

FIRST AID POLICY

INCLUSIVE of CARE ARRANGEMENTS FOR ILL STUDENTS

RATIONALE

Amsleigh Park Primary School must ensure that it meets the wellbeing and safety of all students. The school has 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 first aid and/or emergency assistance.

GOALS

- ❖ To ensure all staff understand the duty of care required when dealing with students who are ill / injured
- ❖ APPS staff to observe their duty of care by providing first aid treatment within the limits of their skill, expertise, training and responsibilities.
- ❖ To develop a clear plan for the provision of first aid at Amsleigh Park Primary School. At Amsleigh Park Primary the school will provide:
 - first aid facilities
 - sufficiently trained staff for the provision of basic first aid care and treatment such as minor cuts, scratches, bruising and bodily injury and,
 - a first aid co-ordinator to oversee provisions.

GUIDELINES

- ❖ Amsleigh Park Primary School will ensure that sufficient staff are trained in first aid under the provisions of the *Occupational Health & Safety Act 2004* and the Department's First Aid and Infection Control advice, see: [Department resources](#). Where possible, first aid will only be provided by staff who have been designated as the first aid providers. However, in an emergency, other staff may be required to help within their level of competence.
- ❖ Staff administering first aid should be familiar with the Department's first aid requirements and procedures as outlined in the Schools Policy and Advisory Guide:
<http://www.education.vic.gov.au/school/principals/spag/health/pages/firstaidneeds.aspx#1>
- ❖ Consistent with the Department's First Aid Policy and Procedures, the school will nominate staff to undertake First Aid duty to provide assistance to an injured or ill person. The names and details of First Aid Officers, including their level of first aid and first aid expiry dates, will be recorded and monitored by the First Aid Coordinator.
- ❖ The First Aid Coordinator is required to manage all aspects of the school's first requirements.

At APPS First Aid Coordinator's specific duties include:

- Coordinating 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 first aid emergency awareness training for staff including emergency notification processes, a list of responsible officers and provision of emergency phone numbers.
- Ensuring that all first aid treatment is recorded. 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.

- Ensuring medical alert tags are in all classrooms and portable first aid kits.

School staff nominated to undertake First Aid will be available at the school during normal school 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.**
- ❖ In case of an emergency, Amsleigh Park Primary School staff can contact NURSE-ON-CALL (1300 60 60 24) for immediate, expert health advice from a registered nurse (24 hours/ 7 days)
- ❖ 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.
- ❖ 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.

First Aid at APPS involves emergency treatment and support to:

- Preserve life through:
 - clearing & maintaining open airways
 - restoring breath & circulation
 - monitoring well-being until person recovers or is transferred into the care of ambulance paramedic, doctor or nurse
- Protect a person, particularly if unconscious
- Prevent condition worsening
- Promote recovery

First Aide will be support at APPS by:

Provision of:

- asthma spacers & Ventolin (Asthmatic children should also bring their own to school)
- first aid room
- major and portable first aid kits

Managing:

- blood spills & bleeding students
- syringe disposal / injuries

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. E.g. Ambulance called
- ❖ 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 first aide report 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 parents/emergency contacts as soon as possible.
- ❖ Portable first aid kits (bum bags) will be available for staff on yard duty.

- ❖ Any students in the first aid room will be supervised by a staff member at all times.
- ❖ If a student feels unwell during recess or lunch play they will be sent to the **First Aid room**, out of these times they will be sent to the **school office** where staff will:
 - assess a range of signs and symptoms
 - take action based on the signs and symptoms
 - treat minor injuries only. For more serious injuries a level 2 first aid trained staff member will provide assistance.
 - immediately seek emergency assistance where necessary. All teachers have the responsibility and authority to call an ambulance immediately in an emergency. If the situation and time permit, a teacher may confer with others before deciding on an appropriate course of action.
 - contact parents/carers to request that they take their children home where necessary.
- ❖ Any student with injuries involving blood must have the wound covered at all times.

Policy framework and relevant information

Amsleigh Park Primary School's First Aid policy is one component of the Department's broader policy framework for the promotion of first Aid practices in school and should be looked at in conjunction with the following DET policy guidelines:

The policies within this section are:

- Asthma Kits
- Managing Open Wounds and Blood Spills
- First Aid Rooms
- Major First Aid Kits
- Portable First Aid Kits
- School Nurses and First Aid Coordinators
- Syringe Disposals/Injuries

See also Appendix 1, 2 &3

ACHIEVEMENT MEASURES

- ❖ Parent feedback on First Aid

STATUS:

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Appendix 1

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.

1. First Aid Treatment of Anaphylaxis

Anaphylaxis is a severe and sudden allergic reaction when a person is exposed to an allergen. The most common allergens in children are eggs, peanuts, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, certain insect stings and medications.

- See separate APPS Anaphylaxis Policy for guidelines & implementation

Appendix 2

If a student feels unwell at school, APPS staff should:

Assess the range of signs and symptoms including:

- whether the student has a fever
- whether the student's skin feels warm/hot to touch
- if the student looks pale but has flushed cheeks
- whether the student indicates that they feel hot

Note: The specific temperature is not the main indicator

- take action based on the summary of signs and symptoms

Immediately seek emergency assistance, if there is:

- any doubt about the student's condition, or
- a sense that the student's condition is deteriorating.

Minor Injuries:

Icepack Use:

When using an **icepack** to treat a minor injury such as a bump or bruise:

- Do not apply directly to the skin
- Remove if pain or discomfort occurs and use a cold compress (towel or cloth rinsed in cold water) as an alternative.

When an injury causes a nose bleed then an ice pack should not be used instead a cold compress may be used.

In the following circumstances an icepack/cold compress **should not be used** and medical help should be sought (usually by calling an ambulance):

- loss of consciousness, even if only briefly
- a less than alert conscious state
- suspicion of a fracture
- suspicion of a spinal injury
- damage to eyes or ears
- penetration of the skin
- deep open wounds.

Appendix 3

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 cm x 7.5 cm, 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 50+
 - 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
- 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
- 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 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
- 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.