

STUDENT HEALTH (FIRST AID) POLICY



Merri River School

<http://www.merrirs.vic.edu.au>

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FIRST AID POLICY

INTRODUCTION

The Warrnambool Special Developmental School First Aid Policy has been developed in accordance with the Department of Education and Training (DET) First Aid policy and should be used in conjunction with the Asthma Policy.

1. Rationale

- 1.1 The School's approach towards health and safety is primarily one of prevention.
- 1.2 Adequate training and resources are to be provided to effectively deliver First Aid in the event of sudden illness or injury to students or employees.
- 1.3 Effective First Aid should be available to all students or employees who need it.

2. Aims

- 2.1 To ensure that the school site is supplied with the resources and training necessary to provide effective initial treatment in the event of sudden illness or injury to students, staff or visitors to the school.
- 2.2 To encourage preventative measures which include the development of procedures to minimise emergency situations and to promote safety awareness.

3. DEFINITIONS

- 3.1 **First Aid** is defined as emergency treatment and life support provided to employees, students and visitors who suffer injury or illness while at work/school.

4. IMPLEMENTATION

- 4.1 **The Administration staff is responsible for ensuring that: -**
 - (i) funding made available from DET is used for the training of First Aiders according to the formula in Appendix D.

FOR EXAMPLE ONLY

- (ii) all officially designated First Aiders are provided with immunisation against Hepatitis A & B as requested.

4.2 The Principal/Assistant Principal shall ensure that: -

4.2.1 there is a minimum of one First Aider available to assist injured or ill persons. This person shall be trained to a competent level that covers all school requirements (see Appendix C).

*There is annual Staff Training on Asthma and Anaphylaxis Management.

4.2.2 a First Aider shall be available: -

- (i) at the school or workplace during normal working hours
- (ii) at other times when authorised DET programs are being conducted unless appropriate safety requirements are provided as detailed in the *Schools of the Future Reference Guide* –eg. Section 4.4.4.2, Swimming and Water Safety Programs

4.2.3 appropriate first aid kits, supplies and equipment are provided.

4.2.4 all staff are aware of the first aid procedures and location of resources.

4.2.5 staff are informed that when a child is sent for First Aid, the classroom teacher or supervising teacher will follow up with the First Aider and the child to ensure the child is okay.

4.2.6 a follow up phone call is made , enquiring about the condition/ well-being of the child.

4.2.7 adequate hygiene practices are used.

4.2.8 means are available to contact emergency services in the event of sole occupancy, for example a cleaner or staff member working late.

4.2.9 First Aiders perform their duty in either replacement of or reduced Yard Duty unless other arrangements are deemed more appropriate.

4.2.10 where a child receives an injury requiring treatment by: -

- (i) a doctor
- (ii) outpatient services or
- (iii) an ambulance officer

A follow up phone call is made to the parent enquiring about the child's injury & their condition.

An Accident Report must be completed by the Yard Duty Teacher and the First Aider who provided treatment. The form is then faxed to Emergency management.

Details are recorded and the school is advised if any further action is required. A copy of the Accident Report is then filed and retained for 5 years.

4.3 Parents/Guardians are to ensure that they utilise forms provided by the school to:-

4.3.1 keep the school informed of current medical contact details concerning students

- 4.3.2 keep the school informed of current medical condition and appropriate history of students.
- 4.3.3 inform the school in writing of any prescribed medication that students need to take in school hours. Where medication is required in spontaneous situations, detailed administration instructions should be provided, for example in the case of asthma attacks.
- 4.3.4 update medical management plans at the start of each year or when changes have occurred.

4.4 Provision of First Aid:

- 4.4.1 All staff have a 'duty of care' when dealing with sick or injured children, whether it be during a Specialist session, a Sports session, in the playground or in the classroom.
- 4.4.2 Notwithstanding the duty of care of First Aiders, the treatment of illness and/or injury should be limited to those areas in which the person has received recognised training.
- 4.4.3 Designated First Aiders shall be responsible for: -
 - making a careful assessment of the child and injury and specifically ask "Where does it hurt?" and "Does it hurt anywhere else?"
 - if needed, seek a second opinion about the injury or treatment,
 - monitoring students according to their condition;
 - contacting parents following all head injuries and consider phoning the parent if it is felt an injury may require monitoring or a review by a doctor or to simply let the parents know an injury has occurred.
 - accurately recording all First Aid treatment. A copy of treatment provided shall be forwarded with the patient when treated by the First Aider. The First Aider should respect the confidential nature of any information given.
 - reporting any considered hazard to the appropriate workplace Occupational Health and Safety representative and Principal/Assistant Principal;
 - ensuring that the first aid resource poster is clearly displayed and updated regularly (Appendix F).
 - administering the First Aid Room and its contents;

