

# FIRST AID AND INFECTION PREVENTION AND CONTROL PROCEDURE

## 1.0 INTRODUCTION

The purpose of this Procedure is to identify first aid requirements and implement appropriate arrangements to ensure all ill and injured persons are provided with immediate and adequate treatment of injury and illness at primary and secondary schools managed and operated by DOSCEL.

## 2.0 SCOPE

This Procedure applies to all Schools managed and operated by DOSCEL. Employees, Visitors, Contractors and Volunteers are required to comply with this Procedure.

## 3.0 PROCEDURE

### 3.1 First Aid Risk Assessment

It is the responsibility of the Principal (or their delegate) to ensure that the first aid needs of the school are identified and met. This will be achieved by completion of a first aid risk assessment, in consultation with the Health and Safety Representative (HSR) and/or first aid officer(s).

When conducting the first aid risk assessment, considerations should include:

- the size and layout of the school (e.g. terrain, access and egress, proximity of high hazard areas and isolated areas to first aid, etc.)
- any high-risk areas (e.g. technology areas, workshops, food technology areas, science laboratories, chemical storage areas)
- the number of campuses
- the number of employees, students, contractors and volunteers in the workplace
- the nature of hazards
- previous accident / incident data and injury trends
- any authorised after-hours programs and/or shift work
- the nature and location of school excursions and camps
- school leased / owned vehicles
- the location of the site (i.e. proximity to medical facilities and access to ambulance services)
- first aid facilities and supplies that are needed
- number of first aid officers needed, and the type of training they should attend.

### 3.2 First Aid Officer Training

It is the responsibility of the Principal (or their delegate) to ensure that all First Aid Officers have completed recognised first aid training that meets the requirements of Provide First Aid - HLTAID003 as well as completing an annual refresher for Cardiopulmonary Resuscitation (CPR) - HLTAID001, as a minimum. The level of training required should be determined by the first aid risk assessment.

Principals (or their delegate) are also required to keep and maintain records of first aid training completed by First Aid Officers, using the First Aid Training Register template.

### 3.3 First Aid Kits

The Principal (or their delegate) is required to determine the appropriate contents of the workplace first aid kits in consultation with First Aid Officer and the HSR.

First aid kits should meet the first aid requirements of individual schools. This includes the number of first aid kits and their contents as identified in the First Aid Risk Assessment.

Regular inspections of first aid facilities, including a review of the first aid kits on site, is recommended and these inspections are scheduled and conducted at least biannually. The First Aid Officer should also ensure that first aid kit contents are restocked within date, as required.

As a guide, below is a list of contents that a first aid kit should contain, as a minimum, in accordance with the First Aid Compliance Code:

- Basic first aid notes
- Disposable gloves
- Resuscitation mask
- Individually wrapped sterile adhesive dressings
- Sterile eye pads (packet)
- Sterile coverings for serious wounds
- Triangular bandages
- Safety pins
- Small sterile un-medicated wound dressings
- Medium sterile un-medicated wound dressings
- Large sterile un-medicated wound dressings
- Non-allergenic tape
- Rubber thread or crepe bandage
- Scissors
- Tweezers
- Suitable book for recording details of first aid provided
- Sterile saline solution
- Plastic bags for disposal.

### 3.4 First Aid Rooms / Sick Bays

Following the completion of the First Aid Risk Assessment, where it has been determined that a First Aid Room is necessary, the principal (or their delegate) will ensure that the room will be located so it's accessible to injured persons, be well lit, ventilated and clearly identified with appropriate signage.

Where a First Aid Room is determined to not be required, schools must provide a first aid area (Sick Bay) for ill or injured students, employees or other people to rest in. Sick Bays should meet as many as possible of the minimum requirements for First Aid Rooms.

Below is a list of items (minimum requirements) that should be provided when establishing a First Aid Room, in accordance with the Compliance Code: First aid in the workplace.

