SORRENTO PRIMARY SCHOOL
CARE ARRANGEMENTS FOR ILL STUDENTS AND FIRST AID POLICY

Ratified: 18th November 2014

SORRENTO PRIMARY SCHOOL WILL:

- administer first aid to students when in need in a competent and timely manner;
- communicate student’s health problems to parents when considered necessary;
- provide supplies and facilities to cater for the administering of first aid;
- maintain a sufficient number of staff members trained with a level 2 first aid certificate.

IMPLEMENTATION

1. An appointed staff member co-ordinates First Aid.
2. The First Aid Officer 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.
3. The First Aid Co-ordinator will ensure that all medication is within the current date.
4. The First Aid Co-ordinator will update the medical emergency board, with photos and condition. This is located in the Sick Bay.
5. A sufficient number of staff to be trained to a level 2 first aid certificate, and with up-to-date CPR qualifications.
6. Supervision of the first aid room will form part of the daily yard duty roster.
7. All injuries or illnesses that occur during class time will be referred to the administration staff who will manage the incident, all injuries or illnesses that occur during recess or lunch breaks, will be referred to the teacher on duty in the first aid room.
8. A register located in the first aid room will be kept of all injuries or illnesses experienced by students who require first aid.
9. Any student with injuries involving blood must have the wound covered at all times.
10. No medication including headache tablets will be administered to students without the express written permission of parents or guardians.
11. Parents of ill students will be contacted to take the children home.
12. Parents who collect students from school for any reason (other than emergency) must sign the child out of the school in a register maintained in the school office.
13. All teachers have the authority to call an ambulance immediately in an emergency. If the situation and time permit, a teacher may confer with others before deciding on an appropriate course of action.
14. It is recommended that all students have personal accident insurance and ambulance cover.
15. In the event of an ambulance being called a print out of the patient details are required and Emergency Management must be contacted: 9589 6266.
16. Any student who is treated by a doctor/hospital or ambulance officer as a result of an injury, or where a teacher considers the injury to be greater than “minor” will be reported on the Department of Education and Early Childhood Services CASES 21 Injury Notification Form.
17. Worksafe (13 23 60) and Emergency Management must be notified in the In the event of the following: hospital inpatient treatment; death; medical treatment within 48 hours of exposure to a substance; amputation; serious eye/head injury; degloving or scalping; electric shock; loss of bodily function; serious lacerations.
18. When professional medical treatment is required the parents/guardians or emergency contact will be immediately notified.

19. Parents/guardians or emergency contact will be contacted by telephone in the case of a head injury or other emergency.

20. If the parents/guardians or the nominated emergency person cannot be contacted the school will ensure that medical treatment is sought.

21. All school camps will have at least one 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. All students attending camps or excursions will have provided a signed medical form to be taken on camps and excursions, as well as kept at school.

24. All students, especially those with a documented asthma management plan, will have access to Ventolin and a spacer at all times.

25. At the commencement of each year, requests for updated first aid information will be sent home including requests for any 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.

26. General organisational matters relating to first aid will be communicated to staff at the beginning of each year. Revisions of recommended procedures for administering asthma, diabetes and anaphylaxis medication will also be given at that time.

27. All staff will be notified of students with life threatening conditions eg: anaphylaxis, asthma

**STAFF TRAINING**

1. All staff will be provided with basic first aid management skills, including blood spills, and a supply of protective disposable gloves will be available for use by staff.

2. Staff with current First Aid training will be on duty and administer First Aid.

3. Staff will be given the opportunity to undertake Level 2 First Aid Training.

4. Staff will participate in CPR instruction and examination each year.

5. Staff will have formal anaphylaxis instruction every three years and a briefing twice a year.

6. If the need arises medical professionals will address a staff meeting annually to refresh staff on first aid issues. Also to discuss a particular medical condition (ie Diabetes, Asthma) or discuss universal safety precautions against transmission of infection.

**FIRST AID SUPPLIES**

1. First Aid supplies will be located in the Sick Bay.

2. First Aid stocks are to be kept updated and easy access to supplies is to be ensured.

3. The teacher on yard duty will carry a First Aid kit, for the administering of basic First Aid (eg: bandaids)

4. Two First Aid kits are available for school activities and excursions. Three backpacks are available for camps.

5. CPR masks are located in excursion kits, camp backpacks and in the Sick Bay.

6. A nominated staff member will be responsible for maintenance of supplies.

**BLOOD SPILLS**

1. Where students or staff have gone to the assistance of a bleeding person, they should in the first instance wear gloves, failing that, wash their hands, lower arms and any other parts in contact with blood using soap and water. They should continue to exercise strict
hygiene and pay added attention to cuts or broken skin, and protect them from direct contact with body fluids.

2. There are no documented cases of HIV infection from mouth-to-mouth resuscitation. As the risk of HIV infection through mouth-to-mouth resuscitation is negligible, it should not be withheld from a person in need of emergency assistance. However, as a precaution, a resuscitation mask should be used if available.

3. Training in CPR should be practised with the use of a resuscitation mask and the disinfection of equipment.

4. Staff involved in toileting a student should exercise hygiene and cover any cuts or broken skin to prevent contact with the student's body fluids.