5. First Aid Kit Contents

Consistent with the Department's First Aid Policy and Procedures the school will maintain a First Aid Kit that includes the following items:

- an up-to-date first aid book – examples include:
 - First aid: Responding to Emergencies, Australian Red Cross
 - Australian First Aid, St John Ambulance Australia (current edition)
 - Staying Alive, St John Ambulance Australia, (current edition)

- wound cleaning equipment
 - 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
 - sterile, non-adhesive dressings, individually packed: 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, without antiseptic on the dressing, for smaller cuts and grazes
 - steri-strips for holding deep cuts together in preparation for stitching
 - non-allergenic paper 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 extremely sensitive skin
 - six sterile eye pads, individually packed
- bandages
 - four triangular bandages, for slings, pads for bleeding or attaching dressings, splints, etc
 - conforming bandages: two of 2.5 cm, two of 5 cm, six of 7.5 cm and two of 10 cm – these may be used to hold dressings in place or for support in the case of soft tissue injuries
- lotions and ointments
 - cuts and abrasions should be cleaned with sterile saline prior to dressing. Antiseptics are not recommended
 - any sun screen, with a sun protection factor of approximately 15+
 - single use sterile saline ampoules for the irrigation of eyes
 - creams and lotions, other than those in aqueous or gel form, are not recommended in the first aid treatment of wounds or burns
 - asthma equipment (which should be in all major portable kits, camping kits, sports kits, etc)
 - blue reliever puffer (e.g. Ventolin) that is in date
 - spacer device
 - alcohol wipes

Other equipment includes:

- single use gloves – these are essential for all kits and should be available for teachers to carry with them, particularly while on yard duty
- blood spill kits
- vomit spill kits
- one medicine measure for use with prescribed medications
- disposable cups
- one pair of scissors (medium size)
- disposable splinter probes and a sharps container for waste
- disposable tweezers
- one teaspoon
- disposable hand towels
- pen-like torch, to measure eye-pupil reaction
- two gel packs, kept in the refrigerator, for sprains, strains and bruises or disposable ice packs for portable kits

- adhesive sanitary pads, as a backup for personal supplies
- flexible 'sam' splints for fractured limbs (in case of ambulance delay)
- additional 7.5 m conforming bandages and safety pins to attach splints
- blanket and sheet, including a thermal accident blanket for portable kits
- germicidal soap and nail brush for hand-cleaning only
- 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 and a separate waste disposal bin suitable for taking biohazard waste (note: Biohazard waste should be burnt and there are several companies that will handle bulk biohazard waste)
- ice cream containers or emesis bags for vomit.

LINKS AND APPENDICES (including processes related to this policy)

Links which are connected with this policy are:

- <http://www.education.vic.gov.au/school/principals/spag/health/pages/healthcareneeds.aspx>
- <http://www.education.vic.gov.au/school/principals/spag/health/Pages/studenthealth.aspx>
- <http://www.education.vic.gov.au/school/principals/spag/health/pages/firstaid.aspx>
- <http://www.education.vic.gov.au/school/principals/spag/health/pages/anaphylaxis.aspx>
- <http://www.education.vic.gov.au/school/principals/spag/management/pages/medical.aspx>
- <http://www.education.vic.gov.au/school/principals/spag/health/pages/medication.aspx>
- <http://www.education.vic.gov.au/school/principals/spag/health/Pages/caresupport.aspx>

REVIEW CYCLE

This policy was last updated on **June 2018** and is scheduled for review in **June 2022**.

APPENDICES

APPENDIX A	Procedures
APPENDIX B	First Aid Facilities
APPENDIX C	Establishing the number of First Aiders required
APPENDIX D	Guidelines for First Aid Training
APPENDIX E	Resource List
APPENDIX F	First Aid Poster
APPENDIX G	Managing Students with Special Health Needs
APPENDIX H	First Aid Care Procedures
APPENDIX I	Anaphylaxis Management Plan

Appendix A

PROCEDURES

School Operations

This policy should be read in conjunction with the *Schools of the Future Reference Guide* –

Section – Student Safety includes

School excursions

Swimming and Water Safety Programs

Section – Student Health covers the following:

First Aid – Duty of Care

First Aid Suggestions

Contents of the First Aid Cabinet

Portable First Aid Equipment

First Aid Organisations

Medical Services – General

Medical Examinations

School Dental Services

Infectious Diseases in School – Exclusion from School

AIDS/HIV Infection

Contagious Disorders

Children with Chronic Illnesses

Medication and the School Child

Cleaning up Accidental Blood Spills (see separate sheet)

Appendix B

FIRST AID FACILITIES

6.1 First Aid Kits

6.1.1 One major first aid kit will be kept on site at Sick Bay.

6.1.2 The school will provide adequate amount of easily portable First Aid Kits for use during off site activities.

6.1.3 The Yard Duty bags will contain basic first aid materials. Each classroom, including Specialists will have a basic First Aid Kit.

APPENDIX C

ESTABLISHING THE NUMBER OF FIRST AIDERS REQUIRED

Principals/Assistant Principal should aim to provide a minimum number of First Aiders trained to a competent level (minimum Level 2 and CPR), according to the following table for the total staff and student population.

TOTAL POPULATION (Staff and Students)	NUMBER OF FIRST AIDERS
<74	1
75-200	2
201-350	3
351-550	4
551-800	5
801-1100	6
>1100	7

Formula adapted from:

- i. the Workplace Code of Practice, Sec. 6
- ii. total student enrolment February 1989
(Source: Ministry Statistics and Research Section)
- iii. school based personnel on Genius (EFT) 31 December 1989
(Source: Budget Coordination RMD)

APPENDIX D

GUIDELINES FOR FIRST AID TRAINING COURSES FOR SCHOOLS

1. Aim

These Guidelines are intended to summarise the key areas of training needed to supplement knowledge and skills of employees required to undertake general first aid duties in a school environment.

The Guidelines have been developed to assist Principals/Assistant Principals in formulating the basis of a First Aid Program customised to meet local school needs. A number of First Aid Providers (see current list) have agreed to conduct courses customised to schools.

The Guidelines do not address minimum first aid training requirements for specialist areas such as AusSwim, Outdoor Education or Adventure Activities nor do they cover specific skills required to administer a medical service to a specific student with a diagnosed medical condition.

2. Range of First Aid Duties

General First Aid duties may include the following:

- participating in the risk management process within the school as part of the OH&S Leadership Team. This may include contributing to risk management solutions and providing feedback on injury reports and first aid register data to identify persistent or serious hazards.

- providing first aid emergency awareness training for staff including emergency notification processes, a list of responsible officers and provision of emergency phone numbers.

- coordinating first aid duty rosters and maintaining first aid room and first aid kits.

- providing first aid services commensurate with competency and training. This may include all or some of emergency life support including response to life threatening conditions which may occur in the school (e.g. cardiac arrest or respiratory difficulties associated with Asthma), management of severe bleeding, basic wound care, fractures, soft tissue injury.

- providing input on first aid requirements for excursions.

Principals/Assistant Principals need to determine how first aid duties are best implemented in their school. In some cases duties may be shared across a number of staff. Staff should be competent in the areas they are expected to perform and training should be adapted to meet identified needs.

3. Guidelines

The following Guidelines are indicative and should not be seen as a substitute for a detailed assessment of the schools actual first aid training needs. For example insect or animal bite may be a rare occurrence across the school system but a particular school may have a higher incidence of some insects warranting more comprehensive coverage in training. Courses covering all of

the following are typically 18 to 24 hrs in length. Shorter basic courses covering some modules only may vary from 4 to 9 hours.

To fulfil some or all of the first aid duties, training programs should address the following areas:

A. Overview of the role of the First Aid officer and first aid duties in school

summarise major first aid duties.

discuss in *loco parentis* role of teachers and provision of 'medical services' and how these differ from provision of first aid services. First Aid officers may be asked to undertake a coordinating role maintaining the standard of medical service provision, student medical records, parent notifications etc. Need to be aware of the difference between this role and that of providing first aid services.

Training to provide medical services to particular students following specific medical instruction is not first aid. For example an Integration Aide may be trained on how to catheterise a student, or a teacher may be given instruction in administering medication for an allergic response in a student.

B. Participating in the Risk Management process within the school as part of the OH&S Leadership Team including contributing to risk management solutions and providing feedback on injury reports and First Aid Register data to identify persistent or serious hazards.

cover key parts of OH&S Legislation relevant to schools including OH&S Act in particular Section 21, First Aid Code of Practice, Manual Handling Regulations, General Safety Regulations, Workplaces Code of Practice, Plant Regulations, Dangerous Goods (Storage and Handling) Regulations, Asbestos Regulations, Noise Regulations.

deal with Duty of Care for teachers and specific responsibilities as First Aid providers.

discuss OH&S Management Systems in Schools including policy, risk management, communication, DEECD support material and staff support. See the *OH&S Guidelines - Support Material for School* and *Schools of the Future Reference Guide*.

provide practical advice on risk assessments and enable participation in risk management process. The CAP risk management booklet is a useful resource.

