First Aid Policy

**Rationale**
To ensure schools meet their specific first aid needs to student at school or on approved school activities.
Schools must provide:
- first aid facilities
- ensure sufficient staff trained in first aid under the provisions of the *Occupational Health & Safety Act 2004* and the Department’s First Aid and Infection Control advice, see: Department resources
Schools must ensure there is always a first aid officer who:
- can assist an injured or ill person
- has current qualifications covering all the school’s first aid requirements.
Principals must ensure relevant staff receive additional training to meet student health needs.

**Definition**
First aid involves emergency treatment and support to:
- preserve life through:
- clearing and maintaining open airways
- restoring breathing or circulation
- monitoring wellbeing until the person recovers or is transferred into the care of ambulance paramedic, doctor or nurse
- protect a person, particularly if they are unconscious
- prevent a condition worsening
- promote recovery.

**Note:** The goal of first aid is not to diagnose or treat the condition.
Meeting first aid needs

<table>
<thead>
<tr>
<th>Circumstance</th>
<th>Description</th>
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<tbody>
<tr>
<td>Identified health</td>
<td>First aid requirements for students with identified health care needs should be explained in the Student Health Support Plan or Anaphylaxis Management Plan.</td>
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<td>need</td>
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<td>See: <a href="#">Health Care Needs</a></td>
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<td>To display a photo of a student and a description of their health care needs in a staff area, consent is required from:</td>
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<td>- parents/guardians</td>
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If a student feels unwell schools should:

- assess a range of signs and symptoms including:
  - whether the student has a fever
  - whether the students skin feels warm/hot to touch
  - if the student looks pale but has flushed cheeks
  - whether the student indicates that they feel hot

**Note:** The specific temperature is not the main indicator

Take action based on the summary of signs and symptoms immediately seek emergency assistance, if there is:

- any doubt about the student’s condition, or
- a sense that the student’s condition is deteriorating.

When using an icepack to treat a minor injury such as a bump or bruise:

- do not apply directly to skin and **not to face or head**
- remove if pain or discomfort occurs and use a cold compress (towel or cloth rinsed in cold water) as an alternative.

When an injury causes a nose bleed then an ice pack should not be used instead a cold compress may be used.

In the following circumstances an icepack/cold compress should not be used and medical help should be sought (usually by calling an ambulance):

- loss of consciousness, even if only briefly
- a less than alert conscious state
- suspicion of a fracture
- suspicion of a spinal injury
- damage to eyes or ears
- penetration of the skin
- deep open wounds.

**AT PEMBROKE ALL HEAD INJURIES REQUIRE A PHONE CALL HOME EVEN IF THE STUDENT DOES NOT NEED TO BE SENT HOME AT THE TIME**
Implementation

The following persons must be at any place where children are being educated and cared for by the service and immediately available in an emergency and at all times that children are being educated and cared for by the service:

- at least one educator who holds a current approved first aid qualification
- at least one educator who has undertaken current approved anaphylaxis management training
- at least one educator who has undertaken current approved emergency asthma management training (regulation 136).

Note: The same person may hold one or more of the above qualifications.
Where children are being educated and cared for on a school site the educators referred to above may be in attendance at the school site and immediately available.

Under the Children’s Services Regulations 2009 (Victorian Regulations) staff within licensed children’ services who care for or educate children at the service and any staff members required to meet minimum staff must complete first aid and anaphylaxis management training approved by the Department at least every 3 years (regulation 63). First aid training and anaphylaxis management training may be undertaken as a combined course.

In addition, all staff on duty whenever children are being cared for or educated must have undertaken training in administration of the adrenaline auto injection device and cardiopulmonary resuscitation (CPR) at least every 12 months.

It is recommended that all staff members practise using the adrenaline auto injection devices quarterly, whether or not a child with anaphylaxis is enrolled and attending the service.

The first aid training must include training in the following:

- emergency life support and cardio-pulmonary resuscitation;
- convulsions;
- poisoning;
- respiratory difficulties;
- management of severe bleeding; and
- injury and basic wound care appropriate for children (regulation 63 (2)).

At Pembroke every effort is made to have all staff members trained to a Level 2 standard.

Documentation

Where visitation is made to First Aid room and treatment issued, a triplicate form will be completed by the treating personnel and one copy supplied to the child to take home. The other copies remain at the school and are used for review.

Responsibility

Principal, OHS Coordinator

Ratified at School Council:

Due for Review: First school council meeting after AGM each year.

Information taken from DEECD