



# HIGHVIEW COLLEGE MEDICAL FIRST AID POLICY

**Responsible – Board**

(Ratified in even years)

Developed by	DP Pastoral Care, Aileen Thomas	2013
Updated by	Student Services, Vicki Fraser	2016
Updated by	Director of Pastoral Care, Marion Martin	2018
Updated by	First Aid Officer, Sharon O'Shea	2019
Updated & Ratified by	Board Director, Nickola Allan	April 2020
		2022
		2024
		2026
		2028

## Rationale

Highview College is committed to the provision of an effective First Aid service for its staff and students when involved in College activities, whether on or off College premises.

## Aim

The aim is to be able to respond appropriately and quickly in emergencies, including accidents and illness.

## Definition

First aid involves emergency treatment and support to preserve life through:

- clearing and maintaining open airways
- restoring breathing or circulation
- monitoring wellbeing until the person recovers or is transferred into the care of ambulance, paramedic, doctor or nurse
- protecting a person, particularly if they are unconscious
- preventing a condition worsening
- promoting recovery

## Implementation

The following procedures are implemented:

- a) Every parent/guardian will provide an updated medical form at the commencement of each year which will inform decisions making in an emergency
- b) There will be at least one staff member on the premises during school hours who holds current, recognised First Aid and CPR certificates and is immediately available in an emergency situation
- c) A safely located, appropriately equipped First Aid kit will be readily available to all staff
- d) First Aid Officers, co-ordinate all First Aid issues, including management of the 'Health Centre', and supervision/up-dating of all First Aid kits and equipment used by College

staff. First Aid Kits must be checked on a monthly basis for missing or 'out of date' items

- e) During excursions, camps and out of school events first aid procedures will be carried out as stated in the Risk Assessment
- f) A register of First Aid trained staff will be maintained by the Student Wellbeing Leadership Team.
- g) First Aid Officers observe their duty of care to students by providing First Aid treatment within the limits of their skill, expertise, training and responsibilities

**Note** Where possible, First Aid should only be provided by staff who have been designated as First Aid Officers. However, in an emergency, other staff may be required to help within their level of competence.

### **Where a student is feeling unwell**

Unwell students should not attend school. If a child feels unwell at school, First Aid Officers will contact the student's family (ensure emergency contact details are up to date) and/or seek medical assistance.

### **Reporting Injuries and Accidents**

- Highview College staff are to report incidents (hazards, near misses and injuries) by making a report to OHS.
- All accidents on the College grounds involving students, parents or visitors must be recorded on SEQTA in 'Health Centre'. If a teacher or staff member witnesses an accident, or is involved in one, they are to record the details in 'Accident/Incident Report' as soon as possible after the incident and submit to the Business Manager
- Whenever students suffer any form of injury on a College excursion or camp, the First Aid Officer in charge will make a decision in regards to treatment and/or use of medical assistance or ambulance. The First Aid Officer in charge needs to record the details of the injury, with the information provided by those witnessing the injury or accident, in SEQTA under 'Accident/Incident Report' as soon after the incident as is practicable
- All medications administered must be recorded by the First Aid Officer on SEQTA under 'Medical'

### **Health Centre**

The College's Health Centre is located in Reception.

- If a student notifies a teacher of a minor illness or injury, he/she should be sent to Reception accompanied by another student
- The teacher should explain the illness or injury
- The First Aid Officer/Reception Staff decides on the most appropriate treatment and completes the appropriate documents
- In more serious cases, teachers should alert First Aid staff and stay with the patient

The following items are available in the College's Health Centre:

- First Aid kit
- A Hospital bed
- Electric power points
- Blankets and pillows
- A sharps disposal system
- List of emergency telephone numbers
- Work bench
- Wheel chair
- Storage Cupboards
- Sink and wash basin
- Defibrillator

### **Injured Student**

In the event of an injury on the school grounds, the Reception staff should be notified immediately.

