



“Small School, Big Opportunities”
Kindness, Cooperation, Resilience, Respect

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First Aid Policy and Procedures

1. Introduction

Tarwin Lower Primary School has procedures for supporting student health for students with identified health needs (see Care Arrangements for Ill Students, Administration of medication policy, and Record of student medical conditions and management policies) and will provide a basic First Aid response as set out in the procedure below to ill or injured students due to unforeseen circumstances and requiring emergency assistance. This includes to students at school or on approved school activities.

These procedures have been communicated to all staff and are available for reference from the school office.

2. Definition

First Aid involves emergency treatment and support to:

- preserve life through:
 - clearing and maintaining open airways
 - restoring breathing or circulation
 - monitoring wellbeing until the person recovers or is transferred into the care of ambulance paramedic, doctor or nurse
- protect a person, particularly if they are unconscious
- prevent a condition worsening
- promote recovery.

Note: the goal of First Aid is not to diagnose or treat the condition.

3. First Aid Officers

Consistent with the provisions of the *Occupational Health & Safety Act 2004* and the DEECD's First Aid and Infection Control advice, the Tarwin Lower Primary School will allocate staff member/s as designated First Aid Officer/s and ensure there is always a first aid officer who:

- can assist an injured or ill person
- has current qualifications covering all the school's first aid requirements.

A register of the names and details of First Aid Officers, including their level of First Aid with First Aid and CPR expiry dates, will be maintained by the principal and stored in the school's secure central file (or as appropriate). The minimum qualification is a statement of attainment for HLTAID003 Provide First Aid (formerly known as Senior First Aid, Level 2).

School nurses employed by the school council will be guided by the school's first aid policy. However, in an emergency, other staff may be required to help within their level of competence.

2.1 First Aid Officer Duties

The First Aid Officer/s are required to undertake a coordinating role maintaining standard medical service provision, student medical records and parent notifications.

Their specific duties include:

- Participating in the risk management process within the school as part of the school's OHS team. This may include contributing to risk management solutions and providing feedback on injury reports and First Aid register data to identify persistent or serious hazards.
- Providing First Aid emergency awareness training for staff including emergency notification processes, a list of responsible officers and provision of emergency phone numbers.
- Coordinating First Aid duty rosters and maintaining First Aid room and First Aid kits
- Providing First Aid services commensurate with competency and training. This may include all or some of emergency life support including response to life threatening conditions which may occur in the school (e.g. cardiac arrest or respiratory difficulties associated with asthma), management of severe bleeding, basic wound care, fractures, soft tissue injury.
- Recording all First Aid treatment. A copy of treatment provided shall be forwarded to the patient's parent/guardian where further assistance is sought. The First Aider should respect the confidential nature of any information given.
- Providing input on First Aid requirements for excursions and camps.

The First Aid Officer/s will be available at the school during normal working hours and at other times when authorised Department programs are being conducted.

The Principal will ensure that relevant staff receives additional training to meet student health needs for the school, camps and excursions.

4. Procedures for First Aid

In the event of a student requiring medical attention, an attempt will be made to contact the parents/guardians before calling for medical attention except in an extreme emergency.

In serious cases, parents/guardians will always be informed as quickly as possible of their child's condition and of the actions taken by the school.

All accidents and injuries will be recorded on the Department's injury management system on CASES21.

A Record of First Aid Treatment will be kept in the Sick Bay and information recorded for all students treated in the Sick Bay. It is the policy of the school that all injuries to the head are reported to Principal Team Member in charge of First Aid and that parents/emergency contacts are contacted regarding the injury.

Portable First Aid kits will be available for all groups that leave the school on excursions. The content of these kits will be dependent on the nature of the activities, the number of students and staff, and the location of the excursion.

Portable First Aid kits will be available for staff on yard duty. These kits will contain (refer to Appendix B):

- a pair of single use plastic gloves
- a bottle of sterile eye solution
- gauze and band-aids
- record book & pen
- First Aid passes

5. First Aid for Specific Health Care Needs

First Aid requirements for students with identified health care needs are explained in the school's Student Health Support Plan or Anaphylaxis Management Plan.

5.1 Asthma

"Asthma is a disease of the airways, the small tubes which carry air in and out of the lungs. When you have asthma symptoms the muscles in the airways tighten and the lining of the airways swells and produces sticky mucus. These changes cause the airways to become narrow, so that there is less space for the air to flow into an out of your lungs" (National Asthma Council 2011)

For each student diagnosed with asthma Tarwin Lower Primary School will maintain a written:

- Asthma Action Plan
- Student Health Support Plan.

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

5.1.1 Assessing the severity of an asthma attack

Asthma attacks can be:

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

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

5.1.2 Asthma First Aid

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

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

Step 1

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

Step 2

Without delay give 4 separate puffs of a blue reliever medication (*Airomir, Asmol, Epaq or Ventolin*). The medication is best given one puff at a time via a spacer device. If a spacer

device is not available, simply use the puffer on its own. Ask the person to take 4 breaths from the spacer after each puff of medication.

Step 3

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

Step 4

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

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

5.2 Anaphylaxis

Anaphylaxis is severe and sudden allergic reaction when a person is exposed to an allergen. Common allergens for children include:

- eggs
- peanuts
- tree nuts such as cashews
- cow's milk
- fish and shellfish
- wheat
- soy
- insect stings.
- medications.

Symptoms include:

- noisy or difficult breathing including wheezing or persistent coughing
- swelling of the tongue
- swelling or tightness in the throat
- difficulty talking such as a hoarse voice
- loss of consciousness and/or collapse
- pale pallor and floppiness in young children.

5.2.1 The role and responsibilities of the principal

This principal or nominee has overall responsibility for implementing strategies and processes for ensuring a safe and supporting environment for students at risk of anaphylaxis to ensure compliance with Ministerial Order 706 (refer to Appendix A) and associated guidelines.

The principal will:

- Actively seek information to identify students with severe life threatening allergies at enrolment.
- Conduct a risk assessment of the potential for accidental exposure to allergens while the student is in the care of the school.
- Meet with parents/carers to develop an Anaphylaxis Management Plan for the student. This includes documenting practical strategies for in-school and out-of-school settings to minimise the risk of exposure to allergens, and nominating staff who are responsible for their implementation.
- Request that parents provide an ASCIA (Australasian Society of Clinical Immunology and Allergy) Action Plan that has been signed by the student's medical practitioner and has an up to date photograph of the student

- Ensure that parents provide the student's EpiPen®/Anapen® and that it is not out of date.
- Ensure regular training and updates for school staff in recognising and responding appropriately to an anaphylactic reaction, including competently administering an EpiPen/Anapen. (Specifically, Course in First Aid Management of Anaphylaxis 22099VIC, and Course in Anaphylaxis Awareness 10313NAT).
- Develop a communication plan to raise student, staff and parent awareness about severe allergies and the school's policies.
- Provide information to all staff so that they are aware of students who are at risk of anaphylaxis, the student's allergies, the school's management strategies and First Aid procedures. This can include providing copies or displaying the student's ASCIA Action Plan in canteens, classrooms and staff rooms, noting privacy considerations.
- Undertake twice yearly briefings on anaphylaxis management under Ministerial Order 706 (if applicable)
- Ensure that there are procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response.
- Ensure that any external canteen provider can demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling practices.
- Allocate time, such as during staff meetings, to discuss, practice and review the school's management strategies for students at risk of anaphylaxis. Practice using the trainer EpiPen® regularly.
- Encourage ongoing communication between parents/carers and staff about the current status of the student's allergies, the school's policies and their implementation.
- Review the student's Anaphylaxis Management Plan annually or if the student's circumstances change, in consultation with parents.

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

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

Members of staff are expected to:

- Know the identity of students who are at risk of anaphylaxis.
- Understand the causes, symptoms, and treatment of anaphylaxis.
- Obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®
- Know the school's First Aid emergency procedures and what your role is in relation to responding to an anaphylactic reaction.
- Keep a copy of the student's ASCIA Action Plan (or know where to find one quickly) and follow it in the event of an allergic reaction.
- Know where the student's EpiPen® is kept. Remember that the EpiPen® is designed so that anyone can administer it in an emergency.
- Know and follow the prevention strategies in the student's Anaphylaxis Management Plan.
- Plan ahead for special class activities or special occasions such as excursions, incursions, sport days, camps and parties. Work with parents/carers to provide appropriate food for the student.
- Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.
- Be careful of the risk of cross-contamination when preparing, handling and displaying food.
- Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food.

