

1. Introduction

The school has procedures for supporting student health for 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 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 a First Aid Officer/Officer's. The names and details of the school First Aid Officer/Officer's, 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 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. All First Aid treatment will be recorded on our management tool Sentral. 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 and Sentral.

A record of First Aid Treatment will be recorded in Sentral and/or in the First Aid register for all students treated in First Aid Room/Sick Bay. A 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. (Generally this will be the school's First Aid Officer – except in unforeseen circumstances where required).

It is the policy of the school that all injuries to the head are reported to the Principal Class Team 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
- First Aid passes
- Tissues
- Identification Cards for students with high priority medical conditions

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 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 upright 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

Shake puffer and 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. Put 1 puff into spacer, take four breaths from spacer, repeat until four puffs have been taken.

Step 3

Wait 4 minutes. If there is little or no improvement repeat step 2.

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 /tingling mouth
- 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
- dizziness, 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, or their nominee (First Aid Officer)

This Principal or nominee (First Aid Officer) has overall responsibility for implementing strategies and processes for ensuring a safe and supporting environment for students at risk of anaphylaxis. The Principal or First Aid Officer 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 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.

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
 - six triangular bandages, for slings, pads for bleeding or attaching dressings, splints, etc
 - conforming bandages: two of 5 cm, six of 7.5 cm and two of 10 cm.
- 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.

Please see:

Appendix A: First Aid Kits Contents Checklist - DET

7. Emergency Telephone Numbers

Poisons Information Service	13 11 26
Ambulance	000

8. EVALUATION:

This policy will be reviewed as part of a three year cycle or more often if necessary due to changes in regulations or circumstances.

Date Reviewed (School Council Endorsement)	June 5 th 2017
Date of Last Review	May 2017
Next Review Due Date	June 2020
Responsible for Review	Assistant Principal
Frequency of Review	Three year cycle
References	Victorian Government Schools Policy Advisory Guide

The logo for Melton West Primary School features a large, stylized 'M' and 'W' in blue, with the words 'melton west' and 'Primary School' written in a blue, sans-serif font below them. A yellow sunburst graphic is positioned behind the 'M' and 'W' letters.

melton
west
Primary School

Appendix A: First Aid Kits Contents Checklist - DET

The **Workplace Manager** and/or **Management OHS Nominee** are required to determine the appropriate contents of workplace first aid kits in consultation with the Health and Safety Representative (HSR) and relevant employees, and taking into consideration the outcomes of the [First Aid Risk Assessment](#).

Below are lists of suggested contents for a number of different types of kits including:

- Standard First Aid Kits for schools
- Technology and Design Kit
- Excursion Kit
- Yard Duty Kit
- Blood/Body Fluid Spill Kit
- First Aid Kits for other DET workplaces.

The lists can be modified after consultation with the HSR and employees on matters such as the suitability of the kit to the task or activity for which the kit is required. They will also assist workplaces in the completion of first aid provisions inspections and stocktaking. When completing the lists, workplaces should note the type of item in the kit, the expiry date of the item and whether the kit needs refilling in relation to that particular item.

Standard First Aid Kit for schools

Item	Quantity	Type	Expiry date	Refill?
Appropriate and current first aid manual	1			
Gauze swabs	100	7.5 x 7.5cm		
Sterile saline ampoules	12	15ml		
	12	30ml		
Paper towels	1 packet			
Sterile un-medicated non-adhesive dressings	8	5 x 5cm		
	4	7.5 x 7.5cm		
	4	10 x 10cm		
Combine pads	12	10 x 10cm		
Band aids – non-allergic/plain	1 packet			
Single use Nitrile gloves	3 packets	As required		
Steri strips (“butterfly” stitches)	1 packet			
Adhesive tape – non-allergenic/paper	1 roll	5 x 2.5cm		
Conforming bandages	2	2.5cm		
	2	5cm		
	6	7.5cm		
	2	10cm		
Triangular bandages	6			
Crepe bandages (hospital weight)	2	2.5cm		
	2	5cm		
	6	7.5cm		

	2	10cm		
Heavy elastic bandages	2	15cm		
Ventolin puffer	1			
Spacer device for Ventolin use (not reusable)	1			
70% alcohol swabs (for cleaning reusable items as required)	1 packet			
Written instructions on asthma management				
Resuscitation face mask (reusable)	1			
Medicine measure	1			
Stainless steel scissors	1			
Heavy duty pair of scissors able to cut through clothing if necessary	1			
Sharps/Biohazard container for contaminated waste	as appropriate			
Plastic bags for disposal of contaminated waste	as appropriate			
Tweezers	1 packet			
Gel packs (kept in refrigerator)	2			
Adhesive sanitary pads	1 packet			
Flexible "sam" splints	1 set			
Safety pins	1 packet			
Thermal blanket	1			
Blanket and sheet	1 of each			
Antiseptic hand wash/germicidal soap	1			
Box of paper tissues	1 box			
Ice cream containers or emesis bags for vomit	as appropriate			
Book to record details of first aid provided	1			
Non-stick un-medicated wound dressings	4	sml		
	4	med		
	4	large		
Sterile eye pads	1 packet			
Eye wash bottle	1			
Burns Module (non-stick gel padded dressing with bandage attached)	4 modules			
Spare auto - injection device	as appropriate			

Excursion First Aid Kits (Quantities to be determined by a risk assessment in consultation with the HSR and relevant employees based on activities being undertaken)

