



# First Aid Policy

## Care Arrangements for ill children

**This policy must be read in conjunction with the following policies.**

- Medication Policy
- Anaphylaxis Policy
- Accidents and Incident Reporting Procedure
- Camps and Excursions

### **Rationale:**

All staff, students and visitors to Kananook Primary School have the right to feel safe and well, and know that they will be attended to with due care when in need of first aid. This Policy outlines the school's procedures in respect of our responsibility to provide equitable access to education and respond to diverse student needs including health care needs.

### **Aims:**

- To administer first aid to children when in need in a competent and timely manner
- To communicate children's health problems to parents when considered necessary
- To provide supplies and facilities to cater for the administration of first aid
- To maintain a sufficient number of staff members trained with a Provide First Aid (previously Level 2 First Aid Certificate) and to ensure there is always a first aid officer on duty.

### **Implementation:**

#### First Aid Coordinators and Training

(see Appendix 1 for Register of staff trained in First Aid)

- A staff member will be appointed as coordinator of First Aid and ensure that they have up to date knowledge of their responsibilities including:
  - Taking a lead role in supporting teachers and principals in health support planning
  - Having knowledge of all students with a support or management plan
  - Have knowledge of the first aid response noted in management plans
  - Ensuring that student's emergency contact details are up to date
  - Ensuring all medications supplied by the student are within their use- by date

-Working with staff to conduct regular reviews of management strategies and risk assessments and to develop strategies to raise awareness in the school community about health and safety issues.

- Selected staff (including at least 1 administration staff member) to be trained to a Provide First Aid (previously Level 2 First Aid Certificate), and with up-to-date qualifications and on duty at all times.
- Staff will receive two Anaphylaxis briefings each year.
- General organizational matters relating to first aid will be communicated to staff at the beginning of each year. Revisions of recommended procedures for administering asthma/anaphylaxis medication will also be given at that time.

#### First Aid Room/Supplies/First Aid Kits

- An unlocked, first aid room will be available for use at all times. A comprehensive supply of basic first aid materials will be stored in an unlocked cupboard in the first aid room to allow provision of basic first aid care as well as first aid treatment such as minor cuts, scratches, bruising and for bodily injuries.
- A member of staff is to be responsible for the purchase and maintenance of first aid supplies, first aid kits, ice packs and the general upkeep of the first aid room (this can be a different person to the coordinator).
- The first aid room should allow for reassurance and comfort, with a safe level of privacy, dignity, comfort and independence.
- This room should allow for short-term supervision and the ability to summon further assistance if required
- At least one major first aid kit will be located in the first aid room and will contain contents recommended by Ambulance Victoria (Appendix 2)
- Portable First Aid Kits will be available for excursions and camps and will also contain contents recommended by Ambulance Victoria (Appendix 2)

#### First Aid

- The administration of any medication will be in accordance with the Kananook Primary School Medication Policy. A Medication Authority Form must be completed by parents before any medications can be administered by staff. (see Distribution of Medications Policy).
- No medication including headache tablets will be administered to children without the express written permission of medical practitioners.
- A confidential up-to-date register located in the Central Office will be kept of all injuries or illnesses experienced by children that require first aid.
- Parents of ill children will be contacted to take the children home.
- All injuries or illnesses that occur during class time will be referred to the office where they cannot be managed within the classroom setting.
- Simple injuries that occur during the recess and lunchtime breaks will be treated by yard duty staff who have basic first aid supplies. More serious injuries or illnesses that occur during recess or lunch breaks, will be referred

- to the first aid room where a first aid officer will be on duty. Serious injuries such as head/suspected spinal and Anaphylaxis should not be moved unless in immediate danger.
- Any children with injuries involving blood must have the wound covered at all times. A supply of protective disposable gloves will be available for use by staff. The following steps should be taken when treating children who are bleeding with open wounds.
    1. Avoid contact with the blood while comforting the student moving them to safety if required
    2. Put on single use gloves
    3. Flush the wound using water if dirty. For excessive bleeding apply pressure immediately. No washing.
    4. Pat dry the wound and apply a waterproof occlusive dressing ensuring the wound is covered completely and if bleeding continues, apply additional pressure using either a hand or firm bandage
    5. Remove any linen stained with blood or body fluids and substances. Place them in leak-proof plastic bags until they can be cleaned by a commercial laundry or linen cleaning service or dispose of.
    6. Remove gloves and place them in an appropriate biohazard container
    7. Wash hands in warm soapy water and rinse before pat-drying thoroughly
  - Blood spills should be treated as if the blood is potentially infectious. The following steps outline the management of blood spills.
    1. put on single-use gloves and avoid direct contact with blood or other body fluids.
    2. Use paper towels to mop up the spill. Dispose of the paper towels in an appropriate biohazard container.
    3. Wash the area with warm water and detergent, then rinse and dry the area.
    4. Remove gloves and place them in an appropriate biohazard container, which should be part of the school first aid kit.
    5. Wash hands in warm soapy water and rinse thoroughly before pat-drying.
    6. If re-usable items were used such as scissors or tweezers, then an assessment must take place to consider how the item was used and determine the appropriate decontamination method.
  - All teachers have the authority to call an ambulance immediately in an emergency.
  - Any teacher calling ambulance must notify the parents and school office staff

