# Purpose / Rationale

**Rationale:**

All students and staff have the right to feel safe and well, knowing that they will be attended to with due care when in need of first aid. The school has procedures for supporting student and staff health for those identified with health needs. The school will provide a basic first aid response as set out in the implementation of this policy, and other related policies to ill or injured students and staff in unforeseen circumstances and emergency situations.

**Aims:**

* To administer first aid in a competent and timely manner to students and staff.
* All staff to be familiar to the school’s first aid procedure.
* To provide portable asthma kits and first aid kits for the school.
* To have knowledge of all students who require health support.
* To communicate students’ health problems to parents if the condition dictates.
* To provide supplies and facilities to enable the delivery of first aid.
* To maintain sufficient numbers of staff trained with a level 2 First Aid Certificate.
* Manage blood and body fluid spills.
* To maintain a school nurse position.

# Implementation/Process

* A first aid room will be available for use during school hours. A comprehensive supply of basic first aid materials will be stored in the first aid room.
* The school nurse will be available in the first aid room on school days between the hours of 10.30am and 3.00pm. In the absence of the school nurse, Level 2 first aid qualified staff will be rostered to supervise the first aid room. Any students in the first aid room will be supervised by the school nurse or a Level 2 first aid qualified staff member at all times.
* Standard first aid procedures will be followed.
* Eight teaching staff and at least two administrative staff members to hold a Level 2 First Aid Certificate, with current CPR qualifications. At least 8 level 2, first aid trained staff are required as per student ratio, per department guidelines.
* One person from every year level to be trained in level 2 first aid for sports events, excursions and camps. To also have at least 2 educational support staff trained in level 2 first aid.
* A list of all Level 2 First Aid qualified staff will be kept in the first aid room. These staff will be available to help in an emergency.
* Portable first aid kits are available for staff on yard duty containing basic items.
* First aid kits will also be available in the first aid room for use on excursions, camps and sporting activities and contain contents consistent with the Department’s First Aid Policy and Procedures.
* All school camps will be attended by at least one Level 2 first aid trained staff member per hundred children.
* A comprehensive first aid kit and a mobile phone will accompany all excursions, off site sporting activities and camps.
* Off-site first aid kits will include Ventolin and a spacer and an Adrenaline autoinjector.
* All children attending camps or excursions must have provided a signed medical form giving teachers permission to contact a doctor or ambulance should instances arise where their child requires treatment. Verbal permission cannot be accepted. Copies of the signed medical forms will be taken on camps and excursions. A school asthma and/or anaphylaxis plan must be completed by parents to accompany those children affected to camp.
* All children, especially those with documented special medical needs, will have access to appropriate medication at all times provided by the parents (See Asthma and Medication policies).
* The school nurse will be responsible for the purchase and maintenance of first aid supplies, first aid kits and the general upkeep of the first aid room.
* All accidents, injuries or illnesses that occur during class time will be referred to the school nurse / first aid room who will manage the incident. All injuries or illnesses that occur during recess or lunch breaks will be referred to the school nurse. Emergencies will be referred to the school nurse or a Level 2 First Aid certified staff member.
* All staff have the authority to call an ambulance immediately in an emergency. If the situation and time permit, staff may seek advice before deciding on an appropriate course of action.
* All staff will receive instruction in basic first aid management skills e.g. asthma, anaphylaxis or any other special medical condition annually.
* All accidents, injuries or illnesses experienced by students that attend first aid, will be logged on Compass-Chronicle-Sick Bay Entry, which will notify parents of the attendance and treatment provided via their Compass Portal. Parents will be personally contacted with any significant first aid related event. All staff injuries will be entered into EduSafe.
* A supply of protective disposable gloves, apron, masks and goggles will be available for use by staff in the first aid room.
* Any child with injuries involving blood will be treated by staff wearing disposable gloves to ensure no contact with blood or bodily fluids. The wound will be covered and gloves, swabs or bandages will be disposed of appropriately.
* Any serious/obvious or significant injuries to a child’s head or face will be reported to the parent or guardian.
* For more serious injuries an attempt will be made to contact the parents or guardians before calling for medical attention except in an emergency situation where urgent attention is required.
* All head injuries must be treated with caution. If a student is unresponsive/lost consciousness, DRSABCD (Danger, Response, Send for help, Airways, Breathing, CPR, and Defibrillator) must be followed. Particular attention to stablise the neck must occur. An ambulance will be called and parents notified. Students who have a concussion or significant head injury will be monitored for any deterioration which could indicate a more severe head injury. Parents will be notified, so that they are aware that their child may relapse or have a delayed reaction. All students with a suspected spinal injury must be immobilised and an ambulance contacted and then parents.
* Any student who is collected from school / hospital by parent or guardians:
* as a result of a significant injury,
  + - following administration of treatment by a doctor/hospital or ambulance officer as a result of an injury,
    - or who has a significant injury to the head or face,

will be reported on DET Accident/Injury form, and entered onto CASES21.

