First Aid Procedure

**Introduction:**

St Joseph’s Primary School is committed to providing an effective system of first aid management to enable an immediate and considered response in the event of a medical incident. The school recognises its obligation to administer adequate first aid where necessary and failing to do so would be a breach of the ‘duty of care’ it owes to its students and staff.

To fulfil the ‘duty of care’ St Joseph’s Primary School owes to all members of it school community we are committed to the following:

* Providing a well-managed first aid facility,
* Providing guidelines for the administration of first aid,
* So far as reasonably practical, preventing situations that increase the likelihood of the occurrence of injury or illness,
* Administering first aid to students & staff members when required in a competent and timely manner,
* Communicating with parents & carers where first aid has been administered,
* Maintaining an adequate number of trained staff members with current first aid accreditation including:
  + HLTAID001- Provide Cardiopulmonary Resuscitation CPR (Annually)
  + HLTAID003 - Provide First Aid (Level 2) (3 Years)
  + 22300VIC - First Aid Management of Anaphylaxis (3 Years)
  + HLTAID004 - Emergency Asthma and Anaphylaxis Management (3 Years)
  + Emergency Management of Asthma - 21886VIC (3 Years)

**Definitions:**

Anaphylaxis: A potentially life threatening, severe allergic reaction that occurs after an exposure to an allergen (usually to foods, insects or medicines), to which a person is allergic.

Asthma: A respiratory condition marked by attacks of spasm in the bronchi of the lungs, causing difficulty in breathing.

Diabetes: a chronic, metabolic disease characterized by elevated levels of blood glucose (or blood sugar), which leads over time to serious damage to the heart, blood vessels, eyes, kidneys and nerves.

First Aid: Immediate medical treatment given, as soon as possible, to a person who is injured or who suddenly becomes ill.

**First Aid Administration:**

Staff members are only permitted to administer first aid within the bounds of their training & knowledge.

Where practical, all first aid will be administered in the school’s First Aid Room. Where this is not practical, ie… the potential of harm increases if the student or staff member is moved, appropriate first aid will be administered at the immediate site of the event. This will require the access to the school’s Portable First Aid Kit and/or student medication.

St Joseph’s Primary School will ensure the following arrangements are implemented to ensure the a timely and effective response where the administration of first aid is required.

* Injured or ill students are to report to the First Aid Room (where practical);
* A staff member will be rostered on duty in the First Aid Room during recess & lunchtime;
* First Aid Room supervision will the responsibility of the Principal & Administrative Staff at all other times;
* At the end of the recess and lunch break, it is the responsibility of the assigned staff member in the First Aid Room to arrange for the continued care of any injured or ill student if they are unable to return to class;
* If a student is sent home during recess or lunch time it is the responsibility of the staff member assigned First Aid Room duty to inform the Principal, Administrative Staff so that contact can be made with the appropriate class teacher;
* Ill or injured students must be supervised at all times until they feel better or are collected by a parent or carer.
* During class time a student should only remain in the First Aid Room when the nature of the injury/illness prevents them from taking part in normal class activities. Where this occurs they are to be monitored by a member of the Principal or an Administrative staff member;
* During recess and lunch breaks students should only remain in the First Aid Room when the nature of the injury/illness prevents them from taking part in the remainder of the playtime.
* When first aid treatment has been administered, no matter how minor, the incident will be recorded in the school’s injury register. Parents & carers will be immediately contacted in the event of more serious incidents where the following circumstances have occurred:
* There has been a knock to the head,
* The student presents as having a high temperature,
* The student has vomited or soiled themselves,
* The student has been unconscious for any amount of time,
* The student has had a fall and is unable to move any part of their body,
* The student is so distressed or feeling so ill that they are unable to participate in the activities of the school.

In the case of serious injury or illness, no member of staff is required to treat or diagnose the condition of the injured person / student other than to carrying out immediate first aid within the bounds of their knowledge & training. Diagnosis is the responsibility of suitably trained individuals such as ambulance officers or medical practitioners who may be called to the scene.

**Serious Illnesses or Injuries:**

In the event of a serious illness or incident the attending staff member/s must remain with the injured student/s until assistance arrives.

* The attending staff member should remain with the student and either communicate with the Administration Office by phone or by sending a message.
* An immediate decision must be made as to whether or not an ambulance is required before contacting the parent or carer.
* For guidance on when an ambulance may be required (refer Requesting Emergency Services Section).
* Where an ill or injured student is required to travel by ambulance to hospital, and in the absence of a parent or carer, a staff member familiar to the student will travel with them from the site for medical treatment.
* At all times during treatment, infection control measures must be implemented eg..gloves to be worn, isolate children if required. (Refer to the Infection Prevention & Control section & the School’s Blood Spills Guidelines)
* All first aid treatment is to be recorded in the school’s Injury Register in accordance with legal requirements and Education Department guidelines. The school’s insurer will be contacted and relevant notification forms completed in the event of a serious injury.

