



## Cobram Anglican Grammar School

*A school of The Anglican Schools Commission (Inc.)*

### First Aid Policy

<b>Section</b>	Student Welfare
<b>Number</b>	10b
<b>Version</b>	4.0
<b>Approved</b>	School Council
<b>Date</b>	June 2023
<b>Review Date</b>	June 2024
<b>Policy Owner</b>	Executive Assistant

#### 1. Purpose of this policy

Cobram Anglican Grammar School is committed to the care, safety and welfare of students and staff.

The first aid policy sets out the principles and framework governing the school's behaviours and activities that enact the school's legal responsibilities and which support the care of students and staff. The policy should be read and understood by staff, parents and students.

#### 2. Principles

The school and its staff have a duty of care towards students.

The school makes proper arrangements for students and staff who are ill or injured or who have a medical condition that requires a reasonable adjustment or response to be made.

The school provides a safe working environment for students and staff.

### 3. Relevant Legislation

- *Occupational Health and Safety Act 2004 (Vic)*
- *Education and Training reform Act 2006 (Vic)*

### 4. Procedures

- a. The school has a **duty of care** owed to students, by which it is required to make proper arrangements for students who are ill or injured or who have a medical condition that requires a reasonable adjustment or response to be made.
- b. Even under the duty of care, there are limits to the actions required of the Principal and teachers. In the case of **serious injury or illness**, neither the Principal, Teacher, nor the First Aid Officer is 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 Practitioner in attendance.
- c. At Cobram AGS we request all staff have completed a recognised first aid training course that meets the requirements of;
  - i. HLTAID011 Provide First Aid
  - ii. HLTAID010 Provide basic emergency life support
  - iii. HLTAID009 Provide cardiopulmonary resuscitation (CPR)
  - iv. 22578VIC First Aid Management of Anaphylaxis OR ASCCI anaphylaxis e-training VIC 2023

Basic First Aid training must be completed every 3 years, while a refresher course in CPR must be completed annually.

- d. The school maintains a registry of all first aid training and renewal dates. The register is maintained and updated by the Executive Assistant.
- e. The school has completed a **First Aid Risk Assessment** in order to establish the school's first aid requirements.
- f. Only staff with first-aid qualifications should provide first-aid but other staff may be required to do so in the event on an emergency.

### 5. Designated First Aid Officers

All staff at Cobram AGS are required to undergo relevant first aid training. However, where possible staff should refer all first aid to the designated First Aid Officers

The designated First Aid Officers are;

Amy Duhring	Administration
Sharon Nye	Administration
Joanne Bourke	Administration
Sue Charlton	Administration
Emily Corso	Administration
Vanessa Ward	Education Support
Narelle Schreenan	Administration

### 6. Management of Anaphylaxis

Ministerial Order 706 requires the School to have its own local anaphylaxis management policy covering certain matters that are set out in the Order.

Refer to the School's policy *Cobram AGS Anaphylaxis Management Policy V4*.

The School will also ensure at least two of the first aid officers act as School Anaphylaxis Supervisors who undertake competency checks on all staff. Anaphylaxis Supervisors must complete 22579VIC – Correct Use of Adrenaline Injector Devices.

The School Anaphylaxis Supervisors are;

Joanne Bourke Administration

~~Sue Charlton Administration~~

## 7. Management of Asthma

Refer to the School's policy *CAGS Asthma Management Policy V1*

The School will also ensure at least two of the first aid officers have the below qualification;

- 22556VIC Course in the Management of Asthma Risks and Emergencies in the Workplace

The First Aid Officers **who** have completed the above course in the Management of Asthma Risks and Emergencies in the Workplace are;

Amy Duhring Administration

Sharon Nye Administration

Joanne Bourke Administration

Emily Corso Administration

Narelle Schreenan Administration

~~Sue Charlton Administration~~

## 8. First Aid Equipment and Facilities:

The school has allocated the following locations as the designated first aid room/ area.

LOCATION	TELEPHONE NUMBER
Administration Building, sick bay	03 58711816

### First Aid Kits

- The school has provided the number of first aid kits required according to the number of staff and students at our school.

TYPE OF KIT	LOCATION	NUMBER OF KITS
General	Administration Office	1
Camp/Excursion	Sick Bay	1
	Administration Office	1
Sports	Sick Bay	2
Yard Duty	Staff Room	4

### First Aid Room

- The school has provided a first aid room and designated first aid area. First aid signs with a green cross and white background are displayed for students, staff, visitors and emergency services to clearly identify the location for medical assistance.
- Emergency telephone numbers are prominently displayed for;
  - Ambulance/Fire brigade/Police
  - Local hospital
  - Poisons Information Centre
  - First Aid Officers names and contact numbers are clearly displayed
  - First aid supplies are checked each term or after increased usage

The school has assigned responsibility for the room/area to the listed designated first aid officer/s.

LOCATION/ ROOM	FIRST AID OFFICER
Administration Building	Sue Charlton Joanne Bourke

### First Aid Room Contents

- The school has met the content requirements of the first aid room providing the following items:
  - Eye protection
  - Gown/apron
  - Disposable gloves
  - Resuscitation mask
  - Sink and wash basin with hot and cold water (close by), work bench or dressing trolley
  - Cupboards for storing medicaments, dressings and linen
  - A container for biohazard waste
  - A sharps disposal system
  - Electric power points
  - Blankets and pillows
  - An upright chair
  - A desk and a telephone (close by)
  - Signage indicating emergency telephone numbers
  - Signage indicating emergency first aid procedures
  - A first aid kit appropriate for the workplace (WorkSafe, 2008)
  - Defibrillator – located in main administration building at the entrance to the staff room

The school has completed the First Aid Room Checklist (Appendix 1).

## 9. Response Procedures

### FIRST AID PROCEDURE FOR *NON-EMERGENCY* RESPONSE

#### a. Before/After School, Recess and Lunchtime

- i. Yard duty teachers are to wear a high visibility vest to assist students to easily identify them.
- ii. Students are required to report to the yard duty teacher for basic first aid.
- iii. If further medical attention is required refer case to a designated First Aid Officer.

#### b. During class time

- i. When a student requires medical attention, they are to be sent to a designated First Aid Officer.

Staff providing first aid may assess that an emergency response is not required, but medical advice is needed. In these circumstances, the school should ask the parents/guardians or emergency contact person to collect the student and recommend that advice is sought from a medical practitioner.

**Note:** It is not the role of the school and school staff to:

- decide about medical prognosis
- determine whether the point of the Not-For-Resuscitation order has been reached

### **FIRST AID PROCEDURE FOR EMERGENCY RESPONSE**

If a student is seriously injured or ill, call an ambulance immediately on 000 (preferably on a mobile device). Be ready to provide the following details:

- your name
- location
- details of people involved, including date of birth
- number of people involved, and
- details of the medical emergency

The First Aid Officer should be alerted as soon as possible. This can be done by delegating a student to be sent to the Administration office or make contact via telephone. Never leave the student alone or move them.

Delegate a staff member who will escort or direct the ambulance/medical personnel to the site of the emergency and arrange for first aid to be provided in the interim.

Send staff/students to the main building/property entrance to flag the ambulance as it approaches.

### **ACCOMPANYING STUDENTS TRANSPORTED BY EMERGENCY SERVICES**

Upon the Principal's discretion a staff member may accompany a student transported by emergency services when one or more of the following applies:

- a parent/guardian or emergency contact person cannot do so
- the age or development of the student justifies it
- the student chooses to be accompanied
- alternative supervision for remaining students can be arranged

### **ACCOMPANYING STUDENTS BY PRIVATE VEHICLE**

On the rare occasion when a school staff member has to transport a student to emergency care (such as when an ambulance is not available), at least two adults should accompany the student to ensure the:

- driver is not distracted
- student can be constantly supervised

### **ACCIDENT AND INCIDENT RECORDING**

The school records all information relevant to the first aid management of an injury or illness.

Treatment for minor first aid injuries / illnesses is recorded in the First Aid book which is located at Reception.

The Incident Notification Form (Appendix 2) is used to record accidents / incidents of a more serious nature.

The recording system provides:

- *The date and time of the incident.*
- *A description of the incident and/or symptoms.*
- *Signs observed by the first aid attendant.*

- *Treatment given.*
- *Whether the person returned to work/class, went home, or was transferred to a doctor or hospital.*
- *Report to WorkSafe: in the case of a notifiable incident*

**All incidents are recorded on the school's student database; Synergetic.**

**Staff must note the reporting requirements as per *Reporting Emergency and Critical Incidents in ASC Schools in Victoria (6x)*.**

## **10. Administering Medication**

The school has designated staff responsible for the appropriate storage and administration of prescribed and non-prescribed medications to students.

All medications to be dispensed to students by the school must have written approval via the Provision of Medication to student form (Appendix 3).

Medications need to be in their original packaging with a clearly legible prescription label.

Parents/guardians should also provide a daily dispenser pack which indicates the days of the week the medication is to be dispensed. The First Aid Officer will administer the medication according to the pharmacy script or doctor's directions recorded on the Provision of Medication to student form.

Where the medication is not part of an ongoing plan but more of a one-off occurrence, the medication to be dispensed must be in its original packaging with a prescription label and signed parental consent to dispense.

The Provision of Medication to student form includes the following information:

- Name of student requiring medication
- Parental authorisation
- Medical practitioner's instructions
- Specific dosage to be administered to student
- How it is to be taken – e.g. orally, topical, injection
- Safe storage of medication
- Time medication to be taken by student
- If the dosage/time of the student's medication or circumstances change, the school must be notified immediately and a new form completed (if required).

All medication dispensed must be recorded in a log that records date, time, dose and administering staff member's name and signature.

The first aid officer will inform their relieving staff, classroom teacher and relevant Head of School as to the following:

- students requiring dispensation of medication
- location of medication
- dosage requirements

It is the responsibility of the classroom teacher/student and Receptionist/delegate to remember to report to the Administration office for dispensing of medication.

In the event of a dispensing error, e.g. over-dose, the following actions are to be taken:

- If required follow first aid procedures outlined in the student health support plan or anaphylaxis management plan
- Ring the Poisons Information Line 13 11 26 and give details of the incident and student
- Act immediately on their advice
- Contact parents/guardians or the emergency contact person to notify them of the medication error and action being taken
- Review medication management procedures in light of the incident.

Should a scheduled dosage be missed the parents/guardians are to be informed.

Parental/guardians permission is required to administer analgesics (pain medication) to students.

In the case of medication that needs to remain in the possession of the student- an EpiPen or Anapen for instance – the School needs to be made aware of the condition, the medicating regime and an up to date spare device is to be given to the Administration office for emergencies. Refer to CAGS Anaphylaxis Management Policy.

All medication administered must be recorded by the first aid officer on the school's student database.

## 11. Self-Administration

In the circumstances where the school has received written permission from a health practitioner and/or parent/guardian for a student to carry and self-administer their own medication this will be allowed under the following conditions:

- The medication does not have special storage requirements
- The carrying of the medication does not create potentially unsafe access to the medication by other students
- The medication is in its original packaging (with dosage).

## 12. Resources

- *Occupational Health and Safety Act 2004 (Vic)*
- *Education and Training Reform Act 2006 (Vic)*
- *Ministerial Order 706*
- *Reporting Emergency and Critical Incidents in ASC Schools in Victoria (6x)*
- *Independent Schools Victoria*  
[http://www.is.vic.edu.au/compliance/school\\_ops/first\\_aid.htm](http://www.is.vic.edu.au/compliance/school_ops/first_aid.htm)
- *Department of Education and Early Childhood Development*  
<http://www.education.vic.gov.au/school/principals/spag/health/pages/firstaid.aspx>

Review Frequency	Document Availability	Policy Delivery
1 Year <input checked="" type="checkbox"/>	Staff <input checked="" type="checkbox"/>	School Website <input checked="" type="checkbox"/>
2 Years <input type="checkbox"/>	Student <input checked="" type="checkbox"/>	Staff Intranet <input checked="" type="checkbox"/>
3 Years <input type="checkbox"/>	Parents <input checked="" type="checkbox"/>	Student Handbook <input type="checkbox"/>
As Required <input checked="" type="checkbox"/>		Prospectus <input type="checkbox"/>
NA <input type="checkbox"/>		

#### Version Control

Version	Date	Summary of Changes
3.0	11/03/2022	<b>New format</b> <b>Reference to designated first aid officers</b> <b>Reference to Reporting Emergency and Critical Incidents in A Schools on Victoria 6x</b> <b>Updated Incident Notification Form</b>
4.0	21/03/2023	<b>Updated First Aid Officers training in Anaphylaxis and Asthma Risks a Emergencies in the Workplace</b> <b>Remove 3. Aims of the policy</b> <b>Change to 4. To relevant Legislation</b> <b>Remove 5b, c, update 5d</b> <b>Update 5</b> <b>Insert 6 Management of Anaphylaxis and 7 management of Asthma</b>



## Appendix

### Appendix 1 First Aid Room Checklist

<b>FIRST AID ROOM CHECK LIST</b>	<input checked="" type="checkbox"/>	×	N/A
<i>a first aid kit appropriate for the workplace</i>	<input checked="" type="checkbox"/>		
<i>first aid manual</i>	<input checked="" type="checkbox"/>		
<i>a sink with a hot and cold water supply, soap and disposable paper towels</i>	<input checked="" type="checkbox"/>		
<i>a couch or bed and comfortable seating</i>	<input checked="" type="checkbox"/>		
<i>pillows and clean linen</i>	<input checked="" type="checkbox"/>		
<i>a cupboard stocked with required dressings, utensils, linen and personal protective equipment (PPE)</i>	<input checked="" type="checkbox"/>		
<i>a refuse container with disposable lining for soiled waste</i>	<input checked="" type="checkbox"/>		
<i>a container for the safe disposal of sharps</i>	<input checked="" type="checkbox"/>		
<i>a bowl or bucket (minimum two litres capacity)</i>	<input checked="" type="checkbox"/>		
<i>electric power points</i>	<input checked="" type="checkbox"/>		
<i>examination lamp / torch</i>	<input checked="" type="checkbox"/>		
<i>a chair and a table or desk</i>	<input checked="" type="checkbox"/>		
<i>first aid register and health and safety incident forms</i>	<input checked="" type="checkbox"/>		
<i>workbench / dressing trolley</i>	<input checked="" type="checkbox"/>		
<i>a telephone and/or emergency call system</i>	<input checked="" type="checkbox"/>		
<i>a portable stretcher</i>		<input checked="" type="checkbox"/>	
<i>A notice should be displayed clearly showing:</i> <ul style="list-style-type: none"> <li><i>names, usual locations and contact numbers of first aid personnel</i></li> <li><i>certificate expiry dates of first aid personnel</i></li> <li><i>the name and contact details of the first aid officer responsible for the room/area.</i></li> </ul>	<input checked="" type="checkbox"/>		
<b>FIRST AID ROOM CHECK LIST</b>	<input checked="" type="checkbox"/>	×	N/A
<i>List of all relevant emergency numbers clearly displayed – including</i> <ul style="list-style-type: none"> <li><i>Ambulance/fire/police</i></li> <li><i>Local hospital</i></li> <li><i>nearest medical clinic/medical practitioner</i></li> <li><i>Poisons Information Centre</i></li> <li><i>Local hospital</i></li> <li><i>Other</i></li> </ul>	<input checked="" type="checkbox"/>		
<i>Checklist of all items required for the room for regular assessment</i>	<input checked="" type="checkbox"/>		
<b>The first aid room is to:</b>			
<i>offer privacy via screening or door access</i>	<input checked="" type="checkbox"/>		
<i>be well lit and ventilated</i>	<input checked="" type="checkbox"/>		
<i>be readily accessible to toilet facilities</i>	<input checked="" type="checkbox"/>		
<i>have an entrance that is clearly marked with first aid signage</i>	<input checked="" type="checkbox"/>		

## Appendix 2 Student Accident / Incident Notification Form

### Incident Notification Form

<b>School Name/Location:</b>	Cobram Anglican Grammar School
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#### Brief account of injury

Details of Incident:	
Accident Date:	Accident Time:

#### Activity (general and detailed)

<input type="checkbox"/> Chemical Use <input type="checkbox"/> Manual Handling, Lifting <input type="checkbox"/> Sports/Physical Education (Athletics, Basketball, Cricket, Football-All Codes, Skating, Baseball, Gymnastics, Ball Games not Specified, Other Sports) <input type="checkbox"/> Vehicle Use (Car, Bicycle, Bus, Other) <input type="checkbox"/> Machinery Use (Hand tools, Portable Power Tools, Other Machines) <input type="checkbox"/> Using Office Equipment <input type="checkbox"/> Curriculum Area (Arts Science, Technology studies, PE, Home Economics, Other) <input type="checkbox"/> Fighting/Assault <input type="checkbox"/> Play General <input type="checkbox"/> Walking <input type="checkbox"/> Running, Jumping, Skipping <input type="checkbox"/> Accidental Contact by other Person <input type="checkbox"/> Other (Specify): _____ _____
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#### Accident Description

<input type="checkbox"/> Slip <input type="checkbox"/> Trip <input type="checkbox"/> Fall <input type="checkbox"/> Overexertion	<input type="checkbox"/> Mental Stress <input type="checkbox"/> Collision <input type="checkbox"/> Crushing <input type="checkbox"/> Hit by Moving Object	<input type="checkbox"/> Other (Specify):
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#### Accident site (indicate campus, if more than one campus)

<input type="checkbox"/> Sports Ground/Venue <input type="checkbox"/> Playground General <input type="checkbox"/> Playground Equipment <input type="checkbox"/> Classroom General <input type="checkbox"/> Chairs	<input type="checkbox"/> Doors/Windows <input type="checkbox"/> Stairs/Steps <input type="checkbox"/> Paths/Walkways <input type="checkbox"/> Office Administration <input type="checkbox"/> Travel to / from School	<input type="checkbox"/> Camp/Excursions <input checked="" type="checkbox"/> Other (Specify):
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**Staff on Duty**

Name:	
Number of Staff on Duty:	

**Injured Person**

Type: <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Family <input type="checkbox"/> Others	Name:	
ID (If Applicable):		
Date of Birth:	Age:	Gender:
Address:		Telephone:
If Applicable, Date of Ceasing Work:		WorkCover Claim Lodged: <input type="checkbox"/> Yes <input type="checkbox"/> No

**Initial Assistance by Person**

Type: <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Family <input type="checkbox"/> Others	Name:
ID (If Applicable):	

**Severity of Injury**

<input type="checkbox"/> First Aid (Returned to Class)	<input type="checkbox"/> Hospital (Outpatient) Treatment
<input type="checkbox"/> First Aid (Sent Home)	<input type="checkbox"/> Hospital (Inpatient) Treatment
<input type="checkbox"/> Doctor or Dental Treatment	<input type="checkbox"/> Fatal

**Doctor Treated Patient for (if applicable)**

<input type="checkbox"/> Amputation of any part of the body <input type="checkbox"/> Serious Head Injury <input type="checkbox"/> Serious Eye Injury <input type="checkbox"/> Separation of skin from underlying tissue (e.g., Degloving/Scalping) <input type="checkbox"/> Electric Shock <input type="checkbox"/> Spinal Injury <input type="checkbox"/> The Loss of a bodily function <input type="checkbox"/> Serious lacerations (serious means "of Grave Aspect" or "Critical") <input type="checkbox"/> Injury due to exposure to a substance (e.g., Gas Inhalation, Acid Exposure) <input type="checkbox"/> Other (Specify): _____
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**Nature of Injury**

<input type="checkbox"/> Fracture <input type="checkbox"/> Dislocation <input type="checkbox"/> Strains/Sprains <input type="checkbox"/> Lacerations/Cuts <input type="checkbox"/> Burns/Scalds	<input type="checkbox"/> Crushing/Amputations <input type="checkbox"/> Bruises/Knocks <input type="checkbox"/> Dental Injuries <input type="checkbox"/> Other (Specify): _____
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**Location Of Injury**

- |   |
|---|
| <input type="checkbox"/> Head (Skull, Face, Jaws, Ears)<br><input type="checkbox"/> Eyes<br><input type="checkbox"/> Neck<br><input type="checkbox"/> Trunk (Chest, Abdomen, Buttock, pelvis, Spine)<br><input type="checkbox"/> Arm (Shoulder, Elbow, Forearm, Wrist, Hand, Finger, Thumb)<br><input type="checkbox"/> Leg (Hip, Thigh, Knee, Ankle, Foot, Toes)<br><input type="checkbox"/> Internal<br><input type="checkbox"/> Multiple locations<br><input type="checkbox"/> Ear |
|---|

**Witness Details (Provide Attachment If Multiple Witnesses)**

Name:	Type: <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Family <input type="checkbox"/> Others
ID (If Applicable):	
Address:	Telephone:
Witness Statement:    	

**Preventive Action Proposed or Taken (For Staff Members or Severe Accidents)**

<input type="checkbox"/> No Preventative Action Taken/Intended <input type="checkbox"/> Referred to the School's Safety/OHS or Risk Management Committee <input type="checkbox"/> Referred to the School's Health and Safety Representative <input type="checkbox"/> Review of Curriculum <input type="checkbox"/> Review/Reinforce/Reiterate Procedures <input type="checkbox"/> Review Systems <input type="checkbox"/> Review the Environment <input type="checkbox"/> Review Personal Protective Clothing/Item <input type="checkbox"/> Review Equipment/Machinery Modifications <input type="checkbox"/> Review Equipment/Machinery Maintenance <input type="checkbox"/> Review/Reinforce/Reiterate Student Instructions <input type="checkbox"/> Review Training Provisions	
Staff Initial:	Principal Initial:
School's Insurer Contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Date:		Signature: Principal	
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## **Provision of medication to student**

Student Name: \_\_\_\_\_

Student Year Level: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

How is to be taken (e.g. orally, topical, injection)

\_\_\_\_\_

Storage Instructions: \_\_\_\_\_

Time/s to be given: \_\_\_\_\_

Prescribed until:

\_\_\_\_\_

Other / Change in Medication required:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Name:

\_\_\_\_\_

Parent Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_