- Personal Protective Equipment (eye protection, gloves, apron/gown)
- Resuscitation mask
- Electric power points
- Sharps disposal system
- Biohazard Waste Container/ Sanitary Waste Bin
- Work bench or dressing trolley
- Cupboards for storing medicaments, dressings and linen
- Sink and wash basin (with hot and cold water)
- An upright chair
- First aid kit appropriate for the school
- Blankets and pillows
- Desk and telephone
- List of emergency telephone numbers
- Signage indicating emergency first aid procedures
- Emergency Management Contact Details Sheet clearly displayed
- Stretcher (if a need is identified using First Aid Risk Assessment)

**Note:** Monitors and Closed Circuit Television (CCTV) cameras are prohibited from being installed in First Aid Rooms or Sick Bays.

### **3.5 Automatic External Defibrillators**

An Automated External Defibrillator (AED) is a small, portable, easy to operate lifesaving medical device designed to analyse an unconscious person's heart rhythm and automatically deliver an electrical shock to a person having a Sudden Cardiac Arrest. An AED will not deliver a shock unless it detects a shockable heart rhythm.

Automatic External Defibrillators (AED) are not normally required in first aid kits or first aid room supplies. Schools may determine that an AED be included as part of the first aid provision, particularly where the First Aid Risk Assessment indicates circumstances where life-threatening injuries could result and timely access to emergency services cannot be assured. Prospective AED operators should be trained in their correct use.

As a guide, refresher training is required every twelve months. AED function, batteries and pads should be checked monthly and after each use.

### **3.6 Administering of Medication**

Administering of medication during school hours should be considered only when there is no other alternative, such as when the medication is prescribed by a medical practitioner to be taken at scheduled times.

Authorisation should be obtained from a medical practitioner to administer any prescription medication to students.

#### ***Medication Administration Authorisation Requirements***

The Principal (or their delegate) must ensure that medication is not be administered at School, except where:

- prescription medication has been supplied by the parents/guardians and written medical advice from a medical practitioner has been provided;
- Non-prescription medication has been supplied by the parents/guardians and a medication form has been completed and signed by the parents/guardians.

#### ***Dispensing Medication***

Schools should adopt the following strategies for the administering of medication:

- Check and adhere to pharmacy label instructions or parent instructions prior to administering (e.g. 'to be taken with food').
- Ensure the following are checked before administering medication to students:
  - correct medication
  - correct student
  - correct dose
  - correct time
  - correct route (e.g. inhaled/orally)

- correct documentation.

Schools should not:

- administer analgesics (e.g. aspirin or paracetamol) as a standard first aid strategy;
- allow the use of medication by anyone other than the prescribed student.

Employees are responsible for carrying and dispensing their own medication (prescribed or over the counter).

A medication log or equivalent official medications register should be used by the person administering the medication.

### 3.7 Infection and Prevention Control

Adequate infection and prevention control **must** be practiced at all times when administering first aid or cleaning up blood or bodily fluids. The following infection control procedures must **always** be adhered to:

- wear protective gloves when in contact with bodily fluids, non-intact skin and mucous membranes
- wear a mask, eye protection and a gown where there is a risk of splashing blood or other bodily fluids
- cover cuts and abrasions with water proof occlusive dressing to avoid contamination of cuts / abrasions with another person's blood and/or bodily fluids
- remove any broken glass or sharp material with forceps or tongs and place in sharps container
- wash hands thoroughly after direct contact with an ill or injured person or blood/bodily fluids with warm soapy water, rinse, dry and sanitise hands using an alcohol-based rub or gel.

If any clothing becomes soiled in bodily fluids, it is to be disposed of in the biohazard bag along with the bodily fluids (e.g. blood) or washed in warm water and detergent (e.g. vomit, faeces), and hands are to be washed in **warm** soapy water.

If there is an incident involving a needle stick injury, or similar injury where there is cause for concern that the person may have come into contact with an infectious disease then medical advice must be sought **immediately**. Only trained First Aid Officers should attempt to collect and dispose of any used or discarded syringes into a sharps container.

