



ACT
Government

Education and Training

HEALTH & SAFETY POLICY

FIRST AID

Health & Safety Policy – First Aid

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SCHOOL POLICY:	HEALTH AND SAFETY POLICY - FIRST AID
PUBLISHED:	2003
CONTACT:	Director, Human Resources
RELATED POLICIES:	<i>Administration of Prescribed Medication, Catheters and Injections to Students Implementation Guidelines</i> <i>Head Lice</i> <i>HIV/AIDS - Policy and Mandatory Procedures</i> <i>Hepatitis Guidelines for Schools</i> <i>School Accidents - Policy and Mandatory Procedures</i> <i>Excursions and Outdoor Adventure Activities</i>

1. INTRODUCTION

- 1.1 The Directorate recognises its legal obligations to provide a first aid service for staff, students and other third parties.
- 1.2 This policy replaces *the Health and Safety Policy – First Aid*, published in Bulletin No 638 of 2 November 1995.

2. PURPOSE:

- 2.1 This policy outlines the standard for the provision of school and workplace first aid.
- 2.2 The aim is to provide guidance to staff on the provision of first aid in the workplace. While first aid guidance has been provided on significant medical conditions such as anaphylaxis, asthma, diabetes and epilepsy, there will be other medical conditions and first aid issues that arise that are not covered specifically in this policy.
- 2.3 It may be necessary for schools to request a First Aid Management Plan from a student's doctor for other medical conditions that may require first aid treatment during school hours.

3. DEFINITIONS:

- 3.1 **First aid intervention** is the emergency aid or treatment given to persons suffering illness or injury following an accident and prior to obtaining professional medical services if required. It includes emergency treatment, maintenance of records, dressing of minor injuries, recognition and reporting of health hazards and participation in safety programs.
- 3.2 **First Aid Officers** are Directorate staff who have been appointed on the basis of their qualifications and availability to perform the duties of a first aid officer. See Appendix A.
- 3.3 **Parents** - includes parents/carers, people with parental responsibilities and guardians.
- 3.4 **Workplace** - includes all venues used by Directorate staff in the course of their normal duties - schools and venues where school activities take place, office buildings and stores.
- 3.5 **Schools** – means all government schools, from preschools to colleges.

4. PRINCIPLES

- 4.1 The Directorate is committed to providing a safe and healthy environment for all staff and

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students. The designation of First Aid Officers will ensure that, should an injury or illness occur at work or school, employees and students will have access to qualified first aid assistance.

- 4.2 All members of staff have a duty of care to students, other staff members and third parties to provide assistance when required, to the level of their competence, including calling on expert assistance when necessary, as set out in this policy.
- 4.3 First aid/emergency assistance is a means of supporting student and staff health and safety while awaiting professional medical assistance.
- 4.4 School staff should not be involved in the general management of medical conditions unless a special arrangement is made by written agreement between staff, parents and the student's doctor and ratified by the principal. (Refer to the *Administration of Prescribed Medication, Catheters & Injections to Students*). Schools will also need to address first aid/medical issues as they arise. It may be necessary to contact Injury Prevention & Management for advice.

If a first aid officer believes a patient requires an ambulance, the officer should not hesitate to call one.

Principals and managers should ensure that all staff are aware of these policies and procedures.

5. FIRST AID SYSTEM

5.1 All schools and Directorate workplaces are required to establish a system for delivering first aid services. This system should include the following elements:

- access to first aid officers and relief first aid officers for each workplace, excursions and sporting activities where first aid is desirable and for all outdoor adventure activities
- provision of appropriate training for first aid officers
- first aid kits for the workplace and portable first aid kits for excursions and playground use
- procedures for maintenance of first aid kits
- first aid rooms in the workplaces
- procedures for the recording of information such as student medical details, parental permission for students to receive emergency treatment and Emergency First Aid Plans for students with special health care needs
- procedures for recording all treatment administered to students and staff
- listing of first aid officers and their location
- procedures for infection control
- procedures for reporting on exposures to blood or body fluids, and
- procedures for the provision (or non-provision) of analgesics.

Procedures for related health and safety issues are covered in associated policies and Appendices A to H.

Further information on these elements can be found in Appendix A.

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6. LEGAL LIABILITY

- 6.1 ACT Public Service employees designated as first aid officers and who perform first aid duties in the course of their employment are protected in law should legal action be initiated, provided they have acted responsibly, within their level of competence and followed established policies and guidelines and with proper motive.
- 6.2 If, in the absence of the first aid officer, a member of staff provides first aid to a student or staff member in the course of their employment, that employee is protected by law should legal action be initiated, provided they have acted responsibly, within their level of competence and followed established policies and guidelines and with proper motive.

7.PRIVACY

- 7.1 All Directorate officers have certain obligations and responsibilities under the *Privacy Act 1988 (Cwth)*. The Act protects individuals' rights in relation to the collection, use, storage and disclosure of personal information held by government agencies.
- 7.2 In some cases students under the age of 18 have requested that their parents not be provided with personal information. In such cases schools should refer to both the *Information Privacy Principles* under the *Privacy Act 1988 (Cwth)* <http://www.privacy.gov.au> and *Circular Minute 40/99*.

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FIRST AID IMPLEMENTATION

1. First Aid Officers

- 1.1 Staff with appropriate and current qualifications obtained from a nationally recognised First Aid training provider, may be appointed as first aid officers. Staff will be selected on the basis of their qualifications and their availability to perform the duties of a first aid officer. First aid officers must fulfil their responsibilities and maintain their current qualifications in order to continue appointment. Refer to *Public Sector Management Standard 3, Part 2, Rule 9.5*.
- 1.2 As a minimum there should be at least one first aid officer per school and preschool and at least one first aid officer for every 100 employees or part thereof in other workplaces. In multi-storey buildings first aid officers should be located within 100 metres and not more than one storey above or below the floor level of any workplace for which they have responsibility.
- 1.3 In small or scattered workplaces there should be at least one first aid officer at each location.

2. Training of First Aid Officers

- 2.1 Schools and other Directorate workplaces will provide approved first aid courses for staff who are to perform the duties of a first aid officer. Staff wishing to be appointed as a first aid officer must seek approval from the relevant supervisor prior to attendance at the course.
- 2.2 First aid certificates are valid for three years. First aid officers must renew their certificates prior to the expiry date. First aid training providers may structure their training program differently. First aid officers should check with their training provider when they are required to complete a refresher in order to maintain the validity of their first aid certificate.
- 2.3. **NOTE:** The Australian Resuscitation Council requires first aid officers to undertake an approved annual CPR refresher. Refer to course providers for details.
- 2.4 In addition to first aid officers, it is desirable that as many staff as possible be trained in cardio-pulmonary resuscitation (CPR), responding to asthma attacks and other first aid, such as treatment of bleeding.
- 2.5 All first aid officers must be in possession of a current first aid certificate prior to appointment, irrespective of other medical or nursing qualifications they may possess.

3. Responsibilities of First Aid Officers

- 3.1 First aid officers are generally responsible for the initial care of ill or injured staff/students/third parties by rendering first aid treatment in accordance with their approved training.
- 3.2 A first aid officer attending to an injured or ill person must remain with them until no further treatment or assistance is required, or until the person is handed over to ambulance or other medical personnel, unless the officer's personal safety is at risk.
- 3.3 First aid officers must recognise their limitations and only administer or carry out duties that have been included in their training except in an emergency when it may be necessary for them to follow a student's Emergency Treatment Plan.
- 3.4 First aid officers in schools must ensure that students are closely supervised in first aid rooms.

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3.5 First aid officers must record in an appropriate book all treatments administered to staff, students or others.

4. Relief First Aid Officers

4.1 Relief first aid officers with appropriate qualifications should be nominated for every first aid position. Relief first aid officers are to fill positions when the first aid officers are on leave or otherwise unavailable.

5. Others Administering First Aid

5.1 If a first aid officer is not immediately available to administer first aid in an emergency, other staff members may administer first aid provided that:

- it is within their competence
- they follow established school policies and safety procedures
- they hand over as soon as a first aid officer or a medically qualified person is available.

6. First Aid Procedures for Local and Overseas School Excursions, Sports and Outdoor Adventure Activities

6.1 For overseas excursions and outdoor adventure activities, a participating staff member should have a current first aid certificate and carry a first aid kit. It is not necessary that they be designated as a first aid officer as described in this policy, but their certificate must be current and as stated in Section 1.1. Schools should also give consideration to the occasions when this is desirable in general school excursions.

6.2 Where schools facilitate student only excursions under the Duke of Edinburgh Scheme a student should have a current first aid certificate and carry a first aid kit.

(Refer to: clause 3.2, dot point 4, Excursions Policy; clause 3.2, dot point 9, Overseas Excursions Policy; and clause 4.2, dot point 10, First Aid in individual activities sections, in Mandatory Procedures section, Outdoor Adventure Activities Policy and Mandatory Procedures.)

7. Recording of Information

7.1 *General Medical Information and Consent Form (Schools):* The General Medical Information and Consent Form (see Appendix I (3)) must be completed and signed by a parent at the time of enrolment and at the beginning of each school year. The form must include the student's medical details and a parent's permission for the student to receive emergency treatment. While the information on these forms must be treated as confidential, the forms must be readily available for consultation by first aid officers and relevant staff members as appropriate, and to medical and paramedical staff in the event of an accident or an emergency.

(Refer to: clause 3.2, dot point 9, 10 and 11, Excursions Policy; clauses 4.1 to 4.4, and Attachment 4, Excursions Policy Mandatory Procedures; clause 4.1, and Attachment 6, Mandatory Procedures for Overseas Excursions; and clause 4.2 dot points 3 and 6, Outdoor Adventure Activities Policy, clauses 3.1 to 3.4, 7 and Attachment 5, Mandatory Procedures for Outdoor Adventure Activities.)

7.2 *Emergency Treatment Plans (Schools):* Emergency Treatment Plans (as prescribed in the Appendices) must be completed and signed by doctors and parents for students with special health care needs in the case of emergencies. Proformas for these plans are included in the sections dealing with anaphylaxis, asthma, diabetes and epilepsy. While the information on these forms must be treated as confidential, the forms must be readily available for

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consultation by first aid officers and relevant staff members as appropriate, and to medical and paramedical staff in the event of an accident or an emergency. Copies of these plans must be taken on excursions. (*Excursions Policy*, clause 3.2; clause 4.2 *Outdoor Adventure Excursion Policy*.)

