

WARRINGA PARK SCHOOL

FIRST AID POLICY



Help for non-English speakers

If you need help to understand the information in this policy, please contact School Administration.

PURPOSE

This policy provides an overview of what Warringa Park School is required to do to ensure they meet the first aid needs of students and staff at school or on approved school activities.

SCOPE

This policy applies to:

- All Warringa Park School Campuses
- All staff, including casual relief staff and volunteers
- All students, parents and carers

POLICY

FIRST AID

First aid is the first and immediate assistance given to any person with either a minor or serious illness or injury, with care provided to preserve life, prevent the condition from worsening, or to promote recovery until medical services arrive.

First Aider is a person who has successfully completed a nationally accredited training course or an equivalent level of training that has given them the competencies required to administer first aid.

First aid equipment includes first aid kits and other equipment used to treat illnesses and other injuries.

First aid facilities include first aid rooms, clean water supplies and other facilities for administering first aid.

All students and staff have the right to feel safe and well. It is the school's responsibility to care for the welfare of all students, staff and visitors ensuring that basic first aid is administered as required.

IMPLEMENTATION

RESPONSIBILITY OF THE SCHOOL

- To ensure that a First Aid risk assessment has been conducted to determine appropriate first aid arrangements have been attended to for their school
- To allow nominated first aiders to attend approved training
- To provide appropriate first aid kits, supplies, and equipment
- To ensure access to procedures and resources to all employees (including contractors)
- To provide up-to-date training and information to employees on specific treatment requirements e.g., asthma management and anaphylaxis
- To develop appropriate first aid action plans for students with specific conditions (e.g., epilepsy).

RESPONSIBILITY OF EMPLOYEES

- To attend training and updates on specific conditions and treatment options/requirements (e.g., epilepsy and anaphylaxis).
- To know the locations of Student Health Support Plans and Emergency Alert Information for specific medical conditions and affected students



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- To follow action plan when necessary and use equipment in a safe manner
- To provide a duty of care to students and administer first aid within the limits of skill, expertise and training
- Treat minor injuries and refer more serious injuries to the School Nurse
- To follow the agreed emergency procedures already in operation
- To communicate with parents and carers where necessary

RESPONSIBILITY OF AFFECTED PERSONS/PARENTS/CARERS

- To inform the school of current medical contact details concerning themselves or others initially and then on an ongoing basis as they change
- To assist the School Nurse in consultation with their medical practitioner in developing 'Action Plans'
- To inform the school of any prescribed medication that they need to take on the appropriate documentation. Where medication is required in spontaneous situations, detailed administration instructions should be provided (e.g., asthma attacks)

STAFF FIRST AID TRAINING

The principal or their delegate must ensure that all staff:

- Are familiar with the school's first aid procedures
- Provide first aid treatment within the limits of their skill, expertise, training and responsibilities in order to discharge their duty of care

The principal or their delegate in consultation with their health and safety representative and staff must ensure:

- They have established workplace first aid requirements, based on the First Aid Risk Assessment, for example, appropriate number(s) of first aid officer(s), first aid kits
- There is always a first aid officer who:
 - can assist an ill or injured person, and
 - has current qualifications covering all the school's first aid requirements. First Aid Officers must have completed a recognised first aid training course that meets the requirements of HLTAID011 – Provide First Aid (Release 1) and HLTAID009 – Provide cardiopulmonary resuscitation (Release 1). Basic First Aid training (HLTAID011) must be completed every 3 years, while a refresher course in CPR (HLTAID009) must be completed annually
- Relevant staff receive additional training, where required, to meet student health needs. These may include training for anaphylaxis, asthma, diabetes management or extra training to cover excursions, specific educational programs, or activities.

FIRST AID ROOM

A first aid room will be available for use at all times. A comprehensive supply of basic first aid materials will be stored in a cupboard in the first aid room. Medications will be stored in a locked cupboard.

A first aid room should:

- Be located within easy access to a sink with hot and cold water (where this is not provided in the room) and toilet facilities
- Offer privacy via screening or a door
- Be easily accessible to emergency services (minimum door width of 1 metre for stretcher access)
- Be well lit and ventilated
- Have an appropriate floor area (14 square metres as a guide)
- Have an entrance that is clearly marked with first aid signage

The following items should be provided in the room:



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- A first aid kit appropriate for the workplace
- Personal protective equipment (eye protection, gloves, gowns/aprons)
- Hygienic hand cleanser and disposable paper towels
- Blankets and pillows
- A cupboard for storage
- A container with disposable lining for soiled waste
- A container for the safe disposal of sharps
- Electric power points
- A chair and a table or desk
- A telephone and/or emergency call system
- Resuscitation mask
- The names and contact details of emergency organisations

Maintaining a first aid room should be allocated to a trained occupational First Aider.

MEDICATION

To ensure schools store and administer medication correctly, they should refer to the department's Medication policy.

The principal or their delegate must not:

- store or administer painkillers such as aspirin and paracetamol as a standard first aid strategy as they can mask signs and symptoms of serious illness or injury
- allow a student to take their first dose of a new medication at school in case of an allergic reaction. This must be done under the supervision of the family or health practitioner
- allow use of medication by anyone other than the prescribed student.