- Schools can also contact NURSE-ON-CALL (1300 60 60 24) to receive advice. This service provides immediate, expert health advice from a registered nurse and will be displayed in the First Aid room.

### Communication and documentation

- At the commencement of each year, requests for updated first aid information will be sent home including requests for ASCIA Action Plans, Asthma Management Plans, high priority medical forms, and reminders to parents of the policies and practices used by the school to manage first aid, illnesses and medications throughout the year
- An up-to-date log book located in the office will be kept of all injuries such as scratches and scrapes. This record is registered by the first aid person on duty. (see Appendix 3)
- Where syringes are used teachers and principals must follow the schools procedures for used needles. See Appendix 4 for needle disposal guidelines.
- Parents/guardians of students who received first aid will have a completed first aid treatment record sheet sent home. Please note that parents/guardians will not be notified when students receive first aid for minor issues, e.g band aid.
- For more serious injuries/illnesses, the parents/guardians must be contacted by the first aid officer of duty so that professional treatment may be organized. Any injuries to a child's head, neck or back must be reported to parents/guardians. If there is suspected concussion or spinal injuries call 000 first.
- Any student who is collected from school by parents/guardians as a result of an injury, or who is administered treatment by a doctor/hospital or ambulance officer as a result of an injury, or has an injury to the head, neck or back will be reported on DET CASES21 and onto Worksafe or Edusafe as per DET guidelines.
- Parents who collect children from school for any reason (other than emergency) must sign the child out of the school in the register maintained in the school office.

### Camps and Excursions

#### ***Please refer to Camp and Excursion Policy for more detailed information***

- All school camps will have at least one Provide First Aid (previously Level 2 First Aid Certificate) trained staff member.
- A comprehensive first aid kit will accompany all excursions and camps, along with a mobile phone as per DET Guidelines. See portable First Aid Kit Appendix 2.
- All children attending camps or excursions will have provided a signed medical form providing medical details and giving teachers permission to contact a doctor or ambulance should instances arise where their child

requires treatment. Copies of the signed medical forms to be taken on camps and excursions, as well as an original kept at school.

- Parents are encouraged to discuss the needs of their child with the class teacher or the teachers organizing school camps.

### Anaphylaxis and Asthma

***Please refer to the Anaphylaxis and Asthma policy for more detailed information***

- Action Plans for Anaphylaxis for all at risk students are stored with their epipens and any other associated medication in the first aid room. Refer to the Kananook Primary School Anaphylaxis Policy for more detailed information.
- For children with Asthma, a completed Asthma Management Plan is kept in the First Aid Room with the student's medical file. Asthma medication is located in the Office or in the student's school bag. Asthma First Aid Kits are maintained and contain:
  1. A blue/grey reliever medication such as Airomir Asmol, or Ventolin.
  2. At least 2 spacer devices to assist with effective inhalation of the blue/grey reliever medication (spare spacers are available as replacements)
  3. Clear written instructions on how to use these medications and devices and steps to be taken in treating a severe asthma attack
  4. A record sheet/log for recording the details of a first aid incident, such as the number of puffs administered (see Appendix 5 for record sheets)

### Care of ill Students

All students who become ill whilst at school will be cared for. Parents will be contacted to collect children who are too ill to be at school. While waiting to be picked up children will be cared for in the classroom or in the school first aid room.

### APPENDIX

1. Register of staff trained in First Aid
2. First Aid Kit and Portable First Aid Kit suggested content
3. Accidents and Incidents notification form
4. Syringe Disposal Guidelines
5. Asthma recording sheets

<http://www.asthma.org.au/Portals/0/doc/Resources%20Schools/AA-Emergency-Kit-Log.pdf>

### EVALUATION AND REVIEW

This policy will be reviewed as part of the school's three year review cycle.

