

Rowville Primary School

First Aid Policy

PURPOSE

To ensure the school community understands Rowville Primary School's approach to first aid for students and that the school is committed to the health and wellbeing of all students.

IMPLEMENTATION

Staffing

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

An Education Support Officer is responsible for ensuring that:

- first aid cabinets and kits are maintained and fully stocked with a comprehensive supply of basic first aid materials
- anaphylaxis plans, asthma plans and all other required plans and medications are kept current.

First Aid Kits

Rowville Primary School will maintain:

- a major first aid kit stored in the first aid room
- Multiple first aid kits which may be used for excursions, camps and sports days and will be stored in the first aid room.

Care for ill students

Students who are unwell should not attend school.

If a student becomes unwell during the school day they will be directed to the first aid room and monitored by first aid trained 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 management

If there is a situation or incident which occurs at school or on a school activity which requires first aid to be administered to a student:

- Staff who have first aid training will administer first aid in accordance with their training and DET guidelines.
- In the case of severe injury, illness or medical condition, staff will 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.
- If first aid is administered for a serious injury illness or condition, or in an emergency situation, staff will attempt to contact parents/carers or emergency contacts as soon as reasonably practical.
- If first aid is administered for a minor injury or condition, parents/carers will receive a completed injury/illness form indicating the nature of the injury and any treatment provided.
- A confidential register of any first aid treatment relating to students will be maintained on Compass.
- If staff providing first aid determine that an emergency response is not required but that medical advice is needed, the first aid officer will ask parents/carers, or an emergency contact to collect the student and recommend that advice is sought from a medical practitioner.
- Parents/carers will be notified if a child is sent to the first aid room for head knock or injury.
- If first aid was administered in a medical emergency, it must be reported to the DET Incident Support and Operations Centre on 1800 126 126 and WorkSafe Victoria 13 23 60.
- Members of the school community are requested to inform the school about any reportable infectious diseases so that this information can be passed on to other members of the school community.
- Students with infectious diseases will be required to be excluded from school for a period of time according to the Public Health and Wellbeing Regulations 2019.

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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.

FURTHER INFORMATION AND RESOURCES

- Child Safety Policy
- Anaphylaxis Policy
- Asthma Policy
- Administration of Medications Policy
- Appendix A – Schedule 7 Minimum period of exclusion from primary schools and children’s services for infectious diseases cases and contacts.

EVALUATION

- The policy will be reviewed every two years to assess its effectiveness.
- Changes to the policy will be made if there are legislative or DET policy changes.

This Policy was ratified by School Council on 24th June 2020 and is due to be reviewed in June 2022

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Minimum period of exclusion from primary schools and children's services¹ for infectious diseases cases and contacts

Public Health and Wellbeing Regulations 2019

APPENDIX A

Schedule 7

Column 1 Number	Column 2 Conditions	Column 3 Exclusion of cases	Column 4 Exclusion of Contacts
1	Chickenpox	Exclude until all blisters have dried. This is usually at least 5 days after the rash appears in unimmunised children, but may be less in previously immunised children	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded
2	Conjunctivitis	Exclude until discharge from eyes has ceased	Not excluded
3	Cytomegalovirus (CMV) infection	Exclusion is not necessary	Not excluded
4	Diarrhoeal illness*	Exclude until there has not been vomiting or a loose bowel motion for 24 hours	Not excluded
5	Diphtheria	Exclude until medical certificate of recovery is received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later	Exclude family/household contacts until cleared to return by the Chief Health Officer
6	Glandular fever (Epstein-Barr Virus infection)	Exclusion is not necessary	Not excluded
7	Hand, Foot and Mouth disease	Exclude until all blisters have dried	Not excluded
8	Haemophilus influenzae type b (Hib)	Exclude until 48 hours after initiation of effective therapy	Not excluded
9	Hepatitis A	Exclude until a medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness	Not excluded
10	Hepatitis B	Exclusion is not necessary	Not excluded
11	Hepatitis C	Exclusion is not necessary	Not excluded
12	Herpes (cold sores)	Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions to be covered by dressing, where possible	Not excluded
13	Human immuno-deficiency virus infection (HIV)	Exclusion is not necessary	Not excluded
14	Impetigo	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing	Not excluded
15	Influenza and influenza like illnesses	Exclude until well	Not excluded unless considered necessary by the Chief Health Officer
16	Leprosy	Exclude until approval to return has been given by the Chief Health Officer	Not excluded
17	Measles	Exclude for at least 4 days after onset of rash	Immunised contacts not excluded. Unimmunised contacts should be excluded until 14 days after the first day of appearance of rash in the last case. If unimmunised contacts are vaccinated within 72 hours of exposure with any infectious case, or received Normal Human Immunoglobulin (NHIG) within 144 hours of exposure of any infectious case, they may return to the facility
18	Meningitis (bacterial —other than meningococcal meningitis)	Exclude until well	Not excluded
19	Meningococcal infection	Exclude until adequate carrier eradication therapy has been completed	Not excluded if receiving carrier eradication therapy
20	Mumps	Exclude for 5 days or until swelling goes down (whichever is sooner)	Not excluded
21	Molluscum contagiosum	Exclusion is not necessary	Not excluded
22	Pertussis (Whooping cough)	Exclude the child for 21 days after the onset of cough or until they have completed 5 days of a course of antibiotic treatment	Contacts aged less than 7 years in the same room as the case who have not received three effective doses of pertussis vaccine should be excluded for 14 days after the last exposure to the infectious case, or until they have taken 5 days of a course of effective antibiotic treatment
25	Rubeola (German measles)	Exclude until fully recovered or for at least four days after the onset of rash	Not excluded
26	Severe Acute Respiratory Syndrome (SARS)	Exclude until medical certificate of recovery is produced	Not excluded unless considered necessary by the Chief Health Officer
27	Shiga toxin or Verotoxin producing Escherichia coli (STEC or VTEC)	Exclude if required by the Chief Health Officer and only for the period specified by the Chief Health Officer	Not excluded
28	Streptococcal infection (including scarlet fever)	Exclude until the child has received antibiotic treatment for at least 24 hours and the child feels well	Not excluded
29	Tuberculosis (excluding latent tuberculosis)	Exclude until receipt of a medical certificate from the treating physician stating that the child is not considered to be infectious	Not excluded
30	Typhoid fever (including paratyphoid fever)	Exclude until approval to return has been given by the Chief Health Officer	Not excluded unless considered necessary by the Chief Health Officer

Regulation 111

A person in charge of a primary school, education and care service premises or children's services centre must not allow a child to attend the primary school, education and care service premises or children's services centre for the period or in the circumstances:

* specified in column 3 of the Table in Schedule 7 if the person in charge has been informed that the child is infected with an infectious disease listed in column 2 of that Table; or

* specified in column 4 of the Table in Schedule 7 if the person in charge has been informed that the child has been in contact with a person who is infected with an infectious disease listed in column 2 of that Table.

*Diarrhoeal illness includes instances where certain pathogens are identified including Amebiasis (*Entamoeba histolytica*), Campylobacter spp., Salmonella spp., Shigella spp. and intestinal worms, but is not limited to infection with these pathogens.

Further information

Please contact the Communicable Disease Prevention and Control Section on 1300 651 160 or visit www2.health.vic.gov.au/public-health/infectious-diseases/school-exclusion

¹ Children's services cover the terms 'education and care service premises' or 'children's services centre' used in the regulations. It includes centres such as childcare centres and kindergartens.