

# FIRST AID POLICY & PROCEDURES



## PURPOSE

All students have the right to feel safe and well, knowing that they will be attended to with due care when in need of first aid.

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, Eltham Primary School will notify parents/carers by phone or through the COMPASS portal
- 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 Eltham Primary School will:

- record the incident on CASES21
- if first aid was administered in a medical emergency, report the incident to the Department’s Security Services Unit on 03 9859 6266.

## SCOPE

First aid for anaphylaxis and asthma are provided for in our school’s:

- *Anaphylaxis Policy*
- *Asthma Policy*

# **POLICY IMPLEMENTATION**

## **Eltham Primary School will:**

- Implement procedures for supporting students with identified health needs and will provide a basic first aid response as set out in the procedure below to ill or injured students requiring emergency assistance due to unforeseen circumstances.
- These procedures have been communicated to all staff and are available in the school's First Aid room.
- 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.

## **First Aid Officers**

Consistent with the Department's First Aid Policy and Procedures, the school will allocate staff members as First Aid Officers. A register of the names and details of First Aid Officers, including their level of first aid and first aid expiry dates, will be kept in the First Aid room and updated where necessary by the designated First Aid Coordinator.

## **First Aid Coordinator and First Aid Officers' Duties**

The First Aid Officers are required to undertake a coordinating role maintaining standard medical service provision, student medical records and parent notifications.

### **Their specific duties include:**

1. 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. Incidents are to be investigated, which may result in modifications to a work or play area.
2. Providing first aid emergency awareness training for staff including emergency notification processes and provision of emergency phone numbers.
3. Coordinating first aid duty rosters and maintaining first aid room and first aid kits.
4. 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.
5. 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.
6. Providing input on first aid requirements for excursions and camps.
  7. The First Aid Officers will be available at the school during normal working hours and at other times when authorised Department programs are being conducted.
  8. Where possible, only staff with first aid qualifications will provide first aid. However, in an emergency other staff may be required to help in accordance with their level of competency.
  9. A sufficient number of staff will be trained to Level 2 First Aid. All staff will be trained with up-to-date CPR, asthma and anaphylaxis:
  10. Anaphylaxis in house training twice per year and once every three years by professionals
  11. CPR is recommended once per year by First Aid companies, however not specified as necessary by DET.
  12. All staff will be provided with basic first aid management skills, including blood spills, and a supply of protective disposable gloves will be available for use by staff.
  13. Any students with injuries involving blood must have the wound covered at all times.
  14. No medication including headache tablets will be administered to students without the express permission of parents or guardians. Written permission is preferable otherwise phone conversations with parent are documented.
  15. Compass will be updated to record all injuries or illnesses experienced by students that require first aid.
  16. Any student who is administered treatment by a doctor/hospital or ambulance officer as a result of an injury, will be reported to the Education Department Emergency and Security Management.
  17. Where possible a staff member will accompany a student travelling alone in an ambulance or to the doctor's surgery.
  18. All staff have the authority to call an ambulance immediately in an emergency. If the situation and time permits, a staff member may confer with others before deciding on an appropriate course of action
  19. All school camps and excursions will have at least one Level 2 first aid trained staff member at all times.
  20. A comprehensive first aid kit will accompany all excursions and camps.
  21. The First Aid Coordinator is notified when planning for any event (e.g. excursions, camps, sporting events). A suitable first aid kit to be completed by the teacher-in-charge in readiness for the specific event.
  22. General organisational matters relating to first aid will be communicated to staff at the beginning of each year. Revisions of recommended procedures for administering specific medications will also be given at that time as well as instructions regarding First Aid kit procedural requirements for excursions.
  23. All students attending camps or excursions will have provided a signed medical

form

24. providing medical details and giving teachers permission to contact a doctor or ambulance should instances arise where their child requires treatment. Copies of the signed medical forms are to be taken on camps and excursions,
25. All students, especially those with a documented asthma management plan, will have supervised access to Ventolin and a spacer at all times.
26. First Aid Officers 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.
27. At the commencement of each year, requests for updated first aid information will be sent home including requests for any asthma management and/or anaphylaxis plans, high priority medical forms, and reminders to parents of the policies and practices used by the school to manage first aid, illnesses and medication throughout the year.
28. The Education Department Accident/Injury form LE375 is to be completed and signed by the Principal and details should be entered on CASES21 for serious injuries/illnesses/head injuries. Serious injuries, fatalities, or any accident that exposes a person to immediate risk to their health or safety must be reported to the Regional Director and the Education Department Emergency and Security Management Branch immediately on (03) 9589 6266.