Note: Only in an emergency situation could this requirement be varied. For example, if a student is having an asthma attack and their own blue reliever puffer is not readily available, one should be obtained and given without delay.

Schools must obtain written advice on a Medication Authority Form for all medication to be administered by the school. It is recommended that the form be completed by the student's medical/health practitioner ensuring that the medication is warranted.

When administering medication, the principal, or their nominee must ensure that a log is kept of medicine administered.

School staff are responsible for carrying and dispensing their own medication (prescribed or over the counter).

GENERAL FIRST AID PROCEDURES FOR STAFF AND STUDENTS

Apply basic first aid with DRSABCD:

- Danger – always check for any danger to you, any bystanders and then the injured student. Staff should not put themselves in danger when assisting an injured or sick student
- Response – check if the student is conscious by seeing if they will respond when you talk to them, touch their hand or squeeze their shoulder
- Send for help – call 000
- Airway – check the student's airway is clear and they are breathing
- Breathing – check for breathing (look for chest movements, listen for air coming through the student's mouth or nose or feel for breathing by placing a hand on the lower part of the student's chest)



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- CPR by trained staff – if the student is unconscious and not breathing, apply CPR (cardiopulmonary resuscitation)
- Defibrillator – if the student is unconscious and not breathing, apply an automated external defibrillator (AED) if one is available if trained to do so. Some AEDs are not suitable for children so ensure the device is checked for suitability.

Important note: Staff must only apply first aid in line with their skills and level of training.

WHERE THERE IS A MEDICAL EMERGENCY

Staff must take emergency action without waiting for parent or carer consent. Delays in these circumstances could compromise safety. Staff must:

- immediately contact emergency medical services (call 000)
- apply first aid until assistance arrives
- notify parents or carers once action has been taken
- notify the Department's Incident Support and Operations Centre (ISOC) on 1800 126 126 and make an IRIS alert.

USE OF ICE PACKS

When using an ice pack to treat a minor injury for staff or students, such as a bump or bruise do not apply the ice pack directly to skin and remove it if pain or discomfort occurs. Use a cold compress (towel or cloth rinsed in cold water) as an alternative.

Do not use an ice pack and (or) cold compress in the following circumstances, seek medical help or call an ambulance:

- loss of consciousness, even if only briefly
- a less than alert conscious state
- suspicion of a spinal injury

WHERE A STUDENT OR STAFF MEMBER IS FEELING UNWELL

Unwell students or staff members should not attend school. If a child feels unwell at school, schools must contact the student's family (ensure emergency contact details are up to date) and/or seek medical assistance.

WHERE THERE IS AN IDENTIFIED HEALTH CARE NEED

First aid for students with identified health care needs must be explained in their Student Health Support Plan, Anaphylaxis Management Plan or Asthma Care Plan, or relevant health care plan. Refer to Health Care Needs.

When students have a not-for-resuscitation order (NFR) as part of their palliative care to manage a deteriorating and life-threatening condition, the first aid response must be documented in the Student Health Support Plan (which should include detail of when an ambulance should be called).

It is not the role of the school and staff to make a decision about medical prognosis or to determine whether the point of the not-for-resuscitation order has been reached.

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 (that should be available in the first aid kit) can be used to assist identification of suspected concussion. It is not designed to diagnose concussion.



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Red flags – call an ambulance

If there is concern after a head injury and if any of the following signs are observed or reported, first aid must 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 suggest concussion as listed in the Concussion Recognition Tool 5 (that should be available in the first aid kit):

- the student must be immediately removed from play or sport and not engage in further activity (for example, returning to a sporting game)
- make contact with parents or carers as per below

MAKE 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 must 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 is not suspected:
 - the parent or carer should be contacted and informed of the injury and told that a concussion is not suspected based on use of the Concussion Recognition Tool 5
 - the parent or carer may wish to collect the student from school.

Following a confirmed concussion, schools may need to make reasonable adjustments, 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.

RECORD KEEPING

A record of any first aid treatment given should be kept by the nurse or first aider and reported to managers on a regular basis to assist reviewing first aid arrangements. First aid treatment records are subject to requirements under Health Records legislation.



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COMMUNICATION

Communication with parents and carers will be via the Compass portal and via telephone where necessary. See Saw and email are also used as methods of communication.

Sources:

Safe Work Australia: First Aid in the Workplace Code of Practice

RCH Head Injury – General Advice

DET Policy and Advisory Library: First Aid for Students and Staff

FURTHER INFORMATION AND RELATED POLICIES

- Anaphylaxis
- Asthma
- Blood-borne Viruses
- Blood Spills and Open Wound Management
- Care Arrangements for Ill Students Policy
- Duty of Care Policy
- Epilepsy
- Infectious Diseases
- Medication Management Policy

POLICY REVIEW AND APPROVAL

Policy last reviewed	June 2025
Approved by	Principal and School Council
Next scheduled review date	June 2028