- Staff members should follow the First Aid advice given and stay with the student until help arrives from Reception. (In some cases of minor injury, a student may be sent to the office, if in the company of another student)
- Staff on yard duty should ensure that they have a First Aid kit and walkie talkie, before they go out on duty and that they wear a high visibility vest. In the event of accident/injury they should contact Reception immediately and follow the First Aid Officer/Reception Staff instructions
- Teachers supervising off campus or out-of-hours classes or events must ensure that they have medical information for students, a First Aid kit and a mobile phone. Reception should be contacted and procedures followed as set out in the risk assessment
- First Aid will be provided by a staff member who holds a current First Aid certificate, when possible
- A First Aid trained person in Reception will be called to see the student and after the assessment the student can be taken to the College's Health Centre. The First Aid trained person will re-examine and interview the student, provide any immediate treatment and then either telephone the student's parents to collect the student, place the student in the Health Centre, or send the student back to class
- If a student is seriously injured, or in cases where a student needs to see a doctor urgently, an ambulance will be called to take the student to hospital, and the parent(s) contacted immediately

### **First Aid Kits**

Appropriate First Aid kits are located throughout the College.

- The Main First Aid Kit is located with student medical information on the book shelf next to the reception desk
- First Aid kits are located close to clean running water

- Regular workplace inspections of First Aid kits occur each month. Staff responsible for specialised First Aid kits (Technology, etc.) need to present these to the First Aid Officer for inspection
- First Aid kits are restocked regularly and the appropriate dates recorded

### **Responsibilities of Parents**

Parents are to complete a Medication Authority Form to authorise College personnel to administer medication.

- Analgesics will only be administered under prescription
- Parents are to ensure medication is clearly labelled by the pharmacist with the correct dosage and the student's name
- Parents are to complete the necessary documentation before their child/children attend camps
- Parents are to inform the College of their current emergency contact telephone numbers

Serious Conditions (Asthma, Epilepsy, Analphylaxis, Diabetes)

- Parents must consult with First Aid Officers to create 'Individual Management Plans'

### **References:**

First Aid and Medical Emergency Management Policy, 2019. Retrieved from <https://www.education.vic.gov.au/school/principals/spag/health/Pages/firstaid.aspx>, April 2020.

### **APPENDIX 1 – Concussion Assessment**



## APPENDIX 1 CONCUSSION ASSESSMENT

In the event of a student receiving a head injury or suspected concussion while off site, the following assessment must be implemented:

- The student to immediately cease playing the sport/activity
- Use the Concussion Recognition Tool 5 (below) to assist identification of suspected concussion and make appropriate decisions
- Inform the parent/carer of the incident and advise professional medical follow up

### **RED FLAGS – Call an ambulance**

If there is concern after a head injury, including whether ANY of the following signs are observed or complaints are reported, First Aid should be administered AND an ambulance should be called for urgent medical assessment:

- neck pain or tenderness
- double vision
- weakness or tingling/burning in arms or legs
- severe or increasing headache
- seizure or convulsion
- loss of consciousness
- deteriorating conscious state
- vomiting
- increasingly restless, agitated or combative.

### **If there are no Red Flags but concussion IS suspected:**

- The student should be immediately removed from play/sport and not engage in further activity
- The school must advise the parent or carer to collect the student and recommend a medical assessment, even if the symptoms resolve.
- In the event of a sports tournament away from the town, and an ambulance is not deemed necessary. The parents will determine whether their child will return travel via bus under the supervision of staff, or be collected by them

### **If concussion IS NOT suspected:**

- the parent or carer should be contacted and informed of the incident and that the Concussion Recognition Tool 5 has been used to assist in determining that concussion is unlikely
- If, after being informed of this process, the parent or carer wishes to collect the student from the venue, they may do so

<https://www.education.vic.gov.au/school/principals/spag/health/Pages/firstaid.aspx>

# CONCUSSION RECOGNITION TOOL 5<sup>®</sup>

To help identify concussion in children, adolescents and adults



FIFA<sup>®</sup>

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## RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

### STEP 1: RED FLAGS – CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

#### Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

### STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

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## STEP 3: SYMPTOMS

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- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More Irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

## STEP 4: MEMORY ASSESSMENT

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(IN ATHLETES OLDER THAN 12 YEARS)

**Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:**

- "What venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last game?"

### **Athletes with suspected concussion should:**

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

**ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE**