

# FIRST AID POLICY & PROCEDURE

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**Thornlie College:** 17 Tonbridge Way, Thornlie Tel: 9493-2718  
**Dianella College:** 81 Cleveland St, Dianella Tel: 9375-9770  
**Kewdale College:** 139 President St, Kewdale Tel: 9362-2100

## **1. FIRST AID POLICY AND PROCEDURE**

### **1. Purpose**

- 1.1 To administer emergency treatment and life support for staff, students and visitors when in need in a competent and timely manner.
- 1.2 To communicate children's health problems to parents when considered necessary.
- 1.3 To provide resources and training to cater for the administering of first aid.
- 1.4 To encourage preventative measures to minimise emergencies and promote safety.

### **2. Guidelines**

- 2.1 The Principal will ensure a sufficient number of staff is First Aid trained (please refer to First Aid Training Guidelines document).
- 2.2 A Clinic/ First Aid room is available for use at all times.
- 2.3 First Aid kits will be available throughout the school.
- 2.4 Supervision of the first aid room is managed by appropriately trained staff. Any children in the first aid room will be supervised at all times. Students waiting to be collected should be under supervision.
- 2.5 A confidential up-to-date register, will be kept of all injuries or illnesses experienced by children that require first aid.
- 2.6 Minor injuries only will be treated by trained staff, while more serious injuries-to be treated by a doctor.
- 2.7 No medication (except for Asthma medication) will be administered to children without the express permission of parents or guardians. Please refer to Asthma Care Procedure.
- 2.9 Parents of all children who receive first aid for severe medical conditions will receive a completed incident form.
- 2.10 Parents of ill children will be contacted to take the children home.
- 2.11 Parents who collect children from school for any reason (other than emergency) must sign the child out of the school in a register maintained in the school office.
- 2.12 A comprehensive first aid kit will accompany all excursions, along with a mobile phone.

- 2.13 All children attending overnight excursions will have provided a signed medical form providing medical detail and giving teachers permission to contact a doctor or ambulance should instances arise where their child requires treatment.
- 2.14 Students with Asthma should have an Asthma plan developed which will be kept at the school and a copy taken on school camp/ overnight excursion.
- 2.15 The purchase and maintenance of first aid supplies eg first aid kits, ice packs and the general upkeep of the Clinic/ First Aid room is the responsibility of the Front Administration Office.
- 2.16 The school will request medical information at the commencement of each year or as health needs change. (Please see Medicine Administration Request Form and Student Health form included in this document).
- 2.17 General organisational matters relating to first aid will be communicated to staff at the beginning of each year.

### **3. Implementation**

- 3.1 A trained First Aid Officer must be appointed to be in charge of the School Clinic/First Aid room.
- 3.2 A comprehensive supply of basic first aid materials will be stored securely in the Clinic
- 3.3 First aid kits will also be available in each section of the school including the Administration offices.
- 3.4 Any student who has an accident or illness during class time will be sent to the Clinic/First Aid Room with a note and parents will be contacted.
- 3.5 All serious incidents will be recorded into the First Aid register.
- 3.6 Students who have received first aid will receive a form indicating the nature of the injury, and any treatment given. Serious injuries/illnesses, the parents/guardians must be contacted so that professional treatment may be organised. Any injuries to a child's head, face, neck or back must be reported to parents/guardian
- 3.7 Any student who is collected from school by parents/guardians as a result of an injury, or who is administered treatment by a doctor/hospital or ambulance officer as a result of an injury, or has an injury to the head, face, neck or back, must be recorded by the nurse in the Clinic Register.
- 3.8 The school will call an ambulance for serious cases, and the Principal must be informed to consider an appropriate course of action. Please note that payment of the ambulance account is the responsibility of the parents. The College strongly recommends that parents obtain ambulance cover.

3.9 All children attending excursions will have provided a signed medical form providing medical detail and giving teachers permission to contact a doctor or ambulance should instances arise where their child requires treatment. Copies of the signed medical forms to be taken on camps and excursions, as well as kept at school.

3.10 All children, especially those with a documented Asthma management plan, will have access to Ventolin spray and a spacer at all times.

## **2. GENERAL FIRST AID PROCEDURE**

When first aid is needed for any person the below procedures should be followed.