- Raise student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.

5.2.3 Individual Anaphylaxis Management Plans

Every student who has been diagnosed as at risk of anaphylaxis will have an individual Anaphylaxis Management Plan. (Refer to school's Care Arrangements for Ill Students policy).

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

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

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

It is the responsibility of parents/carers to complete an ASCIA Action Plan, in consultation with their child's medical practitioner, and provide a copy to the High School. The ASCIA Action Plan must be signed by the student's medical practitioner, and have an up to date photograph of the student. As a student's allergies may change with time, our High School will ensure that the student's Anaphylaxis Management Plan and ASCIA Action Plan are kept current and reviewed annually with the student's parents/carers. When reviewed, parents will be expected to provide an updated photo of the child for the ASCIA Action Plan.

6. First Aid Room

Tarwin Lower Primary School will maintain facilities to allow provision of basic First Aid care as well as First Aid treatment such as minor cuts, scratches, bruising and for bodily injury.

The First Aid room (or sick bay) allows for short-term supervision and the ability to summon further assistance if required.

The level of supervision required in the first aid room varies depending on the case. For example, supervision:

- should be required for a student who has had a blow to the head and is feeling dizzy
- may not be required for a student with a slight headache, who needs a lie down.

In the event of visiting health care professionals, such as nurses, physiotherapists, etc, Tarwin Lower Primary School will ensure a facility is available for provision of the health service.

7. First Aid Kits

Refer to Appendix B for lists of contents for a number of different types of kits as per DEECD guidelines:

- Standard First Aid Kits for schools
- Excursion Kit
- Yard Duty Kit
- Blood/Body Fluid Spill Kit
- Asthma Kit

8. Emergency Telephone Numbers

Poisons Information Service	13 11 26
Ambulance	000

Schools can also contact [NURSE-ON-CALL](#) (on 1300 60 60 24) in an emergency. NURSE-ON-CALL provides immediate, expert health advice from a registered nurse and is available 24 hours a day, 7 days a week from any land line in Victoria for the cost of a local call.

9. Related School Policies

This policy should be read and understood (but not limited to) in conjunction with the following school policies:

- Duty of Care policy
- Excursions and Camps policy
- Care arrangement for ill students policy (including consent forms)
- Administration of medication policy (including consent forms)
- Record of student medical conditions and management policy
- Anaphylaxis management policy
- New Staff Induction policy

10. Links

- School Policy & Advisory Guide – [First Aid](#)
- School Policy & Advisory Guide – [First Aid Needs](#)
- School Policy & Advisory Guide – [First Aid Rooms](#)
- School Policy & Advisory Guide – [Asthma](#)
- School Policy & Advisory Guide – [Anaphylaxis](#)
- School Policy & Advisory Guide – [Major First Aid Kits](#)
- School Policy & Advisory Guide – [Portable First Aid Kits](#)
- School Policy & Advisory Guide – [Asthma Kits](#)
- School Policy & Advisory Guide – [Blood Spills and Bleeding Students](#)
- School Policy & Advisory Guide – [Syringe Disposals and Injuries](#)
- DEECD [First Aid and Infection Control](#)

11. Appendices

Appendix A – Ministerial Order No.706: Anaphylaxis Management in Victorian schools
Appendix B – First Aid contents checklists

12. Evaluation

This policy will be reviewed **annually** or more often if necessary due to changes in regulations or circumstances.

This policy was ratified at School Council on **1st August 2017**

APPENDIX A: Ministerial Order No.706: Anaphylaxis Management in Victorian schools

EDUCATION AND TRAINING REFORM ACT 2006 Ministerial Order No.706: Anaphylaxis Management in Victorian schools

The Minister for Education makes the following Order:

1 PART A: PRELIMINARY

1. Background

- 1.1. Division 1 of Part 4.3 of the *Education and Training Reform Act 2006* sets out the requirements for initial and ongoing registration of Government and non-Government schools in Victoria.
- 1.2. Section 4.3.1(6) of the Act and Schedule 2 of the *Education and Training Reform Regulations 2007* set out the prescribed minimum standards for registration of schools.
- 1.3. Sub clause (c) of section 4.3.1(6) of the Act states that if a school has enrolled a student in circumstances where the school knows, or ought reasonably to know that the student has been diagnosed as being at risk of anaphylaxis, then the school must have an anaphylaxis management policy containing matters required by Ministerial Order.
- 1.4. Sections 4.3.2 to 4.3.5 of the Act enable the Victorian Registration and Qualifications Authority to take steps to satisfy itself as to whether or not a school complies and continues to comply with the prescribed minimum standards for registration, including the formulation and implementation of an appropriate anaphylaxis management policy in accordance with the Act, any relevant Ministerial Order, and any other applicable law or instrument.

2. Purpose

- 2.1. The purpose of this Order is to specify the matters that:
 - 2.1.1. schools applying for registration; and
 - 2.1.2. registered schools;must contain in their anaphylaxis management policy for the purposes of section 4.3.1(6)(c) of the Act.

3. Commencement

- 3.1. This Order comes into operation on 22 April 2014.
- 3.2. Ministerial Order 90 is repealed with effect from the date that this Order comes into operation.

4. Authorising provisions

- 4.1. This Order is made under sections 4.3.1, 5.2.12, 5.10.4 and clause 11 of Schedule 6 of the Act.

5. Definitions

- 5.1. Unless the contrary intention appears, words and phrases used in this Order have the same meaning as in the Act.
- 5.2. “Act” means the *Education and Training Reform Act 2006*.
- 5.3. “adrenaline autoinjector” means an adrenaline autoinjector device, approved for use by the Commonwealth Government Therapeutic Goods Administration, which can be used to administer a single premeasured dose of adrenaline to those experiencing a severe allergic reaction or anaphylaxis.

- 5.4. “adrenaline autoinjector for general use” means a ‘back up’ or ‘unassigned’ adrenaline autoinjector.
- 5.5. “anaphylaxis management training course” means:
 - 5.5.1. a course in anaphylaxis management training that is accredited as a VET accredited course in accordance with Part 3 of the *National Vocational Education and Training Regulator Act 2011* (Cth) that includes a competency check in the administration of an adrenaline autoinjector;
 - 5.5.2. a course in anaphylaxis management training accredited under Chapter 4 of the Act by the Victorian Registration and Qualifications Authority that includes a competency check in the administration of an adrenaline autoinjector;
 - 5.5.3. a course in anaphylaxis management endorsed and delivered by a tertiary level specialist allergy service within a tertiary level academic teaching hospital that includes a competency check in the administration of an adrenaline autoinjector; and
 - 5.5.4. any other course approved by the Secretary to the Department for the purpose of this Order as published by the Department.
- 5.6. “Department” means the Department of Education and Early Childhood Development.
- 5.7. “medical practitioner” means a registered medical practitioner within the meaning of the *Health Professions Registration Act 2005*, but excludes a person registered as a non-practicing health practitioner.
- 5.8. “parent” in relation to a child means any person who has parental responsibility for ‘major long term issues’ as defined in the *Family Law Act 1975* (Cth) or has been granted ‘guardianship’ for the child pursuant to the *Children, Youth and Families Act 2005* or other state welfare legislation.
- 5.9. “school staff” means any person employed or engaged at a school who:
 - 5.9.1. is required to be registered under Part 2.6 of the Act to undertake duties as a teacher within the meaning of that Part;
 - 5.9.2. is in an educational support role, including a teacher’s aide, in respect of a student with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
 - 5.9.3. the principal determines should comply with the school’s anaphylaxis management policy.

2 PART B: SCHOOL ANAPHYLAXIS POLICY REQUIREMENTS

6. School Anaphylaxis Policy

- 6.1. A school’s anaphylaxis management policy must contain the following matters:
 - 6.1.1. a statement that the school will comply with:
 - (a) this Ministerial Order; and
 - (b) guidelines related to anaphylaxis management in schools as published and amended by the Department from time to time.
 - 6.1.2. in accordance with Part C, information about the development, implementation, monitoring and regular review of Individual Anaphylaxis Management Plans, which include an individual ASCIA Action Plan for Anaphylaxis, in accordance with clause 7;
 - 6.1.3. in accordance with Part D, information and guidance in relation to the school’s management of anaphylaxis, including:
 - (a) prevention strategies in accordance with clause 8;
 - (b) school management and emergency response procedures in accordance with clause 9;

- (c) the purchase of adrenaline autoinjectors for general use in accordance with clause 10;
- (d) a communication plan in accordance with clause 11;
- (e) training of school staff in accordance with clause 12; and
- (f) completion of a school anaphylaxis risk management checklist in accordance with clause 0.

PART C: MANAGEMENT OF STUDENTS DIAGNOSED AS AT RISK OF ANAPHYLAXIS

7. Individual Management Plans

- 7.1. A school's anaphylaxis management policy must state the following in relation to Individual Anaphylaxis Management Plans for each student diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction:
 - 7.1.1. that the principal of the school is responsible for ensuring that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction, where the school has been notified of that diagnosis;
 - 7.1.2. that the Individual Anaphylaxis Management Plan must be in place as soon as practicable after the student enrolls, and where possible before the student's first day of attendance at that school;
 - 7.1.3. that the Individual Anaphylaxis Management Plan must include the following:
 - (a) information about the medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy or allergies the student has (based on a written diagnosis from a medical practitioner);
 - (b) strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school;
 - (c) the name of the person/s responsible for implementing the strategies;
 - (d) information on where the student's medication will be stored;
 - (e) the student's emergency contact details; and
 - (f) an action plan in a format approved by the Australasian Society of Clinical Immunology and Allergy (hereafter referred to as an ASCIA Action Plan), provided by the parent.
- 7.2. A school's anaphylaxis management policy must require the school to review the student's Individual Anaphylaxis Management Plan in consultation with the student's parents in all of the following circumstances:
 - 7.2.1. annually;
 - 7.2.2. if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
 - 7.2.3. as soon as is practicable after a student has an anaphylactic reaction at school; and
 - 7.2.4. when a student is to participate in an off-site activity such as camps and excursions, or at special events conducted, organised or attended by the school.
- 7.3. A school's anaphylaxis management policy must state that it is the responsibility of the parent to:
 - 7.3.1. provide the ASCIA Action Plan referred to in clause 7.1.3(f);

- 7.3.2. inform the school in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant provide an updated ASCIA Action Plan;
- 7.3.3. provide an up to date photo for the ASCIA Action Plan when that plan is provided to the school and when it is reviewed; and
- 7.3.4. provide the school with an adrenaline autoinjector that is current and not expired for their child.

PART D: SCHOOL MANAGEMENT OF ANAPHYLAXIS

8. Prevention Strategies

- 8.1. A school's anaphylaxis management policy must include prevention strategies used by the school to minimise the risk of an anaphylactic reaction

9. School management and emergency response

- 9.1. A school's anaphylaxis management policy must include details of how the policy integrates with the school's general first aid and emergency response procedures.
- 9.2. The school's anaphylaxis management policy must include procedures for emergency response to anaphylactic reactions including:
 - 9.2.1. a complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction;
 - 9.2.2. details of Individual Anaphylaxis Management Plans and ACSIA Action Plans and where these can be located:
 - (a) during normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls; and
 - (b) during off-site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the school;
 - 9.2.3. information about storage and accessibility of adrenaline autoinjectors including those for general use; and
 - 9.2.4. how communication with school staff, students and parents is to occur in accordance with a communications plan that complies with clause 11.
- 9.3. The school's anaphylaxis management policy must state that when a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school, the principal must ensure that there is a sufficient number of school staff present who have been trained in accordance with clause 12.
- 9.4. The school's anaphylaxis management policy must state that in the event of an anaphylactic reaction, the emergency response procedures in its policy must be followed, together with the school's general first aid and emergency response procedures and the student's ASCIA Action Plan.

10. Adrenaline Autoinjectors for General Use

- 10.1. A school's anaphylaxis management policy must prescribe the purchase of adrenaline autoinjectors for general use as follows:
 - 10.1.1. the principal is responsible for arranging for the purchase of additional adrenaline autoinjector(s) for general use and as a back up to those supplied by parents;
 - 10.1.2. the principal will determine the number and type of adrenaline autoinjector(s) for general use to purchase and in doing so consider all of the following:

- (a) the number of students enrolled at the school that have been diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction;
- (b) the accessibility of adrenaline autoinjectors that have been provided by parents;
- (c) the availability of a sufficient supply of adrenaline autoinjectors for general use in specified locations at the school, including in the school yard, and at excursions, camps and special events conducted, organised or attended by the school; and
- (d) that adrenaline autoinjectors have a limited life, usually expire within 12-18 months, and will need to be replaced at the school's expense, either at the time of use or expiry, whichever is first.

11. Communication Plan

- 11.1. A school's anaphylaxis management policy must contain a communication plan that includes the following information:
 - 11.1.1. that the principal of a school is responsible for ensuring that a communication plan is developed to provide information to all school staff, students and parents about anaphylaxis and the school's anaphylaxis management policy;
 - 11.1.2. strategies for advising school staff, students and parents about how to respond to an anaphylactic reaction:
 - (a) during normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls; and
 - (b) during off-site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the school;
 - 11.1.3. procedures to inform volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction of a student in their care; and
 - 11.1.4. that the principal of a school is responsible for ensuring that the school staff identified in clause 12.1 are:
 - (a) trained; and
 - (b) briefed at least twice per calendar year in accordance with clause 12.

12. Staff Training

- 12.1. A school's anaphylaxis management policy must state that the following school staff must be trained in accordance with this clause:
 - 12.1.1. school staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction attend; and
 - 12.1.2. any further school staff that the principal identifies, based on an assessment of the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the school.
- 12.2. A school's anaphylaxis management policy must state that school staff who are subject to training requirements in accordance with clause 12.1 must:
 - 12.2.1. have successfully completed an anaphylaxis management training course in the three years prior; and
 - 12.2.2. participate in a briefing, to occur twice per calendar year with the first one to be held at the beginning of the school year, by a member of school staff who has successfully completed an anaphylaxis management training course in the 12 months prior, on:

- (a) the school's anaphylaxis management policy;
 - (b) the causes, symptoms and treatment of anaphylaxis;
 - (c) the identities of students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located;
 - (d) how to use an adrenaline autoinjector, including hands on practise with a trainer adrenaline autoinjector;
 - (e) the school's general first aid and emergency response procedures; and
 - (f) the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.
- 12.3. If for any reason training and briefing has not yet occurred in accordance with clauses 12.2.1 and 12.2.2, the principal must develop an interim plan in consultation with the parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction, and training must occur as soon as possible thereafter.

13. Annual Risk Management Checklist

- 13.1. A school's anaphylaxis management policy must include a requirement that the principal complete an annual Risk Management Checklist to monitor their obligations, as published and amended by the Department from time to time.

APPENDIX B: FIRST AID CONTENTS CHECKLISTS

Below are lists of contents for a number of different types of kits:

- Standard First Aid Kits for schools
- Excursion Kit
- Yard Duty Kit
- Blood/Body Fluid Spill Kit
- Asthma Kit

The lists can be modified after consultation with the Health and Safety Representative (HSR) and employees on matters such as the suitability of the kit to the task or activity for which the kit is required. They will also assist workplaces in the completion of first aid provisions inspections and stocktaking. When completing the lists, workplaces should note the type of item in the kit, the expiry date of the item and whether the kit needs refilling in relation to that particular item.

Standard First Aid Kit for schools

Item	Quantity	Type	Expiry date	Refill?
Appropriate and current first aid manual	1			
Gauze swabs	100	7.5 x 7.5cm		
Sterile saline ampoules	12	15ml		
	12	30ml		
Paper towels	1 packet			
Sterile un-medicated non-adhesive dressings	8	5 x 5cm		
	4	7.5 x 7.5cm		
	4	10 x 10cm		
Combine pads	12	10 x 10cm		
Band aids – non-allergic/plain	1 packet			
Single use Nitrile gloves	3 packets	As required		
Steri strips (“butterfly” stitches)	1 packet			
Adhesive tape – non-allergenic/paper	1 roll	5 x 2.5cm		
Conforming bandages	2	2.5cm		
	2	5cm		
	6	7.5cm		
	2	10cm		
Triangular bandages	6			
Crepe bandages (hospital weight)	2	2.5cm		
	2	5cm		
	6	7.5cm		
	2	10cm		
Heavy elastic bandages	2	15cm		
Ventolin puffer	1			
Spacer device for Ventolin use (not reusable)	1			
70% alcohol swabs (for cleaning reusable items as required)	1 packet			
Written instructions on asthma management				
Resuscitation face mask (reusable)	1			
Medicine measure	1			
Stainless steel scissors	1			
Heavy duty pair of scissors able to cut through clothing if necessary	1			
Sharps/Biohazard container for contaminated waste	as appropriate			
Plastic bags for disposal of contaminated waste	as appropriate			
Tweezers	1 packet			
Gel packs (kept in refrigerator)	2			
Adhesive sanitary pads	1 packet			
Flexible "sam" splints	1 set			
Safety pins	1 packet			
Thermal blanket	1			
Blanket and sheet	1 of each			
Antiseptic hand wash/germicidal soap	1			
Box of paper tissues	1 box			

Ice cream containers or emesis bags for vomit	as appropriate			
Book to record details of first aid provided	1			
Non-stick un-medicated wound dressings	4	sml		
	4	med		
	4	large		
Sterile eye pads	1 packet			
Eye wash bottle	1			
Burns Module (non-stick gel padded dressing with bandage attached)	4 modules			
Spare auto - injection device	as appropriate			

Excursion First Aid Kits

(Quantities to be determined by a risk assessment in consultation with the HSR and relevant employees based on activities being undertaken)

Item	Quantity	Type	Expiry Date	Refill?
Appropriate and current first aid manual	1			
Single use nitrile gloves				
Gauze swabs		7.5 x 7.cm		
Sterile saline ampoules		15ml		
		30ml		
Paper towels				
Sterile un-medicated non-adhesive dressings		5 x 5 cm		
		7.5 x 7.5cm		
		10 x 10cm		
Combine pads		10 x 10cm		
Band aids – non-allergic/plain				
Steri strips (“butterfly” stitches)				
Adhesive tape – non-allergic/paper		5 x 2.5cm		
Conforming bandages		2.5cm		
		5cm		
		7.5cm		
		10cm		
Triangular bandages				
Crepe bandages (hospital weight)		2.5cm		
		5cm		
		7.5cm		
		10cm		
Heavy elastic bandages		15cm		
Ventolin puffer				
Spacer device for Ventolin use (not reusable)				
70% alcohol swabs (for cleaning reusable items as required)				
Sterile eye pads				
Resuscitation face mask (reusable)				
Medicine measure				
Stainless steel scissors		medium		
Heavy duty pair of scissors able to cut through clothing if necessary				
Disposable splinter probes				
Sharps container for waste				
Tweezers				
Chemical cold packs (no refrigeration required)				
Adhesive sanitary pads				
Flexible "sam" splints				
Safety pins				
Thermal blanket				
Antiseptic hand wash/germicidal soap				
Box of paper tissues				

Ice cream containers or emesis bags for vomit				
Plastic bags for disposal of contaminated waste				
Book to record details of first aid provided				
Non-stick wound dressings (padded dressing with bandage attached)		Small		
		Medium		
		Large		
Resuscitation masks (disposable)				
Spare adrenalin auto - injection device	as appropriate			

Yard Duty Bags

Items	Quantity	Type	Expiry Date	Refill?
Single use nitrile gloves	2			
Sterile saline ampoules	6			
Gauze bandages	1	2.5cm		
	1	5cm		
Band-Aids	1 packet			
Resuscitation face mask (reusable)	1			
Mobile phone/cordless phone/two way radio (optional)	1			
Heavy elastic bandages		15cm		
Spare adrenalin auto-injection device	as appropriate.			

Blood Spill/Vomit Kit

Items	Quantity	Type	Expiry Date	Refill?
Single use nitrile gloves	1 packet			
Paper towels	1 packet			
Single use plastic bags	As appropriate			
Detergent				
Absorbent material "kitty litter"				
Biohazard waste bin				
Eye Protection (Glasses)				
Gown				

Asthma Kit

Asthma emergency First Aid kits must contain:

- blue/grey reliever medication such as Airomir, Asmol, or Ventolin
- at least 2 spacer devices to assist with effective inhalation of the blue/grey reliever medication (ensure spare spacers are available as replacements)
- clear written instructions on:
 - how to use these medications and devices
 - steps to be taken in treating a severe asthma attack
- a record sheet/log for recording the details of a first aid incident, such as the number of puffs administered - record sheets can be downloaded from the Asthma Foundation of Victoria web site.

Asthma emergency first aid kits should be located strategically around the school. Mobile asthma emergency kits are also required for:

- office/administration
- yard duty
- excursions
- camps.