

Nullawarre and District Primary School

| POLICY: | FIRST AID (includes arrangements for ill students) | | |
|------------------------------|--|--|--|
| SCHOOL COUNCIL CONSULTATION: | July 2021 | | |
| TO BE REVIEWED: | As part of the school's four-year review cycle or when | | |
| | changes occur to the Department's "School Policy and | | |
| | Advisory Guide" - July 2025 | | |

This policy does not need to be approved by School Council. The NDPS School Council has been consulted and the views of School Council have been taken into account to ensure that this policy has been tailored to our school community.

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

From time to time Nullawarre & District 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.

Staffing

The principal will ensure that Nullawarre & District Primary School has sufficient staff with the appropriate levels of first aid training to meet the first aid needs of the school community.

Nullawarre & District Primary School's trained first aid officers are:

• Linda Mooseek October 2020

First aid kits

Nullawarre and District Primary School will maintain:

- A major first aid kit which will be stored in the First Aid Room.
- Three portable first aid kits, which may be used for excursions, camps, or yard duty. The portable first aid kits will be stored:
 - First Aid Room

Deanna Bourke will be responsible for maintaining all first aid kits.

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:
 - o Record the incident on the XUNO School Management System
 - o Record the incident on a CASES21 Incident Notification Form
 - o 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

| Cricket, Football-All Codes, Skating, Baseball, Gymnastics, Ball Games not Specified, Other Sports) ACCIDENT DESCRIPTION 1. Slip 5. Mental Stress 2. Trip Machines) 6. Using Office Equipment 7. Curriculum Area (Arts Science, Technology studies, PE, Home Economics, Other) 1. Slip 5. Mental Stress 9. Other (Specify) 9. Other (Specify) | SchoolName/Location: | | | | School Number: | |
|--|---|------------------------------|---|--------------------|--------------------------------|--|
| Accident Date: ACTIVITY (GENERAL & DETAILED) 1. Chemical Use 2. Manual Handling, Lifting 3. Sports/Physical Education (Athletics, Basketball, Cricket, Football-All Codes, Skating, Baseball, Gymnastics, Ball Games not Specified, Other Sports) ACCIDENT DESCRIPTION 1. Slip 2. Trip 3. Fall 4. Vehicle Use (Car, Bicycle, Bus, Other) 5. Machinesy Use (Hand tools, Portable Power Tools, Other Machines) 6. Using Office Equipment 7. Cuniculum Area (Arts Science, Technology studies, PE, Home Economics, Other) ACCIDENT DESCRIPTION 1. Slip 2. Trip 3. Fall 7. Crushing 3. Fall 7. Crushing 4. Overexertion 4. Overexertion ACCIDENT SITE (Indicate CAMPUS, if more than one CAMPUS) 1. Sports Ground-Venue 2. Playgound General 3. Playground Equipment 4. Classroom General 5. Chairs 5. Chairs 6. Collision 7. Crushing 9. Other (Specify) 1. Camp/Excursions 11. Camp/Excursions 12. Other (Specify) 8. Hit by Moving Object 1. Superior of Staffon Duty: 1. Sports Ground-Venue 2. Playground Equipment 3. Playground Equipment 4. Classroom General 5. Chairs 6. Collision 7. Crushing 9. Other (Specify) 11. Camp/Excursions 12. Other (Specify) 12. Cother (Specify) 13. Other (Specify) 14. Vehicle Use (Car, Bicycle, Pall Accidental Contact by othe Person 13. Other (Specify) 15. Machinesy 16. Using Office Equipment 17. Cuniculum Area (Arts Science, Technology studies, PE, Home Economics, Other) 18. Hit by Moving Object 19. Play General 10. Walking 11. Running, Jumping, Skippin 11. Running, Jumping, Skippin 12. Other (Specify) 12. Crushing 13. Other (Specify) 13. Other (Specify) 14. Vehicle Power Tools, Other 15. Chairs 16. Collision 17. Crushing 18. Hit by Moving Object 19. Other (Specify) 11. Camp/Excursions 12. Other (Specify) 12. Camp (Excursions) 13. Other (Specify) 13. Other (Specify) 14. Vehicle Power Tools, Other 15. Chair Strong (Pall Accidental Contact by othe Person 15. Other (Specify) 16. Other (Specify) 17. Crushing 18. Hit by Moving Object 19. Other (Specify) 19. Other (Specify) 10. Other (Specify) 11. Camp (Excursions) 12. | | JURY | | | | |
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| | If Applicable Date of Ceas | | Work | | | |
| | INITIAL ACCIOTANCE D | V DEDGON | | | | |
| Type, student Staff Family Others Ivame: | | | Name | | | |
| ID (If Applicable): | | ly Others | ivame. | | | |

| SEVERITY O | OF INJURY | | | | |
|---|---|---|--|--|--|
| INJURY: | First Aid (Returned to Class First Aid (Sent Home) Doctor or Dental Treatment |) | Hospital (Outpatient) Treatment Hospital (Inpatient) Treatment Fatal | | |
| DOCTOR TR | EATED PATIENT FOR (If Ap | plicable) | | | |
| | T: 1. Amputation of any part of 2. Serious Head Injury 3. Serious Eye Injury 4. Separation of skin from this sue (eg Degloving/Sca 5. Electric Shock 6. Spinal Injury | f the body inderlying | 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) | | |
| NATURE OF | INJURY | | | | |
| NATURE: | 2. Dislocation 7. Bi 3. Strains/Sprains 8. Do | rushing/Amp ruises/Knocl ental Injurie ther (Specify | cs | | |
| LOCATION | OF INJURY | | | | |
| LOCATION | 1. Head (Skull, Face, Jaws, Ea 2. Eyes 3. Neck 4. Trunk (Chest, Abdomen, Buttock, pelvis, Spine) | 6. Le 7. Int 8. Mu | 5. Arm (Shoulder, Elbow, Forearm, Wrist, Hand, Finger, Thumb) 6. Leg (Hip, Thigh, Knee, Ankle, Foot, Toes) 7. Internal 8. Multiple locations 9. Ear | | |
| WITNESS DE | ETAILS (Provide attachment if | multiple wi | tnesses) | | |
| Name: Type: Student Staff Family Others ID (If Applicable): | | | | | |
| Address: | | • | Telephone: | | |
| Witness Stat | ement: | | | | |
| | | | | | |
| PREVENTIV Accidents) | E ACTION PROPOSED OR T | AKEN (For | Staff members or Severe | | |
| No Preventative Action Taken/Intended Referred to the School's Safety/OHS or Risk Management Committee Referred to the School's Health and Safety Representative Review of Curriculum Review/Reinforce/Reiterate Procedures Review Systems Review the Environment | | sk 9. Re 10.Re 11.Re Ins 12.Re 13.Ott | 8. Review Personal Protective Clothing/Item 9. Review Equipment/Machinery Modifications 10. Review Equipment/Machinery Maintenance 11. Review/Reinforce/Reiterate Student Instructions 12. Review Training Provisions 13. Other (Please first contact the Liability Claim Management Unit - Specify) | | |
| OFFICE USE | ONLY - ENTRY TO CASES2 | 1 | | | |
| Staff Initial: | | | al Initial: | | |
| Date/ | /Signature of Principa re and District Primary School | l/Head Offic | eerFirst Aid Policy | | |