- Stay calm
- Ensure person is out of harm's way
  - D: Danger (remove)
  - R: Response
  - A: Airway
  - B: Breathing
  - C: Circulation
- Administer first aid in order of priority, e.g. CPR, stop bleeding, prevent shock etc. (Refer to First Aid books if unsure).
- If the supervising staff member is unable to administer first aid correctly, then escort the student to the administration office for assistance or to the Clinic/First Aid Room or stay with student until help arrives.
- Notify parent of child's incident regardless of the severity. Let the parent decide what course of action they would like to take.
- If parent is unable to be contacted via telephone, then seek assistants from principal or front office.
- Internal medication is not to be administered unless a letter of authority with instructions has been given by the parent.

**FOR ALL MAJOR INJURIES AN AMBULANCE SHOULD BE CALLED, e.g. BROKEN BONES, DEEP LACERATIONS, EXCESS BLEEDING AND UNCONSCIOUSNESS. IF UNCERTAIN CONTACT THE FRONT OFFICE.**

- Once the person has been attended to and is safe, an accident/incident report needs to be completed and given to the office.
- At the Australian Islamic College, for safety reasons students are not permitted to carry medication with them throughout the day. Parents with a child requiring medication need to contact the College First Aid Officer (see appendix A for a list of the First Aid Trained Officers) who can assist in the dispensing of medication.

- All parents are required to complete the Medicine Administration Form to keep the College informed of their family and medical information. The College need to be notified when changes to detail submitted occur.
- Paracetamol tablets will only be dispensed if written permission is granted on this form.

FIRST AID CONSISTS AS MUCH IN KNOWING WHAT NOT TO DO, AS IN KNOWING WHAT TO DO. IF IN DOUBT ALWAYS OBTAIN MEDICAL ADVICE.

IF A MAJOR ASTHMA ATTACK OCCURS AND A PUFFER DOES NOT WORK, AN AMBULANCE WILL BE CALLED.

## **1. NOTIFYING PARENTS**

### **Kewdale campus**

- Extract details of student from school database
- When speaking to parent, avoid creating panic
- Make arrangements for child pick up
- Offices responsible for contacting parents;

Front Office 9362 2100

Front Office ext 211 and 200

Central Office ext 251 and 243

Principal's Assistant Office ext 265

Principal's Office ext 218

Primary Office ext 202

Kewdale Primary Principal Office ext 216

### **Thornlie campus**

- Extract details of student from school database
- When speaking to parent, avoid creating panic
- Make arrangements for child pick up
- Offices responsible for contacting parents;

Front Office: 9493 2718

Principal's Mobile: 0422 280 563

### **Dianella campus**

- Extract details of student from school database
- When speaking to parent, avoid creating panic
- Make arrangements for child pick up
- Offices responsible for contacting parents;

Front Office: 9375 9770

Principal's Mobile: 0433 553 931

## **2. LOCATION OF FIRST AID KITS**

### **Kewdale campus**

PRIMARY: SICK BAY

HIGH SCHOOL: CENTRAL OFFICE

SCIENCE DEPARTMENT (F2)

RECEPTION: FRONT OFFICE

GYM: PHYS ED OFFICE

### **Thornlie campus**

FRONT OFFICE

LIBRARY

HIGH SCHOOL IT ROOM

STAFF ROOM

YEAR 2A CLASS ROOM

KINDY AND PP AREA

### **Dianella campus**

FRONT OFFICE (MEDICAL ROOM)

SCIENCE LABS

LIBRARY

KINDY AND PP AREA

First Aid supplies can be ordered from the front administration office.

### **3. INCIDENT / ACCIDENT REPORTING**

All injuries should be documented and filed. A copy should be given to the Principal, Administrative office and copy in the class file.

Class teachers should document all accidents/incidents within their class regardless of severity. This is done to ensure that if any disputes may arise at a later stage, there is documentation to back up the situation.

Details needed for in class accidents/incidents;

- Date
- Student Name
- Time
- Place
- Cause of accident
- Injury
- Treatment
- Witness
- Parent called

Implementation date: [February 2018]

Approved by: [Executive Principal]

Next review: [February 2019]

## **Action Plan for ANAPHYLAXIS**

**Emergency Number: 000**

**Kewdale HS Principal: 0434 678 210**

**Kewdale Primary Principal: 0423 592 405**

**Thornlie Principal: 0422 280 563**

**Dianella Principal: 0433 553 931**

### **INDEX:**

1. Names of students with severe allergies.
2. Moderate to Mild Allergic Reaction and Action to be taken.
3. Severe Allergic Reaction and Action to be taken.
4. How to Administer the EpiPen or EpiPen Jr.



