Tyers Primary School – First Aid Policy & Procedures

Purpose of this policy

Tyers Primary School has procedures for supporting student health for students with identified health needs (see: Care Arrangements for Ill Students Policy) 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 have been communicated to all staff and are available for reference from the school office.

Implementation

First Aid Officers

Consistent with the Department of Education and Training’s (DET) 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, will be recorded in the Staff Register of First Aid qualifications.

First Aid Officer Duties

First Aiders at Tyers Primary School are required to undertake a support role in maintaining standard medical service provision, student medical records and parent/guardian notifications.

Their specific duties include:

• Taking a lead role in supporting teachers and the school leadership in health support planning.
• Having knowledge of;
  - all students with a support or management plan,
  - the first aid response noted in plans.
• Ensuring 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,
  - risk assessments, and
  - develop strategies to raise awareness in the school community about health and safety issues.
• Providing first aid emergency awareness training for staff including emergency notification processes, a list of first aiders and provision of emergency phone numbers.
• Providing first aid services commensurate with competency and training. This may include all or some of emergency life support including response to life threatening conditions which may occur in the school (e.g. cardiac arrest or respiratory difficulties associated with asthma), management of severe bleeding, basic wound care, fractures, soft tissue injury.
• 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.

First-aiders will be available at the school during normal working hours and at other times when authorised DET programs are being conducted.

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 always be informed as quickly as possible of their child’s condition and of the actions taken by the school.

All accidents and injuries requiring medical treatment will be recorded on the DET’s injury management system on CASES.

A record of First Aid Treatment will be kept in the Sick Bay and information recorded for all students treated in the Sick Bay. Parents/guardians will be notified of any first aid treatment requiring a student to attend the Sick Bay. Information provided will include at a minimum; date and time of attendance in the Sick Bay, the treatment given and the person administering the first aid.

It is the policy of the school that all injuries to the head are reported to the Principal (or his/her nominated delegate) and parents/guardians/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 attending, and the location of the excursion.

Portable first aid kits will be available for staff. These kits will contain:
- a pair of single use plastic gloves,
- gauze and band-aids,
- asthma puffer and spacer, and
- record book & pen

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 parent/guardian/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 and classrooms):

- **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.

Assessment and First Aid Treatment of Anaphylaxis

What is anaphylaxis?

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. Although allergic reactions are common in children, severe life threatening allergic reactions are uncommon and deaths are rare. However, deaths have occurred and anaphylaxis is therefore regarded as a medical emergency that requires a rapid response.

Common allergens for children includes:

- eggs,
- peanuts,
- tree nuts such as cashews,
- cow’s milk,
- fish and shellfish,
- wheat,
- soy,
- insect stings, and
- medications

Signs and symptoms:

The symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- tingly mouth
- abdominal pain and/or vomiting.

Symptoms of anaphylaxis (a severe allergic reaction) can include:

- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in the throat
- difficulty talking and/or a hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- pale pallor and floppiness in young children
- abdominal pain and/or vomiting (signs of a severe allergic reaction to insects)
- loss of consciousness

Symptoms usually develop within 10 minutes to one hour of exposure to an allergen but can appear within a few minutes.
The role and responsibilities of the principal

This principal or nominee has overall responsibility for implementing strategies and processes for ensuring a safe and supporting environment for students at risk of anaphylaxis. The principal will:

- Actively seek information to identify students with severe life threatening allergies at enrolment.
- Conduct a risk assessment of the potential for accidental exposure to allergens while the student is in the care of the school.
- Meet with parents/guardians to develop an Anaphylaxis Management Plan for the student. This includes documenting practical strategies for in-school and out-of-school settings to minimise the risk of exposure to allergens, and nominating staff who are responsible for their implementation.
- Request that parents/guardians provide an ASCIA (Australasian Society of Clinical Immunology and Allergy) Action Plan that has been signed by the student’s medical practitioner and has an up to date photograph of the student.
- Ensure that parents/guardians provide the student’s EpiPen® and that it is not out of date.
- Ensure staff obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®.
- Develop a communication plan to raise student, staff and parent/guardian awareness about severe allergies and the school’s policies.
- Provide information to all staff so that they are aware of students who are at risk of anaphylaxis, the student’s allergies, the school’s management strategies and first aid procedures. This can include providing copies or displaying the student’s ASCIA Action Plan in canteens, classrooms and staff rooms, noting privacy considerations.
- Ensure that there are procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response.
- Ensure that any external canteen provider can demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling practices.
- Allocate time, such as during staff meetings, to discuss, practise and review the school’s management strategies for students at risk of anaphylaxis. Practise using the trainer EpiPen® regularly.
- Encourage ongoing communication between parents/guardians and staff about the current status of the student’s allergies, the school’s policies and their implementation.
- Review the student’s Anaphylaxis Management Plan annually or if the student’s circumstances change, in consultation with parents/guardians.

