



## TRARALGON SOUTH PRIMARY SCHOOL FIRST AID POLICY

### PURPOSE:

To ensure the school community understands our school's approach to first aid for students.

### SCOPE:

First aid for anaphylaxis and asthma are provided for in our school's:

- Anaphylaxis Policy
- Asthma Policy

### POLICY:

1. From time to time Traralgon South Primary School staff might need to administer first aid to students at school or school activities. Parents/carers should be aware that the goal of first aid is not to diagnose or treat a condition.

2. **Staffing:**

The Principal will ensure that Traralgon South Primary School has sufficient staff with the appropriate levels of first aid training to meet the first aid needs of the school community.

3. **First Aid Kits:**

Traralgon South Primary School will maintain:

- A major first aid kit which will be stored in the First Aid Room; and
- At least 1 portable first aid kit which may be used for excursions, camps, or yard duty. The portable first aid kit will also be stored in the First Aid Room.

The Business Manager will be responsible for regularly maintaining all first aid kits, though this may be delegated to other Education Support staff as required. At a minimum, an annual audit and restocking of all first aid supplies will be conducted at Traralgon South Primary School.

4. **Care for Ill Students:**

Students who are unwell should not attend school.

If a student becomes unwell during the school day they may be directed to the First Aid Room and monitored by staff. Depending on the nature of their symptoms, staff may contact parents/carers or an emergency contact person to ask them to collect the student.

## 5. First Aid Management:

If there is a situation or incident which occurs at school or a school activity which requires first aid to be administered to a student:

- Staff who have been trained in first aid will administer first aid in accordance with their training. In an emergency situation, other staff may assist in the administration of first aid within their level of competence.
- In a medical emergency, staff may take emergency action and do not need to obtain parent/carer consent to do so. Staff may contact Triple Zero "000" for emergency medical services at any time.
- Staff may also contact NURSE-ON-CALL (on 1300 60 60 24) in an emergency. NURSE-ON-CALL provides immediate, expert health advice from a registered nurse and is available 24 hours a day, 7 days a week.
- If first aid is administered for a minor injury or condition, Traralgon South Primary School will notify parents/carers by sending a note home to parents/carers, and/or via message on Class Dojo.
- If first aid is administered for a serious injury or condition, or in an emergency situation, school staff will attempt to phone parents/carers or emergency contacts as soon as reasonably practical.
- If staff providing first aid determine that an emergency response is not required but that medical advice is needed, school staff will ask parents/carers, or an emergency contact person, to collect the student and recommend that advice is sought from a medical practitioner.
- Whenever first aid treatment has been administered to a student for anything other than a minor incident/injury, Traralgon South Primary School will:
  - Record the incident on both CASES21 and the Incident Notification Form (see Appendix A attached).
  - If first aid was administered in a medical emergency, report the incident to the Department of Education and Training's (DET) Security Services Unit on 03 9859 6266.

In accordance with guidance from the DET, analgesics, including paracetamol and aspirin, will not be stored at school or provided as a standard first aid treatments. This is because they can mask signs of serious illness or injury.

## REVIEW CYCLE:

This policy was last ratified by School Council on 15 June 2020 and is scheduled for review in 2023.

## APPENDIX A



## CASES21 INCIDENT NOTIFICATION FORM

School Name/Location:	School Number:
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## BRIEF ACCOUNT OF INJURY

Details of Incident: _____	
Accident Date:	Accident Time:

## ACTIVITY (GENERAL &amp; DETAILED)

1. Chemical Use	4. Vehicle Use (Car, Bicycle, Bus, Other)	8. Fighting/Assault
2. Manual Handling, Lifting	5. Machinery Use ( <i>Hand tools, Portable Power Tools, Other Machines</i> )	9. Play General
3. Sports/Physical Education ( <i>Athletics, Basketball, Cricket, Football-All Codes, Skating, Baseball, Gymnastics, Ball Games not Specified, Other Sports</i> )	6. Using Office Equipment	10. Walking
	7. Curriculum Area ( <i>Arts Science, Technology studies, PE, Home Economics, Other</i> )	11. Running, Jumping, Skipping
		12. Accidental Contact by other Person
		13. Other (Specify) _____
		_____
		_____

## ACCIDENT DESCRIPTION

1. Slip	5. Mental Stress	9. Other (Specify) _____
2. Trip	6. Collision	_____
3. Fall	7. Crushing	_____
4. Overexertion	8. Hit by Moving Object	_____

## ACCIDENT SITE (Indicate CAMPUS, if more than one CAMPUS)

1. Sports Ground/Venue	6. Doors/Windows	11. Camp/Excursions
2. Playground General	7. Stairs/Steps	12. Other (Specify)
3. Playground Equipment	8. Paths/Walkways	_____
4. Classroom General	9. Office Administration	_____
5. Chairs	10. Travel to / from School	_____

## STAFF ON DUTY

Name _____
Number of Staff on Duty:

## INJURED PERSON

Type: Student Staff Family Others	Name:	
ID (If Applicable):		
Date of Birth:	Age:	Gender:

Address:	Telephone:
<b>If Applicable</b> Date of Ceasing Work:	WorkCover Claim Lodged:

**INITIAL ASSISTANCE BY PERSON**

Type: Student Staff Family Others ID (If Applicable):	Name:
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**SEVERITY OF INJURY**

INJURY:	1. First Aid (Returned to Class) 2. First Aid (Sent Home) 3. Doctor or Dental Treatment	4. Hospital (Outpatient) Treatment 5. Hospital (Inpatient) Treatment 6. Fatal
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**DOCTOR TREATED PATIENT FOR (If Applicable)**

TREATMENT:	1. Amputation of any part of the body 2. Serious Head Injury 3. Serious Eye Injury 4. Separation of skin from underlying tissue (eg Degloving/Scalping) 5. Electric Shock 6. Spinal Injury	7. The Loss of a bodily function 8. Serious lacerations (serious means “of Grave Aspect” or “Critical”) 9. Injury due to exposure to a substance (eg Gas Inhalation, Acid Exposure) 10. Other (Specify) _____ _____
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**NATURE OF INJURY**

NATURE:	1. Fracture 2. Dislocation 3. Strains/Sprains 4. Lacerations/Cuts 5. Burns/Scalds	6. Crushing/Amputations 7. Bruises/Knocks 8. Dental Injuries 9. Other (Specify) _____ _____
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**LOCATION OF INJURY**

LOCATION	1. Head ( <i>Skull, Face, Jaws, Ears</i> ) 2. Eyes 3. Neck 4. Trunk ( <i>Chest, Abdomen, Buttock, pelvis, Spine</i> )	5. Arm ( <i>Shoulder, Elbow, Forearm, Wrist, Hand, Finger, Thumb</i> ) 6. Leg ( <i>Hip, Thigh, Knee, Ankle, Foot, Toes</i> ) 7. Internal 8. Multiple locations 9. Ear
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**WITNESS DETAILS (Provide attachment if multiple witnesses)**

Name:	Type: Student Staff Family Others ID (If Applicable):
Address:	Telephone:
Witness Statement: _____	