

# Caulfield South Primary School

C.S.P.S.

## **First Aid Policy**

### Rationale:

- All children have the right to feel safe and well, and know that they will be attended to with due care when in need of first aid.

### Aims:

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

### Implementation:

- A sufficient number of staff (including at least 1 administration staff member) to be trained to a level 2 first aid certificate, and with yearly up-to-date CPR qualifications.
- The First Aid Officer is on duty from 10.30am until 3pm each day
- Staff will participate in 3 Yearly training in Anaphylaxis Management and Asthma management.
- Staff will be provided with basic first aid management skills, including blood spills, and a supply of protective disposable gloves will be available for use by staff.
- **Where possible, staff with first aid qualifications will provide first aid. However, in an emergency or where those staff are unavailable, other staff may be required to help within their level of competency.**
- A first aid room will be available for use at all times. A comprehensive supply of basic first aid materials will be stored in a cupboard in the first aid room.
- A member of staff is to be responsible for the purchase and maintenance of first aid supplies, first aid kits, ice packs and the general upkeep of the first aid room.

- Portable first aid kits will be available for staff on yard duty. These kits will contain: **single-use rubber gloves, a bottle of sterile eye solution, gauze, band-aids, small pack of tissues, named pictures of students at risk of anaphylaxis or other significant medical condition.**
- First aid kits will also be available in the school for use on excursions and sporting activities. A separate first aid box will be stocked and available for use on camps.
- All children, especially those with a documented Asthma Management Plan, will have access to Ventolin and a spacer at all times.
- All injuries or illnesses that occur during class time will be referred to the administration staff who will manage the incident, all injuries or illnesses that occur during recess or lunch breaks, will be referred to the teacher on duty and if necessary to the teacher assigned to first aid duty.
- Minor injuries only will be treated by staff members on duty, while more serious injuries, including those requiring parents to be notified or suspected treatment by a doctor - require a level 2 first aid trained staff member to provide first aid.
- Any children with injuries involving blood must have the wound covered at all times. Provision will be made to ensure staff are aware of students with allergies to adhesive products and therefore can act accordingly.
- No medication **including pain relief tablets**, will be administered to children without the express written permission of parents or guardians.
- Parents of ill children will be contacted to take the children home.
- Parents who collect children from school for any reason (other than emergency) must sign the child out of the school in a register maintained in the school office.
- **All teachers have the authority to call an ambulance immediately in an emergency, along with attempting to call the parents.** If the situation and time permit, a teacher may confer with others before deciding on an appropriate course of action.

### Documentation

- An up-to-date register located in the first aid room will be kept of all injuries or illnesses experienced by children that require first aid. (pink slips)
- **Parents of all children who receive first aid will receive a completed form indicating the nature of the injury, any treatment given, and the name of the teacher providing the first aid, (pink slip).** For more serious injuries/illnesses, the parents/guardians must be contacted by the administration staff so that professional treatment may be organised.
- **Any injuries to a child's head, face, neck or back must be reported to parents/guardian.**

- Any student who is collected from school by parents/guardians as a result of an injury, or who is administered treatment by a doctor/hospital or ambulance officer as a result of an injury, or has a significant injury to the head, face, neck or back, or where a teacher considers the injury to be greater than “minor” **will be reported on DET Accident/Injury form LE375, and entered onto CASES.**
- Analysis of injury reports or first aid register data may be made in order to identify persistent or serious hazards.

#### **School camps and excursions**

- All school camps will have at least one Level 1 first aid trained staff member at all times.
- A comprehensive first aid kit will accompany all camps, along with a mobile phone.
- All children attending camps or excursions will have provided a signed medical form providing medical details and giving teachers permission to contact a doctor or ambulance should instances arise where their child requires treatment. **Copies of the signed medical forms to be taken on camps and excursions, as well as kept at school.**

#### **Asthma Anaphylaxis plans**

- At the commencement of each year, requests for updated first aid information will be sent home including requests for any Asthma, Diabetes and Anaphylaxis Management plans, high priority medical forms, and reminders to parents of the policies and practices used by the school to manage first aid, illnesses and medications throughout the year.
- General organisational matters relating to first aid will be communicated to staff at the beginning of each year. Revisions of recommended procedures for administering Asthma, Diabetes and Anaphylaxis medication will also be given at that time.

## **Assessment and First Aid Treatment of an Asthma Attack**

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

### **Assessing the severity of an asthma attack**

Asthma attacks can be:

- **Mild** - this may involve coughing, a soft wheeze, minor difficulty in breathing and no difficulty speaking in sentences
- **Moderate** - this may involve a persistent cough, loud wheeze, obvious difficulty in breathing and ability to speak only in short sentences
- **Severe** - the student is often very distressed and anxious, gasping for breath, unable to speak more than a few words, pale and sweaty and may have blue lips.

