



FIRST AID POLICY

DROMANA PRIMARY SCHOOL

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 schools:

- *Anaphylaxis Policy*
- *Asthma Policy*

POLICY

From time to time Dromana 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 Dromana Primary School has sufficient staff with the appropriate levels of first aid training to meet the first aid needs of the school community.

Dromana Primary School's trained first aid officers are:

<u>FIRST AID OFFICERS:</u>	<u>TRAINING COURSE:</u>	<u>EXPIRES:</u>
Chris Bowring	HLTAID003	18/02/2024
Rochelle Meneilly	HLTAID003	18/02/2024
Janette Cahill	HLTAID003	18/02/2024
Heather Yanner	HLTAID003	18/02/2024
Darren Luff	Level 2	01/06/2021
Brooke Lawson	HLTAID003	18/02/2024
Gayle Way	HLTAID003	18/02/2024
Julie Santarossa	HLTAID003	18/02/2024
Amanda Redden	HLTAID003	18/02/2024
Tim Forsyth	HLTAID003	18/02/2024
Nic Sakalis	HLTAID003	18/02/2024
Lauren Christie	HLTAID003	18/02/2024
Sascha Wardlaw	HLTAID003	18/02/2024
Christine O'Neill	HLTAID003	18/02/2024

First aid kits

Dromana Primary School will maintain:

- A major first aid kit which will be stored First Aid Room 'Block A' main corridor.
- 9 portable first aid kits which may be used for excursions, camps. The portable first aid kit/s will be stored:
 - PE kit in Stadium
 - Cupboard in the storage room opposite to First Aid room
 - Ride to School kit stored in Assistant Principal's Office

Chris Bowring will be responsible for maintaining all first aid kits.

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 Sick Bay and monitored by staff. Where the student is unable to return to class due to illness parents or the emergency contact will be contacted to collect the child as soon as possible.

Students who are unwell should not attend school.

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.
- Where there has been an impact/knock or bump to the head. A staff member will call the parent or emergency contact to collect the student from school to be monitored at home by the parent.
- If first aid is administered for a minor injury or condition, Dromana Primary School will notify parents/carers by via compass.
- 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 Dromana Primary 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 and record the incident in Cases21

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.

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:

<ul style="list-style-type: none">• loss of consciousness, even if only briefly• a less than alert conscious state• suspicion of a fracture• suspicion of a spinal injury	<ul style="list-style-type: none">• damage to eyes or ears• penetration of the skin• deep open wounds.
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FURTHER INFORMATION AND RESOURCES

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

REVIEW CYCLE

This policy was last updated on 29/01/2021 and is scheduled for review in January, 2024.

FURTHER INFORMATION AND RESOURCES (CONTINUED)

On 14 December 2019, the Public Health and Wellbeing Regulations 2019 (the regulations) replaced the Public Health and Wellbeing Regulations 2009. This information sheet provides an overview of changes that relate to immunisation and exclusions.

WHY REGULATE EXCLUSION PERIODS IN PRIMARY SCHOOLS AND CHILDREN'S SERVICES?

Victoria regulates to prevent the spread of infectious disease by requiring some children to temporarily stop attending primary school and children's services¹ such as childcare and kindergarten if their attendance will put them or others at risk of contracting or spreading an infectious disease.

Primary schools and children's services are settings where there can be an increased risk for transmission of certain infectious diseases.

Exclusion of children with particular infections (known as cases) is the most important way to reduce transmission of infectious disease in these settings. In some limited circumstances, it is important to exclude children who have been exposed to particular infections (known as contacts).

ABOUT THE REGULATIONS

Many requirements of these regulations will remain unchanged. A person in charge of a primary school or children's service must not allow a child to attend the facility in accordance with the regulations:

- if they have been informed the child is infected with an infectious disease/condition listed in the regulations
- if they have been informed the child has been in contact with a person who is infected with an infectious disease/condition listed in the regulations.

A parent or guardian must also inform the person in charge of the primary school or children's service their child attends if the child is infected with an infectious disease/condition listed in the regulations.

A person in charge of a primary school must also keep a record of immunisation certificates for all children at the primary school and must allow authorised officers access to immunisation certificates.

For the purposes of immunisation co-ordination and services, a person in charge of a secondary school may disclose certain student information to a council upon request.

WHAT HAS CHANGED IN THE REGULATIONS?

Some aspects of the regulations have been amended to improve the public health response to outbreaks in these settings. The following minor changes improve and strengthen the regulations:

- Updated diseases and exclusion periods listed in the regulations to align with current evidence regarding infection control, reflect current terminology, or clarify requirements. Specifically, the amendments:
 - reduce the exclusion period for mumps from nine to five days
 - add cytomegalovirus (CMV) infections, glandular fever (Epstein-Barr virus infections) and molluscum contagiosum to the table/list of excludable diseases in order to emphasise that exclusion is not necessary
 - amend the exclusion period for *Haemophilus influenzae* type B from four days to 48 hours after initiation of effective therapy
 - update HIV/AIDS to HIV
 - consolidate and include common causes of diarrhoea into one condition referred to as 'diarrhoeal illness', with an exclusion period of 24 hours from the last loose bowel motion or vomiting
 - clarify that a child should not be excluded if they have latent tuberculosis.
- Removing the duty of a person in charge of a primary school or children's service to notify the Department of Health and Human Services about a child ill from pertussis, poliomyelitis, measles, mumps, rubella or meningococcal C.

¹ Children's services is a broad term used to describe 'education and care service premises' and 'children's services centres'.

