

Croydon Community School & OPTIONS

Medical & First Aid Emergency

Policy & Register



PURPOSE

To ensure the staff and school community understand the approach Croydon Community School & OPTIONS takes to first aid for students

SCOPE

The Principal and all staff members have an obligation to be familiar with the school's first aid procedures and observe their duty of care to students by providing first aid treatment within the limits of their skill, expertise, training and responsibilities.

First aid for anaphylaxis [and asthma, diabetes and other specific medical conditions] is provided for in the school's:

- Anaphylaxis Management Policy
- Asthma Management Policy
- Diabetes Management (Types 1 & 2) Policy
- Epilepsy & Seizure Policy

DEFINITIONS

First aid involves emergency treatment and support to preserve life through:

- clearing and maintaining open airways
- restoring breathing or circulation
- monitoring wellbeing until the person recovers or is transferred into the care of ambulance paramedic, doctor or nurse
- protecting a person, particularly if they are unconscious
- preventing a condition worsening
- promoting recovery.

Applying first aid

Basic first aid involves DRSABCD:

- Danger – always check for any danger to you, any bystanders and then the injured student. Staff should not put themselves in danger when assisting an injured or sick student
- Response – check if the student is conscious by seeing if they will respond when you talk to them, touch their hand or squeeze their shoulder
- Send for help – call 000
- Airway – check the student's airway is clear and they are breathing
- Breathing - check for breathing (look for chest movements, listen for air coming through the student's mouth or nose or feel for breathing by placing a hand on the lower part of the student's chest)
- CPR – if the student is unconscious and not breathing, apply CPR (cardiopulmonary resuscitation)
- Defibrillator – if the student is unconscious and not breathing, apply an automated external defibrillator (AED) if one is available. Some AEDs are not suitable for children so ensure the device is checked for suitability.

POLICY

- Staff will administer first aid to a student if an injury, sudden illness or medical emergency occurs at school or during a school activity. Important note: staff should only apply first aid in line with their skills and level of training.
- The school will:
 - provide first aid facilities to allow for provision of basic first aid care as well as first aid treatment such as minor cuts, scratches, bruising and injury
 - ensure sufficient staff trained in first aid under the provisions of the Occupational Health & Safety Act 2004 and the Department's First Aid and Infection Control procedures and are always available to assist an ill or injured person see: [First Aid and Infection Prevention and Control Procedure](#)
 - maintain at least one major first aid kit located in the sick bay
 - maintain portable first aid kits for excursions and yard duty
 - in the case of a medical emergency, schools must immediately contact emergency medical services (call 000) and be familiar with the school's emergency procedures

Please note: First aid for anaphylaxis and asthma are provided in separate Anaphylaxis and Asthma policies, see: Department resources

HEAD INJURY

Following a head injury or knock to the head, children and adolescents may be more susceptible to concussion and take longer to recover. The [Concussion Recognition Tool 5](#) (available in the First Aid Kit) can be used to assist identification of suspected concussion. It is not designed to diagnose concussion.

RED FLAGS – Call an ambulance

If there is concern after a head injury, including whether ANY of the following signs are observed or complaints are reported, first aid should be administered AND an ambulance should be called for urgent medical assessment:

- neck pain or tenderness
- double vision
- weakness or tingling/burning in arms or legs
- severe or increasing headache
- seizure or convulsion
- loss of consciousness
- deteriorating conscious state
- vomiting
- increasingly restless, agitated or combative.

OBSERVABLE SIGNS – take appropriate action

If there are NO RED FLAGS but signs and symptoms that suggest concussion, as listed in the Concussion Recognition Tool 5 (available in the First Aid Kit):

- the student should be immediately removed from play/sport and not engage in further activity (e.g. returning to a sporting game)
- the school must advise the parent or carer to collect the student and recommend a medical assessment, even if the symptoms resolve.

Making contact with parents and carers

Whenever the Concussion Recognition Tool 5 is used to assist with the identification of a suspected concussion, parents/carers should always be contacted and the following actions taken:

- If concussion IS suspected:

- the school must contact the parent or carer and ask the parent or carer to collect the student from school and recommend a medical assessment, even if the symptoms resolve.
- If concussion ISN'T suspected:
 - the parent/carer should be contacted and informed of the injury and that the Concussion Recognition Tool 5 has been used to assist with the identification of a suspected concussion
 - If, after being informed of this process the parent or carer wish to collect the student from school, they may do so.

Following identified concussion incidents, schools may need to make reasonable adjustments as guided by the student's treating team, including:

- return to learning and return to sport plans
- modifying school programs to include more regular breaks, rests and increased time to complete tasks.
- For more information, see: [RCH Head injury - general advice](#) and [RCH – Head Injury – Return to school and sport](#)

The school will not:

- store or administer analgesics such as aspirin and paracetamol as a standard first aid strategy as they can mask signs and symptoms of serious illness or injury
- allow a student to take their first dose of a new medication at school in case of an allergic reaction. This should be done under the supervision of the family or health practitioner.
- allow use of medication by anyone other than the prescribed student.

Note: Only in a life threatening emergency could this requirement be varied. For example, if a student is having an asthma attack and their own blue reliever puffer is not readily available, one should be obtained and given without delay. See: [Medication](#)

Use of ice packs

When using an icepack to treat a minor injury such as a bump or bruise do not apply directly to skin and remove if pain or discomfort occurs and use a cold compress (towel or cloth rinsed in cold water) as an alternative.

