



ACCIDENTS AND INCIDENTS PROCEDURE

First Aid is the responsibility of all staff. Children injured in the playground requiring band aids etc. Can be treated by the teacher on duty (all necessary requirements are in a 'bum bag').

More significant injuries or sick children need to be sent into the office where a staff member will ensure that:

- o First aid will be administered
- o They will be checked regularly
- o Parents or nominee must be contacted if their child needs to spend time in the First Aid Room
- o In cases where medical attention is required and the parent cannot be contacted the Principal or staff member will decide on the appropriate action
- o A copy of the 'Illness/Injury Parent notification Form will be sent home.

All significant injuries will be recorded on the DEECD injury form (see links below) and forwarded to the office for entry onto CASES.

The register (Illness/Injury Parent Notification Book) is housed in the First Aid Room, on the shelf.

**ILLNESS/INJURY
PARENT NOTIFICATION**

CHILD'S NAME: _____ TIME _____ am/pm
 DATE: _____ DUTY TEACHER: _____

Dear _____
 At school today your child was unwell.

He/She

- was stung or bitten
- complained of toothache
- vomited
- complained of headache
- complained of abdominal pains
- complained of chest pains
- complained of ear ache
- suffered from diarrhoea
- had a bad cold
- sore throat
- suffered respiratory distress
- had an asthma attack
- had a nose bleed
- suffered from a rash/sores
- received a blow to/knock on the head
- received a heavy knock/bruising
- received cuts/abrasions which caused distress

other _____

TREATMENT: Your child was given First Aid at school

allowed to rest

taken to outpatients at the local hospital

parents have been contacted by phone

attempted to contact parents by phone

Signed _____ First Aid Officer

Orchard Grove Primary School

Class: _____
 Time: _____ AM/PM

Dear Parent/Guardian

Today at school _____ received a bump to the head.

What happened: _____

On assessment there was:

<input type="checkbox"/> Lump	<input type="checkbox"/> Headache
<input type="checkbox"/> Red mark	<input type="checkbox"/> Dizziness
<input type="checkbox"/> Bruising	<input type="checkbox"/> Feeling sick
<input type="checkbox"/> Bleeding	<input type="checkbox"/> Feels fine
<input type="checkbox"/> No Visible mark	<input type="checkbox"/> Other _____

Treatment at School was:

<input type="checkbox"/> Ice pack / Cold Compress	<input type="checkbox"/> Sent back to class
<input type="checkbox"/> Observed for _____ min	<input type="checkbox"/> Parents called to collect child
<input type="checkbox"/> Checked pupil dilation	

For your information if your child develops any of the following signs and symptoms in the next 24 hours, it is advisable that you seek medical advice.
 These are:

- Headache
- Balance problems or dizziness
- A loss of memory of events before and after the injury
- Nausea and often vomiting
- Blurred or double vision
- Sensitive to light or noise
- A loss of, or changes in level of consciousness
- Shows behaviour or personality changes
- Confusion

Signed _____ Date _____

HEAD INJURY REGISTER			
NAME	DATE	INJURY AREA	PARENTS CALLED Y/N
	/ / 17	Face / Head / Neck	Y / N
	/ / 17	Face / Head / Neck	Y / N
	/ / 17	Face / Head / Neck	Y / N
	/ / 17	Face / Head / Neck	Y / N
	/ / 17	Face / Head / Neck	Y / N
	/ / 17	Face / Head / Neck	Y / N
	/ / 17	Face / Head / Neck	Y / N
	/ / 17	Face / Head / Neck	Y / N
	/ / 17	Face / Head / Neck	Y / N
	/ / 17	Face / Head / Neck	Y / N
	/ / 17	Face / Head / Neck	Y / N
	/ / 17	Face / Head / Neck	Y / N
	/ / 17	Face / Head / Neck	Y / N
	/ / 17	Face / Head / Neck	Y / N
	/ / 17	Face / Head / Neck	Y / N
	/ / 17	Face / Head / Neck	Y / N
	/ / 17	Face / Head / Neck	Y / N
	/ / 17	Face / Head / Neck	Y / N
	/ / 17	Face / Head / Neck	Y / N
	/ / 17	Face / Head / Neck	Y / N

- LINKS**
- [DET Injury Form](#)