



FIRST AID POLICY

To be read in conjunction with:
MPPS Accidents, Injuries and First Aid Reporting Policy
MPPS Anaphylaxis Management Policy

Rationale:

All children have the right to feel safe and well, and know that they will be attended to with due care when in need of first aid. The Care Arrangements are to be read in conjunction with the Moonee Ponds Primary School First Aid Policy which outlines the schools's responsibility and procedures in respect of our "responsibility to provide equitable access to education and respond to diverse student needs, including health care needs".

Aims:

- To ensure all teachers assume responsibility for student care and that they are confident, skilled and proactive in the management of student health issues and able to respond to individual students.
- To develop processes and protocols that are clear and well known to ensure the effectiveness of student care arrangements for ill students and students with medical conditions.
- To ensure the school community understands our school's approach to first aid for students.

Our school will:

- administer first aid to children when in need in a competent and timely manner.
- communicate children's health problems to parents when considered necessary.
- provide supplies and facilities to cater for the administering of first aid.
- maintain a sufficient number of staff members trained with a level 2 first aid certificate.

Implementation:

From time to time Moonee Ponds Primary School 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

First aid provision

- A sufficient number of staff (including at least 1 administration staff member) to be trained to a level 2 first aid certificate, and with up-to-date CPR qualifications.
- A register of all first aid trained staff will updated each year with the list of Moonee Ponds Primary Schools first aid officers and date of completed training.
- A first aid room will be available for use at all times. A comprehensive supply of basic first aid materials will be stored in a locked cupboard in the first aid room.
- First aid kits will also be available in the staff room, PE storeroom, science room and administration office.
- A supply of medication for teachers will be available in a locked drawer in the administration office.
- A member of staff is to be responsible for the purchase and maintenance of first aid supplies, first aid kits, ice packs and the general upkeep of the first aid room.

Staff Training

- All staff will be provided with basic first aid management skills, including blood spills, and a supply of protective disposable gloves will be available for use by staff.

Supervision

- Supervision of the first aid room will be managed by the administration staff.

- All injuries or illnesses that occur during class time will be referred to the administration staff through a written notification (See Appendix 1) who will manage the incident.
- All injuries or illnesses that occur during recess or lunch breaks will be referred to the teacher on yard duty. If further assistance is needed, the student will be referred to the administration staff who will assist them or direct them to the staff room.

Record keeping

- A confidential up-to-date register (kept under lock and key) located in the administration office will be kept of all injuries or illnesses experienced by children that require first aid.

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 first aid room 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. Minor injuries will be treated by staff members on duty, while more serious injuries-including those requiring parents to be notified or suspected treatment by a doctor - require a level 2 first aid trained staff member to provide first aid.
- 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.
- Any children with injuries involving blood must have the wound covered at all times.
- 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 treatment. This is because they can mask signs of serious illness or injury.
- **No medication including headache tablets will be administered to children without the express written permission of parents or guardians.**

Communication

- At the commencement of each year, requests for updated first aid information will be sent home including requests for any asthma, diabetes and anaphylaxis management plans, high priority medical forms, and reminders to parents of the policies and practices used by the school to manage first aid, illnesses and medications throughout the year.
- Parents of all children who receive first aid for injuries other than minor cuts and abrasions will receive a completed form indicating the nature of the injury, any treatment given, and the name of the teacher providing the first aid. For more serious injuries/illnesses, the parents/guardians must be contacted by the administration staff so that professional treatment may be organised. Any injuries to a child's head, face, neck or back must be reported to parents/guardian.
- Any student who is collected from school by parents/guardians as a result of an injury, or who is administered treatment by a doctor/hospital or ambulance officer as a result of an injury, or has an injury to the head, face, neck or back, or where a teacher considers the injury to be greater than "minor" will be reported on Department of Education Accident/Injury form LE375 (See MPPS Accidents, Incidents & First Aid Reporting Policy), and entered onto CASES.
- Parents of ill children will be contacted to take the children home.
- Parents who collect children from school for any reason (other than emergency) must sign the child out of the school in a register maintained in the school office.
- All teachers have the authority to call an ambulance immediately in an emergency. If the situation and time permit, a teacher may confer with others before deciding on an appropriate course of action. 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.
- General organisational matters relating to first aid will be communicated to staff at the beginning of each year. Revisions of recommended procedures for administering asthma, diabetes and anaphylaxis medication will also be given at that time.

