



HUME CENTRAL SECONDARY COLLEGE FIRST AID POLICY AND PROCEDURES

PURPOSE

The College 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.

SCOPE

FIRST AID OFFICERS

Consistent with the Department's First Aid Policy and Procedures, the College will allocate staff member/s as First Aid Officers. The names and details of First Aid Officers, including their level of first aid and first aid expiry dates, will be provided as soon as they are known and displayed in First Aide and Staff rooms on each Campus. The First Aid Officer/s is required to undertake a coordinating role maintaining standard medical service provision, student medical records and parent/guardian notifications.

Specific duties include:

- 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 the 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
- First Aid Officers 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.

FIRST AID CO-ORDINATOR DUTIES

The First Aid Officer/s Co-ordinator 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
- Providing input on first aid requirements for excursions and camps.

PROCEDURES FOR MEDICAL TREATMENT

Care for ill students

Students who are unwell should not attend school.

If a student becomes unwell during the school day, they may be directed to the sick bay and monitored by staff. Depending on the nature of their symptoms, staff may contact parents/carers or an emergency contact person to ask them to collect the student.

First aid management

If there is a situation or incident which occurs at school or a school activity which requires first aid to be administered to a student:

- Staff who have been trained in first aid will administer first aid in accordance with their training. In an emergency situation, other staff may assist in the administration of first aid within their level of competence.
- In a medical emergency, staff may take emergency action and do not need to obtain parent/guardian consent to do so. Staff may contact Triple Zero "000" for emergency medical services at any time. Staff will print out student details in Compass and supply this document to the Ambulance on arrival
- 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.
- If first aid is administered for a minor injury or condition, Staff will notify parents/carers by entering details into chronicles on Compass where parents will have access, a printout will also be sent home with the student.
- All accidents and injuries will be recorded on the Department's injury management system on CASES21.
- It is the policy of the College that all injuries to the head are reported to the Executive Team Member in charge at the time of the accident and that parent/guardians/emergency contacts are contacted regarding the injury.
- If first aid is administered for a serious injury or condition, or in an emergency situation, school staff will attempt to contact parents/carers or emergency contacts as soon as reasonably practicable.



- If staff providing first aid determine that an emergency response is not required but that medical advice is needed, school staff will ask parents/guardians, or an emergency contact person, to collect the student and recommend that advice is sought from a medical practitioner.
- If first aid was administered in a medical emergency, report the incident to the Department's Security Services Unit on 03 9859 6266.
- In accordance with guidance from the Department of Education and Training, analgesics, including paracetamol and aspirin, will not be stored at school or provided as a standard first aid treatment. This is because they can mask signs of serious illness or injury.
- 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.

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
- record book & pen

All students that approach a staff member on yard duty seeking medical assistance will be sent to the First Aid room for treatment, in the event the student cannot be moved a First Aide officer will be called to attend the student at the scene.

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/staff 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 (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.

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

The 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 parent/guardians 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 parent/guardians 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 parent/guardians 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/guardian awareness about severe allergies and College policies
- Provide information to all staff so that they are aware of students who are at risk of anaphylaxis, the student's allergies, the College 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, practice and review the College management strategies for students at risk of anaphylaxis. Practice using the trainer EpiPen® regularly
- Encourage ongoing communication between parent/guardians and staff about the current status of the student's allergies, the College policies and their implementation
- Review the student's Anaphylaxis Management Plan annually or if the student's circumstances change, in consultation with parent/guardians.

THE ROLE AND RESPONSIBILITIES OF ALL SCHOOL STAFF WHO ARE RESPONSIBLE FOR THE CARE OF STUDENTS AT RISK ON 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 College 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 parent/guardians 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 parent/guardians to complete an ASCIA Action Plan, in consultation with their child's medical practitioner, and provide a copy to the College. 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 College will ensure that the student's Anaphylaxis Management Plan and ASCIA Action Plan are kept current and reviewed annually with the student's parent/guardian. When reviewed, parent/guardians will be expected to provide an updated photo of the child for the ASCIA Action Plan.

See Appendix D: Anaphylaxis Management Plan Cover Sheet.

FIRST AID KIT CONTENTS

Consistent with the Department's First Aid Policy and Procedures the College 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
- single use sterile saline ampoules for the irrigation of eyes
- creams and lotions of any type are not to be used. Cuts and abrasions should be cleaned initially under running water. Deeper and more serious wounds to be cleaned with sterile saline prior to dressing. Antiseptics are not to be used
- 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 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
- Hypoallergenic sunscreen, with a sun protection factor of approximately 30+
- Disposable spacer devices (which should also be in all major portable kits, camping kits, sports kits, etc)
- blue reliever puffer (e.g. Ventolin) that is in date.

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
- disposable cups
- one pair of scissors (medium size)

