



# FIRST AID POLICY and PROCEDURES/ACCIDENTS AND INCIDENTS

## REPORTING POLICY

### 1. PURPOSE

The school has procedures for supporting student health for students with identified health needs (see Care Arrangements for 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.

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

To provide resources – personnel, training and treatment to Level 2 First Aid

### 2. BROAD GUIDELINES

To provide basic medical treatment to children who suffer minor injuries.

An ongoing budget to enable First Aid kits and equipment to be maintained.

A budget to provide ongoing training and immunisation of staff each year.

### 3. IMPLEMENTATION

#### First Aid Coordinator

Kaye Blackley

#### First Aid Officers

A register of Level 2 First Aiders will be maintained by the school and will be responsible for administering first aid to their level of training when required.

A staff member is to be assigned the responsibility of maintaining the First Aid kits.

Two fully stocked first aid kits to be housed in the school. One permanently housed with the first aid co-ordinator; the other in the office area to be available for camps and excursions (backpack). Two small carry bags are provided for yard duty (asthma/icepacks/sterile wipes/anaphylaxis/medical emergency cards).

Teachers on yard duty will send student with a first aid card/or take children requiring first aid treatment to office area for assistance. If an anaphylaxis reaction or serious injury, the injured person is to remain where they are and the teacher is to send to the office for immediate assistance.

Open or bleeding wounds/injuries and other minor injuries be treated by staff. First aid treatment only.

Staff are required to use plastic gloves when treating open or bleeding injuries.

Level 2 first aid and/or CPR professional development, Asthma training and Anaphylaxis training will be provided as prescribed to all staff and be in line with DET guidelines

Reports of any injury deemed serious by the first aid coordinator and all head or back injuries will require the parent to be notified by phone and an “illness/injury parent notification form” completed.

Accidents and treatment are entered into the daily accident diary.

Medication will be administered by the first aid coordinator according to the written instructions by the parents/guardians and issued according to the instructions of parents and guardians concerned. When parents are providing medication to the school, the medication must be in the original packaging/prescription bottle.

Asthma Management plans and Allergy Management plans will be updated annually at the start of each year or as the condition changes. Office staff will supply these to parents of new students. If a current plan is not available staff will follow the Victorian Asthma Management Plan.

Asthma medication (provision) is the responsibility of the individual and should remain in his/her care – labelled appropriately. If the child is incapable of self- administering the treatment appropriately then the teacher will support the child in doing this.

A spare ventolin puffer will be stored in the general office and excursion bag for emergencies.

Excursion notes will include asthma, allergies and medical plans.

Any serious accident or incident is to be reported immediately to school administration and if the child is transported to hospital by ambulance; or the child is hospitalised because of a serious accident, DET emergency services must be notified – 9589 6266.

#### **4. 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 serious accidents and injuries will be recorded on the Department's injury management system on CASES 21.

A Record of First Aid Treatment will be kept in the Sick Bay and information recorded for students treated in 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 in serious cases; or if any follow-up treatment is needed.

It is the policy of the school that all injuries to the head are reported to the Leadership 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.

## 5. Assessment and First Aid Treatment of an Asthma

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

### 5.1 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.

### 5.2 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.

## **6. 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.

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. 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<sup>®</sup> 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<sup>®</sup>.
- 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. (see **Care Arrangements 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® 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.

See Appendix D: Anaphylaxis Management Plan Cover Sheet

## 5. Reporting of Accidents and Incidents

At all times the school will adhere to the DET guideline. Refer to: DET Accident Recording and Reporting <http://www.education.vic.gov.au/school/principals/spag/governance/pages/recordin g.aspx>

All accidents and incidents involving serious injury are also to be entered online in the injury management system on CASES21

Incidents to staff may also be notifiable under workSafe. All incidents involving staff must be reported to administration and entered on Edusafe.

## **6. RESOURCES**

First aid kits (2 school, 2 yard duty and 1 OSHC)

Most staff will have current CPR and first aid qualifications

First Aid booklet in each first aid kit.

An opportunity for all staff to be immunized for flu and other relevant vaccinations.

### **6. Emergency Telephone Numbers**

Poisons Information Service 13 1126

Ambulance 000

## **7. EVALUATION**

Evaluation will be made on the basis of providing prompt, appropriate first aid treatment (and hospitalization when necessary) to children and teachers requiring assistance.

Documentation of all accidents, injuries, causes, treatment etc. will be maintained and recorded.

Regular risk assessments and practice scenarios carried out in the school.

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Responsible for Review	Assistant Principal
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References	