



# Wyndham's International High School

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WERRIBEE SECONDARY COLLEGE

## 1. Introduction

Werrabee Secondary College has procedures for supporting student health for students with identified health needs (see Policies: Care For Ill Students, Medication Distribution, and Care of Ill Students) 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. This includes to students at school or on approved school activities.

These procedures have been communicated to all staff and are available for reference from the school office.

## 2. Definition

First Aid involves emergency treatment and support to:

- preserve life through:
  - clearing and maintaining open airways
  - restoring breathing or circulation
  - monitoring wellbeing until the person recovers or is transferred into the care of ambulance paramedic, doctor or nurse
- protect a person, particularly if they are unconscious
- prevent a condition worsening
- promote recovery.

Note: The goal of First Aid is not to diagnose or treat the condition.

## 3. First Aid Officers

Consistent with the provisions of the *Occupational Health & Safety Act 2004* and the DET's First Aid and Infection Control advice, the College will allocate staff member/s as designated First Aid Officer/s and ensure there is always a first aid officer who:

- can assist an injured or ill person
- has current qualifications covering all the school's first aid requirements.

A register of the names and details of First Aid Officers, including their level of First Aid with First Aid and CPR expiry dates, will be maintained by the principal and stored in the school's secure central file (or as appropriate). The minimum qualification is a statement of attainment for HLTAID003 Provide First Aid (formerly known as Senior First Aid, Level 2).

School nurses employed by the school council will be guided by the school's first aid policy.

However, in an emergency, other staff may be required to help within their level of competence.

## 4. First Aid Officer Duties

The First Aid Officer/s are 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.

- 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. The First Aider should respect the confidential nature of any information given.
- Providing input on First Aid requirements for excursions and camps.

The Principal will ensure that relevant staff receives additional training to meet student health needs for the school, camps and excursions.

## 5. Procedures for First Aid

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.

Major accidents and injuries will be recorded on the Department's injury management system on CHES (CASES21) and minor accidents and injuries are recorded in the First Aid Logbook.

A Record of First Aid Treatment will be kept in the Sick Bay and information recorded for all students treated in the Sick Bay.

It is the policy of the school that all injuries to the head are reported to Principal Team Member in charge of First Aid and that parents/emergency contacts are contacted regarding the injury.

Portable 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 (refer to Appendix B):

- a pair of single use plastic gloves
- a bottle of sterile eye solution
- gauze and band-aids
- record book & pen
- ventolin inhaler
- gloves

## 5. First Aid for Specific Health Care Needs

First Aid requirements for students with identified health care needs are explained in the school's Student Health Support Plan or Anaphylaxis Management Plan.

### 5.1 Asthma

"Asthma is a disease of the airways, the small tubes which carry air in and out of the lungs. When you have asthma symptoms the muscles in the airways tighten and the lining of the airways swells and produces sticky mucus. These changes cause the airways to become narrow, so that there is less space for the air to flow into an out of your lungs" (National Asthma Council 2011)

For each student diagnosed with asthma, the College will maintain a written:

- Asthma Action Plan
- Student Health Support Plan.

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

### 5.1.1 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.

### 5.1.2 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.

## 5.2 Anaphylaxis

Anaphylaxis is severe and sudden allergic reaction when a person is exposed to an allergen. Common allergens for children include:

- eggs
- peanuts
- tree nuts such as cashews
- cow's milk
- fish and shellfish
- wheat
- soy
- insect stings
- medications

Symptoms include:

- noisy or difficult breathing including wheezing or persistent coughing
- swelling of the tongue
- swelling or tightness in the throat
- difficulty talking such as a hoarse voice
- loss of consciousness and/or collapse
- pale pallor and floppiness in young children.

### 5.2.1 The role and responsibilities of the principal

This principal or nominee has overall responsibility for implementing strategies and processes for ensuring a safe and supporting environment for students at risk of anaphylaxis to ensure compliance with Ministerial Order 706 (refer to Appendix A) and associated guidelines.

The principal 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 regular training and updates for school staff in recognising and responding appropriately to an anaphylactic reaction, including competently administering an EpiPen. (Specifically, Course in First Aid Management of Anaphylaxis 22099VIC, and Course in Anaphylaxis Awareness 10313NAT).
- 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 information in teacher MarkBooks, copies or displaying the student's ASCIA Action Plan in canteens, classrooms and staff rooms, noting privacy considerations.
- Undertake twice yearly briefings on anaphylaxis management under Ministerial Order 706 (if applicable)

- *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, practice and review the school's management strategies for students at risk of anaphylaxis. Practice 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.

