

First Aid Policy

The school has procedures for supporting student health for students with identified health needs and will provide basic first aid response as set out in the policy. Teachers and school staff are required to update their first aid qualifications, specialising in *'providing first aid in an education and care setting'*. One staff member at our school will be designated the Senior First Aid Coordinator and will oversee the management of first aid.

Procedures for medical treatment in less serious circumstances...

If a child becomes unexpectedly ill, injured or has an accident:

- The injured/sick person will be assessed by the teacher on duty
- The injured/sick person will be taken to the First Aid room and the delegated First Aid Officer will administer appropriate first aid
- The First Aid Officer will notify parents if necessary
- A written account is recorded with treatment provided in an Injury/Illness Log Book, specifically for school records
- Parents must be notified of all head injuries via phone and a written record sent home

In serious cases, parents/guardians will always be informed as quickly as possible of their child's condition and the actions taken by the school.

Procedures for serious/emergency situations...

In cases of an emergency:

- Teacher to identify the incident
- Teacher is to stay with the injured person
- Locate another student or staff member to send for assistance/Principal/Acting Principal
- Principal/Acting Principal in charge to attend incident and call 000
- Instructions from emergency services would be followed by teacher & Principal/Acting Principal
- Parents will be notified as soon as practical

All serious/emergency accidents and injuries will be recorded on the Department's injury management system IRMS.

First Aid kits ...

First aid kits will be taken by any class that leaves the school grounds for an excursion. The content of these kits will be dependent on the nature of the activities, the number of students, and the location of the excursion.

Teachers are mandated to carry a phone when they leave the school grounds with a class.

Medication

Medication can be administered during school hours and the school must follow the **Medication Rights Checklists for education and care**. Part of the Medication Rights Checklists process is that a minimum of two staff members must be present in the administration of medication. The staff members must also complete the Medication Log.

All medication required by a student during school hours must be:

- in original packaging, with instructions
- delivered to the Front Office for administering
- Parents must fill out and sign a Medication Authority Form
- Parent must collect from the Front Office at the end of the day

Asthma medication (if a current Asthma Action Plan is in place) must stay with the child at all times. Refer to the child's Asthma Action Plan.

Please read the following section 'Asthma Management' for a detailed summary of the action to be taken when a child presents with asthma symptoms.

EpiPen/Adrenaline autoinjector - EpiPens (if a current Action Plan for Anaphylaxis is in place) must stay with the child at all times. A child that requires an EpiPen will keep their EpiPen at school at all times. It will be in a bag clearly labelled with their name and located on a hook on entry to the classroom.

Please read the section of this policy written below, that is dedicated to the management of Anaphylaxis.

Asthma Management

Asthma is a chronic health condition, which effects 1 in 6 children and 1 in 9 adults. People with asthma have sensitive airways in their lungs which react to triggers, causing a 'flare-up'. In a 'flare-up', the muscles around the airway squeeze tight. This makes it hard to breathe.

Parents who have a child that suffers from asthma must:

- Provide the school with an 'Asthma Action Plan' endorsed by a General Practitioner and it must be updated every 12 months.
- Ensure their child has their own asthma medication and spacer at school every day. It needs to be accessible at all times and if younger students require, in a designated place known to the teacher and child.
- Clearly label asthma medication.
- Make sure medication is not out of date. If it is found to be out of date the school's Ventolin medication will be used and the parents informed so they can update their child's medication.

Teachers must:

- Familiarise themselves with children who suffer asthma in their class.
- Keep their 'Asthma Action Plan' in the classroom.
- Make sure an asthma sufferer has their medication with them at all times and negotiate with younger students about where to keep their medication.
- Notify parents, if the child is using their medication excessive.

The **School** must:

- Ensure all Asthma Action Plans are updated accordingly.
- Keep spare Ventolin relievers in the First Aid Room and first aid kits.
- Communicate with parents regularly about current health status.
- Provide all staff with training and information regarding students who are at risk of asthma.

Asthma First Aid

If a student has an Asthma Action Plan, follow the first aid procedure immediately. If no, Asthma Action Plan is available, the following steps should be taken immediately:

1. Sit the student down, do not let them lie down
2. Give 4 separate puffs of a **BLUE** reliever (Ventolin). This is best with a disposable spacer. Ask the patient to take 4 breaths from the spacer after each puff of medication.
3. Wait 4 minutes, if no improvements repeat Steps 2 & 3.
4. If no improvement call an ambulance immediately. Call **000**
5. Continually repeat Steps 2 & 3 while waiting for an ambulance.

See appendix 1 for a picture of an Asthma Emergency Plan.

