and entered onto CASES 21 by administration staff.
- 3.13 Parents of ill children will be contacted to take the children home. Staff are to consult with Principal or Assistant Principal prior to calling.
- 3.14 Parents who collect children from school for any reason (other than emergency) must sign the child out of the school in a register maintained in the school office.
- 3.15 All teachers have the authority to call an ambulance immediately in an emergency. If the situation and time permit, a teacher may confer with others before deciding on an appropriate course of action.
- 3.16 All school camps will have at least one Level 2 first aid trained staff member at all times.
- 3.17 A comprehensive first aid kit will accompany all camps and excursions.
- 3.18 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.
- 3.19 All children, especially those with a documented asthma management plan, will have access to Ventolin and a spacer at all times.
- 3.20 A member of staff is to be responsible for the purchase and maintenance of first aid supplies, first aid kits, ventolin and spacers, school EpiPen and icepacks.
- 3.21 At the commencement of each year, requests for updated medical information will be sent home including requests for any asthma management plans, anaphylaxis and allergic reaction action plans, and reminders to parents of the policies and practices used by the school to manage first aid, illnesses and medications throughout the year.
- 3.22 Student Medical Action Plans, filled out by doctors, will be displayed on the wall of the staff room, in teacher offices, in teacher work programs and in the office. All plans will include an up to date photo of the child.
- 3.23 General organisational matters relating to first aid will be communicated to staff at the beginning of each year. Revisions of recommended procedures for administering asthma, diabetes and anaphylaxis medication will also be given at that time and per DET guidelines.
- 3.24 It is recommended that all students have personal accident insurance and ambulance cover and this will be communicated to the community through the newsletter.

#### **4. Evaluation:**

- 4.1 This policy will be reviewed as part of the school’s three-year review cycle. Ratified by School Council on 21st March 2016.