7.3 *Record of Treatment*: A record must be kept at all schools and workplaces of all treatments administered to students and staff. Information should include name of casualty, nature of complaint, treatment, date and time of treatment and signature of the officer administering first aid. Such records must be kept secure in the interest of confidentiality and the requirements of the *Privacy Act 1988 (Cwth)*.

7.4 If for some reason a staff member decides to deviate from the policy or treatment plans in some way, the reasons for doing so should be carefully documented and explained.

8. **Employee Awareness**

8.1 All employees should be instructed in:

- the nature of first aid facilities in the workplace
- the location of first aid kits
- the names, locations and phone numbers of first aid officers and relief first aid officers (These must be displayed in prominent positions in the school or workplace. Central Office First Aid Officers are listed on the departmental intranet website.)
- the procedures to be followed when first aid is required.

8.2 This instruction should occur when:

- an employee first becomes employed
- there is a significant change in the personnel, workplace, nature or type of duties performed.

8.3 Students should be regularly informed where first aid assistance is available in the school.

9. **Advice to Parents**

9.1 In the case of illness, an accident or emergency treatment involving a student, a parent should be informed.

10. **Specific Health and Safety Guidelines**

10.1 In addition to the appendices in this policy, procedures for specific health and safety issues are covered in the following policies:

Administration of Prescribed Medication, Catheters and Injections to Students

Head Lice

HIV/AIDS Policy and Mandatory Procedures

Hepatitis Guidelines for Schools

Infectious Diseases – Outbreak Procedures and Exclusion Periods

11. **Responsibility for First Aid Equipment**

11.1 Principals in schools, and those responsible for facilities in other sites, are responsible for ensuring that:

- first aid kits in their workplace are accessible and kept stocked in accordance with Section 12, *First Aid Kits*
- first aid kit contents are replenished as soon as practicable after use
- the contents of the kit have not deteriorated
- the use by date of contents has not expired

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- first aid officers are familiar with the contents of the kit and the books accompanying the kit
- first aid officers facilitate the use of the kit when required
- first aid rooms are kept in good condition
- contaminated items are disposed of safely and
- soiled linen is laundered promptly.

11.2 A sharps container should be maintained at all schools. Other workplaces should consider the requirement for sharps containers.

12. First Aid Kits

- 12.1 First aid kits should be provided and maintained in each school and workplace. In a large establishment that covers a wide area, occupies several floors in a building, or has more than 100 employees, more than one first aid kit will need to be provided.
- 12.2 The first aid kit must be readily accessible in case of emergency and the location signed so as to be clearly visible to all concerned. It should be located not more than 100 metres from any workplace and not more than one storey above or below the floor level of the workplace.
- 12.3 Schools should maintain at least two types of kits - one full kit for the first aid room and a portable kit for use on camps, excursions and sporting events. School vehicles should also carry a portable kit. Kits may be modified for excursions close to school and playground duty, etc. (see 12.8 *First Aid Kit Contents*).
- 12.4 Additional first aid kits should be located in the Science, Technology, Food Science, Art and/or Physical Education areas of high schools and colleges.
- 12.5 First aid kits in all workplaces should be portable or mounted in such a way as to allow them to be removed and carried to an injured person.
- 12.6 The name and work location of the person or persons in charge of the first aid kit should be clearly marked on or next to the kit.
- 12.7 The first aid kit container should:
- be constructed of impervious material, be dustproof and of sufficient size to adequately house the contents prescribed, preferably with separate internal compartments
 - be capable of being sealed and be fitted with a carrying handle; it should never be locked
 - be marked on the outside with a sign coloured white on green with the words "FIRST AID"
 - have attached to the inside of the lid the first aid items listed in Section 12.8, emergency telephone numbers and the phone number and location of the nearest first aid officer and
 - be kept clean.

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12.8 First Aid Kit Contents

First aid kits in schools and workplaces should, as a minimum, contain the items listed below. Portable kit contents can be modified depending on the risk level of the activity and its proximity to the school (see 12.3).

Item	First Aid Room Kit Number	Portable Camp Kit Number
Asthma First Aid Kit comprising - A bronchodilator (reliever) inhaler device - "puffer" (eg. Airomir, Asmol or Ventolin,) & written instructions on how to use it.	2	1
A large volume spacer (Asmol & Ventolin fits a volumatic, Airomir needs an adaptor to fit a volumatic) & written instructions on how to use it.	1	1
A copy of the Emergency Procedures for the Treatment of Anaphylaxis, Asthma, Diabetes and Epilepsy (see Appendices E to H of this policy).	1	1
Adhesive plastic dressing strips, sterile; packet of 50	1-5	1
Adhesive dressing tape, 2.5 cm x 5 m; roll	2	1
Bags, plastic (for amputated parts) – 150 mm x 100 mm 200 mm x 150 mm 400 mm x 200 mm	1	1
Bags, brown paper (for hyperventilation)	5	2
Towels, disposable eg Chux, packet of 6	1	1
Dressing, non adherent, sterile: - 7.5 cm x 7.5 cm	3	3
Eye pads, sterile;	10	6
Gauze Bandages; 2.5 cm; each 5 cm; each 7.5 cm; each	4	3
Gloves, Surgical - disposable (large caters for all sizes)	50	20
Instant ice packs	2	1
Kidney dish	1	1
Communicable diseases pack – e.g resuscitation face shield, protective eyewear, apron	1	1
Safety pins; vial	2	1
Safety Procedures - see Appendix C (printed copy)	1	1
Scissors, short nosed, minimum length 12.5 cm	2	1
Rescue/shock blanket	1	2
Splinter forceps/tweezers, stainless steel	2	1
Alcohol wipes, packet of 10	10	3
Saline wash solution, 10 ml single use ampoule	20	10
Triangular bandages	5	3
Wound dressing No 13 No 14	4	3
Copy of the Standard Infection Control Precautions and Safe Work Practices (First Aid Policy – Appendix C)	1	1
Disposable drinking vessels	5	5
Copy of a First Aid Manual from an accredited First Aid Training Provider	1	1

Note 1: More extensive equipment may be purchased by schools as advised by the first aid officer.

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12.9 Emergency Telephone Numbers **Number**
(To be included in First Aid Kit)

Ambulance, Fire, Police	000
Canberra Hospital	6244 2611
Calvary Hospital	6201 6111
Poisons Information Centre	131 126
The Public Health Unit/ACT Health	6205 1700
Canberra Sexual Health Centre	6244 2184
Communicable Disease Control/Notifiable Diseases and Infection Control, ACT Health	6205 2155
Mental Health Crisis Team	1800 629 354 or 6205 1065
Child and Adolescent Mental Health Tuggeranong Woden	6205 2777 6205 1469
Rape Crisis Centre	1800 424 017
Alcohol and Drug Service	6205 4545
Sharps Hotline	132 281
Director Schools, Northside	6205 7194
Director Schools, Southside	6205 7200
Media Liaison	6205 9401
Interpreting Service	131 450

13. First Aid Rooms

13.1 A first aid room should be available at all ACT Government schools and larger Directorate workplaces.

The first aid room should:

- be well illuminated and ventilated
- be positioned to allow supervision or close contact with occupant
- be accessible during business hours to all persons at that place of work or schooling
- have easy access to toilets and a sink or wash basin, clean hot and cold running water liquid soap and paper towels
- contain a work bench or trolley
- have a suitable container fitted with a disposable bag or liner for soiled dressings
- have electric power points
- have two couches/beds with blankets and pillows, where possible
- have two chairs with arms, where possible
- have ready access to a telephone
- have adequate space for first aid to be administered
- contain an occupational first aid manual
- contain a first aid kit (see Section 12)
- contain the following additional items stored in a safe place:
 - household detergent
 - household rubber gloves for cleaning
 - paper towels
 - plastic garbage bags and twists or ties for contaminated waste, clothing, etc.
 - plastic aprons
 - protective eyewear.

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PROVISION OF ANALGESICS

Students

Analgesics (such as paracetamol tablets) are a medication rather than a first aid item and must not be administered to students without the written permission of parents. Parental approval must be given on the General Medical Information and Consent Form (see Appendix I (3)).

The permission of parents should be checked and details of the last dose of analgesics ascertained. Analgesics should be administered from a central location and should not be available without the supervision of a first aid officer.

In primary schools, where students cannot be expected to connect dosage and time, permission should be sought from parents by phone prior to administering analgesics.

One dose only of the prescribed dosage as per the package should be given. Analgesics are best given with fluids. If pain persists and/or analgesics are needed more than 3-4 hourly, a student or staff member should return home and seek advice from a medical practitioner.

First Aid Officers should ensure that where analgesics are kept they are stored in a secure location other than in the first aid box and that due care and control is maintained over their storage and administration.

First Aid Officers should record the time, date, dosage and reason for administering analgesics and sign each record.

First Aid Officers may decline to administer analgesics to any students, particularly at senior secondary level, regardless of parental permission. Where there is a school-wide decision that analgesics will not be dispensed, students, parents/carers and staff should be advised. This may be reflected on the General Medical Information and Consent Form.

Staff

Staff requiring analgesics should supply their own medication and strictly observe dosage instructions on containers.

**STANDARD INFECTION CONTROL PRECAUTIONS
AND SAFE WORK PRACTICES**

1. Schools and workplaces should implement rigorous hygiene and first aid procedures. This policy refers to the standard precautions for infection control and safe work practices to be followed in the case of first aid intervention and when toileting students.
2. These standard precautions for infection control and safe work practices are relevant to many diseases and should be applied generally.
3. Copies of the standard precautions for infection control should be placed in all first-aid kits and be prominently displayed for the information of all staff.

Standard Infection Control Precautions

1. Standard precautions, previously referred to as universal precautions, are work practices required to achieve a basic level of infection control. They include good hygiene practices, particularly washing and drying hands before and after patient/student contact, the use of protective barriers that may include the wearing of gloves, plastic aprons, goggles, and the appropriate handling and disposal of contaminated waste.
2. Precautions are recommended for the treatment of all persons requiring first aid and toileting, regardless of their perceived infectious state, and in the handling of:
 - blood
 - all other body fluids, secretions and excretions (excluding sweat), regardless of whether they contain visible blood
 - non-intact skin and
 - mucous membranes.
3. Standard precautions for infection control also apply to dried blood and other body substances including saliva.

Standard Precaution Strategies

Those providing first aid for patients and toileting students should use the following strategies.

