



“We flourish as engaged bilingual global citizens who can face challenges as critical, creative thinkers. Our exemplary holistic education promotes a lifelong love of learning.”

CAMBERWELL PRIMARY SCHOOL – FIRST AID POLICY

RATIONALE

To ensure Camberwell Primary School (CPS) meets first aid needs CPS has procedures for supporting students with identified health needs (see Care Arrangements for Ill Students Policy) 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.

POLICY

CPS provides first aid facilities and ensures sufficient staff trained in first aid under the provisions of the Occupational Health & Safety Act 2004 and the Department’s First Aid and Infection Control advice, see: Department resources. CPS is an ‘**Allergy Aware**’ school.

CPS provides a School Nurse and a first aid officer who:

- can assist an injured or ill person
- has current qualifications covering all the school’s first aid requirements.

The principal ensures relevant staff receive Level 2 First Aid training to meet student health needs. These procedures are communicated to all staff and are available for reference from the school office.

Note: The School nurse employed by school council is guided by the school's first aid policy.

GUIDELINES

First aid officers

Consistent with the Department’s First Aid Policy and Procedures, the CPS allocates a School Nurse and 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, are recorded on the First Aid register.

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 Occupational Health and Safety 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.
- 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.



“We flourish as engaged bilingual global citizens who can face challenges as critical, creative thinkers. Our exemplary holistic education promotes a lifelong love of learning.”

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.

School Nurse

The School Council of CPS employs a qualified nurse to assist in the provision of appropriate first aid to both students and staff.

The School Nurse will fulfil designated first aid, educational and administrative duties on both the Camberwell Road and Reserve Road campuses. The nurse will liaise with principal, assistant principal and the designated wellbeing leader regarding any student concerns.

School Nurse Duties

- Keep both first aid rooms/ yard duty bags/ first aid big bags well stocked.
- Check first aid bags regularly to ensure fully complete.
- Keep documentation of – injury reports, student first aid attendance, medication log, ensuring medication authority from parents/carers, medication expiry dates, first aid bag sign in/sign out, medication sign out/ sign in register, Epipen and Ventolin expiry dates.
- Provide updated action plans to teachers on an ongoing basis.
- Provide action plans to CRT folders, both first aid rooms and staff rooms.
- Provide assistance to CPS camp leaders
- Organise yearly CPR training/ first aid education from an external provider.
- Provide twice yearly anaphylaxis briefing to all staff.
- Organise all staff to do online anaphylaxis training and assess each staff member in the giving of an Epipen.
- Organise staff to have Flu vaccination by an outside source
- Constant liaising with staff with regards to changing medical histories.
- Ensure parents provide updated action plans yearly, contact parents for updated plans and medication.
- risk management plan.
- Contact parents and arrange meeting before the beginning of the school year for all anaphylaxis students making sure they provide a new action plan, in date Epipen and reviewed & signed Individual anaphylaxis Communicate with parents regarding any health issues/ ,medical alerts via Le journal, individual emails or group emails.

School Nurse hours :

9.45 am – 2.45pm

Senior campus from 9.45-12.45

Junior campus from 12.45-2.45

The nurse will go across to the other campus if there is a medical emergency or advice required.

Contacting the School nurse:

Teachers can phone either the direct extension (in senior building) or ring either office.

Parents/carers can either ring the office, email the school or email the nurse.



“We flourish as engaged bilingual global citizens who can face challenges as critical, creative thinkers. Our exemplary holistic education promotes a lifelong love of learning.”

Procedure for attending first aid (same procedure for both campus)

- Address the child's issue and administer appropriate first aid
- Document in the first aid register date, time, students name, reason for visit, where it happened, how it happened and what first aid was given.
- Parents/carers are called when the nurse deems it necessary
- If student has a medical emergency such as fracture, head injury or laceration an injury report is filled in and parents are notified and emergency procedures put in place if required.
- At the time of the emergency it will be decided then who will be nominated to call the ambulance (normally office staff or principal)
- If a fracture or major injury occurs, after attending to the student, Emergency Management and WorkSafe are to be notified.