**All students judged to be having a severe asthma attack require emergency medical assistance.**

**Call an ambulance (dial 000), notify the student's emergency contact and follow the '4 Step Asthma First Aid Plan' while waiting for the ambulance to arrive. When calling the ambulance state clearly that a student is having 'breathing difficulties.' The ambulance service will give priority to a person suffering extreme shortness of breath. Regardless of whether an attack of asthma has been assessed as mild, moderate or severe, Asthma First Aid (as detailed below) must commence immediately. The danger in any asthma situation is delay. Delay may increase the severity of the attack and ultimately risk the student's life.**

### **Asthma First Aid**

If the student has an Asthma Action Plan, follow the first aid procedure immediately. If no, Asthma Action Plan is available in the steps outlined below should be taken immediately.

#### **The 4 Step Asthma First Aid Plan (displayed in Sick Bay and classrooms):**

##### **Step 1**

Sit the student down in as quiet an atmosphere as possible. Breathing is easier sitting rather than lying down. Be calm and reassuring. Do not leave the student alone.

##### **Step 2**

Without delay give 4 separate puffs of a blue reliever medication (*Airomir, Asmol, Epaq or Ventolin*). The medication is best given one puff at a time via a spacer device. If a spacer device is not available, simply use the puffer on its own. Ask the person to take 4 breaths from the spacer after each puff of medication.

### Step 3

Wait 4 minutes. If there is little or no improvement repeat steps 2 and 3.

### Step 4

If there is still little or no improvement; call an ambulance immediately (dial 000).  
**State clearly that a student is having 'breathing difficulties.'**

Continuously repeat steps 2 and 3 while waiting for the ambulance.

## Assessment and First Aid Treatment of Anaphylaxis

What is anaphylaxis?

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

Signs and symptoms

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

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

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

- difficulty breathing or noisy breathing
- swelling of the tongue
- swelling/tightness in the throat
- difficulty talking and/or a hoarse voice
- wheezing or persistent coughing
- loss of consciousness and/or collapse
- young children may appear pale and floppy.

Symptoms usually develop within 10 minutes to one hour of exposure to an allergen but can appear within a few minutes.

The role and responsibilities of the principal

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

- Actively seek information to identify students with severe life threatening allergies at enrolment.
- Conduct a risk assessment of the potential for accidental exposure to allergens while the student is in the care of the school.
- Request that parents provide an ASCIA (Australasian Society of Clinical Immunology and Allergy) Action Plan that has been signed by

the student's medical practitioner and has an up to date photograph of the student

- Ensure that parents provide the student's EpiPen® and that it is not out of date.
- Ensure that staff complete training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®.
- Develop a communication plan to raise student, staff and parent awareness about severe allergies and the school's policies.
- Provide information to all staff so that they are aware of students who are at risk of anaphylaxis, the student's allergies, the school's management strategies and first aid procedures. This can include providing copies or displaying the student's ASCIA Action Plan in classrooms and staff rooms, noting privacy considerations.
- Ensure that there are procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response.
- Allocate time, such as during staff meetings, to discuss, practise and review the school's management strategies for students at risk of anaphylaxis. Practise using the trainer EpiPen® regularly.
- Encourage ongoing communication between parents/carers and staff about the current status of the student's allergies, the school's policies and their implementation.
- Review the student's Anaphylaxis Management Plan annually or if the student's circumstances change, in consultation with parents.

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

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

- Know the identity of students who are at risk of anaphylaxis.
- Understand the causes, symptoms, and treatment of anaphylaxis.
- Obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®.
- Know the school's first aid emergency procedures and what your role is in relation to responding to an anaphylactic reaction.
- Keep a copy of the student's ASCIA Action Plan (or know where to find one quickly) and follow it in the event of an allergic reaction.
- Know where the student's EpiPen® is kept. Remember that the EpiPen® is designed so that anyone can administer it in an emergency.

- Know and follow the prevention strategies in the student's **Anaphylaxis Management Plan. (Appendix 1)**
- Plan ahead for special class activities or special occasions such as excursions, incursions, sport days, camps and parties. Work with parents/carers to provide appropriate food for the student.
- Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.
- Be careful of the risk of cross-contamination when preparing, handling and displaying food.
- Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food.
- Raise student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.

### **Individual Anaphylaxis Management Plans**

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

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

- the type of allergy or allergies.
- the student's emergency contact details.
- practical strategies to minimise the risk of exposure to allergens for in-school and out of class settings, including:
  - » during classroom activities
  - » in canteens or during lunch or snack times
  - » before and after school, in the yard and during breaks
  - » for special events such as incursions, sport days or class parties
  - » for excursions and camps.
- the name of the person/s responsible for implementing the strategies.
- information on where the EpiPen® will be stored.