### ***Strategies to prevent the spread of infectious diseases***

<b>Hand washing</b>	Employees and students must have access to hand washing and drying facilities including soaps and paper towel or hand dryers.
<b>Coughing and sneezing</b>	Employees and students should be encouraged to exercise good hygiene practices, including covering their mouth and nose with a tissue and washing hands after using or disposing of tissues. If a tissue is not available, remind students and staff to cough or sneeze into their upper sleeve or elbow.
<b>Cleaning</b>	Cleaning and disinfection materials should be readily available in the school, particularly in food preparation, first aid and physical education areas in the event of a blood or bodily substance spill.
<b>Food Handling and Storage</b>	Food needs to be handled correctly to ensure that it does not become contaminated. If food is not stored, displayed or transported correctly bacteria can multiply to dangerous levels.
<b>Sand Pit/Soft Fall</b>	Sand pits can be a source of infection and need to be well maintained and kept clean. When not in use, it is recommended that sand pits be securely covered to prevent contamination, particularly with animal waste.
<b>Waste Management</b>	Ensure that appropriate and sufficient waste receptacles are available and a waste disposal regime is in place to manage various types of waste including sanitary waste, sharps disposal etc.
<b>Safe Handling of Sharps</b>	Sharps may be contaminated with blood, bodily fluids or chemicals, posing a risk of infection or illness if they penetrate the skin. It is essential to follow safe procedures when using and disposing of sharps.
<b>Spills Management (blood and bodily fluids)</b>	Should be dealt with as soon as possible. Assume all blood and bodily substances are potentially infectious.

## **Animals in Schools**

Animals may carry infections, so hands must be washed and dried after handling any animals.

### ***Infectious Diseases Exclusion Periods***

Principals (or their Delegate) should ensure that they are aware of the infectious diseases exclusion periods and the infectious diseases that are notifiable to the Department of Health.

Further information about infectious diseases and exclusion periods can be found on the [Victorian Department of Health](#) website.

## **3.8 Cleaning and Sanitising**

Where a blood/biological spill has occurred the following must be adhered to:

- isolate the area where the incident occurred
- clean up blood and other body fluids spills with disposable paper towels/tissues or by using a Biohazard Spill Kit
- use hospital grade disinfectant (use 5ml of bleach to 500ml of water) to sanitise the area
- dry the area with disposable paper towels/tissues after clean-up (as wet areas attract contaminants)
- where a spill occurs on carpet, shampoo as soon as possible. Do not use disinfectant. Steam cleaning may be used instead
- Items such as scissors and tweezers are to be cleaned and disinfected/sterilized after use.

## **3.9 Disposal of Contaminated Waste**

Contaminated waste (e.g. dressings, wipes, cleaning cloths, nappies, human tissue, and blood and laboratory waste) should be disposed of in:

- appropriate biohazard waste containers/bags; or
- in the general waste in suitably labelled bags (bags are to be double bagged); or
- Sanitary Waste Bins.

Sharps should be disposed of in a sharps container. All sharps containers must be compliant with AS 4031: Non reusable containers for the collection of sharps medical items used in health care areas.

### **3.10 Incident Reporting**

It is vital that all incidents and near misses are reported as per the school's normal incident reporting process. This will allow the Principal (or their delegate) to investigate the cause of the incident and to implement appropriate risk controls to prevent a reoccurrence.

## **4.0 RESOURCES**

- [First Aid Risk Assessment Checklist](#)
- [First Aid Training Register Template](#)
- [Guide to Incident Notification](#)
- [Infection control - standard and transmission- based precautions](#)
- [Infectious Diseases minimum periods of exclusion table](#)
- [Notification requirements for infectious diseases](#)
- [WorkSafe Report an Incident](#)

## **5.0 RELATED POLICIES**

- DOSCEL Duty of Care Policy
- DOSCEL First Aid Policy

## **6.0 REVIEW**

**Implementation Date: December 2020**

**Review Date: December 2021**