



Thomastown West Primary School First Aid Policy 2024 - 2028

Thomastown West Primary School motto is **Together Working on Pathways to Success**. At Thomastown West Primary School, we want every child to achieve their full potential and we know that parents share this goal. There is a clear link between good health, student safety and student academic achievement.



HELP FOR NON-ENGLISH SPEAKERS

If you need help to understand the information in this policy, please contact Thomastown West Primary School on 03 9465 4317 or thomastown.west.ps@education.vic.gov.au.

PURPOSE

To ensure the school community understands our school's approach to first aid for students.

SCOPE

This policy applies to all students and staff at Thomastown West Primary School.

DEFINITION

First Aid is the treatment of a sick or injured person until full medical treatment is available or required.

POLICY

This policy should be read with Thomastown West Primary School's *First Aid, Administration of Medication, Asthma* and *Anaphylaxis* policies.

From time-to-time Thomastown West Primary School staff might need to administer first aid to students at school or school activities.

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

STAFFING

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

Our school's trained first aid officers are listed in our Emergency Management Plan (EMP) and includes the expiry dates of the training. This list is reviewed annually.

Thomastown West Primary School's trained first aid officers are:

- Sakina El Zoobi
- Suzi Ilic
- Selma Raif
- Carmen Bellofiore
- Genella Irons
- Chantelle Caruana



FIRST AID KITS

Thomastown West Primary School will maintain:

- A major first aid kit which will be stored in the first aid room, top shelf of the wooden cupboard
- Portable first aid kits are located in every building
- First aid kits, Large and small are located in the first room. They are to be used for excursions, camps and sporting events. First Aid Officers will be responsible for maintaining all first aid kits.
- Yard Duty bags are also provided for every yard duty time and area. These contain a generic asthma puffer and spacer. Area C Yard Duty Bag also contains a spare EpiPen.

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 first aid room 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 ROOM/SICK BAY AREA

Our school follows the Department's policy and guidance in relation to our first aid room/sick bay area to ensure it is safe, hygienic and appropriately equipped: [First aid rooms and sick bays](#).

FIRST AID MANAGEMENT

If there is a situation or incident which occurs at school or 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, Thomastown West Primary School will notify parents/carers by sending a note home to parents/carers that explains the treatment given.
- 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 practicable.
- 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 Thomastown West Primary School will:
 - Head injuries recorded on Compass and in the First Aid book, with a CC sent home.
 - Other injuries are recorded in the First Aid book, with a CC sent home.
 - If the first aid treatment is provided following a [recorded incident](#), the details are recorded through the eduSafe Plus *Incident* form. For all other presentations, the eduSafe Plus *Sick Bay* form is used.
 - If first aid was administered in a medical emergency, report the incident to the Department's Incident Support and Operations Centre on 1800 126 126.

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.

COMMUNICATION

This policy will be communicated to our school community in the following ways:

- Available publicly on our school's website
- Included in staff induction processes and staff training
- Included in staff handbook
- Discussed at staff briefings/meetings as required
- Included in transition and enrolment packs
- Discussed at parent information nights/sessions
- Reminders in our school newsletter
- Hard copy available from school administration upon request

FURTHER INFORMATION AND RESOURCES

This policy should be read in conjunction with the following policies on the Department's Policy and Advisory Library (PAL):

- [First Aid for Students and Staff](#)
- [Health Care Needs](#)
- [Infectious Diseases](#)
- [Blood Spills and Open Wounds](#)
- [Medication](#)
- [Syringe Disposals and Injuries](#)
- [Anaphylaxis](#)
- [Asthma](#)



- [OHS Management System \(OHSMS\) Employee Health, Safety and Wellbeing](#)

The following school policies are also relevant to this First Aid Policy:

- Administration of Medication Policy
- Anaphylaxis Policy
- Asthma Policy
- Duty of Care Policy
- Health Care Needs Policy

EVALUATION

- This policy will be reviewed as part of the Thomastown West Primary School four-year policy review cycle.

Date Implemented	2016; 2020; 2024
Author	Principal Assistant Principal TWPS Leadership Team First Aid Officer
Approved By	Principal
Date Reviewed	August 2024
Responsible for Review	Principal Assistant Principal First Aid Officer
Review Date	August 2028
References	Victorian Government Schools Policy Advisory Library First Aid

APPENDIX A

School operations: First Aid for Students and Staff

(<https://www2.education.vic.gov.au/pal/first-aid-students-and-staff/guidance/general-first-aid-procedures-staff-and-students#where-there-is-a-head-injury-and-suspected-concussion>)

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)
- 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.

Further information is available on the [First aid basics and DRSABCD](#) website (Better Health Channel).

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 when an injury causes a nose bleed, a cold compress can be used instead

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 fracture
- suspicion of a spinal injury
- damage to eyes or ears
- penetration of the skin
- deep open wounds.



Thomastown West Primary School First Aid Policy 2024 - 2028

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 \(DOCX\)](#) , [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 the parent, carer or student has EAL needs

Schools must offer interpreting and translation services to parents or carers who have limited or no English skills to communicate key information about their child. This includes after first aid or a medical emergency. It is also recommended that an injured or unwell student with limited or no English skills be provided with interpreting and translation services to support appropriate first aid care, particularly if the cause of injury or care required is not evident from witness accounts or visible harm. Refer to [Interpreting and Translation Services](#) and [EAL Support and Funding](#).

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 6 \(PDF\)](#) [Appendix B] (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.

If there is any concern or suspicion of concussion, remove the student immediately from practice or play – 'if in doubt, sit them out'.

