



# First Aid Policy and Sick Bay Procedures

## Purpose

This policy seeks to ensure the workplace health and safety of all employees, students and other staff and covers the operations of the College campus and associated activities.

## Scope

This policy applies to the Safety Advisor, First Aid Officer, Teachers and Teacher Aides.

## Policy and Procedure Details

The Safety Advisor is to ensure that:

- An assessment is conducted at regular intervals (at least annually) to determine the adequacy and appropriateness of existing first aid facilities and procedures in the College.

This may be determined by:

- Conducting walk through surveys
- Reviewing incident, accident and injury or illness reports
- Ensuring staff training is available and current
- Appropriate personal protective equipment is provided, used and maintained
- All students and employees have access to, and are aware of, the location of first aid facilities and are instructed in the procedures to be followed when first aid is required, i.e. advising that all first aid waste should be secured in a plastic bag prior to disposal in the general waste
- Adequate and appropriate infection control procedures are followed during the provision of first aid services and the disposal of first aid waste.
- Information is to be provided through inductions, First Aid/CPR training, policy review notifications.
- Confidentiality is maintained.

## First Aid Training

The minimum level of training required for first aid is a certificate in Provide an Emergency First Aid Response in an Education and Care Setting, valid for three years. Subsequent CPR training is required yearly.

The College will determine funding arrangements for accredited first aid training courses.

The College will provide first aid training at least once a year.

## First Aid Kits

The Safety Advisor may determine the first aid kit requirements by assessing at regular intervals the first aid needs of the College or workplace.

The College should keep first aid kits in the following locations:

- One main kit in the Sick Room in the Administration Block.
- One kit in the Science Laboratory; and
- Two camp kits for college excursions and other variations to college routine.

First aid kits should be clearly identified by a suitable sign or label.

The Safety Advisor should arrange for the shelf life of contents, where applicable, to be kept current.

### **Student Referral for First Aid Treatment**

Except in an emergency, students who need first aid attention must first report to a teacher/teacher aide before presenting to Admin staff for treatment. The student will be referred to Sick Bay if necessary. *Please refer to Sick Bay Procedures below for further information.*

When an injury has occurred, an Injury, Incident or Illness Report must be completed as soon as possible.

### **Administrating Medication to a Student**

Refer to the below documents for extensive information on staff responsibilities and the overall management of medications:

- Substance Management Plan
- Administering Medications Policy, Guidelines and Procedures (AMP)

### **Record Keeping**

Staff training records will be kept for the required duration.

The following documents are to be completed and filed in a secure place for required duration. Edumate to be updated as required. Refer to Administering Medications Policy, Guidelines and Procedures (AMP) for further information on managing documentation.

- CCM Incident Report
- Minor Incident Report
- Register of Administered Medication
- CCC Sick Bay Register
- CCC-SICKBAY Note

### **Associated Policies**

- Substance Management Plan (SMP)
- Administering Medications Policy, Guidelines and Procedures (AMP)
- CCC-CCM Critical Management Plan Contagious Conditions
- Drugs Policy

#### Revision Record

Version	Approval Date	Authorised by	Effective Date	Review Cycle	Next Review
1	20 April 2018	Nathan McDonald	20 April 2018	4 years	April 2022
1.1	20 April 2018	Nathan McDonald	1 January 2021	4 years	April 2022
2	3 August 2022	Nathan McDonald	30 August 2022	4 years	August 2026
3.0	25 July 2023	Nathan McDonald	25 July 2033	4 years	July 2027



## SICK BAY PROCEDURES

---

### **Purpose**

To provide adequate guidelines and facilities for the care of ill or injured students and staff while at the College.

### **Scope**

This document details responsibilities and procedures for the management of the Sick Bay facilities.

### **Sick Bay Facilities**

Sick Bay is located in the Administration Block and is a transitional room where students are monitored until well enough to return to class, or collected by a parent/carer, or ambulance.

The room contains:

- Beds and chairs
- Storage for first aid supplies and equipment
- Locked cupboard for storage of medications
- Fridge
- First Aid Officer area

The Sick Bay door is to be kept open when students are present.

### **First Aid Officer and Reception Staff Responsibilities**

The First Aid Officer is an appointed position. In the event the Officer is absent a reception staff member will assume the role. A current First Aid Certificate is required to perform this duty.

