

# Robe Primary School

## First Aid Policy

Respect – Courage – Integrity

The school follows procedures for supporting student health for students with identified chronic or acute health needs. It provides 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 is designated as the First Aid Officer and oversees 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 or a written record sent home

In serious cases, parents/guardians are always 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 possible

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.

## Anaphylaxis Management

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 must be updated every 12 months.
- Ensure an EpiPen/adrenaline auto injector 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 auto injector.
- The EpiPen/adrenaline auto injector 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 an anaphylactic reaction.

The **School** must:

- Ensure all Anaphylaxis Plans are updated accordingly. Review expiry dates
- Keep a generic EpiPen/adrenaline auto injector 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/anaphylaxis reactions can include: **Check plan for medication & action**

# Swelling of the lips, face and eyes

# Hives or welts

# Abdominal pain/vomiting

# Tingling mouth

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

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

## Anaphylaxis First Aid - Action

If a child presents with any of the listed severe anaphylaxis 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 auto injector

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

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

If a child has an anaphylaxis reaction, all teaching staff and supervising adults will follow the steps listed in the section 'First Aid for Anaphylaxis' (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

## Asthma Management

**Parents** who have a child that suffers from asthma must:

- Provide the school with an 'Asthma Action Plan' endorsed by a General Practitioner and 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, 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 parents are informed to 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 excessively.

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.



# ASTHMA FIRST AID

- **1 SIT THE PERSON UPRIGHT**
  - Be **calm** and reassuring
  - **Do not leave** them alone
- **2 GIVE 4 SEPARATE PUFFS OF BLUE/GREY RELIEVER PUFFER**
  - **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**

OR give 2 separate doses of a Bricanyl Inhaler (age 6 & over) or a Symbicort Inhaler (over 12)
- **3 WAIT 4 MINUTES**
  - If there is no improvement, **give 4 more separate puffs of blue/grey reliever** as above

OR give 1 more dose of Bricanyl or Symbicort Inhaler

## IF THERE IS STILL NO IMPROVEMENT

- **4 DIAL TRIPLE ZERO (000)**
  - Say **'ambulance'** and that someone is having an asthma attack
  - Keep giving **4 separate puffs** every **4 minutes** until emergency assistance arrives

OR give 1 dose of a Bricanyl or Symbicort every 4 minutes – up to 3 more doses of Symbicort



Translating and Interpreting Service  
131 450



**ASTHMA AUSTRALIA**

Contact Asthma Australia

**1800 ASTHMA**  
(1800 278 462)

[asthma.org.au](http://asthma.org.au)

### CALL EMERGENCY ASSISTANCE IMMEDIATELY AND DIAL TRIPLE ZERO (000) IF:

- the person is not breathing
- the person's asthma suddenly becomes worse or is not improving
- the person is having an asthma attack and a reliever is not available
- you are not sure if it's asthma
- the person is known to have Anaphylaxis – follow their Anaphylaxis Action Plan, then give Asthma First Aid

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

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## 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)

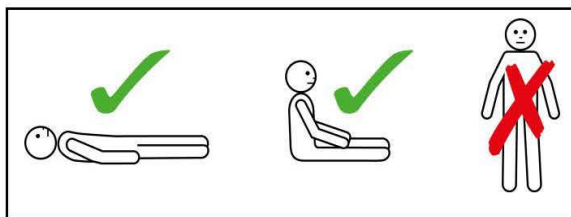
4 Phone family/emergency contact

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