When an injury causes a nose bleed then an ice pack should not be used instead a cold compress may be used.

In the following circumstances an icepack and/or cold compress should not be used and medical help should be sought (usually by calling an ambulance):

- loss of consciousness, even if only briefly
- a less than alert conscious state
- suspicion of a fracture
- suspicion of a spinal injury
- damage to eyes or ears
- penetration of the skin
- deep open wounds
- In an emergency situation, staff will take action without waiting for parent/carer consent (if the incident relates to a child). Delays in these circumstances could compromise safety.
- Once the action has been taken, staff will notify parents/carers or the child's emergency contact and then the DET's Security Services Unit on (03) 9589 6266.

First aid kits

The school will:

- maintain at least one major first aid kit located in the sick bay

- maintain portable first aid kits for excursions or yard duty
- store any medications separately from the first aid kit including any prescribed or non-prescribed medication provided by a student's parent/carer.

Schools are responsible for determining what items should be included in their first aid kit based on the needs of their school community. For a checklist recommending what should be included in a standard school first aid kit, as well as a portable first aid kit, use the First Aid Kit Contents checklist which can also be found on HRWeb at: First Aid and Infection Control

Kit contents

First aid kit contents should meet the first aid requirements of individual schools. The contents depends on:

- the number of students and staff
- nature of the activities being undertaken
- location of excursions and the activities to be undertaken.

Ambulance Victoria recommends portable first aid kits should include:

- a first aid manual of a smaller size specialised, if possible, to the activities being undertaken, such as:
 - Emergency First Aid: A Quick Guide, available from St John Ambulance Australia
 - First aid Notes, available from Australian Red Cross
- a copy of the [Concussion Recognition Tool 5](#)
- two pairs of single use nitrile gloves
- sterile saline sachets or ampoules for irrigating eyes and minor wounds
- gauze and band aids
- a resuscitation face mask
- if possible, a device to call for assistance such as mobile phone, cordless phone, or two way radio.

Staff and training

Principals and school staff must:

- be familiar with the school's first aid procedures
- observe their duty of care to students by providing first aid treatment within the limits of their skill, expertise, training and responsibilities
- nominate staff to be first aid officer/s (dependent on the number of employees/students), see: First Aid Risk Assessment
- ensure there is always a first aid officer who:
 - can assist an ill or injured person
 - has current qualifications covering all the school's first aid requirements

Principals must ensure relevant staff receive additional training to meet student health needs (which may include training for anaphylaxis, asthma or diabetes management).

Training

The need for first aid varies at each school. Staff who practice first aid should have their position description updated to reflect this extra responsibility.

Staff nominated to be First Aid Officers must have completed:

- a recognised first aid training course that meets the requirements of Provide First Aid - HLTAID003 and Cardiopulmonary Resuscitation (CPR) - HLTAID001
- basic First Aid training (HLTAID003) must be completed every three years, while a refresher course in CPR (HLTAID001) must be completed annually.

- For more information on First Aid Officer training, see: [First Aid and Infection Prevention and Control Procedure](#). Where required, additional first aid modules may need to be completed by school staff to cover:

Where required, additional first aid modules may need to be completed by school staff to cover:

- the health needs of students attending the school, such as asthma management, administration of the EpiPen; or
- excursions, specific educational programs or activities. , see: [First Aid Risk Assessment](#)

FURTHER INFORMATION AND RESOURCES

References:

www.education.vic.gov.au/school/principals/spag/health/pages/firstaid.aspx

www.education.vic.gov.au/school/principals/spag/health/pages/firstaidneeds.aspx

www.education.vic.gov.au/school/principals/spag/health/Pages/emergency.aspx

Please refer also to the school's:

- Anaphylaxis Management Policy
- Asthma Management Policy
- Bleeding Students/Blood Spills Policy
- Care Arrangements for Ill Children Policy
- Drug and Alcohol Policy
- Duty of Care Policy
- Emergency and Incident Reporting Policy
- Health Care Needs Policy
- Immunisation and Exclusion (infectious Diseases) Policy
- Medical Emergencies
- Medication (Administration Of) Policy
- Occupational Health & Safety Policy
- Professional Learning Policy
- Record Keeping Procedures Policy

REVIEW CYCLE

This policy, first developed in this format in May 2019, and will be reviewed as part of the school's three-year review cycle or if guidelines change.

Site Characteristics	Minimum First Aid Requirements	
Less than 50 employees (and children)	1 first aid officer (minimum level 2 trained)	1 first aid kit
50 - 199 employees (and children)	2 first aid officers (minimum level 2 trained)	4 first aid kits
200 - 399 employees (and children)	4 first aid officers (minimum level 2 trained)	6 first aid kits
400 - 599 employees (and children)	6 first aid officers (minimum level 2 trained)	8 first aid kits
600 - 799 employees (and children)	9 first aid officers (minimum level 2 trained)	10 first aid kits and a first aid room with bed and stretcher
800 - 999 employees (and children)	12 first aid officers (minimum level 2 trained)	12 first aid kits (including specific "type of incident" treatment) and a first aid room with bed and stretcher

>1000 employees (and children)	16 first aid officers (minimum level 2 trained)	14 first aid kits (including specific “type of incident” treatment) and a first aid room with bed and stretcher
Where access is limited to medical and ambulance services (e.g. remote workplaces, school field excursions etc.)	2 additional first aid officers for every category (minimum level 2 trained)	2 additional first aid kits for every category