### **Training**

The College will ensure the First Aid Officer and responsible reception staff have training to ensure First Aid Certificate currency. The College provides training in Week 0 every year. If the First Aid Officer and/or the reception staff are unable to attend at this time, they are responsible to organise training and the College will reimburse costs.

### **Process**

First Aid Officer and Reception staff are responsible for the overall organisation and management of Sick Bay. They are responsible to administer medications, maintain first aid supplies, supervise students, and keep accurate records. *Refer to **Record Keeping** section at the end of this document.*

- When a student presents to the reception desk, admin staff are to direct student to the First Aid Officer. In the event the Officer is absent an admin staff member will need to make an assessment in response to the information on the Sickbay Note. If unclear, follow-up with person who completed the note.
- Student is sent to the Sick Bay room to:
  - Administer first aid treatment and/or medication
  - Monitor student
- Notifications:
  - Contact parent/carer if the student has not improved after a reasonable time period
  - In an emergency, (an emergency could develop after giving initial first aid)
    - Call ambulance 000
    - Inform Parent/carer as quickly as possible
  - Give clear and concise information, avoid long-winded explanations.

### **Referrals**

- Students who are unwell or injured are to report to their class teacher, or an on-duty staff member during break times.

- Teacher/staff member are to assess the situation, then complete a purple Sickbay Note giving as much detail as possible, and hand the note to the student.
  - In a serious event where the student is unable to attend sick bay the teacher/staff member is to call the Admin Office where staff will make necessary phone calls or render assistance if needed.
- The student is to present the Sickbay Note on arrival at Reception.

Students are not to present to Reception without a purple Sickbay Note and are to be sent back to their class teacher or on-duty staff member, unless it is an emergency, (i.e. knock on the head, bleeding from a wound, etc.).

### **Emergencies**

An up-to-date paper copy Anaphylaxis, Asthma Action and Diabetes Plans must be kept in Sick Bay in the event electronic access unavailable.

Definition of an emergency:

- Concussion/major knock to the head
- Anaphylaxis shock/allergic reaction
- Breathing difficulties/unresponsive to asthma medication
- Fracture
- Excessive bleeding
- Seizure
- Burn
- Monitor/administer first aid where appropriate while waiting for paramedics.
- If necessary, get another staff member to wait for the ambulance to direct them to the student.
- Print Emergency Student Sheet or give a copy of the student Plan to the paramedics.
- A staff member is to accompany student in the ambulance if parent/carer not available.

### ***Ambulance not available***

In the event of a severe/life threatening emergency and an ambulance is not available, or severely delayed, the student can be transported to Chinchilla Hospital in a staff vehicle after:

- 1) Consultation with a supervisor or the Principal
- 2) Get permission from the parent/carer if possible.

### **Medications**

Refer to:

AMP Guidelines: [Administration of Medications](#)

AMP Procedures: [Administering medications](#)

### **Infection Control**

All staff

- Staff are to wear PPE when dealing with body fluids such as blood, vomit, urine, faeces etc. Minimum PPE should be (but not limited to):
  - Rubber gloves
  - Eye protection
  - Protective mask
- Spills must be cleaned up as soon as practicable, and area sanitised with Clinell wipes.
- Beds and pillows are to be wiped down with Clinell wipes after each student.
- Wash hands with soap and water or use alcohol-based sanitiser after administering first aid
- Handle needles and syringes with extreme caution. *Refer to Appendix B Department of Education Safe handling and disposal of needles and syringes* document for further information.

- Refer to the *Critical Management Plan for Contagious Conditions* if suspected or informed of a contagious medical condition.

### **First Aid Kits**

First Aid Kits are kept in the Sick Bay room and the First Aid Officer is responsible to:

- Ensure kits are fully stocked.
- Check contents use-by dates at the start of each term.
- Have kits ready for excursions and camps prior to an event.
- Ensure kits are returned after an event, checked and restocked as required.

### **Record Keeping**

The following documents are to be completed and filed in a secure place for the required duration. Edumate to be updated as required.

- Sickbay Note
  - To be completed by a teacher or staff member.
- Minor Incident Report
  - To be completed for ice packs, band aids, Stingose and Paw Paw Ointment. Sickbay Note to be attached.
- Register of Administered Medication
  - To be completed every time medication is administered.
- Sick Bay Register
  - To be completed for each student attending sick bay and recorded in Edumate. Sickbay Note to be attached.
- CCM Incident Report
  - To be completed by incident reporter, First Aid Officer, relevant Supervisor and Safety Advisor and sign-off by Principal or Delegate.

### **End of Day Cleaning Routine**

The First Aid Officer is responsible to keep the sick bay area clean and uncluttered throughout the day. They are also responsible to leave the sick bay clean and tidy at the end of the day.

This process will include, but is not limited to:

- Pick up rubbish left by student, pencils and colouring books (if used).
- Place medicines into lockable cupboard when not in use.
- Sort plastic bags containing individual student medications into alphabetical order.
- Wipe down all surfaces including phone, chairs, arm rests and pillows with Clinell wipes.
- Straighten beds.
- Close windows and draw blinds.
- Replenish water in fridge when needed.
- Replenish medication cups.
- Spray sick bay room liberally with Glen20 disinfectant and shut the door (*this will restrict aerosol vapours spreading to other areas in the building*). During high flu/COVID season Glen20 can be sprayed throughout the admin area when all other staff have left.

### **Associated Policies**

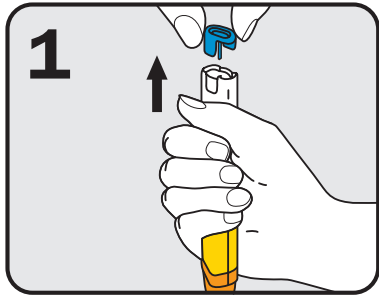
Substance Management Plan (SMP)

Administering Medications Policy, Guidelines and Procedures (AMP)

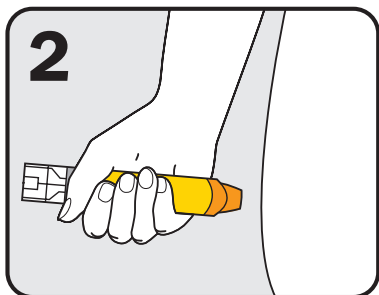
Drugs Policy

CCC-CCM Critical Management Plan Contagious Conditions

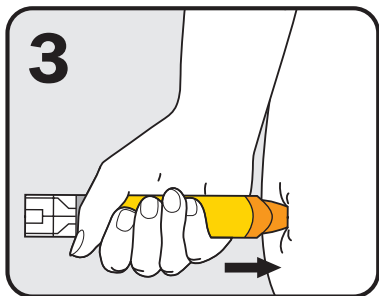
## Appendix A How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds

REMOVE EpiPen®

EpiPen® is given as follows:

- EpiPen® Jr (150 mcg) for children 7.5-20kg
- EpiPen® (300 mcg) for children over 20kg and adults

For use with EpiPen® adrenaline (epinephrine) autoinjectors

### SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - these are signs of anaphylaxis for insect allergy

### ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person, call for help and locate adrenaline autoinjector
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

### WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

### ACTION FOR ANAPHYLAXIS

- 1 LAY PERSON FLAT - do NOT allow them to stand or walk
  - If unconscious or pregnant, place in recovery position - on left side if pregnant, as shown below
  - If breathing is difficult allow them to sit with legs outstretched
  - Hold young children flat, not upright



- 2 GIVE ADRENALINE AUTOINJECTOR
- 3 Phone ambulance - 000 (AU) or 111 (NZ)
- 4 Phone family/emergency contact
- 5 Further adrenaline may be given if no response after 5 minutes
- 6 Transfer person to hospital for at least 4 hours of observation

### IF IN DOUBT GIVE ADRENALINE AUTOINJECTOR

Commence CPR at any time if person is unresponsive and not breathing normally

**ALWAYS give adrenaline autoinjector FIRST, if someone has SEVERE AND SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms. THEN SEEK MEDICAL HELP.**

Note: If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre. Continue to follow this first aid plan for the person with the allergic reaction.

# Appendix B

## Safe handling and disposal of needles and syringes

*Developed in consultation with, Queensland Health Communicable Diseases and Infection Management Unit and Needle and Syringe Program- May 2021*

Needle-stick injuries can cause considerable anxiety because of the fear of contracting blood-borne diseases. The risk of acquiring a disease from a needle-stick injury in a community setting is very low, however where needles/syringes are found within school premises, it is important that they are disposed of promptly and safely to ensure staff, students and others are not harmed. It is also important to know that **unsafe** disposal of needles and syringes is illegal. The [Environmental Protection \(Waste Management\) Regulation 2000 \(Qld\)](#) requires that needles and syringes be disposed of in a rigid-walled, puncture-resistant, sealed container

### What are needle stick injuries and sharps?

Needle-stick injuries are wounds caused by needles or other sharps that accidentally puncture the skin. Exposure to blood-borne viruses is the major hazard of needle stick injuries, especially the viruses that cause HIV, hepatitis B and hepatitis C, as well as other diseases such as tetanus. The term 'sharps' means objects or devices with sharp points, protuberances or cutting edges that are capable of cutting or piercing the skin.

