

FIRST AID POLICY

Rationale

- All injured persons must be provided with immediate and adequate treatment of injury and illness.
- The school's obligations include provision of asthma kits, an EpiPen®/Anapen®, a first aid room, major first aid kits, portable first aid kits and include the management of blood spills and syringe disposal.
- Teachers and Principals must be familiar with the school's first aid procedures and observe their duty of care to children by providing first aid treatment within the limits of their skill, expertise, training and responsibilities.
- Schools must ensure there is always a first aid officer who can assist an injured or ill person and has current qualifications covering all the school's first aid requirements.
- School nurses employed by schools must follow the school's first aid policy.
- The Northern School for Autism endeavours to provide a safe and secure environment for all members of the school community. The primary approach towards health and safety is one of prevention; however, effective first aid should be available to all children, employees and visitors.

Aims

- To ensure children's first aid needs are met at school and on approved school activities.
- To ensure the school responds appropriately to emergency medical situations.
- To ensure staff at the Northern School for Autism observe their duty of care to children by providing first aid treatment within the limits of their skill, expertise, training and responsibilities.
- To ensure the school complies with legislation and DET policy and guidelines
- To ensure that, in the event of illness or injury to children, employees and/or visitors, NSA has the resources and training to:
 - provide effective initial first aid treatment;
 - recognise the medical needs of children in a special educational setting;
 - assess medical needs and obtain up to date relevant information;
 - ensure training of staff is appropriate to children's needs; and
 - ensure that a current list of qualified First Aid Officers (FAO) is available.

Definition

The goal of first aid is not to diagnose or treat the condition. First aid involves emergency treatment and support to preserve life through clearing and maintaining open airways, restoring breathing or circulation, monitoring wellbeing until the person recovers or is transferred into the care of ambulance paramedic, doctor or nurse, protecting a person, particularly if they are unconscious, preventing a condition worsening and promoting recovery.

Implementation

- The wellbeing of children is this school's highest priority.
- The Principal and all staff members have an obligation to be familiar with the school's first aid procedures and observe their duty of care to students by providing first aid treatment within the limits of their skill, expertise, training and responsibilities.
- All staff will be briefed on general organisational matters at the start of the school year and as part of the induction process for new staff members.
- The school will support first aid by:
 - ensuring the school's first aid needs are met
 - providing:
 - asthma kits
 - first aid rooms
 - major first aid kits
 - portable first aid kits
 - managing:
 - blood spills and bleeding students
 - syringe disposal/injuries
- The First Aid Coordinator will undertake a range of responsibilities including:
 - taking a lead role in supporting teachers and the Principal/Assistant Principal in health support planning
 - having knowledge of:
 - all children with a support or management plan
 - the first aid response noted in the plans ensuring that children's emergency contact details are up to date
 - ensuring all medications supplied by the children are within their use-by date
 - working with staff to conduct regular:
 - reviews of management strategies
 - risk assessments
 - developing strategies to raise awareness in the school community about health and safety issues

Note: To display a photo of a student and to describe their health care needs requires consent from parents/carers.

- The Principal will ensure there is always a first aid officer who can assist an injured or ill person and has current qualifications covering all the school's first aid requirements.
- The Principal will ensure sufficient staff are trained in first aid under the provisions of the *Occupational Health & Safety Act 2004* and the DET's First Aid Policy and maintain a register of trained staff.
- Please refer to the attached OHS Minimum First Aid Facilities schedule below.