Camps, Excursions and First aid

- All school camps will have at least 1 Level 2 first aid trained staff member at all times.
- A comprehensive first aid kit will accompany all camps, along with a mobile phone.
- All children attending camps or excursions will have provided a signed medical form providing medical detail and giving teachers permission to contact a doctor or ambulance should instances arise where their child requires treatment. Copies of the signed medical forms to be taken on camps and excursions, as well as kept at school.
- All children, especially those with a documented asthma management plan, will have access to Ventolin and a spacer at all times.
- It is recommended that all students have personal accident insurance and ambulance cover.

The attached Example templates (Diabetes/Epilepsy) are also to be read in conjunction with the Department of Education and Training School Policy & Advisory Guide: Student Health, which outlines the school's responsibility and procedures in respect of our "responsibility to provide equitable access to education and respond to diverse student needs, including health care needs".

Confidential records of all students with specific health needs are maintained securely in the general office for reference as required. Staff also receive a list of students with medical conditions at the commencement of the year that they keep secure with their attendance notes/roll.

References:

Department of Education and Training School Policy & Advisory Guide: Student Health	http://www.education.vic.gov.au/school/principals/spag/health/Pages/supportplanning.aspx
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Appendices

1. Procedures for using the First Aid Room (template)
2. Asthma Care Plan for Education and Care Services form
3. Condition Specific Medical Advice Form for a student with Diabetes
4. Condition Specific Medical Advice Form for a student with Epilepsy and seizures

Evaluation:

This policy will be evaluated on a 4 year review cycle.

Key Person responsible for development of the Policy: Principal

This policy was last ratified by School Council in....

November 2018



**PROCEDURES FOR USING:
THE SICK BAY/FIRST AID ROOM**

THIS DOCUMENT TO BE PLACED IN STUDENT'S FILE

1. Teacher signs proforma (see below)
2. Student takes proforma to the office.
(Have someone wait with him/her)
3. Office staff make arrangements -
 - * ensure student goes into sick bay.
 - * advise homegroup teacher if student has come from a specialist class.
4. Students are not to help themselves to First Aid supplies.
5. Contact Parent/guardian if student needs to go home.

Matt Bott
Principal

_____ is feeling unwell/has been hurt and will need -

Action Taken

- | | |
|--|---|
| <input type="checkbox"/> to go home | <input type="checkbox"/> Ice-Pak |
| <input type="checkbox"/> First Aid treatment | <input type="checkbox"/> Medication/Bandaids |
| <input type="checkbox"/> To go to Sick Bay | <input type="checkbox"/> Parent contacted |
| <input type="checkbox"/> Temporary stay & review | |

Signed: _____

Teacher: _____

Date: _____

Time: _____

Asthma care plan for education and care services



CONFIDENTIAL: Staff are trained in asthma first aid (see overleaf) and can provide routine asthma medication as authorised in this care plan by the treating doctor. Please advise staff in writing of any changes to this plan.

To be completed by the treating doctor and parent/guardian, for supervising staff and emergency medical personnel.