### How do we prevent needle stick injuries?

Schools need to adopt practices that minimise the risk of students, staff or others coming into contact with sharps.

- Conduct regular inspection of the school grounds to ensure the early detection and disposal of discarded sharps.
- Do not place your hands into areas or objects where you cannot see as sharps may be concealed there e.g. overgrown garden beds, rubbish bins. Use tongs or rubbish grabbers to pick up or move rubbish.
- If students are required to pick up rubbish, provide them with suitable equipment.
- Do not manually compress rubbish bags in case they contain needles/syringes.

### What if someone finds a 'sharp'?

- Students should never handle needles/syringes.
- Before staff handle sharps – move away any people (especially children) who are nearby.
- Ensure there is space to move and to clearly observe the sharps and your hands.
- Do not handle more than one item at a time. If there are multiple sharps, carefully *separate* them using a stick or implement – **do not** try to flick them or pick them up with a grabber/implement.
- Latest advice is that the best and safest way to pick up a syringe is to use your hands and immediately wash them afterwards. If the person is uncomfortable using their hands, thin disposable gloves that do not interfere with dexterity can be used. The use of grabbers or other implements to pick up syringes increases the risk of injury through uncontrolled flicking of the syringe.

## How do you dispose of sharps appropriately?

See guidance on page 4. The aim is to transfer the needle/syringe into an *appropriate container* safely to minimise the risk of needle-stick injury.

## Recognising a sharps container

A sharps container is a receptacle intended for the collection and disposal of sharps. It is:

- rigid-walled
- puncture-proof
- sealable.

Do not use glass jars or bottles, plastic drink containers or aluminium drink cans. These can break or may be recycled, potentially leading to injuries to other people such as waste collectors. To minimise the risk of the sharp puncturing the container it is best to use a sharps container that complies with *AS/NZS 4261:1994 – Reusable containers for the collection of sharp items used in human and animal medical application*. Look for the following features:

- yellow in colour
- labelled as 'sharps' or 'infectious waste'
- carries the biohazard and AS/NZS symbols

A designated sharps container is very easy to obtain and should be made available at every school. Contact the Clean Needle Help Line or First Aid suppliers.



## How do schools dispose of the sharps container?

Schools can dispose of containers that contain needles/syringes via a Queensland Health recommended facility or a facility recommended by your local council. You may also dispose of sealed sharps containers directly into the school's industrial waste bin. Do not place in internal waste bins.

- **do not** dispose of loose sharps in the general waste
- **do not** throw needles/syringes down drains because they may then be washed out to other areas
- **do not** throw needles/syringes down toilets.

### Disposing of sharps in these ways is unlawful

## What should schools do?

- Establish school-based procedures for dealing with needles and syringes found in school grounds based on the information in this fact sheet.
- Ensure that your school's procedure regarding **rubbish collection** by staff, students and others follows the information in this fact sheet e.g.
  - provide suitable equipment when picking up rubbish, such as a rubbish grabber tool. This is to eliminate the risk of accidental hand to needle/syringe contact as sharps may be concealed under rubbish or vegetation. The rubbish grabber tool is **not to be used to pick up** sharps.
  - staff only should handle syringes; if there are multiple needles/syringes, carefully separate them using a stick or extended implement – do not try to pick them up with a grabber or flick them. Syringes should be picked up using the hands.





- Disseminate the school-based procedures to all in the school community and train nominated people such as the schools officer (grounds and facilities) in the safe handling and disposal of needles/syringes.
- School can obtain a pack of clean syringes from their local needle syringe program and practice picking up and separating sharps. This will help identify the method that works best and reduce anxiety with touching sharps.
- Educate students regarding how to identify needles/syringes and sharps containers and what action they should take if they find these items – for example; 1. do not touch the syringe, 2. one student acts as a spotter and stands near the needle/syringe to warn other students and 3. another student immediately reports it to a staff member
- Inform other school and community groups that use your facilities about your procedures.
- Ensure you have sharps disposal kits at suitable locations around the school grounds, not just in the administration building. The kit should include a sharps container, disposable gloves and guidance (from the next page).
- The schools officer, cleaning staff and other staff likely to find needles/syringes should have their own sharps containers.
- If a needle/syringe is found at your school:
  - inform all staff, particularly schools officers and cleaners
  - keep a record of where and when you found the needle/syringe
  - ensure procedures are followed including proper disposal
  - discuss with staff to determine success or improvements to procedures.

## Hepatitis B vaccination

Vaccination for both Hepatitis A & B is an entitlement for both schools officers and cleaners through industrial agreements. Vaccination costs and doctor's consultation costs are to be funded by the staff member's school. As a further precaution, schools should recommend and fund hepatitis B vaccinations for other individuals who are at high risk of coming into contact with needles or syringes.(e.g. cleaning, building and grounds maintenance roles). Immunisation records should be kept for each worker. Workers who are at significant risk of contact with used needles and syringes should have a blood test four weeks after completing the course of vaccination to ensure that they have developed adequate immunity.

## Further information

- [Hepatitis A&B fact sheet](#)
- [Infection control guideline](#)
- [Queensland Health Website – Safe Disposal of Needles and Syringes](#)
- Queensland Health – Clean Needle Helpline - phone: 1800 633 353

## Guidance for the disposal of needle/syringe into a sharps container

<b>Equipment:</b> thin, disposable latex, vinyl or nitrile gloves, sharps container	
Procedure	Precautions
<b>Step 1</b> Put on disposable latex or vinyl gloves (if available). Gloves will not prevent the wearer from being injured but will form a clean barrier between the hands and the syringe.	Do not attempt to recap the needle – this is how most accidental needle-stick injuries happen. The cap is usually bright orange and can be disposed of separately. Do not break, bend or otherwise try to render the syringe useless.
<b>Step 2</b> Bring your rigid-walled, puncture-resistant, sealable, sharps container <b>to the syringe</b> .	Take the sharps container to the syringe, do not walk with the needle/syringe.
<b>Step 3</b> Place the container on the ground or flat surface beside the syringe.	Do not hold the sharps container or ask another person to hold it as you are disposing of the syringe.
<b>Step 4</b> Pick up the syringe by the middle of the barrel	The safest method of picking up a syringe is by hand. Staff can also chose to wear thin, disposable gloves that do not hinder dexterity. Do not crack the plastic barrel of the syringe or flick the syringe.
<b>Note</b> Do not use a dustpan & brush to 'sweep up' the syringe as the sweeping movement can cause the syringe to flick into the air and cause further risk.	Plastic tweezers are <b>not</b> recommended as they may also cause the needle/syringe to flick (commonly bright coloured and found in many 'sharps disposal kits' sold at pharmacies etc).
<b>Step 5</b> Place the syringe in the container sharp end first.	Keep the sharp end of the needle facing away from you at all times.
<b>Step 6</b> Securely place the lid on the container and ensure it is sealed. Hold the container by the top when carrying.	Place the sealed container into your industrial bin, sharps disposal bin or contact your local council or health department regarding safe ways to dispose of your sharps container.
<b>Step 7</b> Remove gloves carefully so any contaminated fluid on the glove does not come into contact with your hand. Wash your hands with running water and soap.	Other items that have come into contact with blood (i.e. gloves) should be disposed of in the same container as the used syringe or placed into double plastic bags and then into the rubbish.

### What to do if a needle stick injury occurs (to staff, students, visitors)

- Stay calm.
- Encourage the wound to bleed (gently squeeze).
- As soon as possible wash the area with running water and soap (if available).
- Apply an antiseptic and band-aid.
- As soon as possible contact your supervisor. If a student receives a needle stick injury, contact their parent/guardian.
- It is important to be medically assessed as soon as possible. Visit your local doctor or hospital emergency department promptly; they will manage blood testing, counselling and possible hepatitis B and tetanus vaccination and/or medication.
- Staff can access the Employee Assistance Program (EAP) for free confidential counselling or seek the assistance of another counselling service.
- Dispose of the needle/syringe safely. Testing of syringes is usually not conducted so there is no need to keep the syringe.

**Keep a copy of this page with each sharps kit in your school.**

**This guidance should also be displayed in relevant areas within your school**