C. Coordinating First Aid Duty Rosters and maintaining emergency procedures, First Aid room and First Aid kits

cover information on First Aid kit contents and First Aid room design and contents.

cover overview of first aid services required during specific times e.g. lunch, play, sports etc.

refer to DEECD Policy on First Aid and how this applies to the provision of first aid services.

provide information on first aid emergency awareness training for staff including emergency notification processes, responsible officers and provision of emergency phone numbers.

cover how to provide staff and student awareness sessions in First Aid and Emergency procedures.

D. Provide First Aid services commensurate with competency and training (this may include all or some of emergency life support including care of life threatening conditions possible in school activities (Asthma, Anaphylaxis, Diabetes Management), management of severe bleeding, basic wound care, fractures, soft tissue injury, heart conditions.

provide opportunity for discussion on or investigation of student health and safety issues *Schools of the Future Reference Guide* 'Environment' Section, AusSwim, Adventure Activities are reference sources. First Aid officers will need to be a source of information on all elements of *Schools of the Future Reference Guide* directly affecting first aid.

provide opportunity for discussion on or investigation of employee health and safety issues in school *OH&S Guidelines: Support Material for Schools* are a reference source and participants should review their schools own accident data and Work Cover data.

provide information and practical exercises on range of first aid treatments of commonly occurring first aid incidents - cuts, abrasions, contusions, management of severe bleeding, basic wound care, fractures and soft tissue injury.

provide information and practical exercises on emergency life support including care of life threatening conditions possible in school activities e.g. cardiac arrest, anaphylaxis.

provide information and practical exercises on response to common student health issues requiring first aid eg Asthma, Diabetes management. This area will require the largest single time commitment of any first aid training component. However some items covered in traditional or generic programs could be covered but occupy less course time because of their rare occurrence in education e.g. emergency child-birth, snake-bite treatment, bullet wounds etc.

E. Provide input on First Aid requirements for excursions

discuss how participants can be part of initial planning by the school providing input on first aid data and accident reports connected with any previous excursions.

- discuss briefing excursion staff on First Aid kit contents and emergency support.

APPENDIX E

RESOURCE LIST

1. **Advice about the Code of Practice and First Aid Signage**

Contact an Information Officer at the nearest Victorian WorkCover Authority Office:

Melbourne	(03) 9628 8113
Mulgrave	(03) 9565 9444
Preston	(03) 9485 4555
Ballarat	(03) 5331 8388
Traralgon	(03) 5174 8900
Bendigo	(03) 5443 8866
Shepparton	(03) 5831 8260
Geelong	(03) 5223 2300
Wangaratta	(03) 5721 8588
Mildura	(03) 5021 4001
Warrnambool	(03) 5562 5600

2. **Information about First Aid Training Courses**

For approved training providers and supplementary funding of the school's Professional Development budget for first aid training contact the officer at the Regional Office

3. **Information about Hepatitis B Immunisation**

See the Hepatitis B Guidelines for School

Contact the Employee Health Unit
Telephone: (03) 9637 2395

4. **Information about First Aid Rooms**

For schools the requirements for the provision, location and design of first aid rooms are set out in the Facility schedules in *Schools of the Future Reference Guide* – Facilities: Section 7.18.

For DEECD workplaces other than schools the requirements of the Code of Practice – First Aid in the Workplace should be observed.

5. Information about Curriculum Resources

St John's Ambulance Australia

170 Forster Road
Mt Waverley 3149
PO Box 573
Telephone: 8588 – 8588
Facsimile: 8588 – 8555
Internet: www.stjohn.org.au

Updated May 2008

Australian Red Cross

23-47 Villers Street
North Melbourne 3051
GPO Box 9949 Melbourne 3001
Telephone: 8327 – 7700
Facsimile: 8327 – 7711
Internet: www.redcross.org.au

Updated May 2008

Red Cross National Office

155 Pelham Street
Carlton 3053
Telephone: 9345 1800
Facsimile: 9348 2513

Updated May 2008

Ambulance Victoria

375 Manningham Road
Doncaster 3108
Telephone: 9840 3500
Facsimile: 9840 3583
Internet: www.ambulance.vic.gov.au
First Aid 1800 24 88 59

Updated May 2008

Diabetes Australia

570 Elizabeth Street
Melbourne 3001
PO Box 206D
Telephone: 9667 1777
Facsimile: 9667 1778
Internet: www.diabetesvic.org.au

