

1. Introduction

- 1.1 All children have the right to feel safe and well, and know that they will be attended to with due care when in need of first aid.
- 1.2 The school has procedures for supporting students with identified health needs and will provide a basic first aid response to ill or injured students due to unforeseen circumstances and requiring emergency assistance. Care arrangements for ill students form part of this policy.

2. Aims

- 2.1 To administer first aid to students when in need in a competent and timely manner.
- 2.2 To communicate a student's health problems to parents/guardians when considered necessary.
- 2.3 To provide supplies and facilities to cater for the administering of first aid.
- 2.4 To maintain a sufficient number of staff members trained with a level 2 first aid certificate.

3. Guidelines

- 3.1 Consistent with the DET First Aid Policy, the school will allocate staff members as primary and back-up First Aid Officers. A sufficient number of staff will be trained to a level 2 first aid certificate, and have up-to-date CPR qualifications. The names and details of First Aid Officers, including their level of first aid and first aid expiry dates, will be detailed in the Emergency Management Plan for each campus.
- 3.2 The Business Manager or their nominee will maintain a current electronic list of all staff qualified in First Aid. The list is available on the school server and is also provided to the Assistant Principal who oversees OHS.
- 3.3 A First Aid room (sick bay) will be available for use at all times at each campus. A comprehensive supply of basic first aid materials will be stored in an unlocked cupboard in the First Aid room.
- 3.4 All school camps will have at least one level 2 first aid trained staff member in attendance at all times. A comprehensive first aid kit will accompany all camps.
- 3.5 An electronic record will be kept on Compass of all injuries or illnesses experienced by students who require first aid.
- 3.6 A supply of protective disposable gloves will be available in the First Aid room for use by staff.
- 3.7 Any students with injuries involving blood must have the wound covered at all times.
- 3.8 In accordance with Department of Education and Training policy, 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. For further information refer to the Department's Policy and Advisory Library: Medication
- 3.9 At the commencement of each year, requests for updated first aid information will be sent home including requests for any illness or allergy management plans, high priority medical forms and reminders to



parents of the policies and practices used by the school to manage first aid.

- 3.10 Confidential records of all students with specific health needs are maintained securely in the Administration Office for reference as required.
- 3.11 This policy does not include information on first aid requirements for COVID-19. Our school follows the Department's operational guidance for first aid management relating to COVID-19.
- 3.12 Our school follows the Department's policy and guidance in relation to our First Aid rooms to ensure they are safe, hygienic and appropriately equipped: <u>First aid rooms and sick bays</u>.

4. First Aid Officer Duties

- 4.1 The First Aid Officers are required to undertake a coordinating role maintaining standard medical service provision, student medical records and parent notifications.
- 4.2 The First Aid Officers will be available at the school during normal working hours and at other times as determined by the Principal.
- 4.3 All injuries or illnesses that occur during school time will be referred to the First Aid Officer who will manage the incident.
- 4.4 Supervision of the First Aid room is the responsibility of the First Aid Officer on duty on a given day. Any students in the First Aid room will be supervised by a staff member at all times.
- 4.5 Additional duties of the First Aid Officer 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 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 Aid Officer should respect the confidential nature of any information given.
 - Providing input on first aid requirements for excursions and camps.
- 4.6 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.

5. Care Arrangements for III Students

- 5.1 Students who are unwell should not attend school.
- 5.2 Students attending the sick bay / First Aid room from class must have a teacher's note in their student



planner. Students who do not have a note will be sent back to class. <u>In emergency situations, a note is not</u> necessary.

- 5.3 The First Aid Officer will enter a 'Sick Bay Incident' on the student's chronicle on Compass. General sick bay visits or minor injuries/illnesses are not required to be recorded on CASES21. Parents/guardians will be advised via telephone or a note in the student's planner of their child's attendance in the Sick Bay, the treatment given and the person administering the first aid.
- 5.4 If the student requires a short stay in the sick bay, the First Aid Officer may return the student to class if they feel well enough. If the student is too unwell to remain at school, the office staff will call the parent/guardian for pick up. When the student is collected, office staff will mark the student on Compass as leaving.
- 5.5 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.
- 5.6 For serious injuries and illnesses, the parent/guardian must be contacted by the office staff so that professional treatment may be arranged. Serious injuries and illnesses, treatment by a doctor/hospital or ambulance officer as a result of an injury, or injuries to the head, face, neck or back will be reported to the Campus Principal and entered onto CASES21 by office staff.
- 5.7 Where there is a medical emergency, staff must take emergency action without waiting for parent or carer consent. Delays in these circumstances could compromise safety. Staff must:
 - immediately contact emergency medical services (call 000)
 - apply first aid until assistance arrives
 - notify parents or carers once action has been taken.

<u>DET does not provide accident insurance cover or ambulance cover for students. Parents/carers must make their own arrangements for cover as they will be liable for the cost of the ambulance for their child.</u>

- 5.8 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.
- 5.9 If an incident or injury occurs at an off campus school event, the supervising teacher must complete an incident form and forward it to office staff who will enter the incident on CASES21. The supervising teacher must also enter the incident on the student's record on Compass.
- 5.10 If care was provided in response to a medical emergency or reportable incident, a member of the Principal class will follow the Department's Reporting and Managing School Incidents Policy, including reporting the incident to the Department's Incident Support and Operations Centre on 1800 126 126 where required to under that policy.



6. 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.

6.1 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.

<u>All students judged to be having a severe asthma attack require emergency medical assistance.</u> The danger in any asthma situation is delay. Delay may increase the severity of the attack and ultimately risk the student's life.

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.

6.2 Asthma First Aid

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

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

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 reliever medication. 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.



7. Assessment and First Aid Treatment of Anaphylaxis

7.1 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.

7.2 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.

7.3 The college's Anaphylaxis Management Policy and Procedures comprehensively outlines the school's responsibilities and the steps taken in the event of an anaphylactic reaction.



8. First Aid Kit Contents

8.1 Portable first aid kits will be available for all groups that leave the school on excursions and camps. 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 or camp.

8.2 The Business Manager or their nominee will be responsible for maintaining all first aid kits and sick bay resources, ensuring they are managed in accordance with the Department's policy and guidance on first aid kits – refer to First aid kits.

9. Emergency Telephone Numbers

Poisons Information Service 13 11 26 Ambulance 000

Nurses on Call 1300 60 60 24

10. Communication

This policy will be communicated to our school community in the following ways:

- Included in staff induction processes and staff training
- Available in the staff handbook and staff intranet (Sharepoint)
- Included in transition and enrolment packs
- Discussed at parent information nights/sessions as appropriate
- Hard copy available from school administration upon request.

11. Further Information and Resources

11.1 This policy should be read in conjunction with the following Department policies and guidelines:

- First Aid for Students and Staff
- Health Care Needs
- <u>Infectious Diseases</u>
- Blood Spills and Open Wounds
- Medication
- Syringe Disposals and Injuries
- 11.2 The following school policies are also relevant to this First Aid Policy:
 - Administration of Medication Policy
 - Anaphylaxis Management Policy and Procedures
 - Camps Policy and Procedures
 - Excursions Policy and Procedures.

12. Evaluation

This policy will be reviewed every three years as part of the school policy review cycle.