

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.

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, Nullawarre and District Primary School will notify parents/carers by uploading details onto XUNO, a phone call or text message.
- If first aid is administered for a serious injury or condition, or in an emergency situation, school staff will attempt to contact 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, Nullawarre and District Primary School will:
 - Record the incident on the XUNO School Management System
 - Record the incident on a CASES21 Incident Notification Form
 - if first aid was administered in a medical emergency, report the incident to the Department’s Security Services Unit on 03 9859 6266.

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

FURTHER INFORMATION AND RESOURCES

- *Anaphylaxis Policy*
- *Asthma Policy*
- *Administration of Medication Policy*
- *Health Care Needs Policy*

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 & DETAILED)

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

1. Slip 2. Trip 3. Fall 4. Overexertion	5. Mental Stress 6. Collision 7. Crushing 8. Hit by Moving Object	9. Other (Specify) _____ _____ _____
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ACCIDENT SITE (Indicate CAMPUS, if more than one CAMPUS)

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

Name _____
Number of Staff on Duty:

INJURED PERSON

Type: Student Staff Family Others	Name:	
ID (If Applicable):	Age:	Gender:
Date of Birth:	Telephone:	
Address:		
If Applicable Date of Ceasing Work:	WorkCover Claim Lodged:	

INITIAL ASSISTANCE BY PERSON

Type: Student Staff Family Others	Name:
ID (If Applicable):	

SEVERITY OF INJURY

INJURY:	1. First Aid (Returned to Class)	4. Hospital (Outpatient) Treatment
	2. First Aid (Sent Home)	5. Hospital (Inpatient) Treatment
	3. Doctor or Dental Treatment	6. Fatal

DOCTOR TREATED PATIENT FOR (If Applicable)

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

NATURE OF INJURY

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

LOCATION OF INJURY

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

WITNESS DETAILS (Provide attachment if multiple witnesses)

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

PREVENTIVE ACTION PROPOSED OR TAKEN (For Staff members or Severe Accidents)

1. No Preventative Action Taken/Intended	8. Review Personal Protective Clothing/Item
2. Referred to the School's Safety/OHS or Risk Management Committee	9. Review Equipment/Machinery Modifications
3. Referred to the School's Health and Safety Representative	10. Review Equipment/Machinery Maintenance
4. Review of Curriculum	11. Review/Reinforce/Reiterate Student Instructions
5. Review/Reinforce/Reiterate Procedures	12. Review Training Provisions
6. Review Systems	13. Other (Please first contact the Liability Claims Management Unit - Specify) _____
7. Review the Environment	_____

OFFICE USE ONLY – ENTRY TO CASES21

Staff Initial:	Principal Initial:
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Date ____/____/____ Signature of Principal/Head Officer _____