Procedure for any head knocks (both campuses)

- Address the students injury and administer appropriate first aid.
- An injury report is filled in and parents are notified
- A first aid attendance sheet is filled out for the child to take home to parents.
- If the student returns to class the teachers are notified that the child has had a head knock and to watch out for any symptoms that might suggest concussion.
- This is done either in person if at lunch/recess time or the student takes a laminated card from first aid to give to their teacher explaining that their parents have been notified and a list of symptoms to watch out for.

Procedure for giving medication

- Ensure that permission to administer medication has been received by the student's parents/carers
- Medication is to be provided in the original packaging that gives the name of the medication, name of student, the dose and time it is to be given.
- All analgesia is to be provided by the parents
- Medication is stored in cupboards
- Analgesia medication is stored in a locked cupboard
- When medication is given the nominee administering needs to ensure that the correct medication is administered to the correct child in the correct dose, via the prescribed route, at the correct time and that it is documented that it has been given.
- A slip is to be given to the child to inform their parents that it has been given and by whom and at what time.

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 in the Sick Bay and information recorded for all students treated in the Sick Bay. A pink 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.
- It is the policy of the school that all injuries to the head are reported to the principal and team Member 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.



“We flourish as engaged bilingual global citizens who can face challenges as critical, creative thinkers. Our exemplary holistic education promotes a lifelong love of learning.”

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
- First Aid passes

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 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 (Aiomir, 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.



“We flourish as engaged bilingual global citizens who can face challenges as critical, creative thinkers. Our exemplary holistic education promotes a lifelong love of learning.”

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 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.



“We flourish as engaged bilingual global citizens who can face challenges as critical, creative thinkers. Our exemplary holistic education promotes a lifelong love of learning.”

- 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® 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 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.



“We flourish as engaged bilingual global citizens who can face challenges as critical, creative thinkers. Our exemplary holistic education promotes a lifelong love of learning.”

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 High 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 High 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

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:

- 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
- 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



“We flourish as engaged bilingual global citizens who can face challenges as critical, creative thinkers. Our exemplary holistic education promotes a lifelong love of learning.”

- 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
- 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
 - any sun screen, with a sun protection factor of approximately 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 and should be available for teachers to carry with them, particularly while on yard duty
 - blood spill kits
 - vomit spill kits
 - one medicine measure for use with prescribed medications
 - disposable cups
 - one pair of scissors (medium size)
 - disposable splinter probes and a sharps container for waste
 - disposable tweezers
 - one teaspoon
 - disposable hand towels
 - pen-like torch, to measure eye-pupil reaction
 - 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
 - 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
 - germicidal soap and nail brush for hand-cleaning only
 - 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.



“We flourish as engaged bilingual global citizens who can face challenges as critical, creative thinkers. Our exemplary holistic education promotes a lifelong love of learning.”

Emergency Telephone Numbers

| | |
|-----------------------------|----------|
| Poisons Information Service | 13 11 26 |
| Ambulance | 000 |

EVALUATION

- This policy will be reviewed annually or more often if necessary due to changes in regulations or circumstances.
- This policy will be published on the CPS website

RELATED POLICY

- Asthma Kits
<http://www.education.vic.gov.au/school/principals/spag/health/Pages/asthmakits.aspx>
- Managing Open Wounds and Blood Spills
<http://www.education.vic.gov.au/school/principals/spag/health/Pages/blood.aspx>
- First Aid Needs
<http://www.education.vic.gov.au/school/principals/spag/health/Pages/firstaidneeds.aspx>
- First Aid Rooms
<http://www.education.vic.gov.au/school/principals/spag/health/Pages/firstaidrooms.aspx>
- Major First Aid Kits
<http://www.education.vic.gov.au/school/principals/spag/health/Pages/firstaidkit.aspx>
- Portable First Aid Kits
<http://www.education.vic.gov.au/school/principals/spag/health/Pages/portablefirstaid.aspx>
- School Nurses and First Aid Coordinators
<http://www.education.vic.gov.au/school/principals/spag/health/Pages/nurses.aspx>
- Syringe Disposals/Injuries
<http://www.education.vic.gov.au/school/principals/spag/health/Pages/syringe.aspx>

THE FIRST AID REGISTER IS INCLUDED IN THE STAFF REGISTER – VRQA POLICY # 1.17