



Help for non-English speakers

If you need help to understand the information in this policy, please contact the school office on 9874 2511 or email vermont.ps@education.vic.gov.au

PURPOSE

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

SCOPE

First aid for anaphylaxis and asthma are provided for in our school's Anaphylaxis Policy and Asthma Policy.

This policy does not include information on first aid requirements for COVID-19. Our school follows the Department's operational guidance for first aid management relating to COVID-19.

POLICY

From time to time Vermont Primary School and Kindergarten 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 Vermont Primary School and Kindergarten 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). Our EMP includes the expiry dates of the training.

This list is reviewed on an annual basis as part of the annual review of our Emergency Management Plan.

Implementation:

Administration

- Principals will ensure that Vermont Primary School and Kindergarten has sufficient staff with the appropriate levels of first aid training to meet the first aid needs of the school community.
- Teachers and principals must:
 - Be familiar with the school's first aid procedures.
 - Observe their duty of care to students by providing first aid treatment within the limits of their skill, expertise, training and responsibilities.
- *Schools support first aid by:*
 - ensuring the school's first aid needs are met including the provision of:

- Anaphylaxis kits.
- Asthma kits.
- First aid rooms.
- Major first aid kits.
- Portable first aid kits.
- managing:
 - Blood spills and bleeding students.
 - Syringe disposal/injuries.

Note: Where possible, first aid should only be provided by staff who have been designated as the first aid providers. However, in an emergency, other staff may be required to help within their level of competence.

Training

- Only staff with First Aid qualifications will provide First Aid.
- All staff to be qualified with a current Level 2 First Aid certificate and annual Cardio Pulmonary Resuscitation (CPR). Staff will receive two Anaphylaxis briefings each year.
- First Aid training will be conducted by an accredited provider.
 - 3 yearly asthma training.
 - 2 yearly anaphylaxis training.
 - Extra training for medical conditions will be provided to staff on needs basis.

First Aid Coordination

- A staff member will be the designated First Aid Coordinator. See the VPS First Aid Officer Role Description for a detailed list of roles and responsibilities.
- At the commencement of each year, requests for updated medical information will be sent home, including requests for any Asthma and Anaphylaxis plans, high priority medical conditions, and reminders to parents of the policies and practices used by the school to manage first aid, illnesses and medications throughout the year.
- Staff will be briefed regularly on students with specific medical conditions and Individual Management Plans will be displayed prominently, with parent/guardian permission.

First Aid Room and Supplies

- An unlocked, First Aid Room will be available for use at all times. A comprehensive supply of basic first aid materials will be stored in unlocked cupboards in the first Aid Room.
- The First Aid Coordinator will be responsible for the purchase and maintenance of first aid supplies, first aid kits, ice packs and the general upkeep of the first aid room.
- First Aid Bags and Equipment – see Appendix A for a list of First Aid Equipment Guidelines.
- A defibrillator is available for use. There are three within the school and one in the Kindergarten.

Care for ill students

- Students who are unwell should not attend school. Students who arrive at school or become unwell at school will be sent home with their parent or guardian.
- If a student becomes unwell during the school day they may be directed to the Sick Bay 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 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, Vermont Primary will notify parents/carers by a push notification on COMPASS. Parents will be rung if required.
- 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 practical.
- 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 Vermont Primary School and Kindergarten will:
 - Record the incident on COMPASS.
 - If first aid was administered in a medical emergency, report the incident to the Department's Security Services Unit on 03 9859 6266. An incident report will be completed.

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 treatments. This is because they can mask signs of serious illness or injury.

Panadol will only be administered with parental permission and order given.

Communication and Documentation

- At the commencement of each year, requests for updated first aid information will be sent home including requests for Anaphylaxis Action Plans, 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 and medications throughout the year. Parents are to provide updated medication as required.
- An up-to-date log book located in the first aid room will be kept of all injuries or illnesses experienced by children who require first aid, other than for simple injuries such as scratches and scrapes attended to on Yard Duty. This record is registered by the first aid staff member on duty.
- The First Aid Officer is responsible for recording the information from the First Aid Logbook into COMPASS as a digital record
- Parents / guardians of students who received first aid will have a completed COMPASS push notification of their student's visit to Sick Bay. Please note that parents / guardians will not be notified when students receive first aid for minor issues e.g. a band aid.
- For more serious injuries/illnesses, the parents/guardians will be contacted and recommendations made for professional treatment. Any injuries to a child's head must be reported to parents/guardian.
- Any student who is collected from school by parents/guardians 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, neck or back will be reported on DEECD CASES21 (a completed incident report and onto Worksafe or Edusafe as per DEECD guidelines).
- Parents who collect children from school for any reason (other than emergency) must sign the child out of the school via COMPASS at the Office. In extenuating circumstances, this may be done by school staff.

Evaluation:

This policy will be reviewed regularly as part of the school's two-year review cycle.

References:

This policy should be read in conjunction with the following Department policies and guidelines:

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

This policy should be read in conjunction with the following:

- Anaphylaxis Policy
- Medication Policy
- Safe disposal of syringes Policy
- Camps and Excursions Policy
- Asthma Policy

POLICY REVIEW AND APPROVAL:

Policy last reviewed	February 2025
Consultation	Principal First Aid officer
Approved by	Principal February 2025
Next scheduled review date	February 2028

APPENDIX A

First Aid Equipment Guidelines – where possible, the following items will be included.