- Assume the blood and body substances of ALL patients are potentially infectious.
- Wash hands with liquid soap and warm water, before and after all patient contact.
- Wash hands and other skin surfaces contaminated with blood or body substances with liquid soap and water immediately or as soon as possible after contamination.
- Cover any break in skin integrity on arms or hands of person rendering first aid and assisting with toileting, with waterproof dressings.
- Wear clean, disposable, waterproof gloves when contact with blood or body substances could occur. Remove and dispose of gloves after task is completed and wash hands with liquid soap and warm water. Dry hands using paper towel. A pump pack dispensed moisturising cream can also be used to prevent chafing and to improve skin integrity.
- Wear protective eyewear and a disposable plastic apron when splashing of blood or body substances could occur. Protective eyewear may be reused after cleaning with liquid soap and water.

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- Staff members who have open cuts or weeping sores on hands or lower arms should not treat patients or toilet students, but seek immediate assistance, except in an emergency (naturally, the risk of infection is weighed against the need to save life).
- Where an activity is being undertaken (e.g. sport) the person who is bleeding is to leave the activity area until the bleeding has stopped, all body parts contaminated by blood are cleaned and any wound is securely covered with waterproof bandages or dressings and contaminated clothing is cleaned or removed.
- Patients with minor scratches or cuts should be encouraged, with guidance from the first aid officer, to assist as much as possible with their own first aid.
- Safely dispose of needles/syringes. (refer to Appendix J (1)).

Exposures to Blood or Body Fluids

If a member of staff or student believes they have been exposed to blood or body fluids, including injuries sustained through needlestick/sharps penetrations of the skin, the following action should be taken:

Immediately:

1. Wash away the blood or body fluid with liquid soap and running water immediately or as soon as possible after contamination for a period of at least 30 seconds.
2. If the eyes are contaminated, rinse eyes while opened with tap water or saline.
3. If blood gets into the mouth, spit it out and then repeatedly rinse with running water.

What to do next:

1. After carrying out the appropriate first-aid measures outlined above, the incident should be reported to the principal/manager.
2. Staff members should be referred immediately to a doctor or hospital for risk assessment and, if necessary, appropriate testing, treatment and skilled counselling. An ACT Government Accident Report Form must be completed and forwarded to Injury Prevention & Management Section as soon as possible after the incident has occurred and within five days.
3. In the case of a student, the principal should ensure that parents are advised to immediately contact a doctor or hospital for risk assessment of the student and, if necessary, appropriate testing, treatment and skilled counselling. A Student Injury Report form must be completed and forwarded to the Workplace and Legal Support Section within seven days.

Disposal of Contaminated Waste

All contaminated waste such as used gloves, dressings, tape and materials used to clean wounds must be placed in a plastic bag, tied securely, then placed inside a second plastic bag and tied securely or placed in an approved yellow clinical waste bag. This can then be placed in the school or department garbage hopper. It should not be left in the first aid room. These bags must not contain sharps.

Cleaning Soiled Equipment

All equipment/materials soiled with blood or other body substances should be either disposed of or cleaned appropriately. Disposable gloves should be worn when handling and cleaning soiled equipment. All reusable items must be cleaned first in warm running water and detergent then wiped with an alcohol wipe.

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Contaminated Clothing

Clothing contaminated with blood or body substances should be removed and stored in leak proof plastic bags until it can be washed. A normal hot machine wash with detergent is appropriate.

Attending to Spills of Blood and other Body Substances

Spills of blood or other body substances on the ground, floors, furniture or equipment should be attended to immediately. When cleaning a spill:

- where appropriate, remove bystanders in the immediate vicinity from the area until the area is cleaned
- wear disposable gloves and protective clothing
- pick up broken glass or any other sharp included in the spill with tongs and dispose of into an approved sharps container
- wipe up blood and/or body substances using disposable wipes or paper towel. Absorbent materials, such as paper towels, or sawdust, should be used to absorb the bulk of the blood or body substances
- clean the site with detergent and warm water using disposable wipes or paper towels
- rinse and dry surface (carpeted areas should be shampooed) and
- place all soiled materials in a plastic bag, tied securely, then placed inside a second plastic bag and tied securely or placed in an approved yellow clinical waste bag.

Sporting, Playground or Classroom Injuries

1. In the case of a blood spill that arises from sporting, playground or classroom activities, teachers must ensure that:
 - a student who is bleeding leaves the activity area until the bleeding has stopped, all body parts contaminated by blood are cleaned and the wound securely covered with waterproof bandages or dressings
 - where appropriate, bystanders in the immediate vicinity are removed from the area until the area is cleaned
 - procedures for *Attending to Spills of Blood and other Body Substances* are followed when cleaning a spill
 - all contaminated equipment is replaced and contaminated surfaces cleaned, prior to the game or activity recommencing (see *Attending to Spills of Blood and other Body Substances* for procedures)
 - contaminated clothes are changed for clean ones once the wound has been treated. Contaminated clothes should be handled with surgical gloves and stored in leak-proof double plastic bags until they can be washed and
 - a Student Injury Report form is completed and the green section forwarded to the Risk Management and Audit Section within seven days (refer also to *Accidents: School and Other Workplaces, 1997*).
2. If bleeding should recur, the above procedures must be repeated. If bleeding cannot be controlled and the wound cannot be securely covered, the student must not continue in the activity.

Students involved in contact/collision sport and playing under adult rules, should be advised to be immunised against Hepatitis B.

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FIRST AID POLICY - APPENDIX D

IMMUNISATION – HEPATITIS A & B

1. The Australian Government Health Service has advised the Directorate that, in general, school staff do not fall into an identified "at risk" category. However, the Directorate will upon request and at its expense, immunise First Aid Officers, Building Service Officers, staff at special schools and staff required to regularly toilet students, against Hepatitis A and B. Staff in preschools will also be offered immunisation against Hepatitis A. Staff eligible for immunisation under this provision should contact Injury Prevention and Management. (☎ 6205 9430)
2. Other staff wishing to be immunised should contact their doctor. Costs incurred will need to be privately covered.
3. Staff involved in coaching and refereeing contact/collision sport and being played under adult rules, should be advised to be immunised against Hepatitis B.

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GUIDELINES TO PREVENT, RECOGNISE AND MANAGE ANAPHYLAXIS

RELATED READING: *Anaphylaxis, Planning and Support Guide for Schools, Preschools and Childcare Services*, Booklet published by the Department of Education Training and Employment, South Australia, is to be considered as background information only. Anaphylaxis Information Sheet. (This material was sent to all schools on 18 February 2000)

WEBSITE RESOURCES: Australian Society for Clinical Immunology and Allergy.
<http://www.allergy.org.au>
Food Anaphylaxis, Training and Support.
<http://www.allergyfacts.org.au>
American Academy of Allergy, Asthma and Immunology.
<http://www.aaaai.org>.

Background

- Anaphylaxis (“allergic shock”) is the most severe form of allergic reaction and is potentially life threatening. Experienced by 0.5% of the population, the most common triggers are food, insect stings and sometimes medication. Occasionally a cause is not found. Once a person has experienced an allergic reaction, they are at predictable risk of recurrence.
- The only effective first aid response to a reaction is the immediate administration of adrenaline while waiting for medical assistance. Adrenaline is administered via an EpiPen or similar device. Once injected, adrenaline helps to reverse the life-threatening features of anaphylaxis.

Provision of Medical Information Students

- General Medical Information and Consent Form (Appendix I (3)) and Covering Letter (Appendix I (4)).
- Parents/Carers must specify the allergic trigger where possible on the Medical Information Form. It is recognised that in some children a cause cannot be identified.
- Parents/Carers are required to complete and return to the school the General Medical Information and Consent Form together with a completed Anaphylaxis Emergency Treatment Plan (Appendix E(2)), signed by both a medical practitioner and a parent/carer, attached to it.
- On completing the General Medical Information and Consent Form, parents/carers must signify that the school principal, teacher in charge, first aid officer or other trained person may administer adrenaline to a student using the EpiPen or similar device.

Employees and Others

Employees who know they may suffer anaphylactic reactions should provide supervisors and first aid officers with details of “reaction triggers” and emergency treatment required.

Diagnosis of Anaphylaxis

The diagnosis of anaphylaxis must only be undertaken by a medical practitioner and/or medical specialist.

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School Anaphylaxis Prevention Plan

- The administration of medication is one essential element in the management of anaphylactic reactions. Other elements are taking steps to avoid potential triggers and to recognise the signs of an impending anaphylactic reaction.
- Some students and adults who are susceptible, may have anaphylactic reactions to foods such as nuts, peanut spreads and seafood. Anaphylactic reactions may also be “triggered” by bites and stings by bees, wasps, “jumper ants” or ticks. Anaphylactic reactions to medicines are more problematic in adults.
- School Anaphylaxis Prevention Plans could cover aspects such as:
 - removal of bee hives and wasps nests
 - recommendations about what foods should or should not be brought to school
 - restrictions on the sale of certain foods at school canteen and
 - ensuring school staff and the broader community are informed of the schools Anaphylaxis Prevention Plan (The booklet “*Anaphylaxis, Planning and Support Guide for Schools, Preschools and Childcare Services*” Chapter 2, pages 6 and 7 could be adopted to guide the development of an Anaphylaxis Prevention Plan).

EpiPens

- EpiPens containing two strengths of adrenaline are available:

EpiPen Type	Age
Junior	to 6 years
Senior (stronger dose)	6 + years

- People suffering anaphylaxis can obtain EpiPens from pharmacies as prescribed by medical practitioners.
- Any available EpiPen should be used whether supplied by staff or student, providing its use is authorised to be given to the particular student or staff member and is the appropriate dose for that person.
- In the absence of a written and signed Anaphylaxis Emergency Treatment Plan, only standard first aid can be given in an emergency and staff will be unable to administer adrenaline.

Differences between using Syringes and EpiPens or Similar Devices

- The essential difference between using syringes and EpiPens or similar devices is that using:
 - a syringe is a medical procedure; and
 - an EpiPen or similar device is a first aid procedure.
- The EpiPen or similar device differs from a syringe in that it:
 - contains a pre-measured single dose of adrenaline, as prescribed by a doctor
 - is activated automatically, by removing the black cap and pressing against the outer thigh and
 - requires no preparation of the application site.

