



Swinburne Senior Secondary College

First Aid Policy

Purpose

To ensure the school community understands our school's approach to first aid for students.

First aid for anaphylaxis and asthma provided for in our school's:

- *Anaphylaxis Policy*
- *Asthma Policy*

Policy

From time to time Swinburne Senior Secondary College staff might need to administer first aid to students at school or school activities.

Parents/carers should be aware that the goal of first aid is not to diagnose or treat a condition.

Staffing

The principal will ensure that Swinburne Senior Secondary College has sufficient staff with the appropriate levels of first aid training to meet the first aid needs of the school community.

Swinburne Senior Secondary College's trained first aid officers are:

Steve Annetta	Lee Appleton	Meiki Apted
Ed Armstrong	Carayl Atmaja	John Bacon
Gail Bailey	Emily Barnes	Rachel Baxendale
Elana Bibby	Jory Clark	Claire Congreave
Kate Foster	Joel Guye	Kass Hall
Maddie Harris	Paul Harris	Vivienne Hogan
Mimi Jovanovska	Michael Kwasny	Marcus Laging
Robert Lewkowicz	Jackie Love	Judy Lucas
Kitty McDonald	Gita Menon	Glenn Morris
Amanda Nunn	Michael O'Brien	Elizabeth Reardon
Matthew Simmons	Nick Taylor	Samantha Tennant

*All trained effective December 2018

First aid kits

Swinburne Senior Secondary College will maintain:

- A major first aid kit which will be stored in the Sick Bay.
- Two portable first aid kits which may be used for excursions, camps or yard duty. The portable first aid kits will be stored in the Sick Bay.

Gail Bailey (General Office) will be responsible for maintaining all first aid kits.

Care for ill students

Students who are unwell should not attend school.

If a student becomes unwell during the school day they may be directed to the Sick Bay and monitored by staff. Depending on the nature of their symptoms, staff may contact parents/carers or an emergency contact person to ask them to collect the student.

First aid management

If there is a situation or incident which occurs at school or a school activity which requires first aid to be administered to a student:

- Staff who have been trained in first aid will administer first aid in accordance with their training. In an emergency situation, other staff may assist in the administration of first aid within their level of competence.
- In a medical emergency, staff may take emergency action and do not need to obtain parent/carer consent to do so. Staff may contact Triple Zero “000” for emergency medical services at any time.
- Staff may also contact NURSE-ON-CALL (on 1300 60 60 24) in an emergency. NURSE-ON-CALL provides immediate, expert health advice from a registered nurse and is available 24 hours a day, 7 days a week.
- If first aid is administered for a minor injury or condition, Swinburne Senior Secondary College will notify parents/carers by a phone call or SMS.
- If first aid is administered for a serious injury or condition, or in an emergency situation, school staff will attempt to contact parents/carers or emergency contacts as soon as reasonably practical.
- If staff providing first aid determine that an emergency response is not required but that medical advice is needed, school staff will ask parents/carers, or an emergency contact person, to collect the student and recommend that advice is sought from a medical practitioner.
- Whenever first aid treatment has been administered to a student Swinburne Senior Secondary College will:
 - record the incident on CASES21
 - if first aid was administered in a medical emergency, report the incident to the Department’s Security Services Unit on 03 9859 6266.

In accordance with guidance from the Department of Education and Training, analgesics, including paracetamol and aspirin, will not be stored at school or provided as a standard first aid treatments. This is because they can mask signs of serious illness or injury.

One member of staff will be delegated the task of coordinating first aid procedures, supervising the first aid facility and maintaining and securing the contents of the school’s first aid kit. A relief staff member will be nominated in the event of the absence of the first aid coordinator. Other staff with first aid qualifications will be identified and available to assist.

Resources

Links which are connected with this policy are:

<http://www.eduweb.vic.gov.au/edulibrary/public/schadmin/environment/4-5.pdf>

<http://www.education.vic.gov.au/hr/ohs/health/firstaid.htm>

<http://www.education.vic.gov.au/hr/ohs/hazards/Firstaid.htm>

<https://www.eduweb.vic.gov.au/edulibrary/Schools/Forms/General%20School%20Forms/student%20health%20support%20plan%20template-frm-v1.0-may%202008.doc>
<http://www.education.vic.gov.au/healthwellbeing/health/anaphylaxis.htm>
<https://www.eduweb.vic.gov.au/edulibrary/Schools/Forms/General%20School%20Forms/medication%20authority%20form-frm-v1.0-may%202008.doc>
<https://www.eduweb.vic.gov.au/edulibrary/Schools/Forms/General%20School%20Forms/medication%20administration%20log-tmp-v1.0-may%202008.doc>
<https://www.eduweb.vic.gov.au/edulibrary/Schools/Forms/General%20School%20Forms/general%20medical%20advice%20form-frm-v1.0-may%202008.doc>
<http://www.asthma.org.au/Default.aspx?tabid=102>

Appendices which are connected with this policy are:

Appendix A: Managing Students with Special Health Needs

Appendix B: First Aid Care Procedures

Evaluation

This policy is for four yearly review.

