



EASTBOURNE PRIMARY SCHOOL First Aid Policy

Purpose:

The provision of first aid in the event of injury or illness and the administering of prescribed medication in agreed circumstances forms part of the duty of care obligations owed by a school to its students.

This responsibility is limited to specific actions as a result of specific events. It does not include responsibility for diagnosis or ongoing treatment.

Risk Assessment:

A regular routine of workplace risk assessment is essential to the provision of effective first aid and emergency treatment. Elimination of potential hazards will reduce the need for first aid provision. Review of annual student injury data will assist in identifying and removing hazards. The designated first aid team leader is a member of the risk assessment team (OH&S).

Organisation:

The responsibility for supervision and management of all aspects of first aid provision is allocated to one staff member, trained in first aid competency to Level 2 or higher standard. There will be sufficient first aid trained staff available to assist in service delivery on a routine basis. Qualifications and training requirements are routinely reviewed and updated.

The team leader is responsible for:

- Organisation of duty rosters.
- Maintenance of supplies in the first aid centre and in sufficient portable units to meet the anticipated day to day requirements of the school. Appendix I

Guidelines:

1. Except in an emergency, only staff with current first aid qualifications should administer first aid.
2. The parent community is to be routinely advised that children who are unwell should not be sent to school.
3. Children who become unwell at school, or who are injured so as to be unable to return to class, are to be sent home via parent/ guardian or emergency contact. Information to meet this need is routinely updated.
4. The team leader is to maintain an up to date register, with photo, of all children likely to need emergency treatment because of asthma, allergy or other conditions. Contents should be brought to staff attention regularly – especially all staff with direct responsibility for such children.
5. The school should request an Asthma/Allergy Management Plan, compiled by the parent and a medical practitioner, for every student asthma or allergy sufferer. This includes provision of epipens with use

by dates which are to be stored in the first aid room. The first aid team leader should ensure that all staff with direct responsibility for a child in this group are aware of its contents and strategies.

6. The team leader should routinely review recommended asthma and allergy management and emergency treatment strategies with all staff. These should be clearly displayed in staffroom and first aid centre.
7. The use of a Nebuliser should only occur under the supervision of a first aid qualified staff member or a staff member trained in its use.
8. In general, medication administered for illness prevention, recovery, or for continuing participation in school should be administered by a parent. In circumstances where this is not practical the parent is required to provide a written authority (centrally located) and sufficient medication in advance to meet day to day requirements. This should be clearly labeled and contained. Medicines to be administered by office staff under the coordination of the team leader except on excursions and camps where it becomes the responsibility of a designated staff member to be in charge of first aid.
9. A register of all such medications, whether ongoing or temporary, is to be maintained centrally.
10. More serious accidents / injuries should be recorded on form LE 375 and entered on Cases. The data provided helps in risk identification and elimination. Serious injury should be reported to the DE&T Emergency Centre.
11. Where an injury is recorded and the child returns to class, or a child is ill and appropriate adult contact cannot be made, an advice slip should be completed and sent home. Appendix II.
12. In the case of all head injuries, parents or the emergency contact are to be notified immediately. If not contactable and the injury is serious, an ambulance should be called.
13. If a student has a serious medical condition of which the school has been notified and has a medical practitioners verification, the student's parent may be asked to attend the camp/excursion. The child may be asked not to attend the camp/excursion if the parent cannot attend.
14. If a child's clothing is covered with blood and needs to be removed, the clothing is to be placed in a bag avoiding contact with the blood and sent home. Parent to bring replacement clothes.

Evaluation:

Team leader reports and student accident / injury data will be used to evaluate program effectiveness. Parent satisfaction data, obtained through annual survey will also indicate program effectiveness.

Recommended First Aid Requisites.

First Aid Room:

- Gauze swabs 7.5 x 7.5 cm
- Sterile wound dressings in small, medium and large.
- Combine dressings for bleeding and major wounds
- Sterile non-adhesive dressings.
- Eye pads.
- Non – allergenic paper type adhesive rolls.
- Adhesive first aid dressings and strips.
- Medicine measure
- Disposable cups
- Scissors
- Tweezers 1 splinter, 1 forceps
- Teaspoon
- Disposable hand towels
- Nail brush
- Pencil Torch
- Hot / cold gel packs

- Butterfly closures
- Elasticised plasters – hypo allergenic
- Triangular bandages
- Crepe bandages in a range of sizes
- Sterile eye solution
- Sun screen with a protection factor of 15+
- An up to date first aid procedures manual.
- Disposable plastic gloves
- Cotton buds
- Adhesive sanitary pads.
- Wooden splints
- Broad bandages and safety pins
- Blanket
- Germicidal soap
- Tissues
- Chux or similar
- Bucket or ice cream containers.
- **Asthma management equipment.**
Bronchodilator metred dose inhaler(s),
volume spacer device

NB. Cuts and abrasions should be cleaned under running water where possible. Antiseptics are not recommended.

Portable First Aid Kits:

- Should contain essential items from the above list sufficient to deal with the foreseeable accidents and injuries of the outdoor event being undertaken.

This policy was last ratified by School Council in August 2009