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Emergency Treatment – Procedures

- The emergency management of an allergic reaction, including the use of an EpiPen or similar device, must always be part of a strategy that includes calling for medical assistance.
- The EpiPen or similar device can be administered through clothing if necessary.
- Procedure
 - Follow the pictorial diagram on how to use the EpiPen (Attachment E(3)).
 - Record the time and name of the person who administered the EpiPen or similar device.

Training

- Staff at schools where students are diagnosed with anaphylaxis and who are willing to administer adrenaline using an EpiPen or similar device, must undertake anaphylaxis training.
- Training sessions can be arranged by contacting
 - Australian Red Cross First Aid Training on 02 6206 6099 or
 - St John Ambulance First Aid Training on 02 6282 2399.

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Anaphylaxis Emergency Treatment Plan For schools and preschools

This record is to be completed by parents/carers in consultation with their child's doctor (general practitioner). Parents/carers should inform the school immediately if there are any changes to the plan. Please tick (✓) the appropriate box and print your answers clearly in the blank spaces where indicated. This plan should be reviewed annually.

The Directorate collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at your child's school and will be made available to staff of the school and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Privacy Act 1998 (Cwth)*. Parents/carers note that in the absence of an Emergency Treatment Plan only standard First Aid should be administered.

Personal Details

Student's name:.....

Sex: M F Date of birth:.....Year/Class.....

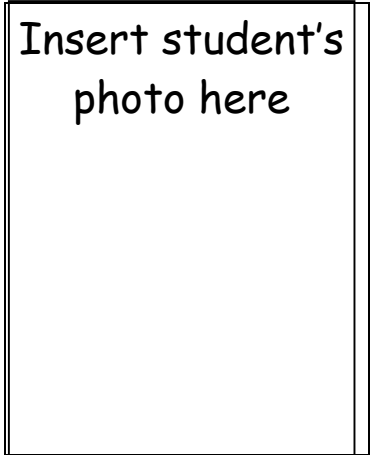
Emergency contact (e.g. parent, carer):

a.Name:.....Relationship:.....
Telephone No:.....(Hm).....(Wk/Mobile)

b.Name:.....Relationship:.....
Telephone No:.....(Hm).....(Wk/Mobile)

Doctor:.....Telephone No.....

Medications:.....



Student Medical Information

This student has been found to be allergic to.....
and has experienced the following symptoms (*delete those not applicable*)

SKIN	itch/redness /hives /welts /face swelling
GUT	stomach cramps /nausea /vomiting /diarrhoea
HEART	thumping of heart /dizziness /fainting /collapse
BREATHING	tongue swelling /throat swelling /wheeze /noisy breathing /asthma /difficulty speaking / persistent cough /blue lips indicating oxygen deficiency
OTHER

Past Reactions have been	mild /moderate /severe
Dangerous Symptoms have been	absent /present in the past
The risk of DANGEROUS reactions if exposed is	low /moderate /high

In an **emergency** follow the Plan below that has been ticked. (✓)

STANDARD FIRST AID PLAN

Please tick (✓) the preferred box.

If exposure is suspected:

Where EpiPen is stored:.....

- Call for help** (eg. other staff, ambulance)
- Get student to **spit** out the food
- Rinse** mouth
- Wash** hands and face
- Get **EpiPen** ready in case it is needed
- Give of (**antihistamine**) Y/N
- Observe** for dangerous symptoms such as difficulty speaking/breathing, gasping, collapse, fainting and

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throat/lips/tongue swelling.

- If dangerous symptoms appear, administer **EpiPen** into mid thigh and **double check** that ambulance was called
- Note **TIME** that EpiPen was given:.....am/pm
- Notify Parents:** Telephone:.....

OR

- My Student's Anaphylaxis Emergency Treatment Plan (attached)**

This student HAS / HAS NOT been advised to have adrenaline available in case of an emergency.

USING EPIPEN

- *Remove grey cap*
- *Hold in fist grip (do not touch either end)*
- *Press black end of device into the front of the mid-thigh*
- *Listen for a "click" as the device is triggered*
- *Hold in place for 10 seconds*
- *Remove EpiPen- be careful not to touch needle*
- *Place in sharps container & hand to ambulance officer*

I verify that I have read the preferred Anaphylaxis Emergency Treatment Plan and agree with its implementation.

Signature of Doctor:.....Date:.....Date of Plan:.....

Signature of Parent/Carer:.....Date:

NOTES: Have a copy of Action Plan kept WITH the EpiPen. That way it can be followed by the person giving First Aid, the steps can be "ticked off" as they are done, and the used EpiPen and health information about the student and parent contact details can be given to the ambulance officers when they arrive. As exercise can make reactions worse, it is better to either carry the student closer to help OR bring adrenaline to the student. A sharps container is safer than putting EpiPen into a glass jar. Small sharps containers can be bought from Totalcare (ACT).

a) I/We (Parent/carer)give permission for my/our child
(Name)

1. to be treated in an emergency by staff at the school using the preferred Anaphylaxis Emergency Treatment Plan(including the use of adrenaline) if in their judgement it is required for the treatment of an allergic reaction.
2. to be identified by a Student Medical Alert poster including a photograph of my child and personal information which is to be displayed in the school's first aid and medical treatment room/s, staff room/s and other locations as considered necessary. These locations will be discussed with the parents/carers prior to action.

b) As a parent/carer I will notify you in writing if there are any changes to these instructions.

Signed.....Dated.....

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FIRST AID POLICY – APPENDIX E (3)

HOW TO USE THE EPIPEN AUTOINJECTOR



Intact (upper picture) and dismantled EpiPen (lower picture) to show the spring, needle and syringe that is enclosed within the EpiPen device.

	<p>Remove the device from the plastic protective container.</p>
	<p>Remove the grey cap from the fatter end of the device. (This "arms the unit" ready for use).</p>
	<p>*Hold the EpiPen in your fist with clenched fingers wrapped around it (NB: there is nothing to "push" at white end) *Press the black tip gently against the skin of the mid thigh, then start to push harder until a loud "click" is heard. (This means that the device has been activated). *Hold in place for 10-15 seconds (count "1 elephant, 2 elephants... 10 elephants) while the adrenaline is injected under pressure. (NB: EpiPen "pop" is often quite loud).</p>
	<p>*Remove the pen from the thigh; be careful with the needle that will now be projecting from the EpiPen when you dispose of the device. *Massage in the adrenaline for 10 seconds. There may be some slight bleeding at the injection site. *Apply firm pressure with a cloth, tissue, clean handkerchief or bandage. *Record the time that the EpiPen was given.</p>
	<p>*Call for help & dispose of used EpiPen into sharps container. *Record date and time of administration.</p>

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GUIDELINES FOR THE MANAGEMENT OF ASTHMA AT SCHOOL

Asthma affects one in four primary school and one in seven secondary school students and is the most common cause of hospital admission in children. People with asthma have sensitive airways. When they are exposed to certain triggers such as dust, pollens, animals, tobacco smoke and exercise, their airways narrow, making it hard for them to breathe.

The main symptoms of asthma are -

- wheezing (noisy breathing)
- persistent cough, particularly at night, early morning or with exercise
- shortness of breath.

These symptoms vary from student to student. Some students may have all symptoms, while some may only have a cough or wheeze. Students should be encouraged to carry their bronchodilators (blue – reliever medication) at all times.

An asthma attack can take anything from a few minutes to a few days to develop. During an attack wheezing, coughing, and breathlessness can worsen quickly, until breathing becomes difficult. An asthma attack can be life threatening and should be taken seriously. If a student suddenly collapses or appears to have difficulty breathing and there is no other immediate cause call an ambulance immediately and follow *First Aid for Asthma* procedures.

First Aid for Asthma

The National Asthma Council recommends that if a student has difficulty breathing or his/her asthma deteriorates, to follow the **Asthma Management and First Aid Plan** whilst waiting for an ambulance to arrive.

Student Asthma Management & Emergency Treatment Plan

Every student with significant asthma should have a standard record and an Asthma Management & Emergency Treatment Plan filled out by his/her parent/carer in consultation with the student's doctor. This record should be completed at the beginning of each school year and updated if there are any changes to the student's asthma treatment throughout the year. **A Student Asthma Management & Emergency Treatment Plan is included in this Appendix.** This can be photocopied and provided to parents/carers.

Poorly controlled asthma can be recognised by:

- frequent absenteeism from school due to asthma
- need for reliever medication more than three times a week (except if it is used before exercise).
- tiredness/poor concentration
- inability to exercise or play sport due to asthma

If you recognise a student who may have poorly controlled asthma, the parent must be informed where the student is under 18 years of age (see *Privacy Act 1988(Cwth)* and *Circular Minute 40/99*), so medical advice can be sought by the parent.

Asthma and Exercise

Exercise is important for health and development. Students with asthma should be encouraged to be active. Students with asthma cope better and have fewer attacks of asthma if they are fit. With good management most students with asthma can exercise normally.

For the **Management of Exercise Induced Asthma** see Appendix. F(2)

For **Cleaning Equipment after an Asthma Attack** refer to the First Aid Summary.

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MANAGEMENT OF EXERCISE INDUCED ASTHMA (EIA)

Asthma can be controlled and need not interfere with playing sport or exercising. As Exercise Induced Asthma (EIA) affects more than 80% of people with asthma, it is important that teachers responsible for physical education understand and assist their students who have asthma. Frequent asthma symptoms while exercising may suggest that asthma is not well managed.

What causes EIA?

At rest you breathe through your nose. The nose warms and moistens the air. When you exercise you tend to breathe faster and through your mouth. The mechanism in the mouth to warm and moisten the air is less effective than that in the nose. This means that colder, drier air reaches the bronchioles causing water loss and cooling. This is thought to irritate and tighten the airways of people with asthma.

In many instances, symptoms occur soon after the completion of the exercise during the 'cooling down' period rather than during the exercise.

How to prevent EIA

First:

- Make sure the student's day-to-day asthma is under control.
- Encourage all students with significant asthma to have regular reviews with their doctors and to have their own Asthma Action Plans. An Asthma Action Plan gives step-by-step instructions to help manage asthma.

Then:

- Ensure that students use their blue reliever puffer (*Airomir Asmol, Bricanyl or Ventolin*) 5-10 minutes BEFORE they warm up. These medications are commonly known as relievers. *Intal Forte, Tilade and Singulair* are preventer medications but may also be used to help manage EIA. Students should always check with their doctors as to which inhaler is best for them.
- Ensure that students ALWAYS WARM UP before any sport or exercise. A warm up consists 15-20 minutes of light, intermittent exercises and stretching.
- Students should always COOL DOWN following sport or exercise.

