**Rationale:**

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

**Aims:**

1. To administer first aid to children when in need in a competent and timely manner.
2. To communicate children’s health problems to parents when considered necessary.
3. To provide supplies and facilities to cater for the administration of first aid.
4. To maintain a sufficient number of staff members trained with a level 2 first aid certificate.

**Implementation:**

* Two members of staff to be trained to a level 2 first aid certificate, and with up-to-date CPR qualifications.
* First aid supplies will be available for use at all times. A comprehensive supply of basic first aid materials will be stored in a cupboard in the staff room. A member of staff is to be responsible for the purchase and maintenance of first aid supplies, first aid kits, ice packs and the general upkeep of the first aid materials.
* 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 staff room.
* A confidential up-to-date register will be kept of all injuries or illnesses experienced by children who require first aid.
* 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.
* Minor injuries only will be treated by staff members on duty, while more serious injuries-including those requiring parents to be notified and/or suspected treatment by a doctor - require a level 2 first aid trained staff member to provide first aid.
* Any children with injuries involving blood must have the wound covered at all times.
* Parents of all children who receive first aid (excluding minor bumps, scratches and bruises) 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, the parents/guardians must be contacted so that professional treatment may be organised. Any injuries to a child’s head, face, neck or back must be reported to parents/guardian.
* Any student who is 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 a teacher considers the injury to be greater than “minor” will be reported on DE&T Accident/Injury form LE375, and entered onto CASES.
* No medication, including headache tablets will be administered to children without the express written permission of parents or guardians (forms are available at the office.) All medications are to be given to teachers and recorded on a chart to be kept in a locked drawer or the refrigerator in the staff room. Students may only obtain their medicine from a teacher. All medicines must be sent to school with clear written instructions.
* Parents of ill children will be contacted to collect them from school.
* 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.
* A comprehensive first aid kit will accompany all camps and excursions, along with a mobile phone.
* All children attending camps or excursions will have a signed medical form, providing medical details and giving teachers permission to contact a doctor or ambulance should instances arise where their child requires treatment. The signed medical forms will be taken on camps and excursions and copies will also be kept at school.
* All children, especially those with a documented asthma management plan, will have access to Ventolin and a spacer at all times.
* At the commencement of each year, requests for updated first aid information and emergency contact numbers will be sent home, including requests for any asthma and/or allergy management plans, high priority medical information, and reminders to parents of the policies and practices used by the school to manage first aid, illnesses and medications throughout the year.
* Children with specific illnesses and allergies will be listed on file, on the first aid cabinet and in class rolls.
* 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 medication will also be given at that time.
* Children are required to remove shoes before entering classrooms for health reasons.
* A policy has been developed hat takes into consideration the needs of all students who may suffer from anaphylaxis. (refer to Anaphalyxix. Policy)
* In the event of an outbreak of Head Lice: (Refer to Head Lice Policy)
* the Principal will inform parents before a trained professional is called in.
* following inspection, children with suspected eggs/lice will be isolated from class and parents contacted to collect them from school.
* infected children can return to school following treatment.
* the Principal will notify the school community via the school newsletter when outbreaks occur, advising on treatments and care to be taken.
* Parents are required to contact the school if their children have head lice.

**Student Health Issues, Processes & Procedures**

* If a student is ill, he or she should be kept at home until recovered. This will help the recovery of the child and also reduce the spread of infection.
* Following a child’s absence from school, parents/guardians are to provide written notification of any changes in the child’s need for medication or support.
* Parents are responsible for children being able to independently use asthma puffers correctly, responsibly and safely. Parents are to notify a staff member of this.

**Evaluation:**

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

This policy was last ratified by School Council in June 2014