Updated May 2008

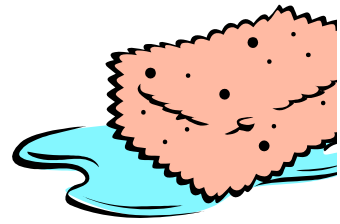
6. General Information

Contact the Employee Health Unit
Telephone: (03) 9637 2395



IMPORTANT NOTICE

CLEANING UP BLOOD OR OTHER FLUID SPILLS



The following procedures fit the DEECD guidelines for cleaning up blood or other bodily fluids: -

- 1.** The blood or fluid should be cleaned up by a teacher or other adult as soon as possible and the person should: -



- a.** Wear disposable gloves,
- b.** Wipe up the excess blood/fluid with paper towel and place in a plastic bag,
- c.** Wash the remaining blood/fluids with warm water and detergent,
- d.** Place the gloves in the bag and seal up the bag and dispose of it,
- e.** Wash their hands with hot water and soap.





FIRST AID

ATTACH THIS POSTER IN THE FIRST AID ROOM & KITS

Names of currently qualified first aiders:

Detailed information regarding first aid is available in the *Victorian Government Schools Reference Guide - Section 4.*

Basic First Aid kits are located all Classrooms rooms.

Emergency Telephone Numbers

Ambulance:	000
Emergency Medical Service:	000
Fire Brigade:	000
Poisons Information Service:	131 126
Police:	000

Appendix G

Managing Students with Special Health Needs

Any information provided to the school on the enrolment form or separately, will be taken into account when planning the care of a student. Where students have a health care need identified after enrolment, the same steps will be followed.

1. When a need is identified

Parents/carers are required to provide accurate information about a student's routine health and personal care support needs, and emergency care needs, for example:

- predictable emergency first aid associated with an allergic reaction, seizure management, anaphylaxis, or diabetes
- routine supervision for health care safety, such as supervision of medication
- personal care, including assistance with personal hygiene, continence care, eating and drinking, transfers and positioning, and use of health-related equipment

Parents/carers and students will be informed when their information is being collected, about how their personal information will be used, and to whom it might be disclosed. For example, to school nurses, who will require access to relevant student information in order to provide appropriate services.

Medical advice is required from the student's medical/health practitioner if there is an indication that a student has a health care need. The medical advice received must provide relevant information about the student's medical condition and document recommended emergency and routine health and personal care support for the student. Ideally medical advice should be sought via the completion of a relevant Medical Advice Form.

For any student requiring medication while at school, the school must receive written directions ideally from the student's medical/health practitioner. This can be done via the completion of a Medication Authority Form or ASCIA Action Plan for anaphylaxis or School Asthma Action Plan for asthma.

Information about the student's health condition as well as medication to be stored and supervised at school should be loaded in Cases21 Database.

The development of a Student Health Support Plan (or in the case of Anaphylaxis an Anaphylaxis Management Plan) will occur after the school has received the appropriate medical advice from the student's medical/health practitioner. If there is a time delay between receiving this advice and in the development of a Student Health Support Plan, the school may decide to put in place an interim support plan outlining an agreed interim strategy, e.g. call an ambulance immediately.

Plans should be developed when a student is to attend school excursions and camps. The parent/carer should complete a Confidential Medical Information for School Council Approved School Excursion.

2. The planning process

The principal (or nominee) will organise a meeting to negotiate the development of a Student Health Support (or in the case of Anaphylaxis an Anaphylaxis Management Plan with the student, student's parents/carers and other relevant school staff. This Support Plan should be guided by the medical advice received by the student's medical/health practitioner.

A range of questions may be asked in planning support. For example:

- *Is it necessary to provide the support during the school day?*
- *How can the recommended support be provided in the simplest manner, with minimal interruption to the education and care program?*
- *Who should provide the support?*
- *Is this support complex and/or invasive?*
- *Is there staff training required?*
- *Are there any facilities issues that need to be addressed?*
- *How can the support be provided in a way that respects dignity, privacy, comfort and safety and enhances learning?*
- *Are there any care and learning plans that should be completed for students with personal care support?*

This information is provided to parents/guardians on a regular basis via the school newsletter. Outside of these times the supervision and/or the collection of students is the responsibility of parents/guardians.

Sufficient teachers will be allocated by the school principal or their nominee to supervise students during these periods

Should a teacher be called away to other duties alternate supervision arrangements will be put in place in consultation with the principal or their nominee.

3. Monitoring and review

A date for when medical advice received by the student's medical/health practitioner is to be reviewed (generally within twelve months) will be set.

Student Health Support Plans (or in the case of Anaphylaxis an Anaphylaxis Management Plan (see 4.5.10.2)) will be annually reviewed in light of the updated information received by the student's medical/health practitioner. Student Health Support Plans will be reviewed earlier if the school or the student's parents/carers have concerns or if there is any change in the support.