In the event of broken bones, loss of consciousness and lacerations, requiring stitches a representative of the school must contact Worksafe immediately on 132 360. (Refer to Notifiable Injuries Section)

**Requesting Emergency Services**

In the event of a serious illness, injury or situation where immediate medical treatment may be required, an ambulance should be called without hesitation.

Events where an ambulance may be called include:

* An unconscious person – When a student or teacher does not wake or respond when shaken.
* Breathing difficulty – Especially if the student or teacher is unable to speak more than a few words, has blue lips or mouth.
* Abdominal pain – That is severe and undiagnosed.
* Haemorrhages – Major uncontrolled bleeding.
* Bleeding – That does not stop after at least 10 minutes of continuous pressure.
* Burns – Which cause severe pain or if the person has difficulty breathing.
* Choking – Especially if the student or teacher is unable to talk, cry or breathe.
* Convulsions or fitting – If they have no history of convulsions (for example epilepsy or brain injury).
* Drowning, near drowning, or a diving accident
* Heart attack (suspected) –pain in the chest, especially if it is crushing or similar to indigestion and lasts more than five minutes. The pain may spread to arms and jaw.
* Stroke (possible) – Especially if the person experiences numbness, loss of function of hand, arm or leg, slurred speech, facial droop or severe abrupt headache.
* Pain (severe) after a fall or injury – When the person is unable to sit up, stand or walk.
* Diabetes – If the person is not fully awake or not behaving normally.
* Allergic reaction – Especially if the student or staff has difficulty breathing or loss of consciousness.
* Electrical shock – Shock of any kind.

**Student Medical Information & Management Plans:**

It is the responsibility of all parent or carer to provide the school with current medical information relevant to their child/ren’s needs upon diagnosis and at the commencement of each school year.

Anaphylaxis, Asthma & Diabetes Management Plans must be provided to the school upon the confirmed diagnosis of their child. These plans must be updated annually or as the result of an event, and accompanied by a current picture of their child.

A register of children who suffer from conditions such as anaphylaxis, asthma, diabetes epilepsy or allergies is maintained with an accompanying Management Plan for each child. (Refer to the school’s Anaphylaxis, Asthma & Diabetes Management Guidelines).

Communication Plans will be developed in consultation with parent or carer to ensure all staff members are aware of every student with severe medical conditions. It is all staff member’s responsibility to ensure that they understand the requirements of the individual Management Plans of each of the students under their care.

Parents & Carers are also responsible for providing auto-injectors (EpiPens), metered dose inhaler (Ventolin) and other identified medication in accordance with the school Anaphylaxis & Asthma & Diabetes Management Procedures.

Medication will only be administered upon receipt of a completed Student Medication Authorisation Form.

All students attending camps, excursions or sporting events will have provided a signed medical form providing medical detail and providing staff members with permission to contact a doctor or ambulance should instances arise where the child requires treatment.

**First Aid Facilities:**

St Joseph’s Primary School will ensure a clean & hygienic First Aid Room is maintained at all times. The School’s First Aid Room is located in the school’s Administration Building and is clearly identified with appropriate signage.

The following information will also be easily accessible to those permitted to administer first aid:

* A current register of students with a medical condition and a plan of action as advised by the parents or carers should this condition pose a risk to their health or wellbeing.
* A current register of medication dose and administration regime as advised by the parents or carers of students with a medical condition (either chronic or acute);
* A current list of parents & carers contact details of all students in the school.

The school will ensure that the following items are available as a minimum in the First Aid Room:

|  |  |
| --- | --- |
| * Personal Protective Equipment (eye protection, gloves, apron/gown) * Resuscitation mask * Electric power points * Sharps disposal system * Biohazard Waste Container/ Sanitary Waste Bin * Work bench or dressing trolley * Storage cupboards | * Sink (with hot and cold water) * First Aid Kit (regularly replenished) * Blankets and pillows * An upright chair * Desk and telephone * List of emergency telephone numbers * Emergency Management Contact Details Sheet clearly displayed |

**First Aid Kits:**

St Joseph’s Primary School will ensure that First Aid Kits are regularly replenished and easily accessible at all times. Regular inspections of First Aid Kits will be conducted to ensure they are adequately stocked and all items are within expiry dates.

**Automatic External Defibrillators:**

St Joseph’s Primary School maintains a Automatic External Defibrillator (AED) to assist in responding to life-threatening injuries where timely access to emergency services cannot be assured. The Principal or their nominee will ensure that an adequate number of staff members are trained in the safe access and correct use of the AED. Refresher training is required every twelve months.

The AED function, batteries and pads should be checked monthly and after each use.

**Dispensing of Medication:**

St Joseph’s Primary School will ensure that a Student Medication Authority Form for all medication to be administered by the school has been provided by parents or carers prior to any medication being authorised to be administered.