The role and responsibilities of all school staff who are responsible for the care of students at risk of anaphylaxis

School staff who are responsible for the care of students at risk of anaphylaxis have a duty to take steps to protect students from risks of injury that are reasonably foreseeable. This may include administrators, canteen staff, casual relief staff, and volunteers. Members of staff are expected to:

- Know the identity of students who are at risk of anaphylaxis.
- Understand the causes, symptoms, and treatment of anaphylaxis.
- Obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®.
- Know the school’s first aid emergency procedures and what your role is in relation to responding to an anaphylactic reaction.
- Keep a copy of the student’s ASCIA Action Plan (or know where to find one quickly) and follow it in the event of an allergic reaction.
- Know where the student’s EpiPen® is kept. Remember that the EpiPen® is designed so that anyone can administer it in an emergency.
- Know and follow the prevention strategies in the student’s Anaphylaxis Management Plan.
• Plan ahead for special class activities or special occasions such as excursions, incursions, sport days, camps and parties. Work with parents/guardians to provide appropriate food for the student.

• Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.

• Be careful of the risk of cross-contamination when preparing, handling and displaying food.

• Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food.

• Raise student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.

**Individual Anaphylaxis Management Plans**

Every student who has been diagnosed as at risk of anaphylaxis will have an individual Anaphylaxis Management Plan. (see: Care Arrangements for Ill Students Policy).

The student’s Anaphylaxis Management Plan will clearly set out:

• the type of allergy or allergies.

• the student’s emergency contact details.

• practical strategies to minimise the risk of exposure to allergens for in-school and out of class settings, including:
  - during classroom activities,
  - in canteens or during lunch or snack times,
  - before and after school, in the yard and during breaks,
  - for special events such as incursions, sport days or class parties, and
  - for excursions and camps.

• the name of the person/s responsible for implementing the strategies.

• information on where the EpiPen® will be stored.

The Anaphylaxis Management Plan will also include an individual ASCIA Action Plan, which sets out the emergency procedures to be taken in the event of an allergic reaction. (ASCIA, the Australasian Society of Clinical Immunology and Allergy, is the peak body of immunologists and allergists in Australia).

It is the responsibility of parents/guardians to complete an ASCIA Action Plan, in consultation with their child’s medical practitioner, and provide a copy to the High School. The ASCIA Action Plan must be signed by the student’s medical practitioner, and have an up to date photograph of the student.

As a student’s allergies may change with time, Tyers Primary School will ensure that the student’s Anaphylaxis Management Plan and ASCIA Action Plan are kept current and reviewed annually with the student’s parents/guardians. When reviewed, parents/guardians will be expected to provide an updated photo of the child for the ASCIA Action Plan.

**Emergency Telephone Numbers**

• Poisons Information Service 13 11 26

• Ambulance 000

**Related School Policies**

This policy should be read and understood (but not limited to) in conjunction with the following school policies:

• Supervision and Duty of Care Policy

• Care Arrangements for Ill Students Policy

• Administration of Medication Policy
Links and references

Department resources:
This policy should be read in conjunction with:

School Policy and Advisory Guide:
- First Aid
- Anaphylaxis
- Responding to Anaphylaxis
- Asthma
- Duty of Care
- Anaphylaxis Management in Schools

Related Legislation
- Education and Training Reform Act 2006
- Children’s Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008
- Ministerial Order 706

Review

The Tyers Primary School School Council and staff will regularly monitor and review the effectiveness of the First Aid Policy & Procedures and revise the policy tri-annually or as required by completing a policy review.

First Aid Policy & Procedures updates and requirements will be made available to staff, families and visitors.

This policy was ratified by School Council at the School Council Meeting held 14/06/2016.