### **Procedures for Medical Treatment**

1. In the event of a serious incident requiring the student to be given medical attention from a doctor or ambulance officer, an attempt will be made to contact the parents/guardians before calling for medical attention except in an extreme emergency.
2. 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.
3. Serious accidents and injuries will be recorded on the Department's injury management system on CASES21 and injuries less serious eg graze, nose bleed, etc will be documented on the students' profile on Compass.
4. Information will be recorded for all students treated in the sick bay via Compass with the date and time of attendance in the first aid room, the treatment given and the person administering the first aid. This is made visible to parents via their parent portal.
5. It is the policy of the school that all injuries to the head are reported to the parents/emergency contacts regarding the injury.
6. Portable first aid kits will be available for staff on yard duty. These kits will contain:
  - Asmol or Ventolin asthma puffer
  - small pack of tissues
  - mouth to mouth protective resuscitation face guard
  - a pair of single use plastic gloves
  - band-aids
  - Laminated cards requesting First Aid Treatment

## **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:

1. First aid: Responding to Emergencies, Australian Red Cross
2. *Australian First Aid*, St John Ambulance Australia (current edition)
3. *Staying Alive*, St John Ambulance Australia, (current edition)

### **Wound cleaning equipment:**

1. gauze swabs: 100 of 7.5 cm x 7.5 cm divided into small individual packets of five
2. sterile saline ampoules: 12 x 15 ml and 12 x 30 ml
3. disposable towels or cotton wool swabs for cleaning dirt from skin surrounding a wound

### **Wound dressing equipment:**

1. sterile, non-adhesive dressings, individually packed: eight 5 cm x 5 cm, four 7.5 m x 7.5 m,
2. four 10 cm x 10 cm for larger wounds
3. combine pads: twelve 10 cm x 10 cm for bleeding wounds
4. non-allergenic plain adhesive strips, without antiseptic on the dressing, for smaller cuts and grazes
5. steri-strips for holding deep cuts together in preparation for stitching
6. non-allergenic paper type tape, width 2.5 cm–5 cm, for attaching dressings
7. sterile eye pads, individually packed Bandages
8. four triangular bandages, for slings, pads for bleeding or attaching dressings, splints, etc
9. island dressings: these may be used to hold dressings in place or for support in the case of soft tissue injuries

### **Lotions and Ointments**

1. 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
2. single use sterile saline ampoules for the irrigation of eyes
3. asthma equipment (which should be in all major portable kits, camping kits, sports kits,
4. etc)

5. blue reliever puffer (e.g. Ventolin) that is in date
6. spacer device
7. EpiPen® that is in date
8. Alcohol wipes

**Other equipment includes:**

1. single use gloves – these are essential for all kits and should be available for teachers to carry with them, particularly while on yard duty
2. one medicine measure for use with prescribed medications
3. disposable cups
4. one pair of scissors (medium size)
5. disposable splinter probes and a sharps container for waste
6. disposable tweezers
7. one teaspoon
8. disposable hand towels
9. pen-like torch, to measure eye-pupil reaction
10. gel packs (kept in the refrigerator freezer in first aid room), for sprains, strains and bruises or disposable ice packs for portable kits
11. adhesive sanitary pads, as a backup for personal supplies
12. additional 7.5 m conforming bandages and safety pins to attach splints
13. blanket and sheet, including a thermal sheet for portable kits
14. germicidal soap and nail brush for hand-cleaning only
15. one box of paper tissues
16. paper towel for wiping up blood spills in conjunction with blood spill kit
17. single use plastic rubbish bags that can be sealed, for used swabs and a
18. 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)
19. ice cream containers or emesis bags for vomit.

**ASSESSMENT AND FIRST AID TREATMENT OF AN ASTHMA ATTACK (See also Asthma Management Policy)**

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

**Assessing the severity of an asthma attack**

1. Asthma attacks can be:

- a. Mild - this may involve coughing, a soft wheeze, minor difficulty in breathing and no difficulty speaking in sentences
  - b. Moderate - this may involve a persistent cough, loud wheeze, obvious difficulty in breathing and ability to speak only in short sentences
  - c. 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.
2. All students judged to be having a severe asthma attack require emergency medical assistance.
  3. 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.'
  4. 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.

## **Asthma First Aid**

If the student has an Asthma Action Plan, follow the first aid procedure immediately. If not, immediately follow the steps outlined below.

### **The 4 Step Asthma First Aid Plan:**

#### **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.

## **ASSESSMENT AND FIRST AID TREATMENT OF ANAPHYLAXIS (See also Anaphylaxis Management Policy)**

On 14 July 2008, the Children's *Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008* came into effect amending the *Children's Services Act 1996* and the *Education and Training Reform Act 2006* requiring that all licensed children's services and schools have an anaphylaxis management policy in place.