What if a student experiences asthma symptoms during sport or exercise?

First:

- Have the student STOP exercising.
- Have them take 4 separate puffs of their blue reliever puffer (*Airomir Asmol, Bricanyl or Ventolin*) with a spacer if available.
- Restart exercise only if they can breathe easily and are free of symptoms.

Then:

If the symptoms do not go away immediately or if they return when the student starts exercising again they should:

- Use their blue reliever puffer (*Airomir, Asmol, Bricanyl or Ventolin*) as before and follow the student's Student Asthma Record Card.
- Not return to any exercise for the rest of the day.
- Have their asthma reviewed by their doctor.

If they continue to have symptoms, follow the Asthma Management and Emergency Treatment Plan Appendix F(3)

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FIRST AID POLICY – APPENDIX F (3)



ACT
Government
Education and Training

**Asthma Management and
Emergency Treatment Plan
For schools and preschools**

This record is to be completed by parents/carers in consultation with their child's doctor (general practitioner). Parents/carers should inform the school immediately if there are any changes to the plan. Please print your answers clearly in the blank spaces where indicated. This plan should be reviewed annually.

The Directorate collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at your child's school and will be made available to staff of the school and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Privacy Act 1998(Cwth)*. Parents/carers note that in the absence of an Emergency Treatment Plan only standard First Aid should be administered.

Personal Details

Student's name:.....

Sex: M F Date of birth:.....Year/Class.....

Emergency contact (e.g. parent, carer):

a.Name:.....Relationship:.....

Telephone No:.....(Hm).....(Wk/Mobile)

b.Name:.....Relationship:.....

Telephone No:.....(Hm).....(Wk/Mobile)

Doctor:.....Telephone No.....

Insert student's
photo here

Usual Asthma Management Plan

Student's symptoms (e.g. cough)
.....

Triggers (e.g. exercise, pollens)
.....

Medication requirements:

Name of medication	Method (eg. puffer & spacer, turbuhaler)	When and how much?
.....
.....
.....

In an **Emergency** follow the Plan below that has been ticked (✓).

Standard Asthma First Aid Plan

Please tick (3) the preferred box.

1. Sit the student upright, remain calm and provide reassurance. Do not leave student alone.
2. Give 4 puffs of a blue re liever puffer (*Airomir, Asmol, Bricanyl* or *Ventolin*), one puff at a time prefer ably through a spacer device. Ask the student to take 4 breaths from the spacer after each puff.
3. Wait 4 minutes.
4. If there is little or no improvement and student is breathless or distressed call an ambulance immediately. (Dial 000). Continue to repeat steps 2 and 3 while waiting for the ambulance.

**Use a blue reliever puffer (Airomir, Asmol, Bricanyl or Ventolin) on its own if no spacer is available.*

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OR

My Child's Asthma Emergency Treatment Plan (attached)

Additional comments:.....
.....
.....

I verify that I have read the preferred Asthma First Aid Plan and agree with its implementation.

Signature of Doctor:..... Date:..... Date of Plan:.....

Signature of Parent/Carer:..... Date:

a) I/We (Parent/carer)give permission for my/our child
(Name)

1. to be assisted by staff when taking asthma medication should they require help
2. to be treated by staff at the school, in an emergency, using the preferred Asthma Emergency Treatment Plan if in their judgement it is required for the treatment of an asthma attack
3. to be identified by a Student Medical Alert poster including a photograph of my child and personal information which is to be displayed in the school's first aid and medical treatment room/s, staff room/s and other locations as considered necessary. These locations will be discussed with the parents/carers prior to action.

- b)**
1. As parent/carer I will notify you in writing if there are any changes to these instructions.
 2. Please contact me if my child requires emergency treatment or if my child regularly has asthma symptoms at school.

Signed:..... Date:

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GUIDELINES FOR THE MANAGEMENT OF DIABETES IN SCHOOLS

General Information on Diabetes

The following provides a brief explanation of diabetes, its management and emergency treatment. More detailed information can be found in *Diabetes Information for Schools*, which is available from the ACT Community Care Diabetes Service on ☎6244 3256. School staff education on the emergency treatment of diabetes can also be arranged from this service.

What is Diabetes?

Diabetes exists when blood glucose builds up to high levels. It is not contagious. There are two main types of diabetes:

- Type 1 Diabetes usually occurs in childhood or early adulthood. However it can occur at any age. It is due to a severe deficiency of insulin and is fatal without lifelong insulin injections.
- Type 2 Diabetes occurs in adults (usually over 40 years). However it is now being seen in adolescents. It may be accelerated by lifestyle factors (obesity, lack of regular exercise, overeating) and can be treated by diet, exercise, tablets and occasionally insulin injections.

Diabetes and Schooling

Diabetes is rarely the cause of significant absenteeism. Students with diabetes can do everything their peers do but may need:

- special consideration
- extra supervision
- extra toilet privileges
- to eat at additional times, especially before or during sport
- extra consideration if unwell
- special provisions for privacy if testing blood glucose levels and injecting insulin at school.

For children with special requirements, a written Individual Management and Emergency Treatment Plan incorporating medical recommendations should be developed with the school in association with parents/carers and medical practitioner. This should be attached to the student's records. See Diabetes Management and Emergency Treatment Plan in this Appendix.

Treatment

Most children with diabetes are treated each day with:

- 2 to 4 injections of insulin or insulin via insulin pump. The dose is adjusted according to blood glucose tests done several times during the day and
- a regular pattern of snacks and meals.

The timing of injections and food intake is most important. Carbohydrate foods are essential as they raise blood glucose levels while insulin and exercise lower them. Maintaining a balance so that the level of glucose is neither too high nor too low is very important. However it is sometimes difficult to achieve.

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Special Considerations

Exercise

Regular exercise is encouraged as with other students but requires extra care and planning. As exercising muscles use more glucose for energy, blood glucose levels may fall during, immediately after, or several hours after exercise.

What to do

- Give extra carbohydrate food before sport (a mixture of rapidly and slowly absorbed carbohydrates).
- Give additional food for each half hour of exercise.
- Give extra food after the sport as well if the sport has been particularly vigorous or lengthy.
- Provide more supervision during exercise.
- Food/drinks for the treatment of hypoglycaemia need to be available on site.
- Any sport in which hypoglycaemia may cause risk to either the student or someone called upon to help should be modified or only be considered after careful planning. It should always occur under strict supervision.
- Water sports need very careful planning and supervision as hypoglycaemia increases the risk of drowning.

Examinations

Students with diabetes perform at their best when their diabetes is in good control. After hypoglycaemia, brain function may not return to normal for several hours and even then students may not do as well as expected in an examination.

Students with diabetes may need:

- food during examination in case of hypoglycaemia;
- easy access to toilets and additional toilet privileges; and
- special provisions for senior examinations. See Appendix G (3).

Camps

Students are able to attend camps when they are reliably independent in the management of their diabetes or if not independent when they are accompanied by a parent/carer.

Parents/carers need to meet with the organisers prior to the camp and provide:

- a written list of special needs;
- adequate supplies for treatment and testing;
- details of insulin dosage; and
- emergency contact details

Diabetes Australia Schools Care Line ☎ (02) 9552 9962 can also provide the school with advice.

This information is an extract from Diabetes Information for Schools, a joint initiative of the International Diabetes Federation and Diabetes Australia.

Health and Safety Policy – First Aid

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FIRST AID FOR STUDENTS WITH DIABETES

The student with diabetes should never be sent to the sick bay alone or left unattended when feeling unwell or showing signs of hypoglycaemia (low blood glucose level –“hypo”).

If vomiting is present, contact the parents/guardians. If this is not possible contact the doctor or transfer the student by ambulance to hospital. If there is a delay in transferring the student observe for hypoglycaemia and ensure adequate carbohydrate and fluid intake.

Hypoglycaemia (low blood glucose or hypo)

Hypoglycaemia occurs when the level of glucose in the blood drops enough to cause signs and symptoms. Hypoglycaemia is most likely to occur if there is a significant change in the student's routine such as a change in insulin dose, unexpected exercise, delay in eating or insufficient carbohydrates. If a diabetic is showing any signs of hypoglycaemia, even mild signs, sugar must be given immediately. NO HARM will come from giving a diabetic sugar even if it turns out they didn't need it as it could save their life.

Hypoglycaemia may occur at any time, but there is a greater chance of this happening with exercise or around the time the next meal or snack is due. Hypoglycaemia can range from mild to severe. The signs of hypoglycaemia can progress from mild to severe in a few minutes.

Signs of mild hypoglycaemia include:

- sweating, paleness, trembling, hunger, weakness
- changes in mood and behaviour (eg crying, argumentative outbursts, aggressiveness)
- inability to concentrate, lack of coordination, headache, abdominal pains or nausea.

In moderate hypoglycaemia additional signs may develop including:

- inability to help oneself
- glazed expression
- being disoriented, unaware or seemingly intoxicated
- inability to drink and swallow without much encouragement.

In severe hypoglycaemia the signs may have progressed to include:

- inability to stand
- inability to respond to instructions & extreme disorientation (may be thrashing about)
- inability to drink and swallow (leading to danger of inhaling food into lungs)
- unconsciousness or seizures (jerking or twitching of face, body or limbs).

First aid response to these observable signs of mild to moderate hypoglycaemia

1. Act swiftly.

2. **Give sugar immediately** eg 4 large or 7 small jelly beans, or 125-200 mls of ordinary soft drink, or 2 - 3 teaspoonsful of sugar, jam, or honey.

Repeat this treatment if there has been no response within 10–15 minutes.

3. **When recovery begins** to occur give slowly absorbed carbohydrate food eg sandwich, biscuits, or fruit.

4. **Supervise.** Remain with the student to ensure physical safety and that s/he does not become distressed. As soon as the student is able, a blood glucose test should be done if the meter is available. Parents should be informed that the student has had hypoglycaemia.

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First Aid Response to Severe Hypoglycaemia

1. Lie person on side and protect from injury.
2. Maintain Airway, Breathing, Circulation (if a diabetic wears an insulin pump, disconnect pump at the quick release).
3. Call ambulance.
4. Notify emergency contacts.

Other Issues:

Hyperglycaemia (high blood glucose level) occurs from time to time and is not usually a problem in the short term. During periods of hyperglycaemia the person with diabetes may need to drink extra water and go to the toilet. Students experiencing hyperglycaemia may find it difficult to concentrate and can be irritable.