- Training includes basic first aid knowledge and where required additional first aid modules such as asthma management, administration of the EpiPen or specific training for excursions and other educational programs or activities.
- Training requirements for the school, camps and excursions are assessed according to the potential hazards in the environment and the nature of the activities being undertaken.
- The Principal will ensure relevant staff receives additional training to meet children's health needs.
- The Principal will determine who has overall responsibility for the first aid room and its contents.
- Facilities for first aid will allow for:
 - precautions against infection
 - reassurance and comfort, with a safe level of privacy; dignity; comfort and independence.
 - employee and volunteer health, safety and welfare
 - associated record keeping in accordance with privacy and confidentiality
 - short-term supervision and the ability to summon further assistance if required
- Adequate infection and prevention control **must** be practiced at all times when administering first aid or cleaning up blood or body fluids. The following infection control procedures must **always** be adhered to:
 - cover cuts and abrasions with water proof 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 injured person or blood/body fluids with warm soapy water, rinse, dry and sanitise hands using an alcohol-based rub or gel.
- Where a blood/biological spill has occurred the following must be adhered to:
 - isolate the area where the incident occurred
 - clean up blood and other body fluids 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 may be used instead
 - Items such as scissors and tweezers are to be cleaned and disinfected/sterilized after use.
- Contaminated waste (e.g. dressings, wipes, cleaning cloths, nappies, human tissue, and blood and laboratory waste) should be disposed of in:
 - appropriate biohazard waste containers/bags; or
 - in the general waste in suitably labelled bags (bags are to be double bagged); or
 - Sanitary Waste Bins.
- Sharps should be disposed of in a sharps container. All sharps containers must be compliant with AS 4031: Non reusable containers for the collection of sharps medical items used in health care areas.

- The level of supervision required in the first aid room varies depending on the case. For example, supervision should be required for a student who has had a blow to the head and is feeling dizzy but may not be required for a student with a slight headache, who needs a lie down.
- Staff members who practise first aid should have their position descriptions updated to reflect this extra responsibility. They must receive:
 - basic first aid training
 - and where required, additional first aid modules to cover:
 - the health needs of students attending the school, such as asthma management, administration of the EpiPen; or
 - excursions, specific educational programs or activities.

Note: To display a photo of a student and to describe their health care needs requires consent from parents/carers.

- If a child feels unwell, the designated first aid officer will assess the signs and symptoms e.g. fever, pallor, skin clammy and act accordingly including declaring the situation a medical emergency.
- If a child has a minor injury such as a bump or bruise, an icepack (not applied directly to the skin) may be appropriate. This is not appropriate if the bump causes a nose-bleed.
- For more serious injuries e.g. causing loss of consciousness even briefly, a less than alert state, suspicion of a fracture or spinal injury, damage to eyes/ears, penetration of the skin or deep open wounds, an ambulance will be called.
- In treating a blood spill or open wound the first aid officer will follow the procedures described in the school's *Bleeding Children/ Blood Spills Policy*.
- In a medical emergency, staff will take action without waiting for the parent/guardian including calling 000.
- Once action has been taken, parent/carers or the child's emergency contact and Security Services will be notified.
- Staff providing first aid may assess that an emergency response is not required, but medical advice is needed. In these circumstances, the school will ask the parents/carers or emergency contact person to collect the child and recommend that advice is sought from a medical practitioner.
Example: This response would apply if a child receives a blow to the head but there are no signs of concussion or the child reports persistent aches and pains.
- The school 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 from any land line in Victoria for the cost of a local call.
- Upon the Principal's discretion and provided alternative supervision for remaining children can be arranged, a staff member may accompany a child transported by emergency services when one or more of the following applies:
 - a parent/carer or emergency contact person cannot do so
 - the age or development of the child justifies it
 - the child chooses to be accompanied
- On the rare occasion when a school staff member has to transport a child to emergency care (such as when an ambulance is not available), at least two adults should accompany the child to ensure the driver is not distracted and the child can be constantly supervised

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- Parents/carers of ill children will be contacted to take children home and must sign the child out at the school office.
- Parents/carers of all children receiving first aid treatment will receive a form detailing injury and treatment given.
- Please refer also to the school's *Care Arrangements for Ill Children Policy*, *Duty of Care Policy*, the *Bleeding Students/Blood Spills Policy*, *Emergency & Incident Reporting Policy*, *Health Care Needs Policy*, specific policies such as the *Asthma Management Policy* and the Child Safe Standards.

NSA Specific Implementation Procedures

- General organisational matters relating to first aid are communicated to staff at the commencement of each year.
- All First Aid Officers (FAOs) hold a current Level Two - Workplace First Aid Certificate. CPR and anaphylaxis qualifications are updated annually.
- All FAOs have access to information regarding medical conditions pertaining to children and employees.
- At the commencement of each school year, all parents/carers are asked to complete a medical information package (signed by a doctor if necessary).
- A first aid room is available for use at all times.
- Children in the first aid room are supervised by a staff member at all times.
- First aid kits are available in each classroom and in the First Aid Rooms.
- A supply of protective disposable gloves is available for use by staff.
- Injuries involving blood have the wound covered at all times.
- A first aid kit and a mobile phone accompany all excursions.
- Children attending excursions have a signed medical form providing medical details and giving teachers permission to contact a doctor or ambulance if the need to do so arises.
- All children, especially those with a documented Asthma Management Plan, have access to Ventolin and a spacer at all times.

Individual Management Plans

- Special medical conditions such as diabetes, epilepsy, asthma, allergies or anaphylaxis are required to have a specific Medical Management Plan (MMP), completed annually by parents/carers in partnership with the child's treating health practitioners.
- A copy of all MMPs are displayed in the child's class room and filed in the first aid folders located in the first aid room.
- Alerts regarding high risk children are displayed on the First Aid noticeboards located in the staffrooms and first aid rooms.

First Aid Officers

All FAOs:

- Know the identity of the first aid coordinator
- The first aid coordinator monitors and maintains the current list of FAOs, first aid supplies, kits and folders.

- Knows how to complete a CASES21 Student Injury form. This is to be completed by the staff witnessing the incident NOT the first aid officer. This is to be given to the administration team to enter into the CASES21 database.
- Know how to complete a First Aid Treatment form, which is sent home to parents/carers after any first aid is administered (this is the responsibility of the classroom teacher). In the case of a head injury the classroom teacher is to call the parents/carers of the child immediately.
- Know how to complete the First Aid register for all first aid attendances.

Evaluation

This policy will be reviewed as part of NSA's three-year policy review cycle (July 2021) or if guidelines change (latest update late June 2018 [OHS Update]).

References

www.education.vic.gov.au/school/principals/spag/health/pages/firstaid.aspx
www.education.vic.gov.au/school/principals/spag/health/pages/firstaidneeds.aspx
www.education.vic.gov.au/school/principals/spag/health/Pages/emergency.aspx

This policy was first ratified by NSA School Council on 6 December, 2012

The first update was ratified on 26 March 2015

The updates were ratified on 18 February 2016

This update was ratified on 6 December 2018

Site Characteristics	Minimum First Aid Requirements	
Less than 50 employees (and children)	1 first aid officer (minimum level 2 trained)	1 first aid kit
50 - 199 employees (and children)	2 first aid officers (minimum level 2 trained)	4 first aid kits
200 - 399 employees (and children)	4 first aid officers (minimum level 2 trained)	6 first aid kits
400 - 599 employees (and children)	6 first aid officers (minimum level 2 trained)	8 first aid kits

600 - 799 employees (and children)	9 first aid officers (minimum level 2 trained)	10 first aid kits and a first aid room with bed and stretcher
800 - 999 employees (and children)	12 first aid officers (minimum level 2 trained)	12 first aid kits (including specific "type of incident" treatment) and a first aid room with bed and stretcher
>1000 employees (and children)	16 first aid officers (minimum level 2 trained)	14 first aid kits (including specific "type of incident" treatment) and a first aid room with bed and stretcher
Where access is limited to medical and ambulance services (e.g. remote workplaces, school field excursions etc)	2 additional first aid officers for every category (minimum level 2 trained)	2 additional first aid kits for every category