## Action Plan for ANAPHYLAXIS

### Severe Allergies:

1. Peanuts
2. Nuts
3. Eggs
4. Legumes
5. Kiwifruit

\*\*\*\*\* (A child can have any of the above allergies)

### MILD to MODERATE ALLERGIC REACTION:

- Swelling of lips, face, eyes
- Hives or welts
- Abdominal pain, vomiting( these are signs of a severe allergic reaction to insects)

### Action:

\*\*\*\*\*For insect allergy, flick out sting if it can be seen (but do not remove ticks)

- Stay with the child and call for help
- Give medications (if prescribed)
- Locate EpiPen or EpiPen Jr
- Contact parent / carer
- Stay with the child until help arrives

\*\*\*\*\*WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS

### ANAPHYLAXIS (SEVERE ALLERGIC REACTION):

- Difficulty / noisy breathing
- Swelling of tongue
- Swelling / tightness in throat
- Difficulty talking and / or hoarse voice
- Wheeze or persistent cough
- Loss of consciousness and /or collapse
- Pale and floppy (young children)

### Action:

1. Give EpiPen or EpiPen Jr
2. . Call ambulance. Telephone 000
3. . Lay person flat and elevate legs. If breathing is difficult, allow to sit, but not to stand.
4. . Contact parent / carer
5. . Further adrenaline doses may be given if there is no response after 5 minutes (if another adrenaline auto injector is available)

\*\*\*\*\*If in doubt, give EpiPen or EpiPen Jr

## HOW TO ADMINISTER THE EPIPEN OR EPIPEN JR

1. Remove the EpiPen from the plastic container.



2. Remove the grey cap from the end of the EpiPen.



3. Hold the EpiPen tightly in the palm of your hand. Place black tip gently against the outer thigh (at right angle to leg). Push down HARD until you hear or feel a 'click'. Hold in place for 10 seconds.



4. Remove the EpiPen from thigh, being careful not to touch the needle. Massage the injection site for 10 – 20 seconds. Apply firm pressure with a clean cloth. Record time EpiPen was given. Call an ambulance.



## Action Plan for BEE STINGS

### First Aid for Bee Stings

#### Here's what to do in case a child gets stung by a bee.

1. Remove the stinger. It should be scraped out, and not pulled out. Pulling out a stinger with your fingernails or with a tweezers causes squeezing, and this releases more venom into your body. Scrape it out with your fingernail or a knife blade.
2. Remember, the venom gland remains attached to the sting, and if it is not removed it will continue to release venom into the body for up to 20 minutes.
3. Wash the area thoroughly with soap and water. You could even apply a splash of antiseptic like Dettol.
4. Apply some calamine lotion.  
A better substitute however, would be a baking soda and water mixture for bee stings, and vinegar for wasp stings.
5. Relieve pain and swelling by applying a cold compress on the spot. Put ice in a cloth or plastic wrap. Don't apply ice directly on the skin.
6. Leave the ice wrap on your skin for at least 15 minutes.

Sometimes, your child may have an allergic reaction to the sting. Severe allergic reactions even cause death, so it is important to carefully observe your child for an allergic reaction.

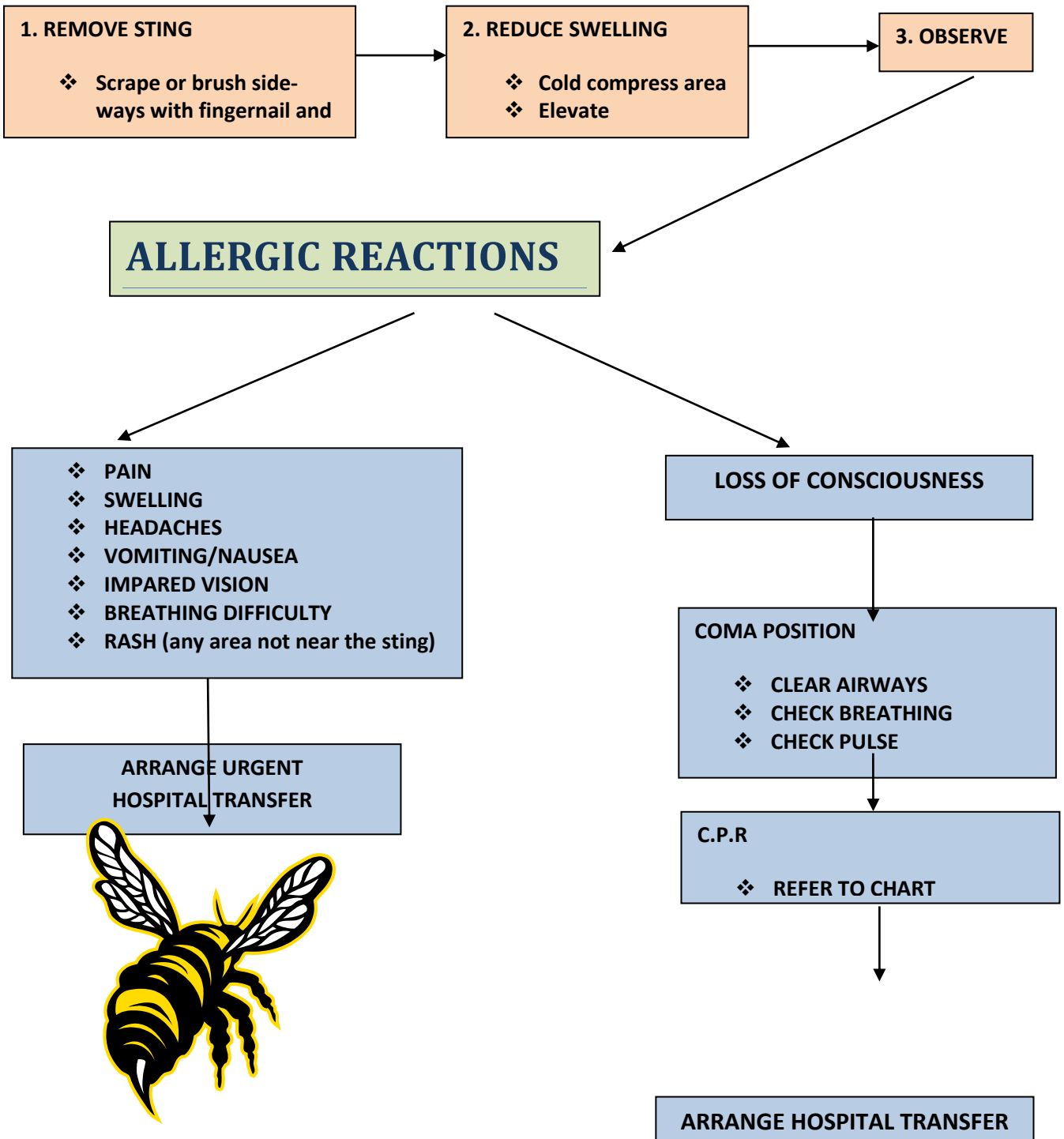
#### Symptoms of an allergic reaction are:

1. Coughing
2. Wheezing
3. Difficulty in breathing
4. Headache
5. Loses consciousness
6. Tightness in chest or throat



If any symptoms of an allergic reaction develop, the stung area should be kept BELOW the level of the heart, and urgent medical assistance should be called for immediately.

## BEE STINGS - FIRST AID PLAN



# IF IN DOUBT PHONE POISONS INFORMATION CENTRE 131126

## Action Plan for SEIZURES

### EPILEPSY MANAGEMENT

#### DURING SEIZURE:

- Protect casualty
- DO NOT restrict movement
- DO NOT put anything in mouth

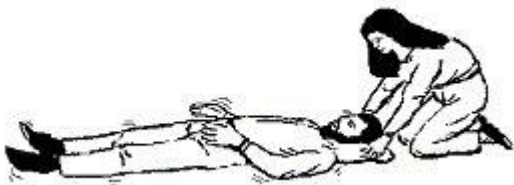
#### AFTER SEIZURE:

- DRABC – Alternative Recovery Position
- Rest and Reassure
- Keep warm
- Medical aid

### FIRST AID FOR SEIZURES

**TONIC CLONIC SEIZURE (Grand Mal) Convulsive seizures where the body stiffens (tonic phase) followed by general muscle jerking (clonic phase).**

#### DO



- Stay with the person
- Time seizure
- Roll onto side after jerking stops OR immediately if food/fluid/vomit in mouth
- Observe and reassure until recovered
- Move hard objects away
- Protect head from injury

#### DO NOT



- Put anything in the person's mouth
- Restrain the person
- Move person unless in danger
-

## **COMPLEX PARTIAL SEIZURE (Focal)**

**Non-convulsive seizures with outward signs of unresponsiveness or inappropriate behaviour.**

- \*Stay with the person**
- \*Reassure until recovered**
- \*Time seizure**
- \*DO NOT restrain the person unless**
- \*Gently guide away from harm in danger**

This is not medical advice nor an exhaustive list of responses to seizures. This is a guide to help you consider your response to seizures. If you are in any doubt about what to do, do not hesitate to call an ambulance.

**Call 000 for an Ambulance if:**

- ? You are in any doubt**
- ? Injury has occurred**
- ? There is food/fluid/vomit in mouth**
- ? Seizure occurs in water**
- ? Another seizure follows quickly**
- ? Jerking of a tonic-clonic seizure lasts over 5 mins**
- ? Complex partial seizures last longer than 15 mins**
- ? Person has breathing difficulties after jerking stops**

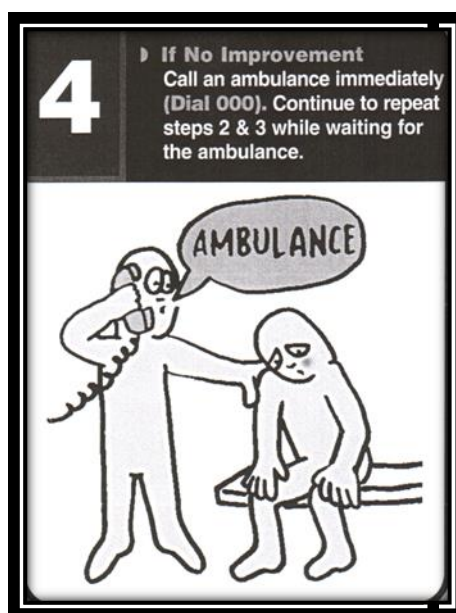
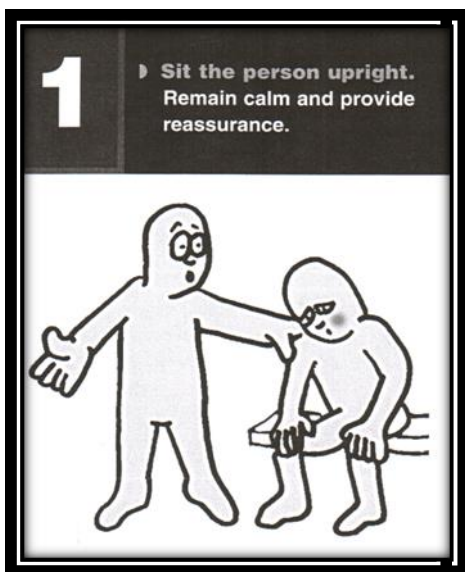
**Note:** If seizure occurs while a person is seated in a wheelchair, car or stroller, support their head and leave safely strapped in seat until seizure is finished. If there is food, water or vomit in their mouth, remove person from seat and roll them onto their side immediately.

## Action Plan for TYPE 1 DIABETES

<b>HYPOGLYCAEMIA</b> (LOW Blood Glucose <4) Rapid onset - minutes	<b>HYPERGLYCAEMIA</b> (HIGH Blood Glucose >15) Slower onset – hours / days
<p><b><u>Signs and Symptoms:</u></b></p> <ul style="list-style-type: none"> <li>- Hunger</li> <li>- Pale</li> <li>- Excessive sweating</li> <li>- Dizzy</li> <li>- Shaking</li> <li>- Palpitations</li> <li>- Personality change</li> <li>- Drowsiness</li> <li>- Non-responsive</li> <li>- Seizures</li> </ul>	<p><b><u>Signs and Symptoms:</u></b></p> <ul style="list-style-type: none"> <li>- Excessive thirst</li> <li>- Excessive urinating</li> <li>- Dry mouth and flushed skin</li> <li>- Fatigue</li> <li>- Vomiting or nausea</li> <li>- Stomach ache</li> <li>- Laboured breathing</li> </ul>
<p><b><u>Causes:</u></b></p> <ul style="list-style-type: none"> <li>- Too much insulin</li> <li>- Not enough carbohydrate from food</li> <li>- More activity than usual</li> </ul>	<p><b><u>Cause:</u></b></p> <ul style="list-style-type: none"> <li>- Not enough insulin</li> <li>- The wrong type of carbohydrates or too much carbohydrate containing food</li> <li>- Emotional stress</li> <li>- Trauma</li> <li>- Infection / Fever</li> </ul>
<p><b><u>Action:</u></b> If conscious and co-operative</p> <ol style="list-style-type: none"> <li>1. If possible test BGL</li> <li>2. Rest under supervision</li> <li>3. If meal or snack is due within 30 minutes, give four glucose tablets (Glucodin) or 100ml lemonade immediately</li> <li>4. If meal or snack is NOT due within 30 minutes, give glucose as above followed by a carbohydrate containing snack</li> <li>5. If no improvement after 10-15 minutes repeat above and contact parent</li> <li>6. Recheck BGL after 20 minutes</li> </ol> <p><b><u>If unconscious:</u></b></p> <ol style="list-style-type: none"> <li>1. Turn on their side (coma position)</li> <li>2. DR ABC (Danger, Response, Airway, Breathing and Circulation)</li> <li>3. Stay with child and call for help to contact an ambulance</li> <li>4. Ring parents or if unable to contact parents, contact Princess Margaret Hospital Diabetes Clinic for assistance</li> </ol>	<p><b><u>Action:</u></b></p> <ol style="list-style-type: none"> <li>1. If BGL &gt;15 test for ketones (urine or blood)</li> <li>2. If unwell due to high blood sugar levels or illness contact parents. If unwell do not leave unsupervised by an adult</li> <li>3. If vomiting urgent attention is required</li> <li>4. Contact Princess Margaret Hospital Diabetes Clinic for assistance if unable to contact parents.</li> </ol>

**Action Plan for Asthma**  
**(also refer to Asthma Care Policy)**

- ❖ If someone has an **Asthma Attack**, you should **follow this 4 step Asthma First Aid Plan**.
- ❖ If their condition suddenly **deteriorates** or if at any time you are **concerned** – **call an ambulance immediately**.





### What if it is the first attack of Asthma?

If someone has difficulty breathing, follow the Asthma First Aid Plan immediately, whether or not the person is known to have asthma.

No harm is likely to result from giving



### What to do in the case of an Asthma attack

People with asthma have extra-sensitive airways. Triggers like dust, pollens, animals, tobacco smoke and exercise may make their airways swell and narrow, causing wheeze, cough and difficulty breathing.

1

Sit the person comfortably upright. Be calm and reassuring.

2

Give 4 puffs of a blue **Reliever** inhaler (puffer) – *Ventolin, Airomir, Bricanyl, or Asmol*.

Relievers are best given through a **spacer**, if available.

Use 1 puff at a time and ask the person to take 4 breaths from the spacer after each puff.

Use the person's own inhaler if possible. If not, use the First Aid kit inhaler or borrow one from someone else.

3

Wait 4 minutes. If there is no improvement, give another 4 puffs.

4

If little or no improvement, CALL AN AMBULANCE IMMEDIATELY (DIAL 000) and state that the person is having an asthma attack.

Keep giving 4 puffs every 4 minutes until the ambulance arrives.

**Children:** 4 puffs each time is a safe dose.

**Adults:** up to 6 - 8 puffs every 5 minutes may be given for a severe attack while waiting for the ambulance.

**AUSTRALIAN ISLAMIC COLLEGE**

**MEDICINE ADMINISTRATION REQUEST FORM**

<b>Child's name</b>	
Name of prescribing doctor	
Condition medication prescribed for	
Name of medication	
Dosage and time of dosage	
Instructions	
Name of parent	
Contact number of parent	

I request that my child \_\_\_\_\_ be allowed to take medication during the time they are at Australian Islamic College. I understand this will be either in the College or out on excursions at various other facilities. The details of the medication, prescribing doctor, dosage and administration guidelines have been outlined above and to the best of my knowledge are accurate. I understand that depending on the nature of the medication, staff at the College may need to obtain relevant information from the prescribing doctor or pharmacist.

I agree to observe the conditions imposed by the College and understand that it is my responsibility to inform the coordinator of any changes involving the administration of the medication. I also acknowledge that the staff of Australian Islamic College are not responsible in any way whatsoever for any damage or injury that may occur to my child after the administering of this medication as per the instructions as outlined above.

Parent/Guardian Signature:.....

Parent/Guardian Name:.....

Date:.....

**AUSTRALIAN ISLAMIC COLLEGE  
MEDICAL HISTORY  
STRICTLY CONFIDENTIAL**

**STUDENT DETAILS**

**SURNAME:** ..... First Name: .....

Date of Birth: ...../...../..... Gender:    Male    Female

Father/Guardian Surname: ..... First Name:.....

Mother/Guardian Surname: ..... First Name:.....

Address: .....

Home Number: ..... Work: .....

Mobile: .....

Name of Family Doctor: ..... Phone Number: .....

Medicare number: ..... Valid To: .....

Private Health Company: .....

Membership No: ..... Expiry Date: .....

Ambulance Membership:    Yes    No

**NB: The school will call an ambulance for serious cases. Please note that payment of the ambulance account is the responsibility of the parents. The school strongly recommends that parents obtain ambulance cover.**

Vaccination Status: .....

**HEALTH CONDITIONS**

Is your child subject to illnesses or any other condition that may affect his or her safety during school? (i.e seizures, fainting, asthma)

Yes              No   

If yes, please give details:

.....  
.....  
.....

Is your child subject to any disabilities that may affect his or her safety during school?

Yes              No

If yes, please give details and provide with documents:

.....  
.....  
.....

Is your child allergic to: *(please tick)*

Any Medications	
Any Food Products	
Any Insect Stings	
Other	

Please give details:

.....  
.....

Date of last tetanus vaccination: .....

**MEDICATION**

Parent/guardians are requested to make arrangements with the teacher-in charge for the safekeeping and handling of prescribed medications during school.

Does your child presently taking tablets and /or other forms of prescribed medication?

Yes  No

Does your child self administer the medication?

Yes  No

If yes, state name of medication and frequency of use:

.....  
.....  
.....

**OTHER INFORMATION**

Please provide any other information about your child which will enable the organisers of the excursion to provide better care for your child.

.....  
.....  
.....

**Appendix A: Trained First AID Officers of AIC**

<b>Dianella</b>	<b>Thornlie</b>	<b>Kewdale High School</b>	<b>Kewdale Primary</b>
Sedina Krajinovic	Lesley Merdi	Idris Hamid	Shirin Mert
Tracey Canal	Bahaa Bannani	Tengku Shahrul Shah	Shweta Mehta
Fatima Mohideen	Endah Hayes	Mohammed Shady Fouda	Khadijah Torres
Zelda Swinny	Kayann Abrahams	Sanjana Ghani	Shehla Kashif
Megan Malik	Likaa Abdul Rahman	Pashtoon Waheedy	
	Betool Al-Absawi	Rizana Imtiaz	
	Shereen Teahuru	Mohammed Khan	
	Kalwant H Singh	Shammie Hossain Khan	
	Nahaari Millson		
	Sibel Bennett		
	Suriani Abdul Rahman		
	Saida Jassat		
	Khadijah Essarras		

**CLASS ACCIDENT / INCIDENT REPORT**

Date	Student Name	Time	Place	Cause of Accident	Injury	Treatment	Witness	Called



# Australian Islamic College (Perth)

PO Box 252 Cloverdale Western Australia 6985

Tel: (618) 9362-53402 Fax: (618) 9355-2988 Email: [info@aic.wa.edu.au](mailto:info@aic.wa.edu.au) Website: [www.aic.wa.edu.au](http://www.aic.wa.edu.au)

Thornlie College: 17 Tonbridge Way, Thornlie Tel: 9493-2718 Dianella College: 81 Cleveland St, Dianella Tel: 9375-9770 Kewdale College: 139 President St, Kewdale Tel: 9362-2100

## ACCIDENT / INCIDENT REPORT

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

Staff Member          Student          or          Visitor          (Please circle)

List the People that were present at the time          1) \_\_\_\_\_

2) \_\_\_\_\_

(STAFF & STUDENTS)          3) \_\_\_\_\_

4) \_\_\_\_\_

A list of key points:          1) \_\_\_\_\_

E.g: Who called ambulance          2) \_\_\_\_\_

E.g: Who administered first aid          3) \_\_\_\_\_

4) \_\_\_\_\_

A brief summary of what took place: (this should read like a police report- add an extra page if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Initial results of event: (E.g Student received a badly bruised left cheek)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Entry in incident report book completed by \_\_\_\_\_ (Name) at (Date) \_\_\_\_\_

Copy to: Campus Principal (Y/N), Secretary (Y/N), Front Office (Y/N), Central Office (Y/N)