



# Trinity Primary School First Aid Policy

Trinity Primary School is a school which operates with the consent of the Catholic Archbishop of Melbourne and is owned, operated and governed by Melbourne Archdiocese Catholic Schools Ltd (MACS).

## Purpose

This policy is aligned with the First Aid Policy for MACS schools. The policy sets out the actions and resources required in Trinity Primary School to ensure adequate first aid provision for students, staff and others in the school environment and when engaged in school approved activities.

## Scope

This policy applies to students, staff, families and others at Trinity Primary School.

## Principles

The following principles underpin this policy:

- our school has a responsibility to ensure a safe working and learning for all members of school communities
- the principal and all staff have a duty of care to all students and the provision of adequate facilities and resources supports this in the school.

## Policy

Trinity Primary School is responsible for providing first aid assistance to students in the event of illness or a medical emergency.

### First aid facilities

The principal ensures that first aid facilities are in place to meet the needs of staff, students and others in school environments and for school approved activities, including for off-site activities such as camps and excursions, and out of hours school events. The area has appropriate signage and is readily identified as 'The first aid room (Sick Bay)'. The Sickbay at Trinity Primary School is located next to the front office and is sign posted by a green 'First Aid' sign. In this room there is a fridge with ice packs. This is also the location of the first aid bags. All first aid materials and medication for students are located in this area.

### Supervision:

- A staff member will be rostered on duty in the First Aid Room during lunchtime and snack time;
- First Aid Room supervision will be the responsibility of the Leadership Team & Administrative Staff during class time;
- At the end of the recess and lunch break, it is the responsibility of the assigned staff member in the First Aid Room to arrange for the continued care of the sick or injured children if they are unable to return to class;
- If a student is sent home during recess or lunch time it is the responsibility of the staff member assigned First Aid duty to advise members of the Leadership Team / Administrative Staff so that contact can be made with the appropriate class teacher;
- Parents / guardians are informed of any First Aid treatment, either in writing or if more urgent, by phone or in person.
- Staff members are to monitor First Aid Room supplies and report items that require replenishment to a member of the Leadership Team as soon as practical.

- Sick or injured students must be supervised at all times, until First Aid is no longer required, or the sick or injured student is to be taken into the care of parents, guardians or medical personnel.
- During class time a student should only remain in the First Aid Room when the nature of the injury/illness prevents them from taking part in normal class activities. Where this occurs they are to be monitored by a member of the Leadership Team or Administrative Staff;
- During recess and lunch breaks students should only remain in the First Aid Room when the nature of the injury/illness prevents them from taking part in the remainder of the playtime.

**Known medical conditions of staff, students and others:**

- Known medical conditions are marked on the enrolment form and followed up on a regular basis.
- Parents and staff are responsible for updating the school when medical conditions change.

**The nature and location of camps, excursions and other off-site activities:**

- Risk assessments (including first aid) will be conducted for camps, excursions and other off-site activities. Decision regarding first aid and management of medical conditions will be made accordingly.

**Proximity to medical facilities and access to emergency services:**

- 000 in case of emergency
- Nearest emergency department: Located in: Epworth Richmond | Private Hospital - Address: 62 Erin St, Richmond VIC 3121
- Nearest GP: Bella Freeman - Address: 101 Burnley St, Richmond VIC 3121

Sufficient staff must be trained under the provisions of the *Occupational Health and Safety Act 2004* (Vic.) to ensure adequate provision of first aid, based on the number of students in the school or engaged in the activities, the activities being undertaken and the school environment.

## First aid kits

- The Deputy Principal is responsible for the maintenance of the first aid bags, this task can be delegated to office staff.
- Contents of the three main first aid bags – (LOCATED in sickbay near the front office):

Number	Content	Use/Function	Check
1	Basic first aid notes	Guidance Information	
2	Disposable gloves	Infection control	
3	Resuscitation mask	Infection control	
4	Individually wrapped sterile adhesive dressings	Wound dressing	
5	Sterile eye pads (packet)	Emergency eye cover	
6	Sterile covering for serious wounds	Bleeding control, cover wound	
7	Triangular bandages	Slings, support, padding	
8	Safety pins	Secure bandage/sling	
9	Small sterile unmedicated wound dressings	Minor wound dressing	
10	Medium sterile unmedicated wound dressings	Moderate wound dressing	
11	Large sterile unmedicated wound dressings	Major wound dressing	
12	Non-allergenic tape	Secure dressings/equipment	
13	Rubber thread or crepe bandage	Secure dressings/equipment	
14	Scissors	Cutting dressing/clothing	