Type of equipment	Content includes
Current first aid manual	<p>one of the following recommended first aid manuals:</p> <ul style="list-style-type: none"> ▪ First Aid Emergency Handbook from: <ul style="list-style-type: none"> - Survival Emergency Products - local suppliers - Ambulance Victoria First Aid ▪ The First Aid Handbook from Australian Red Cross ▪ Australian First Aid from St John Ambulance Australia. <p>See: Other resources</p>
Wound cleaning equipment	<ul style="list-style-type: none"> ▪ gauze swabs: 100 of 7.5 cm x 7.5 cm divided into small individual packets of five sterile saline ampoules: 12 x 15 ml and 12 x 30 ml ▪ disposable towels for cleaning dirt from skin surrounding a wound
Wound dressing equipment	<ul style="list-style-type: none"> ▪ sterile, non-adhesive dressings, individually packed: <ul style="list-style-type: none"> - eight 5 cm x 5 cm - four 7.5 m x 7.5 m - four 10 cm x 10 cm for larger wounds ▪ combine pads: twelve 10 cm x 10 cm for bleeding wounds ▪ non-allergenic plain adhesive strips ('band aids'), without antiseptic on the dressing, for smaller cuts and grazes ▪ steri-strips/wound closures for holding deep cuts together in preparation for stitching ▪ non-allergenic paper/adhesive type tape, width 2.5 cm–5 cm, for attaching dressings ▪ conforming bandages for attaching dressings in the absence of tape or in the case of very sensitive skin ▪ six sterile eye pads, individually packed
Bandages	<ul style="list-style-type: none"> ▪ six triangular bandages for: <ul style="list-style-type: none"> - slings - pads for bleeding - attaching dressings - immobilising injured limbs - splints etc ▪ conforming bandages to hold dressings in place: <ul style="list-style-type: none"> - two of 2.5 cm

Type of equipment	Content includes
	<ul style="list-style-type: none"> - two of 5 cm - six of 7.5 cm - two of 10 cm ▪ crepe bandages ("hospital weight") to secure a pad to control bleeding, to support soft tissue injuries (sprains & strains) and for 'Pressure Immobilisation Bandaging technique' for snake bite: <ul style="list-style-type: none"> - two of 2.5 cm - two of 5 cm - six of 7.5 cm - two of 10 cm - two 15 cm ▪ heavy elastic bandages; two 15cm. These are ideal to use for 'Pressure Immobilisation Bandaging technique' for snake bite or severe allergic reaction to other bites and stings.
Injury treatment equipment	<ul style="list-style-type: none"> ▪ one pair of: <ul style="list-style-type: none"> - stainless steel scissors (medium size) - trauma shears (heavy duty scissors for cutting clothing, bandages, shoelaces etc. if required) ▪ disposable splinter probes and a sharps container for waste ▪ disposable tweezers ▪ for sprains, strains and bruises, two: <ul style="list-style-type: none"> - gel packs, kept in the refrigerator, or - disposable ice packs for portable kits made from small zip-lock plastic bags filled with water, frozen and wrapped in a cloth/bandage/disposable towel before being application ▪ additional 7.5 m crepe bandages and safety pins to attach splints ▪ ice packs.
Lotions and ointments	<ul style="list-style-type: none"> ▪ sun screen, ideally a low allergenic/sensitive skin type, with a sun protection factor of between 15+ and 30+ ▪ single use sterile saline ampoules for the irrigation of eyes <p>Notes:</p> <ol style="list-style-type: none"> 1. Creams and lotions, other than those in aqueous or gel form, are not recommended in the first aid treatment of wounds or burns. 2. Antiseptics are not recommended. Cuts and abrasions should be cleaned initially under running water followed by deeper and more serious wounds being cleaned with sterile saline prior to dressing.
Hygiene and cleaning equipment	<ul style="list-style-type: none"> ▪ single use nitrile gloves in various sizes such as small, medium and large Note: Some people are allergic to latex gloves. ▪ blood and vomit spill kits ▪ disposable hand towels

Type of equipment	Content includes
	<ul style="list-style-type: none"> ▪ adhesive sanitary pads, as a backup for personal supplies ▪ antiseptic hand wash/germicidal soap and nail brush for hand-cleaning before and after treatment only ▪ single use antiseptic wipes for hand cleaning when water is not readily available ▪ one box of paper tissues ▪ paper towel for wiping up blood spills in conjunction with blood spill kit ▪ single use plastic rubbish bags that can be sealed, for used swabs ▪ a waste disposal bin suitable for taking biohazard waste Note: Biohazard waste should be burnt. There are several companies that will handle bulk biohazard waste. ▪ emesis bags for vomit.
Other equipment	<ul style="list-style-type: none"> ▪ resuscitation face mask such as “pocket mask” type that can be cleaned/reused ▪ one medicine measure for use with prescribed medications (stored with the medication) ▪ disposable cups ▪ one teaspoon ▪ pen-like torch, to measure eye-pupil reaction ▪ blanket and sheet, including a thermal accident blanket for portable kits ▪ possibly a generic EpiPen® for treating anaphylaxis sufferers see: Anaphylaxis within Related policies