* A work cover form should be completed by staff within 48 hours of an accident or injury requiring treatment by a doctor. It then needs to be entered into edusafe by the staff member.
* Parents or guardians of a child who is ill will be contacted to take the child home. The child may be isolated if symptoms of COVID/flu like symptoms or gastro are present.
* Parents or guardians who collect children from school for any reason (other than emergency) must sign the child out of the school by recording their departure on the Compass register maintained by the school office staff. If the child is collected from First Aid / Sick Bay, the nurse will complete the departure from the Sick Bay entry on Compass.
* Every student who has a serious or complex medical condition or illness should have an individual management plan supplied by the parent or guardian attached to their enrolment form, an updated copy is required when changes occur, and kept in the first aid room. The plan should include:
* the usual medical treatment needed by the student at school or on school activities,
* the medical treatment and action needed if the student’s condition deteriorates,
* the name, address and telephone numbers for an emergency contact and the student’s doctor.
* At the commencement of each year, requests for updated first aid information will be sent home including requests for asthma and anaphylaxis/ allergy management plans.
* No routine medication will be administered to students without the written permission of a parent or guardian (Refer to Student Medication policy).
* Medication may be administered to students as a single dose only with verbal permission over the phone from the student’s parent / guardian when the circumstances indicate the medication should be administered at that time. Paracetamol, Nurofen and antihistamine only. (Refer to Student Medication policy).
* Labelled medication from home will be sent to the first aid room by the parent or classroom teacher to be locked in the first aid cabinet or placed in the first aid fridge by the nurse / office staff and administered as per written instructions / permission (Refer to Student Medication policy).
* Reminders to parents of the policies and practices used by the school to manage first aid, illnesses and medications will be published in the newsletter and on compass throughout the year.
* General organisational matters relating to first aid will be communicated to staff at the beginning of each term. Revision of the recommended procedures for administering asthma medication will also be given at that time.
* Professional development with regard to specific illnesses will be provided to staff on the basis of need.

### **WHERE THERE IS A HEAD INJURY AND SUSPECTED CONCUSSION**

Following a head injury or knock to the head, children and adolescents may be more susceptible to concussion and take longer to recover. The Child-SCAT3 (available in the First Aid Room) can be used to assist identification of suspected concussion. It is not designed to diagnose concussion.

**RED FLAGS – Call an ambulance**

If there is concern after a head injury, including whether ANY of the following signs are observed or complaints are reported, first aid should be administered AND an ambulance should be called for urgent medical assessment:

* neck pain or tenderness
* double vision
* weakness or tingling/burning in arms or legs
* severe or increasing headache
* seizure or convulsion
* loss of consciousness
* deteriorating conscious state
* vomiting
* increasingly restless, agitated or combative.

**OBSERVABLE SIGNS – take appropriate action**

If there are NO RED FLAGS but signs and symptoms that suggest concussion, as listed in the Child-SCAT3 (available in the First Aid Room):

* the student should be immediately removed from play/sport and not engage in further activity (e.g. returning to a sporting game)
* the school must advise the parent or carer to collect the student and recommend a medical assessment, even if the symptoms resolve.

#### **Making contact with parents and carers**

Whenever the Concussion Recognition Tool 5 (used at the scene of incident) and child SCAT3 (used by the Nurse in First Aid) is used to assist with the identification of a suspected concussion, parents and carers should always be contacted and the following actions taken:

* If concussion IS suspected:
  + the school must contact the parent or carer and ask the parent or carer to collect the student from school and recommend a medical assessment, even if the symptoms resolve.
* If concussion ISN’T suspected:
  + the parent or carer should be contacted and informed of the injury and that the Child-SCAT3 has been used to assist with the identification of a suspected concussion
  + If, after being informed of this process the parent or carer wish to collect the student from school, they may do so.
* Following identified concussion incidents, schools may need to make reasonable adjustments as guided by the student’s treating team, including:
  + return to learning and return to sport plans
  + modifying school programs to include more regular breaks, rests and increased time to complete tasks.

For more information, see: [RCH Head injury - general advice](https://www.rch.org.au/kidsinfo/fact_sheets/Head_injury/) and [RCH – Head Injury – Return to school and sport](https://www.rch.org.au/kidsinfo/fact_sheets/Head_injury_return_to_school_and_sport/)

# Supporting Documents/ Appendices

**Reference and Attachments;**

* DET Schools Reference Guide 4.5.1 – first Aid
* Concussion Recognition Tool 5
* Child - SCAT3
* Medication Request Form
* Medication Authority Form
* Nurse on Call 1300 606 024

**Links:**

* Medication Policy
* Asthma policy
* Emergency Management Plan
* Anaphylaxis Policy
* Medication Policy

# Monitoring, review and access of the policy

This policy will be reviewed as part of the school’s three year review cycle.

# Revision and approval history

The section records the history and review of each policy.

| **Date** | **Reviewed by** | **Description of outcome** | **Council Approval Date** |
| --- | --- | --- | --- |
| **June 2017** | **School Nurses** |  | **Sept 2019** |
| **May 2022** | **School Nurses**  **Education Sub Committee** | **Recommended for School Council ratification** | **18/05/2022** |
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