- Introducing an infringement penalty for failure to exclude a child with, or exposed to, a specified infectious disease from a primary school or children’s service in accordance with the regulations (only applicable to a person in charge of a primary school or children’s service).
- Empowering the Chief Health Officer to direct a person in charge of a primary school or children’s service to exclude a child based on a material risk (substantial risk of harm) of a child contracting a vaccine-preventable disease. To determine whether a child is at material risk, the Chief Health Officer may have regard to the:
 - child’s documented immunity and immunisation status
 - risk of the child contracting a vaccine-preventable disease
 - severity of illness if the child were to contract a vaccine-preventable disease.

Please see **Appendix 1** for an extract of Schedule 7 in the regulations, which highlights changes to minimum exclusion periods.

WHY HAVE THESE CHANGES BEEN MADE?

The changes strengthen existing requirements intended to prevent the spread of infectious diseases among children and will also improve the response to outbreaks in primary schools and children’s services. Changes to exclusion periods align with emerging evidence relating to their risk.

Removing the duty of a person in charge of a primary school or children’s service to notify the department about a child ill from certain infectious diseases will reduce regulatory burden for the person in charge and avoid multiple processing of notifications about the same case.

The introduction of an infringement penalty for a person in charge of a primary school or children’s service who fails to exclude a child with, or exposed to, a specified infectious disease in accordance with the regulations supports action to prevent the further transmission of an infectious disease. It provides an alternative means to address non-compliance in certain circumstances.

Education and support will be the primary means adopted to achieve compliance. An infringement penalty would only be considered where there is a genuine risk and deliberate intention to not comply. Infringements of this kind are expected to be uncommon.

WHAT DOES THIS MEAN FOR PRIMARY SCHOOLS AND CHILDREN’S SERVICES?

School principals and persons in charge of children’s services will continue to exercise their responsibilities as needed and should familiarise themselves with the changes.

Regulating periods of mandatory exclusion for both infected children and those vulnerable to infection provides a risk-based framework that protects attending children from contracting or spreading some infectious diseases. Short periods of targeted exclusion to prevent the spread of illness can prevent longer or more widespread absences from school and children’s services as a result of illness, minimising the potential negative impact on a child’s education as well as their health.

The department will continue to support primary schools and children’s services to facilitate awareness and compliance.

HOW DO I FIND OUT MORE?

For more information about the changes to immunisation and exclusions, please:

- visit www2.health.vic.gov.au/public-health/infectious-diseases/school-exclusion
- phone 1300 651 160
- email infectious.diseases@dhhs.vic.gov.au

To view the regulations, please visit the Victorian government’s legislation website www.legislation.vic.gov.au/ and search ‘Public Health and Wellbeing Regulations 2019’.

APPENDIX 1

EXTRACT OF SCHEDULE 7 - MINIMUM PERIOD OF EXCLUSION FROM PRIMARY SCHOOLS, EDUCATION AND CARE SERVICES PREMISES AND CHILDREN'S SERVICES CENTRES FOR INFECTIOUS DISEASES CASES AND CONTACTS

Highlighted sections indicate changes.

Conditions	Exclusion of cases	Exclusion of Contacts
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
Conjunctivitis	Exclude until discharge from eyes has ceased	Not excluded
Cytomegalovirus (CMV) infection	Exclusion is not necessary	Not excluded
Diarrhoeal illness ²	Exclude until there has not been vomiting or a loose bowel motion for 24 hours	Not excluded
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
Glandular fever (Epstein-Barr Virus infection)	Exclusion is not necessary	Not excluded
Hand, Foot and Mouth disease	Exclude until all blisters have dried	Not excluded
<i>Haemophilus influenzae</i> type b (Hib)	Exclude until 48 hours after initiation of effective therapy	Not excluded
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
Hepatitis B	Exclusion is not necessary	Not excluded
Hepatitis C	Exclusion is not necessary	Not excluded
Herpes (<i>cold sores</i>)	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
Human immuno-deficiency virus infection (HIV)	Exclusion is not necessary	Not excluded
Impetigo	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing	Not excluded
Influenza and influenza like illnesses	Exclude until well	Not excluded unless considered necessary by the Chief Health officer
Leprosy	Exclude until approval to return has been given by the Chief Health Officer	Not excluded
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

² 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.

		infectious case, or received Normal Human Immunoglobulin (NHIG) within 144 hours of exposure of any infectious case, they may return to the facility
Meningitis (bacterial —other than meningococcal meningitis)	Exclude until well	Not excluded
Meningococcal infection	Exclude until adequate carrier eradication therapy has been completed	Not excluded if receiving carrier eradication therapy
Mumps	Exclude for 5 days or until swelling goes down (whichever is sooner)	Not excluded
Molluscum contagiosum	Exclusion is not necessary	Not excluded
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
Poliovirus infection	Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery	Not excluded
Ringworm, scabies, pediculosis (head lice)	Exclude until the day after appropriate treatment has commenced	Not excluded
Rubella (German measles)	Exclude until fully recovered or for at least four days after the onset of rash	Not excluded
Severe Acute Respiratory Syndrome (SARS)	Exclude until medical certificate of recovery is produced	Not excluded unless considered necessary by the Chief Health Officer
Shiga toxin or Verotoxin producing <i>Escherichia coli</i> (STEC or VTEC)	Exclude if required by the Chief Health officer and only for the period specified by the Chief Health Officer	Not excluded
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
Tuberculosis (excluding latent tuberculosis) ³	Exclude until receipt of a medical certificate from the treating physician stating that the child is not considered to be infectious	Not excluded
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

To receive this publication in an accessible format phone 1300 651 160, using the National Relay Service 13 36 77 if required, or email infectious.diseases@dhhs.vic.gov.au

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Available at: www2.health.vic.gov.au/about/legislation/public-health-and-wellbeing-act/regulation-review

³ This means that exclusion of cases and contacts is not necessary for latent tuberculosis.