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
- seizure, 'fits' or convulsion
- loss of vision or double vision
- loss of consciousness
- increased confusion or deteriorating conscious state (becoming less responsive, drowsy)
- weakness or numbness/tingling in more than one arm or leg
- repeated vomiting
- severe or increasing headache
- increasingly restless, agitated or combative
- visible deformity of the skull.

Observable signs – take appropriate action

If there are no red flags but signs and symptoms suggest concussion as listed in the Concussion Recognition Tool 6 (that should be available in the first aid kit):

- the student must be immediately removed from practice or play and are recommended not to return to any activity with risk of head contact, fall or collision (including sport activity) until assessed medically, even if symptoms resolve – 'if in doubt, sit them out'
- the student must not be left alone initially (at least 3 hours). Worsening signs or symptoms must prompt need for urgent medical assessment
- the school must make contact with parents or carers as per below.

Make contact with parents and carers

The Concussion Recognition Tool 6 is used to assist with the identification of a suspected concussion.

- **If concussion is suspected, the school:**
 - must contact the parent or carer and ask them to collect the student from school
 - must recommend that the parent or carer seek a medical assessment, even if the symptoms resolve.
- **If concussion is not suspected, the school:**
 - must contact and inform the parent or carer of the injury, including that a concussion is not suspected based on use of the Concussion Recognition Tool 6
 - must tell the parent or carer to seek a medical assessment if signs or symptoms of concussion develop over the next few days at home
 - can allow the parent or carer to collect the student from school
 - must be alert to any [subtle symptoms or signs afterwards](#) at school that can suggest concussion.

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.

For more information about concussion, including advice that can be shared with parents and carers, refer to:

- [Royal Children's Hospital: Head injury – general advice](#)
- [Royal Children's Hospital: Head injury – return to school and sport](#)

APPENDIX B



What is the Concussion Recognition Tool?

A concussion is a brain injury. The Concussion Recognition Tool 6 (CRT6) is to be used by non-medically trained individuals for the identification and immediate management of suspected concussion. It is not designed to diagnose concussion.

Recognise and Remove

Red Flags: CALL AN AMBULANCE

If **ANY** of the following signs are observed or complaints are reported after an impact to the head or body the athlete should be immediately removed from play/game/activity and transported for urgent medical care by a healthcare professional (HCP):

- Neck pain or tenderness
- Seizure, 'fits', or convulsion
- Loss of vision or double vision
- Loss of consciousness
- Increased confusion or deteriorating conscious state (becoming less responsive, drowsy)
- Weakness or numbness/tingling in more than one arm or leg
- Repeated Vomiting
- Severe or increasing headache
- Increasingly restless, agitated or combative
- Visible deformity of the skull

Remember

- In all cases, the basic principles of first aid should be followed: assess danger at the scene, check airway, breathing, circulation; look for reduced awareness of surroundings or slowness or difficulty answering questions.
- Do not attempt to move the athlete (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) or other equipment.
- Assume a possible spinal cord injury in all cases of head injury.
- Athletes with known physical or developmental disabilities should have a lower threshold for removal from play.

If there are no Red Flags, identification of possible concussion should proceed as follows:

Concussion should be suspected after an impact to the head or body when the athlete seems different than usual. Such changes include the presence of **any one or more** of the following: visible clues of concussion, signs and symptoms (such as headache or unsteadiness), impaired brain function (e.g. confusion), or unusual behaviour.

This tool may be freely copied in its current form for distribution to individuals, teams, groups, and organizations. Any alteration (including translations and digital re-formatting), re-branding, or sale for commercial gain is not permissible without the expressed written consent of BMJ.





CRT6

Concussion Recognition Tool

To Help Identify Concussion in Children, Adolescents and Adults



1: Visible Clues of Suspected Concussion

Visible clues that suggest concussion include:

- Loss of consciousness or responsiveness
- Lying motionless on the playing surface
- Falling unprotected to the playing surface
- Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions
- Dazed, blank, or vacant look
- Seizure, fits, or convulsions
- Slow to get up after a direct or indirect hit to the head
- Unsteady on feet / balance problems or falling over / poor coordination / wobbly
- Facial injury

2: Symptoms of Suspected Concussion

Physical Symptoms	Changes in Emotions
Headache	More emotional
"Pressure in head"	More Irritable
Balance problems	Sadness
Nausea or vomiting	Nervous or anxious
Drowsiness	
Dizziness	
Blurred vision	
More sensitive to light	
More sensitive to noise	
Fatigue or low energy	
"Don't feel right"	
Neck Pain	

Changes in Thinking

- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

Remember, symptoms may develop over minutes or hours following a head injury.

3: Awareness

(Modify each question appropriately for each sport and age of athlete)

Failure to answer any of these questions correctly may suggest a concussion:

- "Where are we today?"
- "What event were you doing?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last game?"

Any athlete with a suspected concussion should be - IMMEDIATELY REMOVED FROM PRACTICE OR PLAY and should NOT RETURN TO ANY ACTIVITY WITH RISK OF HEAD CONTACT, FALL OR COLLISION, including SPORT ACTIVITY until ASSESSED MEDICALLY, even if the symptoms resolve.

Athletes with suspected concussion should **NOT**:

- Be left alone initially (at least for the first 3 hours). Worsening of symptoms should lead to immediate medical attention.
- Be sent home by themselves. They need to be with a responsible adult.
- Drink alcohol, use recreational drugs or drugs not prescribed by their HCP
- Drive a motor vehicle until cleared to do so by a healthcare professional