



FIRST AID POLICY

Bellarine Secondary College

Policy Number 2.1.7

PURPOSE

Bellarine Secondary College has procedures for supporting student health for students with identified health needs (see Care Arrangements for Ill Students Policy 2.1.6) and will provide a basic first aid response to ill or injured students due to unforeseen circumstances and requiring emergency assistance.

SCOPE

- To ensure the College has processes in place so as to provide efficient and effective support to students requiring first aid support
- To ensure that families and staff are aware of their obligations regarding the welfare of students should an unforeseen illness or incident occur

POLICY STATEMENT

- Consistent with the Department of Education and training (DET) First Aid Policy and Procedures, the school will allocate staff member/s as First Aid Officer/s. A First Aid staff member on each campus will be on duty at all times during the school day.
- The First Aid Officer/s is required to undertake a coordinating role maintaining standard first aid provision, student medical record coordination and parent notifications.
- The College First Aid Officers will provide 'the Teacher in Charge' with information pertaining to the health management requirements of students attending school camps, trips or excursions
- 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.
- This policy should be read in conjunction with Bellarine Secondary College policies:
 - 2.1.2 Duty of Care
 - 2.1.4 Student Health Care Policy
 - 2.1.8 Medication Administration Policy
 - 2.3.6 Anaphylaxis Management Policy
 - 2.3.7 Asthma Policy
 - 5.1 Maintain Registers Policy

FIRST AID TRAINED STAFF

- ES staff updated their first aid training 5th August 2020.

Kelly Herbert	Phil Jones	Kerri Seymour
Helen Mahoney	Julie Lehmann	Nicole Wirth
Kim Olschowka	Daniel Emond	Sonia Stephens

Caitlin Gall	Joanne Pepyat	Vala Kerrigan
Susi Reid	Scott McGregor	Tahnee Kemp
Kerrie Farrar	Michelle Patterson	Leanne Nicholson

IMPLEMENTATION

- In the event of a student requiring medical attention, an attempt will be made to contact the parents or guardians before calling for medical attention except in an extreme emergency. In the event of an emergency (determined by the Principal or his nominee) an ambulance will be called.
- 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 where first aid treatment has been received, will be recorded on our CASES21 Incident Notification form, and then entered on the Department's injury management system on CASES21 (Accident number recorded on the paper form.). If first aid was administered in a medical emergency, we report the incident to Emergency management 95896266 and we call Worksafe 132360. (<https://calibreworkforce.com.au/wp-content/uploads/2018/08/Worksafe-Incident-Report-Form.pdf>)
- A Record of First Aid Treatment will be kept in the students file and a copy in the filing cabinet under injury/accident reports.
- It is the policy of the school that all injuries to the head are reported to a Principal Team Member and that parents/guardians are contacted regarding the injury.
- First aid kits will be provided to all groups that leave the school on excursions, camps and sporting activities off campus.
- First Aid kits are kept in the administration area on both campuses.

CARE FOR ILL STUDENTS

- Students who are unwell should not attend school
- If a student becomes unwell during the school day, they are directed to the sickbay via the administration office. First aid staff assess the student and monitor them. Depending on the nature of their symptoms, staff may contact parents/guardians or emergency contact person to ask them to collect the students.

ASTHMA

- If a student develops signs of what appears to be an asthma attack, appropriate care will be given immediately.

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.
- If the student has an Asthma Action Plan the procedures listed will be followed.
- If no, Asthma Action Plan is available the steps outlined below will be taken immediately.
- ***The 4 Step Asthma First Aid Plan (displayed in Sick Bay):***

- 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.

ANAPHYLAXIS

- The 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 adrenalin auto-injection device and that it is within date.
 - Ensure that staff obtain training in how to recognise and respond to an anaphylactic reaction, including administering an adrenalin auto-injection device
 - 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, staff offices, CRT's handbook 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.
 - 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 adrenalin auto-injection device 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.
- 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 adrenalin auto-injection device
- 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 adrenalin auto-injection device is kept. Remember that the adrenalin auto-injection device 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 or 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 Number 2.1.6).
- 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
 - for excursions and camps.
 - the name of the person/s responsible for implementing the strategies.
 - information on where the adrenalin auto-injection device 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 Bellarine Secondary College. 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, Bellarine Secondary College 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 will be expected to provide an updated photo of the child for the ASCIA Action Plan.

REFERENCES

<http://www.education.vic.gov.au/school/principals/spag/health/Pages/firstaid.aspx>

Bellarine Secondary College Policies:

- 2.1.2 Duty of Care
- 2.1.4 Student Health Care Policy
- 2.1.8 Medication Administration Policy
- 2.3.6 Anaphylaxis Management Policy
- 2.3.7 Asthma Policy
- 5.1 Maintain Registers Policy

EVALUATION

This policy will be reviewed every three years or more frequently if necessary due to changes in regulations or circumstances

Policy number	2.1.7
Approval date	October 2020
Review date	August 2023
DET/VRQA required	Yes