If a student with diabetes is unwell and exhibits the following symptoms the parents should be contacted or if they are unavailable contact the student's doctor or transfer the student by ambulance to hospital.

- Abdominal pain
- Sweet acetone smell to the breath
- Extreme thirst
- Excessive urination
- Vomiting
- Rapid laboured breathing
- Drowsiness

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GUIDELINES FOR STUDENTS WITH DIABETES UNDERTAKING EXAMINATIONS

All students requiring special consideration when undertaking examinations should discuss their needs with the student welfare officer prior to undertaking the examination.

1. **Specific Documentation** is to be provided on the form Application for Special Case Treatment for ACT Scaling Test.
2. **Provision Required: (student to provide all food, drink, blood glucose equipment)**
 - Bite size food. Must not disturb other students when opened.
 - Drink; eg. water, fruit juice, cordial.
 - Toilet privileges.
 - Blood glucose monitor. NB if the monitor is used, the reading is to be noted by the presiding officer and recorded in the presiding officer's diary.
3. **Seating Requirement:** Students need to be seated at the side or back of the examination room, with easy access to an exit.
Additional Requirements: Additional time of three extra minutes to undertake initial reading of blood glucose if necessary.

NB: If blood glucose reading is less than **FIVE** (5.0mmol/L) the student is allowed an extra seven minutes to take remedial action (eat carbohydrate-based food) and retest the blood glucose level. (During this time the student will not have access to the exam paper). If after the second reading the blood glucose level is still less than **FIVE** (5.0 mmol/L) the student is then considered an illness/misadventure case.

FIRST AID POLICY – APPENDIX G (4)



Diabetes Management and Emergency Treatment Plan For schools and preschools

This record is to be completed by parents/carers in consultation with their child's doctor (general practitioner) or a credentialed diabetes educator. Parents/carers should inform the school immediately if there are any changes to the plan. Please print your answers clearly in the blank spaces where indicated. This plan should be reviewed annually. Additional information about diabetes can be found in *Diabetes Information for Schools* flip chart. This chart can be obtained from *Diabetes Australia*.

The Directorate collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at your child's school and will be made available to staff of the school and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Privacy Act 1998(Cwth)*. Parents/carers note that in the absence of an Emergency Treatment Plan only standard First Aid should be administered.

Personal Details

Student's name:.....

Sex: M F Date of birth:.....Year/Class.....

Emergency contact (e.g. parent, carer):

a.Name:.....Relationship:.....
Telephone No:.....(Hm).....(Wk/Mobile)

b.Name:.....Relationship:.....
Telephone No:.....(Hm).....(Wk/Mobile)

Doctor:.....Telephone No.....

Insert student's
photo here

Usual Diabetes Management and Emergency Treatment Plan

Schools have a legal responsibility to provide a safe environment and adequate supervision. For the student with diabetes this includes:

- ensuring supervising staff know of the student's diabetes and their routine and emergency support plans
- recognising that if the **student's behaviour is unusual it may be due to a low blood glucose level** and the student may require something to eat
- enabling the student to **eat meals or snacks on time**
- allowing the student to **eat at additional times, especially before exercise or an exam**
- allowing the student access to the toilet when requested outside usual times
- ensuring supervision if unwell. Students with **diabetes should never be sent to the sick bay alone or left unattended when feeling unwell**
- **if vomiting is present, contact the parents/carers. If this is not possible contact the school doctor or transfer the student by ambulance to hospital**
- **ensuring privacy** if testing blood glucose levels or injecting insulin at school
- providing a written log, as requested, of any episodes of hypoglycaemia and the action taken while supervised by staff

Individual Routine Support Needs

Is this student able to self manage their diabetes care? Yes No

If no, detail assistance requested from staff to support safety.

Please detail the students usual signs of hypoglycaemia (low blood glucose level) and the action they typically take.
NB In severe cases of hypoglycaemia the student may not be able to assist themselves.

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Record regular diabetes procedures that will be occurring at school eg blood glucose monitoring, insulin injections and any other relevant information.

I verify that I have read the preferred Diabetes Emergency Treatment Plan and agree with its implementation.

Signature of Doctor:.....Date:..... Date of Plan:.....

Signature of Parent/Carer:Date:.....

a) I/We (Parent/carer).....give permission for my/our child (Name)

1. to be treated in an emergency by staff at the school using the Diabetes Emergency Treatment if in their judgement it is required.
2. to be identified by a Student Medical Alert poster including a photograph of my child and personal information which is to be displayed in the school's first aid and medical treatment room/s, staff room/s and other locations as considered necessary. These locations will be discussed with the parents/carers prior to action.

b) As a parent/carer I will notify you in writing if there are any changes to these instructions.

Signed.....Dated.....

Health and Safety Policy – First Aid

GENERAL INFORMATION ON EPILEPSY

There are basically two main groups of seizure types, generalised and partial.

GENERALISED SEIZURES

Generalised seizures involve all the brain and there is usually a period of unconsciousness. There are many types of generalised seizures, the common ones are:

Tonic clonic seizures: these are the most recognised form of seizure and involve a sudden loss of consciousness, as the person's body stiffens quite dramatically (the tonic part) and then starts jerking (clonic part). It usually lasts between 30 seconds and three minutes, during which time the person may not be able to hear you and may be unresponsive. It is not unusual for the person to be very sleepy afterwards.

Absence seizures: these often appear as a blank stare, or blinking, often mistaken for daydreaming, or inattentive behaviour. They usually last less than 30 seconds, start and end abruptly and often occur in clusters, sometimes many times a day. The person may or may not hear you and will not respond until the seizure is finished.

Atonic seizures: is a sudden loss of muscle tone causing the person to fall suddenly, often resulting in injuries to the head and face. Sometimes protective headwear becomes necessary.

Myoclonic seizures: these occur as relatively brief involuntary jerking movements of upper and/or lower limbs, often following sleep, a nap or tiredness. They are also often mistaken for clumsiness.

PARTIAL SEIZURES

Partial seizures involve part of the brain. The part of the brain involved determines the way the seizure presents. Some partial seizures may progress into a generalised seizure. There are two main types of partial seizures:

Simple partial seizures: these are seizures where the person does not lose consciousness. The person is aware of what is happening and may have many different experiences such as a sense of fear, unpleasant taste, visual disturbance, or jerking of limbs, to mention a few.

Complex partial seizures: these may involve a blank stare, a chewing action, repetitive movements, wandering about aimlessly, pulling at clothing and possible mumbling. These seizures usually last between 30 seconds and 3 minutes. Afterwards the person may be confused and unable to recall the seizure. This may be misinterpreted as misbehaviour.

FIRST AID FOR SEIZURES

Tonic clonic seizures

1. Remain calm.
2. Stay with person.
3. Time seizure and record.
4. Protect from harm.
5. Place something soft under head.
6. Loosen tight neckwear.
7. Roll onto side after jerking stops OR immediately, if the person has vomited or just eaten or taken a drink.
8. Maintain privacy and dignity.
9. Reassure until recovered.
10. DO NOT put anything in their mouth.
11. DO NOT restrain the student
12. DO NOT move unless in danger.
13. DO NOT apply CPR.
14. In the unlikely event resuscitation is necessary, commence once jerking stops.
15. If seizure occurs whilst the person is in a wheelchair, seated in a car, pram/stroller, support their head and leave safely strapped in seat until jerking stops. If there is food, water or vomit in their mouth, remove from seat and roll onto side immediately.

Absence seizures

1. Remain calm.
2. Reassure until recovered.
3. Rescue and reorientate.
4. Repeat any information the person may have missed.

Atonic seizures (drop attacks)

1. Treat any injuries and check for concussion.
2. Explain what has happened to the person.
3. Call an ambulance if injured.

Complex partial seizures

1. Remain calm.
2. Stay with person.
3. Time the seizure.
4. Gently guide to avoid harm.
5. Reassure until recovered.
6. Do not restrain unless in danger.

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Call 000 for an ambulance if:

- you are in any doubt
- injury has occurred
- there is food, water or vomit in mouth during seizure
- the person is in water
- the jerking lasts longer than 5 minutes
- the seizure lasts longer than normal for that person
- another seizure follows quickly
- a complex partial seizure lasts longer than 15 minutes
- the person has breathing difficulties when jerking stops
- the person has diabetes
- the person is pregnant and has a tonic clonic seizure and
- it is the first known seizure.

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FIRST AID POLICY – APPENDIX H (3)



Epilepsy Management and Emergency Treatment Plan For schools and preschools

This record is to be completed by parents/carers in consultation with their child's doctor (general practitioner). Parents/carers should inform the school immediately if there are any changes to the plan. Please print your answers clearly in the blank spaces where indicated.

The Directorate collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at your child's school and will be made available to staff of the school and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Privacy Act 1998(Cwth)*. Parents/carers note that in the absence of an Emergency Treatment Plan only standard First Aid should be administered.

Personal Details

Student's name:.....

Sex: M F Date of birth:.....Year/Class.....

Emergency contact (e.g. parent, carer):

a.Name:.....Relationship:.....
Telephone No:.....(Hm).....(Wk/Mobile)

b.Name:.....Relationship:.....
Telephone No:.....(Hm).....(Wk/Mobile)

Doctor:.....Telephone No.....

Insert
student's
photo here

Medical Information

Epilepsy diagnosis (if known):.....
.....
.....

Seizure pattern (What happens before, during and after the seizure):
.....
.....
.....

Seizure normally lasts for.....minutes

Epilepsy triggers (if known):.....
.....
.....

Epilepsy medication Name	Dose	Time/s	How given
.....
.....

In an **Emergency** follow the Plan below that has been ticked (✓).

Epilepsy Emergency Treatment Plan

1. Call ambulance if:.....
2. Transport:.....
3. Student should be sent home when:.....
4. Swimming:.....
5. Diarise seizures (yes/no):.....

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OR

My Child's Emergency Treatment Plan (attached)

I verify that I have read the Epilepsy Emergency Treatment Plan and agree with its implementation.

Signature of Doctor: Date:.....Date of Plan:.....

Signature of Parent/Carer:..... Date:.....

a) I/We (Parent/Carer).....give permission for my/our child (Name)

1. to be treated by staff at school, in an emergency, using the preferred Epilepsy Emergency Treatment Plan.
2. to be identified by a Student Medical Alert poster including a photograph of my child and personal information which is to be displayed in the school's first aid and medical treatment room/s, staff room/s and other locations as considered necessary. These locations will be discussed with the parents/carers prior to action.

b) As a parent/carer I will notify you in writing if there are any changes to these instructions.