Certification

This policy was adopted at the School Council meeting on the 26th day of June 2018.

Signed: Michael O'Brien
Principal

Signed Karen Kimber
School Council Vice-President

Appendix A



Managing Students with Special Health Needs

Any information provided to the school on the enrolment form or separately, will be taken into account when planning the care of a student. Where students have a health care need identified after enrolment, the same steps will be followed.

When a need is identified

Parents/carers are required to provide accurate information about a student's routine health and personal care support needs, and emergency care needs, for example:

- predictable emergency first aid associated with an allergic reaction, seizure management, anaphylaxis, or diabetes
- routine supervision for health care safety, such as supervision of medication
- personal care, including assistance with personal hygiene, continence care, eating and drinking, transfers and positioning, and use of health-related equipment

Parents/carers and students will be informed when their information is being collected, about how their personal information will be used, and to whom it might be disclosed. For example, to school personnel who will require access to relevant student information in order to provide appropriate services.

Medical advice is required from the student's medical/health practitioner if there is an indication that a student has a health care need. The medical advice received must provide relevant information about the student's medical condition and document recommended emergency and routine health and personal care support for the student. Ideally, medical advice should be sought via the completion of a relevant Medical Advice Form.

For any student requiring medication while at school, the school must receive written directions ideally from the student's medical/health practitioner. This can be done via the completion of a Medication Authority Form or ASCIA Action Plan for anaphylaxis or School Asthma Action Plan for asthma.

Information about the student's health condition as well as medication to be stored and supervised at school should be loaded in the Cases21 Database.

The development of a Student Health Support Plan will occur after the school has received the appropriate medical advice from the student's medical/health practitioner. If there is a time delay between receiving this advice and in the development of a Student Health Support Plan, the school may decide to put in place an interim support plan outlining an agreed interim strategy, e.g. call an ambulance immediately. Alternatively, the school liaise with DET and as a result advise that the student is unable to attend school until such time that an appropriate manageable approved Student Health Support Plan is developed.

Plans should be developed when a student is to attend school excursions and camps. The parent/carer should complete a Confidential Medical Information statement.

The planning process

The principal (or nominee) will organise a meeting to negotiate the development of a Student Health Support Plan with the student, student's parents/carers and other relevant school staff.

This Support Plan should be guided by the medical advice received by the student's medical/health practitioner.

A range of questions may be asked in planning support. For example:

- Is it necessary to provide the support during the school day?
- How can the recommended support be provided in the simplest manner, with minimal interruption to the education and care program?
- Who should provide the support?
- Is this support complex and/or invasive? Is there staff training required?
- Are there any facilities issues that need to be addressed?
- How can the support be provided in a way that respects dignity, privacy, comfort and safety and enhances learning?
- Are there any care and learning plans that should be completed for students with personal care support?

Monitoring and review

A date for when medical advice received by the student's medical/health practitioner is to be reviewed (generally within twelve months) will be set.

Student Health Support Plans will be annually reviewed in light of the updated information received by the student's medical/health practitioner. Student Health Support Plans will be reviewed earlier if the school or the student's parents/carers have concerns or if there is any change in the support.

It may be agreed that an annual review of the Student Health Support Plan may not require updated medical advice. It is up to the principal's discretion to request updated medical advice for a student.

Appendix B



First Aid Care Procedures

Introduction

The school has procedures for supporting student health for students with identified health needs (see Appendix A) 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.

These procedures are communicated to all staff and are available for reference from the school office.

First Aid Officers

Consistent with the DET'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, are held on file by the Principal.

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
- Providing first aid emergency awareness training for staff including emergency notification processes, a list of responsible officers and provision of emergency phone numbers
- Maintaining a first aid room and first aid kits
- Providing first aid services commensurate with competency and training
- 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

The First Aid Officer/s will be available at the school during normal working hours.

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 for medical attention except in an extreme emergency.

In serious cases, parents/guardians will 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 DET injury management system on CASES 21.

A Record of First Aid Treatment will be kept in the Sick Bay and information recorded for all students treated in the Sick Bay. It is the policy of the school that all injuries to the head are reported to Principal Class Officers and that parents and/or 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.

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 the steps outlined below should be taken immediately.

The 4 Step Asthma First Aid Plan (displayed in Sick Bay):

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 (*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.

First Aid Kit Contents

Consistent with the DET'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
 - 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) including 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

Emergency Telephone Numbers

Poisons Information Service	13 11 26
Ambulance	000