FIRST AID AND DISTRIBUTION OF MEDICINES POLICY

Rationale:

All children have the right to feel safe and well, and know that they will be attended with due care when in need of first aid.

Aims:

To
- Provide supplies and facilities to cater for the administering of first aid.
- Administer first aid to children when in need in a competent and timely manner.
- Communicate children’s health problems to parents when considered necessary.

Implementation:

2. First aid information is included in induction of new employees and forms part of the Staff Induction Booklet.
3. A sufficient number of staff as described in the WorkSafe Compliance Code to be trained to a level 2 first aid certificate and with up-to-date CPR qualifications.
4. A first aid room is available for use at all times. A comprehensive supply of basic first aid materials will be stored in a locked cupboard in the first aid room.
5. First aid kits are available in each wing of the school, as well as the staff room and administration offices.
6. A supply of medication for teachers will be available in a locked cupboard in the administration office.
7. Supervision of the first aid room forms part of the daily yard duty roster with qualified level 2 first aid staff members allocated to first aid room duty.
8. All injuries or illnesses that occur during class time will be referred to the administration staff who will manage the incident. Injuries or illnesses that occur during recess or lunch breaks are referred to the teacher on first aid duty.
9. Children in the first aid room are supervised by a staff member.
10. A confidential up-to-date register (kept under lock and key) located in the first aid room will be kept of all injuries or illnesses experienced by children that require first aid.
11. All staff are provided with infection control training, including the management of blood spills, and a supply of protective disposable gloves will be available for use by staff.
12. Minor injuries only (such as scratches) are 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.
13. Children with injuries involving blood or broken skin must have the wound covered at all times.
14. No medication (including headache tablets) is administered to children without the express written permission of parents or guardians using the appropriate Medications Administration form.
15. Parents of children who receive first aid will receive a completed form indicating the nature of the injury, any treatment given, and the name of the teacher providing the first aid. For more serious injuries/illnesses, 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.

16. Students who are 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 the treating first aid teacher considers the injury to be greater than “minor” will be reported on Department of Education Accident/Injury form LE375, and entered onto CASES21.

17. Serious injuries, fatalities, or any incident that exposed a person to immediate risk to their health or safety must be reported to the Department of Education Emergency and Security Management Branch immediately on (03) 9589 6266 and WorkSafe on (13 23 60) and on EduSafe and reference should be made by staff to the school’s Incident Management policy.

18. Parents of ill children are contacted to take the children home.

19. Parents who collect children from school for any reason (other than emergency or the end of the school day) must sign the child out of the school in a register maintained in the school office.

20. All teachers have the authority to call an ambulance immediately in an emergency. If the situation and time permits, a teacher should confer with others before deciding on an appropriate course of action.

21. All school camps are to have at least 1 Level 2 first aid trained staff member at all times.

22. A comprehensive first aid kit will accompany all camps, along with a mobile phone.

23. Children attending camps or excursions will have provided a signed medical form providing medical details and granting teachers permission to contact a doctor or ambulance should instances arise where their child requires treatment. Copies of the signed medical forms are taken on camps and excursions, as well as kept at school.

24. Children attending camps or excursions who require medication will have provided a signed Medications Administration form providing details of medications to be administered and granting teachers’ permission to administer the medications.

25. Children with asthma or diabetes or anaphylaxis are required to present the school with a management plan prepared by their treating practitioners, and to provide the school with the asthma medications, hypokits or epipens etc needed to implement their plan at school.

26. A member of staff is responsible for the purchase and maintenance of first aid supplies, first aid kits, ice packs and the general upkeep of the first aid room.

27. At the commencement of each year, requests for updated first aid information is sent home including requests for any updated asthma, diabetes and anaphylaxis management plans, high priority medical forms, and reminders to parents of the policies and practices used by the school to manage first aid, illnesses and medications throughout the year.

28. General organisational matters relating to first aid are communicated to staff at the beginning of each year. First aid training and revisions of recommended procedures for responding to asthma, diabetes and anaphylaxis is also be undertaken each year.

29. It is recommended that all students have personal accident insurance and ambulance cover.

**Evaluation:**

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

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This policy was last ratified by School Council in August 2015.