Signed.....Dated.....

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General Management and
Emergency Treatment Plan
For schools and preschools

This record is to be completed by parents/carers in consultation with their child's doctor (general practitioner). Parents/carers should inform the school immediately if there are any changes to the plan. Please print your answers clearly in the blank spaces where indicated.

The Directorate collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at your child's school and will be made available to staff of the school and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the Privacy Act 1998. Parents/carers note that in the absence of an Emergency Treatment Plan only standard First Aid should be administered.

Personal Details

Student's name:
Sex: M F Date of birth:
Year/Class:
Emergency contact (e.g. parent, carer):
a. Name: Relationship: Telephone No: (Hm) (Wk/Mobile)
b. Name: Relationship: Telephone No: (Hm) (Wk/Mobile)
Doctor: Telephone No:



Medical Information

Blank lined area for medical information.

In an Emergency follow the Plan below that has been ticked (✓).

[] Emergency Treatment Plan If insufficient space please attach an additional sheet.

Blank lined area for Emergency Treatment Plan details.

OR

[] My Child's Emergency Treatment Plan Provided by Doctor (attached)

I verify that I have read this Emergency Treatment Plan and agree with its implementation.

Signature of Doctor: Date: Date of Plan:

Signature of Parent/Carer: Date:

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- a) I/We (Parent/Carer).....give permission for my/our child (Name)
1. to be treated by staff at school, in an emergency, using the preferred Emergency Treatment Plan.
 2. to be identified by a Student Medical Alert poster including a photograph of my child and personal information which is to be displayed in the school's first aid and medical treatment room/s, staff room/s and other locations as considered necessary. These locations will be discussed with the parents/carers prior to action.

b) As a parent/carer I will notify you in writing if there are any changes to these instructions.

Signed.....Dated.....

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**EXCURSION MEDICAL INFORMATION
AND CONSENT FORM**

This form is intended to be used to assist the school in the case of any medical treatment required or medical emergency involving a student on a category C & D excursion, overseas excursion, sports and all outdoor adventure activities. A copy of each student's form must be taken on the excursion.

The Directorate collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at your child's school and will be made available to staff of the school and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Privacy Act 1998(Cwth)*. Parents/carers note that in the absence of an Emergency Treatment Plan only standard First Aid should be administered.

Student's Name: Date of Birth: Sex: M F
 School:.....School Year:.....Camp/Excursion:
 Parent/Carer:
 Address:
 Contact Telephone Nos - Business Hours:.....After Hours.....Mobile:.....
 Other Contact for Emergency: Telephone No:
 Name of Student's Doctor: Telephone No:
 Medicare No: Private Health Fund: Membership Number.....
 Ambulance Fund:.....NOTE: Parents are responsible for ambulance costs outside the ACT.

Please tick if your child suffers any of the following:
 allergies blood pressure epilepsy hayfever nose bleeds
 anaphylaxis diabetes fainting headaches reaction to drugs
 asthma eczema fits or blackouts heart condition sight/hearing problems
 sun screen sensitivity
 other -

If you have ticked any of the boxes above an Emergency Treatment Plan must be provided. Proforma Plans are available from the school. *NB. Without an Emergency Treatment Plan the school can only provide first aid treatment.*

Date of last tetanus injection:
 Has the student suffered from any acute illness or injury or been treated by a medical practitioner for an illness or injury during the last 4 weeks? Yes No
 If YES, please state nature of illness/injury and obtain a report from the doctor that the student is fit to undertake the camp/excursion.....
 Is the student presently taking any medication? Yes No
 If YES, please state name of medication, dosage, etc:.....

The teacher in charge must be informed about the management of any medication prior to leaving on an excursion. Arrangements need to be agreed on the transport, storage and administration of medication. In all cases medication must be labelled with the students name, dosage and frequency of administration.

I consent to my child receiving paracetamol for temporary pain relief? Yes No
 Are you aware of any physical or psychological limitations of your child? Please give details.
 Is there any other information which you believe may help us to provide the best possible care?

Consent to medical attention. In the case of my child requiring medical treatment or in the case of a medical emergency, I consent to the school providing first aid or treatment as outlined in an emergency treatment plan and I further authorise the school, where it is impracticable to communicate with me, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

Signed: Parent/Carer Date:

**GENERAL MEDICAL INFORMATION
AND CONSENT FORM**

This form is intended to be used to assist the school in the case of any medical treatment required or medical emergency involving a student at school.

The Directorate collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at your child's school and will be made available to staff of the school and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Privacy Act 1998(Cwth)*. Parents/Carers note that in the absence of an Emergency Treatment Plan only standard First Aid should be administered.

Student's Name: Date of Birth: Sex: M F
 School: School Year:
 Parent/Guardian:
 Address:
 Telephone Contact Nos - Business Hours: After Hours: Mobile:.....
 Other Contact for Emergency: Telephone No:
 Name of Student's Doctor: Telephone No:
 Medicare No: Private Health Fund: Membership No:
 Ambulance Fund: NOTE: Parents are responsible for ambulance costs outside the ACT

Please tick if your child suffers any of the following:

- | | | | | |
|--------------------------------------|---|--|--|---|
| <input type="checkbox"/> allergies | <input type="checkbox"/> blood pressure | <input type="checkbox"/> epilepsy | <input type="checkbox"/> hayfever | <input type="checkbox"/> nose bleeds |
| <input type="checkbox"/> anaphylaxis | <input type="checkbox"/> diabetes | <input type="checkbox"/> fainting | <input type="checkbox"/> headaches | <input type="checkbox"/> reaction to drugs |
| <input type="checkbox"/> asthma | <input type="checkbox"/> eczema | <input type="checkbox"/> fits or blackouts | <input type="checkbox"/> heart condition | <input type="checkbox"/> sight/hearing problems |
| | | | | <input type="checkbox"/> sun screen sensitivity |

other

If you have ticked any of the boxes above an Emergency Treatment Plan must be provided. Proforma Plans are available from the school. *NB. Without an Emergency Treatment Plan the school can only provide first aid treatment.*

Date of last tetanus injection:

Is the student presently taking any medication? Yes No

NB. In accordance with the Medication Policy, parents must give written permission and directions for the administration of any medication taken during school hours or after hours school activities.

I consent to my child receiving paracetamol for temporary pain relief? Yes No

Are you aware of any physical or psychological limitations of your child? Please give details.

Is there any other information which you believe may help us to provide the best possible care?

Consent to medical attention. In the case of my child requiring medical treatment or in the case of a medical emergency, I consent to the school providing first aid or treatment as outlined in an emergency treatment plan and I further authorise the school, where it is impracticable to communicate with me, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

Signed: Parent/Carer Date:

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LETTER PARENTS/CARERS GENERAL MEDICAL INFORMATION AND CONSENT FORM

Dear Parents/Carers

I am attaching a General Medical Information and Consent Form and request that you complete and return it to the school as soon as possible.

The information you are requested to give on the attached form will be used to record the student's medical, accident and other details. The contents and use of this form meet the requirements of the *Privacy Act 1998(Cwth)* and will be treated as confidential. This information will be made available to government or private medical or paramedical staff and other relevant officers in the event of an accident or emergency.

You have the right to keep certain medical information private, provided that the omitted information will not affect the provision of appropriate medical care. You are also entitled to check the record processed from the information you have provided, and to correct any inaccuracies.

To ensure that the information on the form is accurate and current, you are requested to advise the school immediately of any changes. You will also be asked to complete a new form at the beginning of each school year.

Management of Medical Conditions

The Directorate is committed to providing a safe and healthy environment for students. While school staff have a duty of care to students to provide first aid assistance when required, parents will be aware that schools cannot be responsible for the general management of medical conditions.

In special circumstances, staff may be able to assist with the administration of medication. In these cases, departmental policy requires principals to ensure that a comprehensive written authority is obtained from the student's parents and also seek from them a written statement from the student's doctor authorising a member of staff to administer the prescribed medication.

First Aid Plans for Anaphylaxis, Asthma, Diabetes and Epilepsy

You are asked to indicate on the attached Medical Record form if the student suffers from any of these conditions. For students who are known sufferers of asthma, anaphylaxis, diabetes or epilepsy, Emergency Treatment Plans must be completed, signed by both parents/carers and the student's doctor and provided to the school. Proformas for these plans are available at the school's front office. In the absence of a written and signed Emergency Treatment Plan, only standard first aid can be given in an emergency.

Emergency Treatment of an Asthma Attack

Please read this section carefully and seek clarification from your family doctor if necessary.

These plans will be followed where students require first aid treatment for their condition. If the student should suddenly collapse at school and/or have difficulty in breathing, as with all medical emergencies, professional help will be sought immediately.

Where indicated, a bronchodilator inhaler device ("puffer") will be administered while

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awaiting medical assistance, whether or not the student is known to have a pre-existing asthma or other health problems. This treatment could be life saving and Health Directorate (Department of Thoracic Medicine, The Canberra Hospital) advises that bronchodilator inhalers are safe and are accepted as a first line therapy to be used in the emergency procedures for asthma.

Anaphylaxis – Administration of Adrenaline by EpiPen or Similar Device

If your child suffers from anaphylaxis, you should obtain a written Anaphylaxis Treatment Plan signed by your doctor and yourself as parent or carer. In the absence of a written and signed Anaphylaxis Treatment Plan, only standard First Aid can be given in an emergency and staff will be unable to administer adrenaline. If your child is given adrenaline to treat an isolated anaphylaxis attack, it can help the anaphylaxis and is unlikely to cause any significant side-effects.

Medical Services for Students attending ACT Government Schools

Health Directorate advises that the following arrangements apply to students in ACT Government Schools involved in school accidents requiring ambulance transportation and/or treatment in accident and emergency sections of either public hospital in the ACT.

Ambulance Transportation

Students injured while under supervision at school or in a school-related situation are transported free of charge to the emergency section of either public hospital in the ACT. Parents and guardians of students who participate in excursions and other school trips outside the ACT should note that free ambulance transportation only applies in the ACT.

Parents and guardians are reminded to check their health cover for ambulance transportation outside the ACT.