Item	Quantity	Type	Expiry Date	Refill?
Appropriate and current first aid manual	1			
Single use nitrile gloves				
Gauze swabs		7.5 x 7.cm		
Sterile saline ampoules		15ml		
		30ml		
Paper towels				
Sterile un-medicated non-adhesive dressings		5 x 5 cm		
		7.5 x 7.5cm		
		10 x 10cm		
Combine pads		10 x 10cm		
Band aids – non-allergic/plain				
Steri strips (“butterfly” stitches)				
Adhesive tape – non-allergic/paper		5 x 2.5cm		
Conforming bandages		2.5cm		
		5cm		
		7.5cm		
		10cm		
Triangular bandages				
Crepe bandages (hospital weight)		2.5cm		
		5cm		
		7.5cm		
		10cm		
Heavy elastic bandages		15cm		
Ventolin puffer				
Spacer device for Ventolin use (not reusable)				
70% alcohol swabs (for cleaning reusable items as required)				
Sterile eye pads				
Resuscitation face mask (reusable)				
Medicine measure				
Stainless steel scissors		medium		
Heavy duty pair of scissors able to cut through clothing if necessary				
Disposable splinter probes				
Sharps container for waste				
Tweezers				
Chemical cold packs (no refrigeration required)				
Adhesive sanitary pads				
Flexible "sam" splints				
Safety pins				
Thermal blanket				
Antiseptic hand wash/germicidal soap				

Box of paper tissues				
Ice cream containers or emesis bags for vomit				
Plastic bags for disposal of contaminated waste				
Book to record details of first aid provided				
Non-stick wound dressings (padded dressing with bandage attached)		Small		
		Medium		
		Large		
Resuscitation masks (disposable)				
Spare adrenalin auto - injection device	as appropriate			

Technology and Design Areas (Quantities determined by a risk assessment in consultation with the HSR and relevant employees)

Item	Quantity	Type	Expiry Date	Refill?
Suitable and current first aid manual	1			
Gauze swabs		7.5 x 7.5cm		
Sterile saline ampoules		15ml		
	12	30ml		
Paper towels				
Sterile un-medicated non-adhesive dressings		5 x 5cm		
		10 x 10cm		
Band aids – non-allergic/plain				
Steri strips (“butterfly stitches”)				
Adhesive tape – non-allergenic/paper		5 x 2.5cm		
Conforming bandages		2.5cm		
		7.5cm		
		7.5cm		
Crepe bandages (hospital weight)		2.5cm		
		7.5cm		
Heavy elastic bandages		15cm		
70% alcohol swabs (for cleaning reusable items as required)				
Sterile eye pads				
Resuscitation face mask (reusable)				
Stainless steel scissors		medium		
Heavy duty pair of scissors				
Sharps container for waste				
Tweezers				
Flexible "sam" splints				
Safety pins				
Thermal blanket				
Antiseptic hand wash/germicidal soap				

Box of paper tissues				
Plastic bags for disposal of items				
Book to record details of first aid provided				
Burns Module (non-stick gel padded dressing with bandage attached)				
Eye Injury Module (sterile eye pad/saline/tape)	6			
Eye wash bottle	1			
Non-stick wound dressings (Sml, med, lge)	2 of each			
Spare adrenalin auto-injection device	as appropriate			

Yard Duty Bags

Items	Quantity	Type	Expiry Date	Refill?
Single use nitrile gloves	2			
Sterile saline ampoules	6			
Gauze bandages	1	2.5cm		
	1	5cm		
Band-Aids	1 packet			
Resuscitation face mask (reusable)	1			
Mobile phone/cordless phone/two way radio (optional)	1			
Heavy elastic bandages		15cm		
Spare adrenalin auto-injection device	as appropriate.			

Blood Spill/Vomit Kit

Items	Quantity	Type	Expiry Date	Refill?
Single use nitrile gloves	1 packet			
Paper towels	1 packet			
Single use plastic bags	As appropriate			
Detergent				
Absorbent material "kitty litter"				
Biohazard waste bin				
Eye Protection (Glasses)				
Gown				

First Aid Kits for DET non-school workplaces

Items	Quantity	Type	Expiry Date	Refill?
Band-Aids – non-allergic/plain	Pack of 50			
Band-Aids - fabric strips	Pack of 50			
Burns Module (non-stick gel padded dressing with bandage attached)	1			
Combine pads	2	10 x 10cm		
Crepe bandages (hospital weight)	1	2.5cm		
	1	5cm		
	1	7.5cm		
	1	10 cm		
Eye Module (eye pad/saline/tape)	1			
Chemical cold packs (no refrigeration required)	2			
Triangular bandages	2			
Resuscitation masks (disposable)	2			
Stainless steel scissors	1	medium		
Sharps container for waste	1	100ml		
Tweezers	1			
Flexible "sam" splints	1 set			
Safety pins	1 pack			
Thermal blanket	1			
Antiseptic hand wash/germicidal soap				
Conforming bandages	1	5cm		
	1	7.5cm		
	1	10cm		
Sterile un-medicated non-adhesive dressings		5 x 5 cm		
		10 x 10cm		
Gauze swabs		7.5 x 7.5cm		
Sterile saline ampoules	6	15ml		
	6	30ml		
Single use nitrile gloves	1 packet			
Leukosilk Tape	1	2.5cm		
Rapaid First Aid Spray	1	50ml		
Antiseptic Wound Cleaning Wipes	Pack of 10			
Micropore Tape	1	2.5cm		
Finger/knuckle strips	Pack of 20			
CPR Card				
First Aid Booklet				