Date of approval: July 2014
 Approved by: CEO Asthma Australia
 Date of review: July 2016

AA Care Plan for Ed-Care-Serv 0714
 July 16, 2014 9:14 PM

PLEASE PRINT CLEARLY

Child's name _____ Date of birth _____

Managing an asthma attack

Staff are trained in asthma first aid (see overleaf). Please write down anything different this child might need if they have an asthma attack:

Daily asthma management

This child's usual asthma signs

- Cough
- Wheeze
- Difficulty breathing
- Other (please describe)

Frequency and severity

- Daily/most days
- Frequently (more than 5 x per year)
- Occasionally (less than 5 x per year)
- Other (please describe)

Known triggers for this child's asthma (eg exercise, colds/flu, smoke) — please detail:*

- Does this child usually tell an adult if s/he is having trouble breathing? **Yes** **No**
- Does this child need help to take asthma medication? **Yes** **No**
- Does this child use a mask with a spacer? **Yes** **No**
- *Does this child need a blue reliever puffer medication before exercise? **Yes** **No**

Medication plan

If this child needs asthma medication, please detail below and make sure the medication and spacer/mask are supplied to staff.

Name of medication and colour	Dose/number of puffs	Time required

Doctor

Name of doctor _____

Address _____

Phone _____

Signature _____ Date _____

Parent/Guardian

I have read, understood and agreed with this care plan and any attachments listed. I approve the release of this information to staff and emergency medical personnel. I will notify the staff in writing if there are any changes to these instructions. I understand staff will seek emergency medical help as needed and that I am responsible for payment of any emergency medical costs.

Signature _____ Date _____

Name _____

Emergency contact information

Contact name _____

Phone _____

Mobile _____

Email _____

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.)



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 separate puffs** every **4 minutes** until emergency assistance arrives

(OR 1 dose of Bricanyl or Symbicort every 4 minutes — up to 3 more doses of Symbicort).



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 reliever is not available
- If you are not sure if it's asthma
- If 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



Asthma Australia

Contact your local Asthma Foundation

1800 ASTHMA (1800 278 462) asthmaaustralia.org.au

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Translating and
Interpreting Service
131 450

AAA4FAZ014

Condition Specific Medical Advice Form

for a student with Diabetes

This form is to be completed by the student’s medical/health practitioner providing a description of the health condition and first aid requirements for a student with a health condition. This form will assist the school in developing a Student Health Support Plan which outlines how the school will support the student’s health care needs.

Name of School: _____

Student’s Name: _____ Date of Birth: _____

MedicAlert Number(if relevant): _____ Review date for this form: _____

Description of the condition	Recommended support Please describe recommended care If additional advice is required, please attach it to this medical advice form
<p>Diabetes Management</p> <p>Please provide relevant details in relation to the student’s Diabetes management.</p>	
<p>Student self management</p> <p>Is this student usually able to self manage their own diabetes care?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If no, please provide details in relation to how the school should support the student in developing self-management.</p>	
<p>Relevant issues</p> <p>Please outline any relevant issues in relation to attendance at school and learning as well as support required at school.</p>	
<p>First Aid – Signs of Hypoglycaemia (low blood glucose)</p> <p>Below is a list of observable signs that school staff will look for in relation to a hypoglycaemia. Please provide comment, if required.</p> <p>Mild signs: sweating, paleness, trembling, hunger, weakness, changes in mood and behaviour (e.g. crying, argumentative outbursts, aggressiveness), inability to think clearly, lack of coordination</p> <p>Moderate signs: inability to help oneself, glazed expression, being disorientated, unaware or seemingly intoxicated, inability to drink and swallow without much encouragement, headache, abdominal pain or nausea.</p> <p>Severe signs: inability to stand, inability to respond to instructions, extreme disorientation, inability to drink and swallow (leading to danger of inhaling food into lungs), unconsciousness or seizures (jerking or twitching of face, body or limbs)</p>	

First Aid – Hypoglycaemia

The following is the first aid response that School staff will follow:

Observable sign/reaction

Mild / Moderate Hypoglycaemia signs



Mild / Moderate Hypoglycaemia signs



Severe Hypoglycaemia signs



Severe Hypoglycaemia signs

First aid response

Give glucose immediately to raise blood glucose (e.g. half a can of 'normal' soft drink or fruit drink (with sugar), or 5 – 6 jelly beans.)

Wait and monitor for 5 minutes.

If there is no improvement, repeat giving glucose (e.g. half a can of 'normal' soft drink or fruit drink (with sugar), or 5 – 6 jelly beans.)

