RATIONALITY:
• 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:
• To administer first aid to children when in need in a competent and timely manner.
• To communicate children’s health problems to parents when considered necessary.
• To provide supplies and facilities to cater for the administering of first aid.
• To maintain at least one member of staff trained with a Level 2 first aid certificate.

IMPLEMENTATION:
• At least one member of staff will be trained to Level 2 first aid certificate level and all staff’s CPR, Asthma Management and Epipen/Anaphylaxis annual training maintained.
• A supply of basic first aid equipment will be maintained in the first aid cupboard in the administrative area. Two portable First aid kits will also be maintained. The contents will be as per the Schools of the Future Guide.
• Level 2 First Aid trained personnel is to be responsible for the purchase and maintenance of first aid supplies.
• Children are not allowed independent access to the first aid cupboard. All injuries or illnesses that occur during class time will be managed by the classroom teacher.
• Minor injuries will be treated by staff members, while more serious injuries and those requiring parents to be notified, will involve level 2 first aid trained personnel.
• Parents will be notified when their child has been administered minor first aid that necessitated withdrawal from activities for more than 15 minutes.
• Parents of children who suffer a serious injury or illness will be contacted as soon as possible. Parents/guardians must be contacted about any injuries to a child’s head, face, neck or back.
• All staff will review basic first aid management skills including blood spill annually.
• Any children with injuries involving blood must have the wound covered at all times and a supply of protective disposable gloves will be available for use by staff.
• No medication will be administered to children without the written permission of a parent/guardian.
• Any student who is collected from the school by parents/caregivers 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 the injury is considered to be greater than “minor” will be reported on DE&T Accident/Injury form LE375, and entered on to CASES 21.
• Parents who collect children from school must sign the child out of the school in a register maintained at the school office.
• All staff have the authority to call an ambulance immediately in an emergency.
• A comprehensive first aid kit will accompany all camps and excursions, along with a mobile phone.
• All children attending camps or excursions will have provided a signed medical form providing medical details and giving teachers permission to contact a doctor or ambulance should instances arise where the child requires treatment. Copies of the signed medical forms to be taken on camps and excursions, as well as copies 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 the year, requests for updated first aid information will be sent home including requests for any asthma management plans, high priority medical forms, and reminders to parents of the policies and practices used by the school to manage first aid, illnesses, medications and asthma throughout the year.
• A medical alerts register will be maintained in class rolls, CRT folders, First Aid board and First Aid cupboard.
• Anaphylaxis action plans will be child specific and also provide for undiagnosed Anaphlaxic occurrences.
• It is recommended that all students have ambulance cover.

EVALUATION:
• This policy will be reviewed as part of the school’s four year review cycle.

This policy was last ratified by school council in…. June 2007