15	Tweezers	Remove foreign bodies, e.g. splinters	
16	Sterile saline solution	Cleaning wounds, emergency eye wash	
17	Plastic bags	Waste disposal	
18			
19			

#### Procedure for camps and excursions:

- Staff require to bring (a) big first aid bag(s) to all excursions and camps.
- If groups split up, each group needs to have a big first aid bag in the direct vicinity. First aid bags can be shared if the groups are close to each other.
- An 'in date' generic Asthma puffer and School Epipen (if students in the group are anaphylactic) should be taken

#### Procedure for yard duty and at school activities:

- Staff are not required to bring the big first aid bags out on duty.
- Staff to bring the bum bags out on duty with Band-Aids to treat minor accidents such as small cuts.

## First aid staff and training

First aid officers provide initial care to injured students, staff or others in accordance with their level of training. They are not required to diagnose conditions or provide ongoing medical assistance.

The principal or their delegate will ensure that designated first aid officers and general staff have completed the recognised training. A first aid officer with current first aid qualifications must always be available to respond and assist an ill or injured person.

Where appropriate, a first aid officer will refer the ill or injured person to additional medical advice or assistance.

Additional staff with relevant training must be available depending on the student population, proximity to medical facilities, and the nature of activities being undertaken.

Training for anaphylaxis management is undertaken by all staff in the school.

A register of all first aid training is kept in the school by the Deputy Principal

All staff members and Non-teaching staff at Trinity Primary School are responsible for:

- Where required, maintaining current First Aid accreditation; Basic First Aid training (HLTAID011) must be **completed every 3 years**, while a refresher course in CPR (HLTAID009) and Management of anaphylaxis (22578VIC) must be completed annually.
- Where required administer First Aid within the bounds of their training & knowledge;
- Participate in training and updates for specific treatment options including, anaphylaxis (incl. a twice yearly update) & asthma management;
- Maintain an up-to-date knowledge & understanding of the location and content of Anaphylaxis Management Plans for students under their care, as well as how to administer adrenaline auto injector (e.g. EpiPen®, EpiPen® Jr, Anapen® or Anapen Jr®);
- It should be noted that a teacher's duty is greater than that of the ordinary citizen in that a teacher is obliged to assist an injured student, while the ordinary citizen may choose to do nothing.

## Administration of First Aid

School staff are responsible for providing first aid assistance to students in the event of illness or a medical emergency.

Our school staff who have been trained will administer first aid in accordance with their training. Trained staff can provide basic first aid with [DRSABCD](#).

In a medical emergency, staff take emergency action and do not need to obtain parent/carer consent to do so. Staff contact Triple Zero “000” for emergency medical services at any time.

On each occasion where first aid is administered to a student with a minor injury or condition, our school staff will notify parents/guardians/carers by contact details available at school. On each occasion where first aid is administered for a serious injury or condition, or in an emergency, school staff will attempt to contact parents/carers or emergency contacts as soon as reasonably practical.

School staff are to determine whether students presenting with infectious illnesses and their contacts require an [exclusion](#) period from school and abide by any minimum period in accordance with Department of Health.

### **Administration of First Aid for head injury**

For students who have an impact to the head, suspected concussion, or observed concussion, our school staff can use ([Concussion Recognition Tool 5 – appx 1](#)) to help identify a suspected concussion.

If a student demonstrates symptoms of a [moderate to severe head injury](#) (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), the school is to call an ambulance immediately. If the [Concussion Recognition Tool 5](#) is used, the school must contact the parent/guardian/carer about the injury, even if the symptoms resolve. In the event of a suspected concussion, the parent/guardian/carer is asked to collect the student and have a medical assessment.

If a student has been diagnosed with a concussion/mild head injury, our schools will act on medical advice where this is provided to support a return to school and associated activities including participation in sport. A return to school plan will be developed in collaboration with medical practitioners and parents / carers.