Casualty Treatment

1. Under the Medicare arrangements no charges are raised for services provided at the accident and emergency sections of ACT public hospitals.
2. If a student is subsequently admitted to hospital after receiving treatment in the accident or emergency section, s/he will be automatically classified as a Medicare patient and no charge will be raised.
3. If you elect to have the student treated by a doctor of your choice, a hospital charge will apply. The doctor may also charge for their services. You are advised to have medical insurance if you wish to choose this option.

Your cooperation in completing and returning the attached form promptly would be appreciated.

Yours faithfully

Principal

Health and Safety Policy – First Aid

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DISPOSAL OF NEEDLES/SYRINGES AND OTHER SHARPS FOUND IN SCHOOL GROUNDS

STUDENTS MUST BE INSTRUCTED NOT TO PICK UP SYRINGES OR OTHER SHARPS UNDER ANY CIRCUMSTANCES BUT TO STAND WATCH WHILE ANOTHER STUDENT GETS A MEMBER OF STAFF.

1. Schools should ensure that students are aware of the potential danger of needlestick injuries and they should be warned against handling needles at least once a year.
2. When broken glass is found students should be instructed to follow the procedure outlined above.
3. The following procedures must only be carried out by staff members trained in the safe removal of *sharps*. If a trained staff member is not available or if schools require assistance, they should contact the SHARPS HOTLINE on ☎ 132 281 (8am-8pm Monday to Friday & 9am –5pm Saturday) or after hours on ☎ 6207 5959.

Equipment:

- disposable surgical gloves
- *sharps* disposal container (available from STERICORP ☎ 6241 8203)
- tongs
- bactericidal wipes
- disposable plastic bags
- disinfectant/detergent

Store equipment in a location where it can be easily accessed when a syringe and/or needle is found.

Procedure:

- Physically locate the syringe and/or needle.
- DO NOT TOUCH IT with any part of your body.
- Put surgical gloves on both hands.
- Take sharps container and tongs to location of syringe and/or needle.
- Open container and place on the ground.
- Using tongs, pick up syringe and/or needle and place into container, needle first.
- Using tongs place other injecting equipment, if found, into container.
- Close sharps container.
- If soiled, wipe down to ngs with bactericidal wipes (to remove grime only – wipes WILL NOT sterilise tongs).
- Tongs should be ONLY used for this purpose.
- Remove gloves by turning inside out.
- Place used wipes and gloves in a plastic bag, tie securely, then place inside a second plastic bag which should also be tied securely.
- Wash hands thoroughly with liquid soap and running water.
- Care should be taken during cleaning to avoid splashing. Eye protection should be worn if splashing is likely to occur.
- If sharps container is full, contact STERICORP on ☎ 6241 8203 to arrange disposal.

Health and Safety Policy – First Aid

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DISPOSAL OF HAZARDOUS WASTE FOUND IN SCHOOL GROUNDS

STUDENTS MUST BE INSTRUCTED NOT TO PICK UP HAZARDOUS WASTE UNDER ANY CIRCUMSTANCES BUT TO STAND WATCH WHILE ANOTHER STUDENT GETS A MEMBER OF STAFF.

1. Schools should ensure that students are aware of the potential danger of picking up hazardous waste.
2. When hazardous waste is found students should be instructed to follow the following procedure. Students and staff should be encouraged at all times to report the whereabouts of such hazardous waste.

Equipment:

- disposable surgical gloves
- tongs
- bactericidal wipes
- disposable plastic bags
- disinfectant/detergent

Store equipment in a location where it can be easily accessed when hazardous waste is found.

Procedure:

- Physically locate the hazardous waste.
- DO NOT TOUCH IT with any part of your body.
- Put surgical gloves on both hands.
- Take plastic bags and tongs to location of hazardous waste.
- Open plastic bag and place on the ground.
- Using tongs, pick up hazardous waste and place in plastic bag.
- Tie plastic bag securely without touching hazardous waste.
- Place this plastic bag inside a second plastic bag and tie securely.
- Wipe down tongs with bactericidal wipes (to remove grime only - wipes WILL NOT sterilise tongs).
- Sterilise tongs by firstly washing in warm water and detergent and then boil for 10 minutes.
- Remove gloves by turning inside out.
- Place used wipes and gloves in a plastic bag, tie securely, then place inside a second plastic which should also be tied securely.
- Wash hands thoroughly with soap and running water.
- Care should be taken during cleaning to avoid splashing. Eye protection should be worn if splashing is likely to occur.

Health and Safety Policy – First Aid

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FIRST AID SUMMARY – Refer to Appendix C

STANDARD INFECTION CONTROL PRECAUTIONS

Those providing first aid for patients and toileting students should use the following strategies.

1. Handle the blood and body substances of ALL patients as potentially infectious.
2. Wash hands with liquid soap and warm water before and after all patient contact.
3. Cover any break in skin integrity on arms or hands of person rendering first aid or assisting with toileting, with waterproof dressings.
4. Wear gloves when contact with blood or body substances could occur. Remove gloves after task is completed and wash hands with liquid soap and warm water. Dry hands using paper towel.
5. If contact with blood or body substances could occur through splashing, wear protective eyewear and a disposable plastic apron.
6. If staff members have open cuts or weeping sores on hands or lower arms they should not treat patients or toilet students, but send immediately for assistance, except in an emergency (naturally, the risk of infection is weighed against the need to save life).
7. Where an activity is being undertaken (e.g. sport) the person who is bleeding is to leave the activity area until the bleeding has stopped, all body parts contaminated by blood are cleaned, the wound securely covered with waterproof bandages or dressings and contaminated clothing is replaced.
8. For minor scratches or cuts, patients should be encouraged with guidance from the first aid officer to assist, as far as possible, with their own first aid.
9. Safely dispose of needles/syringes. Refer to Appendix J (1) *Disposal of Needles/Syringes and Other Sharps found in School Grounds.*

Health and Safety Policy – First Aid

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FIRST AID SUMMARY – Refer to Appendix C

EXPOSURE TO BLOOD OR BODY FLUIDS

If a member of staff or student believes they have been exposed to blood or body fluids, including injuries sustained through needlestick/sharps penetrations of the skin, the following action should be taken.

Immediately	What to do next
<ol style="list-style-type: none">1. Wash away the blood and body fluids with liquid soap and running water.2. If the eyes are contaminated, rinse eyes while opened with water or saline.3. If blood gets into the mouth, spit out and then repeatedly rinse with running water.	<ol style="list-style-type: none">1. After carrying out the appropriate first-aid measures, the incident should be reported to the principal/workplace manager.2. In the case of a staff member, referral should be made immediately to a doctor or hospital for risk assessment and if necessary, appropriate testing, treatment and skilled counselling. An ACT Government Accident Report form must be completed and forwarded to Injury Prevention & Management as soon as possible after the incident has occurred and within five days.3. In the case of a student, the principal should ensure that parents are advised to immediately contact a doctor or hospital for risk assessment of the student and, if necessary, appropriate testing, treatment and skilled counselling. A Student Injury Report form must be completed and forwarded to Risk Management and Audit section within seven days.

Health and Safety Policy – First Aid

FIRST AID SUMMARY – Refer to Appendix C

ATTENDING TO SPILLS OF BLOOD AND OTHER BODY SUBSTANCES

Spills of blood or other body substances on the ground, floors, furniture or equipment should be attended to immediately. When cleaning spill:

1. ensure bystanders in the immediate vicinity are removed from the area until the area is cleaned
2. disposable gloves should be worn
3. absorbent materials, such as paper towels, cloth or sawdust, should be used to absorb the bulk of the blood or body substances. These should be disposed of in leak-proof plastic bags after use, and
4. clean the site with detergent solution.

FIRST AID SUMMARY – Refer to Appendix C

STUDENT SPORTING, PLAYGROUND or CLASSROOM INJURIES

In the case of a blood spill that arises from sporting, playground or classroom activities, teachers must ensure that:

1. A student who is bleeding leaves the activity area until the bleeding has stopped, all body parts contaminated by blood are cleaned and the wound securely covered with waterproof bandages or dressings.
2. Bystanders in the immediate vicinity are removed from the area until it is cleaned.
3. All contaminated equipment is replaced and contaminated surfaces cleaned, prior to the game or activity recommencing (see *Attending to Spills of Blood and other Body Substances* above for procedures).
4. Contaminated clothes are changed for clean ones once the wound has been treated. The contaminated clothes should be handled with surgical gloves and stored in leak-proof double plastic bags until they can be washed.
5. Disposable surgical gloves are worn by all those assisting with the blood spill.
6. A Student Injury Report form is completed and the green section forwarded to Risk Management and Audit section within seven days (refer also to *School Accidents: Policy and Mandatory Procedures*).
7. If bleeding should recur, the above procedures must be repeated. If bleeding cannot be controlled and the wound securely covered, the student must not continue in the activity.
8. Students involved in contact/collision sport and playing under adult rules, should be advised to be immunised against Hepatitis B.

Health and Safety Policy – First Aid

FIRST AID SUMMARY – Refer to Appendix C

DISPOSAL OF CONTAMINATED WASTE

All contaminated waste such as used gloves, dressings, tape and materials used to clean wounds must be placed in a plastic bag, tied securely, then placed inside a second plastic bag and tied securely or placed inside an approved yellow clinical waste bag. This can then be placed in the school or department garbage hopper. It should not be left in the first aid room.

CLEANING CONTAMINATED EQUIPMENT

All equipment/materials soiled with blood or other body substances should be either disposed of or cleaned appropriately. Disposable gloves should be worn when handling and cleaning soiled equipment. All reusable items must be cleaned first in warm water and then wiped with an alcohol wipe such as isocol.

CONTAMINATED CLOTHING

Clothing contaminated with blood or body substances should be removed and stored in leak proof plastic bags until it can be washed. A normal hot machine wash with detergent is sufficient.

Health and Safety Policy – First Aid

FIRST AID SUMMARY – Refer to Appendices F(1) and F(2)

CLEANING EQUIPMENT AFTER AN ASTHMA ATTACK

Equipment – large volume spacer

Bronchodilator ‘puffer’ consisting of drug canister and blue container

1. Dismantle spacer and remove drug canister from container.
2. Wash spacer and container in warm water with kitchen detergent. Do not rinse.
(DO NOT wash drug canister).
3. Leave to drain dry. (DO NOT use cloth to dry spacer).
4. A 70% alcohol solution or swab can be used to wipe the spacer and container mouth piece after washing as an additional infection control precaution in community (first aid) settings.

Check all equipment and replace if it is cracked or damaged.

Check expiry date on drug canister regularly.