

# NARRE WARREN NORTH PRIMARY SCHOOL



## First Aid Policy

### **RATIONALE**

Narre Warren North Primary School is committed to child safety and establishing and maintaining child safe and child friendly environments where all children are valued and feel safe.

By providing all school environments (this includes onsite, online activities and offsite for excursions, camps, etc. and outside of school activities) that are stimulating, safe, happy and positive, we foster the learning potential of our children. 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.

### **PURPOSE OF THE POLICY**

To ensure the school community understands our school's approach to first aid for students.

To administer first aid to children when in need in a competent and timely manner.

To communicate children's health problems to parents when considered necessary.

To provide supplies and facilities to cater for the administering of first aid.

To ensure all staff are informed of children with potential life threatening and serious medical conditions.

### **Role of the First Aid Coordinator**

The First Aid Coordinator is required to undertake a coordinating role maintaining standard medical service provision, student medical records and parent notifications. Duties include:

- Participation 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 when necessary.
- Coordinating first aid duty rosters and maintaining first aid room and first aid kits
- 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.

## **GUIDELINES FOR ACTION**

1. The sick bay will be available for use at all times throughout the school day.
2. A comprehensive supply of first aid products will be stocked in accordance with O.H.S. and DET recommendations. The First Aid Coordinator will be responsible for the purchase and maintenance of first aid supplies, stocking first aid kits, and the general upkeep of the sick bay.
3. The Principal will ensure that the minimum number of staff hold Level 2 Senior First Aid Certificates as per DET ratio guidelines
4. 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. A register will be kept of all children attending sick bay via Sentral.
6. Whenever first aid treatment has been administered the school will record the incident on Sentral. If first aid is administered in a medical emergency the incident must be reported to the Department's Incident Support Operations Centre on 1800 126 126. Student files relating to the injured students to be kept in isolation in the security room for the required period of time. All emergencies are to be recorded on CASES21.
7. Emergency Management will be advised if an ambulance is required.
8. No child should be in the sick bay during class time without the consent and knowledge of their teacher. Any child in the sick bay will be supervised by a staff member. Parents of ill children will be contacted to take their child home.
9. Students must obtain a First Aid Request Slip from a teacher before admission to the sick bay. This does not apply to major injuries, anaphylaxis or asthma.
10. Teachers will take first aid bags with them on excursions. A minimum of one first aid bag per bus is required. Teachers should advise the First Aid Coordinator of their excursion so that a list of students with medical needs can be collated.
11. Staff on oval duty will take a mobile phone and a yard duty bag containing basic first aid supplies with them including asthma medication and spacer.
12. Teachers and parents will be advised of all head injuries sustained by students. Parents will be called for all head injuries. Students with minor head injuries will return to class. Students with significant head injuries will be sent home. All head injuries will be put on CASES21
13. Injured children's parents should accompany the student to hospital. If unable, a staff member will accompany the student in the ambulance and remain until a parent arrives.
14. Although encouraged to carry their own, all students with asthma will have access to the school's ventolin supplies and a spacer. All children with asthma will be asked to supply the school with an Asthma Management Plan annually.

15. Anaphylaxis Plans will be reviewed annually. Parents are to provide the school with an EpiPen and ASCIA plan. The school will purchase a 'back up' EpiPen annually.
16. Matters relating to student illnesses and conditions will be communicated to staff at the beginning of each year.
17. All medications will be administered from sick bay / First Aid Room. An 'Authorisation of Medication' form (Appendix 2) should be completed by a parent and where possible medicines should be provided in original packaging. Medications will be kept in the First Aid Room. Students are not allowed to keep medicine in their school bags (except for Ventolin).
18. The Assistant Principal will be advised of any injuries sustained from the deliberate or careless actions of others, or injuries of a suspicious nature.
19. 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.
20. Portable first aid kits (bags) will be available for staff on yard duty. Teachers are to check their bags to ensure they are stocked sufficiently. These kits will contain:
  - Gloves
  - Band-Aids
  - Pen
  - First Aid Request Slips
  - Vomit bag
  - Tissues
  - Alert cards for Anaphylaxis students and staff
  - Rubbish Bags
21. This policy should be read in conjunction with the school's Duty of Care Policy, Child Safety Policy, Anaphylaxis Policy, Student Illness and Injury Policy, Administration of Medicines Policy and the following related DET policies and links:

Student Health:

<http://www.education.vic.gov.au/school/principals/spag/health/Pages/firstaid.aspx>  
<http://www.education.vic.gov.au/school/principals/spag/health/Pages/studenthealth.aspx>

22. This policy will be reviewed as part of the school's three-year review cycle.

Reviewed: 16<sup>th</sup> June 2012

Ratified by School Council: 12<sup>th</sup> February 2014

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Approved by School Council: 14<sup>th</sup> March 2017

Ratified by School Council: 20<sup>th</sup> May 2020

Updated and ratified by School Council: 13<sup>th</sup> June 2023

## 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.

## 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.

### 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:*

##### **Step 1**

Sit the student down in **as a quiet atmosphere if** 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, Zempreon 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. 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.

### **Individual Anaphylaxis Management Plans**

Every student/staff who has been diagnosed as at risk of anaphylaxis will have an individual Anaphylaxis Management Plan. (refer to Anaphylaxis Policy)

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

- the type of allergy or allergies.
- the student's/staff 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/staff allergies may change with time, our school will ensure that the student's/staff 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.

### **First Aid Kit Contents**

Consistent with the Department's First Aid Policy and Procedures, and OHS requirements 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 six 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 30+
  - 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 plastic 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 (remove this just because it doesn't sound great) emesis bags for vomit.