It may be agreed that an annual review of the Student Health Support Plan may not require updated medical advice. It is up to the principal's discretion to request updated medical advice for a student.

Appendix H

First Aid Care Procedures

1. Introduction

The school has procedures for supporting student health for students with identified health needs (**see Appendix A**) and will provide a basic first aid response as set out in the procedure below to ill or injured students due to **unforeseen circumstances** and requiring **emergency** assistance.

These procedures have been communicated to all staff and are available for reference from the school office.

2. First Aid Officers

Consistent with the Department's First Aid Policy and Procedures, the school will allocate staff member/s as First Aid Officer/s. The names and details of First Aid Officers, including their level of first aid and first aid expiry dates, will be provided as soon as they are known.

2.1 First Aid Officer Duties

The First Aid Officer/s is required to undertake a coordinating role maintaining standard medical service provision, student medical records and parent notifications.

Their specific duties include:

- Participating in the risk management process within the school as part of the school's OHS team. This may include contributing to risk management solutions and providing feedback on injury reports and first aid register data to identify persistent or serious hazards.
- Providing first aid emergency awareness training for staff including emergency notification processes, a list of responsible officers and provision of emergency phone numbers.
- Coordinating first aid duty rosters and maintaining first aid room and first aid kits
- Providing first aid services commensurate with competency and training. This may include all or some of emergency life support including response to life threatening conditions which may occur in the school (e.g. cardiac arrest or respiratory difficulties associated with asthma), management of severe bleeding, basic wound care, fractures, soft tissue injury.
- Recording all first aid treatment. A copy of treatment provided shall be forwarded with the patient where further assistance is sought. The first aider should respect the confidential nature of any information given.
- Providing input on first aid requirements for excursions and camps.

The First Aid Officer/s will be available at the school during normal working hours and at other times when authorised Department programs are being conducted.

Where possible, only staff with first aid qualifications will provide first aid. However, in an emergency other **staff may be required to help within their level of competency.**

3. Procedures for Medical Treatment

In the event of a student requiring medical attention, an attempt will be made to contact the parents/guardians before calling for medical attention except in an extreme emergency.

In serious cases, parents/guardians will always be informed as quickly as possible of their child's condition and of the actions taken by the school.

All accidents and injuries will be recorded on the Department's injury management system on CASES21.

A Record of First Aid Treatment will be kept in the Sick Bay and information recorded for all students treated in the Sick Bay. A pink slip will be filled in and sent home with the student indicating date and time of attendance in the Sick Bay, the treatment given and the person administering the first aid.

It is the policy of the school that all injuries to the head are reported to Principal Team Member in charge of First Aid and that parents/emergency contacts are contacted regarding the injury.

First aid kits will be available for all groups that leave the school on excursions. The content of these kits will be dependent on the nature of the activities, the number of students and staff, and the location of the excursion.

Portable first aid kits will be available for staff on yard duty. These kits will contain:

- a pair of single use plastic gloves
- a bottle of sterile eye solution
- gauze and band-aids
- record book & pen
- First Aid passes

4. Assessment and First Aid Treatment of an Asthma attack

If a student develops signs of what appears to be an asthma attack, appropriate care must be given immediately.

4.1 Assessing the severity of an asthma attack

Asthma attacks can be:

- **Mild** - this may involve coughing, a soft wheeze, minor difficulty in breathing and no difficulty speaking in sentences
- **Moderate** - this may involve a persistent cough, loud wheeze, obvious difficulty in breathing and ability to speak only in short sentences
- **Severe** - the student is often very distressed and anxious, gasping for breath, unable to speak more than a few words, pale and sweaty and may have blue lips.

All students judged to be having a severe asthma attack require emergency medical assistance.

Call an ambulance (dial 000), notify the student's emergency contact and follow the '*4 Step Asthma First Aid Plan*' while waiting for the ambulance to arrive. When calling the ambulance state clearly that a student is having 'breathing difficulties.' The ambulance service will give priority to a person suffering extreme shortness of breath. Regardless of whether an attack of asthma has been assessed as mild, moderate or severe, Asthma First Aid (as detailed below) must commence immediately. The danger in any asthma situation is delay. Delay may increase the severity of the attack and ultimately risk the student's life.

4.2 Asthma First Aid

If the student has an Asthma Action Plan, follow the first aid procedure immediately. If no, Asthma Action Plan is available in the steps outlined below should be taken immediately.

The 4 Step Asthma First Aid Plan (displayed in Sick Bay and classrooms):

Step 1

Sit the student down in as quiet an atmosphere as possible. Breathing is easier sitting rather than lying down. Be calm and reassuring. Do not leave the student alone.