Prepared by	Martene Matthews
Approved by	Education Committee Ratified by School Council
Date Reviewed	October 2015
Responsible for review	Principal
Review Date	October 2018
References	DET

## APPENDIX 1

### Register of Staff trained in First Aid

<b>Staff</b>	<b>Course</b>	<b>Date</b>	<b>Updates due</b>
Roz Utting	Level2 first Aid	20/6/12	21/6/17
	CPR		
Anne Brooks	Level2 first Aid	10-10-12	11/10/15
	CPR		
Jayne Wardle	Level 2 First Aid	5/11/14	6/11/19
	CPR		
Jonathan Crouch	Level 2 First Aid	20/6/12	21/6/17
	CPR		
Amanda Russell	Level 2 first Aid	20/6/12	21/6/17
	CPR		
Billie Hopson	Level 2 first Aid	9/11/13	10/11/17
	CPR		
	Level 2 first Aid		
	CPR		

## **APPENDIX 2**

### 1. Ambulance Victoria recommends **First Aid kits** should contain:

#### Type of equipment Content includes

	<p>one of the following recommended first aid manuals:</p> <ul style="list-style-type: none"><li>• First Aid Emergency Handbook from:<ul style="list-style-type: none"><li>- Survival Emergency Products</li><li>- local suppliers</li><li>- Ambulance Victoria First Aid</li></ul></li><li>• The First Aid Handbook from Australian Red Cross</li></ul>
Current first aid manual	<ul style="list-style-type: none"><li>• Australian First Aid from St John Ambulance Australia.</li></ul> <p>See: <a href="#">Other resources</a></p>
Wound cleaning equipment	<ul style="list-style-type: none"><li>• gauze swabs: 100 of 7.5 cm x 7.5 cm divided into small individual packets</li><li>• sterile saline ampoules: 12 x 15 ml and 12 x 30 ml</li><li>• disposable towels for cleaning dirt from skin surrounding a wound</li><li>• sterile, non-adhesive dressings, individually packed:<ul style="list-style-type: none"><li>- eight 5 cm x 5 cm</li><li>- four 7.5 cm x 7.5 cm</li><li>- four 10 cm x 10 cm for larger wounds</li></ul></li><li>• combine pads: twelve 10 cm x 10 cm for bleeding wounds</li><li>• non-allergenic plain adhesive strips ('band aids'), without antiseptic on the dressing, for smaller cuts and grazes</li><li>• steri-strips/wound closures for holding deep cuts together in preparation for stitching</li><li>• non-allergenic paper/adhesive type tape, width 2.5 cm–5 cm, for attaching dressings</li></ul>
Wound dressing equipment	<ul style="list-style-type: none"><li>• conforming bandages for attaching dressings in the absence of tape or in the case of very sensitive skin</li><li>• six sterile eye pads, individually packed</li></ul>



## Type of equipment Content includes

- six triangular bandages for:
    - slings
    - pads for bleeding
    - attaching dressings
    - immobilising injured limbs
    - splints etc
  - conforming bandages to hold dressings in place:
    - two of 2.5 cm
    - two of 5 cm
    - six of 7.5 cm
    - two of 10 cm
  - crepe bandages (“hospital weight”) to secure a pad to control bleeding, to support soft tissue injuries (sprains & strains) and for ‘Pressure Immobilisation Bandaging technique’ for snake bite:
    - two of 2.5 cm
    - two of 5 cm
    - six of 7.5 cm
    - two of 10 cm
    - two 15 cm
- Bandages
- heavy elastic bandages; two 15cm. These are ideal to use for ‘Pressure Immobilisation Bandaging technique’ for snake bite or severe allergic reaction to other bites and stings.
  - one pair of:
    - stainless steel scissors (medium size)
    - trauma shears (heavy duty scissors for cutting clothing, bandages, shoelaces etc. if required)
  - disposable splinter probes and a sharps container for waste
  - disposable tweezers
  - for sprains, strains and bruises, two:
    - gel packs, kept in the refrigerator, or
    - disposable ice packs for portable kits made from small zip-lock plastic bags filled with water, frozen and wrapped in a cloth/bandage/disposable towel before being application
- Injury treatment equipment
- flexible ‘sam’ splints for fractured limbs (in case of ambulance delay)

## Type of equipment Content includes

- additional 7.5 m crepe bandages and safety pins to attach splints
- ice packs.
- sun screen, ideally a low allergenic/sensitive skin type, with a sun protection factor of between 15+ and 30+
- single use sterile saline ampoules for the irrigation of eyes

### Notes:

#### Lotions and ointments

1. Creams and lotions, other than those in aqueous or gel form, are not recommended in the first aid treatment of wounds or burns.
2. Antiseptics are not recommended. 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.

- single use nitrile gloves in various sizes such as small, medium and large  
**Note:** Some people are allergic to latex gloves.

- blood and vomit spill kits
- disposable hand towels
- adhesive sanitary pads, as a backup for personal supplies
- antiseptic hand wash/germicidal soap and nail brush for hand-cleaning before and after treatment only
- single use antiseptic wipes for hand cleaning when water is not readily available
- 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
- a waste disposal bin suitable for taking biohazard waste  
**Note:** Biohazard waste should be burnt. There are several companies that will handle bulk biohazard waste.
- ice cream containers or emesis bags for vomit.

