

First Aid Policy

Introduction

The school has procedures for supporting student health for including these students with identified health needs. Coral Park Primary School 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 on the school's Sentral system under documents: policies.

1. First Aid Officers

Consistent with the Department's First Aid Policy and Procedures, the school will allocate staff member/s as First Aid Officer/s. 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.

1.1 First Aid Officer Duties

The First Aid Officer/s 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
- organising 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 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 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
- providing input on first aid requirements for excursions and camps
- ensuring the first aid kits are equipped appropriately, ready for external school use
- ensuring the first aid training register is maintained

The First Aid Officer/s 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**.

2. 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 accidents and injuries will be recorded on the Department's injury management system on CASES21.

A Record of First Aid Treatment will be kept on the Sick Bay Register in Sentral, information will be recorded for all students treated in the Sick Bay. A white slip will be printed of the Sentral record and sent home with the student. It will include date and time of attendance in the Sick Bay, the treatment given and the person administering the first aid.

It is the policy of the school that all injuries to the head are reported to First Aid Officer in charge of First Aid 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. It is the responsibility of those conducting the excursion to check and collect these bags prior to departure.

3. 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.

3.1 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.

3.2 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 Staffroom and classrooms):

Step 1

Sit the student down in a quiet atmosphere if 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.

4. Assessment and First Aid Treatment of Anaphylaxis

Please see Anaphylaxis Management Policy.

5. First Aid Kit Contents

Consistent with the Department's First Aid Policy and Procedures the school will maintain a First Aid Kit that includes the following items: (There are 6 individual, portable kits, each equipped with all of the below)

- an up-to-date first aid book – examples include:
 - First aid: Responding to Emergencies, Australian Red Cross
- wound cleaning equipment
 - gauze swabs: 100 of 7.5 cm x 7.5 cm divided into small individual packets of five
 - sterile saline ampoules: 2 x 15 ml
 - tissues for cleaning dirt from skin surrounding a wound
- wound dressing equipment
 - sterile, non-adhesive dressings, individually packed: one 5 cm x 5 cm, two 7.5 m x 7.5 m, one 10 cm x 10 cm for larger wounds
 - combine pads: twelve 10 cm x 10 cm for bleeding wounds
 - 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
 - two sterile eye pads, individually packed
- bandages
 - one 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
- 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
 - single use sterile saline ampoules for the irrigation of eyes
 - 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 - disposable
 - alcohol wipes

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
- vomit spill kits
- one medicine measure for use with prescribed medications
- one pair of scissors (medium size)
- disposable tweezers
- disposable hand towels
- two gel packs, kept in the refrigerator, for sprains, strains and bruises or disposable ice packs for portable kits
- adhesive sanitary pads, as a backup for personal supplies
- additional 7.5 m conforming bandages and safety pins to attach splints
- blanket and sheet, including a thermal accident blanket for portable kits
- antiseptic hand sanitiser
- one box of paper tissues
- paper towel for wiping up blood spills in conjunction with blood spill kit
- single use plastic rubbish bags that can be sealed, for used swabs and a separate waste disposal bin suitable for taking biohazard waste (note: Biohazard waste should be burnt and there are several companies that will handle bulk biohazard waste)
- ice cream containers or emesis bags for vomit.

6. Emergency Telephone Numbers

Poisons Information Service	13 11 26
Ambulance	000
Nurse On Call	1300 60 60 24

Evaluation

This policy will be reviewed every 3-4 years in accordance with the Department of Education and Training's policies.

Review

This policy was reviewed in June 2020, and is due for review in June 2024.