*Ministerial Order 706 - Anaphylaxis Management in Victorian Schools* outlines points that schools need to ensure are included in their Anaphylaxis Management Policy. A revised Ministerial Order 706 came into effect on 3 December 2015.

Any school that has enrolled a student or students at risk of anaphylaxis must by law have a School Anaphylaxis Management Policy in place that includes:

- a statement that the school will comply with MO706 and associated guidelines
- a statement that in the event of an anaphylactic reaction, the school's first aid and emergency management response procedures and the student's Individual Anaphylaxis Management Plan must be followed
- the development and regular review of Individual Anaphylaxis Management Plans for affected students
- prevention strategies to be used by the school to minimise the risk of an anaphylactic reaction
- the purchase of 'backup' adrenaline auto-injector(s) as part of the school first aid kit(s), for general use
- the development of a Communication Plan to raise staff, student and school community awareness about severe allergies and the School's Anaphylaxis Management Policy
- regular training and updates for school staff in recognising and responding appropriately to an anaphylactic reaction, including competently administering an EpiPen
- the completion of an Annual Anaphylaxis Risk Management Checklist.

### **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:**

**Symptoms of a mild to moderate allergic reaction can include:**

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

**Symptoms of a severe allergic reaction can include:**



- a. difficulty breathing or noisy breathing
- b. swelling of the tongue
- c. swelling/tightness in the throat
- d. difficulty talking and/or a hoarse voice
- e. wheezing or persistent coughing
- f. loss of consciousness and/or collapse
- g. 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 has overall responsibility for implementing strategies and processes for ensuring a safe and supporting environment for students at risk of anaphylaxis.

**The First Aid Coordinator in consultation with the Principal will:**

1. Actively seek information to identify students with severe life threatening allergies at enrolment.
2. Conduct a risk assessment of the potential for accidental exposure to allergens while the student is in the care of the school.
3. 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.
4. 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
5. Ensure that parents provide the student's EpiPen® and that it is not out of date.
6. Ensure that staff obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®.
7. Develop a communication plan to raise student, staff and parent awareness about severe allergies. Communication with parents at the beginning of each year notifying them of any "at risk" student in their child's class and the school's policies relating to these allergies.
8. Provide information to all staff so that they are aware of students who are at risk of
9. 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.
10. 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.
11. Ensure that any external food providers can demonstrate satisfactory knowledge in the area of anaphylaxis and its implications on food handling

practices.

12. Allocate time, such as during staff meetings, to discuss, practice and review the school's management strategies for students at risk of anaphylaxis. Practice using the trainer EpiPen® regularly.
13. Encourage ongoing communication between parents/carers and staff about the current status of the student's allergies, the school's policies and their implementation.
14. 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, casual relief staff and volunteers.

**Members of staff are expected to:**

1. Know the identity of students who are at risk of anaphylaxis.
2. Understand the causes, symptoms, and treatment of anaphylaxis.
3. Obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®.
4. Know the school's first aid emergency procedures and what their role is in relation to responding to an anaphylactic reaction.
5. Keep a copy of the student's ASCIA Action Plan (or know where to find one quickly) and
6. follow it in the event of an allergic reaction.
7. Know where the student's EpiPen® is kept. Remember that the EpiPen® is designed so that anyone can administer it in an emergency.
8. Know and follow the prevention strategies in the student's Anaphylaxis Management Plan.
9. 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.
10. 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 allergen causing foodstuffs in cooking classes.
11. Be careful of the risk of cross-contamination when preparing, handling and displaying food.
12. Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food.
13. 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:**

1. the type of allergy or allergies.
2. the student's emergency contact details.
3. practical strategies to minimise the risk of exposure to allergens for in-school and out of class settings, including:
  - a. during classroom activities
  - b. in canteens or during lunch or snack times
  - c. before and after school, in the yard and during breaks
  - d. for special events such as incursions, sport days or class parties
  - e. for excursions and camps.
4. the name of the person/s responsible for implementing the strategies.
5. 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 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 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.

## FURTHER INFORMATION AND RESOURCES

### Related School Policies

- Administration of Medication Policy
- Anaphylaxis Management Policy
- Asthma Management Policy
- Duty of Care Policy
- Working with Children Policy
- Excursions and Camping Policy
- Child Safe Policy

### Related DET Resources

- DET School Policy & Advisory Guide
- First Aid WorkSafe Compliance Code - First Aid in the Workplace

### REVIEW CYCLE

<b>THIS VERSION FIRST ISSUED</b>	<b>LAST UPDATED</b>	<b>STATUS</b>	<b>DUE FOR REVIEW</b>
<b>2015</b>	<b>2018</b>	This policy will be reviewed annually or as necessary due to changes in regulations or circumstances	<b>2019</b>