#### Hygiene and cleaning equipment

## Type of equipment Content includes

- resuscitation face mask such as “pocket mask” type that can be cleaned/reused
  - one medicine measure for use with prescribed medications
  - disposable cups
  - one teaspoon
  - pen-like torch, to measure eye-pupil reaction
  - blanket and sheet, including a thermal accident blanket for portable kits
- Other equipment
- possibly a generic EpiPen® for treating anaphylaxis sufferers see: Anaphylaxis within [Related policies](#)

## 2. Ambulance Victoria recommends **portable first aid kits** should include:

- a first aid manual of a smaller size specialised, if possible, to the activities being undertaken, such as:
  - Emergency First Aid: A Quick Guide, available from St John Ambulance Australia
  - First aid Notes, available from Australian Red Cross
- two pairs of single use nitrile gloves
- sterile saline sachets or ampoules for irrigating eyes and minor wounds
- gauze and band aids
- a resuscitation face mask
- if possible, a device to call for assistance such as mobile phone, cordless phone, or two way radio.

## APPENDIX 3

Kananook Primary School



# Accidents and Incidents Register

To be completed for all first aid

**Please contact parents/carers  
immediately if a head injury  
of any nature occurs.**



## APPENDIX 4 SYRINGE DISPOSAL GUIDELINES

**Needle disposal** This table describes how schools dispose of needles and syringes.

Step	Action
	If the discarded syringe or needle is: <ul style="list-style-type: none"><li>• accessible, continue with the disposal procedure</li><li>• not accessible:<ul style="list-style-type: none"><li>- mark the area so that others are not at risk</li><li>- supervise area</li><li>- contact the Syringe Disposal Helpline on 1800 552 355.</li></ul></li></ul>
1	
2	Put on single-use gloves.
3	Place the disposal container on the ground next to the syringe.
	Using tongs, pick up the syringe from the middle keeping the sharp end away from yourself and place it in the disposal container, needle point down.
	Note:
4	<ol style="list-style-type: none"><li>1. Never try to recap a needle, even if the cap is also discarded.</li><li>2. Long metal tongs can be used to reach difficult to access places.</li></ol>
5	Repeat step 4 for each individual needle or syringe.
6	Screw the lid of the disposal unit on firmly.
7	Remove gloves and place them in a plastic bag. Seal the bag and dispose of it in a rubbish bin.
8	Wash hands in warm soapy water and dry thoroughly.
9	To dispose of the sharps disposal container, contact the:

Step	Action
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- Syringe Disposal Helpline on 1800 552 355 for:
  - advice about handling syringes
  - the location of the nearest local council syringe program or public disposal bin
- local general practitioner
- local hospital.

Note: Disposal containers or syringes must not be put in normal waste disposal.

## Treating needle stick injuries

This table describes how schools treat needle stick injuries.

Step	Action
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- 1 Flush the injured area with flowing water.
- 2 Wash the affected part with warm soapy water, then pat dry.
- 3 Cover the wound with waterproof dressing.
- 4 Report the injury to the principal.

Ensure the injured person sees a doctor as soon as possible for:

- assessment of the risk
- treatment, if required.

An adult should accompany the student to the nearest doctor/medical centre.

Note: Research indicates the risk of infection from needle stick injury is low and should not cause alarm.

- 5 See: Department of Health's [Victorian Infectious Diseases Bulletin](#)

# Asthma Emergency Kit Log



**Asthma  
Australia**

To find out more about asthma  
contact your local Asthma Foundation:  
**1800 645 130** (office hours)  
[asthmaaustralia.org.au](http://asthmaaustralia.org.au)

**This form is to be used by staff to record use of this Kit. It is in addition to the first aid log as required by worksite policies.**  
This log should be completed whenever the kit is used and kept with the kit until it needs to be replaced.  
Completed forms should be stored with the worksite first aid log.  
Additional forms can be downloaded at [asthmaaustralia.org.au](http://asthmaaustralia.org.au)

## APPENDIX 5

DATE	TIME	NAME of casualty	DESCRIBE presentation	ACTION TAKEN	PUFFER count (count down from 200)	WORKSITE REPORT COMPLETED (Yes/No)	EMERGENCY CONTACT notified	NAME of person making entry (print name and sign)
<b>Eg. 1/7/11</b>	<b>10:30am</b>	<b>A. Zmah</b>	<b>Short of breath, coughing</b>	<b>Given 4 puffs with a spacer</b>	<b>196</b>	<b>Yes</b>	<b>Called emergency contact</b>	<b>A. Teacher</b>