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

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

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

## First Aid Room Supplies

Consistent with the Department's First Aid Policy and Procedures the school will maintain First Aid supplies that includes the following items:

- an up-to-date first aid book such as:
  - First aid: Responding to Emergencies, Australian Red Cross
  - Australian First Aid, St John Ambulance Australia (current edition)
  - Staying Alive, St John Ambulance Australia, (current edition)
- wound cleaning equipment
  - gauze swabs:
  - sterile saline ampoules:
  - disposable towels for cleaning dirt from skin surrounding a wound
- wound dressing equipment
  - sterile, non-adhesive dressings, individually packed
  - combine bandage for bleeding wounds
  - non-allergenic plain adhesive strips, without antiseptic on the dressing, for smaller cuts and grazes
  - steri-strips for holding deep cuts together in preparation for stitching
  - non-allergenic paper type tape, width 2.5 cm–5 cm, for attaching dressings
  - conforming bandages for attaching dressings in the absence of tape or in the case of extremely sensitive skin
  - sterile eye pads, individually packed
- bandages
  - triangular bandages, for slings, pads for bleeding or attaching dressings, splints, etc
  - conforming bandages:
- lotions and ointments
  - cuts and abrasions should be cleaned initially under running water followed by deeper and more serious wounds being cleaned with sterile saline prior to dressing. Antiseptics are not recommended
  - any sun screen, with a sun protection factor of approximately 15+
  - single use sterile saline ampoules for the irrigation of eyes
  - creams and lotions, other than those in aqueous or gel form, are not recommended in the first aid treatment of wounds or burns
  - asthma equipment (which should be in all major portable kits, camping kits, sports kits, etc)
  - blue reliever puffer (e.g. Ventolin) that is in date
  - disposable spacer device
  - alcohol wipes



Other equipment includes:

- single use gloves – these are essential for all kits and should be available for teachers to carry with them, particularly while on yard duty
- blood spill kits
- vomit spill kits
- one medicine measure for use with prescribed medications
- disposable cups
- one pair of scissors (medium size)
- disposable splinter probes and a sharps container for waste
- disposable tweezers
- one teaspoon
- disposable hand towels
- pen-like torch, to measure eye-pupil reaction
- gel packs, kept in the refrigerator, for sprains, strains and bruises or disposable ice packs for portable kits
- adhesive sanitary pads, as a backup for personal supplies
- flexible ‘sam’ splints for fractured limbs (in case of ambulance delay)
- additional 7.5 m conforming bandages and safety pins to attach splints
- blanket and sheet, including a thermal accident blanket for portable kits
- germicidal soap and nail brush for hand-cleaning only
- box of paper tissues
- paper towel for wiping up blood spills in conjunction with blood spill kit
- single use plastic rubbish bags that can be sealed, for used swabs and a separate waste disposal bin suitable for taking biohazard waste (note: Biohazard waste should be burnt and there are several companies that will handle bulk biohazard waste)
- emesis bags for vomit.

## **Emergency Telephone Numbers**

Poisons Information Service 13 11 26

Ambulance 000

## **Evaluation**

This policy will be reviewed in 3 years time, unless any relevant DET or CSPS requirements dictate an earlier review date.

**Ratified by School Council: 20.7.16**

## **Appendix 1**

### **Anaphylaxis Management**

#### **Documents necessary for Anaphylaxis Management in schools:**

**Anaphylaxis Management Policy**

**Individual Anaphylaxis Management Plan including Risk Assessment Plan and Action Plans**

**Communication Plan**

**Anaphylaxis Risk Management Checklist**

## **C.S.P.S. Anaphylaxis Communication Plan**

**Caulfield Primary School provides information about anaphylaxis and the school's procedures to staff, students and parents in the following ways:**

### **Staff:**

- **Training provided by St John Ambulance for all staff every three years.**
- **Twice yearly briefings on Anaphylaxis Management are provided.**
- **Start of year briefing covers all procedures. Information about the students at risk is provided to staff.**
- **Photographs of at risk students are displayed in the staffroom and first aid room as well as in their respective classrooms.**
- **Staff is made aware of the location and administration of Epipens.**
- **Relief staff is provided with information charts on arrival in the school.**
- **A card system is used for the retrieval of the Epipens.**
- **Cards are on display in classrooms and in first aid bags for yard duty staff.**
- **Office staff will bring the Epipen and ring the ambulance. The call for the ambulance can be transferred to the classroom for further instructions to be given. The call can be made from a mobile phone if Epipen is to be taken to playground. (Office staff are provided with a card outlining procedures.)**
- **Posters displayed on doors of classroom of students at risk and in SLC.**
- **Staff is requested to confine the consumption of nut products to the staff room.**

### **Students:**

- **Classroom teachers ensure students are aware of the students with allergies in their class.**
- **Students are reminded regularly of the rule about not sharing food and washing hands.**

- Teachers discuss with students the possibility of sending for the EpiPen stored in the office by taking the card to the office staff.
- Practice drills can be made from the classroom and the playground.
- Posters displayed on doors of classroom of students at risks and in SLC.
- If any potentially harmful food is brought to school, students are encouraged to inform the classroom or duty teacher so that the risks may be minimised. These include removing the student from the main area while the food is being eaten and ensuring thorough washing of hands.

