

FIRST AID POLICY

PURPOSE

To ensure the school community understands Tecoma Primary School's approach to First Aid for students.

SCOPE

This policy applies to all students, parents/carers, staff and volunteers at Tecoma Primary School.

POLICY

From time to time Tecoma Primary School staff might need to administer First Aid to students at school or during school activities.

Parents/carers should be aware that the goal of First Aid is not to diagnose or treat a condition.

First Aid for anaphylaxis and asthma are provided for in our school through the following Policies:

- *Anaphylaxis Policy*
- *Asthma Policy.*

Staffing

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

Tecoma Primary School's trained first aid officers are:

- Megan Wilson
 - Provide first aid v6 (19/07/2018)
 - Epipen (2230 0VIC) and Asthma (2228 2VIC) Management (20/10/2017)
 - Verifying the Correct Use of Adrenaline Autoinjector Devices (23/10/2017)
 - ASCIA Anaphylaxis e-training VIC 4 – (24/10/2017)
- Kath Young
 - HLYAID003 (First Aid Level II) HLTAID002 & HLYAID001 (20/10/2017)
 - Epipen (2230 0VIC) and Asthma (2228 2VIC) Management (20/10/2017)
 - Verifying the Correct Use of Adrenaline Autoinjector Devices (23/10/2017)
 - ASCIA Anaphylaxis e-training VIC 4 – (9/10/2017)

Documentation is held by the Assistant Principal, as part of the school's Staff Professional Learning Register (as outlined in the Procedures to Maintain Registers Policy) noting any staff who hold First Aid, Anaphylaxis and/or Asthma training qualifications. (This document is updated each time a member of staff's qualifications have been updated or have expired).

First aid kits

Tecoma Primary School will maintain:

- A major first aid kit which will be stored in the school's sick bay.
- 8 portable first aid kits which may be used for excursions, sporting events and camps. The portable first aid kits will be stored in the sick bay.

Megan Wilson and Kath Young 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 sick bay 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 during 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, Tecoma Primary School will notify parents/carers by sending a note home to parents/carers or, depending on the injury or condition via a phone call.
- 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 Tecoma Primary School will:
 - record the incident on CASES21
 - 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.

SPECIAL PROCEDURES FOR CONCUSSION

Set procedures are in place for students with a head injury. These must be adhered to and parents **MUST** be contacted as soon as possible. All procedures are outlined in Appendix 1. The Concussion recognition tool (Appendix 2) must be followed for all students presenting with head injuries/knocks.

USE OF ICE PACKS FOR INJURIES

When and when not to use an ice pack is outlined in Appendix 3.

FURTHER INFORMATION AND RESOURCES

- Health Care Needs Policy
- Administration of Medication Policy
- Anaphylaxis Policy
- Asthma Policy
- Procedures to Maintain Registers Policy.

REVIEW CYCLE

This policy was last updated on **14th August, 2018**, and is scheduled for review in **August, 2020**.

Signed:

Principal

School Council President

Appendix 1

Where there is a head injury and suspected concussion

Following a head injury or knock to the head, children and adolescents may be more susceptible to concussion and take longer to recover. The [Concussion Recognition Tool 5](#) (available in the First Aid Kit) can be used to assist identification of suspected concussion. It is not designed to diagnose concussion.

RED FLAGS – Call an ambulance

If there is concern after a head injury, including whether ANY of the following signs are observed or complaints are reported, first aid should be administered AND an ambulance should be called for urgent medical assessment:

- neck pain or tenderness
- double vision
- weakness or tingling/burning in arms or legs
- severe or increasing headache
- seizure or convulsion
- loss of consciousness
- deteriorating conscious state
- vomiting
- increasingly restless, agitated or combative.

OBSERVABLE SIGNS – take appropriate action

If there are NO RED FLAGS but signs and symptoms that suggest concussion, as listed in the Concussion Recognition Tool 5 (available in the First Aid Kit):

- the student should be immediately removed from play/sport and not engage in further activity (e.g. returning to a sporting game)
- the school must advise the parent or carer to collect the student and recommend a medical assessment, even if the symptoms resolve.

Making contact with parents and carers

Whenever the Concussion Recognition Tool 5 is used to assist with the identification of a suspected concussion, parents and carers should always be contacted and the following actions taken:

- If concussion IS suspected:
 - the school must contact the parent or carer and ask the parent or carer to collect the student from school and recommend a medical assessment, even if the symptoms resolve.
- If concussion ISN'T suspected:
 - the parent or carer should be contacted and informed of the injury and that the Concussion Recognition Tool 5 has been used to assist with the identification of a suspected concussion
 - If, after being informed of this process the parent or carer wish to collect the student from school, they may do so.

Following identified concussion incidents, schools may need to make reasonable adjustments as guided by the student's treating team, including:

- return to learning and return to sport plans
- modifying school programs to include more regular breaks, rests and increased time to complete tasks.

For more information, see: [RCH Head injury - general advice](#) and [RCH – Head Injury – Return to school and sport](#)

CONCUSSION RECOGNITION TOOL 5 ©

To help identify concussion in children, adolescents and adults



RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS — CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complainants are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Severe or increasing headache
- Deteriorating consciousness state
- Double vision
- Weakness or tingling/burning in arms or legs
- Seizure or convulsion
- Vomiting
- Loss of consciousness
- Increasingly restless, agitated or combative

Remember:

- In all cases, the basic principles of first aid (danger, response, always, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.
- Assessment for a spinal cord injury is critical.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Disorientation or confusion, or an inability to respond appropriately to questions
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Slow to get up after a direct or indirect hit to the head
- Blank or vacant look
- Facial injury after head trauma

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STEP 3: SYMPTOMS

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

- "What venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last game?"

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

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Appendix 3

Use of ice packs

When using an icepack to treat a minor injury such as a bump or bruise do not apply directly to skin and 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 and/or 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.