Analgesics, such as, aspirin and paracetamol are not to be stored or dispensed to students. Staff members are responsible for carrying and dispensing their own medication (prescribed or over the counter).

Where medication is required in spontaneous situations, detailed administration instructions must be provided (e.g. asthma attacks). A log of all medication administered to a student will be recorded.

A record of all dispensed medication to students will be made by the staff member administering the medication.

**Infection Prevention & Control:**

Adequate infection and prevention controls are implemented at all times when administering first aid or cleaning up blood or body fluids.

Staff members must adhere to the following infection control procedures:

* Cover cuts and abrasions with waterproof occlusive dressing to avoid contamination of cuts/abrasions with another person’s blood and/or body fluids.
* Wear protective gloves when in contact with body fluids, non-intact skin and mucous membranes.
* Wear a mask, eye protection and a gown where there is a risk of splashing blood or other body fluids.
* Remove any broken glass or sharp material with forceps or tongs and place in sharps container.
* Wash hands thoroughly after direct contact with an injured person or blood/body fluids with warm soapy water, rinse, dry and sanitise hands using an alcohol-based rub or gel.

**Cleaning & Sanitising:**

Where a blood/biological spill has occurred, the following sanitisation controls must be adhered to:

* Isolate the area where the incident occurred.
* Clean up blood and other body fluid spills with disposable paper towels/tissues or by using a Biohazard Spill Kit.
* Use hospital grade disinfectant (use 5ml of bleach to 500ml of water) to sanitise the area
* Dry the area with disposable paper towels/tissues after clean-up (as wet areas attract contaminants).
* Where a spill occurs on carpet, shampoo as soon as possible. Do not use disinfectant. Steam cleaning must be considered instead.
* Items such as scissors and tweezers are to be cleaned and disinfected/sterilized after use.

**Notifiable Injuries (Fatalities, Serious Injuries or Incidents):**

It is the school’s legal responsibility to report fatalities, serious injuries or incidents which expose staff, students, contractors, visitors or any member of the school community to risks of Health & Safety to Worksafe immediately (132 360).

Worksafe must be notified of serious injuries to staff members, students, contractors, visitors or any member of the school community that occur on the school site or as a result of a school activity immediately. These include:

* + Death
  + Serious injury
  + Medical treatment within 48 hours of exposure to a substance
  + Immediate treatment as an inpatient in a hospital
  + Amputation
  + Serious head injuries
  + Serious eye injuries
  + Separation of skin from underlying tissue
  + Electric shock
  + Spinal injury
  + Loss of body function (broken bones)
  + Serious lacerations

Written notification must be provided to Worksafe within 48 hours by completing its [Incident Notification Form](https://www.worksafe.vic.gov.au/report-incident).

The school will also ensure that any site associated with a Notifiable Incident is preserved & cordoned off until an inspector arrives or as otherwise directed by Worksafe.

**References:**

[Asthma Foundation Victoria Asthma Guidelines: A Resource for Managing Asthma in Victorian Schools](https://asthma.org.au/about-asthma/asthma-in-schools/)

[Australasian Society of Clinical Immunology and Allergy (ASCIA): Anaphylaxis Resource Page, 2018](https://www.allergy.org.au/health-professionals/anaphylaxis-resources)

[Victorian State Government: Department of Education & Training: Anaphylaxis Guidelines, 2018](http://www.education.vic.gov.au/school/principals/spag/health/Pages/anaphylaxis.aspx#link7)

[Victorian State Government: Department of Education & Training: First Aid & Infection Control](https://www.education.vic.gov.au/hrweb/safetyhw/Pages/firstaidohsms.aspx)

[Victorian Worksafe Authority – Notifiable Incidents](https://www.worksafe.vic.gov.au/report-incident)

**School Documents:**

The School’s Asthma Management Policy & Procedure

The School’s Anaphylaxis Management Policy & Procedure

The School’s Bloodspills & Needle Stick Procedure

The School’s Diabetes Management Policy & Procedure

The School’s Infectious Diseases Policy

The School’s Student Medication Administration Procedure

First Aid Room – Checklist

## Staff members responsible for the maintenance of the school’s First Aid Room will ensure that first aid provisions in the room are adequately replenished, clean & within expiry date. An assessment of all provisions will be conducted once a term using this checklist as a guide.

| 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 | small |  |  |
| 4 | medium |  |  |
| 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 |  |  |  |
| Other: | | | | |

Portable First Aid Kit - Checklist

## Staff members responsible for the maintenance of the school’s Portable First Aid Kits will ensure that first aid provisions in the kits are adequately replenished, clean & within expiry date. An assessment of all provisions will be conducted once a term using this checklist as a guide.

| 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 |  |  |  |  |
| 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 |  |  |  |  |
| 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 |  |  |  |
| Other: | | | | |