**Parents:**

- Information is conveyed to parents and carers via the weekly newsletter as well as at parent / teacher interviews as needed.
- Term One information evening and letter for all year levels to carry information about anaphylaxis
- Letters regarding class parties, camps or other special occasions will also be used to convey information about Anaphylaxis Management.
- Letters are sent home regarding EpiPen expiry dates.

## Individual Anaphylaxis Management Plan

<p>This plan is to be completed by the principal or nominee on the basis of information from the student's medical practitioner (ASCIA Action Plan for Anaphylaxis) provided by the parent.</p> <p>It is the parents' responsibility to provide the school with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's medical practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.</p>			
<b>School</b>		<b>Phone</b>	
<b>Student</b>			
<b>DOB</b>		<b>Year level</b>	
<b>Severely allergic to:</b>			
<b>Other health conditions</b>			
<b>Medication at school</b>			
<b>EMERGENCY CONTACT DETAILS (PARENT)</b>			
<b>Name</b>		<b>Name</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Home phone</b>		<b>Home phone</b>	
<b>Work phone</b>		<b>Work phone</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Address</b>		<b>Address</b>	
<b>EMERGENCY CONTACT DETAILS (ALTERNATE)</b>			
<b>Name</b>		<b>Name</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Home phone</b>		<b>Home phone</b>	
<b>Work phone</b>		<b>Work phone</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Address</b>		<b>Address</b>	
<b>Medical practitioner contact</b>	<b>Name</b>		
	<b>Phone</b>		

<b>Emergency care to be provided at school</b>	
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<b>Storage for adrenaline autoinjector (device specific) (EpiPen®)</b>	
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**ENVIRONMENT**

To be completed by principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.

<b>Name of environment/area:</b>
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Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

<b>Name of environment/area:</b>
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Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

<b>Name of environment/area:</b>
----------------------------------

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

<b>Name of environment/area:</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>
<b>Name of environment/area:</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>

(continues on next page)

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

For use with EpiPen® adrenaline autoinjectors



Confirmed allergens:  
\_\_\_\_\_

Family/emergency contact name(s):  
\_\_\_\_\_

Work Ph: \_\_\_\_\_  
Home Ph: \_\_\_\_\_  
Mobile Ph: \_\_\_\_\_

Plan prepared by:  
Dr: \_\_\_\_\_

I hereby authorise medications specified on this plan to be administered according to the plan.

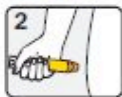
Signed: \_\_\_\_\_

Date: \_\_\_\_\_  
Date of next review: \_\_\_\_\_

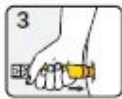
### How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.



PLACE ORANGE END against outer mid-thigh (with or without clothing).



PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.

REMOVE EpiPen. Massage injection site for 10 seconds.

Instructions are also on the device label and at: [www.allergy.org.au/anaphylaxis](http://www.allergy.org.au/anaphylaxis)

### MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

### ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help.
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector.
- Give other medications (if prescribed).....
- Phone family/emergency contact.

**Mild to moderate allergic reactions may not always occur before anaphylaxis**

Watch for **ANY ONE** of the following signs of anaphylaxis

### ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

### ACTION FOR ANAPHYLAXIS

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.
- 2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector.
- 3 Phone ambulance\*: 000 (AU) or 111 (NZ).
- 4 Phone family/emergency contact.
- 5 Further adrenaline doses may be given if no response after 5 minutes, if another adrenaline autoinjector is available.

**If in doubt, give adrenaline autoinjector**

Commence CPR at any time if person is unresponsive and not breathing normally.

EpiPen® is generally prescribed for adults and children over 5 years.

EpiPen® Jr is generally prescribed for children aged 2-5 years.

\*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

### IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Asthma: Y  N  Medication: \_\_\_\_\_

© ASCIA 2015. This plan was developed as a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.

This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):

- annually
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- as soon as practicable after the student has an anaphylactic reaction at school
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective



subjects, cultural days, fetes, incursions).

I have been consulted in the development of this Individual Anaphylaxis Management Plan.

I consent to the risk minimisation strategies proposed.

Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines

Signature of parent:

Date:

I have consulted the parents of the students and the relevant school staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.

Signature of principal (or nominee):

Date: