

RISK INFORMATION – SCHOOLS

FIRST AID

The Risk Information contained in this paper provides input to the establishment of school first aid facilities.

WH&S / OH&S legislation and Duty of Care obligations require schools to provide first aid facilities and sufficient staff trained to an appropriate level of competency in first aid.

The minimum requirement for first aid provision is for there to be:

- One educator with current first aid qualification
- One educator who is trained in anaphylaxis management
- One educator trained in emergency asthma management. *

* Victorian Department of Education and Early Childhood Development (DEECD), similar provisions exist in other jurisdictions.

The actual first aid requirements of a workplace (including number of trained staff needed) should be determined as a result of a risk assessment of the workplace; the assessment should involve Health & Safety representatives (if same have been appointed) and other employees. WorkSafe Victoria advises that there should be a minimum of one trained first aid practitioner for up to 50 employees (25 employees if higher risk) with increases as numbers of employees increase. Where there is no access to timely medical and ambulance services the minimum ratio is one practitioner per 10 employees.

The trained person(s) must be immediately available in an emergency.

Identification of trained first aid staff and locations of first aid kits should be communicated to all people on campus. Notices of trained staff and locations of first aid kits are to be posted on notice boards, near first aid kits and in first aid rooms.

Staff members who practice first aid should have their position descriptions upgraded to reflect the additional responsibility.

Staff members who will practice first aid should receive, at a minimum, Level 2 training (Apply First Aid) plus (optionally) training in the health needs of students attending the school (asthma management, anaphylaxis, etc.) and CPR. Level 2 training remains current for 3 years; CPR training has a currency of 12 months.

There is no current requirement to provide defibrillator machines. Any decision to provide such equipment should be in response to a risk identified in the risk assessment. Physical safety of the machines will need to be appropriately managed and additional training will be required for those who will operate the devices.

Safe Work Australia advises that first aid rooms should be provided when there are more than 200 workers (and by implication, students and staff) at a site. For higher risk

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workplaces the ratio is one first aid room per 100 workers. Establishing the need for a first aid room(s) should be an output of the first aid risk assessment.

For details of the room fit-out and equipment refer to the Safe Work First Aid Code of Practice.

First aid kits should be maintained to the standard outlined by the local education authority.

At least two (2) asthma emergency kits should be provided for each 300 students (Victorian DEECD guidelines). Asthma management plans should be in place for all students diagnosed with asthma.

An anaphylaxis management plan should be prepared for each student at risk of anaphylaxis. Schools should consider purchase of additional or 'backup' EpiPens. The number and location of the pens should be determined by the first aid risk analysis. After administering an EpiPen, an ambulance should always be called.

The school should communicate to parents / guardians any incidents where first aid has been provided.

Emergency assistance (ambulance) should be sought if there are any doubts about the patient's health and safety and/or the situation is beyond the capacity of the first aid provider.

Details of first aid provided should be recorded in a first aid log.

Any "notifiable" events will need to be communicated to the relevant state Safe Work / WorkSafe authority.

Appropriate first aid capacity must be provided on school excursions. This includes requirements for risk management analysis of the activity determining provision of:

- trained first aid providers (for remote, isolated or mobile activities higher level Wilderness First Aid is the required minimum standard)
- first aid kit
- asthma and anaphylactic plans
- Consideration should be given to taking extra EpiPens on an excursion due to their Potential failure rate

The school's first aid policy should be communicated to parents. Schools should gain parent permission to administer first aid and medical treatment in the event of an emergency with an appropriate indemnity clause to cover the cost of any treatment.

Explicit parent permission is needed prior to administration of any medicines.

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References

Safe Work Australia, “First Aid in the Workplace, Code of Practice”, July 2012

WorkSafe Victoria, “First Aid in the workplace”, Compliance Code, September 2008

Victorian Department of Education and Early Childhood Development (DEECD) School Policy Advisory Guides:

- First Aid
- Major First Aid Kits
- First Aid Needs
- Excursions & Activities
- Anaphylaxis

Asthma Foundation, “Asthma & Victorian Schools Model Policy”, March 2013

Australian Society of Clinical Immunology and Allergy (ASCIA) – “Anaphylaxis resources”,
www.allergy.org.au/health-professionals/anaphylaxis-resources

Western Australia Department of Education, “Guidelines for First Aid in Department Workplaces”, February 2013

South Australian Department of Education and Children’s Services, “First aid in education and children’s services”, 2010

ACT Government Education and Training, “Health & Safety Policy First Aid”, 2003

Queensland Government Policy and Procedure Register, Department of Education, Training and Employment, “First Aid”, 24/10/2012

Queensland Government Policy and Procedure Register, Department of Education, Training and Employment, “First Aid Guideline”

New South Wales Department of Education and Training, “Student Health in NSW Public Schools: A summary and consolidation of policy”, 22/03/2005