Step 2

Without delay give 4 separate puffs of a blue reliever medication (*Airomir, Asmol, Epaq or Ventolin*). The medication is best given one puff at a time via a spacer device. If a spacer device is not available, simply use the puffer on its own. Ask the person to take 4 breaths from the spacer after each puff of medication.

Step 3

Wait 4 minutes. If there is little or no improvement repeat steps 2 and 3.

Step 4

If there is still little or no improvement; call an ambulance immediately (dial 000). State clearly that a student is having 'breathing difficulties.'

Continuously repeat steps 2 and 3 while waiting for the ambulance.

5. Assessment and First Aid Treatment of Anaphylaxis

What is anaphylaxis?

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. Although allergic reactions are common in children, severe life threatening allergic reactions are uncommon and deaths are rare. However, deaths have occurred and anaphylaxis is therefore regarded as a medical emergency that requires a rapid response.

Signs and symptoms

The symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- abdominal pain and/or vomiting.

Symptoms of anaphylaxis (a severe allergic reaction) can include:

- difficulty breathing or noisy breathing
- swelling of the tongue
- swelling/tightness in the throat
- difficulty talking and/or a hoarse voice
- wheezing or persistent coughing
- loss of consciousness and/or collapse
- young children may appear pale and floppy.

Symptoms usually develop within 10 minutes to one hour of exposure to an allergen but can appear within a few minutes.

The role and responsibilities of the principal

This principal or nominee has overall responsibility for implementing strategies and processes for ensuring a safe and supporting environment for students at risk of anaphylaxis. The principal will:

- Actively seek information to identify students with severe life threatening allergies at enrolment.
- Conduct a risk assessment of the potential for accidental exposure to allergens while the student is in the care of the school.
- Meet with parents/carers to develop an Anaphylaxis Management Plan for the student. This includes documenting practical strategies for in-school and out-of-school settings to minimise the risk of exposure to allergens, and nominating staff who are responsible for their implementation.
- Request that parents provide an ASCIA (Australasian Society of Clinical Immunology and Allergy) Action Plan that has been signed by the student's medical practitioner and has an up to date photograph of the student
- Ensure that parents provide the student's EpiPen® and that it is not out of date.
- Ensure that staff obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®.
- Develop a communication plan to raise student, staff and parent awareness about severe allergies and the school's policies.

- Provide information to all staff so that they are aware of students who are at risk of anaphylaxis, the student's allergies, the school's management strategies and first aid procedures. This can include providing copies or displaying the student's ASCIA Action Plan in canteens, classrooms and staff rooms, noting privacy considerations.
- Ensure that there are procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response.
- Ensure that any external canteen provider can demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling practices.
- Allocate time, such as during staff meetings, to discuss, practise and review the school's management strategies for students at risk of anaphylaxis. Practise using the trainer EpiPen® regularly.
- Encourage ongoing communication between parents/carers and staff about the current status of the student's allergies, the school's policies and their implementation.
- Review the student's Anaphylaxis Management Plan annually or if the student's circumstances change, in consultation with parents.

The role and responsibilities of all school staff who are responsible for the care of students at risk of anaphylaxis

School staff who are responsible for the care of students at risk of anaphylaxis have a duty to take steps to protect students from risks of injury that are reasonably foreseeable. This may include administrators, canteen staff, casual relief staff, and volunteers. Members of staff are expected to:

- Know the identity of students who are at risk of anaphylaxis.
- Understand the causes, symptoms, and treatment of anaphylaxis.
- Obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®.
- Know the school's first aid emergency procedures and what your role is in relation to responding to an anaphylactic reaction.
- Keep a copy of the student's ASCIA Action Plan (or know where to find one quickly) and follow it in the event of an allergic reaction.
- Know where the student's EpiPen® is kept. Remember that the EpiPen® is designed so that anyone can administer it in an emergency.
- Know and follow the prevention strategies in the student's Anaphylaxis Management Plan.
- Plan ahead for special class activities or special occasions such as excursions, incursions, sport days, camps and parties. Work with parents/carers to provide appropriate food for the student.
- Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.
- Be careful of the risk of cross-contamination when preparing, handling and displaying food.
- Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food.

- Raise student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.

Individual Anaphylaxis Management Plans

Every student who has been diagnosed as at risk of anaphylaxis will have an individual Anaphylaxis Management Plan.

The student's Anaphylaxis Management Plan will clearly set out:

- the type of allergy or allergies.
- the student's emergency contact details.
- practical strategies to minimise the risk of exposure to allergens for in-school and out of class settings, including:
 - » during classroom activities
 - » in canteens or during lunch or snack times
 - » before and after school, in the yard and during breaks
 - » for special events such as incursions, sport days or class parties
 - » for excursions and camps.
- the name of the person/s responsible for implementing the strategies.
- information on where the EpiPen® will be stored.

The Anaphylaxis Management Plan will also include an individual ASCIA Action Plan, which sets out the emergency procedures to be taken in the event of an allergic reaction. (ASCIA, the Australasian Society of Clinical Immunology and Allergy, is the peak body of immunologists and allergists in Australia).

It is the responsibility of parents/carers to complete an ASCIA Action Plan, in consultation with their child's medical practitioner, and provide a copy to the High School. The ASCIA Action Plan must be signed by the student's medical practitioner, and have an up to date photograph of the student.

As a student's allergies may change with time, our High School will ensure that the student's Anaphylaxis Management Plan and ASCIA Action Plan are kept current and reviewed annually with the student's parents/carers. When reviewed, parents will be expected to provide an updated photo of the child for the ASCIA Action Plan.

See Appendix D: Anaphylaxis Management Plan Cover Sheet

6. First Aid Kit Contents

Consistent with the Department's First Aid Policy and Procedures the school will maintain a First Aid Kit that includes the following items:

- an up-to-date first aid book – examples include:
 - First aid: Responding to Emergencies, Australian Red Cross
 - Australian First Aid, St John Ambulance Australia (current edition)
 - Staying Alive, St John Ambulance Australia, (current edition)
- wound cleaning equipment

- 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
 - sterile, non-adhesive dressings, individually packed: 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, without antiseptic on the dressing, for smaller cuts and grazes
 - steri-strips for holding deep cuts together in preparation for stitching
 - non-allergenic paper 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 extremely sensitive skin
 - six sterile eye pads, individually packed
- bandages
 - four triangular bandages, for slings, pads for bleeding or attaching dressings, splints, etc
 - conforming bandages: two of 2.5 cm, two of 5 cm, six of 7.5 cm and two of 10 cm – these may be used to hold dressings in place or for support in the case of soft tissue injuries
- lotions and ointments
 - 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. Antiseptics are not recommended
 - any sun screen, with a sun protection factor of approximately 15+
 - single use sterile saline ampoules for the irrigation of eyes
 - creams and lotions, other than those in aqueous or gel form, are not recommended in the first aid treatment of wounds or burns
 - asthma equipment (which should be in all major portable kits, camping kits, sports kits, etc)
 - blue reliever puffer (e.g. Ventolin) that is in date
 - spacer device
 - alcohol wipes

Other equipment includes:

- single use gloves – these are essential for all kits and should be available for teachers to carry with them, particularly while on yard duty
- blood spill kits
- vomit spill kits
- one medicine measure for use with prescribed medications
- disposable cups
- one pair of scissors (medium size)
- disposable splinter probes and a sharps container for waste
- disposable tweezers
- one teaspoon
- disposable hand towels
- pen-like torch, to measure eye-pupil reaction
- two gel packs, kept in the refrigerator, for sprains, strains and bruises or disposable ice packs for portable kits
- adhesive sanitary pads, as a backup for personal supplies
- flexible ‘sam’ splints for fractured limbs (in case of ambulance delay)
- additional 7.5 m conforming bandages and safety pins to attach splints
- blanket and sheet, including a thermal accident blanket for portable kits
- germicidal soap and nail brush for hand-cleaning only

- 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 and a separate waste disposal bin suitable for taking biohazard waste (note: Biohazard waste should be burnt and there are several companies that will handle bulk biohazard waste)
- ice cream containers or emesis bags for vomit

7. Emergency Telephone Numbers

Poisons Information Service 13 11 26

Ambulance 000

Appendix I

Anaphylaxis Management Plan

Cover Sheet

This Plan will be completed by the principal or nominee on the basis of information from the student's medical practitioner provided by the parent/carer.

School:		
Phone:		
Student's name:		
Date of birth:		Year level:
Severely allergic to:		
Other health conditions:		
Medication at school:		
Parent/carer contact:	Parent/carer information (1)	Parent/carer information (2)
	Name:	Name:
	Relationship:	Relationship:
	Home phone:	Home phone:
	Work phone:	Work phone:
	Mobile:	Mobile:
	Address:	Address:

Other emergency contacts (if parent/carer not available):	
Medical practitioner contact:	
Emergency care to be provided at school:	
EpiPen® storage:	
The following Anaphylaxis Management Plan has been developed with my knowledge and input and will be reviewed on	
Signature of parent:	Date:
Signature of principal (or nominee):	Date:

Strategies to Avoid Allergens

Student's name:		
Date of birth:	Year level:	
Severe allergies:		
Other known allergies:		
Risk	Strategy	Who?