### **5.2.2 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.

### 5.2.3 Individual Anaphylaxis Management Plans

Every student who has been diagnosed as at risk of anaphylaxis will have an individual Anaphylaxis Management Plan. (Refer to school's Care for Ill Students policy).

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®/Anapen® 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 High 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 High 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 Room

The College will maintain facilities to allow provision of basic First Aid care as well as First Aid treatment such as minor cuts, scratches, bruising and for bodily injury.

The First Aid room (or sick bay) allows for short-term supervision and the ability to summon further assistance if required.

The level of supervision required in the first aid room varies depending on the case. For example, supervision:

- should be required for a student who has had a blow to the head and is feeling dizzy
- may not be required for a student with a slight headache, who needs a lie down.

In the event of visiting health care professionals, such as nurses, physiotherapists, etc. the College will ensure a facility is available for provision of the health service (office space, area set aside with appropriate privacy provisions).

## 7. First Aid Kits

Refer to Appendix B for lists of contents for a number of different types of kits as per DEECD guidelines:

- Standard First Aid Kits for schools
- Excursion Kit
- Yard Duty Kit
- Blood/Body Fluid Spill Kit
- Asthma Kit

## 8. Emergency Telephone Numbers

Poisons Information Service..... 13 11 26  
Ambulance..... 000

Schools can 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 from any land line in Victoria for the cost of a local call.

## 9. Related School Policies

This policy should be read and understood (but not limited to) in conjunction with the following school policies:

- Duty of Care policy
- Excursions and Camps policy
- Care arrangement for ill students policy (including consent forms)
- Administration of medication policy (including consent forms)
- Record of student medical conditions and management policy
- Anaphylaxis management policy
- New Staff Induction policy

## 10. Links

- School Policy & Advisory Guide – [First Aid](#)
- School Policy & Advisory Guide – [First Aid Needs](#)
- School Policy & Advisory Guide – [First Aid Rooms](#)
- School Policy & Advisory Guide – [Asthma](#)
- School Policy & Advisory Guide – [Anaphylaxis](#)
- School Policy & Advisory Guide – [Major First Aid Kits](#)
- School Policy & Advisory Guide – [Portable First Aid Kits](#)
- School Policy & Advisory Guide – [Asthma Kits](#)
- School Policy & Advisory Guide – [Blood Spills and Bleeding Students](#)
- School Policy & Advisory Guide – [Syringe Disposals and Injuries](#)
- DET [First Aid and Infection Control](#)

## 11. Appendices

Appendix A – Ministerial Order No.706: Anaphylaxis Management in Victorian schools  
Appendix B – First Aid contents checklists

## 12. Evaluation

This policy will be reviewed annually or more often if necessary due to changes in regulations or circumstances.

**APPENDIX A: Ministerial Order No.706: Anaphylaxis Management in Victorian schools**

**See separate attachment:**

**EDUCATION AND TRAINING REFORM ACT 2006**

Ministerial Order No.706: Anaphylaxis Management in Victorian schools

## APPENDIX B: FIRST AID CONTENTS CHECKLISTS

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

- Standard First Aid Kits for schools
- Excursion Kit
- Yard Duty Kit
- Blood/Body Fluid Spill Kit
- Asthma Kit

The lists can be modified after consultation with the Health and Safety Representative (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			

### 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				

### Asthma Kit

Asthma emergency First Aid kits must contain:

- blue/grey reliever medication such as Airomir, Asmol, or Ventolin
- at least 2 spacer devices to assist with effective inhalation of the blue/grey reliever medication (ensure spare spacers are available as replacements)
- clear written instructions on:
  - how to use these medications and devices
  - steps to be taken in treating a severe asthma attack

- a record sheet/log for recording the details of a first aid incident, such as the number of puffs administered - record sheets can be downloaded from the Asthma Foundation of Victoria web site.

Asthma emergency first aid kits should be located strategically around the school. Mobile asthma emergency kits are also required for:

- office / administration
- yard duty
- excursions
- camps.