Mild /moderate asthma attack: **Commence Asthma First Aid**

- | | |
|----------------------------------|------------------------------|
| #Minor difficulty breathing | # Able to walk/move around |
| # Able to talk in full sentences | # May have a cough or wheeze |

Severe asthma attack: **Call 000 – Commence Asthma First Aid**

- | | |
|--|--|
| # Obvious difficulty breathing | # Cannot speak in full sentences in one breath |
| # May have cough or wheeze | # Tugging in of skin between ribs or at base of neck |
| # Reliever medication not lasting as long as usual | |

Life Threatening asthma attack: **Call 000 – Commence Asthma First Aid**

- | | |
|-------------------------|--|
| # Gasping for breath | # Unable to speak or 1-2 words per breathe |
| # Confused or exhausted | # May no longer have wheeze or cough |
| # Turning blue | # Not responding to reliever medication |
| # Collapsing | |

School Camps and Excursions

Whenever a teacher takes a class on an excursion outside of the school grounds it is compulsory that a Ventolin puffer be carried in the first aid kit.

If a child has an asthma attack, all teaching staff and supervising adults will follow the steps listed in the section 'Asthma First Aid' (appendix 1).

All asthma medication and Asthma Action Plans will be taken to camp.

Catering staff will be provided with information about food allergies or foods that trigger asthma.

Anaphylaxis Management

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening.

Most common cause of anaphylaxis:

- Peanuts
- Tree nuts
- Egg
- Cow's milk
- Wheat
- Soy
- Fish/shell fish
- Bee, ant stings
- Latex
- Asthma

Parents who have a child that suffers from anaphylaxis must:

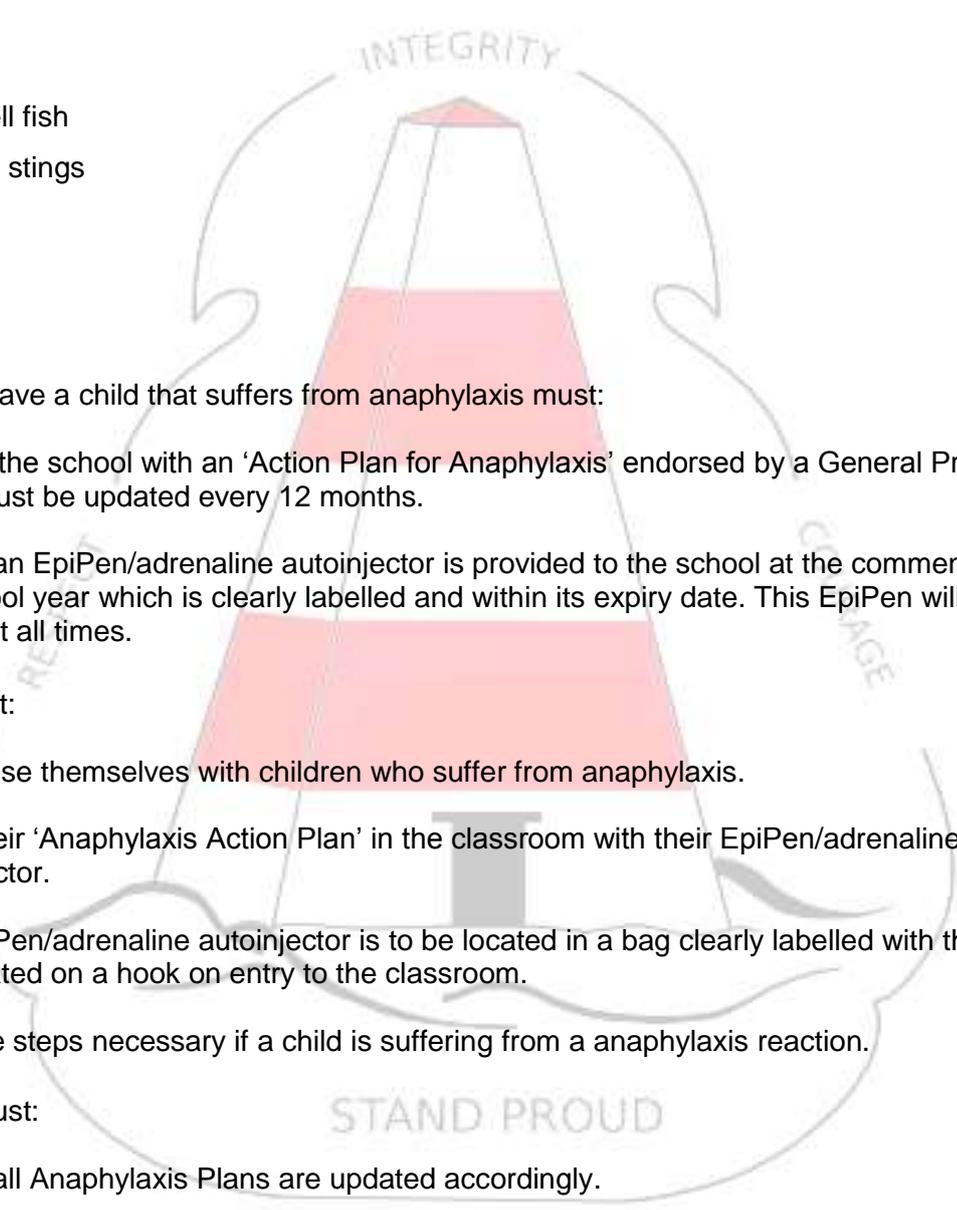
- Provide the school with an 'Action Plan for Anaphylaxis' endorsed by a General Practitioner and it must be updated every 12 months.
- Ensure an EpiPen/adrenaline autoinjector is provided to the school at the commencement of the school year which is clearly labelled and within its expiry date. This EpiPen will remain at school at all times.

