



Department of  
**Education**

## FIRST AID FOR SICKNESS AND ACCIDENTS IN SCHOOLS

EFFECTIVE: 1 JANUARY 2006

VERSION: 1.0 FINAL

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## 1 POLICY

Principals have a responsibility to ensure that first aid plans are developed and first aid can be provided to any student, member of staff or visitor during any school activity, either on or off the school grounds.

## 2 BACKGROUND

The safety and health of students and staff are of paramount concern to the Department. The expected actions of an assisting staff member are dependent upon the knowledge and experience of the staff member. First aid consists as much in knowing what not to do as in knowing what to do.

The State of Western Australia is vicariously liable for the acts of negligence of employees committed in the course of their employment - see *Duty of Care for Students* policy.

The requirements for first aid facilities and procedures described in this document are based on the *Occupational Safety and Health Regulations 1996*.

## 3 PROCEDURES

### 3.1 RESPONSIBILITIES OF THE PRINCIPAL

- a) Each principal must ensure that adequate first aid services are available for the immediate treatment or care of a student, staff member or visitor who is injured or becomes ill at the school or during school organised activities.
- b) The principal must also ensure that:
  - first aid plans and procedures are developed and implemented. These are to be based on an assessment of:
    - the hazards at the school or during a school organised activity;
    - the risk of injury as a result of those hazards;
    - the size and layout of the school or activity;
    - the distance to the nearest medical or ambulance service; and
    - the number of people at the school or taking part in the school organised activity;
  - procedures for a medical emergency are understood by all staff;
  - there are suitable first aid facilities and equipment available wherever a school organised activity is taking place (see Appendix B); and
  - a staff member is identified to be in charge of first aid and is provided with the relevant training. (The person in charge of first aid must act in this role voluntarily);
  - the staff member appointed to be in charge of first aid is provided sufficient time to meet the responsibilities of the position as listed in 4.4;
  - suitably stocked first aid kits are available and their locations known to all staff (see Appendix C for recommended contents of first aid kits); and
  - all injuries are recorded and written reports maintained. Significant injuries must be investigated as soon as possible.

**Guidelines**

Senior First Aid level of training is suitable however specific training requirements should be discussed with an accredited training provider. Any further training requirements should be determined as part of the assessment.

It is suggested that the possible use of local first aid and emergency services be investigated as part of the first aid plan. For further information about determining first aid requirements, including training, refer to the WorkSafe Western Australia Code of Practice First Aid Facilities and Services (2002). It is available from the WorkSafe website on [www.safetyline.wa.gov.au](http://www.safetyline.wa.gov.au) under codes of practice.

### 3.2 RESPONSIBILITIES OF THE PERSON IN CHARGE OF FIRST AID

The person in charge of first aid has a duty to administer assistance within their level of training. They are also responsible for:

- ensuring first aid supplies are kept stocked, up to date and readily available (see section 4.6 supplies and equipment);
- ensuring first aid room equipment is maintained; and
- ensuring a written report of every injury occurring at the school or on an excursion is made and kept in a log.

**Guidelines**

The person in charge of first aid may not be available for every situation where first aid assistance may be required. First aid plans and procedures should define their expected role. All medical and first aid supplies need to be out of the reach of students.

### 3.3 RESPONSIBILITIES OF ALL STAFF

- a) Staff must assist a person in a medical emergency in order to prevent or reduce harm.
- b) Caution must be exercised in all emergency care. If attending staff are in doubt about what to do, professional medical advice must be obtained. Professional medical advice can include but is not limited to the person's regular doctor or advice from Health Direct on 1800 022 222.
- c) Where it is deemed appropriate staff must refer student injuries to parents/guardians. The method of referring can be determined by the school.
- d) In order to reduce the risk of infection staff are required, where possible, to follow standard precautions (see Appendix A) when dealing with body fluids.

**Guidelines**

Specific first aid procedures can be obtained from first aid manuals. These are available from St John Ambulance, the Red Cross of Western Australia or other recognised first aid training providers. It is also recommended that such manuals are part of the first aid kit.

### 3.4 MEDICAL EMERGENCY PROCESS

- a) A number of steps must be followed in handling a school medical emergency. The assisting person/s must:
  - ensure their own safety, and that of others, prior to attending to the injured person;

- send for help if the person responsible for first aid is not already in attendance or assistance is required to deal with the situation;
  - ensure that in all cases of suspected serious injury or ill health, an ambulance is called for immediately;
  - administer first aid within their level of experience or training;
  - assess whether the injured person should be taken to a doctor's surgery or an ambulance called;
  - notify the Principal as soon as possible; and
  - notify the parents of an injured student at the earliest possible time, and remain with the student until the parents arrive. If the parents cannot be contacted the student's school records must be checked for any information that may assist.
- b) Students are only to be given medication as stated in their Health Care Authorisation form. Further procedures related to student medication are provided in the Student Health Care policy.

### 3.5 REPORTING INJURIES

Any teacher who attended the incident can complete the injury report. Where possible, the written report is to indicate the:

- date, time and place of accident;
- names and addresses of people injured and any witnesses;
- nature of the injuries;
- subsequent action and treatment involved;
- cause of the accident; and
- signature and address of the teacher making the report.

A suggested reporting form is supplied at Appendix D.

### 3.6 SUPPLIES AND EQUIPMENT

The person in charge of first aid must check expiry dates on all contents regularly and arrange for replacement of items where necessary. (See Appendix B for suggested contents of kits.) The provision of additional first aid kits is to be considered on the basis of:

- the size and layout of the school;
- the number of staff and students;
- the nature of the hazards;
- risk assessments relating to excursions; and
- the expected frequency and type of accidents.

## 4 RELEVANT LEGISLATION OR AUTHORITY

*Criminal Code (s262).*

*Occupational Safety and Health Act 1984*

*Occupational Safety and Health Regulations 1996 (s3.12.)*

*School Education Act 1999 (s63(1))*

The following Department of Education policies and guidelines are related to this document:

*Duty of Care for Students*

*Emergency Management*  
*Excursions: Off School Site Activities*  
*HIV/AIDS and Hepatitis*  
*Occupational Safety and Health*  
*Outdoor Education and Recreation Activities*  
*Risk Management*  
*Staff Conduct*  
*Student Health Care*

In addition, WorkSafe Western Australia has published a Code of Practice *First Aid Facilities and Services* (2002) available on [www.safetyline.wa.gov.au](http://www.safetyline.wa.gov.au).

## APPENDIX A STANDARD PRECAUTIONS FOR STAFF DEALING WITH BLOOD OR BODY FLUIDS

To minimise the risk of acquiring blood-borne viruses and other infections the standard precautions to be adopted are:

- When appropriate encourage children, young people and adults to perform their own first aid if they are capable. Depending upon the severity of the injury and the age of the injured person, supervision during this procedure may be necessary.
- Wash hands thoroughly (at least 15 seconds) with soap and water before and after any procedure involving first aid and after cleaning/removing of blood and body fluids from any surfaces. Encourage students or others who have come into contact with blood or body fluids to do the same.
- Always use the recommended protective equipment (e.g. gloves, safety goggles) as necessary to prevent skin and mucous membrane exposure (e.g. eyes) when contact with blood or body fluids is anticipated. Wear eye or face mask protection when conducting procedures that may result in the generation of droplets, splashing of blood or body fluids.
- Wear gloves wherever there is a potential risk of exposure to a blood-borne virus or when performing first aid on a bleeding casualty, and wash hands with soap and water after removing the gloves (ensure a readily available supply of gloves). An alcohol-based hand rub may be used when hand-washing facilities are limited or unavailable, but every effort must be made to wash the hands as soon as practicable.
- Cover cuts and abrasions with waterproof dressings and any blood or body fluids must be washed from skin surfaces using soap and water. It is recommended that soap and water are used predominately for cleaning. Soap is a better wetting agent and cleans more thoroughly than hypochlorite (commonly found in household bleach), overuse of which is not recommended. Viruses do not live on a dry surface, therefore drying with a paper towel is recommended.
- If staff or students are exposed to blood splashes onto a broken skin surface or mucous membrane, wash the area with soap and water and report the matter to the Principal or line manager. Seek medical attention.
- Use standard cleaning equipment, (mop and bucket and disposable cloth with detergent and water) for cleaning up spills of blood or body fluids. Wipe the area with a paper towel and allow the surface to dry. If the soiled surface is porous and difficult to clean, a solution of 0.5 per cent sodium hypochlorite must be applied after cleaning. Soaking a paper towel in the sodium hypochlorite solution and leaving it in place for 10 minutes may achieve this. A number of household bleaches contain sodium hypochlorite and can be diluted to the required strength. Gloves must be worn.
- Seal soiled cloths, paper towels, gloves and dressings in a strong plastic bag before disposal into the domestic garbage.
- Clothing contaminated with blood or body fluids should be removed as soon as practicable and contaminated items placed in a sealed bag until laundered.
- Care must be taken if sharp objects are being removed from the environment. Dispose of all sharp objects in a puncture resistant container, preferably one that conforms with Australian Standard AS 4031.

## APPENDIX B SUGGESTED EQUIPMENT FOR FIRST AID ROOM

The room should have adequate ventilation and lighting, provide easy access to toilets and include the following:

- first aid manual
- first aid kit with approved contents (see appendix C)
- sink and wash-basin with hot and cold water supply
- work-bench or dressing trolley
- storage cupboard for medicaments, dressings, utensils and linen
- soiled dressings container
- plastic bags
- electric power points and means of boiling water
- couch with blankets and pillows
- two upright chairs
- movable screen
- telephone and list of emergency numbers
- portable stretcher
- disposable towels and sheets
- bleach or Milton
- Chlorhexidine 5%
- flashlight
- disposable gloves
- clear safety glasses
- thermometer
- paper cups
- plastic splints (1 packet)
- log for keeping records (see records and reporting accidents section 4.4)

## APPENDIX C SUGGESTED CONTENTS FOR A FIRST AID KIT

The following kit is based on minimum contents to cater for up to 50 people. Quantities need to be increased for larger numbers. This is at the discretion of schools.

Qty	Item	Qty	Item
1	Adhesive Shapes Assorted 50pkt	6	Non-adherent Pad 20cm x 7.5cm
2	Adhesive Tape (Zinc Oxide) 2.5cm x 5m	20	Gauze Swabs 10cm x 10cm x 5cm
1	Hypo - Allergenic Tape 5cm	1	Antiseptic Liquid 250ml
6	Conforming Bandage 2.5cm	1	Antiseptic Soap
3	Conforming Bandage 5cm	4	Saline Irrigation -30ml steritube
6	Conforming Bandage 7.5cm	2	Paracetamol Tablets x 24pkt (for adults only)
2	Conforming Bandage 10cm	1	Instant cold pack
2	Conforming Bandage 15cm	1	Pocket Mask
1	Heavy Crepe Bandage 5cm	1	Safety Pins in bag x 10
1	Heavy Crepe Bandage 10cm	1	Scissors stainless steel
1	Hospital Crepe Bandage 5cm	1	Forceps stainless steel
1	Hospital Crepe Bandage 7.5cm	2	Forceps plastic
3	Triangular Bandage 110cm x 110cm x 155cm	1	Splinter Probe Disposable (pack of 5)
1	Finger Bandage and Applicator	1	Kidney Dish – plastic
1	Finger Stall Leatherette	1	Galipot 150ml
1	Flexible Dressing 3.8cm	1	Nail Brush
1	Flexible Dressing 8cm	1	Towels disposable in bag x 6
1	Universal Dressing – large	1	Gloves disposable in bag x 12
10	Eye Pad – large	6	Cups disposable
6	Combine Pad 9cm x 10cm	1	Plastic Bags - resealable – small
1	Combine Pad 9cm x 20cm	1	Plastic Bags - resealable – medium
3	Combine Pad 20cm x 20cm	1	Note pad and pencil
2	Burns Dressing – small	1	Set Work Sheet
1	Burns Dressing – large	1	Australian First Aid Book or
1	Burnaid gel 25g	1	“Staying Alive” Manual
12	Non-adherent Pad 10cm x 7.5cm		

All items should be contained in a suitably labelled dustproof metal box with a list of contents.

The contents must be checked by a responsible person (such as a trained first aid person) at regular intervals (see 4.4).

First Aid kits and supplies are available through a number of agencies. See yellow pages phone book under first aid supplies or go to [www.yellowpages.com.au](http://www.yellowpages.com.au).

### APPENDIX D FIRST AID INJURY REPORT FORM

Date of Accident:\_\_\_\_\_ Time of Accident:\_\_\_\_\_ AM/PM  
 Name of person/s injured/ involved:.....  
 In the accident/incident at:.....  
 Address:.....  
 .....

Cause of the accident:.....  
 .....

Name of person/s witness to the accident:.....  
 Address:.....  
 .....

Name of person/s witness to the accident:.....  
 Address:.....  
 .....

Nature of the Injuries:.....  
 .....

Subsequent action and treatment involved:.....  
 .....

Parent Advised: Yes / No      Method of Advice:.....

Signed by:.....      Date:.....

Job Title:.....

Address:.....

