

South Newman Primary School

Student Health Care and First Aid Policy

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**South Newman
Primary School**
Iron, spirit & courage

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Provide first aid in the workplace

Principals, line managers and first aid officers use this information to provide first aid in the workplace.

The first aid officer assesses whether to take the injured person to a doctor or to call an ambulance. The first aid officer should call an ambulance and notify the principal or line manager in all cases:

- of suspected serious injury or ill health
- involving anaphylaxis.

The first aid officer does not have authority to send staff home.

Exercise caution in all emergency care. Seek professional medical advice as soon as possible if:

- the person responsible for first aid is not in attendance
- staff are in doubt about what to do.

Professional medical advice may include contacting the person's regular doctor.

All staff should provide assistance in any workplace medical emergency. You can assist within your level of training and experience including:

- ensuring your own safety before the safety of others and then attending the ill or injured person
- not placing yourself in danger
- reporting illness, accidents and injuries to the line manager at the earliest opportunity.

Department of Education. Provide first aid in the workplace.

[Provide first aid in the workplace - Ikon - The Department of Education](#)

Roles and Responsibilities

Principals and Line Managers

Principals and line managers are responsible for the provision of first aid in the workplace, conducting risk assessments, developing a first aid plan and ensuring a suitable number of staff is trained.

Principals and Line Managers should take all reasonable steps to confirm that:

- An emergency management plan is in place to minimise accidents, including strategies for addressing previous “near misses”
- Procedures that include roles and responsibilities for responding to a medical emergency are understood by employees.
- Employees are made aware of their duty of care and legislative responsibilities at induction and subsequently at regular intervals.
- A register of current first aid officers is maintained.
- Records are retained in the workplace of all injuries and illnesses where first aid has been provided; and
- Injuries are reported to Principals and Line Managers, recorded and investigated as soon as possible.
- Upon student enrolment, provide and request parents to complete a *Student Health Care Summary* Form – Form 1.
- Request parents to provide a record of their child’s immunisation history.
- Upload information from Student Health Care Summary forms and Health Care Plans into the Medical Details section of the Schools Information System (SIS).

*** If parents do not provide immunisation records, the enrolment can proceed but parents should be advised that during an outbreak of a vaccine preventable disease such as measles, their child may be excluded until 14 days after the onset of the rash in the last case occurring at the facility. Contact management will be coordinated by public health staff.*

*The Absence of parental consent does not prevent a Principal seeking medical attention in an emergency***

First Aid Officers

First Aid Officers in schools or workplaces should be:

- Appointed voluntarily;
- Suitably trained in first aid, including anaphylaxis training
- Provided with sufficient time to meet the responsibilities of the role; and
- Required to administer assistance within their level of training and experience

The OSH regulations require that a sufficient number of persons at a workplace are trained and available to provide first aid. The size and nature of the workplace and other local factors will determine how many employees need to be trained. Principals and Line Managers have the discretion to arrange for additional employees to be suitably trained in first aid.

Where there are insufficient volunteers for the role of first aid officers, local community health providers may be contacted to discuss arrangements for the provision of first aid at the school or workplace.

The current recognised National Training Requirement Unit in first aid and the expected level of competency to be achieved is HLTAID-003 Provide First Aid. All employees responsible for first aid are required to undertake this training and update it every three years thereafter.

An appointed First Aid Officer may be entitled to a first aid allowance if the employee’s working conditions are covered by Part 6 of the *Public Service and Government Officers General Agreement 2014*.

PART 6: ALLOWANCES

37. PUBLIC SECTOR FIRST AID ALLOWANCE

37.1 For the purposes of this clause the following expressions shall have the following meanings:

- (a) “Appointed” means the employer has formally assigned an employee, who is suitably qualified in first aid, to the position of first aid officer; and the employee has agreed to take on the responsibilities of providing first aid in the workplace, as determined by the employer;
- (b) “Deputy first aid officer” means an employee who has been appointed by the employer to take on first aid responsibilities in a workplace when the first aid officer is unable to do so;
- (c) “Suitably qualified in first aid” means holding a current statement of attainment that satisfies the national training requirement HLTF301B – Apply First Aid. This includes, but is not limited to, the successful completion of the two Day Senior First Aid - St John Ambulance Association; or the Senior First Aid (Workplace Level 2) – Australian Red Cross Society training courses.
- (d) “Workplace” means the direct area in which the employee has been employed to work in the ordinary course of their employment.

**First
Aid**

37.2 An employee who has been appointed by the employer to be the first aid officer in a workplace shall be paid a public sector first aid allowance of 1% of the gross hourly salary of a Level 1.8 general division employee.

37.3 An eligible part time employee is entitled to this allowance on a pro rata basis.

37.4 The public sector first aid allowance shall be paid to either the appointed first aid officer or the deputy first aid officer in a workplace. The deputy first aid officer shall not be paid the first aid allowance for any period in which the allowance is paid to the appointed first aid officer.

37.4 A deputy first aid officer is to be paid the public sector first aid allowance where the employer has agreed to them taking on the first aid responsibilities in a workplace due to the inability of the appointed first aid officer to do so. For example, where the appointed first aid officer is on annual or long service leave, or extended personal leave.

Officers Responsibilities

A First Aid Officer is responsible for monitoring and maintaining first aid facilities in their school or workplace, administering first aid and recording and reporting incidents and accidents.

This includes:

- Checking expiry dates on the contents of first aid kits and regularly making arrangements for replenishment of items, including adrenaline auto-injectors and salbutamol inhalers in first aid kits;
- Checking that an up-to-date generic Australasian Society of Clinical Immunology and Allergy Action Plan for Anaphylaxis and a generic Asthma Action Plan are available;
- Providing first aid manuals to form part of first aid kits, obtainable from St John Ambulance (Western Australia), Australian Red Cross or other recognised first aid training providers;
- Checking all first aid room equipment is properly maintained and accessible;
- Confirming a written record is kept of every occasion where first aid is provided in the workplace;
- Reporting illness, accidents and injuries to their Line Manager at the earliest opportunity.
- Assessing whether an injured or ill person should be taken to the doctor’s surgery or an ambulance be called.

- Providing First Aid and remaining with the injured or ill person until their emergency contact is present.

First Aid Officers Responsibilities in Providing First Aid and Administering Medication

In case of injury at a workplace, the first aid officer assesses whether the injured person should be taken to a doctor's surgery or an ambulance be called.

In all cases of suspected serious injury or ill health, including the management of anaphylaxis, an ambulance should be called immediately and the Principal or Line Manager notified as soon as possible.

In remote areas, or other circumstances where an ambulance is not available within a reasonable time, advice from the ambulance or medical service is recommended prior to considering the use of a private vehicle.

If a private vehicle is to be used, at least two people need to travel with the student, one to drive, while the other (preferably the First Aid Officer) monitors the student's health.

****Caution should be exercised in all emergency care. If the person responsible for first aid is not in attendance or employees are in doubt about what to do, professional medical advice should be obtained as soon as possible. Professional advice may include the person's regular doctor****

Staff Responsibilities

Where a First Aid Officer is not available, all employees should provide assistance within their level of training and experience in any workplace medical emergency, including:

- Firstly, ensuring their own safety and considering the safety of others, prior to attending to an ill or injured person;
- Not placing themselves in danger when delivering first aid;
- Reporting illness, accidents and injuries to their Line Manager at the earliest opportunity; and
- Accessing emergency contact numbers:
 - Ambulance – 000
 - Poisons Information Line – 13 11 26
 - Health Direct – 1800 022 222

****Caution should be exercised in all emergency care. If the person responsible for first aid is not in attendance or employees are in doubt about what to do, professional medical advice should be obtained as soon as possible. Professional advice may include the person's regular doctor****

The Department supports staff who have fulfilled their duties in good faith. This includes administering health care support and/or emergency first aid.

Parents Cooperation/Partnerships

Principals should encourage parents to work in partnership and cooperate in providing the necessary health information and/or medication required. If parents do not cooperate, they should be informed in writing of the possible implications of failing to provide relevant health information and/or medication.

If parents do not respond to written communication, principals may:

- Seek agreement from the parent to liaise directly with the student's medical practitioner.
- If the school becomes aware that a student has a complex and/or potentially life threatening condition, seek advice from the Regional Education Office, School Community Health Nurse and or Legal Services.

- Refer the matter to the Department for Child Protection and Family Support as a case of medical neglect.

Attendance of Students Who Are Unwell

If a parent insists that his/her child attend school and the Principal believes that the child is not well enough to attend, the Principal can request the parent to provide a medical certificate to confirm that the child is fit to attend school.

Providing First Aid and Medications to Students

First Aid for Students

The parents/guardians of an injured or ill student are to be notified at the earliest opportunity. The school notifies the parents/guardians of a student who is provided with first aid, in accordance with the students 'Health Care Plan', if this information is readily available at the time.

Schools have a duty of care for injured or ill students, including arrangements for transport by ambulance. The 'Students Health Care Summary', which all parents/guardians are required to sign when enrolling their child. Advises that in the event of an emergency, an ambulance will be called and they will be expected to meet the associated costs.

****An ambulance should NOT be cancelled, even if requested by the parents until the student is handed into the parent's/guardian's care****

Providing First Aid and Medications to Students

The First Aid Officer should remain with an ill or injured student until the parents/guardians arrive. In the absence of a First Aid Officer, this responsibility falls to the Deputy First Aid Officer, another attending member of the teaching staff or other employee. These responsibilities should be designated in the workplace Risk Management Plan.

The only medication given to a student should be:

- Medication that has been provided by parents to facilitate the long-term or short-term use of medication – Long Term - as provided in the students Health Care Plan or Short Term – as stated in and Administration of Medication Form
- Administration of an adrenaline auto-injector in an emergency following an anaphylactic reaction;
- Administration of Salbutamol in an emergency following acute asthma

Where students are involved, the *Student Health Care Policy and Procedures*, and the *Student Health Care plan* provide information on dealing with medical emergencies.

[Student health and wellbeing - Department of Education](#)

Use of Adrenaline Auto-Injectors (AAI or EpiPens) and Salbutamol inhalers

The Poisons Regulations 1965 enable the supply of adrenaline auto-injectors (AAI) and salbutamol inhalers to be kept at schools for the emergency treatment of anaphylaxis and acute asthma.

Regulations under the Poisons Act have been amended to enable adrenaline AAI for general use to be purchased by the school and supplied in first aid kits for use in an anaphylaxis emergency when a prescribed AAI is not available.

2x Emergency EpiPens should be kept on the school site all times, including at least 1x Jr EpiPen for students weighing between 10-20kg. These EpiPens are to be purchased by the school, ensuring they are in date, not cloudy or discoloured. If adrenaline auto-injectors have expired or are cloudy they are to be replaced as soon as possible. This can be done by writing and taking a letter to the pharmacy explaining the need for the emergency EpiPens within the school. An example letter can be found at Appendix 1

It is important that adrenaline auto-injectors and salbutamol inhalers are:

- Readily accessible in an emergency
- Not stored in locked cupboards
- Out of reach of young children and
- Stored at room temperature not in the fridge (In extreme climates, it is ideal to store EpiPens in an insulated bag or container, as heat can affect its contents)

Use of Emergency Adrenaline Auto-Injectors (AAI or EpiPen)

Students experiencing anaphylactic reactions may be administered a dose from an emergency adrenaline auto-injector (AAI or EpiPen) from the school's first aid kit in the following circumstances:

- When a student who has not been previously diagnosed is experiencing an anaphylactic reaction for the first time, as they will not have a prescribed adrenaline auto-injector available.
- When a student with a prescribed adrenaline auto-injector has received a first dose and requires a second dose. The second dose can be given if there is has been no response after 5 minutes of giving the first dose.
- In an emergency, when a student with a prescribed auto-injector does not have their medication available.

Scheduled Drugs

Under the Poisons Act 1964, Scheduled drugs (often used for seizure management) and Scheduled 8 medications, such as some used for Attention Deficit Hyperactivity Disorder, are restricted drugs.

Restricted drugs are to be stored in a locked cupboard separately from all other non-Scheduled 4 and non-Scheduled 8 drugs.

The Department of Health, Public Health page provides more detailed advice and information

Maintenance of Records

The records management policy requires retention of records in the workplace of all injuries and illnesses where first aid has been provided, and where significant injuries have been reported or investigated. This is inclusive of occupational injuries, diseases and illnesses sustained by employees.

To fulfil recordkeeping requirements, the person in charge of first aid, or another employee first attending to an accident, injury or incident involving a student, employee or visitor, where first aid has been given, should complete a First Aid Report Form (Appendix 2). These forms can also be found in each first aid folder, near the first aid kits within the school.

The completed form should be provided to the Principal or Line Manager when reporting the provision of first aid.

Any serious injuries, or instances of anaphylaxis with students, are also to be reported on the *Online Incident Notification System*.

Sections 4.1 and 4.6 of the General Disposal Authority for Human Resource Management Records provide timeframes for the retention and disposal of Occupational Safety and Health Records:

- Records pertaining to the Administration of First Aid Report Forms are to be retained in the workplace for six years; and
- Records for the appointment of First Aid Officers are to be retained for five years.

Accidents/Injuries/Illnesses

In the event there is an accident, injury or illness, the first responder is to:

- Ensure the area is safe themselves, others and the injured or ill person.
- Check for a response from the injured or ill person e.g. ask their name and squeeze their shoulders
- If there is **No Response**, send for help immediately and call an ambulance. The School's First Aid Officer is to be called to attend to the injured or ill person and remain with them until their emergency contact arrives. DRABCD is to be commenced by either the first responder or the First Aid Officer and continue until medical help arrives.
- If there is a response from the injured or ill person, make them comfortable, monitor their response and check their injuries. The School's First Aid Officer is to be called and attend to the person.
- The School's First Aid Officer is to assess whether the injured or ill person should be taken to the doctors or an ambulance is to be called. The injured or ill person's emergency contact is to be phoned. The School's First Aid Officer is to remain with the injured or ill person until their emergency contact arrives.
- The First Responder or the School's First Aid Officer is to administer appropriate first aid within their level of training and experience.

In the Event of an Accident/Injury/Illness

Parent/Guardians Responsibilities
<ul style="list-style-type: none">• Parents/Guardians are required to keep their Emergency Contact details updated with school. If any contacts change, parents/guardians are required to inform the school as soon as possible.• If anything changes in their child's health care, parents are requested to inform their child's classroom teacher or inform the school's Administration.

School Responsibilities
<ul style="list-style-type: none">• Organise medical attention to the injured or ill person• Make appropriate transport arrangements if required• Inform emergency contacts as soon as possible of actions taken• Promptly record all actions taken – First Aid Report Form (Appendix 2)• Complete an online incident notification report if required• Provide or arrange post-incident support (e.g. counselling) for students and staff, if needed or appropriate.• Work with staff to conduct regular reviews of risk minimisation strategies

Staff Responsibilities

- In the event of an accident, injury or illness staff are to call the School's First Aid Officer immediately.
- Administer first aid or health care support within their level of experience, until the School's First Aid Officer arrives or until medical assistance can be provided.
- Call the injured or ill persons' emergency contact
- Assist in the completion of First Aid Report forms and Accident/Incident and Investigation Report forms.
- Assist with conducting regular risk minimisation strategy reviews.

School First Aid Officers Responsibilities

- Attend to any accident, injury or severe illness, and administer appropriate first aid within their level of training and experience.
- Decide whether the injured or ill person requires medical attention or not, should they be seen at a doctor's surgery or should an ambulance be called.
- Remain with the injured or ill person until their emergency contact arrives, accompanying them to the hospital if need be.
- Follow the school's emergency response plan for Accidents/Injuries/Illness.

Following an Accident/Injury/Illness

- The Principal or Line Managers are to be notified immediately and they are to report any medical emergency through the Departments Online Incident Notification System.
- An Accident/Incident and Investigation Report Form needs to be completed, along with a risk assessment
- Any Accident/Injury incident needs to be reviewed and any strategies to reduce the likelihood of future adverse events needs to be implemented.
- If any items from the school's First Aid Kits have been used, they need to be replaced as soon as possible.

Accident/Injury/Illness

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

Check for Danger

- Ensure the area is safe for yourself, others and the patient



Check for Response

- Check for response - ask name - squeeze shoulders



No Response - SEND FOR HELP!

- Send for help and ask them to call an ambulance immediately (000)
- Schools First Aid Officer is to be called and is to attend to the injured or ill person. Schools First Aid officer is to remain with the person until their emergency contact arrives, including going with them in the ambulance and to the hospital.
- Persons emergency contact is to be phoned



Airway

- Open mouth - if foreign material is present place the person in the recovery position and clear the airways with fingers
- Open airway by tilting the head with a chin lift using a pistol grip



Breathing

Check for breathing - Look, listen and feel.

Breathing Normally

- Place in recovery position
- Monitor breathing
- Manage injuries

Not Breathing Normally

Start CPR



CPR

- Start CPR - 30 chest compressions : 2 breaths
- Continue CPR until help arrives or patient recovers



Defibrillation

- Apply defibrillator if available and follow voice prompts

Response

- Make person comfortable
- Check their injuries
- Monitor their response



Schools First Aid Officer to be contacted

- Schools First Aid Officer is to be called and attend to the person.
- Schools First Aid Officer is to assess whether the injured or ill person should be taken to the doctors (emergency contact phoned and they are to take the person to the doctors) or an ambulance is to be called.
- Schools First Aid Officer is to remain with injured or ill person until emergency contact arrives.



Administer Appropriate First Aid

First Responder or Schools First Aid Officer is to administer appropriate first aid within their level of training and experience

The Recovery Position

Keep the Airway Clear



Stay with person. If you must leave them alone at any point, or if they are unconscious, put them in this position to keep airway clear and prevent choking.

South Newman Primary Schools Accident/Injury/Illness Risk Minimisation Strategies

Setting	Risk Minimisation Strategies
Classroom	<ul style="list-style-type: none"> • All classrooms have access to a telephone, within their blocks, in the event of an accident/injury or illness the School's First Aid Officer can be contacted immediately along with Administration. • All classroom blocks have access to a fully stocked First Aid Kit, along with a First Aid Manual • The school has purchased a portable defibrillator, located in the Administration building, which can be used in the event of a medical emergency • All staff are familiar with the school's emergency response plan regarding an accident/injury/illness. • There is at least one staff member in each classroom block trained in First Aid.
Outside	<ul style="list-style-type: none"> • Staff trained in First Aid are readily available during non-class times e.g. recess and lunch • Staff know where to locate First Aid Kits and are familiar with the schools Accident/Injury/Illness Emergency Response Plan. • Staff are given handheld two-way radios to take out with them during recess and lunch duty, as well as the school's Physical Education Teacher, during class time. Staff are to use the two-way radios to communicate to the schools Administration in the event of an accident/injury/illness.
On-Site Events (E.g. sporting events, in school activities)	<ul style="list-style-type: none"> • During any onsite events, such as sporting events, the school's portable First Aid Kits will be taken. • At least one staff member trained in First Aid will be in attendance during such events.
Off-site school settings – camps, excursions and remote settings	<ul style="list-style-type: none"> • Portable First Aid Kits and the school mobile phone will be taken on any off-site school events. Staff are to be aware of their location at all times • At least one member of staff who is trained in First Aid will be present at any off-site events. • Staff will be aware of local emergency services available in the area and how to access them.

Blood-Borne Viruses and Hepatitis

What are Blood-Borne Viruses and Hepatitis?

Blood-Borne Viruses (BBVs) and Hepatitis are generally transmitted from person to person through blood to blood contact or contamination by other body fluids from an infected person. BBVs include Hepatitis B and C, and Human Immunodeficiency Virus (HIV).

Hepatitis A is also a disease, but is a different virus to Hepatitis B and C. Transmission of Hepatitis A occurs principally through food and water contaminated with faecal matter from an infected individual.

The term body fluids include, blood and all body fluids (excluding sweat) and excretions (semen and vaginal) that can be potentially contaminated with blood. This includes fluids that have dried. Contamination with blood may not be obvious because even microscopic amounts of blood can be infectious.

Legislation and Regulations

No staff member, student or member of the public can be informed of the BBV infection status of another person without the written permission of the individual concerned and, for students, the written permission of a parent or guardian.

The [Occupational Safety and Health Regulations 1996](#) specify workplace safety requirements for the reporting of communicable diseases including hepatitis and HIV.

Both the Commonwealth [Disability Discrimination Act 1992](#) and the [Equal Opportunity Act 1984](#) require that no discrimination is to occur on the ground of impairment (disability) in employment or education. According to the [HIV/AIDS Legal Centre \(HALC\)](#), having HIV is considered to be an impairment for the purpose of discrimination law even if the person does not have an HIV related illness or AIDS.

Under the Commonwealth's [Privacy Act 1988](#), where an organisation collects information on employees and others, they have a right to have their privacy rights protected and be assured their information will not be passed onto a third person without their consent. An organisation must not disclose personal information about a person unless the disclosure is required or authorised under law.

The [Freedom of Information Act 1992](#) requires that medical information be released to third parties only under exceptional circumstances (e.g. infectious diseases such as hepatitis A where there is a risk to others). Breaches of confidentiality or unauthorised disclosure of information have the potential to cause personal embarrassment, unnecessary workplace stress and may result in legal action against the Department and those persons divulging confidential information.

The Department's [Risk Management](#), [Duty of Care for Students](#), [Student Health Care](#), and [Occupational Safety and Health](#) policy, procedures and guidelines documents detail the processes required by all Department worksites in developing and implementing plans to identify, assess and manage potential risks for Department staff and students involved in school activities conducted on and off the worksites.

Department of Education. Protocols for the Management of Blood-Borne Viruses and Hepatitis A in the Department Workplaces. 2017

Staff and Students Identified with Blood-Borne Viruses or Hepatitis A

Parent/Guardians Responsibilities

- Any student with Hepatitis or HIV are required to report it to the school's Principal under the Occupational Safety and Health Regulations 1996.
- If a student has a case of Hepatitis A, a medical certificate is to be presented to the Principal or person in charge stating that the acute phase of Hepatitis A has passed before the student re-enters the school.

School Responsibilities

Prevention:

- Making staff aware of the Protocols for the Management of Blood Borne Viruses (BBVs) and Hepatitis A in Department Workplaces.
- Providing training in standard precautions specific to their job tasks.
- Identifying hazards related to BBVs, assessing the risks and implementing control measures to prevent BBVs infection in consultation with staff.
- Developing, communicating, implementing and reviewing workplace BBV infection control practices including policies and procedures that promote the use of the standard precautions.
- Implementing and communicating the Guidelines for First Aid in the Workplace, including the need to wear appropriate personal protective equipment (PPEs) to all staff and likely care givers in workplaces under their responsibility.

Control:

- Principals and Line Managers, prior to any exclusion, contact the Public/Population Health Unit at the Department of Health to obtain information on the disease and confirm any exclusion is made based on firm medical evidence of the diagnosis of the disease. Contact the Department of Health Public Unit for the Pilbara – Port Hedland 9174 1660
- Adhering to appropriate exclusion provisions outlined in the Government of Western Australia, Department of Health, Communicable Disease Guidelines.
- Initiate a critical incident form if staff or students are to be excluded from the school or workplace.
- Contacting the Departments OSH Team via email to OSHTeam@education.wa.edu.au as soon as practical if a staff member contracts a BBV in the course of their employment.
- Encouraging employees who may have potentially been exposed to an infection disease, for example a needle stick injury, human bites, or direct contact with blood fluids to seek medical advice.
- Offering counselling to employees affected by exposure to the risk of a BBV utilising the Employee Assistance Program.
- Managing and acting on the advice from the Department of Health
- Excluding any student or staff who has contracted Hepatitis A for seven days after the onset of illness, and confirming that the infected person does not return to the school or workplace until a medical certificate of recovery has been received.
- Provided opportunities for staff or students diagnosed with a BBV to withdraw from the area of potential risk or if that is not possible withdraw from the workplace if there is an outbreak of a communicable disease that is considered by their medical practitioner to place their health at risk.
- Ensure that anyone with Hepatitis A is not preparing or handling food that will be eaten by other people.

- If employees are at risk of contact with blood and body fluids/substances, or contaminated materials in the course of their work, appropriate written permission should be sought by the Principal from the student's parent/guardian or staff member before the health status of an individual is disclosed.
- Staff or students with Hepatitis B, Hepatitis C or HIV do not need to be excluded as there is no increased risk of infection to others.
- Contact the Department's Labour Relations for advice on leave applications when staff have to withdraw from the workplace.

Confidentiality:

- Protecting an individual's right to privacy and reducing the risk of discrimination by maintaining the confidentiality of information provided by staff or students who have disclosed their BBVs infection status.
- Identifying, in collaboration with an infected person (and in the case of a student, the student's parent or guardian), other staff who need to know about the infection status (e.g. the School's First Aid Officer & Health Nurse) in case support or assistance is required.
- Informing WorkSafe Western Australia if a staff member discloses that he or she has contracted a BBV in the course of work required under the Occupational Safety and Health Regulations 1996.

In cases where the Principal or Line Manager becomes aware that a staff member or student has a BBV infection, he or she should protect staff and student privacy by:

- Storing records securely
- Providing a private environment for personal interview
- Establishing appropriate processes for the provision of written information and recording only essential details.
- Releasing information only through appropriate channels to authorised personnel.

School First Aid Officers Responsibilities

- Follow the school's precautions and procedures when dealing with a student or employee known to have a Blood-Borne Virus.

Staff Responsibilities

- Follow the recommended infection prevention and control practices for prevention of the transmission of infectious diseases at all times, e.g. standard precautions, good personal hygiene, and use of PPE;
- Apply non-discriminatory practices and observe confidentiality requirements where an employee is aware of the health status of a student or fellow employee;
- Practice and promote relevant infection control practices within the workplace or school;
- Avoid exposing another person to the risk of contracting a BBV infection as a result of own actions.
- Read and apply the Australian Government Code of Practice for the Control of Work-related Exposure to Hepatitis and HIV
- Notify their Principal or Line Manager when he or she thinks they have been exposed to potentially infectious material; and
- Complete an Accident/Incident Investigation Form and report the incident to the Occupational Safety and Health representative.

- When a staff member is made aware of an infected student, he or she should advise the parent or guardian of the student to inform the Principal and the School Nurse of the student's condition. This assists the school in meeting its duty of care and is beneficial to the infected person in the event of a communicable disease being present amongst other students/staff, which could impact upon their wellbeing.

South Newman Primary Schools Blood Borne Viruses Risk Minimisation Strategies and Procedures to Follow

Situation	Procedures & Risk Minimisation Strategies
Standard Precautions	<ul style="list-style-type: none"> • Good hygiene practices required for the basic level of infection control. The key principal of standard precautions is that all blood (including dried blood) and body fluids (including saliva, urine and faeces, excluding sweat) of persons are considered as potential sources of infection regardless of the perceived risk. • Self-practice, and encourage students to always follow standard hygiene including hand washing, the use of protective clothing and equipment e.g. gloves and safe disposal and clean-up of waste. Hand washing posters around all sink areas within the school. • Encourage injured persons to attend to own injury if he or she is able to, for example, by washing off accumulated blood with running water and applying pressure to the wound if it is still bleeding, to lessen the bleeding time. • Wear a mask (surgical type, fluid repellent paper filter mask) when there is potential for BBVs to enter via the mouth or nose. If blood or body fluids get in the mouth, spit out and then rinse the mouth with water several times and seek medical attention.
Surface Cleaning of Blood and Body Substances	<ul style="list-style-type: none"> • Conduct and maintain records of regular workplace safety inspections; • Check that typical cleaning equipment, including detergent and water, and a mop and bucket for cleaning up spills are available in the workplace • Check that cleaning of blood and body substances is performed using standard precautions and appropriate PPEs • Put on disposable hand gloves. Wear eye protection and a plastic apron if there is a risk of splashing. • Clean area with warm water and detergent, using a disposable cleaning cloth or sponge. Wipe up spots immediately with a damp cloth, tissue or paper towels. Disinfect the area after cleaning. • If the soiled surface is porous and difficult to clean, a solution of 0.5 per cent sodium hypochlorite should be applied after cleaning. A number of household bleaches contain sodium hypochlorite and can be diluted to the required strength in accordance with the manufactures instructions. • The area should be left clean and dry • Discard contaminated materials. Seal soiled cloths, paper towels, gloves and dressings in a strong plastic bag before disposal into the domestic garbage. • Seal items of clothing contaminated with blood or body fluids, as soon as practicable, in a strong plastic bag until they can be laundered.

	<ul style="list-style-type: none"> • Perform hand hygiene after cleaning and removal of gloves.
Contact with Someone Else's Blood or Body Substances	<ul style="list-style-type: none"> • Remove contaminated clothing. • Wash blood or body substances off the skin with soap and water. In case of non-intact skin, rinse under running water, but do not scrub it. • If the eyes are splashed, rinse the area gently but thoroughly with water while the eyes are open. • If blood or body fluid gets in the mouth, spit it out and rinse the mouth with water several times, spit the water out instead of swallowing it. • If a person thinks he or she has been exposed to a blood borne virus, contact the local doctor or the nearest emergency department.
Open Wounds	<ul style="list-style-type: none"> • Clean the wound and remove any dirt or debris from open sores. Do not scrub • Recommend the injured person to seek medical attention from the local doctor or a hospital emergency department if required.
Cuts and Human Bites	<ul style="list-style-type: none"> • Apply firm, direct pressure with sterile gauze or a clean cloth to stop the bleeding. • In case of excessive bleeding, do not remove existing dressings if they become saturated with blood, but instead add fresh dressings over the top. • Clean the wound. Pat dry and cover with a waterproof dressing. • Seek medical attention for human bites as they can carry a high risk of infection.
Needle Stick Injury	<ul style="list-style-type: none"> • Clean with soap and water or use an alcohol –based hand rub or solutions if water is unavailable. • Seek urgent medical attention from a local doctor or the nearest hospital emergency department.
Nose Bleeds	<ul style="list-style-type: none"> • Reassure the person, especially children, as crying increases blood flow. • Sit the person up straight. • If the person is able to, ask them to apply finger and thumb pressure on the soft part of the nostrils below the bridge of the nose for at least 10 minutes; alternatively, the care giver can perform this. • Encourage the person to breathe through their mouth while their nostrils are pinched.
Glove Use the Need for Hand Hygiene	<ul style="list-style-type: none"> • Gloves are person protective equipment (PPE) that form a barrier between germs and viruses and your hand. Gloves should be used when you will be touching blood, bodily fluids excluding sweat, mucus membranes, broken skin or contaminated items. • Hand hygiene by washing should be performed before putting on gloves • Remove gloves promptly after use and before touching non-contaminated items and environmental surfaces.

	<ul style="list-style-type: none"> • Wash and dry hands immediately after removing gloves to avoid transfer. An alcohol-based hand rub may be used when hand-washing facilities are limited or unavailable. • Wearing gloves assists to: <ul style="list-style-type: none"> • Reduce the risk of contamination of own hands with blood and other body fluids; and • Reduce the risk of germ dissemination to the environment and of transmission of blood-borne viruses and Hepatitis A from self to the affected individual and vice-versa.
Safe Disposal of Sharps, Needles and Syringes	<ul style="list-style-type: none"> • Sharps are objects such as needles, syringes and broken glass that can penetrate through skin. Blood Borne Viruses may be present on the sharp objects. Appropriate Personal Protective Equipment (PPE) should be worn when handling potentially contaminated sharps to reduce the risk of being infected. • Where needles or syringes are found in or near school grounds they should be collected and disposed of safely. • Pick the needle up by the blunt end, preferably using gloves or with a brush and pan or tongs, and place in a rigid, puncture proof sealable plastic container (e.g. a plastic bottle with a screw top lid) • Label the container where possible to warn others that the contents are hazardous. • Dispose of the container in the domestic rubbish collection • Make no attempt to recap a used needle.

Anaphylaxis and Allergic Reactions

What is Anaphylaxis?

Anaphylaxis is a severe, allergic reaction which can be life threatening. It must be treated as a medical emergency requiring an immediate response.

Legislation

Legislation provides explicit protection for staff, acting in good faith, who administer an adrenaline auto injector (AAI) without permission in an anaphylaxis emergency.

Staff and Students Identified with Anaphylaxis

Parent/Guardians Responsibilities

- All students who are at risk of anaphylaxis or have a known allergy need to have a **Form 4 – Severe Allergy/Anaphylaxis Management and Emergency Response Plan** completed by their parent/guardian, as well as an Australian Society of Clinical Immunology and Allergy (ASCIA) Action Plan for Anaphylaxis completed and signed by a medical practitioner. This should be completed on enrolment or if a student's health care changes.
- Parents are to provide a prescribed Adrenaline Auto-Injector (AAI) EpiPen that has not expired and any other medications required according to their child's action plan.
- Parents are required to replace (AAIs) prior to their expiration date.
- For students with food allergies:
 - Parents are to supply alternative food options for their child when needed e.g. celebrating birthdays in classrooms. Parents are to provide their child with a safe alternative that can be frozen, stored at school and given to their child during such events.
 - Parents need to educate their child about only eating food provided to them from home. It is important to reinforce that their child should not share food with other students.
- Inform the school of any changes to their child's emergency contact details.
- Participate in annual reviews, or reviews if their child has suffered a severe allergic reaction, or their child's circumstances have changed, so changes can be made to their child's Individual Anaphylaxis or Allergy Health Care and Action Plans.
- Provide the Principal with an immediate update if there is a change to their child's condition.

School Responsibilities

- Record relevant information on SIS
- Confirm parents have provided a prescribed Adrenaline Auto-Injector (AAI) EpiPen that it has not expired and any other medications required according to the student's action plan.
- Keep a register of expiry dates for AAIs and check them at the beginning of each school term and notifying parents if provided AAIs are due to expire.
- Students prescribed AAIs are to be kept in the schools Administration building, where they are easily accessible and not in a locked cupboard. AAIs should be kept in an insulated bag, along with the students ASCIA Action Plan, so it is readily available in an emergency. Students AAIs should accompany them in the event of non-routine events such as excursions, camps, sports carnivals etc.
- Educate students about being allergy aware and not sharing food with other students.
- Work with staff to develop strategies to increase awareness about severe allergies amongst school staff, students and the school community.
- Ensure students Individual Anaphylaxis and Allergy Health Care and Action Plans are reviewed annually, after a severe allergic reaction or if the student's circumstances have changed and update where necessary.

- All staff, including specialist staff, new staff, relief staff, canteen staff and office staff are provided with information of who the student is and their risk of anaphylaxis. What the allergy is and the schools risk minimisation strategies and emergency response procedures.
- Students ASCIA Action Plans are to be displayed in all classrooms, staffroom, duty files and the school canteen.
- In the case of a food allergy, canteen staff are to complete the free food allergy training provided at the following address: www.foodallergytraining.com.au
- Provide or arrange post-incident support (e.g. counselling) for students and staff, if needed or appropriate.
- Work with staff to conduct regular reviews of risk minimisation strategies

School First Aid Officers Responsibilities

- Keeping an up-to-date register of students at risk of anaphylaxis.
- Obtaining training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline auto-injector.
- Checking each term that the adrenaline auto-injectors are not discoloured or out of date.
- Ensuring that adrenaline auto-injectors are stored correctly (at room temperature and away from light) in an unlocked, easily accessible place, and that it is appropriately labelled. In hot climates (Newman), adrenaline auto-injectors should be stored in a small esky or similar container, but not refrigerated.
- Following the school's emergency response plan for Anaphylaxis and Allergic reactions.

Staff Responsibilities

- Know the identity of students in their care who are at risk of anaphylaxis. This includes duty areas at recess and lunch.
- Understand the causes, symptoms, and treatment of anaphylaxis.
- Consider undertaking training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline auto-injector.
- Know the school's first aid emergency procedures and their role 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 ensure it is followed in the event of an allergic reaction.
- Know where each student in your care's adrenaline auto-injector is kept. Remembering that the adrenaline auto-injector is designed so that anyone can administer it in an emergency.
- Know each student's risk minimisation strategies in their Individual Anaphylaxis Health Care Plan and ensure they are followed.
- Plan ahead for special class activities or events, providing appropriate food for students with identified allergies.
- Avoid the use of food treats in class or rewards.
- Be aware of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons.
- Ensure students wash their hands before and after handling food.
- If cooking, ensure food preparation areas are cleaned thoroughly.

Following an Allergic/Anaphylactic Reaction

- The Principal or Line Managers are to be notified immediately and they are to report any anaphylactic response as a medical emergency through the Departments Online Incident Notification System.
- The allergic/anaphylactic incident needs to be reviewed and any strategies to reduce the likelihood of future adverse events needs to be implemented.
- If an adrenaline auto-injector has been used, it needs to be replaced immediately.

Anaphylaxis/Allergic Reaction

Mild to Moderate Allergic reaction

- Swelling of lips, face and eyes
- Hives or welts
- Tingling mouth
- Abdominal pain or vomiting (Reactions to food)

Insect

- Flick or scrap out sting if visible

Tick

- Seek medical help or freeze tick and let it drop off

- Stay with the person and do not leave them unattended

- Call for help - If person has a known allergy locate their allergy action plan and give medications if prescribed e.g. antihistamine (non-drowsy)
- Person assisting is to phone or ask someone to phone the persons emergency contact

Schools First Aid Officer is to be notified and attend to the person. The First Aid Officer is to stay with the person until their emergency contact arrives.
****Person is to be continuously monitored as anaphylaxis can occur up to 2 hours later****

****ALWAYS give person ADRENALINE FIRST then asthma reliever puffer****

If someone with known asthma and allergy to food, insects or medication has sudden breathing difficulty (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

EpiPen® is prescribed for children over 20kg and adults. EpiPen®Jr is prescribed for children 10-20kg

Anaphylaxis

- Abdominal pain or vomiting from an insect sting or bite is anaphylaxis
- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

If unconscious place person in the recovery position.
If needed DRABCD

Lay person flat and do not allow them to walk

If breathing is difficult allow the person to sit up

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

Send for help!

- Acquire persons adrenaline auto-injector. If the person does not have one, send for the schools emergency one (Stored in Administration)
- Ambulance to be called immediately
- Call emergency contact
- Schools First Aid Officer is to attend to the person and stay with them until their emergency contact arrives. ****First Aid Officer is to accompany them in the ambulance and stay with the person at the hospital until their emergency contact arrives****

Give adrenaline auto-injector

How to give EpiPen® adrenaline (epinephrine) autoinjectors

1. Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE
2. Hold leg still and PLACE ORANGE END against outer mid thigh (with or without clothing)
3. PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

- Note time adrenaline auto-injector was administered
- Further adrenaline doses may be given if no response after 5 minutes
- When ambulance arrives give the used auto-injector to the ambulance officers and information of the time it was given



**South Newman
Primary School**
Iron, spirit & courage

South Newman Primary School Anaphylaxis Risk Minimisation Strategies

Setting	Risk Minimisation Strategies
Classroom	<ul style="list-style-type: none"> • Students ASCIA Action Plans are to be displayed in the classroom, stating the location of the students AAI. AAI's are to be kept in the schools Administration building along with another copy of the students ASCIA Action Plan. • Parents/guardians will be liaised with about food related activities ahead of time. • Non-food treats and rewards will be used in class. If there is an instance where food treats are used in class, it is recommended parents/guardians provide an alternative safe treat for their child. E.g. safe cupcakes that can be frozen and stored at school in the event a birthday cake is brought to school by another student to celebrate their birthday. • Students are encouraged to wash their hands before and after eating, to eat their own food and not share food with other students. • Tables and surfaces are wiped clean regularly • Casual/relief staff are informed of students under their care who are at risk of anaphylaxis and have sighted the students ASCIA Action Plan.
Canteen	<ul style="list-style-type: none"> • With Parents/Guardians permission, students ASCIA Action Plans are to be displayed in the canteen, so canteen staff are aware of the allergies within our school. Canteen staff are to be briefed about any allergies within the school by Administration to ensure preventative measures are put in place in regards to food handling • All Canteen staff are encouraged to undertake Food Allergy Training. This free training is available at www.foodallergytraining.com.au • Peanut and tree nut products (including nut spreads) are not stocked within the school Canteen. • Products labelled 'may contain traces of peanuts/tree nuts' are not served to students known to be allergic to peanuts or tree nuts. • Staff are aware of the potential for cross contamination when storing, preparing, handling or displaying food. • Staff ensure tables and surfaces are wiped clean regularly.
Outside	<ul style="list-style-type: none"> • Students with anaphylactic responses to insects are to wear shoes at all times unless given parent/guardian permission. • Outdoor bins are covered • Students are encouraged to keep open drinks covered while outdoors. • Staff trained to provide emergency response to anaphylaxis are readily available during non-class times e.g. recess and lunch

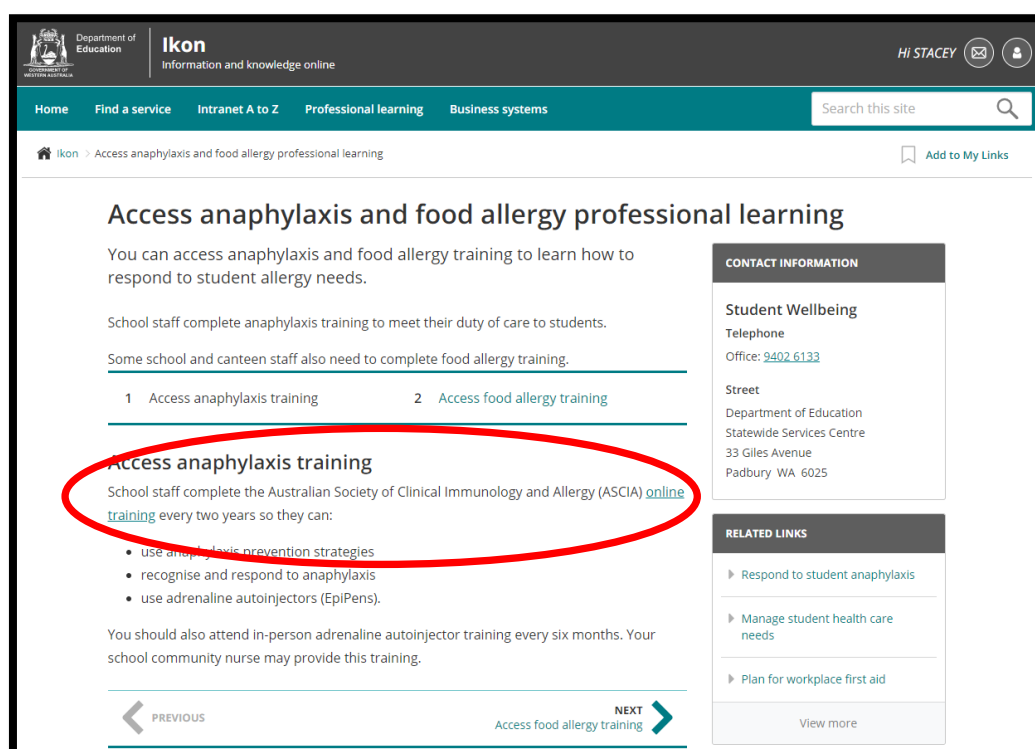
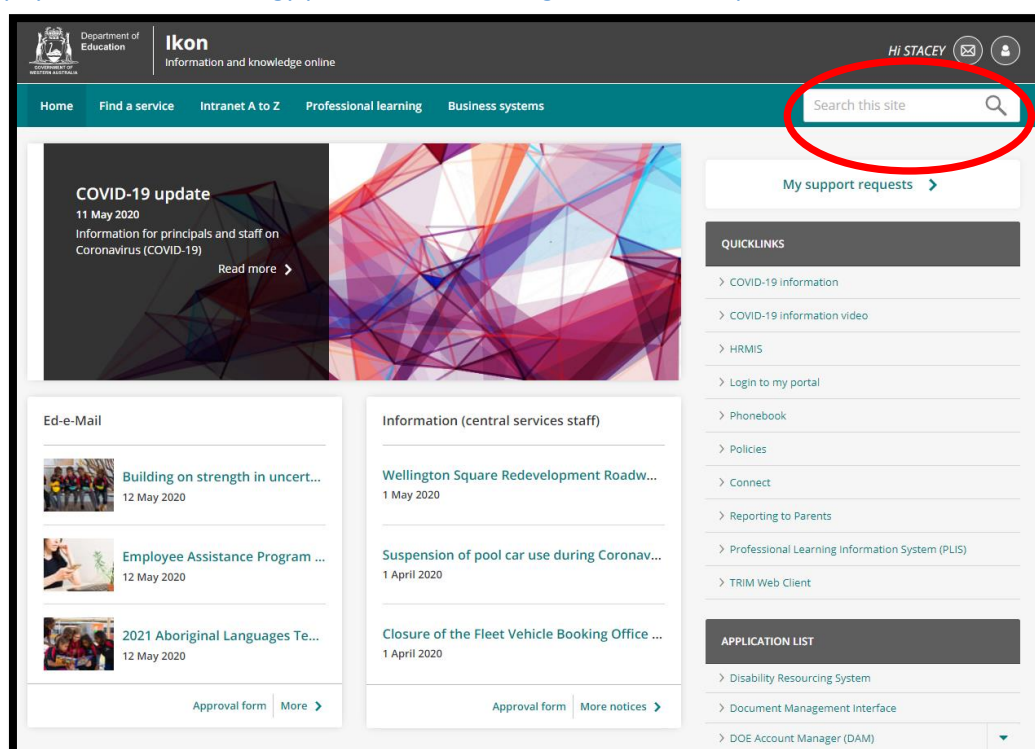
	<ul style="list-style-type: none"> • Students prescribed adrenaline auto-injectors are easily accessible from the yard, as they are located in the schools Administration building. • Emergency adrenaline auto-injectors are available in the school Administration and Early Childhood buildings. • South Newman Primary School have a set communication strategy in the event of an anaphylactic emergency. Teachers' are given handheld two-way radios to take out on duty with them during recess and lunch, as well as the school's physical education teacher during class time. Teachers are to use the two-way radios to communicate to the schools Administration in the event of an emergency and follow the emergency response procedure. • Surfaces where students eat are regularly cleaned
On-Site Events (E.g. Sporting events, in school activities, class parties)	<ul style="list-style-type: none"> • For special occasions, class teachers should consult with parents/guardians in advance to either develop an alternative food menu or request parents/guardians to send a meal for their child. • Parents/guardians should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis, as well as being informed of the school's allergen minimisation strategies. • Staff must know where student's adrenaline auto-injectors are located and how to access it if required. • Staff are to avoid using food in activities and games, including rewards. • For sporting events, students adrenaline auto-injectors are to be taken to the oval in an insulated bag, along with their action plan.
Off-site school settings – camps, excursions and remote settings	<ul style="list-style-type: none"> • When planning school camps or excursions, a risk management plan for students at risk of anaphylaxis is to be developed in consultation with parents/guardians and camp managers. • Campsites/accommodation providers, airlines and excursion destinations are to be advised in advance of any student with food allergies. • Staff should liaise with parents/guardians to develop alternative menus or allow students to bring their own meals. • The student's adrenaline auto-injector and ASCIA Action Plan, along with the school mobile phone will be taken on camp or on the excursion. • A team of staff who are trained in the recognition of anaphylaxis and the administration of the adrenaline auto-injector will accompany students on camp or excursions. However, all staff will be aware that there is a student at risk of anaphylaxis. • Staff will have developed and be aware of an emergency procedure to follow that sets out the clear roles and responsibilities in the event of an anaphylactic reaction. • Staff will be aware of local emergency services available in the area and how to access them. • The student's adrenaline auto-injector should remain close to them at all times. It may be carried in the school's first aid kit, but staff must be aware of its location at all times. • A student with allergies to insects will wear shoes outdoors at all times where practical, unless permission not to is given by their parent/guardian.

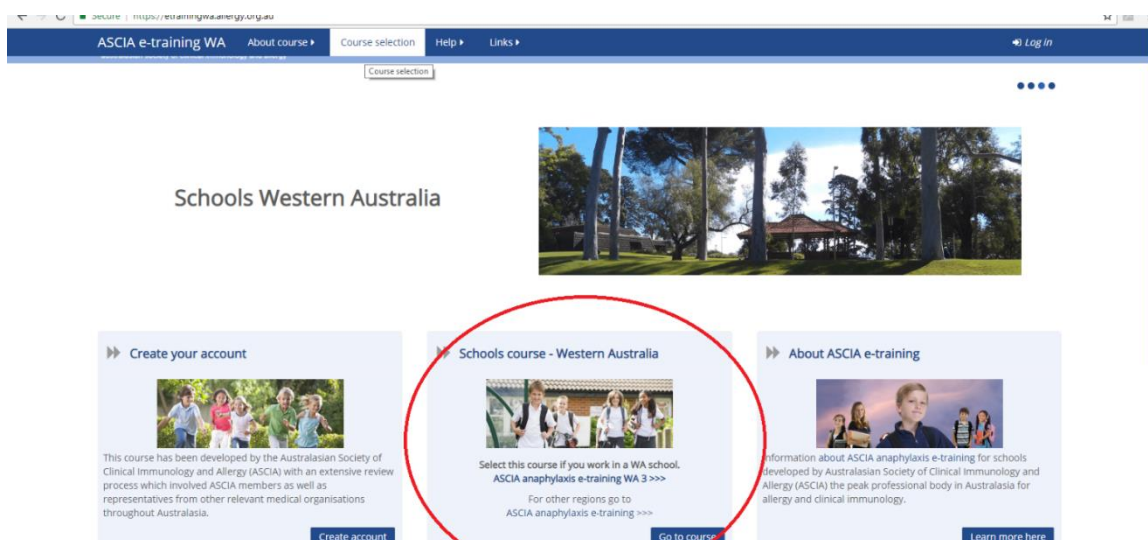
- Staff are to monitor any food given to students at risk of anaphylaxis at all times while on camp or excursions.

Staff Training for Anaphylaxis

An adequate number of staff, including those responsible for first aid, should be trained in anaphylaxis. The Department of Education provides an online external Anaphylaxis professional learning course via Ikon. An updated register of staff trained in anaphylaxis needs to be maintained.

[Access anaphylaxis and food allergy professional learning - Ikon - The Department of Education](#)





Upon completion of the online course staff can print a certificate to state they have completed the training. However, for successful completion of the course, and for training to be recognised, staff need to practice using an adrenaline auto-injector trainer device. This needs to be witnessed by an adult and signed off on the staff members certificate. This training is valid for three years.

For training purposes, the school has 2x adrenaline auto-injector training devices on site, which are kept with the register of staff trained in anaphylaxis. Training devices are not to be stored anywhere else, to ensure there is no confusion in an emergency.

Food Allergy Training

Everyone working in food service needs to be aware of the risk food allergies pose. All staff involved in food preparation, including Canteen staff are encouraged to participate in the free online 'All about Allergens' training. The course can be accessed via the following link: www.foodallergytraining.org.au

Asthma

What is Asthma

Asthma is a long-term lung condition. People with asthma have sensitive airways in their lungs which react to triggers, causing a 'flare-up'. In a flare-up, the muscles around the airway squeeze tight, the airways swell and become narrow and there is more mucus. These things make it harder to breathe. Asthma can be a life threatening condition.

Western Australia State Based Asthma First Aid Regulations

In Western Australia, school staff are permitted to purchase blue reliever medications from a pharmacy and administer within their school without specific training or permission.

This is supported by the Poisons Act 1964 and the Poisons Regulations 1965

Asthma Foundation Western Australia Recommends:

- All school staff complete Asthma First Aid training every 3 years either online modules or via face to face training through the foundation
- First Aid Trained staff also complete training in the Emergency Asthma Management course.

Staff and Students Identified with Asthma

Parent/Guardians Responsibilities
<ul style="list-style-type: none">• All students who are known to have asthma need to have a Form 8 – Asthma Management & Emergency Response Plan completed by their parent/guardian, as well as an Asthma Action Plan completed and signed by a medical practitioner. This should be completed on enrolment or if a student's health care changes.• Parents are to provide the school with a reliever inhaler, spacer, mask, and any other medications listed on their child's action plan. Everything should be clearly labelled and in its original packaging.• Parents are required to replace reliever inhalers prior to their expiry date• Inform the school of any changes to their child's emergency contact details• Participate in annual reviews, or reviews if their child has suffered an asthma attack, or their child's circumstances have changed, so changes can be made to their child's Health Care Plan and Individual Asthma Action Plan.• Provide the Principal with an immediate update if there is a change to their child's condition.

School Responsibilities
<ul style="list-style-type: none">• Record relevant information on SIS• Confirm parents have provided a reliever inhaler, spacer and mask, that it has not expired and any other medications required according to the student's Asthma Action Plan.• Keep a register of expiry dates for reliever inhalers and check them at the beginning of each school term, and notify parents if provided reliever inhalers are due to expire.• Students reliever inhalers, spacers and masks should be kept in the Administration building. Reliever inhalers, spacers and masks should be kept in a zip lock bag with the students Asthma Action Plan, so it is readily available in an emergency. Students reliever inhalers, spacers and masks should accompany them in the event of non-routine event such as excursions, camps, sports carnivals etc.• Work with staff to develop strategies to increase awareness about asthma amongst school staff, students and the school community.

- Ensure students Individual Asthma Management and Emergency Response Plans and Asthma Action Plans are reviewed annually, after an asthma attack or if the student's circumstances have changed and update where necessary.
- All staff, including specialist staff, new staff, relief staff, canteen staff and office staff are provided with information of who the student is and their risk of asthma. What their triggers are and emergency response procedures.
- Provide or arrange post-incident support (e.g. counselling) for students and staff, if needed or appropriate.
- Work with staff to conduct regular reviews of risk minimisation strategies, plan and take action accordingly.

School First Aid Officers Responsibilities

- Keeping an up-to-date register of students at risk of Asthma.
- Obtaining training in how to recognise and respond to an Asthma Emergency.
- Checking reliever inhalers each term to ensure they are not out of date.
- Ensuring that reliever inhalers are stored in an unlocked, easily accessible place, and that they are appropriately labelled.
- Follow the schools Asthma Emergency Response plan in the event of an asthma attack or asthma emergency

Staff Responsibilities

- Know the identity of students in their care who are at risk of asthma. This includes duty areas at recess and lunch.
- Understand the causes, symptoms, and treatment of asthma.
- Consider undertaking training in how to recognise and respond to an asthma attack, including administering reliever inhalers.
- Know the school's first aid emergency procedures and their role in relation to responding to an asthma attack or asthma emergency.
- Keep a copy of the student's Asthma Action Plan (or know where to find one quickly) and ensure it is followed in the event of an asthma attack or asthma emergency.
- Know where each student in your cares reliever inhaler, spacer and mask is kept.
- Know each students risk minimisation strategies in their Individual Asthma Health Care Plan and ensure they are followed.
- Plan ahead for special class activities or events, ensuring students reliever inhalers are taken along to non-routine events.

Following an Asthma Attack or Asthma Emergency

- The Principal or Line Managers are to be notified immediately and a First Aid Report Form is to be completed. Depending on the severity of the asthma attack it may need to be reported as a medical emergency through the Departments Online Incident Notification System.
- The Asthma incident needs to be reviewed and any strategies to reduce the likelihood of future adverse events needs to be implemented.
- If an asthma emergency kit has been used, the mask and spacer needs to be replaced immediately. The used spacer and mask can be stored in the school Administration block for that student's future use.

Asthma

Asthma Attack

- Increased wheezing, cough, chest tightness or shortness of breath
- Waking up at night with Asthma symptoms
- Reliever needs to be used again in a 3 hour period

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

Not Sure if it's Asthma?

CALL AMBULANCE IMMEDIATELY (DIAL 000)

If the child stays conscious and their main problem seems to be breathing, follow the asthma first aid steps. Asthma reliever medicine is unlikely to harm them even if they do not have asthma.

Asthma Emergency

- Symptoms get worse very quickly - wheezing, coughing, chest tightness or shortness of breath.
- Severe shortness of breath, cannot speak comfortably or lips look blue
- Little or no relief from reliever inhaler

If the person still cannot breathe normally,

Call an Ambulance Immediately (000)

Say the person is having an asthma attack

Keep giving reliever - 4 puffs every 4 minutes until the ambulance arrives

Wait 4 Minutes

- If the person cannot breathe normally, give 4 more puffs. One puff at a time, using spacer, if available.

Send for help!

- If person is known to suffer with asthma, locate their asthma action plan along with their reliever inhaler (Blue/Grey Puffer - Ventolin, Asmol or Airomir)
- If the person does not have an asthma action plan or reliever inhaler locate the schools reliever inhalers located in Administration.
- Person assisting is to phone or ask someone to phone the persons emergency contact.
- Schools First Aid Officer is to be notified and attend to the person. The First Aid Officer is to stay with the person until their emergency contact arrives.

Give 4 separate puffs of reliever inhaler - Blue/Grey Puffer - Ventolin, Asmol or Airomir

- Use a spacer if available - Give one puff at a time with 4-6 breaths after each puff

HOW TO USE INHALER

WITH SPACER

Use spacer if available*



- Assemble spacer (attach mask if under 4)
- Remove puffer cap and shake well
- Insert puffer upright into spacer
- Place mouthpiece between child's teeth and seal lips around it OR place mask over child's mouth and nose forming a good seal
- Press once firmly on puffer to fire one puff into spacer
- Child takes 4-6 breaths in and out of spacer
- Repeat 1 puff at a time until 4 puffs taken - remember to shake the puffer before each puff
- Replace cap

WITHOUT SPACER

Kids over 7 if no spacer



- Remove cap and shake well
- Get child to breathe out away from puffer
- Place mouthpiece between child's teeth and seal lips around it
- Ask child to take slow deep breath
- Press once firmly on puffer while child breathes in
- Get child to hold breath for at least 4 seconds, then breathe out slowly away from puffer
- Repeat 1 puff at a time until 4 puffs taken - remember to shake the puffer before each puff
- Replace cap

*If spacer not available for child under 7, cup child's helper's hands around child's nose and mouth to form a good seal. Fire puffer through hands into air pocket. Follow steps for WITH SPACER.

South Newman Primary Schools Asthma Risk Minimisation Strategies

Setting	Risk Minimisation Strategies
Classroom	<ul style="list-style-type: none"> Students Asthma Action Plan is to be displayed in the classroom next to the external door, noting the location of the student's reliever inhaler, the School Administration Building Staff are to be aware of students triggers for asthma in their care and minimise risk where possible Parents/Guardians are to liaise with the classroom teacher and keep them informed of any changes in their child's condition e.g. if they are unwell, have had asthma symptoms etc. Tables and surfaces are wiped down and cleaned regularly to eliminate the trigger of dust and dust mites. Casual/relief staff are informed of students under their care who are at risk of asthma and have sighted the students Asthma Action Plan.
Outside	<ul style="list-style-type: none"> Staff trained in Asthma First Aid are readily available during non-class times e.g. recess and lunch Students who are known to have asthma are clearly identified on our schools 'Medical Condition' board and are known to staff members who are out on duty during recess and lunch. Staff know where to locate student reliever inhalers and are familiar with the schools Asthma Emergency Action Plan. Staff are given handheld two-way radios to take out with them during recess and lunch duty, as well as the school's Physical Education Teacher, during class time. Staff are to use the two-way radios to communicate to the schools Administration in the event of an Asthma Emergency. Students who suffer from exercise induced asthma will be given the opportunity 15 minutes prior to any physical activity to use their reliever inhaler. They will also take their reliever inhaler with them during Physical Education lessons.
On-Site Events (E.g. sporting events, in school activities)	<ul style="list-style-type: none"> During any onsite events where student's reliever inhalers are not easily accessible or exercise is involved, student's reliever inhalers and Asthma Action Plans will be taken with them.
Off-site school settings – camps, excursions and remote settings	<ul style="list-style-type: none"> Students reliever inhalers and Asthma Action Plans, along with the school mobile phone will be taken on camps or excursions. Students reliever inhalers should remain close to them at all times. It may be carried in the school's First Aid Kit, but staff must be aware of its location at all times At least one member of staff who is trained in asthma first aid will be present on camps and excursions. However, all staff will be aware of students with asthma. Staff will be aware of local emergency services available in the area and how to access them. Students will be required to take any preventative medications or inhalers with them whilst on camp. These should be mentioned in students Asthma Action Plans and plans developed accordingly in

	consultation with parent/guardians for the administration of preventers during camp.
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Staff Asthma First Aid Training

Asthma Australia offer a free one-hour course that will educate School Staff, including Administration Staff, School Nurses and any Staff member who could be in a situation to manage an asthma attack, with up-to-date information on asthma and its management within the school setting.

This training meets the requirements and recommendations in each state and territory of Australia for all staff with a duty of care for students. This asthma training is valid for three years from the date of completion.

[ASTHMA FIRST AID FOR SCHOOLS – 2022 | Asthma Australia \(asthmaonline.org.au\)](https://asthmaonline.org.au)

Infection Prevention

Procedures and practices to promote effective hygiene to help reduce the spread of infection will be implemented:

- The provision of products, facilities and explicit instructions to staff and students for effective hand washing.
- Informing students about reducing the spread of infection through coughing and sneezing etiquette.
- The regular cleaning of environmental surfaces to reduce the risk of contamination.

Communicable Disease Management

If a student or staff member has a communicable disease, Principals will take action in accordance with the advice provided by the Department of Health in managing communicable diseases.

If a communicable disease is notifiable, Principals will:

- Report the matter to the local Public/Population Health Unit and seek their advice before taking any further action; and
- Act in accordance with advice provided by local Department of Health Staff

If a student or staff member has a communicable disease, staff are to inform the Principal as soon as possible and they will act accordingly.

A classroom who has a student or staff member noted as having a communicable disease, a notice will be placed on the classroom outside door to inform parents, identifying the symptoms, treatment and exclusion period.

****The Department of Health's Communicable Disease Guidelines provide information regarding the incubation and exclusion criteria for communicable diseases, and advice on which diseases are notifiable and must be reported to the Department of Health****

Head Lice

Identification of students with head lice is essential to prevent person-to-person spread of head lice.

If head lice are noticed, then the parents of all students in the class should be notified, using the notice provided in appendix 3, and requested to examine and treat their children if required. Parents must be advised that head lice elimination requires at least 10 days of follow up treatment with daily removal of head lice.

Appendix 1



Gregory Avenue, Newman
Postal: P.O. Box 61, Newman 6753
Telephone: (08) 9175 1061 Facsimile: (08) 9177 8381
Email: southnewman.ps@education.wa.edu.au Web: www.snps.wa.edu.au

7th April 2022

To Whom It May Concern:

As part of our schools and the Education Departments First Aid and Anaphylaxis policies we are required to have 2x emergency EpiPens on school site at all times. Our requirement to hold these items is in case of an emergency involving anaphylaxis where a student is not prescribed an Adrenaline Auto-Injector (AAI) or a second dose is required.

South Newman Primary School would like to purchase:

2x EpiPen

2x EpiPen Jr

to fulfil our requirements and to ensure the health and safety of our students.

Kind regards,

Lisa Mitchell

First Aid Officer

South Newman Primary School

APPENDIX D FIRST AID REPORT FORM

Date: _____

To be retained by the management team / school leaders in the workplace

First aid provided for:	<input type="checkbox"/> Injury	<input type="checkbox"/> Illness	<input type="checkbox"/> Accident/Incident
<input type="checkbox"/> Employee	<input type="checkbox"/> Student	<input type="checkbox"/> Visitor	<input type="checkbox"/> Other
Workplace/school name:	Workplace/school code		
Address:	Phone number:		
Principal/line manager:			
Name of person/s injured/involved	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
Address	Date of birth		
.....	Ph (Home):		
.....	Ph (Business):		
.....	Mobile:		
Parent/Guardian Advised (Students only): <input type="checkbox"/> Yes <input type="checkbox"/> No			

Date injury or incident occurred: Time of occurrence: am/pm

Type of injury or incident (e.g. cut, sprain, near miss or damage to property/equipment).

Part of the body injured (e.g. right hand, left eye).

What happened? (e.g. Slipped on wet concrete whilst walking across yard).

Where did it happen? (e.g. classroom, gymnasium, sports oval, off site-school excursion; outdoor activity).

Medical Treatment: ☐ Nil ☐ First Aid ☐ Doctor ☐ Hospital

Action taken or details of first aid given:

Staff member attending and/or providing first aid: (Name) (Employee number)

Witnesses: (Hospital, if applicable)

Name: Contact phone number: Statement ☐ Yes ☐ NoName: Contact phone number: Statement ☐ Yes ☐ No

Any immediate action taken to prevent recurrence?

If yes, provide details:

In the event of a serious injury, the relevant *Online Incident Notification System* report should be completed.

This report completed by: (Name): Signature:

Principal/line manager: Date:

OSH representative advised (Name): ☐ Yes ☐ No ☐ N/A[Online Incident Notification System](#) report completed ☐ Yes ☐ No ☐ N/A[Accident and Incident Investigation Report](#) form completed ☐ Yes ☐ No ☐ N/A

Appendix 3



Gregory Avenue, Newman
Postal: P.O. Box 61, Newman 6753
Telephone: (08) 9154 3950
Email: southnewman.ps@education.wa.edu.au
Web: www.snps.wa.edu.au

Dear Parent(s)/ Guardian(s)/ Caregiver(s)

Head lice have been detected in this class. We are asking all parents to inspect their child's hair for head lice and/or their eggs.

The best method to do so is to apply plenty of hair conditioner to dry hair and comb through the hair a section at a time using a nit comb (the metal ones are far superior to the plastic).

Wipe the comb after each sweep onto a white tissue and look for the dark coloured adult lice, pale hatchlings or eggs.

If you find any of the above the hair needs to be treated before returning to school.

If you use a commercial "nit shampoo", combine it with the conditioner method. The treatment must be repeated in 7 days. Continue to check the hair using the conditioner method every 7 days.

Should you want more information regarding the use of hair conditioner, please ask for a copy from the front office or call the School Health Nurse.

Kind regards

Sonia Hammond

Principal

South Newman Primary School

Appendix 4

APPENDIX A RECOMMENDED CONTENTS OF A FIRST AID KIT

The minimum contents for a first aid kit to cater for 50 people in a medium risk workplace is itemised below. This list of contents (except where marked by asterisk) has been compiled from recommendations by the *Australian Red Cross, St John Ambulance (Western Australia) and Princess Margaret Hospital for Children*.

As this is only a suggested list of contents, schools may wish to modify quantities and contents at their discretion to suit the needs of their location and number of people in the workplace.

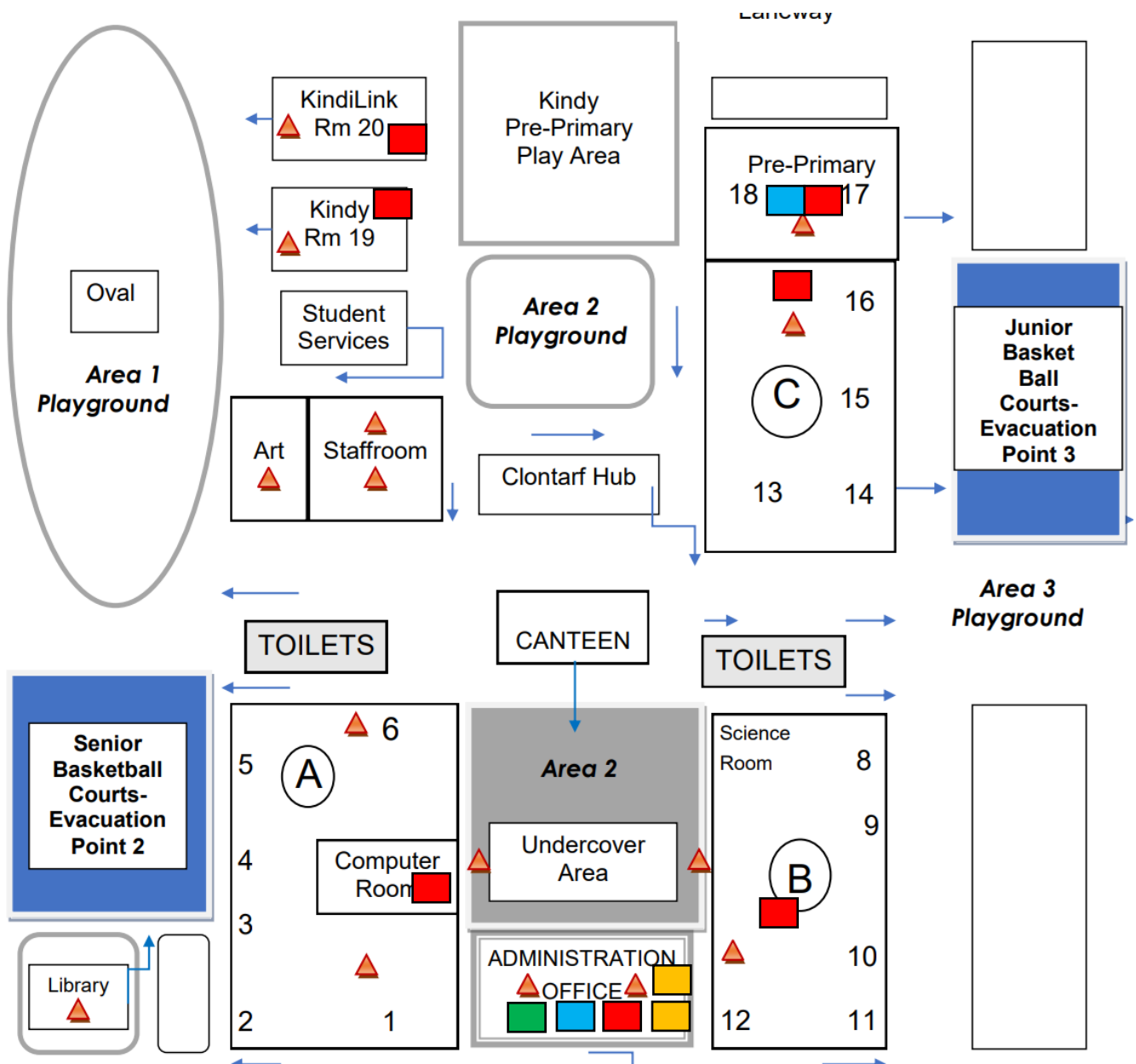
Recommended	Recom. quantity	Recommended	Recom. quantity
* Adrenaline Auto-Injector device(s) ¹	*	Dressing - Wound No 15	3
* Asthma inhaler (Salbutamol e.g.: Ventolin)	1	Dressing Non-Adherent 7.5cm x 10cm	12
* Asthma – spacer(s) for administering asthma medication	1	Dressing Non-Adherent 7.5cm x 20cm	6
Bag - Biohazard Waste	1	Forceps – Stainless Steel	1
Bag – Clip Seal 100x125mm	1	Gloves - Disposable (pr) (non-latex)	12
Bag – Clip Seal 150x200mm	1	Goggles - Disposable	1
Bag – Clip Seal 200x250mm	1	Injury Reporting Sheets	2
Bandage - Conforming 5cm	2	Mask – Pocket, Disposable	1
Bandage - Conforming 7.5cm	2	Manual – Australian First Aid Book	2
Bandage - Conforming 10cm	2	Notepad & Pencil	1
Bandage - Hospital Crepe 7.5cm	2	Pad - Combine 10cm x 20cm	1
Bandage - Hospital Crepe 10cm	2	Pad - Eye (Sterile)	10
Bandage - Triangular	4	Safety Pins (Bag 12)	2
Blanket - Thermal Accident	1	Saline Eyewash 15ml	2
Band-Aids - Blue (pk of 40) (Food Handling Areas)	10	Saline Steri-tube 30ml	1
Burnaid Gel 25g	1	Scissors S/S Sharp/Blunt 12.5cm	6
Burnaid Dressing 10cm x 10cm	2	Skin Closures 6x102mm	3
Cold Pack - Instant	1	Splinter Probe – Disposable (Pkt 5)	1
CPR Pocket Mask for protection during artificial respiration	1	Swabs - Antiseptic (skip prep)	2
Dressing Strips Adhesive (Plastic) (Pkt 50)	1	Swabs - Alcohol (Strip 5)	1
Dressing Strips Adhesive (Pkt 50)	1	Swab - Gauze Sterile 10cm x 10cm (pk 5)	10
Dressings – Fingertip and Knuckle	12	Tape – Adhesive Hypo-Allergenic 2.5cm x 9.1M	2
Dressing - Wound No 13	1	Tissues – (Pkt 9)	5
Dressing - Wound No 14	1		

* These items apply to school first aid kits only (Regulation 41D Poisons Regulations 1965):

¹ Adrenaline auto-injectors are recommended at a rate of 1 per 300 students with a minimum of two per school (as a second dose may be required).

Appendix 5

Location of First Aid Equipment



Key

- First Aid Kit ■
- Portable First Aid Kit ■
- Emergency EpiPens ■
- Defibrillator ■

Policy Version History	
2021	Version 1.1 – amended.
2022	Version 1.2 – updated <ul style="list-style-type: none"> • sources, • weblinks, • Appendix 1, Appendix 3, Appendix 5.