If the student's condition improves, follow up with a snack of one piece of fruit, a slice of bread or dried biscuits only when recovered.

If there is still no improvement to the student's condition, call an ambulance. State clearly that the person has diabetes, and whether he or she is conscious. Inform emergency contacts.

If unconscious, maintain **Airway, Breathing and Circulation** while waiting for the ambulance. Never put food/drink in mouth of person who is unconscious or convulsing. The only treatment is an injection of glucoses into the vein (given by doctor/paramedic) or an injection of Glucagon.

First Aid– Hypoglycaemia

If you anticipate the student will require anything other the first aid response noted above, please provide details, so special arrangement can be negotiated.

Observable sign/reaction

First aid response

[Empty box for observable sign/reaction]



[Empty box for observable sign/reaction]



[Empty box for observable sign/reaction]



[Empty box for observable sign/reaction]

[Empty box for first aid response]



[Empty box for first aid response]



[Empty box for first aid response]



[Empty box for first aid response]

Description of the condition

Recommended support

Please describe recommended care

If additional advice is required, please attach it to this medical advice form

First Aid – Signs of Hyperglycaemia (High blood glucose)

Below is a list of observable signs that school staff will look for in relation to Hyperglycaemia. Please provide comment, if required.

Signs for this condition will emerge over two or three days and can include:

- frequent urination
- excessive thirst
- weight loss
- lethargy
- change in behavior

First Aid Response– Hyperglycaemia (High blood glucose)

The school will provide a standard first aid response and will call an ambulance if any of the following is observed or reported:

- Rapid, laboured breathing
- Flushed cheeks
- Abdominal pains
- Sweet acetone smell to the breath
- Vomiting
- Severe dehydration.

Please provide comment, if required.

Privacy Statement

The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on 96372670.

Authorisation:

Name of Medical/health practitioner:

Professional Role:

Signature:

Date:

Contact details:

Name of Parent/Carer or adult/independent student:**

Signature:

Date:

If additional advice is required, please attach it to this form

**Please note: Adult student is a student who is eighteen years of age and older. Independent student is a student under the age of eighteen years and living separately and independently from parents/guardians (See Victorian Government Schools Reference Guide 4.6.14.5).

Condition Specific Medical Advice Form

for a student with Epilepsy and seizures

This form is to be completed by the student's medical/health practitioner providing a description of the health condition and first aid requirements for a student with a health condition. This form will assist the school in developing a Student Health Support Plan which outlines how the school will support the student's health care needs.

Name of School: _____

Student's Name: _____ Date of Birth: _____

MedicAlert Number(if relevant): _____ Review date for this form: _____

Description of the condition	Recommended support Please describe recommended care <small>If additional advice is required, please attach it to this medical advice form</small>
Warning Signs	
Can you please outline the warning signs (e.g. sensations)	
Triggers	
Can you please outline the known triggers (eg illness, elevated temperature, flashing lights)	
Seizure Types	
Please highlight which seizure types apply:	Please indicate typical seizure frequency and length, and any management that is a variation from standard seizure management.
<input type="checkbox"/> Partial (focal) seizures Which side of the brain is affected? _____	
<input type="checkbox"/> Simple partial	
<input type="checkbox"/> Staring, may blink rapidly	
<input type="checkbox"/> Only part of the brain is involved (partial)	
<input type="checkbox"/> Person remains conscious (simple), able to hear, may or may not be able to speak	
<input type="checkbox"/> Jerking of parts of the body may occur	
<input type="checkbox"/> Rapid recovery	
<input type="checkbox"/> Person may have a headache or experience sensations that aren't real, such as sounds, flashing light, strange taste or smell, 'funny tummy' These are sometimes called an aura and may lead to other types of seizures.	
<input type="checkbox"/> Complex partial	
<input type="checkbox"/> Only part of the brain is involved (partial)	
<input type="checkbox"/> Person staring and unaware. Eyes may jerk but may talk, remain sitting or walk around	
<input type="checkbox"/> Toward the end of the seizure, person may perform unusual activities, eg chewing movement, fiddling with clothes (these are called automatisms)	
<input type="checkbox"/> Confused and drowsy after seizure settles, may sleep.	
<input type="checkbox"/> Generalised seizures	
<input type="checkbox"/> Tonic clonic	
<input type="checkbox"/> Not responsive	
<input type="checkbox"/> Might fall down/cry out	
<input type="checkbox"/> Body becomes stiff (tonic)	
<input type="checkbox"/> Jerking of arms and legs occurs (clonic)	
<input type="checkbox"/> Excessive saliva	
<input type="checkbox"/> May be red or blue in the face	
<input type="checkbox"/> May lose control of bladder and/or bowel	
<input type="checkbox"/> Tongue may be bitten	
<input type="checkbox"/> Lasts 1-3 minutes, stops suddenly or gradually	
<input type="checkbox"/> Confusion and deep sleep (maybe hours) when in recovery phase. May have a headache.	
<input type="checkbox"/> Absence	
<input type="checkbox"/> Vacant stare or eyes may blink/roll up	
<input type="checkbox"/> Lasts 5-10 seconds	
<input type="checkbox"/> Impaired awareness (may be seated)	
<input type="checkbox"/> Instant recovery, no memory of the event.	
<input type="checkbox"/> Myoclonic	
<input type="checkbox"/> Sudden simple jerk	

