

# MACS First Aid Policy and Guidelines



## Purpose

Melbourne Archdiocese Catholic Schools Ltd (MACS), and the schools it governs and operates, strive to be communities of faith, hope and love, where the wellbeing and interests of all students is foremost. We have a responsibility to provide a safe work environment for all members of our school community. We have a particular duty of care for the safety of our students. It is important, therefore, to identify the first aid arrangements and facilities in place to ensure all injured and ill people get immediate and adequate treatment.

Appropriate first aid facilities, training and resources must be in place in each school or workplace to meet the first aid needs of staff, students and others in the workplace or school, or in school approved activities, including those activities that take place off site or out of school hours.

## Scope

These guidelines apply to all employees, students and others in all schools and workplaces governed and operated by MACS.

## Definitions

**First Aid** – the emergency treatment provided to employees, students and others who suffer injury or illness while at work/school, using the facilities or materials available at the time. In the case of severe injury or illness, members of staff are not required to diagnose or treat the condition apart from carrying out the appropriate first aid procedures. Diagnosis and treatment are the responsibility of the ambulance officer or medical practitioners.

**First Aid Officers** – staff members who have been trained in first aid and are designated to provide initial care of ill or injured staff, students or others.

## Policy

First aid facilities to meet the needs of staff, students and others must be in place in schools and for school approved activities, including off site activities such as camps and excursions, and out of hours school events.

Sufficient staff must be trained under the provisions of the Occupational Health and Safety Act 2004 to ensure adequate provision of first aid based on the number of students, the activities being undertaken and the environment.

A first aid officer with current first aid qualifications must always be available to respond and assist an ill or injured person.

Additional staff with relevant training must be available depending on the student population, proximity to medical facilities, and the nature of activities being undertaken.

Additional training for anaphylaxis management will be undertaken by all staff in schools.

A first aid risk assessment will identify the minimum first aid requirements for a school and considers:

- the size and layout of the school – buildings, external areas
- high risk areas – technology and science laboratories, health and physical education facilities, performing arts facilities, workshops or maintenance areas, chemical storage areas
- the number of campuses
- the number of employees, students and others in the workplace
- known medical conditions of staff, students and others
- previous incidents or trends in illness or injuries
- the nature and location of camps, excursions and other off site activities
- school vehicles
- proximity to medical facilities and access to emergency services
- proximity of hazards in the school or local environment.

This risk assessment will identify the following:

- the number of designated first aid officers
- the location of first aid room, if required
- the number, location and contents of first aid kits.

The risk assessment is to be reviewed regularly to ensure that the first aid resources in the school continue to meet the needs of the community. A first aid risk assessment is to be completed prior to camps and excursions.

### **First aid officer training**

It is the responsibility of the principal or their delegate to ensure that designated first aid officers have completed the recognised training. The first aid risk assessment will determine the level of first aid training to be undertaken and the number of first aid officers required in the school.

The minimum training requirement is HLTAID003 – Provide First Aid. This certificate is to be renewed every three years. In addition, the refresher in Cardiopulmonary Resuscitation (CPR) HLTAID001 must be completed each year.

### **General first aid training for staff**

All staff are to complete the refresher in Cardiopulmonary Resuscitation (CPR) HLTAID001 each year.

All staff are to attend two briefings on anaphylaxis management conducted at the school by the anaphylaxis supervisors. In compliance with Ministerial Order 706, it is recommended that all Victorian school staff undertake the Australasian Society of Clinical Immunology and Allergy (ASCI) e-training course and have their competency in using an autoinjector tested in person within 30 days of completing the course. Staff are required to complete this training every two years.

Training in the management of asthma should be undertaken annually. Depending on the student population, additional training in other medical conditions, such as diabetes or epilepsy may be recommended following the first aid risk assessment

A register of all first aid training is kept in the school by a person nominated by the principal.

## Responsibilities of first aid officers

First aid officers provide initial care to injured or ill staff, students or others by delivering first aid treatment in accordance with the level of their training. They are not required to diagnose conditions or to provide ongoing medical assistance. When appropriate, the first aid officer will refer the ill or injured person to additional medical advice or assistance. The first aid risk assessment will determine the appropriate number of staff designated as first aid officers in each school. The principal must ensure there are adequate staff trained in first aid to meet the needs of the particular school environment and population.

## Location of first aid

Where it is determined that a first aid room is required in a school, the location of this room must be known and easily accessible by the school community and emergency services, and readily identifiable with appropriate signage. This room is not to be used for any other purpose and be well-lit and ventilated. The first aid facility is to be equipped in accordance with the Worksafe compliance code: First aid in the workplace.

If it is not possible to provide a first aid room, an area must be provided for ill or injured staff, students or others to rest. This area should meet as many requirements as possible of those for first aid rooms.

The first aid room or area must be in a location that can be supervised by a staff member with first aid training at all times. A locked cabinet for the storage of medication must be available in the facility.

## Communication with Parents, Guardians and/or Carers

Information about the school's policies and procedures for first aid, distribution of medication, and management of students with medical conditions will be provided to parents, guardians and/or carers. Updates to these policies and procedures will be provided through the school's website, newsletters or online applications.

The school will request that parents provide up-to-date and accurate medical information relating to students, including information about conditions such as anaphylaxis, asthma and diabetes. Parents will be requested to provide this information annually, prior to camps and excursions and if the child's medical condition has changed.

An incident report will be completed when first aid is administered. This report will be kept in the school and a copy provided for the parent, guardian and/or carer of the student.

Parents, guardians and/or carers must be notified as soon as possible if required to collect an ill or injured student from the school. When a parent cannot be contacted, the principal will contact the emergency contact nominated by the parent, guardian and/or carer.

## Procedures –

Policy compliance

- **Introduction**
- St Joseph's Catholic Primary School is committed to providing an effective system of first aid management to respond immediately and protect the health, safety and welfare of all school community members including students, parents, staff members, contractors & visitors.
- To achieve this where practical, all staff members, as well as, nominated 'non-teaching' staff members will hold current First Aid accreditation:
  - » Apply First Aid (Level 2)

- » First Aid Management of Anaphylaxis
- » Emergency Management of Asthma
- » Diabetes
- **Scope**
- These guidelines apply to all St Joseph's Catholic Primary School sites and to all staff members, non teaching staff, casual relief teachers and contractors whilst performing duties on behalf of the school.
- **First Aid**
- First Aid and its administration is a vital part of the Pastoral Care that is required to be undertaken by the school. It is defined as providing assistance in the case of an accident or sudden illness when a medical practitioner is not available.
- To fulfil the school's 'duty of care' St Joseph's Catholic Primary School will aim to:
  - » Provide a facility for use in the administration of the First Aid
  - » Provide guidelines for use in the administration of First Aid procedures
  - » Communicate with parents/guardians where First Aid has been administered
- In the case of serious injury or illness, no member of staff is required to treat or diagnose the condition of the injured person / student other than to carrying out appropriate First Aid within the bounds of their knowledge & training. Diagnosis is the responsibility of suitably trained individuals such as ambulance officers or medical practitioners who may be called to the scene.
- **Those administering First Aid are to act only within the bounds of their training & knowledge.**
- **School Responsibility**
- The 'duty of care' owed to students & others will be met by:
  - » Ensuring, as far as is reasonably possible, that Health & Safety provisions are considered in all activities involving students;
  - » Ensuring, as far as is reasonably possible, that staff members & non-teaching staff are qualified and available to assist with the administration of First Aid;
  - » Ensuring that staff members, non-teaching staff, casual relief teachers and other relevant individuals are aware of students with identified anaphylaxis & the school's anaphylaxis policy & management plan;
  - » Providing appropriate instruction & training to all staff members, non-teaching staff, casual relief teachers in anaphylaxis management bi-annually;
  - » Regularly communicating to staff members, non-teaching staff, casual relief teachers and other relevant individuals, strategies for the prevention of anaphylactic, allergic events & emergency response requirements.
  - » Documenting First Aid applied by staff members & non-teaching staff in the school's injury register;
  - » Communicating with parents/guardians of any First Aid administered to their child, particularly that resulting in 'time-out'.
  - » Providing a facility whereby First Aid can be administered both in the class and from a central location;
  - » Providing qualified staff members & First Aid facilities on all excursions, camps, sporting events and other 'off-site' activities.
- **Staff Member & Non-Teaching Staff are responsible for:**

- » Where required, maintaining current First Aid certification;
- » Where required administer First Aid within the bounds of their training & knowledge;
- » Participate in training and updates for specific treatment options including, anaphylaxis & asthma management bi-annually;
- » Maintain an up-to-date knowledge & understanding of the location and content of Anaphylaxis Management Plans for students under their care, as well as how to administer EPIPEN auto-injectors;
- It should be noted that a teacher's duty is greater than that of the ordinary citizen in that a teacher is obliged to assist an injured student, while the ordinary citizen may choose to do nothing.
- **Procedures & Responsibility for First Aid Personnel**
- St Joseph's Catholic Primary School maintains First Aid facilities and an appropriate number of staff members, non-teaching staff, casual relief teachers with current First Aid certification to ensure effective administration where required.
- The following consideration for the administration of First Aid will be implemented with all requirements communicated to staff members, non-teaching staff, casual relief teachers, students, contractors, visitors & other relevant individuals.
- » Injured or sick students should report to the First Aid Room (where possible); » A staff member will be rostered on duty in the First Aid Room during recess & lunchtime;
- » First Aid Room supervision will be the responsibility of the Leadership Team & Administrative Staff during class time;
- » At the end of the recess and lunch break, it is the responsibility of the assigned staff member in the First Aid Room to hand brief Administrative Staff to arrange for the continued care of the sick or injured children if they are unable to return to class;
- » If a student is sent home during recess or lunch time it is the responsibility of the staff member assigned First Aid duty to advise members of the Leadership Team or Administrative Staff so that contact can be made with the appropriate class teacher;
- » Parents / guardians are informed of any First Aid treatment, either in writing or if more urgent, by phone or in person.
- » Staff members are to monitor First Aid Room supplies and report items that require replenishment to a member of the Leadership Team as soon as practical.
- » Sick or injured students must be supervised at all times, until First Aid is no longer required, or the sick or injured student is to be taken into the care of parents, guardians or medical personnel;
- » During class time a student should only remain in the First Aid Room when the nature of the injury/illness prevents them from taking part in normal class activities. Where this occurs they are to be monitored by a member of the Leadership Team or Administrative Staff;
- » During recess and lunch breaks students should only remain in the First Aid Room when the nature of the injury/illness prevents them from taking part in the remainder of the playtime.
- Medication prescribed for a student by a doctor will only be administered by staff

members in accordance with the School's Medication Procedure. Parents & guardians must make contact with the class teacher and complete the school's Medical Authorisation Form (also available from the office). It is preferred that this form is completed in consultation with the treating medical practitioner. All medication will be stored according to product guidelines in a safe and secure locations as determined by the school.

- When the First Aid requirements are beyond the level of training of the attending staff member, non-teaching staff member or casual relief teacher, a member of the leadership Team is to be notified and the parents or guardian contacted immediately.
- **Injury Notification**
- When a student sustains an injury deemed to be more serious in nature the staff member or non teaching staff member responsible for the treatment, must notify a member of the Leadership Team
- and the student's parents or guardian by phone. Where a casual relief teacher has been treating an injured student they must make immediate contact with a member of the Leadership Team to enable them to contact the student's parent or guardian where required.
- Parents & guardians must be notified when their child sustains the following: » Blood noses
  - » Any head injury
  - » Sprains
  - » Vomiting
  - » Injuries that may require further attention.
- In instances where a student is unable to resume normal school activities as a result of injury or illness then the student's parents or guardian must be contacted via phone, with the view of taking the student home. If parents cannot be notified then the emergency contact is to be informed.
- **Serious Injuries**
- In the event of a serious accident or incident to a student at school the attending staff members primary 'duty of care' remains with the injured student at all times.
- » The attending staff member should remain with the student and either communicate with the front office by phone or by sending a message.
- » An immediate decision must be made as to whether or not an ambulance is required before contacting the parents or guardians.
- » For guidance on when an ambulance may be required (refer Requesting Emergency Services Section).
- » Where an injured student is required to travel by ambulance to hospital, and in the absence of a parent or guardian, a staff member familiar to the student will travel with them from the site for medical treatment.
  - » At all times during treatment, infection control measures must be implemented eg..Gloves to be worn, isolate children if required. (Refer to the School's Blood Spills Guidelines)
- » All First Aid treatment is to be recorded in the school's Injury Register in accordance with legal requirements and Education Department guidelines. The school's insurer will be contacted and relevant notification forms completed in the event of a serious injury.

- » In the event of broken bones, loss of consciousness and lacerations, requiring stitches a representative of the school must contact Worksafe immediately on 132 360. (Refer to Notifiable Injuries Section)
- **Requesting Emergency Services**
- In the event of a serious injury or situation where immediate medical treatment may be required an ambulance should be called without hesitation.
- Events where an Ambulance may be called include:
  - » An unconscious person –When a student or teacher does not wake or respond when shaken.
  - » Breathing difficulty –especially if the student or teacher is unable to speak more than a few words, has blue lips or mouth.
  - » Abdominal pain –that is severe and undiagnosed.
  - » Haemorrhages –major uncontrolled bleeding.
  - » Bleeding –that does not stop after at least 10 minutes of continuous pressure.
  - » Burns –which are bigger than the size of a hand and/or cause severe pain that is not relieved with simple painkillers, or if the person has difficulty breathing.
  - » Choking –especially if the student or teacher is unable to talk, cry or breathe.
  - » Convulsions or fitting –or if they have no history of convulsions (for example epilepsy or brain injury).
  - » Drowning, near drowning, or a diving accident.
    - » Heart attack (suspected) –pain in the chest, especially if it is crushing or similar to indigestion and lasts more than five minutes. The pain may spread to arms and jaw.
    - » Stroke (possible) –especially if the person experiences numbness, loss of function of hand, arm or leg, slurred speech, facial droop or severe abrupt headache.
    - » Pain (severe) after a fall or injury –when the person is unable to sit up, stand or walk.
    - » Diabetes –if the person is not fully awake or not behaving normally.
  - » Allergic reaction –especially if the student or staff has difficulty breathing or loss of consciousness.
  - » Electrical shock –of any kind.
- **Notifiable Injuries (Fatalities, Serious Injuries or Incidents)**
- It is the school’s legal responsibility to report fatalities, serious injuries or incidents which expose staff, students, contractors, visitors or any member of the school community to risks of Health & Safety to Worksafe immediately (132 360).
- Worksafe must be notified of serious injuries to staff members, students, contractors, visitors or any member of the school community that occur on the school site or as a result of a school activity immediately. These include:
  - » Death
  - » Serious injury
    - – Medical treatment within 48 hours of exposure to a substance
    - – Immediate treatment as an inpatient in a hospital

- – Amputation
- – Serious head injuries
- – Serious eye injuries
- – Separation of skin from underlying tissue
- – Electric shock
- – Spinal injury
- – Loss of body function (broken bones)
- – Serious lacerations
- Written notification must be provided to Worksafe within 48 hours by completing its [Incident Notification Form](#).
- The school will also ensure that any site associated with a Notifiable Incident is preserved & cordoned off until an inspector arrives or as otherwise directed by Worksafe.
- **Medical Management Plans**
- A register of children who suffer from conditions such as anaphylaxis, asthma, epilepsy or allergies is maintained with an accompanying Management Plan for each child. (Refer to the school's Anaphylaxis Management Policy & Guidelines).
- Members of the Leadership Team will ensure that an Anaphylaxis Management Plan for each student diagnosed with anaphylaxis or allergies, is developed in consultation with the student's parents or guardians and their attending medical practitioner.
- A Communication Plan will be developed to ensure that all staff members, non-teaching staff & casual relief teachers are aware of every student with anaphylaxis and severe allergies. All staff members & non-teaching staff and ensure that they understand the requirements of the individual Management Plans of each of the students under their care.
- Members of the Leadership Team will ensure that Anaphylaxis Management Plans are current and displayed at various locations throughout the School for the sole purpose of informing all staff members of the allergy & to assist in an emergency response.
- Members of the Leadership Team will ensure that care and diligence applies at other times while the student is under the care or supervision of the school in the following settings: »
  - School excursions
  - » School camps
  - » School yard
  - » Special event days conducted or organised by the school
  - » Sport days.
- St Joseph's Catholic Primary School maintains First Aid Kits containing the following as a minimum:

1	Basic first aid notes	Guidance Information	
2	Disposable gloves	Infection control	
3	Resuscitation mask	Infection control	
4	Individually wrapped sterile	Wound dressing	



	adhesive dressings		
5	Sterile eye pads (packet)	Emergency eye cover	
6	Sterile covering for serious wounds	Bleeding control, cover wound	
7	Triangular bandages	Slings, support, padding	
8	Safety pins	Secure bandage/sling	
9	Small sterile unmedicated wound dressings	Minor wound dressing	
10	Medium sterile unmedicated wound dressings	Moderate wound dressing	
11	Large sterile unmedicated wound dressings	Major wound dressing	
12	Non-allergenic tape	Secure dressings/equipment	
13	Rubber thread or crepe bandage	Secure dressings/equipment	
14	Scissors	Cutting dressing/clothing	
15	Sterile saline solution	Cleaning wounds, emergency eye wash	
16	Plastic bags	Waste disposal	

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