Teachers must:

- Familiarise themselves with children who suffer from anaphylaxis.
- Keep their 'Anaphylaxis Action Plan' in the classroom with their EpiPen/adrenaline autoinjector.
- The EpiPen/adrenaline autoinjector is to be located in a bag clearly labelled with their name and located on a hook on entry to the classroom.
- Take the steps necessary if a child is suffering from a anaphylaxis reaction.

The **School** must:

- Ensure all Anaphylaxis Plans are updated accordingly.
- Keep a generic EpiPen/adrenaline autoinjector in the First Aid Room of the school.
- Communicate with parents regularly about current health status.
- Provide all staff with training and information regarding students who are at risk of anaphylaxis.



Mild allergic reactions can include:

- # Swelling of the lips, face and eyes
- # Abdominal pain/vomiting

Check plan for medication & action

- # Hives or welts
- # Tingling mouth

Severe allergic reactions can include: Commence Action for Anaphylaxis – Call 000

- # Difficulty breathing/noisy
- # Swelling/tightness in the throat
- # Wheezing or persistent coughing
- # Young children can be floppy and pale
- # Swelling of the tongue
- # Difficulty talking/hoarse
- # Loss of consciousness/collapse
- # Persistent dizziness

Anaphylaxis First Aid - Action

If a child presents with any of the listed severe allergic signs listed, follow these steps:

1. Lay person flat – do NOT allow them to stand or walk
 - if unconscious, place in the recovery position
 - if breathing is difficult allow them to sit
2. Give adrenaline autoinjector – EpiPen
3. Phone ambulance – **000**
4. Phone family / emergency contact
5. Further adrenaline doses may be given if no response after 5 minutes
6. Transfer child to hospital for at least 4 hours for observation

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

See appendix 2 for a picture of an emergency Anaphylaxis Plan.

School Camps and Excursions

Whenever a teacher takes a class on an excursion outside of the school grounds it is compulsory that the EpiPen/adrenaline autoinjector must be carried by the child. Younger students may have their medication carried by a supervising adult.

If a child has an allergic reaction, all teaching staff and supervising adults will follow the steps listed in the section 'Anaphylaxis First Aid - Action' (appendix 2).

All anaphylaxis medication and Action Plans will be taken to camp.

Catering staff will be provided with information about food allergies or foods that trigger anaphylaxis.

Review Date: 2018

Next Review Date: 2021

Asthma First Aid

1 Sit the person upright

- Be calm and reassuring
- Do not leave them alone



2 Give 4 puffs of blue reliever puffer medication

- Use a spacer if there is one
 - **Shake** puffer
 - Put **1 puff** into spacer
 - Take **4 breaths** from spacer
- Repeat** until **4 puffs** have been taken
- Remember: Shake, 1 puff, 4 breaths**



3 Wait 4 minutes

- If there is no improvement, give **4 more puffs** as above



4 If there is still no improvement call emergency assistance (DIAL 000)*

- Say 'ambulance' and that someone is having an asthma attack
- Keep giving **4 puffs** every **4 minutes** until emergency assistance arrives



*If calling Triple Zero (000) does not work on your mobile phone, try 112

Call emergency assistance immediately (DIAL 000)

- If the person is not breathing
- If the person's asthma suddenly becomes worse, or is not improving
- If the person is having an asthma attack and a puffer is not available
- If you are not sure if it's asthma

Blue reliever medication is unlikely to harm, even if the person does not have asthma



To find out more contact your local Asthma Foundation
1800 ASTHMA (1800 278 462) | asthmaaustralia.org.au

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Translating and
Interpreting Service
131 450



First Aid for Anaphylaxis

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate adrenaline (epinephrine) autoinjector
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling)
may not always occur before anaphylaxis (severe allergic reaction)

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

1 Lay person flat

Do NOT allow them to stand or walk

If unconscious, place in recovery position

If breathing is difficult allow them to sit

2 Give adrenaline autoinjector

3 Phone ambulance - 000 (AU) or 111 (NZ)

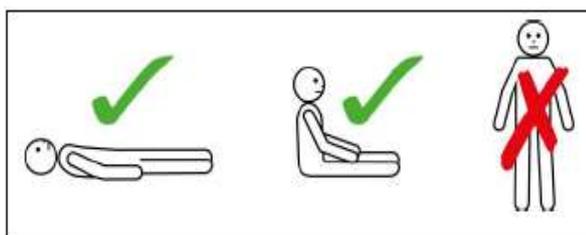
4 Phone family/emergency contact

5 Further adrenaline doses may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally



ALWAYS give adrenaline autoinjector **FIRST**, and then asthma reliever puffer

if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms