



<b>POLICY:</b>	<b>FIRST AID POLICY &amp; PROCEDURES</b>
<b>DATE:</b>	April 2020
<b>ENDORSED BY COLLEGE COUNCIL:</b>	N/A
<b>TO BE REVIEWED:</b>	April 2023 or when there are changes to DET policy

## **RATIONALE**

First Aid will be provided to both staff and students who are either unwell or injured, while at school & on school-approved activities.

This includes providing emergency life support through CPR, maintaining the airway of an unconscious person and monitoring wellbeing until transferred to the care of a paramedic.

Students who have identified health needs will be supported while at school enabling them to participate safely and with confidence.

## **IMPLEMENTATION**

### **First Aid Trained Staff**

A register of first aid trained staff will be maintained, noting qualification and when renewal is due. First aid-trained staff will provide first aid to staff and students within the limits of their expertise and training. These staff should be familiar with the assessment and treatment of asthma and anaphylaxis, able to manage sprains, strains and fractures and give basic wound care with particular attention given to infection control.

- The names of trained first aid staff will be displayed on the First Aid Summary Sheet located outside all first aid cabinets throughout the school, displayed in the staff room and distributed to department offices throughout the college.

### **First Aid Co-ordinator**

The First Aid Officer/s is required to undertake a coordinating role maintaining standard medical service provision, student medical records and parent notifications.

The 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 (CASES21) 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 and phone extensions (located on First Aid Summary Sheet).
- Maintaining first aid room and first aid kits.
- Co-ordinating and updating first aid training for all First Aid Officers.

- The first aid competency training will include all or some of emergency life support including response to life threatening conditions, which may occur in the school, camps or excursions (e.g anaphylaxis , cardiac arrest or respiratory difficulties associated with asthma), management of severe bleeding, basic wound care, fractures, soft tissue injury.
- Recording all first aid treatment on Cases21 and Compass or First Aid register if (off campus)
- Providing input on first aid requirements for excursions and camps.
- First Aid Co-ordinator will be available during normal school 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.

### **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 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.

It is the policy of the school that all injuries to the head are reported on CASES21 and 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 dependent on the nature of the activities, the number of students, staff and the location of the excursion.

### **Assessment and First Aid Treatment of an Asthma attack**

If a student develops signs of what appears to be an asthma attack, The First Aider will assess the situation and determine if it is life threatening or an emergency.

In and medical emergency an ambulance will be called immediately. Parents will be contacted as soon as practicable.

#### **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 person suffering extreme shortness of breath. Regardless of whether an attack of asthma has been assessed as mild, moderate or severe, Asthma First Aid (please see details 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 the steps outlined below should be taken immediately.

**The 4 step Asthma First Aid Plan (*displayed in Sick Bay, throughout corridors, staff room, canteen, Co-ordinator's offices etc*):**

### **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. Don 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 & 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.

## **AMBULANCE**

Parents will be advised on enrolment of a child at the College that an ambulance *will* be called in an emergency, regardless of whether a family has ambulance insurance.

- Calling an ambulance. The person at the scene of the accident best does this, as '000' will need information about the condition of the patient and the cause of the accident.

Dial 000 or 112

- Always inform the general office of the emergency. They will inform principal team and send someone to direct the paramedics to your location within the school.
- Always be aware of your location especially if on an excursion or camp. You will need to inform the telephone operator. Send a responsible person to meet the ambulance so they can locate you immediately.

## **FIRST AID KIT CONTENTS**

To comply with the Departments' First Aid Policy and Procedures the school will maintain a First Aid Kits that includes the following items:

- **First Aid Book** - examples include:
  - First aid: Responding to Emergencies, Australian Red Cross
  - Australian First Aid, 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 ampoules 12 x 15 ml and 12 x30 ml
- Disposable towels for cleaning dirt from skin surrounding a wound.
- **Wound dressing equipment**
- Sterile, non-adhesive dressings, individually packed: eight 5 cm x 5cm, four 7.5 m x 7.5 m, 4 10 cm x 10 cm for bleeding wounds
- Non-allergenic plain adhesive strips, without antiseptic on the dressing for small 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 5cm, six of 7.5 cm and two of 10 cm-these may be used to hold dressings in place or 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
- Sun cream with 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
- Blood spill kits
- Vomit spill kits
- One medicine measure cup
- One pair of scissors (medium size)
- Disposable splinter probes
- Tweezers
- Disposable hand towels
- Pen like torch, to measure eye-pupil reaction
- Two disposable ice paks for portable kits
- Adhesive sanitary pads
- 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
- Box of tissues
- Paper towel
- Single rubbish bags
- Vomit bags

### Non-Emergency Situations

- If medical advice is required but the situation is not urgent, parent/guardian will be contacted and advised to seek medical attention.
- All first aid administered should be recorded in the First Aid Register located in the general office.
- Injury Report Form are kept in all portable first aid kits.
- The staff member concerned onto Edusafe enters staff injuries. Staff can be assisted with this if required.
- A copy of treatment should be provided when further medical treatment is required outside the school.
- All accidents and injuries are recorded on the Department's injury management system CASES 21
- First Aid staff should contribute to risk management solutions by providing feedback on injury reports and identifying serious or persistent hazards.

### Accompanying Students

Ambulance: A staff member may accompany the student at the Principal's discretion.  
Private Vehicle: **This is not recommended.** If an ambulance is unavailable and parents are unable to be contacted, at least two adults accompany the student.

All teaching staff and most support staff are required to have current Anaphylaxis training and be familiar with the signs and symptoms of anaphylaxis and the emergency response required.

### **Review**

This policy will be reviewed as part of the College's three year review cycle, or if advised by DET guidelines.

### **RELATED POLICIES:**

Anaphylaxis Management Policy	April 2020
Medication Administration Policy	April 2018

### **REVIEW CYCLE:**

This policy was last updated on Sep 2017 and is scheduled for review in April 2023