Please refer to Resources section for further information from the Royal Children’s Hospital fact sheet.

## **Communication with parents /guardians / carers**

The school requires parents provide up-to-date and accurate medical information relating to students, including information about conditions such as anaphylaxis, asthma and diabetes. Parents are requested to provide this information annually, prior to camps and excursions and if the child’s medical condition changes since the information was provided.

Records of incidents, injuries and first aid treatment are documented. First aid records are retained within the school and in line with MACS policies for information recordkeeping, retention and disposal.

An incident report will be completed when first aid is administered. This report will be kept in the school and a copy provided for the parent / guardian / carer of the student.

Parents / guardians / carers are notified as soon as possible if required to collect an ill or injured student from the school. When a parent / guardian / carer cannot be contacted, the principal will contact the emergency contact nominated by the parent / guardian / carer.

- When a student / staff member or visitor sustains an injury deemed to be more serious in nature the staff member or nonteaching staff member responsible for the treatment, must notify a member of the Leadership Team and the students’ parents or guardian by phone after appropriate first aid has been applied.

- Where a casual relief teacher has been treating an injured student they must make immediate contact with a member of the Leadership Team to enable them to contact the student's parent or guardian where required.
- Parents & guardians must be notified via phone (if no answer a message needs to be left and an email to be sent) when their child sustains the following:
  - Blood noses
  - Any head injury
  - Sprains
  - Vomiting
  - Injuries that may require further attention.
- In instances where a student is unable to resume normal school activities as a result of injury or illness then the student's parents or guardian must be contacted via phone, with the view of taking the student home.
- If parents cannot be notified, then the emergency contact is to be informed.

Procedure for requesting medical information from parents / guardians / carers annually and prior to camps, excursions or other school approved activities:

- Medical information is requested from parents / guardians / carers annually through the beginning of school year updates
- Separate forms will be collected for excursions, camps or other school approved activities.

This policy and other school policies and procedures for the distribution of medication and management of students with medical conditions are published on the school website: [www.tcs.catholic.edu.au](http://www.tcs.catholic.edu.au)

## Definitions

### First aid

The emergency treatment provided to employees, students and others who suffer injury or illness while at work/school, using the facilities or materials available at the time. In the case of severe injury or illness, members of staff are not required to diagnose or treat the condition apart from carrying out the appropriate first aid procedures. Diagnosis and treatment are the responsibility of the ambulance officer or medical practitioners.

### First aid officers

Staff members who have been trained in first aid and are designated to provide initial care of ill or injured staff, students or others.

## Related policies and documents

### Supporting documents

First Aid Risk Assessment – Template for Schools

First Aid Form – School and Parent/Guardian/Carer Record – Template for Schools

### Related MACS policies and documents

Administration of Medication Policy

Anaphylaxis Policy

Excursion, Camps and Travel Policy

Medical Management Policy for MACS Schools

Medical Management Procedures for MACS Schools

OHS Policy – Schools

### Resources

Department of Education First Aid Contents Checklist, available on the [First Aid for Students and Staff webpage](#)

[Department of Health – School Exclusion periods for primary schools](#)

[Department of Health – School Exclusion table](#)

[Murdoch Children's Research Institute HeadCheck Concussion Recognition Support Tool](#)  
[The Royal Children's Hospital Melbourne Head Injury – return to school and sport](#)  
[CECV Student Activity Locator](#)  
[Asthma First Aid Poster](#)  
[ASCIA First Aid Plan for Anaphylaxis](#)  
[ASCIA Action Plan for Allergic Reactions](#)  
[ASCIA Action Plan for Drug \(Medication\) Allergy](#)  
[St John's Ambulance First Aid fact sheets](#)

## Legislation and standards

*Education and Training Reform Regulations 2017 (Vic.)*  
*Occupational Health and Safety Act 2004 (Vic.)*

<b>Approval date</b>	October 2023
<b>Risk rating</b>	High
<b>Publication</b>	CEVN, School website

## CONCUSSION RECOGNITION TOOL 5®

To help identify concussion in children, adolescents and adults



Supported by

### 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 complaints 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
- Double vision
- Weakness or tingling/numbing in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

**Remember:**

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- 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.

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
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- 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
- Feeling like "In a fog"
- 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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