Description of the condition	Recommended support Please describe recommended care <small>If additional advice is required, please attach it to this medical advice form</small>
<input type="checkbox"/> <input type="checkbox"/> May recur many times.	
Duration How long does recovery take if the seizure isn't long enough to require Midazolam?	
Person's reaction during and after a seizure Please comment	
Any other recommendations to support the person during and after a seizure	
Signs that the seizure is starting to settle	

First Aid - Management of Seizures
 The following is the **first aid response that School staff will follow:**
(Developed by Children's Epilepsy Program, Royal Children's Hospital)

	"Major Seizures"	"Minor Seizures"
	Convulsive seizures with major movement manifestations eg: tonic-clonic, tonic, myoclonic, atonic, and partial motor seizure	Seizures with staring, impaired consciousness or unusual behaviour e.g. complex partial seizures and absence seizures
1	Stay calm	Stay calm
2	Check for medical identification	Check for medical identification
3	Protect the person from injury by removing harmful objects close to them. Loosen any tight clothing or restraints. Place something soft under their head.	Protect the person from injury by removing harmful objects close to them
4	Stay with the person and reassure them. Do not put anything in their mouth and do not restrain them.	Stay with the person and reassure them
5	Time the seizure	Time the seizure
6	When the seizure is over, roll the person onto their side to keep their airway clear	If a tonic-clonic seizure develops, follow major seizure management
7	Treat any injuries	Stay with the person and reassure them, they may be sleepy, confused or combative after the seizure
8	Consider if an ambulance needs to be called. An ambulance should be called when: <ul style="list-style-type: none"> The seizure lasts longer than 5 -10 minutes. Another seizure quickly follows The person remains unconscious after the seizures ceases The person has been injured You are about to administer diazepam or midazolam 	

	<ul style="list-style-type: none"> You are unsure The seizure happens in water The person is pregnant or a diabetic The person is not known to have epilepsy. 	
9	Stay with the person and reassure them, they may be sleepy, confused or combative after the seizure	

First Aid - Management of Seizures

If you anticipate the student will require anything other the first aid response noted above, please provide details, so special arrangement can be negotiated.

Observable sign/reaction	First aid response
▽	▽
▽	▽
▽	▽
▽	▽

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Authorisation:

Name of Medical/health practitioner:

Professional Role:

Signature:

Date:

Contact details:

Name of Parent/Carer or adult/independent student:**

Signature:

Date:

If additional advice is required, please attach it to this form

**Please note: Adult student is a student who is eighteen years of age and older. Independent student is a student under the age of eighteen years and living separately and independently from parents/guardians (See Victorian Government Schools Reference Guide 4.6.14.5)